

THE DEVELOPMENT OF THE UKS HOLISTIC PROGRAM IN PREVENTING AGGRESSIVE BEHAVIOR AND LOW SELF ESTEEM IN ELEMENTARY SCHOOL

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Abstract: Background: The child may unconsciously use passive-aggressive strategies for various motives such as in obtaining freedom, maintaining dependence, masking a low sense of self-esteem and masking anxiety. One of the impact of aggressive behavior and low self esteem in elementary school children is children unable to socialize with other children, so the academic field will also decrease. The Holistic UKS Program is indispensable in the prevention of aggressive behavior and low self-esteem of children. It is one of the UKS basic school development programs in improving the biological, psychological, social and spiritual health of the school children. Method: The design that done in this writing is sytematic review. Using 15 journals 2010-2017. Data sources get from PubMed, ScienceDirect, Google shcolar. The apprasial study uses the Joanna Briggs Institute (JBI) Critical Appraisal. Result: physical and mental health services in primary schools have a significant effect on aggressive behavioral changes and low self-esteem in primary school-aged children. Conclussions: Many countries have implemented school health services both physically and mentally. This can have an effect on the promotion and preventive efforts of primary school age children. It is therefore expected that in Indonesia the School Health Program program is able to provide programs Holistik.

1 INTRODUCTION

Aggressive behavior in children of school age are considered normal behavior in the age range 7-12 years. At this age children are expected to acquire basic knowledge considered essential in children's adjustment when adulthood. According Kurniadami, when school-age children fail so often encountered anger and anxiety reactions. Besides this, the man already had the aggressive behavior of the baby, continued the pre-school, school age, adolescents and adults. During the school, aggressive behavior can become chronic kenakala as a teenager. Aggressive behavior of children at the age of 8 years can be seen how aggressively the child as an adult (Holmes, 2013).

In addition to aggressive behavior, self-esteem was also very influential in terms of the level of socialization of children of school age. The tendency of aggressive behavior by peers can lead to low self-esteem in children. It can worsen the condition of

children in terms of learning, and socializing on their peers. So that their mental health clinic and school children can minimize aggressive behavior and low self-esteem of children of school age. As an educational institution, the school has a role and strategic position in health promotion efforts both in terms of a clean and healthy living behavior maupu children's mental health.

The frequency of violent and aggressive behavior among elementary school students is quite high. It was found that the boy has a violent and aggressive behavior more often than girls (Z.Kabasakal, 2010). This is because primary school children have not been able to aspire anger. (U. Tosun, 2014). Boys as much as 2,627 children (91 percent) and girls 252 children (9 percent). During this time, the crimes committed by children only considered the police as juvenile delinquency and child. Whereas in some cases have resulted in death. If this is not immediately addressed, the crimes committed by a child next year will be more widespread and pose a more complex problem. In a research conducted

NGO *Plan International* and the *International Center for Research on Women (ICRW)*, which was released early March 2015 showed astonishing facts related to violence against children in schools. There are 84% of children in Indonesia have experienced violence in school. The figure was higher than the trend in the region of 70%. This research was conducted in five Asian countries, namely Vietnam, Cambodia, Nepal, Pakistan, and Indonesia, which were taken from Jakarta and Serang, Banten. The survey was taken in October 2013 to March 2014, involving nine thousand students aged 12-17 years, teachers, principals, parents, and representatives of NGOs. In addition, data from the UN agency for children (UNICEF) said, 1 in 3 girls and 1 in 4 boys in Indonesia violence. This data shows the violence in Indonesia is more common in girls.

In the journal showed that schools using SBHC (physical health clinics) and MHS (mental health of children) as much as 70% more qualified. It can be seen that the behavior and health of children better. Because with the MHS school their early detection efforts in tackling the mental health of children. (Laron, Joanne, Claire, and Susan, 2017). In addition to the mental health and social services in schools can identify problems found in students both individual and social problems so as to assist schools in determining and developing mental health programs and social services for children. (Zewditu & Nancy, 2017). So the importance of the mental health program in primary schools.

Clinical questions posed by the phenomenon of the above are: (P) Clients school-age children with anxiety, aggressive, low self esteem, (I) health clinic and mental, (C) Programs clinic mentally healthy, and (O) Behavior olds school.

