

The Influence of Health Education on Peer Behavior with Bullying Incidents in Adolescents at the Education Foundation High School Medan Family in Medan City

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ABSTRACT

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Bullying behavior still occurs in students at the Medan Family Education Foundation High School. Group mates (gangs) engage in bullying behavior towards friends and underclassmen such as yelling and taunting. One way to respond to bullying behavior can be realized in providing health education in schools. With health education in schools, students can be assisted with problems that are being faced during the learning and socialization process at school. The research objective was to analyze the effect of health education on peer behavior with the incidence of bullying in adolescents at the Medan Family Education Foundation High School in Medan City. The research design uses a quasi-experimental approach with a pre-post test design with control group approach. The population in this study were all young students at the Medan Family Education Foundation High School in Medan City as many as 480 students. The number of samples was 82 people consisting of 41 samples for the case group and 41 samples for the control group. The sampling technique is probability sampling with simple random sampling technique. Univariate data analysis with frequency distribution tables, bivariate analysis with t-test. There is an effect of health education on knowledge of bullying in adolescents at the Medan Family Education Foundation High School in Medan City with a p-value $< \alpha = 0.05$, there is an effect of health education on bullying attitudes in adolescents at the Medan Family Education Foundation High School in Medan City with p-value $< \alpha = 0.05$ and there is an effect of health education on bullying acts in adolescents at the Medan Family Education Foundation High School in Medan City with a p-value $< \alpha = 0.05$. Health education affects peer behavior and can reduce the incidence of bullying in adolescents.

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1. INTRODUCTION

One of the aggressive behaviors or problems that often occurs in teenagers is bullying behavior. Recently, cases of bullying among teenagers have become widespread. Bullying is a negative action that is often accepted by good children on emotional, verbal and physical aspects. Bullying or violence is the desire to hurt someone and put them under pressure that occurs repeatedly. Bullying in adolescents is an act that hurts adolescents that is carried out intentionally and continuously so that they are in a state of intimidation [1]

The problem of violence is rooted in bullying. Bullying is a form of child violence carried out by peers against children who are "lower" or weaker in order to obtain certain benefits or satisfaction. bullying can usually occur repeatedly or even systematically [2]. Bullying cannot be separated from the power gap between the victim and the perpetrator and is followed by a pattern of repetition (repetition of behavior). There are several types of bullying, namely: (1) physical bullying, namely a type of bullying that involves physical contact between the perpetrator and the victim. (2) verbal bullying involves verbal language aimed at hurting someone[3].

Bullying in teenagers tends to increase. The World Health Organization (WHO) reports that in Japan bullying among teenagers is 72.5% and in America it is 71.2%. In Indonesia itself, from 2013-2019 the number of bullying incidents has increased by 70%. So it can be concluded that the average

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incidence of bullying among teenagers both in Indonesia and abroad is above 70% [4]. Factors that cause violence are self-esteem, family, school climate, mass media, and peers. Research conducted by [4] found that peer factors have a big influence on adolescent violent behavior. Violent behavior can have an impact on aspects of life, both physical, psychological and social [5].

Bullying behavior is familiar to a child's life. This behavior can grow from the family environment and develop in the next environment. Bullying behavior can develop in children, one of which starts from the school environment, remembering that most of the time children spend in the family environment is in the school environment. In the school environment, children will learn all kinds of things and behavior that occur around them. Likewise, when bullying occurs in the school environment, children will identify certain behaviors and roles from what they see. Violence in the form of physical and verbal among students at school is a serious problem. Children who experience violence will experience problems later in life in terms of their health and well-being [6]

When bullying incidents occur at school, the perpetrators are often not only students, but also teachers. Students who did not do, or just happened to see, the event will actually record the behavior and roles they saw. Next, they will practice what they see in their classmates and peers in the school environment. Apart from the school environment, verbal violence can also be encountered or even experienced by children every day in the play environment with their peers. Often times, incidents of bullying someone in front of other people (commenting on appearance because person 'A' is different, making fun of person because person 'B' is too fat, or too tall, gossiping) is considered something that is normal or should be done. It is also not uncommon now that broadcasts on many television stations show various forms of bullying, which without realizing it makes bullying itself normal, and does not take into account the dangers that will arise after watching these shows [6].

