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DEVELOPMENT OF HEALTH PROMOTION THROUGH VIDEO MEDIA TO INCREASE KNOWLEDGE OF BULLYING PREVENTION IN ADOLESCENTS

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ABSTRACT

Indonesia ranks fifth with the highest bullying cases, which is 41.1% of 78 countries. The negative effects that occur on the victim are experiencing psychological disorders, including low self-esteem. Therefore, there is a need for health education related to bullying through video media. This media is effective because it is able to attract attention through real visualizations and audio that supports the content of the material. The purpose of this study is to find out the difference in students' knowledge before and after the provision of health education through video media. This research method uses the Quasy experimental pre posttest one group design method. The population in this study is all students of SMK NU Ungaran aged 15-18 years, in March 2024 a total of 820 students. The technique used for sampling in this study is Proportionate random sampling. The sample in this study is 92 students. This research instrument used a bullying knowledge questionnaire consisting of 15 statements with a choice of true, wrong answers and low, medium, and high knowledge measurement results. Of the 15 statements in this knowledge questionnaire, validity has been tested and declared valid all with a value range of 0.576-0.904. The results of the reliability test are 0.874. Bivariate analysis used a simple t test dependent test. The results of the study were obtained Most of the students' knowledge before the intervention was low category as many as 52 respondents (56.5%), while the knowledge after the intervention was mostly in the high category of 55 respondents (59.8%). The results of the dependent t-test were obtained with a p-value of 0.000 which proves that there is a difference in knowledge before and after health education through video

Keywords: adolescent knowledge; bullying; video media

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INTRODUCTION

Based on data from Simfoni-PPA, as of January 2022, there were 9,678 cases of violence (Junindra et al., 2022). Based on data from the United Nations Children's Fund (UNICEF) in 2020, around 150 million students aged 13 to 15 years around the world admitted to having been victims of bullying by peers in the school environment. In Indonesia, about 20% of children say they have experienced bullying. The Indonesian Child Protection Commission (KPAI) in 2018 received 369 public reports related to bullying cases, which accounted for about 25% of the total 1,480 complaints of bullying cases in the education sector. Joint data from KPAI and the Federation of Indonesian Teachers' Unions (FSGI) shows that there were 87 cases of bullying in 2023, an increase from 53 cases in 2021 and 119 cases in 2020, with a peak of 226 cases in 2022. The types of bullying most often experienced by victims include physical bullying (55.5%), verbal bullying (29.3%), and psychological bullying (15.2%) (KPAI, 2023)

Bullying occurs in many school environments due to low assertiveness of students and low emotional skills. In addition, bullying is also caused by schools that cannot build a healthy psychological atmosphere. The act of bullying has a negative effect on both the victim and the perpetrator which will continue into adulthood. The negative effects that occur on the victim are experiencing psychological disorders, including low self-esteem. Individuals who

have low self-esteem will tend to feel that they do not have valuable self-worth in the eyes of others, making individuals feel inferior, shy, feel meaningless in living in the world and feel that they do not have abilities to be proud of (Shin, 2022).

The impacts mentioned above can be overcome by handling through bullying health education through video media. The selection of video as a medium for disseminating innovations, in addition to being able to combine visuals with audio, can also be packaged in various forms, for example combining face-to-face communication with group communication, using text, audio and music. According to Andi (2020), the benefits of video media are: (1) it can foster motivation; (2) the meaning of the message will become clearer so that it can be understood by students and allow for mastery and achievement of the purpose of delivery. In schools, information about bullying is conveyed by teachers in a one-way method without using any media. Through video media, bullying can be identified and dealt with more effectively in the school environment.

In a previous study by Saban, the treated group showed a higher average score of 18.57. Video media has proven to be more effective than pamphlet media in increasing knowledge about anemia in SMA N 2 Ngaglik Sleman students. This is shown by the difference in mean values between the experimental group and the control group, where the control group after receiving counseling had an average score of 15.76 with a standard deviation of 1.446, while the experimental group had a standard deviation of 1.284 (Saban & Utami, 2017). Other research by Wela also supports these findings, stating that of the various learning media available, video is the most effective method in improving knowledge and attitudes. The use of video as an information medium is one of the effective strategies to strengthen students' understanding and attitudes towards bullying issues (Wela et al., 2020).

Researchers conducted a survey at SMK NU Ungaran on 5 students who said they did not know how to deal with bullying. The school informed that previously counseling about bullying had been carried out, one of which was through the distribution of leaflets to students. However, bullying cases still continue to occur in the school environment. This condition is likely caused by a low level of student understanding related to bullying. Therefore, it is necessary to conduct further research. The purpose of this study was to determine the differences in adolescent knowledge before and after being given bullying education through video media.