Objectives

Knowing the effectiveness of the programs the clinic healthy and soul on the prevention of aggressive behavior and low self-esteem of children of school age

Research questions

Based on the above background, obtained a research question, "how the effectiveness of the programs the clinic healthy and soul on the prevention of aggressive behavior and low self-esteem school-age children?"

2 METHOD

Design

Done in this paper is *systematic* review. Effect of healthy programs and mental clinic on the

prevention of aggressive behavior and low self-esteem of children of school age will be reviewed, including how sampling and variables measured. searches *Database* and *screening* iuris articles carried by the reviewer to follow the terms in fulfilling the inclusion criteria.

Criteria Inclusion and exclusion

1) Type Study

Publication of the research results is sought in *systematic review* is a research that provides intervention in the sample with the approach of *randomized controlled trials (RCTs)* of 7 articles, Quesi experiment 6 articles, case control and case series study

2) Type participant/ respondents (population)

Systematic review focuses on the results of research conducted on school-age children who experience anxiety, aggression, low self-esteem.

3) Intervention types

Intervention that will be explored in a *systematic review* of the programs are school-based, both physically and mentally with a wide range of school-based programs to change behavior. This review compares berbasic school programs, both physically and mentally.

4) Type of *outcomes* measured

Outcome were measured school-age children's behavior changes that include anxiety, stress, aggression, low self-esteem.

Criteria for exclusion

Type of research is not included in this review was the research conducted on pre-school, adolescents and adults. The review also did not include the type of research that uses pharmacological intervention without modification of school-based programs.

Search Strategy The literature

Systematic reviews on this dilaksanakan by searching article publication on the database: PubMed, ScienceDirect, Highware, Google shcolar and Sage journal by using the keyword "*clinichealthy and soul*" or "*aggression*" or "*Low Self-esteem*"

Based on the search by ScienceDirect, the articles obtained as many as 998, PubMed sebanyak 33 articles, of Hihgwire as many as 311 articles and scolar google search as much as 8560 article, then identified based on the similarity title and came up with as many as 53 articles. A total of 43 articles was issued for not complying with the inclusion criteria so that the article that reviews the number 15 for subsequent analysis quality. Literaur search

restricted to the issue of 2009- 2018 which can be accessed *full text* in pdf format.

Study Quality Assessment Method

Articles in accordance with the criteria and then analyzed using *tool appraisal critical* an appropriate to the RCT research results, Quasi-experimental, case control and case series. Seven of the reviews using the approach RCT that has a level of evidence Ib (according to the National Institute for Clinical Excellence (NICE)).

Table 1: Level Evidence Based National Institute for Clinical Excellence (NICE)

Level	Evidence
Ia	Evidence from systematic review and meta-analysis of randomised controlled trials
Ib	evidence from at least one randomised controlled trial
IIa	evidence from at least one controlled study without randomisation
IIb	evidence from at least one other type of quasi-experimental study
III	evidence from non-experimental descriptive studies, such as comparative studies, correlation studies and case control studies
IV	evidence from expert committee reports or opinions and/or clinical experience of expected authorities

Assessment carried out by one person, that a reviewer using a measuring instrument *Joanna Briggs Institute (JBI) critical Appraisal*. the data have been analyzed and then extracted and synthesized in accordance with the purpose. Table *critical appraisal* is attached (appendix 1).

Method Data Extraction

Data were obtained from the literature that met the inclusion criteria, then commissioned to review one by one by means arranged in a table to facilitate the review process. the table contains the author's name, years of research, methods or the study design, sample and sampling techniques, data analysis, clinical findings, and results of critical appraisal. the extraction process is done one person, yatu reviewer. the process of data extraction attached (appendix 2).