Based on a preliminary survey conducted by researchers at Medan Family Education Foundation High School by asking directly with one of the guidance and counseling teachers, it was found that the number of students at Medan Family Education Foundation High School was 480 students, consisting of 208 male students. and 272 female students. The phenomenon that occurs in this school is that there are several cases consisting of delinquent students who often play truant, poor manners and bullying behavior. Bullying behavior is carried out between friends, starting from the smallest things, such as stealing pens, making fun of friends (verbal bullying) to hitting friends on the head, pinching (physical bullying) and even one of the students lifting a chair as high as he could because he was angry about his actions. peers who are victims of bullying. Another phenomenon is that group friends (gangs) bully younger classmates such as insulting and teasing them.

This research was conducted to determine the level of bullying behavior of Medan Family Education Foundation High School students. By knowing the level of bullying behavior in the school, you can think about the contributions that guidance and counseling can provide in responding to bullying behavior in the school. One way to respond to bullying behavior can be realized in providing health education in schools. Health education in schools has an important role. With health education in schools, students can be helped regarding the problems they are facing during the learning and socialization process at school, one of which is bullying behavior.

2. METHOD

The research method used in this study was a quasi experiment with a pre-post test design with control group approach which was used to see the effect of health education on peer behavior and bullying incidents among teenagers at the Medan Family Education Foundation High School in Medan City. The population in this study were all teenage students at the Medan Family Education Foundation High School in Medan City, totaling 480 students. The sample in this study was part of the population used as a sample. The research instrument used in this research is a questionnaire. After measuring validity, it is necessary to measure the reliability of the data, whether the measuring instrument can be used or not. Measuring this reliability uses the Cronbach's Alpha formula. Data analysis uses univariate data analysis and bivariate analysis.

3. RESULTS AND DISCUSSION

Demographic Data

To see demographic data for teenage students at the Medan Family Education Foundation High School, see Table 1.

Table 1. Demographic data of adolescent students at Medan Family Education Foundation High School in Medan City

No	Respondent Characteristics	Control		Intervensi	
		f	%	f	%
Age					
1	16 Years	11	26,8	9	22,0
2	17 Years	20	48,8	25	61,0
3	18 Years	10	24,4	7	17,1
	Total	41	100,0	41	100,0
Gender Child					
1	Man	16	39,0	15	36,6
2	Woman	25	61,0	26	63,4
	Total	41	100,0	41	100,0
Father's Education					
1	Junior High School	8	19,5	7	17,1
2	Senior High School	29	70,7	32	78,0
3	PT	4	41,0	2	4,9
	Total	41	100,0	41	100,0
Mother's Education					
1	Junior High School	10	24,4	8	19,5
2	Senior High School	28	68,3	30	73,2
3	PT	3	7,3	3	7,3
	Total	30	100,0	30	100,0
Father's Employment Status					
1	Work	39	95,1	39	95,1
2	Doesn't work	2	4,9	2	4,9
	Total	41	100,0	41	100,0
Status Pekerjaan Ibu					
1	Work	21	51,2	21	51,2
2	Doesn't work	20	48,8	20	48,8
	Total	41	100,0	41	100,0

Based on Table 1, it can be seen that there are more students at the Medan Family Education Foundation High School in the control group with 20 people aged 17 years (48.8%) and in the intervention group there are also more students aged 17 years with 25 people (61, 0%), gender in the control group was more with 25 women (61.0%) and in the intervention group there was also more with 26 women (63.4%), father's education in the control group was more with high school as many as 29 people (70.7%) and in the intervention group there were also more with high school as many as 32 people (78.0%), mother's education in the control group was more with high school as many as 28 people (68.3%) and in the intervention group There were also more people with high school as many as 30 people (73.2%), the employment status of fathers in the control group was higher with 39 people working (95.1%) and in the intervention group it was also higher with 39 people working (95.1%).), the employment status of mothers in the control group was higher with 21 people working (51.2%) and in the intervention group it was also higher with 21 people working (51.2%).

