

ORIGINAL ARTICLE

The Impact of Bullying on Teenagers Depression Level

Eni Hidayati¹, Nihayatuzzulfa¹, Desi Aryana Rahayu¹, Muhammad Fatkul Mubin¹, Bibi Florina Abdullah²¹ Faculty of Nursing and Health Sciences (Fikkes), Universitas Muhammadiyah Semarang (Unimus), Jl. Kedungmundu No.18, Kedungmundu, Kec. Tembalang, Kota Semarang, Jawa Tengah 50273, Indonesia² Faculty of Nursing, Lincoln University College, Wisma Lincoln, No. 12-18, SS6/12, Off Jalan Perbandaran, 47301 Petaling Jaya, Selangor D. E. Malaysia**ABSTRACT**

Introduction: Bullying is a form of violent behavior, oppression, along with psychological and physical coercion against weaker individuals. The impact of bullying can cause physical and psychological disorders such as depression, which can interfere with the teenagers' learning process. This study aimed to determine the effect of bullying on teenager depression levels. **Methods:** The research method used descriptive quantitative sampling technique. In this study purposive sampling was used with 155 samples. Data was collected by questionnaire method. **Results:** The research result obtained that most of the respondents experienced bullying in the moderate category by 70.3% and severe bullying by 29.7%. The depression level showed that 47.1% means the majority of respondents did not experience depression but 16.8% got mild depression, and 21.9%, to 14.2% got severe depression. Researchers found the Spearman correlation test between variables of bullying against the level of depression, that p-value is 0.004 ($p < 0.05$), which means bullying would affect the level of depression in teenagers. **Conclusion:** From the above discussion it can be concluded that Bullying has a significant relationship with the level of teenagers' depression.

Keywords: Youth, Bullying, Depression**Corresponding Author:**

Eni Hidayati, M.Kep, Sp. Jiwa
 Email: eni.hidayati@unimus.ac.id
 Tel: +62 81328162565

INTRODUCTION

Teenagers are individuals who have passed through the stages of development from childhood to adulthood, undergoing changes in both biological, cognitive, and emotional perspective (1). At this stage, teenagers gradually form an identity. When the teenagers mingle in appropriate friend circle then they will have a good self-identity but when they choose the wrong or bad group of friends they suffer from identity deviation. As a result they engage in quarrel with each other and get bullied in the school environment (2).

Bullying perpetrators usually think of themselves as individuals who have the power to oppress victims. Meanwhile, the victim considers himself a very weak person, a threatened and useless individual (3). The main contributing factor that makes teenagers commit bullying is family influence. If teenagers experience family violence or quarrels between parents, this will trigger them to perform bullying. Another cause is the school itself because of the lack of supervision from the teacher, and the teacher neglects the conflict between

teenagers which create a habit of mocking each other among friends (4).

The first forms of bullying that occur in teenagers is verbal bullying. It is bullying in the form of utterance of words that hurt, like cursing, yelling, insults, and threats. The second is psychological bullying which cause psychological pressure on the victim. These forms of psychological bullying are in the form of slander, silence or isolation, ridicule, and fear. The third form of bullying is physical bullying. Physical bullying committed by the perpetrator against the victim cause physical contact and may injure the victim. Physical bullying such as kicking the victim, throwing something at the victim, pushing, punching, and/or being hurt by a sharp object. The last is sexual bullying. The form of bullying, such as groping the victim's sensitive area, seducing, kissing, but rape is a rare case (5).

The effects of bullying on teenage victims in Semarang Senior High School resulted in a lack of social interaction for victims who were bullied, meanwhile teenagers who had never received bullying had excellent social interactions (6). The research results about the impact of bullying behaviour show that bullying greatly impacts the anxiety of every teenager who is bullied at school (7). Another impact of youth bullying at SMPN 5 Garut shows that most of them who admit being bullied

victims, some of them have low self-esteem (8). This bullying behavior makes the victim feel frightened and become introvert, while for the perpetrator, the impact of this bullying causes feelings of guilt and regret (9). The depression rates of high school teenagers who are the verbal bullying victims were higher compared to teens who are not bullying victims (10).

