Proceeding
International Conference on Biopsychosocial Issues
Theme: An Inter-multidisciplinary Approach

Composed by:
Monika Windriya Satyajati, S.Psi., M.Psi., Psi

Semarang, May 31- June 1, 2018
Venue: Thomas Aquinas Building 3rd Floor

University Partners:

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CYBERJAYA UNIVERSITY COLLEGE
of MEDICAL SCIENCES

Proceeding
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Reviewer:

Dr. Augustina Sulastri, S.Psi,

Dr. M. Sih Setija Utami, M.Kes.

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University College of Medical Science De La

Salle University - Dasmarinas

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Soegijapranata Catholic University

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Theme: An Inter-multidisciplinary Approach

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Foreword

ICPSY 2018 (International Conference on Biopsychosocial Issues in 2018) an Inter-multidiciplinary Approach was held to achieve the vision of the faculty of Psychology: becoming an academic community of psychology that is beneficial to multicultural communities with a biopsychosocial approach based on Christian values: love, justice and honesty.

Thank you for your willingness in ICPSY 2018. This conference is very important for us because it is our debut to hold an international conference. As the first international conference, we are aware of the many weaknesses and imperfections that we have made. Therefore, we apologize for the weaknesses and shortcomings. We believe our first experience will make better planning for ICPSY in the coming years. After more than one semester we waited for revise the abstracts and articles from the participants, finally we decided to print this proceeding.

At ICPSY 2018, there were 47 participants from various provinces in Indonesia. We are proud because we are trusted by many parties. We are also happy because we can work together with our best universities from abroad who have been building partnerships with us. For this reason, we would like to thank Ms. Janet Boekhout from Open University, The Netherlands; Prof. Rosnah Ismail from Cyberjaya University College Medical Sciences, Malaysia; and Dr. Evangeline Castronuevo-Ruga from De La Salle Dasmarinas, The Philippines who were willing to present as the keynote speakers at this conference. We also thank Dr. Augustina Sulastri, who was willing to be the keynote speaker at this conference as well as willing to work hard with the committee to succeed our first conference.

On this occasion I am also grateful to Mr. Kuriake Kharismawan, S.Psi., M.Si; Ms. Monika Windriya Satyajati, S.Psi, M.Psi; Ms. Widawati Hapsari, S.Psi, M.Sc., and a team of students who were willing to be the committee of this conference. Without their hard work, this conference will not be successful

Semarang, March 27th, 2019

Best wishes,

Dean

Dr. Margaretha Sih Setija Utami, M.Kes

Foreword

It is a pleasure to present these Proceedings of the First International Seminar and Wokshop on Biopsycology, which will be of interest to all concerned with the scientific aspects of this area. This seminar was organised by the Faculty of Psychology University of Psychology and brought together key note speakers and participants from 4 countries for the presentation of 24 papers.

The aim of this seminar and workshop are to share ideas, research result and discus relationship between physiological mechanism of the body and mental processes on some areas, such as drug abuse, healing, cognitive function, etc.

Dr. Augustina Sulastri (Indonesia), Prof. Rosnah Ismail (Malaysia), Dr. Evangeline Castronuevo-Ruga (Philipine) and Ms. Janet Boekhout (The Netherlands) as key notes speakers were opening the seminar and workshop process on the first day, followed by 24 particpants on the second day. The seminar and workshop was very fruitful and share abundant ideas and research results on this area.

We expresses thanks to all who made the Seminar successful, the Steering Committee Organizing committee and the board of Faculty Psychology. Also thanked are the editors for the time they spent on their thoughtful and helpful reviews, Monika W Satyajati and A. Rachmad Djati W.

Semarang, March 27th, 2019

Best wishes,

Head of ICPSY Committee

Kuriake Kharismawan

CONTENTS

Incidences of Depression Among Family: Impacts and Implications Toward Quality of Life

Rosnah Ismail

Cyberjaya University College of Medical Sciences, Malaysia

Abstract

Depression is a clinical condition in which the person suffers persistent low mood, reduced interest in routine activities and tiredness for at least two weeks. When it severe, one would also have hopelessness, worthlessness and suicide ideas. This presentation focuses on the study on depression and family specifically on the married midlife women, college students and older people in Malaysia and their impacts and implications toward quality of life. The study reinforces the importance of recognizing and treating depression as part of chronic illnesses because it is effective way to improve people's health than just dealing with chronic physical illnesses. Coping skills through sharing with husband, relatives, friends and religion also indicated in the study as a potent coping strategy that helps a person to adjust to the stress in life. Besides counseling and psychotherapy, medication for treatment, increase support systems in community and campus, and the provision of social networks are all examples that helpful to reduce depression.

Keynote Speakers

E-Health Intervention Program for the Elderly

Janet Boekhout

Open University of the Netherlands

Abstract

In today's society there are digital solutions for nearly every aspect of our lives, which is also applicable for our physical and mental health. All those different digital applications regarding health can be put under one name, eHealth. eHealth can be described as the use of new information and communication technologies, especially internet technologies, to support or enhance mental health, physical health and healthcare.

With more and more people all over the world having access to internet, in theory the potential of eHealth is endless. eHealth is accessible to most individuals day and night, is inexpensive and can potentially incorporate the latest technology. What used to be intensive programs offered by psychologists to a limited group of individuals can now reach large populations in a short timeframe. Research has shown that eHealth can be effective in changing health behavior. It can thus be an inexpensive way to help individuals in managing their mental and physical problems.

However, the intended target populations may be hard to reach. Although people may have access to internet they may be unwilling or unable to use it, especially those that need the care the most, like elderly. Technology may progress fast thus rendering new interventions out of date after a limited period of use. These and other pro's and con's as well as benefits and threats of influencing behavior, in particular health behavior, with eHealth will be discussed in this seminar.

Keynote Speakers

The Psychosocial and mental health issues associated with the gender-based violence (GBV) and HIV-related experiences of Filipino HIV-positives: implications for clinical practice

Evangeline Castronuevo-Ruga

De La Salle University, Dasmarinas, Philippines

Abstract

The phenomenon of gender-based violence, which refers to any acts of violence directed against a person because of his or her gender and expectations of his or her role in a society or culture, has generated attention from research practitioners and helping professionals since the surge of the women's movement three or so decades ago in the Philippines. At about the same time, the HIV-AIDS gained similar attention with the disclosure of the first ever case of the country in the mid- 80s. Only recently, however, has the intersectionality of these two phenomena has been looked into by the research community in other countries and has yet to see parallel response locally.

This research, therefore, attempts to map out the lived experiences of People Living with Human Immuno Deficiency Virus (PLHIV) who have undergone gender-based violence (GBV). It specially looks into the consequent psychosocial and mental health issues and the various help-seeking behaviors of the said population. Also, it hopes to identify possible implications for psychosocial and mental health intervention programs and services for PLHIV who have experienced GBV

Using focus group discussion with 24 purposively sampled participants from the highly vulnerable groups based in three major Philippine cities, thematic analysis reveals that the participants experienced various forms of gender-based violence (e.g., sexual, emotional/psychological, economic, verbal, physical) and expressions of stigma and discrimination, which in turn, led to manifestations of different emotional and psychological trauma, depression, internalized homophobia, greater health risks and risk-taking behaviors, among others. Being persons living with HIV likewise exposes them to another layer of discriminatory and negative attitudes which interact with other social stigma. They are also more vulnerable to further psychosocial difficulties and distress. Attitude towards HIV testing and disclosure or non-disclosure of HIV status seem to be influenced as well by stigma.

Despite their vulnerable status, the PLHIVs are able to engage in various help-seeking or coping behaviors resulting in some form of help from personal networks, existing organizations, and some government institutions. However, their accounts show that corresponding responses need serious improvement. As such, the attempt of this study to identify possible implications for psychosocial and mental health preventive and intervention programs and services for PLHIV who have experienced GBV.

THE IMPORTANCE OF THE USE OF NEUROPSYCHOGICAL ASSESSMENT

Augustina Sulastri

Soegijapranata Catholic University, Indonesia

Abstract

Cognitive processes involved in our everyday lives include thinking, planning, walking, remembering, talking, seeing, feeling, and executing. Generally, we can assess these cognitive processes using intelligence tests – for heuristic reasons – and/or previous job/educational performance. However, these cognitive processes can be impaired after brain disease or dysfunction, and these deficits may have great effect on everyday functions of any individuals. Therefore, we need more specific tools that can provide us any information with regard to these cognitive processes' functions in conjunction with previous premorbid level of functioning data. Neuropsychological assessment (NP-A) refers to the measurement of cognitive functions and processes with the aim to establish whether cognitive dysfunciton or cognitive impairment is present in individuals, typically in patients with (suspected) brian disease, psychiatric disorder or information-processing complaints. Tests that are used in clinical neuropsychology in most cases examine one or more aspects of cognitive domains, which are theoretical constructs in which a multitude of cognitive processes are involved. In assessing cognitive deficits, NP-A can be used either for descriptive or diagnostic aims. Neuropsychological assessment can also be applied in a wide range of neuropsychological syndromes. They measure cognitive performance, regardless of the patient's medical diagnosis. This makes it possible to measure even mild cognitive decrements, to assess cognitive strengths and weaknesses and to reliably examine performance differences in longitudinal designs using the tasks.

PARTICIPANTS'S FULL ARTICLES

Gender Comparisons of Teachers' Self-Awareness and Self-Efficacy Concerning Bullying-Free Teaching Method

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Abstract

Bullying is one of the leading problems in the world of education. Oppression of bullying can be in the form of physical, verbal and psychological abuse. The practice of bullying can be done by anyone, among friends, students, school gangs, senior students, even teachers. The high proportion of violent cases perpetrated by teachers does not necessarily subject them as the main issue. Nevertheless, teachers play an essential role regarding bullying intervention. This study aims to examine differences in self-awareness and self-efficacy between male and female teachers. This research is part of the grand research related to bullying-free teaching method for teachers. There are two measured variables, namely self-awareness, and self-efficacy. The subjects of this study were elementary school teachers in Kudus District with a total of 144 male and female teachers. T-test analysis was used to analyze the score results of the self-awareness and self-efficacy scale. The finding shows that there is no difference in the level of self-awareness and self-efficacy between male and female elementary school teachers. Thus, both male and female teachers will be taught to implement bullying-free teaching method. Conclusions, limitations, and implications are discussed.

Keywords: Bullying, Self-Awareness, Self-Efficacy

Background

The existence schools are becoming more important nowadays. They are where a just, democratic, and non-discriminatory style of teaching and learning process, by Law No. 20 of 2003 of Indonesia's National Education System, are found. However, a significant number of violent cases occurring in school environment such as teachers hitting, and slapping students have arisen. These cases are evident in various local and national news. This is undoubtedly surprising because teachers are meant to be educators responsible for preventing violence from happening at schools. If teachers want a change in school bullying acts, it is crucial to pay attention to the interaction between teachers and students as an example of anti-bullying behavior for our students (Lucas, 2012). We are not trying to ignore all the past contribution that teachers have given to our students and education. However, the significance of their role meant that a constructive critique is needed to improve the quality of our education. We seldom want to admit that teachers

could orchestrate school bullying, or that they allowed such act despite witnessing it (Lucas, 2012). Research showed that there are as many as 35.7% of students have experienced violence from school teachers or staff, with the tendency of senior students recounting the violent acts that their juniors received from adults (Jevtic, Petrovic, & Stankovic, 2014). Other studies have also shown that school bullying is a common problem worldwide (Topcu & Erdur-Baker, 2012). Bullying is a social phenomenon, approximately 30% of school children are involved in bullying as victims, perpetrators or as both perpetrators and victims (Evans, Fraser, & Cotter, 2014).

This study is part of a larger study that aims to improve teachers' skills in teaching and to improve the role of teachers in preventing bullying in the classroom and school. Early observations and interviews to teachers regarding the mass media coverage of violence committed by teachers, raises concerns for them. This is despite the fact that the court has decided that teachers cannot be punished for disciplining students. Teachers' limited understanding of bullying as simply an aggressive behavior/violence alone, further limits the teacher's movement. Some studies have confirmed that teacher's definition of bullying behavior is largely focused on physical violence and very rarely takes into account the psychological and verbal aspects (Tepetaş, Akgun, & Altun, 2010). This is certainly worrying because teachers are unaware of whether their teaching method consists of bullying. Teachers with no understanding of bullying will show doubts during their teaching and learning process due to lack of self-efficacy, causing their performance to be less optimal. Teacher's efficacy is an important part of teachers' effectiveness in teaching. Those with high efficacy are proven to be more resilient when teaching and tend to work harder to help their students achieve their full potential (Pendergast, Garvis, & Keogh, 2011). School bullying is generally understood as a serious individual, social and educational issue, affecting an integral part of the school (Tepetaş et al., 2010).

The mistake in understanding the definition of bullying affects the teacher's awareness of bullying. Awareness is the ability to consciously process information about yourself in a way that reflects a relatively objective view while maintaining our unique phenomenological and subjective sense of self (Young, 2014). Self-awareness refers to the capacity of a person to identify, process and store information obtained from the environmental stimulus process and then reflect on it (for example I eat and taste good) (Morin, 2011). The next finding shows that there are several behaviors that teachers ignore because they do not count such act as a part of bullying, an implication of their low self-awareness. This is supported by studies suggesting that teachers' definition of bullying behavior is mostly incorrect (Tepetaş et al., 2010). Sarcasm done by a teacher with the intent of motivating the students could have the same impact as bullying done by his/her friends (Lucas, 2012).

Schools with a conducive environment can support the implementation of excellent education. Primary school is a period of psychosocial development for children, and their experience of social and emotional development at this stage is essential (Demirbağ, Çiçek, Yiğitbaş, Özkan, & Dinçer, 2017). Schools should be a safe place, every student has the right to feel safe at school, and bullying undermines that sense of security. Teachers and education personnel are responsible for the security of students at the school (Choi et al., 2016). Responsibility is what must be assumed by teachers, both male and female teachers. This study aims to analyze whether there is a difference between self-efficacy and self-awareness of male and female teachers in Kudus District Primary School.

Method

The participants of this study are male and female teachers in an elementary school, Kudus Regency. The samples were chosen using purposive sampling with the total sample of 72 male teachers and 72 female teachers.

Self-awareness scale and self efficacy scale were used as the measuring tool. The self-awareness scale is based on the aspects made by Goleman (2001), namely emotional awareness, accurate self assessment, and self confidence. Meanwhile, the self efficacy scale is based on aspects that relate to the application of learning and teaching according to Woolfolk (1990), namely: efficacy in student engagement, instructional strategies and classroom management.

Data Analysis

The validity test of the self-awareness scale reveals that, out of 72 items, 24 items were eliminated. Eliminated items are those with an alpha Cronbach's score equal or more than 0.887 – 0.917. Meanwhile, the self-efficacy scale, an adaptation from Woolfok (1990), grain selection is done by correcting each grain with the total score and used rbt> 0,3 (azwar, 2008).

Reliability calculation was performed after validity test. Next, we searched for the reliability coefficient of the valid items by looking at the Cronbach's Alpha box in the Reliability Statistic column. Reliability results show that self-awareness has a reliability of 0.917, complete results can be seen in the appendix, while self-efficacy has a determined reliability of 0.942.

The normality test on male teachers' self-awareness obtained a significance level of 0.918 (p> 0,05) with K-SZ equal to 0.554. Meanwhile, the normality test on female teachers' self-awareness obtained a significance level of 0.755 (p> 0.05) with K-SZ equal to 0.673. Further, male teachers' self-efficacy showed a significance level of 0.184 (p> 0,05) with K-SZ equal to 1,093. The female teachers' self-efficacy depicted a significance level 0.446 (p> 0,05) with K -SZ of 0.863.

In addition to the normality test, we must also conduct a homogeneity test. Homogeneity test on self-awareness results in F= 0.812 with a significance level of 0.369 (p> 0.05). This finding indicates that the data was homogeneous. In addition, the homogeneity test results also showed that the self-efficacy variable results in F= 2.040 with a significance level 0.155 (p> 0.05). Thus, the data is homogeneous. The complete results can be seen in the appendix.

The hypothesis was tested with the help of SPSS program, using t-test analysis with independent sample analysis method. Results can be seen in table 1.

Based on table 1, t-test value showed no difference of self-awareness and self efficacy between male and female primary school teachers in teaching bullying-free education in Kudus Region, as seen from the significance coefficient of 0.625 (p> 0.05).

Table 1

Self-Awareness and *Self-Efficacy* of Male and Female Teachers

	T	Sig.(2-tailed)	Mean
SA&SE			
Female	0.546	0.625	118.82
Male	0.546	0.625	121.54

Table 2

Self Awareness Analysis from Men and Women

	T	Sig. (2-tailed)	Mean
Self awareness of male	1.630	0.105	159.00
Self Awareness of female	1.630	0.105	162.39

Table 2 shows that the mean value of males' self-awareness is equal to 159.00 (t = 1.630), whereas the mean value of female teachers is equal to 162.39 (t = 1.630). This indicates that there is no difference in the level of self-awareness between male and female teachers. Thus, the hypothesis is rejected.

Table 3

Self Efficacy Analysis of Men and Women

	T	Sig. (2-tailed)	Mean
Self efficacy of Men	1.155	0.250	78.64
Self efficacy of Women	1.155	0.250	80.69

Table 3 shows that mean value of males' self-efficacy is equal to 78.64 (t = 1.155), whereas female teachers obtain a mean score of 80.69 (t = 1.155). This shows that there is no difference in self-efficacy between male and female teacher. The finding is not in line with the hypothesis that there were differences in self-efficacy based on sex.

Discussion

The absence of differences between male and female teachers' level of self-awareness can be due to current arrangements regarding educational restrictions that prohibit bullying to students. The sanctions allow teachers to be more self-controlling in teaching their school. It also contributes to male and female teachers' self-awareness not having a striking difference (Hermawati, 2015).

The lack of difference in self-awareness based on sex could also be explained due to experience as a more dominant factor in influencing one's self-awareness (Goleman, 2001). Someone's ever-increasing experience throughout life in learning how to take care of his/her mood and emotion may result in better self-awareness than other factors such as gender (Goleman, 2001).

The absence of differences in self-efficacy based on sex may be due to the dominance of other factors such as experience, self-efficacy can be acquired, enhanced, or diminished through experience, namely the mastery experiences. The most influential source of self-efficacy is the mastery experiences, an important source of self-efficacy expectations because of the direct experience (Feist & Feist, 2008).

Self-efficacy between men and women that tends to be indistinguishable, also due to the diversity of research findings with indications that gender does not guarantee all the time that male teachers are better than female teachers in self-efficacy. According to Odiembo and Simatwa (2014) in his research also found that in some cases in self-efficacy found sometimes female teachers are better than male teachers, and sometimes male teachers are better than female teachers.

The findings show that self-awareness has an empirical mean score of 159.00 (SD= 12.990). Based on the norm, male teachers' self-awareness is categorized as moderate. This is shown through the participants' response that indicates that the highest percentage of self-awareness of men is at a moderate level. The rest of the self-awareness categories are as followed: very low (19%), low (N= 4, 5.5%), moderate (N= 30, 42%), high (N= 20, 28%), and very high (N= 4, 5.5%).

Based on the norm of self-awareness category, female teachers are categorized as having a moderate level of self-awareness. This is shown through the participants' response which shows that the highest percentage of self-awareness is at the moderate level. The details of self-awareness category for female teachers are: very low (N= 11, 15%), low (N= 1, 2%), moderate (N= 40, 55%), high (N= 14 people, 19%), and very high (N= 6, 9%).

The findings show that self-efficacy has an empirical mean score of 78.64 (SD= 12.123). Based on the norm, male teachers' self-efficacy are categorized as moderate. This is shown through the participants' response that indicates that the highest percentage of self-efficacy of men is at a moderate level. The spread of the self-efficacy categories are as followed: very low (0%), low (N= 10, 14%), moderate (N= 39, 54%), high (N= 23, 32%), and very high (0%).

Based on the norm of self-efficacy category, female teachers are classified as having a moderate level of self-efficacy. This is shown through the participants' response that indicates the highest percentage of self-efficacy is at the moderate level. The details of self-efficacy category for female teachers are: very low (N= 11, 15%), low (N= 5, 7%), moderate (N= 33, 46%), high (N= 20, 28%), and very high (N=3, 4%).

Conclusion

The absence of differences between male and female teachers' level of self-awareness can be due to current arrangements regarding educational restrictions that prohibit bullying to students. The sanctions allow teachers to be more self-controlling in teaching their school. It also contributes to male and female teachers' self-awareness not having a striking difference (Hermawati, 2015).

Self-efficacy between men and women that tends to be indistinguishable, also due to the diversity of research findings with indications that gender does not guarantee all the time that male teachers are better than female teachers in self-efficacy. According to Odiembo and Simatwa (2014) in his research also found that in some cases in self-efficacy found sometimes female teachers are better than male teachers, and sometimes male teachers are better than female teachers.

This is a preliminary study that became the basis of the main research on bullying-free learning

methods' training. The absence of discrepancies indicates that the training methods did not consider the gender aspect.

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Self-concept of Blind Women in Malang City (Phenomenology Study In Blind Massage Workers In Gender Perspective)

Na'ilatul Muinah Audiyah

Abstract

Women with disabilities have barriers and layered discrimination due to their position as women and also persons with disabilities. Choosing a career is not an easy thing because it involves an individual's independence and skills, especially on people with disabilities. Gender-related social construction that places disability especially women as objects that need to be pitied, weak, deemed incapable of performing certain social functions and so on. The formation of self-visually impaired women who are working is a unique and personal experience in which the formation of self-concept can produce different results among blind women with each other. Self-concept is a person's view of himself, derived from the experience of interacting with others who have significance in the life of the person. This research uses qualitative approach with descriptive method. With the aim of obtaining a picture of the self-concept of visually impaired women working as massage workers. The results obtained show the view in assessing himself. The development of their self-concept is influenced by social factors related to the environment in which the subject lives and how the environment treats it.

Keywords: Self concept, Disability, Blind Women, Gender

Introduction

Persons with disabilities, especially blind people are generally described as someone who is helpless, not self-sufficient, and sad to form a stigma among the people that the blind people are pitiable, they always need protection and assistance. For persons with disabilities to obtain work in accordance with the ability of a person with disability is a very dilemmatic issue because of the stigma and discrimination in society. Work and pursue careers include an integral part of human development tasks, including people living with disabilities.

Malang is a city of inclusive education and friendly to people with disabilities because it has a campus that is the pioneer of inclusive education in universities. Currently the population of Malang City reaches 895,387 people and there are people with disabilities 1,529 people with the ratio of male sex 834 soul and 695 souls according to the statistical center of Malang City in 2016. However, the data of people with disability in Malang can not be ascertained, because no rarely the disabled family often hides their disabled members to avoid embarrassment or think of people with disabilities as a "disgrace" to the image of their family.

UU no.4 of 1997 article 6 states that for persons with disabilities have the right to obtain "decent work and livelihood according to the type and degree of disability, education, and ability". While article 14 requires private companies and governments to employ persons with disabilities, in his explanation states "the company must employ at least 1 (1) persons with disabilities who meet the requirements and qualifications of the work concerned, for every 100 (one hundred) employees. The implementation of this article is reinforced by Circular

Letter of the Minister of Manpower and Transmigration No: 01.KP.01.15.2002 concerning the Placement of Disabled Persons in the company. In addition it is explained that, Law No.13 of 2003 on Manpower clearly adhere to the principle of non-discrimination (Chapter III, article 5 and 6). The Government provides training for workers with disabilities (article 19) and provides protection (article 67), such as arbitrary termination (article 153).

The Law in Indonesia already explains that persons with disabilities have equal rights to obtain employment opportunities such as other citizens. However, a person's inability to adapt to the social environment greatly affects life, visible from dissatisfaction with self and social environment, and has attitudes that reject reality and the social environment. Every individual who experienced this feeling felt alienated from his environment, consequently he did not experience happiness in interacting with peers or his family (Sari, 2004). Confidence in each individual will look different, this is due to the extent to which the acceptance of society to the individual, if they feel themselves accepted it will appear safe and comfortable feeling to do everything they want, confidence is a view of attitudes and beliefs of individuals in facing task and work (Khusnia, 2010)

Oktavia (2016) if people with visual impairment are able to participate in training and learning but they still have negative self-concept related to physical, social, emotional, moral and cognitive, all skill form will not be effective in supporting their career later. Because there are still people with visual impairments who have not been able to accept their physical form and physical condition in a positive way, especially regarding assessing the quality of good social relationships with others, understanding situations involving positive emotions, understanding things from the moral aspect well, and assessing ability positively. Therefore, the negative self-concept will make them become inferior and difficult in supporting the development of his career.

Handayani explains (2015) that self concept is one of the factors that influence an individual in career development, self concept is applied in career selection so that one can seek career according to their self image so hopefully one can achieve self-actualization. Self-concept is a domain specific about self-evaluation (Santrock, 2009). Through his self-evaluation of aspects related to self-concept, one can understand its advantages and disadvantages in every aspect of the personality that helps them to know themselves.

The self-concept of low self-esteem causes the individual to be easily offended, away from the interaction of the people, aloof, dare to express opinions (for fear of being wrong), dare not act or take an initiative (fear of not being accepted). Eventually the loss of confidence to him, and then the individual is also less trust in people. It also causes rapid anger or sadness of heart, to be apathetic and pessimistic (Yulianti, 2007). The environment and peers see more limitations than their abilities, so children with disabilities tend to have significantly more negative self-concepts than children without disabilities (Handayani, 2015).