Univariate Analysis

Univariate analysis was used to look at peer behavior regarding bullying incidents in teenagers, knowledge of bullying, bullying attitudes and actions in teenagers at the Medan Family Education Foundation High School.

Average Knowledge, Attitudes and Actions of Bullying in Adolescents'

The average knowledge, attitudes and bullying actions of teenagers in the control and intervention groups at the Medan Family Education Foundation High School can be seen in Table 2.

Table 2 Mean and Standard Deviation of Bullying Knowledge in Control and Intervention Group Adolescents at the Education Foundation High School Medan Family in Medan City

No	Variabel	Control		Intervensi	
		Mean	Standar Deviasi	Mean	Standar Deviasi
1	Knowledge Pre	23.68	2.612	22.05	2.889
2	Post Knowledge	24.05	3.949	25.05	3.098
1	Attitude Pre	40.71	9.724	22.46	7.963
2	Post Attitude	40.73	7.301	36.59	7.204
1	Action Pre	19.66	9.090	38.68	10.697
2	Post Action	19.12	8.588	23.80	9.933

Based on Table 3 above, it can be seen that the average value of knowledge in the control group before the intervention was 23.68 points and after the intervention was 24.05 points with an average difference of 0.37 which decreased, while the average value of knowledge in the control group intervention before the intervention was 22.05 points and after the intervention it was 25.05 points with an average difference of 3.00 points, an increase meaning that knowledge of bullying increased after the intervention was carried out on teenagers.

Then the average value of bullying attitudes in the control group before the intervention was 40.71 points and after the intervention was 40.73 points with an average difference of 0.02, while the average value of attitudes in the intervention group before the intervention was 22.46 points and after the intervention it was 36.59 points with an average difference of 14.13 points, which means that bullying attitudes increased after the intervention was carried out on teenagers.

The average value of bullying actions in the control group before the intervention was 19.66 points and after the intervention was 19.12 points with an average difference of only 0.54, while the average value of actions in the intervention group before the intervention was 38.68 points and after the intervention it was 23.80 points with an average difference of 14.88 points which increased, meaning that bullying actions decreased after the intervention was carried out on teenagers.

Categories of Knowledge, Attitudes and Actions of Bullying in Intervention Group Adolescents Before and After Being Given Health Education

Knowledge, attitudes and bullying actions of teenagers in the intervention group before and after being given health education at the Medan Family Education Foundation High School can be seen in Table 3:

Table 3 Frequency Distribution of Categories of Knowledge, Attitudes and Actions of Teenage Bullying in the Intervention Group Before and After Being Given Health Education at the Medan Family Education Foundation High School in Medan City

No	Variabel	Intervention Group			
		Before		After	
		f	%	f	%
	Knowledge Category				
1	Good	16	39,0	36	87,8
2	Not Good	25	61,0	5	12,2
	Total	41	100,0	41	100,0
	Attitude Category				
1	Positive	10	24,4	32	78,0
2	Negative	31	75,6	9	22,0
	Total	41	100,0	41	100,0
	Action Category				
1	Good	9	22,0	27	65,9
2	Not Good	32	78,0	14	34,1
	Total	41	100,0	41	100,0

Based on Table 4 above, it is found that in the category of bullying knowledge among teenagers at the Medan Family Education Foundation High School in the intervention group, before being given health education, most of them had bad knowledge of bullying as many as 25 people (61.0%) and after being given health education there was still an increase to as much as 36 people (87.8%).

