

Effect of Snake and Ladder Play Therapy to Lower Bullying of Teenagers in Semarang

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ABSTRACT

Background: Nowadays the phenomenon of bullying ironically occurs among teens and it can affect the psychological condition of the teenagers who are bullied especially during the transition period, teens tend to break the bonds of parents and turn to peers for socializing. Those teenagers are required to conform with peers that have different characters, so there is a likely that such teens are influenced by more aggressive peers and engage in aggressive behavior as a way to gain recognition from their peers or even become victims of aggressive behavior and bullying peers because they cannot adjust well in the group which ultimately affect the physiological functions, even not unlikely that bullying can cause mental disorders later in life, both perpetrators and victims. **Objectives:** The aim of this study is to study the effect snake and ladder play therapy on lower bullying at teenagers. **Method:** This is quasi experiment with pre-posttest group design by giving a specific treatment in a group of subjects that were observed before and after the intervention. There were 32 sample respondents by treatment. This research used Wilcoxon test as statistical test to identify a decrease in bullying behavior before and after therapy of play snakes and ladders. **Results**: By bivariate test using Wilcoxon ranks test, the results showed that the significant value of 0.00 is smaller than α (0.05). Therefore, it can be stated that there are differences between before and after the intervention or treatment. Conclusion: Snake and ladder play therapy significantly can reduce bullying behavior at teenagers.

Keywords: snakes and ladders play, therapy, bullying

INTRODUCTION

The paradigm of Healthcare delivery has shifted from the medical model that focuses on the diagnosis and treatment services to become more holistic by looking at the symptoms of the disease as promotive and preventive health care information. Nurses, as one of the health care providers, play an important role in health promotion. Nearly all services of health promotion and disease prevention in hospitals and other health care arrangements are performed by nurses (MOH / DEPKES, 2011). The target of health services ranges from individuals, families, groups and communities in a variety of ages, from conception, children, adolescents, adults up to elder.

One of the goals of health promotion is teenagers. Adolescence is a crucial period in the span of human life, it is a period of transition from childhood to adulthood. In this transition period, teens start searching for their identity, begin to socialize with the world around them and the judge themselves whether they are accepted or not. In this period, there is a high risk of delinquency and violence to young people either as victims or perpetrators of violence. Psychosocial development of teenagers is an interesting thing to study. This is based on problems experienced by many teens which are caused by social relationships at school and one of which is bullying (Djuwita, 2006). ATLANTIS PRESS

Bullying is aggressive behavior that is done deliberately and occurs repeatedly to attack a weak target or victim, easily insulted and could not defend themselves (Sejiwa, 2008). Bullying is also defined as a physical and psychological violence, committed in long-term by individual or group, against a person who is unable to defend himself in a situation where there is a desire to hurt or frighten or make such person depressed (Wicaksana, 2008). Today, one of the phenomena that become concern in education world is violence committed at schools which becomes viral in printed and electronic media and it proves that the human values is slowly vanished (Wiyani, 2012).

National Institute for children and Human Development (Wiyani, 2012) presented the results of the survey that more than 16% of school students in the United States were reported experiencing bullying by other students. The survey was conducted in 15,686 students, ranging from grade 6 to 10 in a variety of public and private schools in the United States. The observation conducted in the Netherlands by Junger Tas and Van Kesteren (in Rudi 2010) found that some students did not have any friends, more than half (51%) was subjected to bullying, while those who have a friend of more than five people, only 11% were experienced bullying.

The study by the expert intervention of bullying, Dr. Army Huneck in Semai Jiwa Amini Foundation in 2008, revealed that there were 10-60% of students in Indonesia reported getting mockery, ridicule, isolation, beatings, kicks or push at least once a week. Research conducted by Semai Jiwa Amini Foundation in 2008 about bullying in three major cities in Indonesia, Yogyakarta, Surabaya, and Jakarta recorded the violence level of 67.9% at the senior high school and 66.1% in junior high school. Violence done by fellow students was recorded 41.2% for junior high schools and 43.7% for the high school level. The highest category of psychological violence was in the form of excommunication. The second rank was occupied verbal violence (ridicule) and the last was physical violence (hitting). The portrayals of violence in junior high school in three major cities, i.e., Yogyakarta, 77.5% of respondents admitted violence and 22.5% admitted no violence; Surabaya: 59.8% (violence); and Jakarta: 61.1% (violence) (Wiyani, 2012). The results of the survey on 40 students of class XII in one of the high schools in Semarang showed that 32.5% of students ever become perpetrators, 27.5% become victims and witnesses; 20% as the witness; 10% as the victim or witness; 7.5% as perpetrators and witnesses and 2.5% only as perpetrator. In the forms of bullying, 47.5% was physical, 38.75% was verbal, and 13.75% was psychological. The location of the most bullying was in the classroom which was equal to 62.5%, in the school yard 20%, in canteen 5% and the remaining 12.5% were outside the school (Sugiariyanti & Prihastuty, 2009).

METHOD

The study design used was quasi experiment design with pre- and post-test design. The population was early teenagers in the city of Semarang. Sampling techniques was by using simple random sampling with inclusion criteria of teenagers at an early age and willing to become respondents, exclusion of the middle age teens and not willing to become respondents, and it was finally obtained 32 respondents.

The independent variable is the play of Snakes and Ladders, while the dependent variable is the decrease in Bullying Behavior. The Instruments used were: 1) Questionnaire A to collect demographic data such as respondent's code, age, education, and employment, 2) Questionnaire B to measure Bullying Behavior



RESULTS AND DISCUSSION

The effect of predisposition factor on bullying include Knowledge and Attitudes. Prior to the study of knowledge about bullying, 80% of teens did not understand the meaning of bullying properly. The understanding includes a definition of bullying, characteristic of bullying actors and the impact as a result from bullying. In terms of attitude, as much as 70% of teens expressed fairness on bullying. Teens consider that bullying is an event that happens naturally. 10% of teens believe that bullying will vanish or will be forgotten along with time. Teens said that the factor of group solidarity becomes the cause of bullying for 30%, while others argue that the actor of bullying had revealed a tendency to become actors since the beginning of the school entrance with 40%.