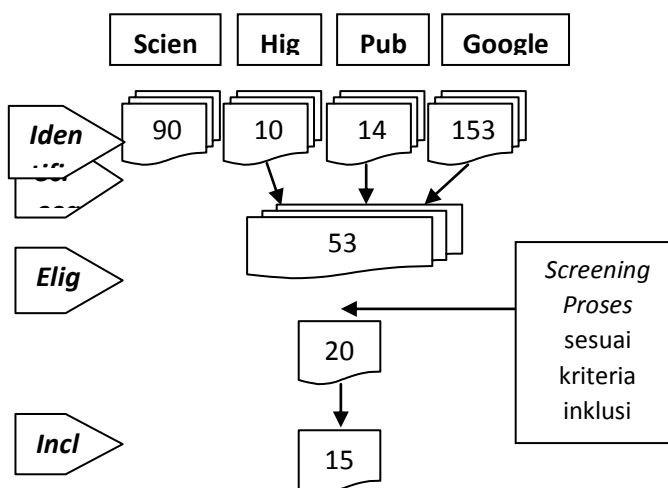
Synthesis of Data

Systematic Review is based on characteristics of the study inclusion criteria, namely the study of school-age children, with the intervention approach to school-based programs, most of the studies have a minimum level of EBP Ib, Full text, Pages 2009-2018 year, English-language journal, International journal. Variables in the study of school-based programs, both physically and mentally, aggression and low self esteem. The selection process is determined in accordance with article inclusion criteria. The process of collecting data using a data extraction method with the approach PICO (*Population, intervention, Compare, Outcome*). Articles made extraction of data

such as *Citation, Design / Method, Population, (Sample / setting), Intervention, Compare / Control, Data Analysis, Follow Up, Outcome (Finding), Appraisal worth to practice, and the level of Evidence Base Practice*. The method used to criticize the journal article that used to use the Instrument *Joanna Briggs Institute (JBI) Critical Appraisal*, this instrument identifies literature through *screening questions* after a pass through the *Detailed Questions*. The method for reducing biases in the *Systematic study's Review*.

Synthesis of data is done in a narrative by grouping data extraction similar results in accordance with the results to be measured. Data already collected and searched and discussed the advantages and disadvantages to draw conclusions.

3 RESULT AND DISCUSSION



A total of fifteen studies on the effect of the programs in the clinic healthy and mentally school based on school-age children found after synthesis in accordance with the criteria of the study and will be conducted in-depth analysis (*critical thinking*) to get the best evidence in the school-based programs to change the behavior of both school-age children who experience aggression, anxiety, stress and low self esteem. Quality articles were reviewed from 15 article 7 of them have *Level Evidence Base Practice (EBP) 1b* namely RCT. RCT is a study with the highest quality for experimental research. The results of the research literature has a high kridebitas to the systematic process of research and the results are to be believed.

The results of the review of the fifteen studies found almost the same in the determination of respondents to the inclusion criteria and eklusi. Inclusion criteria included: age 7-12 years old clients, the clients are healthy both physically and mentally, and the client is willing to follow intervention by completing the informed consent. Criteria for exclusion include: clients with severe mental disorders such as psychosis, bipolar disorder, clients with drug and alcohol abuse.

The results of the All-Gyeong et al, (2015) entitled "The Effects of Mind subtraction Meditation on Depression, Social Anxiety, Aggression, and salivary Cortisol Levels of Elementary School Children in South Korea" is a study with a design quasy experiment with the controls. The study was conducted on 52 respondents. 26 respondents in the intervention group was given 8 weeks (4 times a week for 30 minutes) meditation program. While 26 respondents held only control group pretest and post-test only. Outcame expected was the respondent can show improvement in anxiety, aggression. Results of school-age children depression scale CDI experienced a significant level of $P < 0.81$ (0.898). Results of social anxiety using the Social Anxiety Scale for Children experience a significant level of $P < 0.87$ (0.937). Aggression was measured by using BPAQ (Aggression Questionnaire) is not significant $P < 0.91$ (0.88). In the salivary cortisol levels increased so that it can be said the physical stress level increases. This study has shown that meditation is helpful in improving the mental health status of primary school students in terms of social anxiety, aggression, and cortisol levels.

Weiss, Margaret et al, (2012) in his research entitled "A randomized controlled trial of CBT therapy for adults with ADHD with and without medication". The study involved 436 intraprofesional team members enter school. Collaboration SMH underlying success of the program, as in other school health services. The result is a significant increase in academic, school problem prevention, improving the quality of human resources.

4 CONCLUSIONS

From some of *the reviews* research on school-based programs, it can be concluded that the therapy is very effective to be applied by health workers especially nurses to intervene independently to school age children. It is expected that with this

program, children tehindar of garesif behavior and low self esteem.

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Systematic review of the eleven studies in accordance with the criteria for inclusion suggests that school-based programs can overcome the good behavior of anxiety, stress, low self-esteem, aggression and other behavioral mental health. In addition to the service mentally, physically also strongly support the academic level of primary school age children.