Social construction that places disability especially women as objects that need to be pitied, weak, deemed incapable of performing certain social functions and so on. The formation of self-visually impaired women who are working is a unique and personal experience in which the formation of self-concept can produce different results among blind women with each other. Including the subjects that researchers take is one of the visually impaired women whose work is currently a massage worker in Malang. Based on that, the researcher aims to know the self concept of blind women in Malang.

The Oretical

Self Concept

Calhoun and Acocella (Yulianti, 2007) explain that the concept of self is a self-mental image of self-knowledge, self-expectations, and self-assessment. Given the concept of self is the direction of a person when must behave, it is necessary to explain the important role of self-concept. According to Felker (Fitriyah, 2012) there are 3 important roles of self-concept, namely: (a) Self-concept is a keeper of balance in a person. Humans do tend to be consistent with their own views. This is understandable because his views, ideas, feelings and perceptions do not form a harmony or contradiction that will cause unpleasant feelings. (b) Self-concept affects the way one interprets his experience. The experience of an event is given a certain meaning by everyone. It depends on how the individual views himself. (c) Self-concept affects one's expectations of himself. Everyone has a certain expectation towards him, and that depends on how the individual sees, and perceives himself as he is. According to Berzonsky (1981) self-concept has 4 (four) aspects:

1. Physical aspect is an individual's judgment of everything that an individual possesses such as body, clothing, possessions, and so on.

2. Social aspects include how the social role played by individuals and the extent to which individual assessments of their performance.

3. The moral aspect includes values and principles that give meaning and direction to the life of the individual.

4. Psychological aspects include thoughts, feelings, and attitudes of the individual to himself

Women Disabilities in Gender Perspective

Women with disabilities suffer from layers of suffering because they have to deal with the many stigma and experience that make it difficult to get on with life. Many people with disabilities who suffer from depression and psychological trauma that are hard to forget from memory even suicide attempts into cases that are commonly heard from people with disabilities new victims of disaster. The women must also be willing to be abandoned by their partners because the stigma of their inability to engage in sexual activity is so inherent.

Women with disabilities experience oppression and layered discrimination because they are viewed as disabled, because they are women so that when unproductive is considered abnormal, and because they are from poor communities. In the context of women with disabilities as earthquake victims, they have to face many events that shake their lives like losing close relatives, children to losing their limbs that cause them to lose their ability to work. According to Gerschick 2000 (in Itriyati & Asriani, 2002) exemplifies that a child born with an inborn disability then the parent or those around him will assign the child to a particular gender category but they have no expectations of their gender roles.

Unlike children with mild disability conditions such as the inability to see (blind), then parents will have great expectations to socialize and internalize a particular gender role to the child. Children with persons with disabilities tend to find it difficult to understand the construction and the reality of gender roles and even choose their own gender roles because the stigma problem that almost becomes part of life becomes a separate barrier to break out into free individuals. Although gender theory leads everyone to have equal opportunities to study, understand and respond to gendered social role roles, it should be underlined that the degree of opportunity for disables children is much more limited than non-disabled.

Research Methods

This research is qualitative research with descriptive method. The data taken is about the self-concept of blind women in Malang through interviews and observation. How to retrieve data with interview guidance instrument that contains questions about self-concept. The subjects

taken are blind women who work in one of the private massage business called massage "n" in Malang.

Results and Discussion

The self concept of blind women in Malang City viewed from the description of physical aspect, social aspect, moral aspect and psychic aspect include:

1. Physical aspects:

Physical self-concept should be able to describe how the blind woman's understanding, judgment, and expectation on her physical form, physical condition and physical appearance. The results obtained during the first interview is that the subject felt inferior with the limitations of the blind. This is reinforced by the statement of the subject "first shame before work mbak". However, after getting used to the job, the subject feels no more worried about his physical limitations, asserted by "long time getting used to gathering with friends same time, study together, make money together" and "I do not like mbak if assisted using HP, but I can mbak, they wrote just like to grab my HP "

2. Social aspects:

Includes how the social role played by the individual and the extent to which an individual judges his performance. The description that the subjects explain about their social roles when the work began to get used to the people around is explained from the interview "before work first ditraining mbak 3 years new may work, so I get used to ya, first ya afraid but long to get used" and related to his friend blind massage workers "have friends to tell each other mbak, not only from their poor as well from other cities, there is from banyuwangi, pasuruan"

3. Moral aspect:

Moral is a set of rules concerning good or bad, inappropriate or inappropriate, right or wrong to be exercised or avoided in life. Moral in terms of self-concept is very important because through a set of rules that individuals behave. And various educational endeavors provide a meaningful influence on the formation of personal commitment about the moral value that will be absorbed by a person. For visually impaired women is shown with patience and can communicate well reinforced with the results of observation. The results of the interviews stated "yes to be polite-courteous with customers, usually customers ask for a strong pijet but energy is tired, a day can be 4 to 5 people". In the division of tasks with colleagues workers "his customers are divided so not seized, men serving men and women serving women"

4. Psychic Aspects:

Psychic self-concept encompasses the individual's thoughts, feelings, and attitudes toward himself. Form a picture of his self-esteem that gives him an order of self-expectations about how he will behave and how others react to him as a person. This is where blind women evaluate everything they get from every treatment in their environment and reflected on themselves including in thinking and in problem-solving skills. The results of the interview stated that "I work because I have two children, elementary grade 4 and high school grade 1" and reinforced with "I'm proud also mbak, although ditraning for 3 years there are results I can also use HP, to know the news of children, because it can go home 1 year 1 times mbak, unfortunately with the cost ,,, hheee"

Conclusion

Social construction that places disability especially women as objects that need to be pitied, weak, deemed incapable of performing certain social functions and so on. Unlike the subjects of this study although the first work still has a sense of inferiority, but because it is familiar with the surrounding environment, the image of the self-concept of visually impaired women who work that is able to accept the form and physical state in a positive, especially related to assessing the quality of good social relations with others, understanding situations involving positive emotions, understanding things from the moral aspect well, and assessing ability positively. The formation of self-visually impaired women who are working is a unique and personal experience in which the

formation of self-concept can produce different results among blind women with each other. The development of their self-concept is influenced by social factors related to the environment in which the subject lives and how the environment treats it.

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Alternative for Prevention of Fraud Information by using organizational "Bio-Psycho-Social" system

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Abstract

There has been an increase in the organization's dependence on information systems as a means of transmitting, processing, and storing information. The incidents of the theft of valuable information or "fraud information" have plagued organizations that have an impact on poor reputation, financial loss, and threats to organizational sustainability. In terms of behavioral aspects, experts have used multiple perspectives to discover the causes of information theft. In this paper, the authors conducted a theoretical study of the social atmosphere developed within the organization to prevent theft of information. The integration of the value system (social perspective), the role of continuous social interaction (social-physiological perspective), and a positive attitude toward safety (psychological perspective), within the organizational sphere can develop a firm social atmosphere to prevent incidents of information theft.

Keyword: *organizational climate, information safety*

BACKGROUND

The rapid development of information and communication technology has increased the speed to know in a short time the various situations that occur in the world. The international world is open to every country to work together and improve its prosperity. Positive effects on the organization is the possibility of accelerating decision-making processes and transact widely and quickly with the international world.

On the other hand the world community is currently experiencing quite important problems in maintaining the sustainability of the organization. In this period of time strategic environments such as politics, economics, defense, socio-culture face the threat of so-called volatile environments, full of uncertainty, complexity and ambiguity as VUCA (Franke , 2011).

The impact of these threats include the instability of socio-economic conditions due to rapidly changing information that occurs due to globalization and advances in information and communication technology.

Progressive technological developments produce a basic concept of Internet of Things (IOT) that connects all devices to one another such as TVs, washing machines,

refrigerators, smartphones, various machine components in a jet engine, and airplanes. Various things will be connected via network sensors with large-scale wireless such as smart city / smart home, vehicle, computer ready to use. The impact of the presence of the Internet of Things is that these means become more intelligent (Yi, Qin, and Li, 2015).

Various methods have been used by computer users to obtain information, including in storing information, and sharing information with others. Yet today in the world of information is faced with the presence of a wide range of threats and vulnerabilities. Bad risks may arise with unaccustomed computer users to protect their intelligent tools while working connected to other computers. The risk poses a problem that is a new challenge of information security issues (Jaafar and Ajis, 2013).

The impacts of vulnerability to information security on Internet usage with its network are the lack of consumer confidence in its online security and payment system (Vishwanath et.al., 2011), including high costs for addressing information security on online business such as the purchase of antivirus software (Stanton et al. , 2005).

Until about 2000, information security was regarded only as a matter of technology discipline based on computer science and mathematics to create chip design and protocol. Begin to realize the economic side of information security issues that then change the perspectives of practitioners and researchers. The information and communication technology system is a widely distributed system that requires the composition of machines working on different principles, this is where the role of incentives is important so that they can be accounted for as a technical design (Anderson and Moore, 2009)

Begin to be associated with information security issues with other disciplines, including Economics and Psychology. The first topic that developed as a result of the interaction between computer science with Psychology is the response to the phishing event that is a fast growing online crime. A deceptive game to gain a trusted identity through the giving of a fake website. The next topic is the challenge of the ability to pursue information security. Various new technology or antivirus design innovations are tested to improve the ability to solve information security problems. And the last topic is the scientific interaction of the field of Psychology and Economics (Anderson & Moore, 2009)

Various researches have been conducted but have not yet represented an in-depth and extensive investigation. The researches review information security in various perspectives, ie cognitive engineering area, computer science, human factor engineering, information system, management science, and dynamics system. Most studies have studied a variety of human factors but have not tested many organizational factors, so it still needs a lot of research to explore the subject (Kraemer et al.2009).

In this paper, an attempt is made to assess theoretically the various factors related to the prevention of information fraud that is associated with the internal organization using the bio-psycho-social organizational perspective.

THEORETICAL ANALYSIS

The problem of information fraud is related to information security which is also called information safety. The term security is defined as safety. Safety is defined as safe, secure. The scientific context of the field associated with safety is occupational safety. Thus safety information is defined as information safety. Safety is always associated with accident .

Kamp (2001) states that the behaviorists use the A-B-C model to explain the success of behavioral safety. Behavioral safety only provides some new antecedents as the cause of risky behavior, formerly external causes that are considered to encourage the occurrence of risky behavior.

For many years Health Safety and Environment professionals have used behavioral psychology to reduce workplace risks. Behavioral psychology becomes an option based on the consideration that accidents in the workplace can only be analyzed through measurement of risky behavior, and through the process of observing events before they occur. By controlling risky behavior it is agreed to be the key to improving safety in the workplace (Johnson, 2003). It is thought that there are other things that are more powerful role to control safe behavior through manipulation of external causes when safety programs that control behavior successfully prevent risky behavior. On this side the contribution of Cognitive Psychology promises in improving behavioral safety. Perceptions of risk are a variable from the scope of Cognitive Psychology to provide an explanation of the situation with minimal threat of harm but can prevent risky behavior.

Another review of studies on social influences contributes to improving behavioral safety. The study clarifies the occurrence of risky behavior through the willingness of individuals to join the group. The presence of others in the group and the requirements of meeting the demands that exist among them meet the group norms that have been established and maintained.

Another review by Reason (2000) uses a person approach and system approach. Both of these approaches analyze the occurrence of risky behavior through the possibility of human error in contributing to the incidence of woe. The person approach focuses on individual mistakes, explained that the individual is easy to forget, does not pay attention or weakness from the moral side. Those are the things that lead to woe. The system approach focuses on the conditions of the work situation as a system by building defenses to prevent errors or reduce their effects.

Analyzing the causality of Information fraud that is associated with the organization's internal environment can be assumed as an interaction that takes place in the system. The researcher's ideas by looking for factors that are grouped as "biological" factors, psychological factors, and social factors can explain the development of information security vulnerabilities and computer systems. The basic concept from this perspective stems from the interaction between biological-psychological-social aspects in influencing health status.

BIOPSYCHOSOCIAL MODEL on health-sickness concept (Engel, in Odgen, 2007)
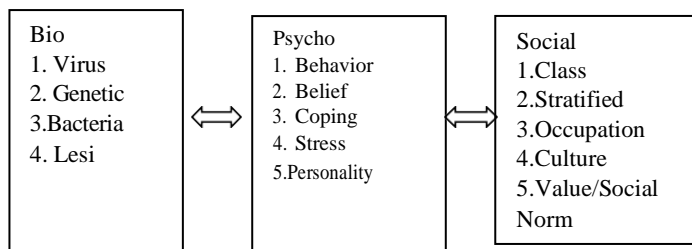
Picture 2.1 Biopsychosocial Model

The organization as a system will function efficiently and effectively and make the processes that continue to be effective depends on how each system works and interact with them. Engel in Sarafino (2011) proposes the term system in a biopsychosocial perspective that denotes a dynamic consisting of components that are continuously interconnected with one another. Our body is a system that includes the immune system, the nervous system consisting of tissues and cells. Our family is a system and so is our community and society. The system is dynamic or constantly changing and has interrelated components such as changes in the energy generated, the substance that increases and the information that causes change.

Torner (2011) describes that social processes within an organization are "physiological characters". Metaphorically described that the stimuli that affect the body may be cognitive, emotional, perceptual or chemical stimuli will create the right response bouncing in all directions that leads to complex interactions and feedback by involving different organ systems. Next comes the effects of the body including cognitive and emotional which then act as a stimuli in the sub system due to the results of complex interactions.

A study by McCormac, Zwaans, Parsons, Calic, Butavicius and Pattinson (2017) found that Conscientiousness, agreeableness, emotional stability and risk-taking affect the awareness of the importance of information security. While the age and gender factors do not play a role. In reality supporting the above study, found a case of information fraud in a social media by a banking person who describes the adverse influence life of his spouse on the desire to achieve personal financial gain. In addition, from the study by Skotnes (2014), it is known that management's commitment to safety and security is a key issue in encouraging specific attention to safety and security regulations.

Based on these facts, it is known that there is an individual tendency to be careful when acting, whether or not it is easy to approve a stimuli, risk-based tendencies and oriented motives other than organizational goals influence the behavior of maintaining information security

in individuals. External organizational demands such as personal needs, fulfilling the spouse's wishes, preferring self-oriented work styles, inconsistent in agreeing to rules in organization, the need for recognition from others, enjoying a hedonic life. Individual motives and trends are "biological" factors in social processes in the organization, and affect all of the ongoing organizational processes, interacting complexly with other demands, and generating feedback from other systems and influencing individual decision-making processes.

Behavior and mental processes are the focus of Psychology, which includes cognition, emotion and motivation. In a study conducted by Yuen Ng, Kankanhalli, and Calvin Xu (2009) that analyzed the behavior of maintaining the information security of computer users using the perspective of health belief models, it was found that vulnerability can not prevent perceived risk, perceived benefit, and self efficacy is the determinant of the emergence of behaviors to pursue security when faced with risky emails. The results of other studies from Chan, Woon, and Kankanhalli (2005) suggest that management actions, supervisory and socialization measures about safeguarding information security against co-workers are positively related to individual perceptions of the information security climate within the organization. And perceptions of the organizational climate prioritizing information security and self efficacy have a positive impact on the compliance of maintaining information security.

The results of the above study are confirmed by a study from Donald and Young (1996) on safety management with an approach based on attitudes to improve safety in organizations. By referring to the change of attitudes toward safety, the interventions resulted in changes in attitudes toward safety, decreased accident rate, and reduced absenteeism.

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Based on the above description, psychological components can be belief (belief), self efficacy, and individual perceptions of information security in the work environment. The explanation is that if a person cognitively feels that everyone agrees on the importance of maintaining information security and feeling positive benefits, then the individual will be compelled to maintain information security.

Similarly, emotional components, individuals feel the seriousness of management in the form of a budget for safety, join the safety team, plan actions to improve safety

performance, will feel the positive emotions to safety. It will encourage compliance and motivate to maintain safety. It was concluded that positive attitudes toward the importance of maintaining information security formed from the intensity of positive emotions on information security, and the belief in the benefits of maintaining information security will motivate individuals in behaving in the way of information security.

Individuals live in a world that is always shared with others, perhaps with family members, friends, relatives or groups. When interacting with them it will affect and otherwise will also be affected. The social scope gets wider with more people becoming the means of interacting, such as the surrounding community, the community, the extended family. Each level will affect the individual.

The role of human and organizational factors and the complexity of the relationship between these two factors toward the development of information security vulnerabilities have been found in studies using a macroergonomic approach. These factors are: external influences, human error, management, organization, resource management, performance, policy issues, technology and training (Carayon, Clem & Kraemer, 2009).

The results of the above study were confirmed by Dang-Pham, Pittayachawan, and Bruno (2016) on the organizational climate impact of information security on employees through sharing in the form of advice on troubleshooting issues. More specifically indicates that perceptions of security measures from direct supervisors, accountability of information security means will improve sharing. Similarly, the same age, seniority, and scope of work of departmental and gender membership can motivate sharing. In this study, however, top management actions on information security, and peer co-workers' perceptions of information security were found to inhibit sharing. It is concluded that an organizational climate prioritizing information security will facilitate the sharing process on information security issues, and the process is more effective when it is in the same department / unit, the roles of the senior / direct supervisors, co-workers of the same age and gender. It shows that in such units / groups have norms, the same values of information security.

From the various descriptions of the applied factors in the bio-psycho-social health model on the problem of information fraud, it can be asserted that there is an interaction between biological factors, psychological factors and social factors which then influence behavior to maintain information security.

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Elementary Students and Teachers Perception about Homework

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Abstract

The purpose of this study was to identify elementary students and teachers perception about homework. The importance, completion, assistance, reason for doing and consequence for not doing homework. The participants were 129 fifth grade students (70 boys and 59 girls) and 15 teachers from three different school. Data were collected using student homework scale perception and teacher homework scale perception and analyzed using descriptive method. The results showed that most of the students and teachers agreed that homework was important especially for improving student comprehension and skill. Teachers usually give exercise (91%) and a just a little practice (4%). The rate of time use to do the homework is about 15-30 minutes (44%) and for almost half of the student viewed the assignment was easy but 37 % students still struggle for doing their homework because it is difficult them. They need help from tutor and mother. Designing an intervention program would be helpful. The reason students don't do their homework mostly because they forgot. In other hand, only 26% students viewed their parents checked the assignment books daily but 23% viewed their parents never checked the assignment book. Students and teachers have the same view that being scolded and punished would be the consequence for not doing the homework. So, teachers, student and parents need to be involved to increase students ability and routine doing the assignments.

Keywords : Elementary Students, Students Perception, Teacher Perception, Homework.

Introduction

Homework is an additional work to be accomplished, generally outside school to strengthen school learning, and it is claimed to be one of the most controversial issues between children and parents (Harniss et al., 2001). Students say they do not like homework but they still think it is useful to them and appreciate the teacher who gives homework in fair amounts (Hallam, 2004). In Turanli's research (2009) more than half of participants said that homework does not make students motivated or help students understand the lesson. But in addition, homework makes students more improve their study time.

Several studies revealed that according to students' views, many teachers do not give feedback or correct their homework answers. Whereas the homework should have been arranged by the teacher, checked and given feedback. Because the attitudes of the teacher to the homework he gives reflect how seriously he is teaching and it also determines how serious the students are in doing the homework.

Many students in some studies say that they do too much homework to cause them less time to play or watch TV. Other studies have also revealed that doing homework reduces break times and socializes children. It can be concluded in some studies that too much homework is imposed on students every day. Whereas according to Van Voorhis when doing homework for kindergarten students up to grade 2 is 20-30 minutes and 30-60 minutes for third grade up to six classes per day. In Cooper's opinion (2001), he

suggests that giving the homework to first year students is 10 minutes and then increasing again 10 minutes in the next level. Because of the difficulty and the amount of time that students need to do their homework, it is found that many students get help from their families to do their homework. This discovery is important because one of the goals of homework delivery is to improve communication between students, teachers, and parents and help parents monitor the academic improvement of children.

Homework is one of the primary tools that provide students the framework to practice and improve both critical thinking and problemsolving skills (Cuadros, Yaron, & Leinhardt, 2007). Homework plays a part in establishing a student's beliefs and study patterns regarding academic work. It can be argued that the elementary years are especially critical when shaping student perceptions (Coutts, 2004). Turanli's research showed more than half of participants said that homework is a necessary and an effective way of achieving student academic performance but it is too difficult for students to do. While previous research says that there is a relationship between spending time to do homework with student achievement. Other studies have suggested that homework may have a positive effect on achievement in higher grade students. Doing homework may also help students to improve self-study.

Although there is a lot of literature that shows that homework has many roles in the development of student achievement and skill, but not all agree with it. In Finland schools, even though they have short school hours, no homework from teachers, and there is no national exam, education in there are the best in the world. However, schools still provide the knowledge and skills students need in their lives. Proven educational system that has been tested for 150 years into the first rank of high quality education in the world. Primary school students in Finland are mostly in school 4-5 hours per day, shorter study time than other state schools. Schools in Finland do not assign tasks to students until they are grade 4 elementary school. Homework and tests are only given to teenage students and that too rarely. The teachers there strongly avoid criticism of the students' work. Every student is allowed to make mistakes. They are only asked to compare their

results with the previous value, not with the value of other students. Teachers at school are also regarded as the people who know best the ability of students so that no national exam is held. Therefore, teachers help develop students' ability by self-assessment so that students are aware of progress and learning process (Walker, 2018).

The relationship between homework and academic achievement has been widely studied. Cooper (Morganweck, 2006) indicated that homework has the greatest effect on the academic achievement of high school students but has only a minimal effect on elementary student. However, student issues and opinions about homework have not been too much identified. In addition, teachers' perceptions of this should also be identified in order to facilitate communication between teachers, students, and parents. Therefore, this study aims to identify the perceptions of elementary students and teachers on some issues related to homework.

Jianzhoe (2005) identified eight student-perceived reasons for doing homework. These included: to develop a sense of responsibility, to learn to work independently, tolearn study skills, to develop discipline, to reinforce school learning, and to obtain family,teacher, and peer approval. These reasons also were related to student perceptions of homework behavior and their academic achievement. Students agreed that homework could help them better understand their lessons. However, the student's primary reason for completing homework assignments was to win approval from their parents and teachers.It seems that homework completion needs a collaborative effort, so that parents can better monitor their child's progress in completing the assignments.

Types of Homework

According to Martin and Greenwood (1995) there are four kinds of assignment and the reasons schools use them: (1) Practice homework. Sometimes students need to do the same kind of work repeatedly to help them remember a newly-learned skill. This is especially true when it comes to learning math, word definitions and spelling; (2) Preparation homework. This is a way to introduce students to new topics; (3) Extension homework. Students need to be able to connect separate topics. For example, they might be

asked to compare and contrast two historic events; (4) Creative homework. It's challenging for students to use different skills to show what they've learned. For instance, your teen might be asked to build a model for science class.

Student Perceptions

Although students usually do not like doing homework, they find it useful and appreciate the teachers who regularly assign reasonable amounts of homework (Hallam, 2004).Likewise, students' motivation to complete homework differs in varying degrees across various subjects. For instance, students spend more time and effort on math homework than English homework (Trautwein, Lüdtke, Schnyder, & Niggli, 2006).

Many students, especially older students, perceive homework assignments as having little intrinsic or utility value (Bryan & Nelson, 1994).On the other hand, a good proportion of middle and high school students do think that homework is necessary and it helps them develop academic skills and increase achievement (Xu, 2005).Margolis and McCabe (2004) listed a few possible causes of homework problems, including difficulty of assignments, lack of self-regulatory skills, and environmental difficulties. Others found amount and quality of homework (Vockell, 1993); negligence, inattention, and avoidance (Power, Werba, Watkins, Angelucci, & Eiraldi, 2006); lack of organization skills (Langberg, Epstein, Urbanowicz, Simon, & Graham, 2008); and lack of motivation to complete homework (Hong et al., 2009) as some of the reasons for unsuccessful homework completion.

Eccles theorized that an expectancy-value model of motivation existed inall students. A student belief about a task and his/her expectations for success on that task are directly related to the achievement behaviors: performance, task persistence, and task choice. This model indicated that achievement-related behavior, such as choice of activity and task persistence, were most directly influenced by students' expectations of success and by their perceived value given to the task (Warton, 2001).

According to Balli (1998), student perceptions focused on the extent to which parents either facilitated or confused the student's understanding of homework concepts, and the positive or negative effect associated with parent-child interactions. A significant number of students believed they did better in school when their parents helped them with their homework.

Teachers Perceptions

Teachers opt to use homework as one method of increasing student engagement and time with academic tasks (Cooper, Robinson, & Patall, 2006). Results of empirical studies examining homework effects on achievement tests and class grades suggest that students who complete assigned homework academically outperform students who do not complete homework (Cooper, Lindsay, Nye, & Greathouse, 1998).

On the other hand, some educators maintain that homework increases academic involvement (Bursuck, 1994) and develops self-discipline and good study habits.There are some educators with a more student-centered orientation (i.e., Hong and Lee, 2000) who claim that students' preferences are not adequately taken into account and they even suggest not giving any homework at all.

Although teachers believe that doing homework pays off, they do not pay enough attention to its planning and implementation (Hallam, 2004). Homework assignments should be deliberately planned and organized according to the learning principles and in line with students' cognitive readiness (Epstein et al., 1993). In addition, students' short and long term needs and expectations are deliberately considered important in homework planning (Cooper, 2001). Many educators believe that homework contributes to the m enhancement of learning and academic achievement and to the m enhancement of learning and academic achievement and to the m development of academic skills and responsibility (Bembenutty, 2009). However, some classroom teachers perceive homework completion and quality as more valid indicators of student achievementthan standardized assessment results.

