

# The Effect of Health Education Using Video Media on Knowledge About Bullying in Class VII Students of SMPN 1 Dungaliyo

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**Abstract.** *Bullying is an act or behavior in which a child abuses power, both physically and verbally. Bullying behavior has a negative impact on children if it is not treated immediately. The purpose of this study was to determine the effect of health education education using video media on knowledge about bullying in seventh grade students of SMPN 1 Dungaliyo. Pre-experimental research design, population 125 students of class VII SMPN 1 Dungaliyo. The sample is 31 students of Class VII SMPN 1 Dungaliyo. Using the Cluster Random Sampling technique. The instrument used is a Test (Pre test and Post Test) and uses univariate analysis and bivariate analysis. The results obtained are that there is a significant effect of Health Education Using Video Media on Knowledge About Bullying in Class VII Students of SMPN 1 Dungaliyo.*

**Keywords:** *Health Education, Video Media, Knowledge, Bullying*

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## INTRODUCTION

Today, violence among teenagers has become a phenomenon that worries many people. Violence or commonly known as bullying is an act of physical or psychological violence perpetrated by a person or group that intends to injure, frighten, put pressure on other people who are considered weak, who usually have a weak physique, are inferior, have no friends or are isolated. and unable to defend themselves (Pama, 2019).

Data on cases of bullying in students in the world according to the Organization for Economic Co-operation and Development (OECD) in 2019 was 22.7% of cases. In addition, the countries that have the highest number of cases of bullying in students are the Philippines with a prevalence of 64.9% cases, then Brunnei Darussalam with a prevalence of 50.1% cases, the Dominican Republic with a prevalence of 43.9% cases, Morocco with a prevalence of 43.8 % of cases and Indonesia with a prevalence of 41.1% of cases (OECD, 2019).

Based on data from the Indonesian Child Protection Commission (KPAI), that from 2011 - 2018 showed an increase every year although in 2017 it had decreased but the following year it rose again, at educational institutes in 2018 it increased 9.48% from 2017 to 127 cases ( Tony, 2020). Meanwhile, according to the 2018 Program for International Students Assessment (PISA) research journal, 41.1% of students admitted that they had experienced bullying in Indonesia. In addition to experiencing bullying, students in Indonesia admitted that 15% had experienced intimidation, 19% were ostracized, 22% were insulted and had their belongings stolen. Furthermore, as many as 14% of students in Indonesia claimed to be threatened, 18% were encouraged by their friends, and 20% were students whose bad news was spread (KPAI, 2018).

In Gorontalo Province itself, there are not a few cases of bullying that occur in schools both physically and non-physically, based on data from the Gorontalo Family Learning Center (PUSPAGA), the number of cases of bullying that was carried out physically in 2019 there were 2 cases and in In 2020 there were 4 cases of bullying, while cases of bullying that were carried out non-physically were still very high among students, it's just that cases of non-physical bullying in students still received less attention and were very rarely reported.

Some of the reasons for the problem of bullying in schools receiving less attention are because its effects are not seen directly, except for bullying in the form of physical violence. Then, there are many bullying problems that are visible to the naked eye, for example the typical jokes of school children or teenagers which are considered not to have an impact on the person being bullied. Mockery and mockery of expression fall into this category. Many parents and teachers suspect that reprimand alone may have solved the problem. In fact, the psychological and emotional wounds experienced by victims of expression violence are far more than painful. Also, some parents and teachers still do not have adequate knowledge about bullying and its impact on children's lives. So that some parents and teachers do not understand that there are serious problems around them (Toni, 2020). The high number of bullying cases in schools is influenced by several factors, namely personality factors, family factors, school environmental factors and bad childhood experiences in children (Muhopipah & Tentama, 2019).

One of the efforts to prevent bullying in schools is to provide good knowledge and understanding of bullying to students from an early age. Health education aims to change unhealthy behavior into healthy behavior which means that it can change the knowledge of respondents who are not good enough to be good. Health education aims to achieve behavioral changes in individuals, families and communities in order to improve and maintain healthy living behaviors and a healthy environment, as well as play an active role in efforts to achieve optimal health degrees (Effendy, 2012).