Of the eleven articles in a review of eight using RCT designs, two journals with quasi experiment, and one case-control journal, and case series. Most of the articles obtained megalami significant improvement results from changes in the behavior of primary school age children.

The conclusion of the review explained that much needed development programs, school-based services both physically and mentally so as to prevent their aggressive behavior and low self-esteem of children of school age.

REFERENCES

- Padula, W. V., Connor, K. A., Mueller, J. M., Hong, J. C., Velazquez, G. C., & Johnson, S. B. (2017). Cost Benefit of Comprehensive Primary and Preventive School-Based Health Care. *American Journal of Preventive Medicine*, 1-7. <https://doi.org/10.1016/j.amepre.2017.08.025>
- Park, K. M., & Park, H. (2015). Effects of self-esteem improvement program on self-esteem and peer attachment in elementary school children with observed problematic behaviors. *Asian Nursing Research*, 9(1), 53-59. <https://doi.org/10.1016/j.anr.2014.11.003>
- Poznanski E. O. (1982). The clinical phenomenology of childhood depression. *American Journal of Orthopsychiatry*, 308-313. <http://onlinelibrary.wiley.com/doi/10.1111/j.1939-0025.1982.tb02691.x/full>
- Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press
- Rosyadah, Z.F. (2015). *Hubungan antara self-esteem dengan kecenderungan melakukan kekerasan dalam berpacaran pada remaja*. Surabaya: Fakultas Psikologi Universitas Airlangga
- Rozenblatt, S. (2002). *In defense of the self: The Relationship of Self-Esteem and narcissism to aggressive behavior*. United States: ProQuest

Dissertation

- Syamsu Yusuf (2007). *Psikologi Perkembangan Anak & Remaja*. Bandung. Remaja Rosdakarya.
- Saputra, F., Yunibhand, J., & Sukratul, S. (2017). Relationship between personal, maternal, and familial factors with mental health problems in school-aged children in Aceh province, Indonesia. *Asian Journal of Psychiatry*, 25, 207–212. <https://doi.org/10.1016/j.ajp.2016.10.025>
- Schmitt, D. P., & Allik, J. (2005). Simultaneous administration of the Rosenberg self-esteem scale in 53 nations : Exploring the universal and culture specific features of global self-esteem. *Journal of personality and social psychology*. 89(4). 623-624
- Smolicz, J. J. (1970). Education and Aggression. *Educational Philosophy and Theory*, 2(1), 37–52. <https://doi.org/10.1111/j.1469-5812.1970.tb00151.x>
- Stuart, G.W. (2009). *Principle and Practice of Psychiatric Nursing*. St Louis: Mosby
- sugiyono. (2016). *Metode Penelitian Kuantitatif, Kualitatif dan R&D*. Bandung : PT Alfabet
- Sumantri, M. (2007). *Pendidikan Wanita Ilmu dan Aplikasi Pendidikan: Handbook.* Bandung: Pedagogiana Press. Halaman 1175 – 1186
- Sunarto dan Hartono, A. (1999). *Perkembangan Peserta Didik*. Jakarta: Rineka. Cipta.
- Tosun, U. (2014). Anger Management of Students for a Peaceful School Environment: The Group Studies. *Procedia - Social and Behavioral Sciences*, 159, 686–690. <https://doi.org/10.1016/j.sbspro.2014.12.469>
- U.S. Department of Health and Human Service Children's Bureau. Child Maltreatment. (1998). *Reports from the States to the National Child Abuse and Neglect Data System (NCANDS)*. Washington, D.C.: U.S. Government Printing Office.
- Weismaan MM., Gammon, GD., John, K., Merikangas, KR., Warner, V., Prusoff, BA, & Sholomkas, D.(1987). Children of depressed parents. Increased psychopathology and early onset of major depression. *Arch Gen Psychiatry*, 44(10),847-853
- Yoo, Y. G., Lee, D. J., Lee, I. S., Shin, N., Park, J. Y., Yoon, M. R., & Yu, B. (2016). The Effects of Mind Subtraction Meditation on Depression, Social Anxiety, Aggression, and Salivary Cortisol Levels of Elementary School Children in South Korea. *Journal of Pediatric Nursing*, 31(3), e185–e197. <https://doi.org/10.1016/j.pedn.2015.12.001>