

Relationship between Knowledge and Attitude with the Dangers of Bullying in High School Students

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Abstract:

Bullying is a common issue in school environments and can have severe negative impacts on students' mental, social, and academic well-being. This study examined the Relationship between Knowledge and Attitude with the Dangers of Bullying in High School Students. A quantitative cross-sectional approach was used, involving 60 eleventh-grade students selected through total sampling. Data were collected using questionnaires distributed before and after the health education intervention and analyzed using univariate and bivariate tests. The univariate results showed that most respondents had high levels of bullying behavior (71.7%), low knowledge (68.3%), and negative attitudes (51.7%). After the intervention, improvements were observed in both knowledge and attitudes. Bivariate analysis revealed a significant relationship between knowledge and bullying ($p = 0.017$) and between attitude and bullying ($p = 0.033$). Health education proved effective as a promotive and preventive strategy for fostering positive behavior and empathy among adolescents. Therefore, schools should integrate health education into student development programs to create a safe and violence-free learning environment. This study contributes to bullying prevention through a structured, evidence-based educational approach.

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INTRODUCTION

Bullying has emerged as a pervasive global public health issue, affecting millions of adolescents worldwide. Students who experience bullying will experience severe impacts ranging from psychological stress to suicide (Chen et al., 2023). In Indonesia, recent reports indicate that bullying remains prevalent in schools, exacerbated by weak mental resilience among adolescents. This phenomenon underscores the urgent need for evidence-based interventions to mitigate its impact on youth well-being (Putra & Dendup, 2020).

Bullying is defined as repeated, intentional, aggressive behavior characterized by a power imbalance between perpetrators and victims (Chang, 2021). It manifests in multiple forms: physical bullying (e.g., hitting, damaging property), verbal bullying (e.g., name-calling, spreading rumors), and psychological bullying (e.g., social exclusion, cyberbullying) (Han et al., 2025; Wuryaningsih et al., 2020). These behaviors violate individual rights and foster hostile environments, particularly in educational settings where peer dynamics are critical to social development (Andrews et al., 2023; Fitria et al., 2023).

The repercussions of bullying are profound and multifaceted. Victims often experience anxiety, depression, and academic decline, while perpetrators face increased risks of antisocial behavior and

criminality later in life (Ariani et al., 2025). Alarming, bullying has been linked to suicidal ideation, particularly among adolescents with limited coping mechanisms (Hasan et al., 2021). Bullied students contemplated self-harm due to feelings of hopelessness, highlighting the life-threatening consequences of unchecked aggression (Ali et al., 2024).

Addressing bullying requires interventions targeting knowledge and attitudes (Dawes et al., 2023). Heightened awareness of bullying's dangers correlates with reduced engagement in such behaviors (Varela et al., 2022). Knowledge empowers individuals to recognize harmful actions, fostering empathy and discouraging participation. For instance, students who understand the psychological trauma caused by bullying are more likely to reject it as a social norm, aligning with the Health Belief Model's emphasis on perceived susceptibility and severity (Omar et al., 2024).

Attitudes—defined as learned predispositions to respond positively or negatively toward stimuli—play a pivotal role in shaping behavioral intentions (Johnson et al., 2022). Prosocial attitudes cultivated through education can dismantle tolerance for bullying by emphasizing equity and respect (Alhamuddin & Hamdani, 2024). Students with empathetic attitudes are less likely to victimize peers based on perceived weaknesses, reflecting the Transtheoretical Model's stages of behavioral change. Thus, modifying attitudes is critical for sustainable prevention (Mora et al., 2021).

Health education emerges as a strategic tool to combat bullying by equipping students with knowledge and reshaping attitudes (Amat et al., 2023; Kurniawan et al., 2023). Structured programs, integrating interactive workshops and peer discussions, have demonstrated efficacy in improving awareness and fostering prosocial behaviors. A study reported reduced bullying incidents following a school-based health education intervention. Such initiatives align with the socioecological model, simultaneously addressing individual, interpersonal, and environmental factors (Debby et al., 2021; Kurniawan et al., 2024).

This study aims to investigate the relationship between health education interventions and high school student's knowledge and attitudes toward bullying in high school students. By bridging gaps in evidence, particularly in low- and middle-income countries, our findings inform scalable strategies to promote safe school environments. The results will contribute to global efforts to align educational policies with mental health promotion, ultimately reducing the burden of bullying-related harm.

METHOD

This study employed a cross-sectional design to investigate the relationship between health education interventions and high school students' knowledge and attitudes toward bullying. Data were collected simultaneously to capture immediate effects, focusing on observational analysis and structured surveys administered during the intervention period. The research was conducted at SMAN 4 Kota Serang, Indonesia, from February to April 2025, encompassing stages from proposal development to data collection, analysis, and final reporting. This timeframe allowed for the systematic implementation of the health education program and the subsequent evaluation of its impact.