Then, in the category of bullying attitudes among teenagers at the Medan Family Education Foundation High School, in the intervention group, before being given health education, most of them had negative bullying attitudes, as many as 31 people (75.6%) and after being given health education there was still an increase to 32 people (78.0%). In the category of actions among teenagers at Medan Family Education Foundation High School in the intervention group, before being given health education, most of them had bad actions as many as 32 people (78.0%) and after being given health education this decreased to 27 people (65.9%).

Categories of Knowledge, Attitudes and Bullying Actions in Control Group Adolescents Before and After Being Given Health Education

Knowledge, attitudes and bullying actions of teenagers in the control group before and after being given health education at the Medan Family Education Foundation High School can be seen in Table 4

Table 4 Frequency Distribution of Categories of Knowledge, Attitudes and Actions of Teenage Bullying in the Control Group Before and After Being Given Health Education at the Medan Family Education Foundation High School in Medan City

No	Variabel	Intervention Group			
		Before		Before	
		f	%	f	%
Knowledge Category					
1	Good	27	65,9	30	73,2
2	Not Good	14	34,1	11	26,8
	Total	41	100,0	41	100,0
Attitude Category					
1	Positive	34	82,9	36	87,8
2	Negative	7	17,1	5	12,2
	Total	41	100,0	41	100,0
Action Category					
1	Good	33	80,5	34	82,9
2	Not Good	8	19,5	7	17,1
	Total	41	100,0	41	100,0

Based on Table 5 above, it is found that the bullying knowledge category among teenagers at the Medan Family Education Foundation High School in the control group before being given health education was mostly 27 people (65.9%) and after being given health education there was still an increase to 30 people. (73.2%). Then, the category of bullying attitudes among teenagers at the Medan Family Education Foundation High School in the control group before being given health education was mostly found with positive attitudes as many as 34 people (82.9%) and after being given health education there was still an increase to 36 people (87.8%). The action category for teenagers at the Medan Family Education Foundation High School in the control group before being given health education was mostly with good actions as many as 33 people (80.5%) and after being given health education there was still an increase to 34 people (82.9%).

Bivariate Analysis

Normality Test

Bivariate analysis was used to examine the effect of health education on peer behavior and the incidence of bullying among teenagers at the Medan Family Education Foundation High School in Medan City. Before conducting a bivariate analysis of behavior, knowledge, attitudes and actions of young students at the Medan Family Education Foundation High School, the normality test must first be seen and can be seen in Table 5.

Table 5. Normality Test of Peer Behavior Variables with Bullying Incidents, Knowledge of Bullying Behavior, Bullying Attitudes and Actions Tests of Normality

Variabel	Kelompok	Kolmogorov-Smirnov ^a			Shapiro-Wilk		
		Statistic	df	Sig.	Statistic	df	Sig.
Knowledge Pre	Control	.132	41	0.071	.959	41	0.141
	Experimental	.130	41	0.081	.961	41	0.174
Attitude Pre	Control	.132	41	0.070	.959	41	0.148
	Experimental	.134	41	0.062	.950	41	0.071
Action Pre	Control	.099	41	0.200	.960	41	0.161
	Experimental	.111	41	0.200	.952	41	0.084
Post Behavior	Control	.131	41	0.074	.955	41	0.103
	Experimental	.136	41	0.056	.946	41	0.052
Post Knowledge	Control	.136	41	0.053	.957	41	0.125
Post Attitude	Experimental	.132	41	0.069	.947	41	0.055
	Control	.134	41	0.062	.975	41	0.480
Post Action	Experimental	.133	41	0.067	.967	41	0.271
	Control	.095	41	0.200	.967	41	0.267
	Experimental	.115	41	0.189	.962	41	0.187

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

Based on Table 6 above, it shows that the knowledge variable before the intervention obtained that the Lilliefors p-value (Sig) was 0.071 in the control group and the Lilliefors p-value (sig) was 0.081 in the intervention group, in the 2 groups where the p-value (sig) > 0.05, then based on the Lilliefors test, the data for each group is normally distributed, then the p-value of the Shapiro Wilk test in the control group is 0.141 > 0.05 and in the intervention group is 0.174 > 0.05. Because both p-values (sig) > 0.05, both groups have a normal distribution based on the Shapiro Wilk test.