Reasons usually quoted by educators for assigning homework include: to help students practice skills or prepare for exams; to help students develop good work habits; to develop life skills; to develop critical thinking; and to motivate students to learn (Metropolitan Life Insurance Company, 2007).

Methods

Data were collected by using two scales, students perception about homework and teacher perception about homework. The respondents were 129 fifth grade students (70 boys and 59 girls) and 15 teachers from three different schools in Central Java. Data were analyzed by using descriptive analysis.

Result

Tabel 1 Result of "Student Perception about Homework"

1. How important homework for students			
Very important	77%	Boys	76 %
		Girls	80%
Important	21%	Boys	24%
		Girls	17%
Less important	2 %	Boys	-
		Girls	3%
2. Homework increase students skill in solving the problem			
Yes	74%	Boys	76 %
		Girls	80%
No	3%	Boys	24%
		Girls	17%
Sometimes	24%	Boys	-
		Girls	3%
3. How often students need help while doing homework			
Very often	11%	Boys	11%
		Girls	10%
Often	16%	Boys	17%
		Girls	14%
Sometimes	72%	Boys	70%
		Girls	75%
Never	2%	Boys	-
		Girls	2%
4. The person that student always asking for help while doing homework			
Father	16%	Boys	19%
		Girls	14%
Mother	32%	Boys	30%
		Girls	34%
Tutor	33%	Boys	34%
		Girls	31%
Brother or sister	14%	Boys	14%
		Girls	14%
Friend	1%	Boys	-
		Girls	2%
Others	5%	Boys	5%
		Girls	7%
5. How often students did not finish their homework			
Very often	4%	Boys	7%
		Girls	-
Often	7%	Boys	11%
		Girls	2%
Sometimes	57%	Boys	59%
		Girls	54%
Never	32%	Boys	23%
		Girls	44%
6. The reason students did not finish their homework			
Forgot	58%	Boys	56%
		Girls	61%
Lazy	13%	Boys	17%
		Girls	8%
Difficult	14%	Boys	9%
		Girls	20%
Tired	6%	Boys	11%
		Girls	-
No helper	4%	Boys	6%
		Girls	2%

Others	5%	Boys	1%
		Girls	8%
7. Benefits of doing homework			
Increasing score achievement	41%	Boys	36%
		Girls	47%
Improving skill	33%	Boys	36%
		Girls	31%
More discipline	17%	Boys	19%
		Girls	15%
Others	8%	Boys	9%
		Girls	7%
8. Disadvantage of doing homework			
Reduced play hours	35%	Boys	24%
		Girls	10%
Adds burden	17%	Boys	21%
		Girls	12%
Nothing	32%	Boys	24%
		Girls	41%
Others	16%	Boys	13%
		Girls	25%
9. The action of student when get homework			
Directly do homework at home	54%	Boys	43%
		Girls	66%
Ask tutor	22%	Boys	27%
		Girls	17%
Ask parents	13%	Boys	14%
		Girls	12%
Others	4%	Boys	9%
		Girls	14%
10. How often parent check student homework assignment			
Everyday	26%	Boys	23%
		Girls	29%
Sometimes	51%	Boys	49%

		Girls	54%
Never	23%	Boys	29%
		Girls	17%
11. How often teacher check student homework assignment			
Very often	38%	Boys	39%
		Girls	37%
Often	33%	Boys	31%
		Girls	36%
Sometimes	28%	Boys	30%
		Girls	25%
Never	1%	Boys	-
		Girls	2%
12. The difficulty of homework			
Very easy	9%	Boys	7%
		Girls	12%
Easy	49%	Boys	49%
		Girls	51%
Difficult	37%	Boys	39%
		Girls	36%
Very difficult	11%	Boys	20%
		Girls	-
13. How often teacher explain the homework			
Very often	40%	Boys	41%
		Girls	39%
Often	40%	Boys	37%
		Girls	42%
Sometimes	17%	Boys	17%
		Girls	17%
Never	3%	Boys	4%
		Girls	2%
14. The consequence for student if did not finish the homework			
Score decreased	25%	Boys	17%

		Girls	34%
Get punished from teacher	69%	Boys	76%
		Girls	61%
Get punished from parent	2%	Boys	3%
		Girls	2%
Nothing	4%	Boys	4%
		Girls	3%
15. Fist thing showed on mind when students heard "homework"			
Happy	25%	Boys	23%
		Girls	27%
Upset	24%	Boys	23%
		Girls	24%
Worried	6%	Boys	7%
		Girls	7%
Nothing	45%	Boys	47%
		Girls	42%
16. Student think that teacher assignment is to give homework for student			
Strongly agree	29%	Boys	34%
		Girls	24%
Agree	42%	Boys	41%
		Girls	42%
Disagree	17%	Boys	11%
		Girls	24%
Nothing	12%	Boys	13%
		Girls	10%
17. Type of homework that always student get from teacher			
Exercise	91%	Boys	91%
		Girls	90%
Practice	4%	Boys	3%
		Girls	5%
Reading assignment	2%	Boys	1%
		Girls	2%

Field assignment	0%	Boys	-
		Girls	-
18. Duration that student use for do homework			
Less than 15 minutes	18%	Boys	19%
		Girls	17%
15-30 minutes	44%	Boys	44%
		Girls	44%
30-45 minutes	16%	Boys	19%
		Girls	14%
45-60 minutes	12%	Boys	7%
		Girls	17%
More than 60 minutes	10%	Boys	11%
		Girls	8%

Tabel 2 Result of "Teacher Perception about Homework"

1. How important homework for student	
Very important	73%
Important	27%
Not important	0
2. How often teacher give homework for student	
Always	6%
Often	80%
Sometimes	14%
Never	0
3. The reason teacher give homework assignment	
Not enough time to explain lesson	20%
Fill student free time	33%
Student have not understood the lesson	47%
4. Teacher perception about the benefit of homework for student	
Increase student skill	26%
Increase student discipline	7%
Student learn to manage their time	7%
Student can understand the lesson	60%

5. How often student did not finish their homework	
Very often	7%
Often	20%
Seldom	73%
6. Student excuse when they did not finish their homework	
Lazy	7%
Forget	93%
Tired	0
7. Action of teacher when student did not finish their homework	
Scolded	47%
Punished	27%
Others	26%
8. Provision of homework aim to increase parental involvement in mentoring at home	
Strongly agree	60%
Agree	33%
Disagree	7%
Nothing	0
9. How often teacher checked student homework assignment	
Always	87%
Often	13%
Sometimes	0
Never	0
10. How teacher evaluated student homework assignment	
Give score	47%
Give explanation	53%
Nothing	0

Discussion

The concern of this study was to identify what students and teachers think about certain problematic issues about homework. The findings from this study showed that almost all of the students and teachers perceived homework is important for the students.

Mostly the type of homework assignment is exercise (91%), 2% reading assignment and no field assignment. It will be necessary to consider various types of homework assignment especially to increase life skill and reading interest. According to Letterman (2013) the purpose of teacher to give homework assignment are to help students practice skills or prepare for exams, to help students develop good work habits, to develop life skills, to develop critical thinking and to motivate students to learn.

The impact of having homework assignments for students : Students perceived the choice of completing homework has certain cost and benefits. 35% Students perceived homework will reduced play hours but 32% perceived nothing. The benefit of doing homework will increased score achievement (41%) and improved skill (33%). Teachers perceived homework will develop student comprehension (60%) and 26% teachers perceived it will develop student skills.

The reason of not doing the homework: the students perceived one of the reason they did not do the homework because they forgot (58 %), difficult (14%), lazy (13%), tired (6%), no helper (4%). There is a slight difference between boys (56%) and girls (61%) for using the excuse forgetting the assignment. This is in line with Morgenwick (2006) study that showed forgetting assignments or homework materials was the most frequently indicated in the survey response (32.44%).

The importance of homework: The result of this study showed that 73% teachers viewed homework is very important and 27% viewed is important. In other side, for students 78% viewed homework is very important and 21% viewed homework is important. Here we could see that both teachers and students viewed homework is important. The result of this study are in line with Letterman study (2013) which conducted an online survey to more than 2000 students 3rd grade through 12th grade whether homework helps them learn more and its overall importance. The result showed that 77% students (and 80% of educators and parents) said homework is important or very important.

Getting help from tutor and family members: The result of this research showed that sometimes students need help while doing homework (72%) and only slight difference between boys and girls. 33% student seek help from their tutor, 32% from

their mother, 16% from their father. Tutor seems to be the first person that the student seek for help them do the homework. Some said because they were more friendly, understand more about how to solve the problems and have more time to give assistance. Mother is the second person they will ask for help, so it is important for mothers to give more attention and time to accompany their children while doing homework and to understand how to solve their child homework problems. Getting help from a family member such as parent and elder sibling is very common and recommended (Turanli, 2009). According to Polloway, Foley & Epstein (Gilbertson & Sonneck, 2010) 30% of general education students struggle with completing homework assignments. So they need support especially from their parents. Morgenweck study (2006) showed that 89% students received help with their homework and 40% stated that their mother was the source of assistance, 29% from their father and additional response from friends, grandparents, teacher, uncle, brother and sister.

Checking the assignment book: Setting up a homework assignment book requires teacher, student and parent participation. The data of this research showed that 26% students viewed their parents checked the assignment books daily, 51 % sometimes but 23% viewed their parents never checked the assignment book. So this was a problem. On the other hand, there was no problem for teacher. 38% students viewed teacher always checked the homework, 33% usually and 28% sometimes but 1% perceived teacher did not discuss the answer of the homework problems. The rate of time use to do the homework is about 15-30 minutes (44%) with the difficulty range is easy (49%) but 37 % students still struggle for doing their homework because it is difficult for them. They need help from other family members especially mother and tutor. In line with Cooper opinion (2001) that one of the goals of homework delivery is to improve communication between students, teachers, and parents and help parents monitor the academic improvement of children. According Gilbertson in Peacock et, al. (2008) the student role was paying attention to the teachers instruction during lesson on homework skill, copy homework assignments and due dates in the book, bring home the book and show parent, do the homework, asking help if needed. Parents role was to check planner for homework and provide help if requested, make notes of difficult areas to teacher. Sign completed assignments. The Teachers role was to tell the students what to do on the homework and give students grade.

Difference between boys and girls : as an additional result of this research, the data showed that the second and third reason girls didn't finished their homework is because the assignment is difficult (20%) and lazy (8%). For boys, the reason is because they are lazy (17%) and the assignment is difficult (9%). According to Hong, Wan and Peng (2011) girls exhibit more desireable work habits and attitudes toward homework as they report more frequently having worked to manage their workspace, organized their assignment and spent more time doing homework than boys.

The implication for the next study are to consider parents perception about homework, the difference between junior and senior high school students, the difference between the type of school (formal school, homeschooling, jungle school) and special needs student perception about homework and setting an intervention program for them.

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Social Support toward Polyginy Wives, Qualitative Studies on First and Second Wife

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Abstract

Mostly people have an opinion that polyginy can be in contradiction on women's right to equal with men. Polyginy has a serious emotional and financial consequences to women and her child. Polyginy considered contradictory with convention on the elimination of all forms of discrimination against women. Besides children's problem, and routines to manage the household, one of the causes of stress on the wife or housewife is a relationship with her husband. A busy husbands tends to ignore the domestic affairs, and caused stress to his wife, more over to polygamyc husband. Emotional, as well as financial problems can make them psychologically disturbed, and stress. This stress can be a trigger to commit suicide. One of the intervention methods is social support from the nearest person such as family, friends, or community. This study describes social support on 3 (three) female subjects involved in polyginy, both as first wife and second wife. This study used qualitative methods, and was conducted in Jakarta. The result shows that all subjects have the necessary social support, although from different sources. Interestingly, one of the subjects received social support from the husband's family. Social support from the nearest person can help the subjects go through the critical periods of polygamy life lived, until today. Future research may use variables of religiosity, or spirituality.

Keywords: Social Support, Polyginy, Health Psychology

Being a housewife, women has many activities and responsibilities. From domestic affairs such as ensuring the house in a neat and clean, also take care of the welfare of all family members. For example the affairs of children, not only schools but also courses, and all kinds of other child needs. In addition to all these things, there is still another responsibility as a wife that is serving the husband who sometimes also has many demands.

With so many duties of being a mom and wife, it's no wonder this can trigger stress on them. Research in America shows that housewives experience a higher stress than working women. One explanation is because women as housewives experience saturation with daily routine. The same thing does

not happen to an office woman, who, after work in the office and back home, has another routine (Febrida, 2014). Meanwhile, other research in Indonesia shows that there is a relationship between stress experienced by a housewife with aggressive behavior (Mumtahinnah), it means that stress is related to aggression behavior that (has / will) be done by a housewife.

Its not just stress due to a number of activities that are make fed up, all other situations can also trigger a stress and disrupt the mental health of a mother / wife is a relationship with the husband. In Indonesia as a predominantly Muslim country, the form of polyginy marriage is also a problem in itself. Not a few men / husbands who practice it argues that they

has follow the sunnah of the Prophet Muhammad PBUH, when in fact polyginy practice has existed long before the Prophet Muhammad was born (Asy-Syarif, 2012). On the other hand, polyginy is also judged to be contrary to the right of women to be equal to men and can have serious emotional and financial consequences for women and their children (Kamil, 2013).

Islam does allow polyginy but with a number of conditions that are quite difficult, e.g, you can be justice. Related to this, some people think that polyginy actually becomes haram if men can not do justice, because in truth there is no one human being that can be justice, and this is in the Qur'an (Abu Faqih, 2006). Eventhough the husband said and promised to be justice, but in reality mostly didnt. Most of the men / husbands who do polyginy are less concerned with his first wife. This is what makes her feel depressed, sad, disappointed, anxious and desperate. In other words having a mental health disorder (Ghassani, Kamil, & Firmiana, 2013).

This situation can increase so severe to the first wife, so think to do, even never take action to commit suicide. It can happen either to the first wife, or to the second wife (Ghassani, Kamil, & Firmiana, 2013). The strength of suicidal intentions is triggered by the situation they are experiencing in polyginy and all the emotional and financial consequences. Suicidal desires on subjects not only happen once, but many times. One of the subject said, "I was on the edge of the river, I'm ready to jump. But I remember when the first time I want to commit suicide my friend told me to dont give up". And another subjects said "several times I 'caught' by my child will commit suicide. He can always make me realize that the behavior is inappropriate, because I have nice children".

One of the triggers of suicide attempts is disappointment and hopelessness to continue life, such as dissapointed of polyginy (Stuart, G. W, 2006). In addition, individuals stress can also be a trigger the desire to commit suicide (Yosep, I., 2010). As the subject says: "I can't go with these, he seems to prefer with her". And one of another subject says: "Ummmm… I am the second wife, although initially the first wife who forced us to marry, it's still I'am the one who later on".

Another trigger is the psychosocial environment in an individual. Suicide can happen when new

individuals experience loss, separation, or divorce, early losses. In addition, reduced social support is an important factor associated with suicide (Stuart, G. W, 2006). One of strategy to cope this mental condition is using the biopsychosocial model, through social support (Sarafino & Smith, 2011).

THEORY

Based on several references, biopsychosocial model was first proposed by Engel in 1977. The basic assumption of model biopsychosocial is that health and disease are consequences of biological, psychological, and social (Engel, 1977). Furthermore, it is also said that"the biopsychosocial approach is a comprehensive, integrative framework for understanding human development, health, and functioning. It is based on the perspective that 'humans are inherently biopsychosocial organisms in which the biological, psychological, and social dimensions are inextricably intertwined' (Melchert, 2007, p. 37). It is a science-based metatheoretical perspective that integrates a full range of psychological, biological, and sociocultural perspectives. Engel (1977) offered the original formulation of the concept, which was based on general systems theory, a framework that has now been incorporated into modern complexity theory approaches to the scientific understanding of complex phenomena" (Melchert, 2011). So it can be stated that the biopsychosocial model / approach is a health and disease compiler consisting of 3 (three) main factors namely biological, psychological, and socio-cultural factors. Macrolevel processes (such as social support, depression) and microlevel processes (such as cell damage and chemical inequality) interact to achieve specific health and disease status.

According to biopsychosocial model, health and disease caused by various factors, and can cause various effects as well. In addition, the mind (non-physical) and the body (physical) can not be separated because they are influencing each other, especially in aspects of health and disease. Based on this point of view, mental health can be achieved by paying attention to biological, psychological, and social needs, including social support.

Relationships and social network can be very important in difficult times (Sarafino & Smith, 2011). Their relatives can help provide both physical and non-physical support to the individuals who are

in difficult times. Social support to a person refers to help, care, comfort that comes from other people or groups (Sarafino & Smith, 2011). Social support can come from many sources such as family, friends, doctors, or organizations. Thus, people who get social support believe that they are also worth, loved and become part of the social network such as a family or community organization, that can help in times of need. So, social support refers to actions actually performed by others, or received support. But it also refers to one's sense or perception that comfort, caring, and help are available if needed—that is, perceived support.

Types of Social Support

There is four basic functions of social support. Emotional or esteem support conveys empathy, caring, concern, positive regard, and encouragement toward the person. It provides comfort and reassurance with a sense of belongingness and of being loved in times of stress, or when she attempt to commite suicide. The second, tangible or instrumental support involves direct assistance, as when people give or lend the person money or help out with chores in times of stress. Third, informational support includes giving advice, directions, suggestions, or feedback about how the person is doing. For example, that women might get information from family or relatives on how to move on and continuing her life. The last one is companionship support refers to the availability of others to spend time with the person, thereby giving a feeling of membership in a group of people who share interests and social activities (Sarafino & Smith, 2011).

METHODS

This research uses qualitative method, with data collection technique in the form of observation, and interview. Triangulation of data is done to close friends, and subject children. Interviews and observations were made several times on different occasions and situations. For example in subject 2, on some occasions the subject is seen still crying, unlike subjects 1 and 3. Meanwhile, observations to both in the subject itself and are performing daily activities, and there is the presence of others too. Thus the researchers can get a more comprehensive

Table 1

Self Efficacy **Analysis of Men and Women**

No	Age	Wife	Child	Reasons for marriage	Explanations
S1	32	1	-	Love, but by force	Before the wedding, they are dating, and love each other. 1 week before the wedding, the parents of ex-husband's girlfriend came and asked him to marry their child because she had been pregnant for several months. S1 had the intention to cancel the marriage and let the husband marry his ex, but not bear the shame of parents especially because her wedding invitations have been spread. Their marriage is still held, and a week later the husband marries his ex. Nowadays husbands rarely go home, mostly at second wife's home.
S2	54	1	3	Arranged by her parents,	S2 already had a boyfriend, but shortly after her sister died, the husband of her sister's came to propose herself to the S2's parents. Initially the subject had refused, but eventually accepted. After married nearly 20 years, the husband was found out to have a wife in Borneo for about 2 years. At first the husband did not confess but after the evidences he confess it. The husband does not want to divorce S2 because he thinks polyginy life is permitted by Islam. Currently the S2 do economic activity at home because the husband has started very rarely returned home, as well as rarely sending money.
S3	22	2	1 (baby, 1 mo)	Asking by 1st wife and husband's family	From the beginning S3 didn't know about the man's marriage status. After that, S3 After knowing its status, S3 chooses to move away and discontact. After a while the man and his family and his first wife too came to her residence. The purpose is to persuade S3 to be willing to become second wife. S3 finally want to after considering it for several months. After the wedding she often "terrorized" by the 1st wife. Some of the husband's family who came to the house did the same thing.

information of the situation and circumstances of the subject. We have 3 (three) subjects who have lived polygamy life for about 3 (three) years. All three subjects will get initials as S1, S2 and S3.

RESULT

General Description

The three subjects are wives who are in Polyginy's marital life. Subjects 1 and 2 are first wives, and subject 3 is the second wife. S1 and S3 are 23 and 22 years old, it means early adult, while subject 2 is 45 years old. Subject 2 has 3 children who have grown up, subject 3 has 1 baby age 1 month old.

Based on observations and interviews on 3 subjects reserachers was found that subjects 1 and 2 have attempt to commite to suicide because of the disappointment of family situations experienced, while subject 3 was just to think to do. Table 1 describes the identity and general descripstion of the subjects :

According to that table, we can assume several causes of stress. Relationships with couples who do polyginy begin to make them feel psychologically disturbed, and thinking about ending her life. For example S1 at one time wanted to drink insect killer, and cut the wrist; while subject 2 was found several times by his son will cut off the pulse of her hand. Subject 3 was also under pressure and stress, but eventually decided not to continue the intention because he was pregnant. Basically, the three subjects finally canceled the intention is because of the social support of the relatives and other closest people like children, friends, family, and religious leader (ustadz/ustadzah).

SOCIAL SUPPORT

Subject 1

Subject 1 said that she tried to commite suicide by drink insect killer and cut off her wirst. Before she do that, she was told to her closest friend about her willing to commite suicide. Her friend told that "you are so young, your life is still long, and suicide does not solve your problem. When she make a suicide

attempt, S1 remembered her say to her, then she canceled it.

The other form of social support for S1 is helping her to find a new job. The aim is to have S1 activity to fill the time and never thinking about the problem / stress, mourn the fate, nor think to repeat suicide attempts. Thus S1 can feel the presence of his friend at any time. Also, the subject feels that she is still being noticed and cherished by the nearest person, no matter what the problem is. Before leaving for work, or on vacation, they also often spend time together.

The further goal of finding a job for S1 is to have income, because her husband has not been at all for months. The subject's friend states that "instead of crying over people who do not necessarily thinking of you, then you have nothing to eat, it's better for you to go to work". Furthermore subject 1 states that she has started to forget the stress due to this problem, because she spending more time to work and hang out with other friends.

One of the effects of stress faced by S1 and has not been thin out until now is she chose to get smoking again. Smoking is one of the S1 habits before marriage. From the beginning she get married, S1 has decided to total stop smoking for the husband and child to be born. After experiencing stress due to relationship with husband, she decided to get smoking.

S1 can socialize well at the workplace, and based on the last interview S1 stated that the next month she will move to another company with the same business outside Java Island. It can be happened because for almost 1 year she has a good reference.

Based on for all descripstion, we can coclude that social support make S1 fell better and can moving on her better life. It is also seen that the greatest social support are from friends and religious leader, not the parents. This is not surprising because the subject was deliberately covering this issue from her parents. Since the subject back to the old habits triggered by relationship problems with husbands, it seems that the stress faced by S1 is not yet fully over, but at least the desire to commit suicide has never crossed again due to the busyness of the workplace, and the existence of various other activities.

Subject 2

S2 stated the heaviest mind of the time was because of being cheated by her husband. After his 'sacrifice' was married to her dead sister's widower, eliminate the desire to continue her education to college, he was lied to and betrayed. At the first time her husband's confess, subject 2 very shocked and fainted.

The next are her husband start rough, both verbally, and physically. For example saying "Dingle/ stupid fool", as well as slapping and kicking her. In addition, her husband began to rarely return to Jakarta. The husband chooses to stay in his assignment area in Borneo, where his second wife resides rather than returns to Jakarta. This makes S2 have to fight alone in the capital with three children. Husbands also rarely send money, if any, very little and it does not make sense to live with three children in Jakarta.

In several attempts to commit suicide, S2 is always caught by her child. At that time her son said that it was not good, and it was no use. There are still children who will support and love their Mom (S2). This makes S 2 canceled the intention. Sometimes when the situation was getting worst, for example the husband does not send monthly spending money at all, the thought of ending life will come up again. But S 2 remembered her son remark that "you still have your child who love you Mommy".

In addition to her daily activities of being a kindergarten teacher in her neighborhood, S2 chooses to follow her friend's advice to add activities together with others. S2 follows the suggestion so that more time is spent doing better than lamenting fate. The activities such as more often follow "majelis taklim" in some places. By following "majelis taklim" activities, S2 can spend more time together with other members in social activities groups. Thus the subject feels herself also needed, loved, and cherished. In addition, by following religious studies in "majelis taklim", S2 gets religious information about how to continue life after experiencing calamity in life. The support of the child and the information from religious leader (ustadz/ustadzah) made S2 feel much better, so that

when remembered her husband's behavior and her sadness heart, she did not direct it to suicide attempts again.

In addition S2 began to open a smallscale business in front of the house to increase income and overcome the economy of the household. This small-scale business also increases the activity of S2 interactions with local people and her neighbour. It helps to reduce her sadness. S2 thus feels that she is also valued, owned, and needed by the group around her home. Based on the results of interviews with the child (that sometimes his mother is still crying), also observation researchers that S2 looks thinner, it seems that her stress not fully reduced. But at least based on the collection and analysis of recent data can be explained that the subject has received social support from children and her "majlis taklim" groups to overcome the stress.

Subject 3

S3 is slightly different from 2 other subjects, either from status, or attempted suicide. In terms of status, S3 is the second wife, and know that the man who wants to marry her is a married man. But as already explained in the table, S3 finally married the man because the first wife and family of the man also come and persuade her to accept the proposal. In terms of suicide attempts, S3 never tried to do, just to think about. This can be understood because the stress she faced comes from terror and slander from the first wife.

S3 explained, after she married first wife began to spread a number of incorrect information about her to the husband's extended family. Most husbands' families believe, and begin to show behavioral changes. The first wife also began to put pressure on the S3, so she felt stressed, and despaired because the polygini marriage that was undertaken was not as imagined from the beginning (get along with the first wife). S3 finally began to cross to commit suicide.

That pressure makes S3 (a convert to Islam) shared her problem with a close friend and an religious leader / ustadz. Her friend states that grieving because the ordeal is normal, provided it does not drag on. S3 friend suggested to meet religious leader/ ustadz to get a spiritual advice when

faced this situation. Moreover her sister in law also help her to see the other religious leader/ustadz. Her sister in law says that she don't believe 1st wife information about S3. So when she saw S3 depressed with this situation, she helped to accompanying her to meet religious leader. S3 very appreciated this because she is happy and comfortable because she is being loved and owned by her husband's family.