Health education will have a good impact or good results if it uses good facilities or methods in its implementation. The use of video media as a means of health education began to develop along with current technological advances. Health education through video media has advantages in terms of good visualization by facilitating the process of absorption of knowledge. Video is included in audiovisual media because it involves the sense of hearing and also the sense of sight. Audiovisuals are able to produce better learning outcomes for tasks such as remembering, recognizing, remembering and connecting facts and concepts (Kustandi, 2011).

Based on an initial survey conducted on seventh grade students at SMP Negeri 1 Dungaliyo with the results of interviews on April 29, 2021 with 15 students, the results

showed that 1 student knew what bullying was and 14 other students did not know what bullying was. The students also found that they all said they had experienced physical and non-physical bullying, they admitted that they were often ridiculed, often called by their parents' names and fighting with classmates. When the researchers asked whether the 15 students had ever done bullying, it turned out that all of them said they had done bullying but the bullying was done in the form of non-physical bullying such as calling their friends' names by their parents' names and they admitted that they were just joking.

In addition, from the results of interviews with BK (Counseling Counseling) teachers at SMP Negeri 1 Dungaliyo, the results obtained for cases of non-physical bullying at the school are still quite high, such as ridicule, calling friends' names by parents' names, and pulling chairs when his friend wanted to sit down. However, when they were examined by the homeroom teacher or the BK teacher themselves, they said that they were just joking and based on information from the students or BK teacher that the school had never conducted health education about bullying. Based on the description above, researchers are interested in examining "The effect of health education using video media on knowledge about bullying in class VII students at SMP Negeri 1 Dungaliyo".

## METHODS

This research design uses a quantitative study with a pre post test design. Prior to the intervention, the subject group was given a pretest using an instrument/questionnaire on the success rate in preventing bullying, then an intervention was given in the form of health education using video media, after which a post test was given. The population in this study were all class VII SMPN 1 Dungaliyo, namely 125 people. The sample of this study was taken from the population using the Cluster Random Sampling sampling technique, which amounted to 31 respondents

## RESULTS AND DISCUSSION

Table 1. Distribution of Respondents Based on Age, Gender and Exposure to Sources of Information in Students at State Junior High School 1 Dungaliyo year 2021

No	Characteristic	Frequency	Presented
1	Age		
	12 years	10	32.3 %
	13 years	18	58.1 %
2	Gender		
	Man	12	38.7%
	Woman	19	61.3%
3	Source of Information		
	Ever	7	22.6%
	Never	24	77.4%

Source: Primary Data 2021

Based on table 1, it can be seen that the distribution of respondents by age is mostly at the age of 13 years, namely 18 respondents (58.1%). Based on gender, the majority of respondents were male as many as 12 respondents (38.7%). Based on the exposure to sources of information, the most respondents were never, namely 24 respondents (77.4%).

Table 2. Knowledge about Bullying in Grade VII Students of SMP Negeri 1 Dungaliyo Before and After Health Education Using Video

No	Knowledge	Frequency	Presented
1	Before Being Given Health Education (Pre Test)		
	Good	2	6.5 %
	Enough	6	19.4 %
	Less	23	74.2 %
2	After Being Given Health Education (Post Test)		
	Good	27	87.1%
	Enough	4	12.9%

Source: Primary Data 2021

Based on table 2, it can be seen that the knowledge of respondents about bullying before being given health education using video media mostly lacked knowledge, namely 23 respondents (74.2%). Based on the knowledge of respondents about bullying after being given health education using video media the most knowledge was good, namely 27 respondents (87.1%),

Table 3. Distribution of the Average Value of Student Knowledge About Bullying in Class VII Students of SMP Negeri 1 Dungaliyo Before and After Health Education Using Video Media.

Student Knowledge	Mean	Standard Deviation
Pre Test	13,26	6,213
Post Test	32,61	2,836

The variable knowledge of students before being given health education about bullying was 13.26 with a standard deviation of 6.213. Meanwhile, the value of students' knowledge after being given health education about bullying was 32.61 with a standard deviation of 2.836.

Table 4. The Effect of Health Education Using Video Media on Knowledge About Bullying in Grade VII Students of SMPN 1 Dungaliyo.