The attitude variable before the intervention showed that the Lilliefors p-value (sig) was 0.070 in the control group and the Lilliefors p-value (sig) was 0.062 in the intervention group. In the 2 groups where the p-value (sig) was > 0.05, based on the Lilliefors test, the data for each group was normally distributed, then the p-value of the Shapiro Wilk test in the control group was 0.148 > 0.05 and in the intervention group was 0.071 > 0.05. Because both p-values (sig) > 0.05, both groups have a normal distribution based on the Shapiro Wilk test.

The action variables before the intervention showed that the Lilliefors p-value (sig) was 0.200 in the control group and the Lilliefors p-value (sig) was 0.200 in the intervention group. In the 2 groups where the p-value (sig) was > 0.05, then based on the Lilliefors test, the data for each group was normally distributed, then the p-value of the Shapiro Wilk test in the control group was 0.161 > 0.05 and in the intervention group was 0.084 > 0.05. Because both p-values (sig) > 0.05, both groups have a normal distribution based on the Shapiro Wilk test.

Then the knowledge variable after the intervention showed that the Lilliefors p-value (sig) was 0.053 in the control group and the Lilliefors p-value (Sig) was 0.069 in the intervention group. In the 2 groups where the p-value (sig) was > 0.05, it was based on the Lilliefors test, the data for each group is normally distributed, then the p-value of the Shapiro Wilk test in the control group is 0.125 > 0.05 and in the intervention group is 0.055 > 0.05. Because both p-values (sig) > 0.05, both groups have a normal distribution based on the Shapiro Wilk test.

The attitude variable after the intervention showed that the Lilliefors p-value (sig) was 0.062 in the control group and the Lilliefors p-value (sig) was 0.067 in the intervention group. In the 2 groups where the p-value (sig) was > 0.05, based on the Lilliefors test, the data for each group was normally distributed, then the p-value of the Shapiro Wilk test in the control group was 0.480 > 0.05 and in the intervention group was 0.271 > 0.05. Because both p-values (sig) > 0.05, both groups have a normal distribution based on the Shapiro Wilk test.

The action variables after the intervention showed that the Lilliefors p-value (sig) was 0.200 in the control group and the Lilliefors p-value (sig) was 0.189 in the intervention group. In the 2 groups where the p-value (sig) was > 0.05, based on the Lilliefors test, the data for each group was normally

distributed, then the p-value of the Shapiro Wilk test in the control group was $0.267 > 0.05$ and in the intervention group was $0.187 > 0.05$. Because both p-values (sig) > 0.05 , both groups have a normal distribution based on the Shapiro Wilk test.

The results of the normality test using the Kolmogorov Smirnov statistical test showed that the behavior, knowledge, attitudes and actions of teenagers at the Medan Family Education Foundation High School pre and post in the control and intervention groups were normally distributed, so the bivariate test was carried out using the Paired T Test (in pairs)

The Influence of Health Education on Peer Behavior in the Intervention Group with Bullying Incidents in Adolescents at Medan Family Education Foundation High School in Medan City

To see the effect of health education on peer behavior in the intervention group with incidents of bullying among teenagers at the Medan Family Education Foundation High School in Medan City, a Paired T Test was carried out and can be seen in Table 6

Table 6 The Influence of Health Education on Peer Behavior in the Intervention Group with Bullying Incidents in Adolescents at Medan Family Education Foundation High School in Medan City.