Ustadz said that she did not deserve despair, and had to surrender all the problems to the Allah Almighty. Ustadz also stressed that the S3 choose to entered in polygini also does not violate the norm in Indonesia that is second marriage is known by the first wife. While some men in Indonesia choose to hide their second marriage from the first wife. So S3 should not feel discouraged and sad prolonged because of this situation. Ustadz suggested that S3 will do more worship to Allah SWT. In addition, S3's friends also support by always accompanying her to meet ustadz, or perform religious activities recommended by ustadz.

Although the dynamics of the problems faced by S3 is not as complex as the other two subjects, it can be explained that the S3 who converts to Islam and in previous beliefs do not recognize the term polygamy chooses to seek out and meet the party deemed to be able to provide social support on her. This can not be separated from the social support of close friends who make her feel owned, and loved (Sarafino & Smith, 2011). Ustadz or the religious experts can provide support in the form of suggestions related to what has and should be done by S3 (Sarafino & Smith, 2011). So S3 can go on with a better life.

CONCLUSION

The choice of being first or second wife, both have a psychological impact of stress and disruption to mental and physical health. This is not much different from what was proposed by Kamil (2013). Social support, whether from close friends, family, religious leaders / religious experts can help the subject under such pressure (Sarafino & Smith, 2011).

LIMITATIONS

This study didn't conducting an in-depth study of religiosity as one sociocultural aspect, although the data in this section appears in S2 and S3. The biopsychosocial model has stated that the sociocultural factor is one of the important aspects (Melchert, 2011). For further researchers, it is better to examine more in aspect religious to obtain a thorough description of social support and biopsychosocial models. This research also does not discuss deeper about the age that is certainly related to how to see life in the coming years. The age of early adult development is certainly different from that of middle age adults.

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BIOMEDICAL INTERVENTION TREATMENTS FOR AUTISM

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Abstract

Autism Spectrum Disorder (ASD) is a group of neurodevelopmental disorders. It is the fastest growing development disorder in the world. Up to the year 2000 it's prevalence were 1-2 per 1000. CDC in 2001 were 1: 150. In year 2014 1:68.

Many studies have been done to figure out what causes ASD and what treatments can be done . There are many treatments that are suggested but there are no individual that are exactly alike so one treatment may help for a child while it will not for another.

One of the treatment that is widely used is BIT (Biomedical Intervention Treatmen)t, a group of interventions which are designed to stop, or at least reduce, the effect of biomedical problems (such as gastrointestinal abnormalities, immune dysfunctions, detoxification abnormalities, and/or nutritional deficiencies or imbalances). Biochemical difficulties can be multilayered and complex. Parents even doctors have difficulty to choose which type of treatment they need to use.

There is a wide range of biomedical interventions, many of which are considered to be forms of complementary or alternative medicine by most traditional health care practitioners. Biomedical interventions include diets, nutritional supplements and hormones, the 'off-label' use of some medications, as well as practices such as chelation and hyperbaric oxygen therapy

The aim of this paper is to review the theory of biomedical intervention and results of it.

INTRODUCTION

Autism spectrum disorder (ASD) refers to a group of complex neurodevelopment disorders characterized by repetitive and characteristic patterns of behavior and difficulties with social communication and interaction. The symptoms are present from early childhood and affect daily functioning. The term "spectrum" refers to the wide range of symptoms, skills, and levels of disability in functioning that can occur in people with ASD. The Diagnostic and Statistical Manual of Mental Disorders (DSM-5, published in 2013) includes Asperger syndrome, childhood disintegrative disorder, and pervasive developmental disorders not otherwise specified (PDD-NOS) as part of ASD rather than as separate disorders. A diagnosis of ASD includes an assessment of intellectual disability and language impairment. ASD occurs in every racial and ethnic group, and across all socioeconomic levels. However, boys are significantly more likely to develop ASD than girls (Edelson & Mitchel, 2003; Mahmood, 2018; Menechek & Nemechek, 2017)

The prevalence of autism has risen dramatically in the past 2 decades. 2008 CDC reports a prevalence of 1 in 88 childresn anda 1 in 54 for boys. There are many potential cause for this increase including dianostic awareness, broadening of the diagnostic criteria and diagnostic relabeling. Underlying biomedical factors resulting from a combination of genetic vulnerability and environmental triggers gives a complex picture than anticipated. An effective approach is through functional medical approach which means looking below the surface of symptoms in order to identify causative factors. Ask the following two questions when evaluating an individual with autism:

- Are the individual body and brain getting what they need to function optimally?(vitamins, omega3, clean foods etc)

Is something present in the individuals body and brain that is interfering with their ability to function optimally? (Nemechek & Nemechek, 2017)

Whatever intervention are used, always remember that

- Intervention should begin as soon as possible.
- It should be individualized for eah children
- The program should be with a professional
- Parent should be closely involved (Roders, Dawson, & Vismara, 2012)

LITERATURE REVIEW

There are many potential causes of autism spectrum disorders and multiple factors involved. Research on the possible genetic basis of autism spectrum disorders is expanding along with research on biomedical triggers. An estimated 30% of ASD cases have been found to have genetic causes. The remaining 70% are thought to be caused by a combination of environmental factors, mutations and genetics In the majority of cases, there is likely a complex relationship between a genetic predisposition and an environmental trigger that results in the behavioral symptoms of an autism spectrum diagnosis. There is no universally accepted theory of causation. It appears there is a complex interconnection of factors that can result in symptoms leading to an autism spectrum disorder. There is now believed to be a number of genetic and environmental causes.

Currently, if a child is suspected of having autism, doctors carry out a series of behavioral tests, which take time and may not not give an accurate diagnosis. A biological test, like a blood test, would provide a faster and more definitive diagnosis. Tests are being developed to look for damages to certain proteins, shown to be higher in children with autism spectrum disorders. The team from the University of Warwick and the University of Bologna tested 38 children with autism and 31 children without, ages 5 to 12. They looked for differences in samples of blood and urine between the two groups. When looking at plasma in the blood, the children with autism had greater protein damage, resulting in higher levels of an oxidation marker known as

ditryosine and sugar-modified compounds called *advanced glycation end-products.* https://edition.cnn.com/2015/11/13/health/autism -numbers-inflation/index.htmlThis is a promising test but still a very long way from being a 'test for autism,' (Thomas, 2015; Mahmood, 2018)

This article will highlight the biomedical theories of causation and the associated biomedical interventions that are more commonly pursued.

According to Nemechek and Nemechek (2017), biomedical contributing factors that can affect brain functioning include:

- Nutritional deficiencies
- Greater nutritional needs
- Food sensitivity/intolerances
- Opiate-like bioproduct from casein and gluein
- Leaky gut
- Intestinal dysbiosis
- Poor methylation
- Poor detoxification
- Inflammation
- Oxidative stress
- Metabolic dysfunction
- Immune imbalance

These imbalances all have been suggested as potential biomedical "triggers" for autism spectrum disorders. It is hard to determine which scenario came first. It is felt that one problem is connected to the next that follows. Deciding which came first seems to be another part of the puzzle to address for each individual. Often a problem in one of the four biomedical areas impacts one or more of the other areas.(Stricland, 2009; Compart, 2013)

Symptoms of gastrointestinal problems may include diarrhea, constipation, reflux, food cravings, gas, bloating, fatigue, aggression, sleep difficulties, "spaciness," agitation, pain, inappropriate laughing and "stim" behaviors including hand movements, toe walking, and spinning objects or self. Gastrointestinal abnormalities may be due to Bacteria, yeast, or fungus overgrowth. "Leaky gut": defined as increased permeability of the intestinal lining, often caused by chronic inflammation that is often due to yeast and/or the inability to break down proteins from casein (dairy products) and gluten (wheat, barley, rye, oats and other grains) which then leak into the bloodstream and travel to, and impact

various tissues, including the brain, possibly causing an opiate affect in the brain. Alteration of intestinal flora as a result of antibiotic use and/or due to dietary intake and nutrition problems often seen with individuals on the autism spectrum. Undiagnosed Gastro Intestinal (GI) disorders can cause serious behavior problems in autistic children, especially those who are non verbal. It is difficult to express the pain they are feeling so they do it the way they can through their behaviour. Some common behaviours that indicate the child has GI disorders are Food refusal, Accepting a limited variety of food, Mealtime tantrums, Self abuse, Irritability(Crook, 1986; Sutadi, 2017)

Impaired immunity will manifest as cyclic fevers, compulsive behaviors, skin rashes or eczema, impulsivity, aggression, and bowel problems such as diarrhea, constipation, impaction, and/or blood and mucus in stools. This is thought to relate to differences in the immune system. Immune system dysfunctions are believed to impact brain development or functioning in susceptible individuals. These Immune dysfunction is thought to be a result of Viruses and bacteria that are present that may or may not be detected according to the symptoms presented. Infections treated with antibiotics that over time alter the immune system Genetic predisposition to autoimmune diseases in the family (Edelson & Mitchel, 2003; Compart, 2013)

Impaired detoxification will show signs of sensory issues, sleep difficulties, stimming, impulsivity, aggression, compulsive behaviors, night sweats, anxiety, dilated pupils, lack of speech or pica (ingestion of inedible items). Detoxification abnormalities may be related to a genetically linked susceptibility or an environmentally acquired condition like Methionine cycle abnormalities; part of the bodies required sulfation process. Methylation may be impaired for some individuals; this is a process by which organic chemicals are made available for various important body functions. Glutathione synthesis abnormalities; glutathione naturally rids the body of heavy metals. Metallothionein (MT) dysfunction has been seen in some individuals; zinc-copper balance and detoxification of heavy metals are key roles of MT, a protein in the body or Oxidative stress; damage caused by build-up of metabolic by-products often

due to glutathione depletion. Detoxification abnormalities are thought to contribute to the buildup of heavy metals in the tissues including the brains of individuals on the autism spectrum. Symptoms of heavy metal exposure are similar to many of the symptoms of autism spectrum disorders (Compart, 2013).

Nutritional deficiencies or imbalances are a fourth major biomedical area of concern that families and professionals address. Common symptoms of nutritional abnormalities in children on the autism spectrum will show as underweight or over weight, anxiety, mood swings, sensory issues, lack of speech, stimming, aggression, impulsivity, eye poking, dry hair or skin, and pica (ingestion of inedible items) (Edelson & Mitchel, 2003)

Lab test can help give a picture of what is going on in the childs body and brain.

Blood tests

Immune disorder. Allergy testing is often done to check for allergies to common foods and additives in the diet such as corn, soy, and eggs. IgG panel test are often used.

- Endocrine
- Toxicology
- Vitamins
- Minerals
- Liver function, kidney function
- Stool tests
- Normal flora
- Pathogenic bacteria
- Pathogenic fungi
- Pathogenic parasiteve
- Inflammation markers
- Digestive profile
- Urine tests
- Organic acid
- Peptides
- Pophyrins
- Heavy metal challange
- Others
- Genetic screening
- EEG
- MRI
- Hair analysis

Steps to biomedical intervention treatment

1. HEAL THE GUT

PROBIOTICS.

Probiotics are all that increases the friendly bacteria in our gut. Stress, uses of antibiotics, and poor diet especially high in sugar and carbohydrates will cause an overgrowth of bad bacteria in our intestinal system. They becaome toxic yo the entire body via the bloodstream and disrupt anything from internal organs to the brian. Often behaviour issues stem from Candida overgrowth along with intestinal problems. (Ming & Pletcher, 2014; Panghorn,2012)

OMEGA3. ESSENTIAL FATTY ACID

The essential fatty acids derived from omega3 oils are DHA (docosahexaenoic acids) and EPA (eicosapentanoic acid). DHA helps to build and protect the brain, EPA helps the functioning of the brain. Two thirds of autism children showed deficiency of omega3. Decreased levels of DHA shown decrease in cognitive ability and behaviour. When the diet is supplemented with omega3 parents report less aggression, irritability, hyperactivity and impreved sleep. Omega3 oils have several function (Laake & Compart, 2013; Ming & Pletcher, 2014; Stricland, 2009; Thomas, 2015), which are:

- Brain
- Nervous system
- Visual function
- Reduce inflammation (helpful for healing the gut thus improving the immune system)
- Regulates cortisol
- Increase thyroid hormon transfer to the brain
- Improve soscial engagement
- Improve eye contact

2. DIET

THE IMPORTANCE OF DIET.

It is essential to understand that the child's internal biological issues may be affecting their behaviors. It can be direct or indirect. A direct interaction is when chemical reactions throughout teh childs body are impairing or interfering with childs developing brain. An indirect interaction is when it gives the child a stomachache, headache, lethargy, etc. So what the child is eating will give a huge impact on their behavior, level of interaction, frequency of stimming. The most common nutritional interventions are :

a. GLUTEIN FREE CASEIN FREE SUGAR FREE (GFCFSF).

Gluten free/casein free diet. The GFCF diet eliminates most common grains (gluten) and dairy products. Some children on the spectrum are missing enzymes that break down the complex protein gluten and casein. Many of them also have 'leaky gut syndrome' that is the walls of the small intestine have small holes making the gluten and casein undigested or partially digested. These gluten and casein that leaked out will cross *the blood brain barrier.* They will act as *opiates,* binding to the same receptors as *morphin and heroin.* So ingesting gluten and casein will be like getting high on drugs (Thomas, 2015). There are two biological issues that make sugar a problem. First the child will secrete too much insulin in response to relatively small amounts of sugar. This makes the blood sugar level drop making them sluggish and irritable and making more sugar craving, blood sugar spikes, too much insulin is secreted, blood sugar will drop again, so the cycle goes on and on. This seesawing of blood sugar will damage teh brain and body. The second issue is that these children have an overgrowth of candida yeast in their intstines. This can make the 'leaky gut' worse and cause 'brain fog'. These candida yeast lives on sugar. (Belli, 2012; Kaufman, 2014)

b. A WELL BALANCED DIET

Getting into the diet means the child should have basic nutrition. Transition the child to a healthy diet. Meaning that the child should be having a well balanced diet of carbohydrate, protein, fat, micronutrients, vitamins, minerals, water.

c. ROTATION AND ELIMINATION (RnE)

Make menu chart for 4 or 7 days. Write everything that happens. If there is a change of mood, sleep or other findings look at teh menu 2 days before. Span the menu for that day to a 7 day span.

d. SPECIFIC CARBOHIDRATE DIET (SCD)

The Specific Carbohydrate Diet is a step further then the GFCF diet. The Specific Carbohydrate Diet eliminates all starches not just gluten

e. FEINOLD DIET

Feinold diet will eliminate all food with high salisilat and phenol (Stricland, 2009)

3. IMPROVE DIGESTION

There are many enzyms and each has a specific job. The enzym that is most important for kids with autism is protein digesting enzyme called dipeptidyl peptidase IV or DPP IV. It is able to break down large protein molecules in casein and gluten and transform it into digestible form. (13)

4. TREAT SYMPTOMS

5. TREAT PATHOLOGY

- Bacteria, yeast or fungal overgrowth in the gut is treated anti-fungal medication, and/or specific antibiotics that may be used for many months or longer
- Viral infections will be treated with an anti-viral medication. Treatment for viruses may take months, a year, or more.
- Manage parasite infections
- Manage inflammation

6. SUPPLEMENTS

- Nutritional, mineral, and vitamin supplements are almost always considered. There are a number of mail order supplement suppliers that specialize in products for individuals with an autism spectrum disorder that may be suggested As the diet, enzymes, and medication heal the gut and the vitamins and mineral supplements work to treat nutritional deficiencies, the immune system may be helped

- Methylcobalamin, (vitamin B-12), is often used to help activate biochemical pathways related to sulfur detoxification as well as methylation. The common way to administer Methyl B-12 in by subcutaneous injection . Most children on the autism spectrum are deficient in vitamin B12. Mercury is known to to alter the body's ability to make B12. And when the gut is disrupted it cannot absorb nutrient properly. The best food sourse of B12 are meat and eggs especially the yolks. When looking for B12 supplements use the methycobalamin not yhe cyanocobalamin because it does not need to be converted. Due to improper digestion a liquid spray or sublingual form is best. Some give it injection form especially in the beginning when absorbtion of the gut is not good.Vitamin b12 is important for
- Digestion
- Food absobtion
- Protein synthesis
- DNA synthesis
- Protection of the nerve tissue covering
- Metabolism of fat and carbohydrates
- Assist immune system
- Building red cells

Glutathione

The dificulty of getting rid of toxins is partly caused by the lower levels of glutathione. (Belli, 2012)

Digestive Enzyms

There are many enzyms and each has a specific job. The enzym that is most important for kids with autism is protein digesting enzyme called dipeptidyl peptidase IV or DPP IV. It is able to break down large protein molecules in acsein and gluten and transform it into digestible form. (Stricland, 2009; Thomas, 2015)

Along with suggesting healthy diet changes, and treatments for healing the gut, there are also several consideration (Sutadi, 2017; Stricland, 2009; Mahmood, 2018), which are:

Eliminate:

- Synthetic food
- Artificial colors
- Artificial flavors
- Artificial preservative
- Artificial sweeteners

Limit foods that contain

- Trans fat
- Processed food
- Exposures to pesticides (use organic)

Avoid

- High sugar food and beverages
- Mercury contamination in fish

Other more invasive or alternative biomedical treatments that are used are:

- Transfer factor therapy; molecules produced by white blood cells used to transfer immunity to the recipient
- IVIG therapy; Intravenous Immune Globulin is a blood plasma product containing antibodies used to treat immune deficiency
- Hyperbaric treatment
- Stem cell treatment
- Auditory integration training

Conclusion

Autism spectrum disorder (ASD) refers to a group of complex neurodevelopment disorders characterized by repetitive and characteristic patterns of behavior and difficulties with social communication and interaction. Since ASD is a multifact neurobiological illness, therefore Biomedical Intervention Treatment is a necessary approach to heal the symptoms.

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MOTHER READINESS TO PROVIDE SEX EDUCATION FOR AN ELEMENTARY SCHOOL AGED CHILDREN IN JAKARTA

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Abstract

The rise of sexual harassment involving children, and the increasing number of children who are increasingly exposed to pornography considered as an urgent issue. Inadequate provision of sex education became the main background of this study. The aim of this study is to describe mother readiness in providing sex education for elementary school age children. The method used is descriptive quantitative by spreading Readiness Questionnaires. Purposive sampling method used in this study. The result of reliability test of measuring instrument with alpha cronbach showed high reliability result that is 0,925 and validity range from 0,310 to 0,628. The result showed from 425 respondents, 226 respondents (53.17%) were not ready and 199 respondents (46.82%) stated ready to provide sex education for their children. The main obstacles of mothers' readiness are the perception that still assumed to be taboo. Mothers also have a problems conveying sex education with language that is easily understood by children. They also find difficulties to have a media and reliable source of information related sex education for children

Keywords: Child development, Elementary school , Parenting, Readiness, Sex education

INTRODUCTION

The rise of sexual abuse in children create a spotlight in the community. Sexual harassment cases become a concern because it can hurt both the physical and psychological even the future of a child. Sexual harassment defined as essentially any form of behavior that has a sexual content committed by a person or a number of persons but without a consent and not expected by the target person and bring negative consequences, such as: shame, offended, humiliation, anger, loss of self-esteem and so on of the victim (Supardi & Sadarjoen, in Lestari & Wardhani, 2007).

The cases are very disturbing because they can occur in an environment that should make the child feel comfortable and protected, such as the case of child abuse of grade 3 elementary school that had happened in the school toilets located in Pondok Rangon, East Jakarta, the perpetrator was his own teacher (Sutanto, 2014) and the case of children being raped by his own grandfather in Bekasi (Gibran, 2015). These cases seem to open the eyes of the public that sexual predators are not only targeting teenage girls but also children who even have not entered the elementary school age.

This children sexual violence becomes urgent as the crime increases every year. Data from the Indonesian Child Protection Commission (KPAI) noted that child sexual abuse and sexual violence in the country has increased 100 percent from the previous year from 2013 to 2014. The KPAI also mentions that the number of victims of child sexual

abuse is increasing every year (Muslim, 2016). Data recorded at the women's commission 2016 shows, of 3325 cases of sexual harassment that occurred, about 30% percent experienced by children (Komnas Perempuan, 2016).

The rise of cases of sexual crimes in children increasingly horrible because the perpetrators are not just adults who are abusing small children but now school-age children are sex offenders as well (KPAI, 2016). This phenomenon is caused by various things such as the perpetrator who is a child used to be a victim of sexual violence as well so repeat what had happened to others. On the other side, the advance of technologies brings another problem related to this. Technological advances can encourage underage children to access content that is not in accordance with his age, with or without a purpose. Data from 1000 children revealed a quarter of children at age 11 have seen online porn, half of 16-year-olds easily access porn content and 3 out of 13 14-year-olds say they want to follow the behavior they see in the pornographic content (Sitanggang , 2016).

The cases above are still cases that occur in the real world and does not include cases of sexual crimes in cyberspace where the victims are children from around the world. In Indonesia alone, cases of sexual violence in children under the age mostly start from social media. The perpetrator initially pretends to praise the child's appearance in social media and builds good communication to get trust and close with the children. Many of them use good and polite sentences so that their words can not be detected as pedophiles by the internet safety system (Wisnuwardani, 2016). This indicates that in reality, there are still more cases of online sexual abuse experienced by children.

Jakarta even as the capital has not provided the maximum security and friendly neighborhood for children. By 2015, according to data collected by Indonesian Child Protection Commission (Komnas PA) from 179 cities and districts in 34 provinces in Indonesia, Jakarta, compared to all provinces, has the highest number of cases of child sexual abuse (Yusuf, 2015). Komnas PA Chairman Arist Merdeka Sirait noted that in Jakarta, the most vulnerable areas of violence against children are East Jakarta, North Jakarta, and West Jakarta. More specifically, the data collected by the district police from Aceh to Papua indicates that East Jakarta is the most district that

handle cases of violence against women and children throughout Indonesia. He also stated that Jakarta is the first place for child sexual violence cases in the last 5 years (Sari, 2016)

Related to this sexual abuse phenomenon, obstetrics and gynecology specialist, dr. Boyke Dian Nugraha reveals various reasons why giving sex education early in the child is very important. He explained that the danger for children who do not get sexual education early is when sexual harassment occurs, children don't realized that as a problem, even though the perpetrator is often around the children (Rimawan, 2016). Children who do not know about sexual education, doesn't complaint when get touched in intimate area because they think it's normal especially when it was done by people they know. Existing data reveal that, often sexual crimes committed by people close to the victim or the victim's family (Chairani & Nurachmi, 2003). So it can be concluded, sexual education is very important to prevent child sexual abuse. Thus, with a sex education, children can avoid sexual crimes because the children themselves can act when they know that someone is behaving in the direction of self-harassment (Hendrian, 2016).

Besides of sexual abuse, the reason sex education is important to be given from an early age is because according to the stage of development, from the age of 3 years, children will be attracted to something related to sex, shown by the behavior of many questions related to sexuality like what is a penis , what is a vagina, why mine is different from brother / sister etc. That focus also encourages them to start exploring their genitals (Ipoel, 2015). Behavior in children aged 3 years is related psychosexual development that is divided into 5 parts ; oral, anal, phallic, latent, and genital. These stages affect the child's behavior regarding the sexuality in the future (Lahey, 2012).

Although in a normal stage of development, the behavior is often considered taboo by parents, especially mothers as primary caregivers, this may affect children to fail in experiencing phallic phase. Failure of this phase can result in various abnormal behavior such as personality disorder, neurosis psychopathology, and hysteria (Nurdin, 2011 in Kamidah & Cahyaningtyas, 2016). Therefore, proper sex education is important to be given also in these times. When parents finds that the child is starting to

play the sexual organs, parents should give proper direction so that it does not become a habit that leads to bad habits or sexual perversion until adolescence and adults

A proper sex education certainly not only rely on knowledge possessed by parents but also will involve emotional and good communication with children. Parents should patiently and appropriately educate their children. When delivering the message about sex to a children, parents have to consider the age of a child so they doesn't feel embarrassed when talked about this. This is very important to be concerned because sexual deviations can be caused because most of the parents are embarrassed and want to show their superiority by scolding them when they found their children ask about sex or play with sexual organs as mention above.

KPAI study prove that 70 percent parents have not meet the method to take care of their children that are relevant to the present age (KPAI, 2016). Parenting methods used by parents only copy what they get when they was a child, without considering the different of era. Whereas, the parents have an important role in providing sexual education because the family is the basic foundation to provide learning. In this study, the mother is a central figure who is considered crucial to provide sexual education because in childhood development, a child will tend to be closer to his mother than his father. In addition, in the eastern culture, childcare from baby to adults are all taken by the mother (Sarlito in Davido, 2012). The role of mother is also still considered more dominant in providing provision of assistance to children (Wiendijarti, 2011). In essence, sexual education when done by parents as the person closest to the child will be able to make children feel safe during the process of exploration of sexual problems (Zainab, 2014). In addition through a healthy sex education, the child will get fulfillment of his psychosexual needs properly and correctly so that children will also have the attitude and responsible sexual behavior, and the child will know what is done and the consequences of his actions (Mulyadi in Septiyaningsih, 2010) . Thus, mother readiness becomes the key to providing good and true sex education.

RESEARCH PROBLEMS

How is the overview of mother readiness to provide sex education for children in elementary school age?