Bullying behavior in the United States reported that 1 in 5 middle school students was bullied. Around 12% of public schools reported that bullying occurs at least once a week. The highest reports of bullying occurred in senior high schools (SMA) 22%, 15% at junior high schools (SMP), and 8% at elementary schools (SD) (11). In Indonesia, 40% of school-aged children aged 13 to 15 experienced physical violence at least once a year, 26% received physical punishment from their family and loved ones, and 50% have experienced bullying at school(12).

Lack of supervision from school staff or teachers on teenager’s behavior have an great impact on students character because any violation of regulations at school environment, can causebullying behavior that would greatly affectpsychological, physical, and environmental development of teenagers. Their closed-personality and their decreasing learning achievement will lead the bullying victims to commit suicidal actions (13).

Depression is a disorder of a person’s feelings, which is accompanied by other feelings of sadness, gloom, despair, and unhappiness. A person who is depressed usually has a negative perception of stressors, so they consider all problems as negative. This condition will be exacerbated by the absence of support from family and closest people (14). The main factors for teenager depression symptoms include disputes or conflicts with peers, breaking up with boyfriends, conflicts with family, lack of self-confidence, and difficulty following lessons at school (15). The results showed that junior high school teenagers in Salatigaas experiencing depressive symptoms; however, female teenagers were more likely to experience depression than boys (16). Teenagers who experience depression, and those who are potentially depressed have the same feelings. These individuals perceive themselves as bad. As a result these individuals experience decreased concentration in learning, mood disorders, weight swings, feelings of sadness, a feeling of wanting to cry, and feelings of disappointment (17). The prevalence of depression in teenagers period is reported to vary from 5% to 20% in high school student. Based on gender, the depression rate for girls is higher than boys (18).

MATERIALS AND METHODS

The preliminary study survey were conducted among 796 students. This research used a descriptive quantitative method through purposive sampling technique with a

sample size of 155 respondents. The sample was from class VIII junior high school students.Respondents are selected for this studyif the respondent have received moderate or severe bullying behavior.

Questionnaire A was about the biodata of respondents, and questionnaire B contained questions in the checklist form related to bullying that was experienced by respondents. Questionnaire C had 21 questions that were used to determine the level of depression.

The research process took place from 19 June - 23 June after obtaining an Ethical Clearance certificate of health approved by the Health Research Ethics Committee of the Faculty of Public Health, University of Muhammadiyah Semarang. The data wereanalyzed by univariate and bivariate method. Univariate data were analyzedto describe the characteristics of respondents like bullying categories, and levels of depression. Bivariate data were analyze to found the relationship between bullying and depression levels in respondents then tested with the Spearman rank correlation.

The present study has been ethically approved by Research Ethics Committee Health Sciences, Faculty of Nursing and Health Sciences, University of Muhammadiyah Semarang, Indonesia, vide reference no. 366/KEPK-FKM/UNIMUS/2020 dated 8th July 2020.

RESULTS

According to table I it was found that teenagers in junior high school who never got the bullying were 109 respondents (70.3%) and 46 respondents (29.7%) experienced severe bullying behavior.

Table I: The bullying behaviour categories of the teenager (n = 155)

Bullying category	Frequency	Percentage
Moderate Bullying	109	70.3
Severe bullying	46	29.7
Total	155	100.0%

Based on the table II study results, it was found that respondents who did not experience depression are 47.1 %, who had mild depression was 16.8%, moderate depression by 21.9%, and severe depression by 14.2%.

From table III we found the research results that had been analyzed showed that the hypothesis in this study was proven to had a positive relationship and had a very weak level of relationship between the effects of bullying on the teenagers and depression level in junior high school with a correlation test value of 0.004.