METHOD

This study uses the Quasy experimental pre posttest one group design method. The design of this study is to find out the differences in bullying prevention knowledge before and after being educated through video media. The population in this study is all students of SMK NU Ungaran aged 15-18 years, in March 2024 there will be 820 students. The technique used for sampling in this study is Proportionate random sampling. The sample in this study is 92 students. The inclusion criteria include students aged 15-18 years who are active in vocational schools and willing to conduct research. This research instrument used a bullying knowledge questionnaire consisting of 15 statements with a choice of true, wrong answers and low, medium, and high knowledge measurement results. Of the 15 statements in this knowledge questionnaire, validity has been tested and declared valid all with a value range of 0.576-0.904. The results of the reliability test are 0.874. In this study, univariate analysis was used to see an overview of students' knowledge related to bullying prevention before and after education. Before conducting the bivariate test, the researcher first conducted a data normality test using the Kolmogorov Smirnov test (> 50 respondents) with normal data results if the p value ≥ 0.05. Bivariate analysis used a simple t test dependent test.

RESULT

This research has been carried out at SMK NU Ungaran on April 16-19, 2025 with 92 respondents. The characteristics of the Respondents can be seen from the following table:

Table 1.

Distribution of Respondent Characteristics by Gender

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Gender	f	0/0
Male	49	53,3
Woman	43	46,7

Based on Table 1, it can be seen that the most respondents are male 49 respondents (53.3%), female gender 43 respondents (46.7%)

Table 2.

Frequency Distribution of Respondents by Type of History of Bullying
History f %

Yes 30 32,6

Not 62 67,4

Based on table 2, it can be seen that the most respondents have a history of bullying in the No category, as many as 62 respondents (67.4%), and the Yes category as many as 30 respondents (32.6%).

Table 3. Distribution of Respondent Frequencies Based on Pre-Education Knowledge

Knowledge Before Education	f	0/0
Low	52	56.5
Keep	29	31.5
Tall	11	12,0

Based on table 3, it shows that most of the respondents' knowledge before education is in the Low category as many as 52 respondents (56.5%), the medium category as many as 29 respondents (31.5%), and the high category as many as 11 respondents (12%)

Table 4.

Distribution of Respondent Frequency Based on Knowledge After Education

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Knowledge After Education	f	%
Low	3	3,3
Keep	34	37,0
Tall	55	59,8

Based on table 4, it shows that most of the respondents' knowledge after education is in the high category as many as 55 respondents (59.8%), medium category as many as 34 respondents (37%), and low category as many as 3 respondents (3.3%)

Table 5.

Differences in Knowledge Before and After Bullying Education With Video Media

Knowledge	Mean	Std. deviation	p-value	
Before	1,55	0,701	0,000	
After	2,57	0,058		

Based on table 5, it shows that there is a difference in knowledge before and after the provision of bullying education, namely with an average value of 1.55 to 2.57 and a p-value of 0.000.

DISCUSSION

Knowledge Level Before Being Provided with Health Education Through Video Media

Based on Table 3, it is known that the level of knowledge of students before being given health education through video media is mostly in the Low category as many as 52 respondents (56.5%). At SMK NU Ungaran, this is due to the lack of implementation of health education, which is caused by the limitations of programs and the lack of materials that specifically discuss the issue of bullying. One of the ways to increase knowledge can be obtained through the mass media. In its role as a conveyor of information, it also brings influence through suggestive messages that can shape individual opinions. The new information received can provide the cognitive foundation needed to build new knowledge about a topic. These findings are in line with research by Sianipar et al. (2023), which states that the low knowledge or information possessed is often due to limited information sources. Not all individuals have access to or the ability to understand information from various sources, including mass media, which is often underutilized to find health information both in the school environment and in the community.

According to Hager et al (2020), a person's knowledge is influenced by two types of factors, namely internal and external. Internal factors include education, gender, occupation, age, interests, experience, and sources of information, while external factors include environment and social culture. From the results of the study, there were 35 out of 52 respondents (67.4%) who had low category knowledge. Information obtained from both formal and non-formal health education can have a positive impact in the short term that has the potential to increase knowledge. According to Wulandari et al (2020), knowledge is related to gender, girls show a higher level of knowledge and academic ability than boys. This is because girls tend to be more serious and diligent in the learning process. Nonetheless, in certain areas such as technology, boys tend to show superiority over girls. In addition, women also tend to have more time to read, which contributes to their increased knowledge.