Knowledge	Mean	SD	HERSELF	P- Value	N
Before Health Education (Pre Test)	13,26	6,213	2,470	0,000	31
After Health Education (Post Test)	32,61	2,836	1,273		

Source: Primary Data 2021

From the results of statistical tests on students' knowledge about bullying, the value is 0.000 and it can be seen that the mean value of the average difference is -31.85 with a standard deviation of 15.356. It was concluded that there was a significant and significant effect of health education using video media on knowledge about bullying in grade VII students of SMPN 1 Dungaliyo.

### Univariate analysis

#### Age

The age of the majority of respondents was 13 years old as many as 18 respondents (58.1%). This is in accordance with Notoatmodjo's (2003) theory that age is one of the things that affects knowledge. With increasing age a person can affect the increase in knowledge.

In line with research conducted by Ritiananwati (2010) in Handayani (2017), the more a person's age increases, the more mature his senses function and the more experiences themselves and other people around them can expand one's knowledge. Experience is a factor that can influence a person. The age of the respondent who has reached adolescence shows that the respondent has experienced various experiences in his life.

Based on the description above, the researcher argues that age can affect a person's knowledge, where the increasing age of a person, the more mature his sensory function and the more his own experience and the experience of other people around him that can expand one's knowledge.

## **Gender**

Based on table 5, the most gender is female, totaling 19 respondents (61.3%) and the least gender is male, totaling 12 respondents (38.7%). The results of this study are in accordance with the opinion of Dewi (2014) who explained that the potential for boys to be involved in bullying incidents is greater than girls.

The results of this study are in accordance with Sugmalestari's (2016) research with the results that boys are involved in bullying incidents, boys are more physically social while girls tend to gather and have conversations. At this stage, the development of adolescent identity begins to appear in groups and shows signs of conformity (one's attitude of adjustment to following existing rules or values). In addition, boys tend to be more aggressive than girls.

Based on the description above, the researcher argues that the male gender is easier to understand because men develop more logical thinking than women in increasing knowledge. Basically boys have a rough nature than girls, this can be seen when boys play. Men are more likely to commit acts of violence such as pushing or saying rude things that trigger bullying behavior.

## **Resources**

Most of the respondents had never been exposed to information as many as 24 respondents (77.4%). The results of this study are in accordance with the opinion of Notoatmodjo (2007), which states that information media can affect one's knowledge. Information obtained from both formal and non-formal education can have a short-term impact (immediate impact) resulting in changes or increases in knowledge. The more often a person has a source of information, the more knowledge he will have. One source of information that plays an important role in one's knowledge is health education.

In line with research conducted by Yolanda (2020) which states that there is a significant relationship between exposure to information media and the level of knowledge and youth actors, the more information obtained from information media, the higher a person's level of knowledge will be.

Based on the results of the interview, it was found that the respondent's lack of knowledge was due to lack of information from various sources and lack of health education. In general, health education is an activity or effort to convey health messages

to the community, group or individual. In other words, the existence of health education is expected to bring about changes in knowledge.

### **An overview of knowledge about bullying in grade VII students of SMPN 1 Dungaliyo**

From the results of research on knowledge about bullying in class VII students at SMPN 1 Dungaliyo at the first meeting with a pre-test, it was obtained from a total of 31 respondents who had a knowledge measurement test. The data shows that most of the respondents are 13 years old. Of the 23 respondents who have knowledge in the good category, 2 respondents (6.5%), respondents who have sufficient knowledge are 22 respondents (71.1%) and those who have knowledge in the poor category are 7 respondents (22.6%) . The results of this study are in line with research conducted by Wela (2020) on "The Effect of Health Education with Animated Video Media on Adolescent Knowledge and Attitudes about Verbal Bullying at Christian Middle School 3 Surakarta". The results showed that from 35 respondents, most of the respondents' knowledge before being given health education with animated video media was sufficient as many as 19 respondents (54.3%) and knowledge after health education with animated video media was good as many as 33 respondents (94.3% ). Based on the description above, the researcher analyzed that the change in respondents' knowledge was caused by the provision of health education about bullying, health education using the video method was effective in increasing bullying knowledge in school-age children. Most of human knowledge is obtained through the eyes and ears as obtained from the media posters, booklets, leaflets, slides or information in the form of writing and information in the form of sound such as lectures, videos that help stimulate sensing in the learning process.