LITERATURE REVIEW

Readiness is the overall condition of someone who makes it ready for provide a response / answer in some way to a situation. Adjustment of conditions at some point will affect or tendency to respond

According to Slameto the condition of readiness includes 3 aspects:

a. mental and emotional physical condition

b. needs, motives and goals

c. skills, knowledge, and other understandings learned

(Slameto, 2010)

The aspect of physical condition readiness is defined as a healthy physical state, free from all diseases to be able to respond appropriately with regard to readiness to do something. While the readiness of emotional state is the emotional or psychological health to be able to provide education. Emotional readiness is also related to attitudes that have on sex education itself. Aspect needs are defined as the availability of resources needed by a mother in providing sexual education to her child such as the availability of media, props and information related to sex education for children. Skill readiness is defined as the mother's ability to implement the knowledge she had while teaching sexual education. These skills include skills to answer questions when the child asks, as well as skills to deliver sex education with an easy language or stories that are easy to understand by elementary school age children. Aspects of knowledge is the extent to which the mother's knowledge of sex education. This knowledge includes the content of sex education for children, to what mothers know about sex education.

Sex Education

In Indonesian dictionary, sex education is defined as an education aimed at providing knowledge about sex, genital biological functions, pregnancy, and so forth (KBBI).

In practice, sex education provides knowledge of biological, psychological and moral systems so that children will learn about their gender, the changes that will be experienced by themselves and others that are biological, psychological and social. This is consistent with the definition that sex education is a healthy direction and understanding of sex from aspects of physical, psychological, and spiritual health

Sex Education For Primary School Children

Sex education for children can begin by introducing parts of the body with the correct naming (BKKBN, 2016). By giving the correct name for the limbs around the chest and genitals will make children's stigma of sexual education into something positive and not a joke. After that, the parents can give an explanation of the function of the organs of the body and then continued with the talk about the differences of sex and friendship different sex. Parents should also give an understanding that everything related to sex is something that is personal so that no one else can touch or see the body, except yourself and mother when bathing. The next explanation relates to reactions when there are others who violate the private area, for example when someone else asks the child to show, hold, or force the child to see or hold the genital area. Children should be told what they can do to prevent it for example by always accompanied by a mother or trusted caregiver, react as rejection by shouting for help or saying no and immediately reporting to the teacher or parent. By explaining it, the child will understand that something is wrong or something that is not good when someone is trying to commit sexual harassment on them (BKKBN, 2016)

Psychosexual Development Stages

Stages of psychosexual development is the stage of development for the formation of personality in the future that comes from the fulfillment of the id when childhood (Papalia, 2012). This theory is proposed by Sigmund Freud from the thought that

psychosexual development plays an important role in regulating the sexual drive and aggressiveness of children in the future. In addition to sex drive and aggressiveness, according to Freud this stage is also able to regulate a pattern of behavior that will become the child's habits. Each stage of development must be fulfilled or well executed. Therefore, parents should pay attention and take care of their children to avoid the state of fixation or stopping at one stage of psychological development (stuck) (Lahey, 2012).

METHOD

This research uses quantitative research method with descriptive approach. The purpose of descriptive research is to get a description of a specific characteristic of an individual group (Gravetter & Forzano, 2012). The sample in this study is the mother who has a minimum of education last high school and has primary school age children is 6-12 years in Jakarta. Total 425 mothers involved in this study. Sampling technique used in this research is purposive sampling.

Variable in this research is readiness. Readiness is defined as the overall condition of a person who makes it readily respond in some way to a situation. Readiness in this research is defined as having knowledge, readiness of affection, availability of requirement, skill and condition of physical condition adequate to provide sexual education. Knowledge means everything that is known; cleverness: or anything that is known with regard to what has been learned. The affective dimension concerns the mother's feelings toward sex education. The dimension of need is what mothers need to be able to provide sex education to their children. In the skill dimension, measured is the ability or ability of a mother to give / apply sex education in its context in children. While the physical condition dimension is the availability of a mother physically to provide sexual education for her child.

Data collection using readiness questionnaire. Likert scale used in the research readiness questionnaire consists of 4 choices of answers are strongly disagree, disagree, Agree, and strongly agree. The researcher chose to use the four choices of answers to avoid the subject's response to choose neutral answer options. In this study, the reliability

test using Alpha Cronbach test with the help of SPSS 18 program. The researchers tested the reliability of preparedness instruments to 50 mothers spread throughout Jakarta. The reliability test shows the result of 0.898. After eliminated some unreliable item, the reliability rise to 0.925.

In this research, the researcher tested the validity by using external validity and internal validity. In determining external validity, the researcher uses expert judgment method. To measure internal validity, the researcher compares the r value on the product moment table which has a significant level of 95% accuracy for the N value of 50 subjects with corrected item-total correlation value on the data processing in SPSS 18. From the table, there is r value for the subject as much 50 is 0.284 (Gravetter & Wallnau, 2012). Thus the items that can still be used is 45 points from a total of 61 items.

RESULTS AND DISCUSSION

Subject

Based on age, the subjects involved in the study were divided into 5 categories: age 20-30 years, 16 subjects (3.76%), 31-40 age of 213 subjects (50.11%), age 41-50 of 188 subjects (44.23%), age 50 years and over as many as 8 subjects (1.88%).

Based on the level of education, subjects are divided into 3 categories : High school as many as 161 subjects (37.88%). Undergraduate as many as 183 subjects (43.05%). other categories are Diploma and master degree as many as 81 subjects (19.05%).

Subjects involved in the study were divided into 5 based on the domicile of West Jakarta as many as 122 subjects (28.70%), East Jakarta as many as 86 subjects (20.23%), North Jakarta as much as 71 subjects (16.70%), 79 subjects (18.58%), and Central Jakarta with 67 subjects (15.76%)

Based on the work, the subject of the study was divided into housewives as many as 232 subjects (54.58%) and mothers who work as many as 193 subjects (45.41%).

Based on the age of the children, subjects were divided into 3 categories, namely subjects with children aged 5-8 years as many as 110 subjects (25.88%), subjects who had children aged 9-12 years as many 314 subjects (73.88%) and the subject has a child of 13 years as much as 1 subject (0.23%).

From the analysis of preparedness variables, obtained the result that the number of subjects is 425 with an average value of 130.60. The lowest responding subject value is 66 while the highest

Table 1.
Descriptive Analysis of Mother Readiness

Variabel	Min.	Max.	Mean	Std. Deviation
Readiness	66	179	130,60	14,46

Table 2. Norms

Category	Score	N	Percentage
Very low	<121	99	23,29%
Low	121-131	127	29,88%
High	132-139	99	23,29%
Very high	139>	100	23,53%
Total		**425**	**100%**

respondent score is 179. The standard deviation from this data is 14.46.

Norms

The result of norm test in this research using percentile technique that is percentile 25%, 50% and 75%. Values under 121 are considered very low levels of readiness, between 121 and 131 are considered low levels of readiness, between 132-139 are considered high and above 139 is considered very high level of readiness. In this study, 99 respondents stated very low level of readiness or very unprepared to provide sex education for their children, 127 respondents not ready, 99 respondents stated ready, and 100 respondents stated very ready to provide sex education for children. So if the conclusion of the data has been analyzed, the results obtained that as many as 226 respondents (53.17%) declared not ready and 199 respondents (46.82%) considered ready. In this case, data concluded there are still many respondents who feel not

ready to provide sex education for children who have a primary school age range.

Table 3. Knowledge Dimension

Category	Score range	Total Responden	Percentage
Very low	<37	101	23,76%
Low	37-40	151	35,53%
High	41-43	80	18,82%
Very High	43>	93	21,88%
Total		**425**	**100%**

Knowledge Dimension

By using percentile norms, it can be seen that there are 4 categories of norms in this dimension. In this knowledge dimension, very low that has a value below 37, low which has a value between 37 to 40, high that has a value between 41 to 43 and is very ready which has a value of 43 and above. Based on these criteria, there are 101 people considered as very low knowledge to provide sex education (23,76%). There are 151 respondents considered as low category (35.53%).

Respondents of high group amounted to 80 people (18.82%). In this dimension, the last category with very high category has 93 respondents (21.88%). If the data is merge between very low and low considered as not ready, and the other hand, the total of high and very high considered as ready, there are more not ready respondent in this dimension. There are not ready 252 (59.29%) and ready group as many as 179 (42.12%). Thus in this knowledge dimension more respondents are not ready.

Affection Dimension

Table 4 shows that the dimensions of this affection, the category not ready is the respondent who has a score under 16 that is as much as 80 people (18.82%). While respondents with low

category is the respondent who has a score between 16 to 18 that consist of 227 people (53.41%). Respondents who are ready are those who have a score of 19 that is as many as 57 people (13.41%) and highly ready respondents are those who have value 19 and above that consist 61 people (14.35%). So it can be concluded that the respondents who are classified as not ready amounted to 307 (72.24%) and respondents who are classified as ready to total 118 (27.76%). In this dimension, the respondent tends to be not ready by affection or feeling, which means having an affection level that is still awkward,

Table 4. Affection Dimension

Category	Score range	Total Respondent	Percentage
Very Low	<16	80	18,82%
Low	16-18	227	53,41%
High	19	57	13,41%
Very High	19>	61	14,35%
Score		**425**	**100%**

Table 5. Need Dimension

Category	Score Range	n	Percentage
Very low	<28	93	21,88%
Low	28-30	133	31,29%
High	31-32	95	22,35%
Very high	32>	104	24,47%
Total		**425**	**100%**

embarrassed and uncomfortable in conveying or discussing sexual subject matter to their child.

Needs Dimension

The table above shows that the third dimension of the readiness variable is the need, has a very low respondent category that is the respondents who are on the score below 28 that is consist 93 people (21.88%). Respondents who are low are respondents who have a range of score 28 to 30 that is consist 133 respondents (31.29%).

Respondents who are high or ready to fulfill the need for delivering sex education have a range of score between 31 to 32 that is consist 95 (22.35%) and respondents are very ready have a score 32 and above that is consist 104 people (24.47%). Data concluded, there are more respondents considered as not ready than ready in this dimension. It means, the mothers needs more facility in providing sex education.

(19.06%), the respondents who considered low have the score 12 that is consist 208 people (48.94%).

While the respondents who are classified as high are those who have a score of 13 that is consist 66 people (15.53%) and respondents who are classified as very high has a score above 13 which consist 70 people (16.47%). So it can be concluded that respondents who are not ready consist 289 people (68%) and respondents who are ready consist 136 people (32%). In this dimension more subjects feel

Table 6. Skill Dimension

Category	Score Range	N	Percentage
Very Low	<28	84	19,76%
Low	28-31	148	34,82%
High	32-33	109	25,64%
Very High	33>	84	19,76%
Score		**425**	**100%**

Skill Dimension

The table above illustrates the level of readiness in the skills of respondents to implement sex education for children. Respondents who are classified as very low in skill readiness are respondents who have a score below 28 that is consist 84 people (22.08%). Respondents who are classified as low are the respondents who have score with the range 28 to 31 that is consist 148 respondents (34.82%). While the respondents who are classified as high are the respondents with the score between 32 to 33 that is consist 109 people (25.64%) and respondents who are classified as very high are respondents with a score of 33 and above that is as many as 84 people (19.76%). Data concluded, respondents tend to be not ready in this dimension.

Physical Dimension

Respondents who are classified as very low are respondents who have very low readiness in physical condition. This means that respondents have very little physical availability that is less able to assist children in explaining sexual problems, or respondents have physical health limitations. In the category, the respondents who considered very low have less than 12 score and this is consist 81 people

Table 7. Physical Dimension

Category	Score Range	N	Percentage
Very Low	<12	81	19,06%
Low	12	208	48,94%
High	13	66	15,53%
Very High	13>	70	16,47%
Total		**425**	**100%**

Table 8. Readiness

Variabel	Education	Mean	Std.Devi	Sig.F	Sig.
Readiness	High School	127,18	14,94	0,113	0,000
	College	132,87	13.51		

not ready in terms of availability to accompany their children in providing sex education.

Education

Table 8 is the result of the analysis of differences in the readiness between the mothers who have the last education status of high school and college by using the comparison test of the average of independent samples. The significance value of F is 0.113 (0.113> 0.05). So it can be assumed that the variant is the same. In addition, there is a difference in readiness that can be seen from the value of significance. The value of significance is 0,000 (0,000 <0.05) which means there is a difference. So it can be concluded that there is a difference in readiness between mothers who have high school education status and college. Through the mean value, it can be seen that mothers who have the last educational status

in universities considered more ready to provide sex education for children than mothers who have the status of last high school education

Table 9. Employment

Variabel	Job	Mean	SD	Sig.F	Sig.
Readiness	House wife	129,55	14,40	0,758	0,077
	Working	132,02	14,17		

Employment

Table 9 is the result of the differentiation of the readiness between housewife and the working mother by using the independent average sample comparison test. The significance value of F is 0.758 (0.758> 0.05). So it can be assumed that the variant is the same. In addition, there is no difference in readiness seen from the value of significance. The significance value is 0.077 (0.077> 0.05) which means there is no difference between the two subject groups. So it can be concluded that there is no difference in readiness to provide sex in children between housewives and working mothers.

Experience

The above table is the result of an analysis of the difference in the readiness picture to provide sex education between mothers who have at least once and never read about sex education for children by using the independent average sample comparison test. The significance value of F is 0.175 (0.175> 0.05). So it can be assumed that the two groups of variants are the same. In addition, there is a difference in readiness seen from the value of significance. The value of significance is 0,000 (0,000 <0.05) which means there is a difference. So it can be concluded that there is a difference in readiness between mothers who have never and never read about sex education for children. Through the mean value, it can be seen that mothers who have read about sex education for children are considered more ready to provide sex education for children than mothers who never read about sex education for children.

Table 10. Experience

Variabel	Experience	Mean	SD	Sig.F	Sig
Readiness	At Least Once	133,84	13,40	0,175	0,000
	Never	118,89	11,21		

RESULT OF OPEN QUESTION ANALYSIS

To support the results of the measuring instrument, researchers also used open questions on the questionnaire. Here are the results of the analysis of the open questions.

Table 11. Previous Sex Education Experience

Experience	Total	Precentage
Had sex edu	265	62,35%
Never	105	24,71%
No Answer	55	12,94%
Total	**425**	**100%**

Table above shows that as many as 265 subjects or 62.35% of the total respondents have ever at least once get the material about sexual education and as many as 105 subjects said never received sexual

Table 12. Sources of Sex Education

Source	Total	Percentage
Internet	84	19,76%
School	77	18,12%
Book, Magazine	74	17,41%
Seminar	59	13,88%
Friend	31	7,29%
TV & radio	26	6,12%

Table 13. Parents Obstacles

Reason	Total	Percentage
Delivery	79	18,59%
Language	75	17,65%
Child's understanding	63	14,82%
Taboo, awkward, shame	50	11,76%
Media & Information	46	10,82%
Child's age	37	8,70%
Time	21	4,94%
Child's question	19	4,48%

education at all. Not all respondents answered this open-ended question section. There were 55 people or 12.94% did not answer.

Source of Sex Education Received

Table 12 illustrates the source of sex education ever received by the respondent. 84 people said they got information about sex education from the internet, 77 people said they got it from the time of the previous school, as many as 74 people claimed to have sex education from books or magazines, 59 people got from seminars held at school or church , 31 people discussed it with friends and as many as 26 people claimed to get from tv or radio show. Respondents also stated getting sex education information from other sources such as from brochures, their parents, from doctors and psychologists, and from news on social media chats.

Parents obstacle source

From the analysis of open questions (Table 13), we find a conclusion that parents still often meet some obstacles to provide sex education to their children. The way of delivery is still become a major obstacle on the majority of respondents that consist 78 people. Then still related to the delivery, simple language that is easy to understand by children become an obstacle to 75 respondents. A total of 68 respondents said they are still afraid to give sex education early because of the understanding of children who are considered not able to receive explanations related to sexual matters. Eastern culture is still an obstacle that makes parents feel taboo, awkward and embarrassed in providing sex education for children. The availability of information and the appropriate media are still complained by 46 respondents who stated that what they encountered was mostly sexual content not sex education especially for children, accurate information such as from seminars of experts also have to be increase. Another obstacle is the age of children who are considered still not suitable to receive sex education experienced by 37 respondents. Limitations of time also often limit the respondents to provide sex education for children.

Respondents claimed that the right moment or time to start talked about sex education could be a factor for them to discourage discussing sex-related issues with their children. They are also afraid of the child's deep questions when given sex education on such early age. This is stated by 19 respondents. There are still many other things that respondents expressed in answering open questions about the constraints of providing sex education for children such as misinformation received by the child, finding a trusted person to provide sex education, interest and seriousness of the child discussing the issue, support of the child's environment such as school, church, child's proximity and child's own gender. Many factors are long described by respondents in answering these open questions. Nevertheless, as many as 31 respondents claimed not to have problems because they ready to convey sex education, especially with the changing times that increasingly exposed to the internet world.

DISCUSSION

From the results, it is known that more mothers are not ready than ready to provide sex education. In addition to scientifically through questionnaires, the overview of readiness of mothers in terms of knowledge to provide sex education for their children is also seen through the response of parents when asked to fill out the questionnaire. When the researcher distributed 100 questionnaires to each school, the result was only 50-60% of the questionnaires filled. This is because some of the parents are not willing to fill out the questionnaire with the main reason not ready to provide sex education because the age of her child is still too small and do not agree with the provision of sex education that is too early. Furthermore, they are afraid when children are distracted, unclear, and increasingly find out about sex. In fact, child development experts and head of the Commission for Child Protection in Indonesia stated that the ideal age for children given sex education is when children can communicate and start asking related vital organs that can be given at the age of 2 years (Cahya, 2017). The 2-year-old child also begins to recognize himself and grow a sense of self-awareness (Papalia, 2012). Thus, children at this age is already proper to be given a sexual explanation

about their own body because it already has a sense of awareness that the parts are on him.

During the distribution of questionnaires there are also children who were not allowed by their parents because they are considered to be carrying this readiness questionnaire is something that is considered as pornographic content and not good. The reasons of parents and events above show us indirectly in this study that there are still many parents who misunderstand about the provision of sex education. They consider providing sex education is to teach children to perform sexual reproduction (KPAI, 2016). We afraid such parents' attitude toward their children will lead to false perception about sex education in children. This false knowledge of sexual education in children can be avoided if the parents also have a proper knowledge and deliver it to their child.

In the affection dimension many mothers still feel embarrassed and awkward to convey sex education for their children. This is marked by a sense of awkwardness in answering children's questions about sexual issues and states agree that it is enough only school (without parents involvement) that provide sexual education for children. In a needs dimension, the mothers considered that the source of good and true sex education is still lack in society. The existence of counseling and socialization that is considered as important needs of the mother in delivering sex education for children also still not fulfilled. This affects the aspect of the mother's skill as well that still has a low score which means more mothers are not ready in terms of sexual delivery skills for their children.

Besides the knowledge, mothers also does not have readiness in other dimensions of affection, needs, skills and physical conditions. Mother is also considered not able to meet the requirements of readiness in terms of physical condition. Lack of readiness of mother in providing sex education for children related to this physical condition can be associated with the ability of the mother in communicating will weaken if the condition is not healthy, too tired, or can not assist directly. Interpersonal communication can be consider as succeed if there is readiness of the parties involved to listen to each other, accept each other, the openness, sensitivity in reading body language and there's a feedback (Wiendijarti, 2011). Meanwhile,

providing sex education, especially for children requires special attention, and know how to communicate effectively so that children can understand well. This effective communication can not done optimal if the child and mother both have constraints such as busy, the mother is tired, unhealthy and do not have time to accompany the child in discussing sexual problem.

When viewed from the expert's explanation, Slameto explains that readiness is the overall condition of a person making it readily respond in some way to a situation (Slameto, 2010). The whole becomes the key to assessing mother's readiness. Assessment is ready or not ready to be assessed based on whether the mother has the 5 dimensions. Mother is declared ready if have all 5 dimensions of readiness that is knowledge, affection, requirement, skill and physical condition. Meanwhile, if the mother does not have 1 of 5 dimensions of readiness, then the mother has been declared not ready.

Apart from the dimensions of the readiness, the readiness of mothers in providing sex education for children can also be reviewed from several factors such as the level of education, employment status, and the experience of whether or not mother read about sex education for children. Through the independent average sample comparison test (t-test independent sample), it is known that there is a difference in readiness between mothers who have high school education status and college. Mothers with recent college education status are considered more ready to provide sex education for children than mothers with senior high school education status. This is due to different opportunities to gain knowledge, skills and different levels of interaction between high school and college.

This is consistent with the theory that stated more experience affects on the level of knowledge (Mubarak and Chayatin, 2007). Mothers who have the last education college get the opportunity to get more seminars than mothers whose last education is high school. This data is derived from an open question analysis where mothers whose last college education tended to write got sex education from seminars. Higher skills may also be shared by mothers whose college education is last because they have the opportunity to learn and get along more broadly.

For readiness in terms of employment status, results indicate no difference in readiness to provide sex to children between housewives and working mothers. So it can be concluded that working mothers and housewives have the same opportunity to provide sex education for children both in terms of knowledge, affection, needs, skills and physical conditions.

The analysis also shows that mothers who have read about sex education for children are considered more prepared to provide sex education for children than mothers who never read about sex education for children. This is related to the knowledge dimensions of readiness. Mothers who have read about sex education for children are assumed to have more knowledge and information or even the appropriate media to provide sex education for children compared to mothers who have never read about sex education materials for children.

The conclusion of this research is from 425 respondents, 226 respondents (53.17%) are not ready and 199 respondents (46.82%) stated ready to provide sex education for elementary school aged children. So it can be concluded statistically that only 46.82% of mothers in Jakarta are ready to provide sex education for their elementary school-aged children.

Through this research is illustrated that the main obstacles of the mother is still taboo and constrained language and simple delivery so easily understood by children. Needs that have not been met is a reliable source of information that is the right media and counseling from experts or people who have high credibility to deliver maternity sex education materials so that it can convey to children

SUGGESTION

Further research could develop research on factors related to readiness. Research can also conduct group discussions with experts and mothers to get more theory of readiness. In addition, the measurement of the knowledge aspect on the readiness of providing sex education can use a cognitive tests so the measurements can better describe the cognitive aspects.

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The Differences Of Counseling Satisfaction Between Counselees With Counseling Style Matches With Their Personalities And Those Who Are Not

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Abstract

Counseling satisfaction is one of the things that should be given attention in the counseling services. This study aimed to determine the differences in counseling satisfaction between counselees who get counseling services in accordance with the characteristics of his personality and get appropriate counseling style and those who do not. Two hundred and fifty-three men and women who have lived in Semarang for at least 1 year, aged between 18 and 55 years and came from various professions participated in this research. The recruitment of participants was voluntary to participants who were students whereas for non-student participants, there is assignment from the working institutions. The experimental research method was applied by grouping the subjects in the experimental and control groups randomly. A counseling style that matches the characteristics of the participants' personality was given in the experimental group, whereas in the control group it was not. Further comparison of the experimental and control groups was conducted to prove the differences in counseling satisfaction of both groups. It was found that in general all participants were satisfied with the counseling service received. T-test analysis was found that there was no difference in counseling satisfaction between experimental and control groups. Value t = -1.418, p > 0.05. Further explanations will be discussed.

Keywords: Counseling satisfaction, personality characteristics, counseling style

Background

Counselee's satisfaction in following the counseling session will determine the effectiveness of the counseling. With effective and satisfactory counseling, the counselee will get the required information, the counselor can meet the psychological needs of the counselee and the psychological well-being of the counselee will increase. Therefore, the counselee satisfaction becomes the factor that needs to be understood and strived.

Each individual has unique personality. One of the factors that determine the formation of personality is the culture in which the individuals live. Hernawati & Primastuti (2017) found that the personality characteristics of people living in Semarang tended to agreeableness. Their orientation is on a continuum moves from gentle to antagonistic in thinking, feeling and behaving. Another tendency is conscientiousness. People with that personality characteristic have perseverance and high motivation in achieving certain goals.

The counselee unique personality needs to be understood as it will influence the counselor's way of counseling in the counseling session. It will also satisfy the counselee (Holler, 2006). In line with this, knowing Semarang people personality characteristics and their counseling styles in counseling sessions is necessary to seek a satisfactory and effective counseling.

Many theories about counseling come from the west which is not necessarily appropriate if it should be applied to people living in Indonesia, especially in Semarang. An indigenous study should be developed. This kind of study specifically finds local wisdom that can develops and enriches the knowledge within psychology field. To be more specific, the study refers to Indonesian indigenous psychology related to counseling psychology for people living in Semarang.

This experimental research will prove that there are differences of counseling satisfaction between counselee who get counseling service according to both their personality characteristic and appropriate counseling style and those who do not.

Review of Literature

Counseling is a process of providing assistance from a counselor to a person or group of counselees who have adequate psychological function and who have adaptation problems. In general counseling has a target to improve mental health, maximum personal growth, career determination and mental disorder restrictions (Gladding, 2004). Another expert named Smith (2001), asserts that counseling gives counselors the opportunity to explore, discover and clarify new ways to live more wisely and satisfactorily.

The acquisition of information needed by the counselee, the ability of the counselor to meet the psychological needs of the counselee and the increase of the counselee psychological well being indicate the counselee's satisfaction in following the counseling session. Furthermore, the counselee satisfaction becomes the parameter of the counseling effectiveness. Therefore, evaluation towards the counselee satisfaction in counseling sessions followed becomes important because it also becomes an evaluation towards the effectiveness of the

counseling followed (Davey, Rostant, Harrop, Goldblatt & O'leary, 2005).