DISCUSSION

Bullying was a form of violent behavior, oppression, and psychological and physical coercion against

Table II: The Categories of Distribution level of depression in teenager (n = 155)

Depression level	Frequency	Percentage
Normal	73	47.1
Mild depression	26	16.8
Moderate depression	34	21.9
Severe depression	22	14.2
Total	155	100.0%

Table III: The Effect of Bullying on Teenagers Depression Levels

		Bullying	Depression level
Bullying	Correlations coefficient	1.000	.229 *
	Sig. (2-tailed)		.004
	N	155	155
Level depression	Correlations coefficient	.229 *	1.000
	Sig. (2-tailed)	.004	
	N	155	155

weaker individuals. Bullying perpetrators usually think of themselves as individuals with the power to oppress victims. Meanwhile, the victim considers himself as weak, threatened, and useless individual (3). The main contributing factor that made teenagers to bully others is poor family background. When teenagers witnessed quarrel between the parents often then that trigger bullying activity in them. Another cause was the school environment itself. Bullying at school happens because of the lack of supervision from the teacher and neglect of the teachers at the time of conflict between the teenagers. Other causes were students at this age mock each their friends (4). The effects of bullying on teenagers were the lack of social interaction for the victim. It is seen that teenagers who had never received bullying had very good social interactions (6). Another impact of youth bullying at SMPN 5 Garut showed that most of them admitted that they were bullied victims; a small proportion of bullying victims had low self-esteem (8). This bullying behavior caused victims to feel afraid and become introverts, shun themselves from their surrounding environment. Meanwhile, for the perpetrator, the impact of bullying caused guilt and feeling of regret (9).

Depression is a bitter feelings of a person accompanied by sadness, gloom, hopelessness, and unhappiness. A person who are depressed had a negative set of mind. So without support from family and their closest friends this condition would be exacerbated more (14). The main factors of teenager's depression are peer conflicts,

break up, family conflicts, lack of self-confidence, and difficulties in following lessons at school (15). The results showed that junior high school teenagers in Salatiga were identified as experiencing depressive symptoms, among both boys and girls. However, female teenagers were more likely to experience depression than boys (16). Teenagers who experienced depression, and those who were potentially depressed have the same feelings. This negative set of mind would decrease their concentration in learning but increase the mood disorders, weight changes, feelings of sadness, and disappointment (17).

From this result it can be said that if the bullying behavior is less then the level of depression is less among teenagers. Depression was a disorder of personal feelings, which was accompanied by feelings of sadness, gloom, despair, and unhappiness. The level of depression in this study was measured using a questionnaire. The two variables showed that there was an effect of level of bullying on the level of teenagers' depression.

Researchers hope that the limitations of this study can later be developed by further researchers. The research can be useful for further study. The suggestions for this research are:

1. School

The results of this study were expected to provide additional information and input for schools about the impact of bullying on depression levels in teenagers. This will be useful in helping schools to prevent bullying in the school environment so that the environment will be free from bullying behavior.

2. Respondents

This research is expected to increase the teenagers' knowledge about the impact of bullying on victims' depression level and encourage the victims to report it to their counseling teachers or school principals.

3. The nursing profession

The results of this study are expected to be useful for the nursing profession as a source of information in overcoming bullying behavior in teenagers in the school environment and provide additional scientific references in the field of mental nursing about mental health conditions in teenagers in schools.

4. For further researchers

This study is expected to add other variables that affect the level of teenagers' depression.

CONCLUSION

Based on the data analysis results, it can be concluded that the bullying has a significant relationship with the level of teenagers' depression. The correlation test shows a positive value of 0.004, which means that the impact of bullying affects the level of teenager depression. The magnitude of the correlation value in this study showed that the correlation coefficient is very weak between bullying and the level of depression.

ACKNOWLEDGMENT

All authors very thankful to the all respondent and teachers who give support for collecting data and also thankful to the university UNIMUS for permitting the research work.