The target population comprised 60 ninth-grade students enrolled at SMAN 4 Kota Serang in 2025. A total sampling technique was utilized, ensuring all students in the selected cohort participated as the study sample. This approach was chosen to maximize data accuracy given the manageable population size and to ensure a comprehensive representation of the group. Data collection involved pre- and post-intervention questionnaires assessing knowledge (e.g., understanding of bullying definitions and consequences) and attitudes (e.g., empathy toward victims, rejection of bullying norms). Descriptive and inferential statistical analyses were performed to evaluate changes in knowledge and attitude scores following the intervention.

Ethical clearance was obtained from the Public Health Study Program at Faletahan University prior to data collection. Informed consent was secured from participants, parents, and school authorities, emphasizing voluntary participation, confidentiality, and the right to withdraw. The study adhered to ethical guidelines for human research, ensuring minimal risk to participants and alignment with institutional review board protocols. All procedures were designed to maintain objectivity and integrity in reporting findings related to bullying prevention through health education.

RESULT

Univariate Analysis

Table 1. Frequency Distribution of Respondents

Variable	f	(%)
Danger of Bullying		
High	43	71.7
Low	17	28.3
Knowledge		
High	19	31.7
Low	41	68.3
Attitude		
High	29	48.3
Low	31	51.7

The univariate analysis revealed that most respondents exhibited high levels of bullying behavior (71.7%), had low levels of knowledge (68.3%), and demonstrated low attitudes (51.7%).

Bivariate Analysis

Table 2. Relationship between Knowledge and Attitude with the Dangers of Bullying in Students

Variable	Bullying				Total		p-value	PR (95%CI)
	High		Low					
	n	%	n	%	n	%		
Knowledge								
High	18	94.7	1	5.3	19	100	0.017	1.554 (1.190-2.029)
Low	25	61.0	16	39.0	41	100		
Attitude								
High	25	86.2	4	13.8	29	100	0.033	1.485 (1.065-2.071)
Low	18	58.1	13	41.9	31	100		

The bivariate analysis showed a significant relationship between knowledge and bullying (p-value = 0.017), as well as between attitude and bullying (p-value = 0.033). These findings are consistent with those of Andriani (2022), who reported a relationship between attitude and bullying, with 49 individuals (57%) exhibiting such a pattern, and 44.7% demonstrating low levels of knowledge.

DISCUSSION

The findings of this study reveal a high prevalence of bullying behavior among respondents (71.7%), coupled with low levels of knowledge (68.3%) and unfavorable attitudes (51.7%) toward

bullying prevention. The significant relationships between knowledge, attitudes, and bullying behavior ($p=0.017$ and $p=0.033$, respectively) underscore the critical role of cognitive and affective factors in shaping student conduct. This suggests that interventions targeting knowledge gaps and attitudinal shifts could mitigate bullying in educational settings (Dawes et al., 2023).

The correlation between low knowledge and bullying behavior emphasizes the need for structured educational programs. Students with a limited understanding of bullying's consequences may lack awareness of its psychological and social impacts. Conversely, improved knowledge fosters empathy, as noted in the study's analysis, where informed students were less likely to exploit peers' vulnerabilities. This aligns with cognitive theories suggesting that information processing influences moral reasoning, enabling individuals to recognize harmful behaviors and adopt prosocial alternatives (Mazzone et al., 2021).

Attitudes also emerged as a significant predictor of bullying behavior. Negative attitudes, often rooted in rigid beliefs or social norms, may perpetuate discriminatory or aggressive actions. However, positive attitudes—shaped by empathy and acceptance of diversity—can deter bullying by promoting respect for individual differences. This finding supports the broader literature on social learning, which posits that attitudes are malleable through modeling and reinforcement. Schools must prioritize fostering inclusive environments to reshape these attitudes effectively (Wu & Jia, 2023).

Health education is pivotal in addressing bullying by integrating knowledge and attitudinal interventions. The analysis outlines that successful health education depends on instructor preparedness, resource availability, and contextual adaptability. For instance, educators who master content and employ interactive methods (e.g., role-playing, case studies) can enhance engagement and retention. Additionally, aligning programs with students' cultural and social contexts ensures relevance, increasing the likelihood of behavioral change (Celdrán-Navarro et al., 2023).

Despite its insights, this study has limitations. The cross-sectional design precludes causal inferences, and self-reported data may introduce bias. Future longitudinal studies should explore temporal relationships between knowledge, attitudes, and bullying behavior. Furthermore, intervention testing tailored health education modules could validate the practical efficacy of these findings. Schools and policymakers must collaborate to implement evidence-based programs, ensuring students acquire the knowledge and values to reject bullying and cultivate empathetic communities.

CONCLUSION

Univariate results show that most respondents have High bullying behavior, low knowledge, and low attitudes. Bivariate results conclude that there is a relationship between knowledge and attitudes toward bullying. Schools can conduct socialization or adolescent health education about the dangers of bullying in adolescents using interesting and continuous methods. Schools take an active approach in revealing bullying cases and following up on these cases. Parents can provide information about the dangers of bullying from an early age to reduce bullying behavior in adolescents.

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