	Paired Samples Test					
	Paired Differences		95% CI of the Difference		t	p-value
	Mean	Std. Deviation	Lower	Upper		
Pre Knowledge - Post Knowledge	-3.000	3.248	-4.025	-1.975	-5.914	0.000
Pre Attitude - Post Attitude	-14.122	9.309	-17.060	-11.184	-9.714	0.000
Pre action - Post action	14.878	13.644	10.571	19.185	6.982	0.000

Based on Table 4.7 above, it is known that the results of the Paired T Test statistical test showed that the variable knowledge of bullying behavior among adolescents in the intervention group had a p-value = $0.000 < \alpha = 0.05$, meaning that H_0 was rejected, meaning there was a difference in knowledge of bullying behavior among adolescents. intervention group before and after implementing health education at Medan Family Education Foundation High School in Medan City (there was an influence of health education on knowledge of bullying behavior in intervention group teenagers at Medan Family Education Foundation High School in Medan City).

Bullying attitudes among teenagers in the intervention group p-value = $0.000 < \alpha = 0.05$, meaning H_0 is rejected, meaning there is a difference in bullying attitudes among teenagers in the intervention group before and after implementing health education at the Medan Family Education Foundation High School in Medan City (there is an influence of education health towards bullying attitudes in intervention group teenagers at the Medan Family Education Foundation High School in Medan City).

Actions in intervention group adolescents with a p-value = $0.000 < \alpha = 0.05$, meaning H_0 is rejected, meaning there is a difference in actions in intervention group adolescents before and after implementing health education at the Medan Family Education Foundation High School in Medan City (there is an influence of health education on actions in intervention group teenagers at the Medan Family Education Foundation High School in Medan City).

The Effect of Health Education on the Behavior of Control Group Peers with Bullying Incidents among Adolescents at the Medan Family Education Foundation High School in Medan City

To see the effect of health education on the behavior of peers in the control group with incidents of bullying among teenagers at the Medan Family Education Foundation High School in Medan City, a Paired T Test was carried out and can be seen in Table 7.

Table 7 The Influence of Health Education on the Behavior of Peers in the Control Group on Bullying Incidents in Adolescents in Medan Family Education Foundation High School in Medan City

	Paired Samples Test					t	p-value
	Paired Differences		95% CI of the Difference				
	Mean	Std. Deviation	Lower	Upper			
Pre Knowledge - Post Knowledge	.366	2.948	-.564	1.296	.795	0.431	
Pre Attitude - Post Attitude	-.024	9.334	-2.971	2.922	-.017	0.987	
Pre action - Post action	.537	2.099	-.126	1.199	1.637	0.109	

Based on Table 8 above, it is known that the results of the Paired T Test statistical test showed that the variable knowledge of bullying behavior in teenagers in the control group was $p\text{-value} = 0.431 > \alpha = 0.05$, meaning that H_0 was accepted, meaning there was no difference in knowledge of bullying behavior in teenagers. control group before and after implementing health education at Medan Family Education Foundation High School in Medan City (there was no effect of health education on knowledge of bullying behavior in control group teenagers at Medan Family Education Foundation High School in Medan City).

Bullying attitudes in teenagers $p\text{-value} = 0.987 > \alpha = 0.05$, meaning H_0 is accepted meaning there is no difference in bullying attitudes in control group teenagers before and after implementing health education at the Medan Family Education Foundation High School in Medan City (there is no influence of education health towards bullying attitudes among teenagers at the Medan Family Education Foundation High School in Medan City).

The actions of the control group teenagers with a $p\text{-value} = 0.109 > \alpha = 0.05$, meaning that H_0 is accepted, meaning there is no difference in the actions of the control group teenagers before and after implementing health education at the Medan Family Education Foundation High School in Medan City (no influence health education on action in control group teenagers at the Medan Family Education Foundation High School in Medan City).

The Influence of Health Education on Peer Behavior with Bullying Incidents among Adolescents at the Medan Family Education Foundation High School in Medan City.