REFERENCES

1. Kardiana IG, Westa IW. Gambaran tingkat depresi terhadap perilaku bullying pada siswa di SMP PGRI 2 Denpasar. *E-JurnalMedikaUdayana*. 2015.
2. Yuliani S, Widiyanti E, Sari SP. Resiliensi Remaja Dalam Menghadapi Perilaku Bullying. *Jurnal Keperawatan BSI*. 2018 Jul 9;6(1).
3. Zakiyah EZ, Fedryansyah M, Utama AS. Dampak bullying pada tugas perkembangan remaja korban bullying. *Focus: Jurnal Pekerjaan Sosial*. 2018;1(3):265-79.
4. Herawati N, Deharnita D. Gambaran Faktor-Faktor Penyebab Terjadinya Perilaku Bullying pada Anak. *NERS Jurnal Keperawatan*. 2019 Mar 20;15(1):60-6.
5. Nurhidayati T, Mubin MF, Al Faizin K. The Description of Bullying in High School Students. *Media Keperawatan Indonesia*. 2019 Jun 26;2(2):79-82.
6. Setyowati WE, Heppy RD, Setiani AR. Hubungan Antara Perilaku Bullying (Korban Bullying) Dengan Kemampuan Interaksi Sosial Pada Remaja SMA. In *Proceeding Unissula Nursing Conference 2017* (Vol. 10, No. 2, pp. 174-179).
7. Utami TW, Astuti YS, Livana PH. Hubungan Kecemasan Dan Perilaku Bullying Anak Sekolah Dasar. *Jurnal Ilmu Keperawatan Jiwa*. 2019 May 28;2(1):1-6.
8. Rilla EV. Hubungan Bullying Dengan Konsep Diri Remaja di SMP Negeri 5 Garut Tahun 2017. *Jurnal Ilmu Kesehatan Bhakti Husada: Health Sciences Journal*. 2018 Dec 3;9(2):66-74.
9. Kharis A. Dampak Bullying Terhadap Perilaku Remaja (Studi pada SMKN 5 Mataram). *JIAIP (Jurnal Ilmu Administrasi Publik)*. 2019 Apr 2;7(1):44-55.
10. Marela G, Wahab A, Marchira CR. Bullying verbal menyebabkan depresi pada remaja SMA di Kota Yogyakarta. *Berita Kedokteran Masyarakat*. 2017;33(1):43-8. <https://doi.org/10.22146/bkm.8183>
11. Cooper LA, Nickerson AB. Parent retrospective recollections of bullying and current views, concerns, and strategies to cope with children's bullying. *Journal of child and family studies*. 2013 May 1;22(4):526-40. DOI <https://doi.org/10.1007/s10826-012-9606-0>
12. Mardia R. infoDATIN (pusat data informasi kementerian kesehatan RI kekerasan terhadap anak dan remaja (p. 11).
13. Darwin D, Mubin MF, Hidayati E. Pengalaman Siswa Yang Mendapatkan Bullying Di Sma N 15 Semarang. *Jurnal Keperawatan Komunitas*. 2018 Oct 16;2(1):1-6
14. Riyadi, S., & Purwanto, T. ASUHAN KEPERAWATAN JIWA (S. Riyadi & T. Purwanto (eds.); Edisi pert). Graha Ilmu. 2009.
15. Ashrita IA, Ariani NK. Angka Kejadian Gejala Depresi Pada Remaja Di Smp Negeri 1 Denpasar Dan Faktor Yang Menyertai. *E-JurnalMedika Udayana*. 2019. Vol 8 no 5
16. Beautyana SF, Desi D, Setiawan H. Perbedaan Gejala Depresi Pada Remaja Sekolah Menengah Pertama. *Jurnal Kesehatan Masyarakat*. 2019 Oct 28;12(02).
17. Dianovinina K. Depresi pada remaja: gejala dan permasalahannya. *Jurnal Psikogenesis*. 2018 Sep 27;6(1):69-78. <https://doi.org/10.24854/jps.v6i1.634>
18. Eskin M, Ertekin K, Harlak H, Dereboy 3. Prevalence of and Factors Related to Depression in High School Students. *Turkish journal of psychiatry*. 2008 Dec 1;19(4).