Leibert (2011) mentions that counselee satisfaction at the counseling sessions followed is influenced by personality factors and counseling styles. Considering that personality is the description of a set of psychological traits and mechanisms within which individuals are organized, it is relatively persistent. In fact, it affects the individual's self-adjustment in the environment. Thus, the way of thinking, feeling and behaving of individuals with certain personality will be consistent in responding to certain situations as well. Meanwhile, the style of counseling refers to counseling approach or the way counselors use in counseling sessions to bring some insight to the counselee.

Currently, researchers support the trait theories that classify the trait into five main types based on bipolar dimension called the big five (Pervin & John, 1992). Furthermore, McCrae and Costa in 1997 developed a measuring tool for measuring the big five called the measuring instrument with NEO-PI-R (Neuroticism-Extraversion-Openness Personality Inventory Revised (Larsen & Buss, 2002).

The factors in the big five according to McCrae & Costa (1997) include (1) Neuroticism. This trait assesses stability and emotional instability. It identifies the tendency of individuals to easily experience stress, to have unrealistic ideas, and to have a maladaptive coping response; (2) Extraversion. It assesses the quantity and intentions of interpersonal interaction, the level of activity, the need to be supported, and the ability to share; (3) Openness to experience. It assesses the business proactively and rewarding experiences for its own sake. It assesses how individuals explore new things; (4) Agreeableness. It assesses the quality of individual orientation with the continuum ranging from gentle to antagonistic in thinking, feeling and behavior; (5) *Conscientiousness*. It assesses the individual's abilities in an organization which cover both perseverance and motivation in achieving goals as direct behavior.

Lyddon (1989) mentions there are three counseling styles that satisfy the counselees. Those styles are constructivist, rationalist, and behavioral. Meanwhile, according to Holler (2006), psychoanalytic counseling style, client centered,

rational emotive therapy are the counseling styles that satisfy the counselee.

Lazarus (1989) mentions that how the counseling process will be directed should be in accordance with who the counselee is and what is the best for him. More specifically, other experts named Sanderson and Clarkin (2002) say that personality dimensions contribute to the selection, process and interaction of counseling. Thus the counselor should understand the personality character of the counselee through personality assessment. Knowing the counselee's personality character enables the counselor to decide the appropriate counseling style for him or her. For example, if it is known that the counselee has extravert personality and he likes client-centered style then the counselor should use a client-centered approach in counseling (Mcrae & Costa, 1997).

Hernawati and Primastuti (2017) in their research found that there was a correlation between the personality character of Semarang people and their preference in counseling. The results of this study indicated that (1) Semarang people who had personality neuroticism liked psychoanalytic and client-centered counseling style; (2) Semarang people who had extraversion personality liked rational emotive therapy (RET) counseling style; (3) Semarang people who had openness personality liked psychoanalytic and client-centered counseling style; (4) Semarang people who had agreeableness personalities like client-centered counseling styles; (5) Semarang people who had conscientiousness personality liked rational emotive therapy counseling style.

METHODOLOGY

Subjects and Research Procedures

Two hundred and fifty-three men and women who have lived in Semarang for at least 1 year, aged between 18 and 55 years and who come from various professions participated in this research. The recruitment of participants was voluntary to participants who were students whereas for non-student participants, there is assignment from the working institutions. The experimental research method was applied by grouping the subjects in the experimental and control groups randomly. The experiment started by asking all subjects to complete

the NEO PIR test kit (The NEO Personality Inventory-Revised)

The experimental group was given a counseling style that suited their personality. Participants with the highest score in (1) trait neuroticism were given psychoanalytic and client-centered counseling styles; (2) trait extraversion were given rational emotive counseling style; (3) openness trait were given psychoanalytic and client-centered counseling styles; (4) trait agreeableness were given a client-centered counseling style; (5) trait conscientiousness were given a counseling style of rational emotive therapy. Whereas participants in the control group were not given counseling styles that suited their personality traits. They were given counseling with the style of reality counseling. After the participants attended an average 30-45 minute counseling session, they were asked to complete a counseling satisfaction questionnaire. Furthermore, t-test was done to compare the results from experiment and control group.

Counselors in this research were a team of researchers assisted by 12 final year students in Strata 1 and Strata 2 Faculty of Psychology, Soegijapranata Catholic University. Students who assisted the counseling in this research were given training as well as simulation so that they really understood the process that would be done.

Measuring instrument

There were two measuring instruments used in this research:

The NEO Personality Inventory-Revised (NEO-PI-R) Indonesian version developed by Costa & McCrae in 1992 with a reliability of 0.825.

Client Satisfaction Questionnaire (CSQ-8) developed by Attkisson & Greenfield in 1994 and had been adapted into Indonesian with reliability of 0.799.

Results and Discussions

One hundred forty-three women and one hundred and ten men aged 18 to 55 participated in this study. 114 of them were students of second until sixth semester; 76 of them were private employees (Hotel MG Setos); and 63 participants were government employees (State Owned Enterprises) of

PT. Pelindo. Table 1 below shows the detail of the participants.

Table 1. Sex and Occupation of the Participants

Sex	Occupation			Total
	University Students	Private sector	State Enterprise	
Male	85	35	23	143
Female	29	41	40	110
Total	114	76	63	253

In experimental group, 44 participants were counseled with client centered counseling style, and 64 people were treated with RET (Rational emotive therapy). On the other side, in the control group, all participants were given reality counseling style. The detail can be seen in table 2.

Table 2. Counseling Styles in Experimental and Control Groups

Groups	Gaya Konseling			Total
	Client centered	RET	Reality	
Experimental	44	64	0	108
Control	0	0	145	145
Total	44	64	145	253

In the experimental group, 25 people who had a tendency to have a personality of agreeableness were given a client centered counseling style, 55 people who tended to have conscientiousness personalities were given RET counseling styles. Eleven people who tended to have an openness personality were assigned a client centered counseling style and 1 person was assigned a RET counseling style. One person who had a tendency to have extraversion personality was given client centered counseling style, 8 people who tended to have extraversion personality were given RET counseling style. Six people who had a tendency to have neuroticism personality were given client centered counseling style and 1 person was

assigned RET. In the control group, all participants were given reality counseling style. The detail can be seen in table 3.

Table 3. Personality and Counseling Styles

Personality	Counseling Styles			Total
	Client centered	RET	Reality	
Agreeableness	25	0	34	59
Conscientiousness	0	55	66	121
Openness	11	1	15	27
Extraversion	1	8	24	33
Neuroticism	6	1	6	13
Total	43	65	145	253

By comparing the hypothetical mean and the empirical mean of counseling satisfaction, it was found that participants in the experimental and control group were at satisfactory level in accepting counseling services. Furthermore, with t-statistical analysis it was found that there was no difference in counseling satisfaction between the experimental group and the control group. Value $t = -1.418$, $p > 0.05$.

The findings of this study do not support the findings of Hernawati & Primastuti (2017). All Participants in the experimental group and the control group got satisfaction despite the counseling style used. It is in accordance with the opinion of Ribner & Pas (2002) who state that the warm relationship between counselor and counselee, unconditional acceptance, and empathy give greater influence than the counseling styles in giving satisfaction of counseling services.

Oluwatoyin (2016) says that individual's personality is very unique. Each individual has five traits (agreeableness, conscientiousness, openness, extraversion, neurotism) with high variety of intensity in each trait. Therefore, in relation to the provision of counseling styles in counseling sessions, counselors can not only establish one style of counseling. An integrated counseling style is required.

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TRENDS CATASTROPHIZING AND STRESS IN PREDICTING PRIMARY DYSMENORRHEA AT STUDENTS OF SEMARANG STATE UNIVERSITY

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Abstract

There are 50% of women in the world are estimated to have dysmenorrhea and 60-85% of them are adolescents. Several previous research results indicate that the catatsrophizing tendency becomes a predictor of high pain intensity, and stress is known to be significantly correlated with primary dysmenorrhea. The purpose of this study was to determine the effect of catastrophizing tendencies and stress in predicting primary dysmenorrhea at the State University Students of Semarang. This research is done by quantitative method - cause and effect correlation. Students of Semarang State University were involved as a population in this study. Sample technique used is cluster area sampling technique. The research data were collected using primary dysmenorrhea scale, catastrophizing scale adapted from Pain Catastrophizing Scale Sullivan, and stress scale developed from DASS 42-Stress Scale Lovibond. Data analysis was done by regression technique. The results of this study indicate that the tendency of catatastrophizing and stress simultaneously have a significant effect on primary dysmenorrhea at University of Semarang Student with R square = 0,38 and p = 0,000 (p <0,05). This means that 38% of primary dysmenorrhea events are affected by catastrophizing and stress tendencies, while the other 62% are influenced by other factors such as constitutive factors, endocrine factors, cervical canal obstruction factors, organic factors, and allergic factors. Both predictors had a significant correlation with primary dysmenorrhea and the Pearson correlation coefficient was found to be higher in catastrophizing than stress.

Keywords: primary dysmenorrhea, catastrophizing tendencies, stress, students.

INTRODUCTION

Dysmenorrhea is menstrual pain before or during menstruation that occurs in women which make they are unable to work and have to sleep. Perceived pain occurs in the lower abdomen or in the lower back resulting from the movement of the uterus squeezing (contraction) in an attempt to remove the lining of the uterine lining (Lestari, 2013). This pain coincides with nausea, headache, feelings of fainting, and irritability (Sani, 2010).

Dysmenorrhea is divided into primary dysmenorrhea and secondary dysmenorrhea. Primary dysmenorrhea is menstrual pain found in the absence of abnormalities in the genitalia (Tanto et al, 2014). Primary dysmenorrhea generally occurs in women aged 15-30 years and often in women aged 15-25 years who will then disappear in the late 20s or early 30s (Junizar in Novia & Puspitasari, 2008). Novia & Puspitasari (2008), the occurrence of primary dysmenorrhea is strongly influenced by the age of women. While secondary dysmenorrhea is menstrual

pain accompanied by anatomical abnormalities genitalis (Nair & Peate, 2015).

The prevalence of primary dysmenorrhea experienced by women varies. Grandi et al. (2012) in the results of his research mentions 84.1% of women experience menstrual pain. Another study estimates that some 50% of women in the world have dysmenorrhea and 60-85% of them are adolescents. Based on data obtained from various studies, on average more than 50% of women experience dysmenorrhea and most of the sufferers are in adolescence at around 70-90% (Lestari, 2013). The occurrence of dysmenorrhea (menstrual pain)
is influenced by several factors, such as psychological factors and psychological disorders (Winkjosastro1). Vervoort et al (2006) demonstrated that pain catastrophizing significantly occurred in variations in pain, disability, and somatic disorders beyond the influence of age, sex, and negative affection. One type of pain that is often experienced by women is menstrual pain.

Catastrophizing is defined as a mental set which has a tendency to exaggerate an event in a negative direction at the time of the event or as a precautionary measure against a painful experience. Catastrophizers are described as individuals who have a tendency to exaggerate the value of a threat or crunchiness of a painful sensation (Sullivan, 2009).

There are three catastrophizing dimensions (Sullivan 2009: 8), namely: rumination, magnification, and helplessness. Rumination is mentioned as a dimension where one thinks excessively until it can not stop the thought of how painful an event is by repeating negative thoughts about the pain being felt. Magnification is a catastrophizing dimension where an individual feels worried and panicked that something serious and possibly worse will happen to the event that is being experienced. Helplessness is indicated that a person is unable to cope with something that happens because it is so horrible and he is so affected by it.

The results of the study by Wang et al (2004) found that the risk of dysmenorrhea was twice as high in individuals with high stress levels as compared with low stress levels. Atkinson et al (2010: 338) defines stress as what happens when people are faced with an event they perceive as a threat to their physical or psychological health. The event is called a stressor.

Symptoms of stress according to Lovibond (1998) that is annoyed in small things, over reaction, difficult to relax, energy wasted, impatient, annoying for others, difficult to tolerate disturbance, tension, and anxiety.

Based on the above explanation, the purpose of this research is to find out how the influence of catastrophizing and stress tendency toward primary dysmenorrhea at Semarang State University student. Previous research on the effect of catastrophizing and stress on primary dysmenorrhea has never been done.

METHODS

This research was conducted by using quantitative approach of causal correlation type. Data analysis was done using multiple regression technique. Population in this research is student of State University of Semarang S1 degree, female sex, less than 25 years old, have experienced menstruation, and experience menstrual pain. A total of 342 respondents were involved in the study.

Primary dysmenorrhea measurements were performed using a Numerical rating scale (NRS) measuring instrument developed based on the primary dysmenorrhea symptoms of Andersch & Milsom (1982) and Tanto, et al in Medical Faculty of Medicine FKUI (2014: 488). Pearson scale coefficient is ranged from 0.449 to 0.767 with a reliability value of 0.807. Meanwhile, to measure the tendency of catastrophizing used Pain Catastrophizing Scale - Sullivan (1995) has been adjusted. The Testing of validity of the results obtained between 0.563 to 0.788 and reliability value of 0.921 for the scale of catastrophizing tendencies. Furthermore, stress measurements were performed using a scale developed from Lovibond's 42-Stress scale DASS (1968). Validity values for this scale ranged from 0.534 to 0.712 with a reliability value of 0.905.

RESULT

The primary dysmenorrhea of respondents showed that 60% had mild / mild dysmenorrhea,

38% had moderate primary dysmenorrhea, and only 2% had primary dysmenorrhea of the weight category. The tendency of catastrophizing most of the students of Semarang State University experiencing primary dysmenorrhea is in the low category (52%), others are moderate (41%), and only a small category (7%). The stress picture experienced by most of Semarang State University students with primary dysmenorrhea is in moderate category (66%), others in high category (19%) and low in the low category (15%).

Pearson correlation test results obtained tendency catastrophizing and stress are both significantly correlated with primary dysmenorrhea. The Parson correlation coefficient of catastrophizing tendency with primary dysmenorrhea is 0,568 and stress with primary dysmenorrhea is 0,427 with significance level 0,000 (p <0,05). These results show that the correlation of catastrophizing tendency with primary dysmenorrhea is higher than stress correlation with primary dysmenorrhea at Semarang State University students although both are significant.

The result of multiple regression analysis partially obtained the level of significance t variable of catastrophizing tendency and stress are both 0.000 (p <0,05). Based on the level of significance obtained, it can be concluded that the tendency of catastrophizing and stress have a significant effect on primary dysmenorrhea. The amount of t value arithmetic is 10,556 for catastrophizing tendency and 5,842 for stress. Both are positive, it can be said that catastrophizing and stress tendencies have a positive relationship direction with primary dysmenorrhea.

Double regression test to both varabel simultaneously obtained F arithmetic equal to 105,845 with significance level 0,000. The level of significance obtained is 0.000 less than 0.05 then the hypothesis is accepted. This means that the tendency of catastrophizing and stress simultaneously have a significant effect on primary dysmenorrhea. The amount of donation of catastrophizing tendency and stress to primary dysmenorrhea can be seen based on R square value. Obtained R square value in this study amounted to 0.384. This shows that the tendency of catastrophizing and stress simultaneously affect the primary dysmenorrhea of Semarang State University students with donation of 38.4% and 61.6% of the primary dysmenorrhea incidence is influenced by other factors. Based on

the analysis done by stepwise method obtained the contribution of stress variable is lower than catastrophizing tendency variable, but still significant.

DISCUSSION

Based on the research results, it can be seen that the tendency of catastrophizing and stress significantly influence the primary dysmenorrhea. Catastrophizing and stress tendencies together accounted for 38.4% of the incidence of primary dysmenorrhea, with the greatest contribution given by catastrophizing tendency variables and stress variables contributing quite small but significant. This means that there are 61.6% of the causes of primary dysmenorrhea is another variable not included in this study. These variables include constitutional factors (physical factors such as anemia, chronic disease, etc.), cervical canal obstruction factors, endocrine factors, organic abnormalities, and allergic factors. In addition, there are several risk factors for dysmenorrhea events such as genetic predisposition, exercise habits, low socio-economic status, Body Mass Index (BMI), and diet.

Both independent variables in this study have a significant correlation to the dependent variable. The results of research that has been done to support the results of research Granot and Ferber (2005) which states that pain catastrophizing and the tendency of anxiety in the individual has a significant correlation with the level of pain. Correlation of catastrophizing tendency with primary dysmenorrhea was obtained 0,568 with p 0,000 (<0,05) thus it can be said there is a significant correlation between catastrophizing tendency with primary dysmenorrhea. Meanwhile, the correlation of stress with primary dysmenorrhea was found to be 0.427 with p 0,000 (<0.05) so it is said to have a significant relationship. However, the relationship between catastrophizing tendencies with primary dysmenorrhea is stronger than that between stress and primary dysmenorrhea.

Regression analysis performed by stepwise method, obtained results indicate that the stress variable only give a small contribution to the incidence of primary dysmenorrhea, but the influence remains significant. Previous research has found similar results,that the effect of pain catastrophizing in predicting the presence of pain is

higher when compared with general anxiety or other anxiety associated with pain (Theunissen et al., 2012). Anxiety is one indicator of stress, so it can be said catastrophizing tendency has a higher effect on primary dysmenorrhea than stress.

A high catastrophizing tendency in an individual can increase the pain experienced, in this case the pain of menstruation or primary dysmenorrhea. Research conducted by Vervoort et al (2006) proves that pain catastrophizing significantly occurs in variation in pain, disability, and somatic disorders beyond the influence of age, sex, and negative affection. An early change in catastrophizing is associated with subsequent changes in the medical world and experimentally proves that catastrophizing can cause pain (Campbell et al., 2012). Pain Catatsrophizing is an indpendent factor in predicting chronic pain and a worsening prognosis (Leung, 2012).

Catastrophizing tendencies are known to cause increased pain behavior and higher disability. One of the symptoms shown when women experience primary dysmenorrhea is the inability to perform activities so they must rest and be absent from the activity. The result of the research shows that 31.6% of respondents have disturbance in their activity and 31,3% absent from activity which is usually done with low intensity, 28,9% is disturbed activity and 9,4% absent from activity which usually be done with medium intensity, Whereas 28.1% were disrupted in the activity and 6.4% were absent from the usual activities undertaken with high intensity. This suggests that catatsrophizing can be a prodict for the inability to undergo activity (Leung, 2012).

Catastrophizing tendencies are also known to cause increased consumption of analgesic drugs to reduce pain. One of the usual efforts done by a person when experiencing primary dysmenorrhea is the consumption of analgesic drugs or traditional herbal medicine as an effort to reduce the symptoms felt. The results obtained 24.9% of respondents consumed herbs or analgesic drugs in mild intensity, 14% consumed herbs or analgesic drugs in moderate intensity, and 10.5% others consumed herbs or analgesic drugs in severe intensity when experiencing primary dysmenorrhea. An individual who experiences a catastrophizing tendency will show increased consumption of herbal and analgesic medications when subjected to dysmenorrhea.

In addition, other primary dysmenorrhea symptoms of headache. A total of 41.2% of respondents had mild headache, 23.7% had moderate headache, and 9.9% experienced headache in weight. Based on the results of previous research, pain catastrophizing is known to predict the presence of headache that occurs every week (Drahovzal, et al., 2006). Catastrophizing tendency exacerbates the presence of headache that respondents experience when they have primary dysmenorrhea.

In addition to headache, other dysmenorrheal symptoms that are associated with catastrophizing are fatigue. A total of 40.4% of respondents reported experiencing fatigue in the degree of weight, 34.2% experienced moderate fatigue, and 21.6% experienced mild exhaustion. Lukkahatai & Saligan conducted a study (2013) which results indicate that catastrophizing is significantly associated with fatigue (physical symptoms that indicate excessive fatigue). Symptoms of fatigue become symptoms of dysmenorrhea with the second highest average value after irritability. This indicates that the defeat becomes a symptom that is quite dominant felt by the respondent compared with other symptoms. The presence of catastrophizing tendencies in a person becomes one of the factors that improve the symptoms of primary dysmenorrhea in the form of fatigue.

Primary dysmenorrhea is caused by psychological factors that one of them is stress. The presence of stress is known to reduce the body's resistance to pain. At times of stress, the body will produce excessive hormones estrogen and prostaglandin. These estrogens and prostaglandins can cause an increase in uterine contractions excessively resulting in pain during menstruation. Adrenal hormones also increase and cause tense body muscles including the uterus muscle and make pain during menstruation. Excessive production of prostaglandin hormones is known to trigger the onset of pain and the emergence of vegetative symptoms such as dizziness, nausea, vomiting, and diarrhea. Dysmenorrhea caused by an imbalance of progesterone hormones in the blood, prostaglandins, and stress or psychological factors are also reported to be the cause of dysmenorrheal events in some women (Puji, 2009).

The results of the study by Wang et al (2004) found that the risk of dysmenorrhea was twice as high in individuals with high stress levels as

compared with low stress levels. Another study conducted by Purwanti (2008) got the result that there is a relationship between stress level with the incidence of dysmenorrhea in young girls in SMK Hidayah Banyumanik with p value of 0.027. The same is revealed by Novia and Puspitasari (2008) that some risk factors that affect the incidence of dysmenorrhea are stress, dietary intake, alcohol consumption, and others. Another study conducted by Martini (2014) found that there was an influence between stress level and dysmenorrhea with P 0.045 and the stress level varied with the normal rate of 54.3%, mild and moderate stress of 45.7%. Similar results were obtained from research Sari et al. (2015) which revealed that there was a significant relationship between stress and the incidence of primary dysmenorrhea.

Based on the above discussion, it can be concluded that the tendency of catastrophizing effect on primary dysmenorrhea and stress effect on dysmenorrhea. Catastrophizing tendencies have a higher effect on primary dysmenorrhea compared with stress. Furthermore, catastrophizing and stress tendencies together affect primary dysmenorrhea.

CONCLUSIONS AND SUGGESTIONS

The tendency of catasrophizing and stress together to significantly influence primary dysmenorrhea at Semarang State University students with stress variable contribution found lower than catastrophizing tendency. In addition, the tendency of catasrophizing and stress also has a significant correlation with primary dysmenorrhea in students of State University of Semarang with the correlation coefficient of cendrophizing tendency with primary dysmenorrhea found higher than with stress correlation to primary dysmenorrhea.

For female principal student of State University of Semarang experiencing primary dysmenorrhea expected to add a lot of knowledge so as able to think more rational and avoid cognitive distortion like catastrophizing. Students are also expected to have good stress coping so avoid the prolonged stress that can aggravate the incidence of primary dysmenorrhea. In addition to psychological factors, students are expected to make preventive efforts in order to reduce primary dysmenorrhea such as regular exercise, balanced diet, and consumption of healthy foods. When primary dysmenorrhea has

occurred, it is recommended that students seek appropriate treatment according to their physical condition such as taking traditional herbal medicine, analgesic medication, or by resting until primary dysmenorrhea disappears.

For further researcher, it is expected to develop catastrophizing research related to other variables and under different conditions. This study is relatively small, especially in Indonesia when compared with research on stress and menstrual pain (dysmenorrhea).

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THE APPLICATION OF BRIEF COGNITIVE BEHAVIOR THERAPY IN REDUCING MIXED ANXIETY AND DEPRESSION DISORDER IN CHRONIC GASTROENTRITIS PATIENT : A CASE STUDY AT PSYCHIATRIC HOSPITAL PROF. DR. SOEROJO MAGELANG

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Abstract

This study used a qualitative approach with case study methods, aimed to obtain a comprehensive overview of Brief Cognitive Behavior Therapy (CBT) application in reducing mixed anxiety and depression disorders in chronic gastroentritis. In this case, the patient was a 34-year-old woman with nausea, vomiting more than twenty times a day, feeling weak, unwilling to speak and often awakened at night. The psychiatrict suggested that she must be consulted to a psychologist. She was diagnosed with mixed anxiety and depression disorders, in order to obtain psychological treatment according to her condition. Brief Cognitive Behavior Therapy technique using Cognitive Restructuring combined with Family Counseling is applied in this case. Treatment had given in two (2) sessions to the in-patient, which aimed to get insight against coping mechanism in managing physical pain as well as reducing the anxiety and depression disorder experienced. This study applied self-rating measurements to measure of mixed anxiety and depression as well as the level of physical pain that patient's felt during the treatment process. Based on the study , we could draw two results. First, the result of Brief Cognitive Behavior Therapy application in patient with chronic gastroentritis, it would get significant change in viewing the perceived physical disturbance. Second, the application of family counseling, which got the changes of communication pattern among patient and patient's husband. Those applications would decrease the symptoms anxiety and depression suffered by the patient.

Keywords: brief cognitive behavior therapy, cognitive restructuring, family counseling, mixed anxiety and depression disorder, chronic gastroentritis

INTRODUCTION

The clinical experience to gastroentritis disorders estimated that nearly 40% of patients, especially functional gastroentritis. Functional gastroentritis was a medical condition characterized by inflammation of the gastrointestinal tract in the stomach, small intestine, and large intestine. This condition develops gradually from viral, bacterial

and food allergies marked by diarrhea, dehydration and vomiting attacks, that were more common in adults than in children. Mostly, the symptoms that indicated gastrointestinal dysfunction, does not just come organically. Therefore, the symptoms could only be accompanied by one symptoms. Chronic or prolonged digestive diseases caused discomfort in the patient. Factors causing the worsening of the disorder may due to change in the violation mucosa

and hypochensitive acid secretion associated with hypersensitivity in the visceral, genetic, dietary, immune function, and microbiome. Not only those factors, but also psychological states including environmental conditions such as psychosocial stress experience, disease severity, and previous undergo treatment, may refer to the case (Chey, Kurlander, & Eswaran, 2015). In this situation, the patient would feel increasing painful emotional feelings, so she would show some patterns of anxiety disorders and depression or a combination of both disorders.