To see the effect of health education on peer behavior and the incidence of bullying among teenagers at the Medan Family Education Foundation High School in Medan City, a Paired T Test was carried out and can be seen in Table 8

Table 8. The Influence of Health Education on Peer Behavior with Bullying Incidents in Adolescents at the Medan Family Education Foundation High School in Medan City

	Paired Samples Test					t	p-value
	Paired Differences		95% CI of the Difference				
	Mean	Std. Deviation	Lower	Upper			
Pre Knowledge - Post Knowledge	-1.317	3.517	-2.090	-.544	-3.391	0.001	
Pre Attitude - Post Attitude	-7.073	11.667	-9.637	-4.510	-5.490	0.000	
Pre action - Post action	7.707	12.090	5.051	10.364	5.773	0.000	

Based on Table 9 above, it is known that the results of the Paired T Test statistical test show that the peer behavior variable with incidents of bullying in teenagers has a $p\text{-value} = 0.000 < \alpha =$

0.05, meaning that H_0 is rejected, meaning there is a difference in peer behavior and bullying incidents. in adolescents before and after implementing health education in intervention and control group adolescents at Medan Family Education Foundation High School in Medan City (there is an influence of health education on peer behavior with incidents of bullying among adolescents at Medan Family Education Foundation High School in Medan City).

Then the knowledge of bullying behavior in teenagers has a $p\text{-value} = 0.001 < \alpha = 0.05$, meaning H_0 is rejected, meaning there is a difference in knowledge of bullying behavior in teenagers before and after implementing health education in teenagers in the intervention and control groups at the Medan Family Education Foundation High School in the city Medan (there is an influence of health education on knowledge of bullying behavior among teenagers at Medan Family Education Foundation High School in Medan City).

Bullying attitudes in teenagers $p\text{-value} = 0.000 < \alpha = 0.05$, meaning H_0 is rejected, meaning there is a difference in bullying attitudes in teenagers before and after implementing health education in teenagers in the intervention and control groups at the Medan Family Education Foundation High School in Medan City (there are the influence of health education on bullying attitudes among teenagers at the Medan Family Education Foundation High School in Medan City).

Actions on adolescents have a $p\text{-value} = 0.000 < \alpha = 0.05$, meaning H_0 is rejected, meaning there is a difference in actions on adolescents before and after implementing health education in intervention and control group adolescents at the Medan Family Education Foundation High School in Medan City (there is an influence of education health towards actions in adolescents at the Medan Family Education Foundation High School in Medan City).

Discussion

The Influence of Health Education on Knowledge of Bullying among Adolescents at the Medan Family Education Foundation High School in Medan City

The research results showed that the comparison of the level of knowledge of adolescents measured after and before health education increased, meaning that knowledge of bullying increased after the intervention was carried out on adolescents. This means that the average score of adolescents after health education shows a greater amount when compared to the score before health education or the change in score after health education is higher (increases) compared to the score before health education. Health education for teenagers at Medan Family Education Foundation High School results in increased knowledge. The increase in knowledge about bullying is due to teenagers easily absorbing the information they receive and taking health education seriously. Apart from that, increasing knowledge can also occur because the media used in counseling is appropriate for the counseling participants and the counseling techniques use language that is easily understood by the participants. Based on the Paired T Test, it was found that the $p\text{-value}=0.001 < \alpha=0.05$, meaning H_0 is rejected, meaning there is an influence of health education on bullying knowledge among teenagers at the Medan Family Education Foundation High School. Referring to the results of these statistical tests, it can be explained that Medan Family High School teenagers who receive health education about bullying will significantly increase their knowledge and conversely, teenagers who do not receive health education about bullying will not significantly increase their knowledge.

The Influence of Health Education on Bullying Attitudes among Adolescents at the Medan Family Education Foundation High School in Medan City