Based on the history of experiencing bullying, the results were obtained that there were 30 respondents (32.6%) who had experienced bullying. Acts of bullying can have serious negative impacts on victims, not only physically, but also on their mental state (Gizzarelli et al., 2023). Bullying has the potential to cause mental disorders such as anxiety and depression. For perpetrators, these actions also have an impact on their psychological state, such as emotional disturbances, increased risk of becoming an alcoholic or drug addict, and a tendency to commit violence. Meanwhile, for victims, the mental consequences caused include anxiety disorders, trauma, self-harm behavior, sleep disorders (insomnia), decreased learning achievement, difficulty concentrating, distrust of others, and the risk of committing suicide (Wolke et al., 2015). The role of teachers is very important in handling and following up on bullying cases in the school environment, because through this role, teachers can help form positive character of students to support their development optimally (Ayu et al., 2024).

Level of Knowledge After Being Given Health Education Through Video Media

After being given health education, as shown in Table 5, most students had a high level of knowledge as many as 55 respondents (59.8%). The results of research at SMK NU Ungaran show an increase in students' understanding of bullying. The knowledge that a person possesses can form consciousness which ultimately encourages the emergence of behaviors that are in line with the information that has been understood. The higher the level of students' knowledge about bullying, the greater their awareness to change their behavior to be more positive and in accordance with that understanding. These results are in line with the research of Sianipar et al. (2023) which found that health education using audio-visual media is able to attract attention through real visualizations and audio that supports the content of the material.

In addition, the delivery of material directly and in easy-to-understand language makes the information easier for students to understand. This research is also strengthened by the findings of Jatmika et al. (2019) who stated that health promotion media is an important tool in conveying health messages, which aims to increase audience knowledge and encourage behavior change in a healthier direction.

Differences in knowledge before and after Health Education through Video media

Based on the results of statistical analysis in table 5 through the dependent t-test, a significance value of p = 0.000 (p < 0.05) was obtained, which means that H₀ is rejected. This indicates that the use of video media has a significant influence on the improvement of students' knowledge at SMK NU Ungaran before and after the intervention. It is evident from the increase in the average knowledge before education by 1.55 to 2.57 after being given health education. During the pre-test, students answer questions based on their initial understanding. However, after being given a video view, they showed enthusiasm, focused on understanding the content of the material, and actively asked questions about the topic of bullying. This has an impact on their seriousness in doing the post-test, which results in an increase in scores. Good knowledge plays a role in shaping students' positive attitudes towards bullying. Bullying at school often stems from experiences in the home environment, such as abusive treatment from family members. The impact can cause trauma both physically and psychologically, including distrust and suspicious tendencies towards others (Hopeman et al., 2020).

Health education through video media as a learning medium is believed to be able to help students understand the material more easily because of its interesting and fun nature (Afriza, 2022). Therefore, it is important to prevent bullying through effective early interventions, in order to minimize the adverse impact of bullying on student health in the school environment (Celdrán-Navarro et al., 2024). This is in line with Ika (2021) research which states that health education can improve students' understanding of bullying, which is measured through pretests and post-tests. Students who obtain education, especially through audiovisual media, show a significant increase in knowledge and are encouraged to apply that understanding in preventing bullying acts. According to Anggeriyane et al (2023), it is also emphasized that audiovisual media helps strengthen students' motivation to learn and has a positive impact psychologically. The selection of appropriate media in the educational process also makes it easier for students to absorb information.

According to research, Higa et al (2024) revealed that video media is effective in forming students' positive attitudes towards bullying, which occurs mostly among adolescents. Students' own attitudes are influenced by emotional factors, beliefs, ideas, and propensity to act (Fenti & Siti, 2019). The use of video aims to influence attitude change, where the attractive form of presentation is able to foster students' curiosity about the material presented (Sartika et al., 2022). Videos present information concisely, clearly, and easily understand, thus supporting students' memory and comprehension. In the context of health education, the delivery of information does not have to be done directly, but can be done through video media which is now an effective educational alternative as technology develops. Educational videos have been shown to play an important role in improving students' knowledge and attitudes towards bullying (Higa et al., 2024). Health education through audiovisual media not only aims to provide information, but also influences changes in individual and group behavior in a more positive direction (Livana et al., 2018). The use of video media as a means of modern learning is well received by students because of its attractive presentation, especially through visual displays. Thus, this media is able to increase students' sensitivity to signs of bullying, encourage a proactive attitude in prevention, and increase empathy for victims. The results of the study showed that this approach was effective in improving

students' understanding and attitudes towards bullying, evidenced by the significant difference between pre-test and post-test scores. The video media used has gone through a validation process by IPR, so that the content delivered is guaranteed to be of quality and relevance to educational purposes.

CONCLUSION

Based on the results of statistical analysis through the dependent t-test, a significance value of p-value of 0.000 (p < 0.05) was obtained, which means that H₀ was rejected. This indicates that Health Education about bullying through video media has a significant influence on improving student knowledge at SMK NU Ungaran.

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