School has made a commitment to each incident of violence and bullying in the form of warnings to suspension and expulsion from school. However, the availability of Health facility in the form of counseling regarding bullying still did not exist. The results on Kolmogorov_Smirnov test of the data before the intervention obtained 0.000 value (<0.05), so it was declared to have abnormal distribution. The same result was also shown on the data after the intervention by 0.00 (<0.05). Based on this result, then the bivariate test statistic was by using the Wilcoxon ranks test. The results showed that the significant value of 0.00 is smaller than α (0.05), it can be stated there is a difference between before and after the intervention. Therefore, It can be concluded that the therapy of play snakes and ladders is significantly able to reduce bullying behavior at teenagers.

The phenomenon of bullying in the community is still understood as a physical event which is considered easier to solve or has less effect after the incident. Bullying among adolescents is still found and done at school. This is not surprising because most of the time, the activities are carried out at schools. Starting from 5:00 to 21:00 pm as a teen activity hour, about 8 hours are spent in school. During this time, people assume that school is a safe place for students to gain knowledge, skills and social maturation through learning activities. However, these goals must sometimes turn out to be a daunting process when faced with bullying. The low understanding of bullying among adolescents becomes a driving factor bullying. The Misunderstanding on the concept of bullying become trigger of bullying occurrence.

The results of research showed that 80 % of teens do not understand the concept, characteristics, traits and victim of bullying and the impact of the incident. It is not surprising, given the teens have never got the exposure of bullying. This condition cannot be separated from understanding and perception of teachers and parents about bullying. Previous research showed that teachers' perception of the bullying is still limited to the delinquency of students and it is still a common perception. In addition to teacher perception, the teacher acts against bullying is also influenced by the knowledge and experience of teachers in dealing with bullies, even victims of bullying often not treated according to conditions. On the side of youth, as a student, they do not understand the definition, characteristic and feature of the perpetrators and victims of bullying. The minimum understanding makes them behave less concerned when there is bullying in schools.

The influence of peers as the driving force becomes cause of the unfinished business of solving bullying in Semarang. Solidarity between friends, in the form of support when a friend is in need to do bullying, is also a cause of the increasing of bullying.

Facilities and infrastructure in schools include physical and non-physical building. The physical building in the form of the building has been investigated to onset bullying at school. Schools with a large area, coupled with the many hallways as public areas for students become a risk factor for the lack of intensive supervision for each student. Especially when a large area was not supported by means of support in the form of CCTV or other



monitoring tool. Non-physical means is the counseling services for students related to psychological conditions for each student. Health service which is usually done by the counselors has not been intensively provided by the school. The existence of the counselor as a partner to support the current referral emotional stability and less pleasant events happening in schools should be a vital tool held. Counselors available at the school are incidental and situational. It is proved that every incident of bullying at school is overcome by the school according to the ability of the school.

When there is a problem of bullying at schools, the researchers believe that the problem of bullying is not just the duty and responsibility of school. Cross-sector cooperation is required to support and create safety and comfort at school. The impact of bullying that is so dangerous, especially for sustainable growth and development of children and youth, should be the responsibility of all lines. Children and adolescents have the right to be in a conducive environment. Those who are still glittering in child transition into adolescence are still attached to the need to play. Play will make teenagers feel satisfied and relaxed. Playing makes children feel happy. Even playing is one of therapies to improve physical and emotional condition. Game of snakes and ladders with a modification of an understanding attitude toward bullying significantly improve the understanding / knowledge, attitudes and behavior of adolescents. The game is presented in in an attractive form, funny look and appropriate for adolescence. The availability of textbooks which contain the rules makes the game play become more challenging situations. Some of the rewards and sanctions make this game become an option that makes the child feel courageous to play it again and again. In learning, cognitive ability can be realized by reading and repeat. With twice repetition in the game, teens have been able to improve the knowledge, attitudes and practice in understanding bullying.

CONCLUSIONS

Playing is a child's world. By playing, children will get through the growth process in a fun way. Every child has the right to grow based on the duties and obligations. It cannot be realized when children experience bullying. Snake and ladder play therapy is proven to be effective and significant in lowering bullying behavior among children. Play in a fun way is able to make children learn without the burdens to understand bullying

REFERENCES

Adriana, D. (2011). Tumbuh Kembang dan Terapi Bermain Anak. Jakarta: Salemba.

- Arikunto, S. (2006). Prosedur Penelitian Suatu Pendekatan Praktik. Jakarta: PT Rineka Cipta
- Aziz, H. (2003). Riset Keperawatan dan Tehnik Penulisan Ilmiah. Jakarta: Salemba Medika.
- Anderson & Mc.Farlane. *Community as partner theory and practise in nursing* (3rd Ed). Philadelphia. Lippincott.
- Asih, S. W. (2014). Penerapan terapi bermain terhadap perilaku mencuci tangan pada anak usia sekolah. Unair. Tesis tidak dipublikasikan.
- Departemen Kesehatan RI. (2012). Pusat promosi kesehatan sekolah. Jakarta
- Handayani, L. (2012). Belajar menghitung bilangan bulat dengan terapi bermain melatih kognitif dalam perkembangan anak. Yogyakarta. Tidak dipublikasikan
- Nursalam. (2008). *Konsep dan penerapan metodologi penelitian ilmu keperawatan*. (edisi kedua). Jakarta: Salemba Medika.