Knowledge is the result of "knowing" and this occurs after people have sensed a certain object. Sensing of objects occurs through the five human senses, namely sight, hearing, smell, taste, and touch by themselves until the sensing time produces that knowledge. Most of human knowledge is obtained through the eyes and ears (Notoatmodjo, 2012). This is in line with the theory of Tibowo and Pusphandani (2015) suggesting that health education is all activities to provide and or increase public knowledge in maintaining and improving their own health. This shows that the health education intervention will significantly increase the respondent's knowledge. Through health education, it will make it easier for respondents to understand material about bullying that can affect respondents' knowledge about bullying.

Based on the discussion above, the researchers concluded that health education can make students and students experience an increase in knowledge about verbal bullying and thus students and students can realize the importance of education about bullying. The provision of health education can continue to be carried out for adolescents to increase adolescent knowledge, so as to reduce the incidence of bullying in adolescents.

### **Bivariate Analysis**

#### **The Effect of Health Education Using Video Media on Knowledge About Bullying in Class VII Students of SMPN 1 Dungaliyo**

This study shows that in general knowledge about bullying formed in students is influenced by health education. This can be seen from the results of research on the variable knowledge of students about bullying in class VII students at SMPN 1 Dungaliyo before and after being given treatment, the statistical test value obtained is 0.00, so it can

be concluded that there is a significant effect between students' knowledge about bullying before and after being given health education using video media. The results of this study are in accordance with the results of Wela's research (2020) in Surakarta on "The Effect of Health Education With Animated Video Media on Adolescent Knowledge and Attitudes About Verbal Bullying at Christian Middle School 3 Surakarta". Based on the results of the calculation, the t-count is -4.123 at a significant level of 5%. The results of the Wilcoxon test of knowledge before and after health education with animated video media with a p value of  $0.000 < 0.05$  then  $H_0$  is rejected, meaning that there is an effect of health education with animated video media on adolescent knowledge about verbal bullying at Christian Middle School 3 Surakarta.

Based on the description above, the authors analyze that health education can increase students' knowledge if in its implementation it uses good media or methods. For that we need the right media and easy to understand by students, one of which is by using video media. Health education using video media has a good success rate in increasing students' knowledge about bullying. The success rate of health education is influenced by the media used in providing health information. The use of video media has success in increasing students' knowledge about bullying. This is also supported by the theory proposed by Majid (2006), that the selection and use of media aids is one of the important components to do, with the aim of helping the use of the senses as much as possible.

The use of appropriate educational methods and educational media can increase efficiency and effectiveness in the implementation of health education for students. This is in accordance with research conducted by Ardianto (2013), which suggests that there is an effect of health education with the audiovisual method, because the message conveyed can be well received. This means that the success of education is influenced by the media because the media can affect knowledge, attitudes and emotions. Video media is a modern interactional media that is in accordance with the times (advancements of science and technology) including media that can be seen and heard with video media, the message conveyed is more interesting and motivating for the audience. Messages delivered more efficiently because moving images can communicate messages quickly and real. Therefore, it can accelerate the understanding of messages more comprehensively. Audiovisual messages are more effective because audiovisual presentations make the audience more concentrated.

Based on the description above, the authors analyze that health education using video media has a success rate in increasing students' knowledge about bullying because the media used can attract the attention of respondents by displaying real pictures of the impact of bullying behavior. In addition, the health education material shown in the video is also easy to understand because it goes straight to the core of the discussion and uses words that are not difficult to understand. The video media followed by an explanation from the researcher regarding the video content caused the respondents to absorb more knowledge because it involved the two largest senses in absorbing information, namely the senses of sight and hearing. This increase in knowledge can change in understanding and understanding about the impact that will be caused physically and mentally if bullying acts so that students can avoid things that can cause such acts

## CONCLUSION

The level of knowledge of students about bullying before being given health education using video media is less (74.2%). The level of knowledge of students about bullying at SMPN 1 Dungaliyo after being given health education using video media

obtained student knowledge that is good (87.1%). There is an effect of health education using video media on knowledge about bullying in Grade VII students of SMPN 1 Dungaliyo.

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