The research results showed that the comparison of adolescent attitudes measured after and before health education increased, meaning that bullying attitudes increased after the intervention was carried out on adolescents. This means that the average attitude value of adolescents after health education shows a greater amount when compared to the value before health education or the change in value after health education is higher (increased) compared to the value before health education. Health education for adolescents at SMA Family Education Foundation Medan resulted in an increase in positive attitudes. The increase in positive attitudes about bullying was due to teenagers who were in the negative attitude category after providing health education about bullying, there was an increase in average, the provision of health education which was carried out using the lecture method and distributing leaflets and the bullying material presented was well and clearly received by teenagers. Based on the Paired T Test, it was found that the $p\text{-value} = 0.000 < \alpha = 0.05$, meaning that H_0 is

rejected, meaning that there is an influence of health education on bullying attitudes among teenagers at the Medan Family Education Foundation High School. Referring to the results of these statistical tests, it can be explained that Medan Family High School teenagers who receive health education about bullying will increase significantly positive bullying attitudes in teenagers and conversely, teenagers who do not receive health education about bullying will not be able to increase positive bullying attitudes in teenagers. significantly. According to researchers, bullying has a big chance of being imitated because this negative behavior is likely to be carried out by many students. Students tend to carry out bullying after they themselves have been hurt by stronger people, for example by parents, older siblings, upperclassmen, or more dominant peers. If the number of students who bully is large, or the bullying is carried out by influential students in the class, then other students will most likely join in the bullying too or at least consider bullying to be normal (positive attitude towards bullying).

The Influence of Health Education on Bullying among Adolescents at the Medan Family Education Foundation High School in Medan City

The results of the research showed that the comparison of adolescent bullying actions measured after and before health education increased, meaning that bullying actions decreased after the intervention was carried out on adolescents. This means that the average value of adolescent bullying after health education shows a greater amount compared to the value before health education or the change in value after health education is higher (increases) compared to the value before health education. Health education for teenagers at the Medan Family Education Foundation High School resulted in a reduction in bullying. The reduction in bullying was caused by teenagers receiving good and clear information about bullying. The delivery of information is influenced by the methods and media used, where the methods and media for delivering information can have a significant effect on increasing action. This can be seen from the results of the research analysis above which shows an increase in good actions. Based on the Paired T Test, it was found that the $p\text{-value} = 0.000 < \alpha = 0.05$, meaning that H_0 was rejected, meaning that there was an influence of health education on bullying among teenagers at the Medan Family Education Foundation High School. Referring to the results of these statistical tests, it can be explained that Medan Family High School teenagers who receive health education about bullying will significantly increase good actions in teenagers and conversely, teenagers who do not receive health education about bullying will not be able to increase good actions in teenagers. significantly. This is also explained based on the results of research conducted by Kurnia (2016), namely that there is a social impact on bullying, with a correlation value (r) of 0.51 and a significance level (ρ) of 0.00 where the value $\rho < \alpha$ ($\alpha = 0.05$). So the social impacts that often occur tend to be disappointment, low self-esteem and lack of social interaction. The social impacts that are often experienced.

4. CONCLUSION

Knowledge of bullying among teenagers at the Medan Family Education Foundation High School in the intervention group before being given health education, most of them had bad knowledge of bullying as many as 25 people (61.0%) and after it became as many as 36 people (87.8%). Bullying attitudes among teenagers In the Medan Family Education Foundation High School, in the intervention group, before being given health education, there were mostly negative bullying attitudes, 31 people (75.6%) and after 32 people (78.0%). Actions among teenagers at the Medan Family Education Foundation High School in In the intervention group, before being given health education, there were mostly 32 people (78.0%) who did not do well and after 27 people (65.9%). Knowledge of bullying among teenagers at the Medan Family Education Foundation High School in the control group was good knowledge before as many as 27 people (65.9%) and after as many as 30 people (73.2%). Attitudes towards bullying among teenagers at the Medan Family Education Foundation High School in the control group before positive attitudes were 34 people (82.9%) and after there were 36 people (87.8%). Actions among teenagers at the Medan Family Education Foundation High School in the control group before good actions were 33 people (80.5%) and after as many as 34 people (82.9%). Health education influences knowledge of bullying among teenagers at the Medan Family Education Foundation High School in Medan City. Health education

influences bullying attitudes among teenagers at Medan Family Education Foundation High School in Medan City. Health education has an influence on bullying among teenagers at the Medan Family Education Foundation High School in Medan City.

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