Anxiety is a condition characterized by anxiety accompanied by somatic symptoms indicating an excessive activity of the autonomic nervous system. Anxiety is common but non-specific symptom that is frequently a function of emotion. Pathological anxiety is usually on normal limit to a serious, maladaptive threat. Depression itself is a period of distorted human function associated with a depression and sympathy symptom, including changes in sleep patterns and appetites, psychomotor, concentration, anhedonia, fatigue, discouraged and deserted, even the desire to commit suicide. Although the patients with anxiety disorder and depression showed the anxiety and depression symptoms, they couldn't be categorized as people who had both disorder, as they didn't meet the diagnostic criteria. The combination of symptoms of depression and anxiety caused a significant disruption in the affected person. The DSM IV-TR criteria required the presence of symptoms of anxiety and depression subsyndromes and the presence of some somatic symptoms, such as tremor, palpitations, dry mouth, and turbulent stomach.

The biospsychosocial model approach in understanding one's psychological health, as one of comprehensive handling, involve the understanding to the concept of the interaction relationship between biological, psychological and social factors toward an effort to understand a disease process and the pain of a person. The biological approach in gastroentristic disease is accepted in the concept of brain and gut axis relation, which is a two-way communication between the large brain presents in the cranium and the cerebellum (i.e the enteric nervous system) to illustrate the central and peripheral effects of gut-brain peptide, such as cholecystokinin and bombesin as in anorexia nervo-

Table 1: DSM IV-TR Criteria On Mixed Anxiety And Depression Disorders

Recurring or persistent mood for at least 1 month

The dysphoric mood is accompanied by four (or more) following symptoms for at least 1 month:
  Difficulty concentrating or empty mind
  Sleep disturbance (difficult to fall asleep or stay asleep or restless, unsatisfied sleep)
  Tired or low energy
  Irritability
  Worry
  Easy to cry
  Hipervigilance
  Anticipate bad things
  Pessimistic
  Low self-esteem or feeling worthless

Symptoms caused clinically significant or clinical suffering in the other areas of social function, occupation or other important function areas.
Symptoms were not caused by the direct physiological effects of a substance (e.g. drug abuse or treatment) or general medical condition.

All of the following:
  When the patient was unsatisfied, it created severe depressive disorder, distress disturbance, panic disorder, or generalized anxiety disorder
  Current criteria did not meet other mood or anxiety disorders (including anxiety disorders or mood disorders, in partial remission)
  Symptoms were not likely due to other mental disorders.

sa disorders (see Figure 1 and 2). It explained that the functioning of the central nervous system(CNS) and enteric system (ENS) shared many features of biologically activating peptides. It showed that the depressed brain's ability would disrupt the function of the colon. So it is not surprising that every function of the intestine becomes susceptible to the effects of stress (Quigley, 2018). If the abdomen, especially the intestine, is disrupted, It would make the patients under uncomfortable condition causing psychological conditions, such as shock, or shock upon hearing the diagnosis of doctor's examination. It could be a rejection and disbelief at the results of the physician's discharge, anger and attempts to reject the pain and regret the reasons of happening, anxiety and fear of pain, weight loss, depression and feeling lonely, feeling helpless and desperate, or embarrassed. It would also influence patient's social life, for exampl : losing his/her job, financial

deprivation, role change, social interaction disorder, withdrawal, incapability of worship, or other activities attended (Ogden, 2004).

Figure 1 : Brain nervouse system

person. The Brief cognitive behavior therapy (CBT) involves a structured approach focused on the relationship between cognition (or mind), emotion (or feeling), and behavior. Several studies in the effectiveness of brief cognitive behavior therapy's (CBT) toward some anxiety and depression disorders showed that applying some brief cognitive behavior therapy (CBT) techniques such as behavioral with relaxation training and cognitive restructuring, to monitor the symptoms felt by patients could improve clinical patients function. Therefore, The brief cognitive behavior therapy (CBT) interventions improve the adaptation patterns of patients in problem solving and address problems focused on cognitive change, feelings and behaviors, more adaptive than ever (Bond & Dryden, 2002). Based on Beck and Ellis (Corey, 2017), If observers want to explain the cognitive behavior approach, they must need functional analysis or problem analysis based on the principle of "S-O-R-C" that is:

S (Stimulus) : events occurred before the individual shows a certain action.

O (Organism)   : participants with cognition (C) aspect and emotion (E) within.

R (Response): what individual or organisms have done or so-called behavior, either overt behavior or invisible behavior.

C (Consequence): events occurring after or it is called as a result of behavior.
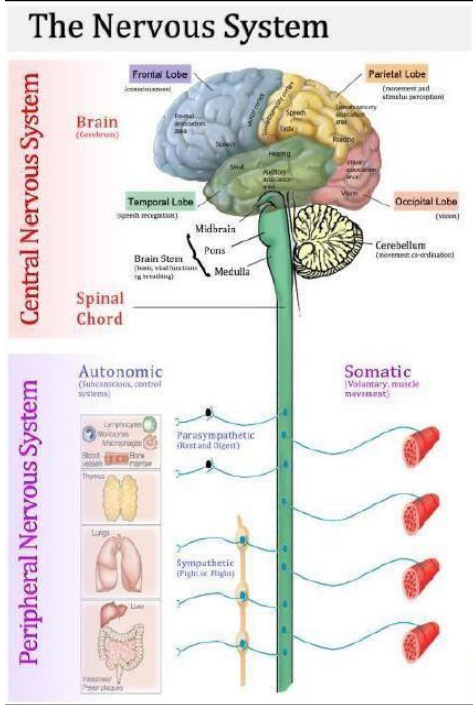
Figure 2 : Gut-Brain Axis

Brief cognitive behavior therapy (CBT) is one approach could be used in overcoming and reducing the physical and clinical symptoms experienced by a

METHOD

CASE DESCRIPTION

The SI patient was a 34-year-old woman with nausea, vomiting more than twenty times a day, feeling weak, unwilling to talk, awakened at night and suffering from diabetes. The patient was currently admitted to the Pringgondani II ward at RSJ Prof. Dr Soerojo Magelang. She was consulted on Consultation Liaison Psychologist, diagnosed of mixed anxiety and depression disorder. Based on Autoanamnesa, Alloanamnesa approaches and observation given to SI obtained data as followed: SI is the last child of 5 siblings, and she is the only female child in the family. Since she was young, she lived in economically retarded. Thus, she always postponed her wishes, eventhough the parents

always tried to give her wishes. SI never asks about her wishes, because both of her parents are farmer and trader. Due to the economic retardation, SI becomes an independent girl at school and feels secure because she has four brothers. SI becomes an independent girl fulfilling her own needs and she doesn't want to cause a problem for her parents. Graduating from high school, she worked for 8 months in the shop as an administration. Then she decided to marry her neighbour after a short courting. She followed her her husband who worked in oil palm plantation in Sumatra. In the beginning of her marriage, SI could run her role as a housewife well and actively socialized with neighbors. Before her 1st child labor, she returned to Magelang. After several months, she returned to Sumatra with her daughter. According to SI, the first child's pregnancy passed without significant problems, but the problems came when they decided to have the second children two years later. According to SI, the pain started to come in her early pregnancy up to six months, when she experienced severe nausea and vomited all the time. It caused her to be hospitalized several times. At the time of treatment, she was informed that her glucoses increased. Finally SI decided to be treated in Magelang to be near parents from early pregnancy until the present. So far, SI felt the pain in stomach for several times, nausea and vomited, especially if SI had problems with her husband. It made SI's husband eventually moved to Magelang and started his own workmanship. Currently, SI lived with her parents-in-law, whose home is close to her parents' house. In 2018, SI has been treated fo three times due to the same symptoms of nausea and vomiting. Symptoms of excessive nausea and vomiting would occur if the husband was very busy and could not give time to SI and family, especially if her husband refused to visit her parents' home . When her husband refused her wishes, she usually kept silent and could go to her parents by herself. However, she kept her anger within. According to SI's husband they had one way communication in their marriage since their first-year marriage life. There was different perception in terms of giving attention to each other during marriage. So, SI thought she never had her wishes but only to do household chores. According to SI's husband, SI would keep silent for whole day until her wishes were granted.

From the case description above, it could be established multiaxial diagnose as followed:

Axis I: Mixed Anxiety and Depression Disorder

Axis II: Histrionic Personality Traits

Axis III: Gastroentritis

Axis IV: Problems related communication with her husband.

Axis V: GAF 60-70

TREATMENT

In the case of SI, the therapy used were Brief Cognitive Behavior Therapy (CBT) technique including Cognitive Restructuring combined with Family Counseling. Treatment had done in two (2) meeting sessions with the aimed of getting patients insight against coping mechanism in managing their physical discomfort and reducing the anxiety and depression disorder experienced by their desires to get attention by silence, as of the weakest part of the physical pain increased. This study applied self-rating measurements to measure of mixed anxiety and depression and the level of physical pain that patien's felt during the treatment process.

In the first session, cognitive restructuring was performed: (1) building rapport and emotional stabilization by performing respiratory relaxation so the patient to reduce the pain in the stomach and her anxiety, using self-rating from scale 0-10, where scale 0 indicated no pain and scale 10 indicated immense pain. The measurement of self-rating obtained through patient's perception before the respiratory relaxation session revealed the pain level on scale 7, while after that the level of pain was on scale 2. To measure the anxiety, using self-rating from scale 0-10, scale 0 indicated no anxiety and scale 10 indicated very anxious. The measurement of self-rating that the patient underwent showed that her anxiety level was on scale 8, but after the respiratory relaxation session her level was 2. It indicated the patient felt more relaxed than before.

(2) the second process was determining the stimulus (S) preceding the case when SI wanted her husband to accompany her to her parents' home and provided time for her and their children with occasionally escorted her to places she wanted. The Cognitive (C) SI belief is "I become invalid in order to get the attention of my husband". While the Emotion factor (E) felt were "Angry and Annoyed", with the

Response (R) to stay silent with the Consequences of (C) SI had gastric pain continuously. On the third process (3) Confronting the negative beliefs by describing the risks received and initiating new coping strategy adjusting with the patient's idea. Here the patient began to realize that she terminated her problems with illness and being introvert, which caused inflict a financial loss and the fact that she couldn't let other people to look after her children. The conclusion of the process is (4) reinforce the patient with the new beliefs "I am sure you can do what you have been thinking and it will be done right now until you come home". This goes along with the education about the importance of regularity and consistency in the treatment, in order to maintain a positive problem solving.

A family counseling was done in the second session to identify the purpose of marriage, emotional needs during interaction in family life and communication techniques in accordance with the needs of the couple.

RESULTS

From the case, we could draw two results. First, the result of Brief Cognitive Behavior Therapy (CBT) application in patient with chronic gastroentritis, we got significant alteration in viewing the perceived physical disturbance. Second, the application of family counseling, we got the changes of communication pattern among patient and patient's husband. Those applications would decrease the symptoms anxiety and depression significantly.

DISCUSSION

The results of this case study showed that the use of Brief Cognitive Behavior Therapy (CBT) could reduce physical discomfort and decrease the symptoms of depression and illness shown by patient. The limitation of Brief Cognitive Behavior Therapy (CBT) implementation sessions due to the in-patient's physical condition and the short time of hospitalization, led to an ideal session of brief Cognitive Behavior Therapy (CBT). According to Bond & Dryden (2002) Brief Cognitive Behavior Therapy (CBT) could be done less than 8 sessions. The main factor was the experience of

psychotherapists in using their competence and skills become the essential factors of the success. Besides, the condition was also influenced by the husband in doing the compromises, so that SI emotionally becomes more positive in facing her illness and to recover quickly following her consistent treatment.

CONCLUSION

Chronic gastroentritis patients often have mixed anxiety disorders and depression disorders. Conducting Brief Cognitive Behavior Therapy (CBT) in line with the physical limitation and length of hospitalization would help them to see the disorders in general. Regarding with the patient's biopsychosocial condition, it would provide the coping mechanism and the feeling of manageable pains and problems better.

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THE APPLICATION OF BRIEF COGNITIVE BEHAVIOR THERAPY TO REDUCE LEVEL OF ANXIETY DISORDER TOWARD GENERALIZED ANXIETY DISORDER PATIENT WITH OBSERVED DIFFERENCES OF PERSONALITY TRAIT: A CASE STUDY AT PSYCHIATRIC HOSPITAL PROF. DR. SOEROJO MAGELANG

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ABSTRACT

Generalized anxiety disorder is characterized by persistent and excessives wory about a number of different things. One of psychotherapy technique could apply Brief Cognitive Behavior Therapy. Patients received treatment consists of three (3) people who are patients of Psychological Clinic at RSJ Prof. Dr. Soerojo Magelang. They diagnosed with Generalized Anxiety Disorders, male whose age range of 27-35 years. This study purpose to observe the patient's response, while the treatment was given to different traits. This case study data was conducted with clinical observation, deep clinical interview and projective test (Wartegg test, Tree Test, Draw A Person Test and House Tree Person Test) to observe the type and dynamics of the patient's personality. After those conditions, patients were given pre and post measurement methods during the applying of brief CBT. This method named One Group Pre-Test and Post-Test Design . The applying The Hopkins Symptom Checklist (HCL-25) was utilized to measure anxiety levels fullfilled by patients. Treatment Brief Cognitive Behavior Therapy performed for four (4) sessions with 60-90 minutes session duration per meeting. The results of the study revealed that the Brief Cognitive Behavior Therapy can decrease the anxiety level in Generalized Anxiety Disorder patients with different recuperation rates. The patient's personality traits affects the difference rate of reduction of anxiety levels, changes in mindset, and behavior in each patient. It will also reveal differences rapidity of recovery was influenced by the motivation to convalesce and positive perception from their social support..

Keywords: Brief Cognitive Behavior Therapy, Personality Traits, Generalized Anxiety Disorder

INTRODUCTION

Today Survey reveal that 5% people have risk to suffer generalized anxiety disorder (GAD) in their lifetime. Primary care mental health also report that their patients suffer from generalized anxiety disorder (GAD) more frequently than other anxiety disorders (Rosenberg & Kosslyn, 2011). According to DSM-IV TR, an overall anxiety disorder was a state of excessive fear or anxiety, and persists for at least six months on a number of events or activities accompanied by various somatic symptoms that cause significant disruption to social function,

occupation and many functions The main symptoms anxiety disorders were anxiety, motor tension, autonomic hyperactivity, and cognitive alertness. Excessive anxiety could disrupt other aspects of patient life. Clinical comprehensive symptoms of anxiety disorders include: (1) patients who suffer anxietas will show primary symptom that lasts for several weeks to months. This condition was immense or only prominent in certain special situations (free floating or floating), (2) element symptoms that usually appear such as: anxiety (worries about bad luck like being on the edge, difficulty concentrating, etc.), motor tension (anxiety, tremor, headaches, can not relax, etc.), autonomic overactivity, sweating, tachycardia, tachypnea, palpitations, shortness of breath, epigastric, headache, chapped lips, and other disorders, in children cases, they often noticeable excessive need for calming and somatic repeated complaints that stand out and (3) the presence of other temporary (for several days) temporary symptoms, especially depression, does not prove a major diagnosis of overall anxiety disorder, throughout does not meet the complete criteria of episodes of depression, phobic anxiety disorder, panic disorder or obsessive compulsive disorder . The factors cause anxiety were follow: stressor potential, maturation level, educational level, knowledge level, economic status, physical state, personality type, socio-culture, environment and condition, age and gender. The causes of anxiety were follow: biological contributions, psychological contributions, and social contributions.

Streesfull life experiences (typically social factors) can trigger the onsed of generalized anxiety disorder (GAD), but most people who experincing stressful periods, though in then extreme condition, they can never show the symptom of disorder. A Patient who suffer from generalized anxiety disorder (GAD), must probably experience three factors: abnormal neurological functioning (which may reflect abnormal levels of GABA or another neurotransmitter), learning certain kinds of worry-related behaviors such as hypervigilance for threats and undergoing a highly stressful event or set of events such as a death in the family, lossing job, the marriage conflict, etc. (see figure 1,by Rosenberg & Kosslyn, 2011)

Figure 1 : Neuropychosocial Aspect of GAD
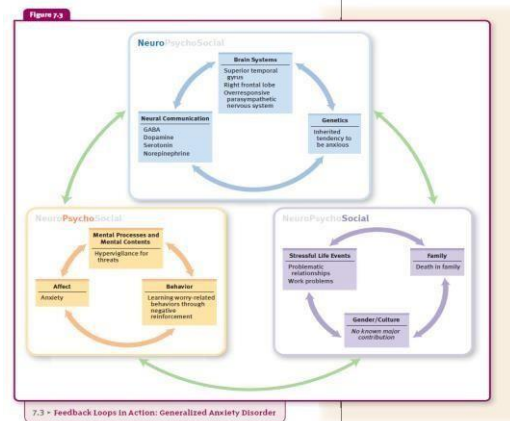
Generalized anxiety disorder (GAD) sufferers can not be separated from how generalized anxiety disorder (GAD) personality patient managed the symptom. When Observer describe patient personality, it can not be separated from the normal and abnormal range assement of personality. The personality disorder can be classified as disturbed pattern was characterized by inflexible and maladaptive thoughts, feelings, and behaviors that arise across a range of situations and lead to distress or dysfunction. Observer will observe the patient whereas patient can give appropriate relatively predictable respon and behavior in a range of situations. For example: when you imagine how family members will react to bad news that you will tell them, your sense can predict what their reactions that they will give to you. It called personality characteristics or personality traits. So personality characteristic or personality traits concluded that generally thought of as being on among normal and abnormality. The clinician assess someone personality by observing someone life, talk with patien, someone in the patient's life such as family member, apply the projective test or questionnaires (Rosenberg & Kosslyn, 2011). Look at figure 2 for undertanding types of personality according to DSM- IV TR:

Figure 2 : DSM-IV TR Personality Disorder :

Patient suffering from generalized anxiety disorder (GAD) will react to the stimulus in their life. The reaction toward this stimulus is inseparable from traits. Traits are unity. Their consists of learned behavior and emotional reactions to specific stimuli, which strengthened by the consequences of action, including how other people respond to the action. If the consequence are positive, the action will be reinforced (it tends to recur). If the consequences are negative, the action will be chastised (it tends to be detached). It is not only affecting on the temperament development, but the consequences of behaving in a particular way also influence a person fisical reaction, person's expectations, others' point of views of and self-reflection . Based on what they have acquired , someone can develop maladaptive and faulty beliefs, Therefore, those aspects can cause people misinterpret others' words and actions. This (mis) interpretations reinforce reflections of people as well as the world in a pervasive self-fulfilling cycle biasing their consideration, then it will reinforce their reflection along with other's.

The brief cognitive behavior therapy (CBT) is one approach used in overcoming and reducing the physical and clinical symptoms experienced by a person. The brief cognitive behavior therapy (CBT) involves a structured approach focusing on the relationship between cognition (or mind), emotion (or feeling), and behavior. Several studies on the efficiency of Brief cognitive behavior therapy's (CBT) in some anxiety and depression disorders show that brief cognitive behavior therapy (CBT) techniques such as: behavioral with relaxation training, cognitive restructuring, to monitor the symptoms felt by patients can improve patient's

clinical function. Therefore, the brief cognitive behavior therapy (CBT) interventions can improve patient's alteration patterns in problem solving and address problems focusing on cognitive change, and having more adaptive action and feeling. (Bond & Dryden, 2002). Based on Beck and Ellis (Corey, 2017), If observers want to explain the cognitive behavior approach, they must need functional analysis or problem analysis based on the principle of "S-O-R-C" that is:

S (Stimulus) : events occurred before the individual shows a certain action.

O (Organism) : participants with cognition (C) aspect and emotion (E) within.

R (Response): what individual or organisms have done or so-called behavior, either overt behavior or invisible behavior.

C (Consequence): events occurring after or it is called as a result of behavior.

Giving brief cognitive behavior therapy (CBT) was expected to descrease muscle tension, increase the patient's sense of control over thoughts and worries, and allow the person to assess more precisely about how appropriate and hazardous treatment perceived by patients.

METHOD

The method used in this case is the case study approach. The patients are three (3) people, male whose has age range among 27-35 years old.

DATA COLLECTION PROCEDURES

Data collection in the case utilizes method One Group Pre-Test and Post-Test Design, including pre test phase, intervention stage and post test stage. At the Pre-test stage, the observers will do the clinical observation, clinical deep-interview and projective test (wartegg test, tree test, draw a person test and house tree person test) to notice the personality traits and dynamics of the patient's trait. While, Hopkins Symptom Checklist (HCL-25) Anxiety Scale Questionnaire is used to measure the level of anxiety experienced by the patient. The intervention stage is the stage which patient will be given brief cognitive behavior therapy (CBT) for four (4) sessions conducted in once a week. In each session will last for 60-90 minutes per meeting. Furthermore, post-test stage is stage which used to re-measure the

anxiety using a Hopkins Symptom Checklist (HCL-25) Anxiety Scale questionnaire

CASE DESCRIPTION

Table 1 : Patient Identity

INITIAL	SS	KP	MA
Gender	Male	Male	Male
Age	27 years	26 years	33 years
Education	Bachelor Degree	Associate Degree	High School Graduate
Religion	Islam	Islam	Islam
Ethnicity	Java	Java	Java
Marital Status	Married	Married	Married

CASE 1

SS is male, married and 27 years old who diagnose with anxious for three years. According to SS, he will get the anxiety if he feels depressed, especially the thing related with his job. For example, when he was appointed as committee for his students' exam preparation in SLB. He said that he always had pain in his heart for several time without any indication. He also has unwarranted fear of death, and uncontrolled anxious about small things. He tends to think it all over the time and it cause a lot of mistake when he is doing his job. SS is the first child of two brothers. According to SS, he always had physical and verbal abuse from my father since he was young. While, his Mom was busy to work for fulfilling their daily needs. It makes SS has difficulties to express his feeling. Although he had that difficulties, he can still have good achievement in both school and college until he gets scholarship. SS also said that he could earn money to fulfill his life and to pay his study when he was college students. SS thinks that his father always gives the different affection among him and his brother. He explains that his brother always gets what he wants without doing what their father's command. SS always spends his time with school and do the part-time job to fulfill his own needs. That reason why SS has difficulties in his socialization. Several months after he graduated from university, he is directly accepted as SLB teacher. In the beginning, he can do his task well. He get the pressure when he doesn't get the appreciation from his superior. SS also never

refuses the task offered him, because he assumes that his friends will claim him as incompetent person. Result of the Graphic Test revealed that the patient had the narcissistic trait tendency with scale 4 in anxiety indicating high anxiety symptom. Based on the description above, it can be established multiaxial diagnosis as followed:

Axis I : General Anxiety Disorders
Axis II: Characteristics of Paranoid Personality
Axis III: It has Already examined by specialist revealing there is no physical disturbance
Axis IV: Work-related issues
Axis V: GAF 60-70

CASE 2

KP is a male, single, and 26-year-old. Patient has suffered this symptoms for a month. She feels anxious, does not have enthusiasm in doing his job, he is nervous when he should speak in public, easy to forget, loss focus, the body seemed to sweat cold, he gets dizziness, fatigue weakness. KP is the third child of 4 children. He has 3 brothers and 1 sister. KP is youngest . KP's father is known as disciplined person. He always hold religions norm strictly. While, KP's mother is graceful person who can understand her children well. KP is a taciturn person, since he was young. He is ambitious and sensitive. According to KP, he does not have good relationship among his siblings because they were busy with their own job. KP always has good achievement when he was in school. Nonetheless, he tends to select the group when he wants to speak especially in public. He doesn't have problems when he speaks in non-formal situations. On the contrary, he will face difficulties when he was in formal situation, because he assumes that he cannot do the expected presentation or task. Since he was in elementary school until he studies in transportation official department school, he can manage his anxiety. It is caused he just gives the presentation occasionally. After he graduated from college, he gets the placement in Bekasi for a year. In his new job, he never faces the anxiety problem, because he just has field assignment correlated with his work in transportation department. When KP was moved to Solo, he still do the similar tasks. While in Solo, KP tends to be introvert. He never shares his idea and delays his work, when the task is not according to

Table 2 : Results of Multiaxial Diagnosis in Patients

	SS	KP	MA
Axis I	General Anxiety Disorders	General Anxiety Disorders	General Anxiety Disorders
Axis II	Narcissistic Personality Traits	Narcissistic Personality Traits	Paranoid Personality Traits
Axis III	It has Already examined by specialist revealing there is no physical disturbance	No examination of a general practitioner or generalist	It has Already examined by specialist revealing there is no physical disturbance
Axis IV	Work-related issues	Work-related issues	Work-related issues
Axis V	GAF 60-70	GAF 60-70	GAF 60-70

him. Nowadays, KP is dating with his co-worker in spite of in different units. Because of his great performances, he gets mutation to Semarang after 3 years working there. Yet, his co-worker assumes that KP was mutation because the rumors about KP dating with his colleague though they had broken up before he moved to Semarang. He feel uncomfortable in his new job, because he must collect and present the data. This situation requires KP to speak in public and makes the symptoms come up. Based on Graphic Test reveals that KP has narcissistic personality trait tendency. He also has 3.25 on his anxiety scale indicating high anxiety. From the description of the above can be established multiaxial diagnosis as follows:

Axis I: General Anxiety Disorders

Axis II: Narcissistic Personality Traits

Axis III: No examination of a general practitioner or generalist

Axis IV: Work-related issues

Axis V: GAF 60-70

CASE 3

MA is 33 years old, male, married. He came about these symptoms: having difficulties to control emotions, not confident, facing the hardship to express his feeling. He thought that he could not coordinate with co-workers, pain in the chest, shortness of breath and frequent day to office. The symptoms comes up after he moved to Magelang. The MA is the first child of three siblings. He tell that he is not closer with his MA from childhood live

with both parents, but the daily care is more sibling. Since he was young, he was looked after by his grandmother from his mother, because his parents were busy with their business. This reason makes MA always depend on his grandmother. According to MA, his grandmother is one and only person who can understand him though he never tells what he wants. MA's parents his father will scold him. This his inability is always be the trigger for his parents quarrels. That is why, MA always gives his best efforts to meet his parents expectation. It makes the distant feelings and discomfort feeling among MA and his parents. It is not only emerging the discomfort feeling, but he also prefer to shut himself in his room. Because of his experience, MA prefer to pull out himself to chum with others after he was graduated from

senior high school to the University. After a long period of unemployee, his father ask him to work on to assist the father to work in the Bulog office. Several years later, he married and had children. One day, he was mutated in Wonogiri and Klaten where MA was placed on warehouse administration in which having 3-10 people in a team. In this division, he did not require the MA to interact with other divisions, but MA must live apart with his family. Furthermore, MA has a complaint because he must be mutated without advice notification in this three months. It is not only having no the advance notification, but he also has more task demanding him to interact with other people. MA always assumes that he cannot trust anyone in his new job and he is afraid if people blame him. This condition can be a trigger for the symptoms to appear. From the Graphic Test, MA has the tendency of paranoid

Table 3 : Results of Brief Cognitive Behavior Therapy (CBT) in Patients

Brief CBT Tehnique		SS	KP	MA
Emotional Stabilization: Relaxation imagery		Feel comfortable and relax right time when he is doing the relaxation taught.	He is hesitant at the beginning, but he immediately can feel comfortable during the process of relaxation is taught	Needing a 3rd repetition for a new relaxation process is applied to feel comfortable and relaxed during the relaxation process being taught
Cognitive Restructuring	Stimulus (S)	Inability to Complete Duties because inappropriate physical condition	Inability to fit in the new places with new tasks requiring to present the presentation	Inability to fit in a new place cause assuming inability within patients
	Cognition (C)	excessive fear of death	I look bad	I can not afford it
	Emotion (E)	Excessive anxiety	excessive anxiety	Excessive anxiety making the hardship to communicate
	Response (R)	anxious, being not focus on work, secede himself	fear of meeting, anxiety, secede himself	Seceding himself and suspecting anyone will complain about their work if it is incomplete.
	Consequences (K)	delayed work, sometimes work with no enthusiasm.	He avoids the presentation by having a lot of field task as excuses, he is absent with health excuses.	passive, ditching work.
Rational Response Formed		I am Healthy and I can Control myself to be relax.	I am Healthy and I can Control myself to be relax.	I am Healthy and I can Control myself to be relax.
Home Work		Diary: being grateful for the little things have been done every day in my life.	Diary: being grateful for the little things have been done every day in my life	Diary: being grateful for the little things have been done every day in my life
Follow Up:		• SS is able to apply imagery and self-talk relaxation formed • Doing his routine homework • Having better problem solving management • Finding Support and trying to be open-minded related his conditions in the Workplace • Being able to manage the pattern of life independently	• KP is able to apply imagery and self-talk relaxation formed o Doing his routine homework if he remembered o Problem solving management can be gotten from the environment or people that make him relax. o Finding Support and being open-minded related conditions in the Workplace • Able to set the pattern of life independently	• MA apply the treatment, if only he needs the imagery relaxation and self-talk formed o Working on routine homework o Problem solving management still depend on his wife. o Embarrassing/ blaming himself about his condition makes patient cannot share his all condition related work Environment o He needs to be assisted and reminded by the wife to organize his lifestyle independently

personality trait revealing his anxiety scales 3.75 indicating high anxiety From the description above,

it can be established multiaxial diagnosis as follows:
Axis I: General Anxiety Disorders

Axis II: Paranoid Personality Traits

Axis III: It has Already examined by specialist revealing there is no physical disturbance Axis IV: Work-related issues

Axis V: GAF 60-70

RESULTS

From the initial assessment, there were differences in personality dynamics toward the three participants. SS has a narcissistic personality trait formed from insecure feeling due to traumatic childhood, so that that SS is afraid of being incompetent when he is doing his work. Then, KP has a narcissistic personality trait formed from rigid or strict parenting pattern related to the norm-life demanding KP to be able to do his job as best as possible according with the standards setting by environtment. While, MA has the paranoid personality trait, because he feels insecure due to fear of being hurt. That is why he sets the principles in his life. By using these personality trait, it is concluded that the brief cognitive behavior therapy (CBT) treatment can decrease the anxiety level of the three participants by thinking, feeling, overcoming problems and forming different coping mechanisms to obtain different recuperation for each patient. In SS's case, he was given emotional stabilization with imagery relaxation. SS case can have comfortable feeling right after he was given the treatment. It has the different result when it is compared to KP 's case and MA's case requiring several times. When the cognitive restructuring process occurs, it will obtain the differences in stimulus, cognition, emotion, responses and consequences of their thinking from each participant. In the case of SS, it shows the fear to die as a result of his big burden correlating his job. Whereas, in case of KP and MA show their inability to show their best performance. These patients' thought effect

the uncontrolled excessive body reactions that make these patients enable to complete their tasks at the office. Although this study wants to show their different effects, these patients still show the similarity which is staying health and controlling their anxiety. SS is more active to actualize the treatment in his daily life, which is totally different with KP and MA. After the treatments were given toward the three participants, these participants reveal the alteration in their mindset, feel and desired behavior which can be seen in Table 3.

The outcome alteration applied toward the patients would be re-measured by the Hopkins Symptom Checklist (HCL-25) Anxiety Scale. This measurements revealed SS and KP could show indicated anxiety degradation compared with MA. The results can be seen in Table 4.

Table 4 : Measurement Results Pre-Test and Post Test of Hopkins Symptom Checklist (HCL-25) Anxiety Scale.

RESULT	SS	KP	MA
Pre-Test	Score 4: He had high anxiety	Score 3.25: He had high anxiety	Score 3, 75: He had high anxiety
Post-Test	Score 1.5: He had no anxiety problems	Score 2: He had no anxiety problems	Score 3.5: He had no anxiety problems
Follow Up	There was degradation toward anxiety indicator criteria	There was degradation toward anxiety indicator criteria	There was no significant degradation.

DISCUSSION

This case study shows that different traits types will influence how participants can develop their minds and give reactions toward their burden correlating with their job. This reason also helps

patient to how to give the proper emotional reactions and perceptions as consequences influencing participant to have new positive mindset toward either new or similar stimuli (Rosenberg & Kosslyn, 2011). The result also revealed that these three participants tend to overstate their nowadays condition as the result of their sad past experience, when they were in the therapeutic process.

According to SS and KP case, they who is diagnosed with narcissistic personality types, they tend to have more will to demonstrate their ability better than others. It makes SS and KP can encourage, manage their problems properly, utilize the environment in order to provide maximum support and motivate themselves to consistently manage their anxiety. In contrary, MA has difficulties caused by his huge suspicion that the environment will wound him. This excuse makes MA difficult to manage his emotions that obtained toward MA, cause he cannot build his own motivation to be lusty. MA relies on the support from the wife as the closest person who can be trusted by him.

The success of brief cognitive behavior therapy (CBT) application can be obtained by participants seen in some phases: (1) the pre-test and post-test results were obtained by using Hopkins Symptom Checklist (HCL-25) Anxiety Scale showing degradation of score toward each participant within experiencing their anxiety; (2) reward and punishment form can be obtained by participants either directly or indirectly during the therapeutic process and the application of therapy, especially

each participant could denote more different and more positive action than before when they interact with both of their workplace and social environment. Social support given by his surrounding including the closest person with him becomes an important trigger in accelerating patients recuperation especially in the managing thinking process, managing emotion process, problem solving and showing more positive behavior.

CONCLUSION

The brief cognitive behavior (CBT) treatment showed an anxiety score change in SS, KP and MA participants, but it didn't reduce significant indicator in MA participants. Changes could occur if participants had mature personality traits as reflection of the thinking patterns and actions in each participant that ultimately motivates participants to cure and positive mindset based on the within cause and social support that participants has.

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THE EFFECT OF PEER FACILITATOR TOWARD DECREASING BULLYING INTENTIONS IN HIGHSCHOOL STUDENTS

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Abstract

Early surveys conducted by the researcher in July-August 2014, to 739 high school students in Yogyakarta had shown that 13.53% of students had experienced bullying and 53.58% of students had seen bullying behavior at school. Preventive programs through peers is one effort that can be done to prevent bullying behavior at schools. This research aims to know the effect of the **"Berbagi untuk Sahabat"** program toward bullying behavior intentions. The "Sharing through Friends" program will train high school students to become peer facilitators in order to convey materials concerning bullying through discussing case studies. The research subjects are 29 tenth grade high school student from Yogyakarta (14 students as the experimental group and 15 students as the control group). This research used the Untreated Control Group Design with Dependent Pre-test and Post-test Sample. Quantitative data analysis used mixed design ANOVA along with qualitative data analysis. The experimental group's bullying behavior intentions decreased after participating in group discussions with peer facilitators.. Case studies discussion with peer facilitators gave 67.8% contribution toward the change in bullying behavior intentions.

Key words: bullying, "Berbagi untuk Sahabat" program, peer facilitators, intentions.

Introduction

Indonesia is listed as a country with the second highest bullying cases after Japan. This data is obtained through a global survey done by Latitude News to 40 countries around the world (beritaedukasi.com, 19 Oktober 2012). Meanwhile, a survey by Plan Indonesia and the Sejiwa Foundation three major cities in Indonesia which are, Jakarta, Jogjakarta, and Surabaya in 2008 showed that 67% of middleschool and highschool students had stated that there are bullying practices at their school. Other datas concerning bullying acts are based on the Developing School of Character Consortium discussions in 2014, it was then known that bullying cases had happened in almost all schools either it was through verbal abuse and psychologically/mentally. This condition proofs the need for adequate interventions as a preventive or curative effort.(http://www.beritasatu.com/gaya-hidup/219515-indonesia-masuk-kategori darurat-bullying-di-sekolah.html). Datas collected by the National Commission for Child Protection per November 2009 there were at least 98 cases of physical abuse and 176 cases of psychological abuse toward children at school (http://dilogi.blogspot.com/2012/11/fenomena-bullying-diindonesia.html).

Furthermore, based on datas reported by the Child Protection Commision of Indonesia (Komisi Perlindungan Anak Indonesia) from the year 2011 to August 2014 there were 369 reported cases concerning bullying. That was about 25% of 1,480 reported cases in the education departement (http://www.republika.co.id/berita/koran/halaman-1/14/10/15/ndh4sp-aduan bullying-tertinggi).

Preliminary datas from previous research in 2013 had shown that from 739 respondents, consisting of 11th grade highschool students from ten highschools in Yogyakarta, 100 respondents (13.53%) felt they were bullied, and 396 respondents (53.58%) had seen their friends bullied. This indicates that bullying is still relevant among highschool students in Yogyakarta and needs immediate action toward prevention or even intervention of bullying behavior in adolescence (Kumara, Pratama, Aryuni, PoEh, & Syahputri, 2013)

Data that had been gathered regarding bullying, as shown above, have shown that the number of bullying cases is quite substantial in the world of educatioin. The huge number of cases should alert authorities about the impact it can give, in the short term or the long term. The negative effect will influence the students' psychological condition and their social adjustments (Ttofi & Farrington, 2008). Seeing the condition as presented it important for us to do prevention or treatment efforts toward this bullying problems which is a concerning social problem in our society.

Bullying is defined as a behavior conductied by a person or a group of people, intentionally, and repeatedly which then leads to an unpleasant and hurtful condition (Olweus, 2003). Bullying could be done verbally or physically towards the victim which strength and power are not a match for the subject of bullying (Olweus in Cunningham, 2007). Furthermore, Olweus explained that bullying behavior consists of three basic elements, they are:

1. Aggresive and negative
2. Repeatedly done
3. Inbalance of power between parties involved

Olweus explained the dynamics of behavior leading to bullying behavior as a circle. Every actor in the cirle has a role they play. Starting from the victim which is surrounded by the bully. The bully have two types of support, active and passive. Active supporters are individuals who take part in the act of bullying, while the passive supporters, doesn't take part in the bullying act but agrees with it by provocating the bully. Besides that, there is a group of onlookers who often witness act of bullying but they don't show any concern toward the victim (disengaged onlookers), there is also a group of onlookers who dislike the act of bullying but they don't do anything to prevent or to stop it (potential witnesses). The last group is the defendant of the victim which don't agree with the act of bullying and try to help the victim (defender)(Saleh, 2013).

The bullies and their victims have different social and psychological characteristics. The bullies tend to have high emotional level and low self-control. The bullies enjoy their social status among their peers, they show low empathy toward their peers and have low social anxiety as well. While the victims tend to have few friends and low self esteem (Cunningham, 2007).

Bullying has negative effect, whether it's short term or long term. For the bully, the short term effect are ADD symptomps, depression, and OCD (Kumpulainen, in Smokowski and Kopasz, 2005). The longterm effect, the bully becomes an underachiever which will then show poor performance in working (Smokowski and Kopasz, 2005). A study done by Robert (in Smokowski and Kopasz, 2005) showed that in the age of 30 years old, bullies will do criminal acts and violates traffic rules more than the peers their age who had not done bullying. A meta-analysis study done by Ttofi, Farrington, and Losel (2012) showed that, school-bullying has significant correlation with aggressive behavior and criminal acts in the future.

A much more negative impact is put on the victims of bullying. The short term effects are the lack to adjust socially or academically, depression, anxiety (Evans, C. B. R., Fraser, M. W., &Cotter, K. L, 2014), low self-esteem (Smokowski, and Kopasz, 2005, Gustina, 2011, Bowllan, 2011), and the drop in academic achievements (Olweus, 1993; Smokowski and Kopasz, 2005). In a research done by Sahin, Aydin, and Sari (2012) they stated that, there is a positive correlation between cyber-bullying and victims toward a change in the psychological symptomps. Cyber-bullying victims are said to experience problems to their psychological functions and a number of other problems, like symptomps of depression, anxiety disorder, and anti-socialism.

An internvetion needs to be done in order to overcome and prevent bullying behavior. Olweus (1993) stated that a prevention needs to be done so we could help the victims faster and creates a condusive school environment. Farrel, Meyer, & White (2001) explained one prevention effort for bullying behavior done through psychoeducation about bullying to students.

Bullying is still prevalent among adolescence, therefore in order to handle it we need other adolescence as a media to reach out to their peers. This is in accordance with result of the research by Ttofi, Farrington, and Baldry (2008) which indicated that bullying prevention methods are more effective when they're given in smaller groups, aged above 11 years old. Moreover it will be even more effective when it's conducted in a peer-grup environment and at school (Whitted & Dupper, 2005). Peers in particular could be used as a media to prevent bullying. This is deemed effective if the information is given by peers which have the characteristics of adolescence. A research by Hawkins, Pepler, Craig (2001) explained that the role of peers can really help to stop bullying. A longtudinal study by Smith & Thompson (2011) showed the bullying intervention program that used peers as their media are deemed as effective in preventing and responding to bullying therefore increasing ones knowledge, skills, and student experience in constructing a method in an effort to prevent and diminish bullying.

Regarding the researches done toward preventing bullying, it can be concluded that involving peers is an effective effort to prevent bullying behaviors. This research will try to apply the "Sharing through Friends" program which was drafted by Aryuni&Kumara (2013). The program is a training activity for the peer facilitators, which validity had been tested in the previous research. Thus the researcher would like to know if the application of this program can have any effect in diminishing intentions of bullying behaviors. The "Share through Friends" module's validation had been tested. Analysis showed that there is a significant difference in gapscores on the experimental group's skills compare to the control group's skills, which means the hypothesis was approved with Z = -4,172 and a significance of p=0,001 (p<0,01). The result of the t-test was-6,205 and a significance of 0,001 (p<0,01). This showed that there is a significant increase in subjects' skill knowledge on how to facilitate a case study in the experimental group. Analysis showed a reliability coefficient of 0.95. According to LeBreton & Senter (2008) inter-rater reliability of 0.7-0.9 are categorized as high, which means the agreement between observers are high.

The principal theory of social cognitif acted as the foundation for the learning process in the program applied in this research. Social cognitive theories brings out a number of assumptions concerning learning processes and individual behaviors (Schunk, 2008). That assumptions is depicted as a reciprocal interactions between individuals, behaviors, and environment, the differene between enactive and vicarious learning, and the difference between learning process with performance (Zimmerman & Schunk, 2003). The establishment of behaviour in this theory involves a number of basic processes like determining goals, anticipating consequences of behaviors, progress evaluation of the expected goals, and regulation of thoughts, emotions, and behaviors (Bandura, 1997).

Observational learning requires four kinds of major procesess: attentional process, retention process, production process, and motivation process. Whether someone applies what has been learned or not, depends on the motivation. Observers will tend to adopt model behaviors if the behavior (a) generates external reward; (b) the observer gives positive evaluation internally; (c) the observer sees the behavior as useful for the model themselves. Anticipation toward the positive and negative consequences determines which aspects of the model behavior will be observed or ignored by the observers. In a research by Talita, Tanja, Gert, and Huub (2011) said that, observation learning increases creativity results especially in the visual art domain. This research further proves that the observational learning method can be used to learn new things, whether it is in a form of knowledge or skills.

The Learning process in this training refers to the four steps of observational learning (learning through observation) expressed by Bandur, they are:

Attention

If a person learns through modelling, then they will have to pay attention and perceive the modeled behavior accurately. The success of the learning process depends on the model's characteristics or the characteristics of the obsevers themselves. The model's characteristiscs which is the determining variable in the level of attention includes the frequencies of presence, the clarity, personal

attraction, and the functional value of the model's behavior. Therefore, this training was led by a trainer as the model for the peer facilitators, so the materials could be delivered accurately and the information can be clearly understood by the facilitators. As for the requirements for the trainer, there are a few spesifications which are, a student at the Professional Magistrate of Psychology Education Major, has prior knowledge about bullying, and had finished Psychology Profession Work Experience (Praktek Kerja Profesi Psikologi). Other than the trainer having the required capabilities this training also needs to have various learning medias like videos, pictures, case scenarios, and games to attract the students so that they will learn the material with ease and also to avoid boredom for the facilitators.

Retention

Retention can be done by storing information through imagination or coding modeled events into verbalic symbols that will be easy to use. By presenting the materials using various medias and real life case scenes will make the retention process easier. Next, this session will be ended with the student given a worksheet with the purpose to see how far the student remembers the materials given.

Production

At a certain phase, simbolic figures about the model's behavior may need to be translated to effective actions. Therefore students will simulate three times on how to facilitate a discussion about the case using various medias, like videos and case scenario.

Motivation

When the students had received knowledge or skills through previous experiences, then they will do the same act when a positive reinforcement is given to them. The reinforcements can be in the form of motivation or positive feedbacks to the students. According to Bandura (1986) there are three forms of reinforcement in an observational learning which are: incentives direc is a reinforcement give directly, for example when a student succed in doing something good, then the facilitator praise him/her immediately, vicarious reinforcement is reinforcement through seeing others receiving it for

completing a certain task/skills, so the students could imitate that skill, and last, self produced is that the student could generate a new skill based on their own desire.

Peer interactions are the beginning of frienships and peer relationships. According to Santrock, peers are individuals with the same age and the same level of maturity (Santrock, 2007). The concept of peer group specifically refers a group of friends that have known one another and becomes a source of information or comparison between one another (Wolman 1982). Observations toward models that have been done functions as:

Teaching the observers the skills and rules that person to conduct the behavior he/she already has. applies.

To detain or expedite behaviors that one already have.

A stimulus and signs for a

Modelling triggers emotions.

Symbolic modelling could build an image of a person about the social reality because it potray the relationship between humas with the activities they do.

In the first phase of the "Sharing through Friends" program, the students will be trained to become peer facilitators so that they could have the skills to facilitate case discussions as a method to present information concerning bullying. (Kumara dan Aryuni, 2013).

Method of discussing cases using case studies, which is a description of a situation that are presented through written messages, audio recording, or through video taping, to be listened to or learned by the participants and then discussing it with the questions in the quidelines prepared by the facilitators. The discussion are commonly focused on issues described in the situations, like: what needs to be done or what lessons can we take, and how to overcome or prevent similar situations from ever happening again, therefore this method is considered suitable to present information about bullying prevention to students (Supratiknya, 2011). In this method the facilitators will present a number of cases which will then be discussed by the participants, all participants are expected to express their opinion, ideas, sharing their knowledge about bullying, how to prevent it and the solution to overcome bullying behavior. Then, the participants

who roleplays as peer facilitators will practice the skill to facilitate discussions and their knowledge about bullying to their peers. The result of the knowledge transfer wil be evaluated based on the intentions to do bullying. The determinig factor of someone's behavior is their intention to act. Individual's intention to act a behavior is a combination of the attitude to act the behavior and their subjective norms. An individual's attitude toward behaviors include the believe towards the behavior, evaluations of the behavior, subjective norms, normative believes, and the motivation to obey.

Intentions is a motivational factor that affects the behavior as an indicator how strong someone's will to try and how much effort is put into plan or done to express certain behaviors. The most important element of intentional behavior is that the drive comes forth from inside of the individual. There are a number of factors that affects intentions amongst them are personality, attitudes toward people, and demographic variabels (Ajzen & Fisbein, 1980). In a research by Zakai in 2005 it was said that knowledge affects a person's intentions. Through psychoeducation from peer facilitators to their friends, the assumption then is that this program will have effect on highschool students' intentions on bullying.

There are four things that should come to attention when measuring intentions. Those measurements should be in accordance with the target being measured, the behavior involved, situations where the action happened, and the right time to conduct the behavior (Fishbein & Ajzein, 1975). Those four elements are always involved in every behavior measurements, whether it's verbal or non-verbal. According to Fishbein and Ajzen, the best attitude measurement so that we could predict a certain behavior is by inserting all four elements of intentions which are target, behavior, context, and time.

Intentions has 3 aspects which are attitude toward behavior, subjective norm, and perceived control, the followings are the explanations:

Attitude toward behavior is the believe toward a behavior and a result of evaluation. Behavioral beliefs is determined by the most prominent believe of an individual towards a certain behavior. Every salient beliefs connects a behavior with certain

results or with certain attributes in relation with the behavior being exhibited.

Subjective norm is one aspect of intentions that involves the individual's perception on the demand of his/her social environment to ack in a certain way. Subjective norm is the individual's perception on the expectation of the people most important to him/her whether it's one person or a group to exhibit certain behavior or not. Subjective norm is determined by a belief though it's different from the belief in the attitude toward behavior. Beliefs in the subjectinve norm is the belief of a person to an individual or a group close to him/her and their approval or disapproval of the behavior. .

Perceived Behavior Control is the factor that potrays the individual's perception about the easiness or difficulty in exhibiting a behavior and is assumed as a reflection on previous experiences and challenges that are anticipated.

Concerning the aim of this research which is to know the effect of peer facilitators on diminishing bullying intentions on highschool students. In practical respect, this research is hoped to be one of the refrences on bullying prevention using peer facilitators through discussing cases and diminishing bullying intentions for highschools in Indonesia and Yogyakarta in particular.

There are two hypthesis proposed in this research they are:

"Sharing through Friends" training has an effect on the peer facilitators' ability to facilitate case discussion.

There is an effect between peer facilitators toward the diminishing of bullying intentions in highschool students.

Methods

On the first phase of this research the independen variable is the skill training named "Sharing through Friends". This training is a training program that teaches knowledge about bullying and peer facilitating skills when facilitating case discussion about bullying to their fellow peers. Next, the dependent variable in this research is the skill to facilitate discussion. The definition of discussion facilitation skills is the ability to manage the discussion process by examining bullying cases by selecting data, analysis, recount previous

experiences, make conclusions so they will be in a new situation.

In the second phase of this research the independent variable is the skill to facilitate discussions. The definition of discussion facilitation skills is the ability to manage the discussion process by examining bullying cases by selecting data, analysis, recount previous experiences, making conclusions so they will be in a new situation. As for the independent variable is the intention to bully. The measurement has to correspond with the target being measured, the behavior involved, situations where the action happened, and the right time to conduct the behavior. Bullying intentions are measured using intention scales based on the Planned Behavior theory of Ajznen.

The instruments used in this research is the facilitating case discussion skill knowledge test, observation sheet for case discussion facilitation skills, intention scale, and the training module.

The qualitative data analysis that was done was to compare the pre-test and posttest scores of bullying behavior intention from the experimental and control group using Anova Mixed Design. Qualitative analysis is gained from observational results that was done throughout the training process.

Subject

The research was done in X and Y Highschools in Yogyakarta. Students in X highschool participated as the experimental group and students in Y Highschool as the control group. Subject placement into the experimental and control group was done by non random. The research was divided into two phases. Subjects in the first phase of the research consists of 14 students in the experimental group from the X highschool and 15 students in the control group from Y highschool. Students in the experimental group are the ones who had been trained in the peer facilitator training and had high scores on case discussion knowledge, knowledge of bullying, and skills of facilitating the next case discussion will play a role as peer facilitators for their friends. In the second phase of the research, the number of students that participated in the experimental group was 15 students, and in the control group was 19 students. The election of the

two highschools as subject for the research, using purposive sampling.

Intervention

This training aims to diminish bullying intention in highschool students. But beforehand students that act as peer facilitators will receive training with the theme bullying and in the next phase the training had materials about the skills to facilitate case discussions. Furthermore with the training that had been given, peer facilitators practice the case discussion to their fellow peers.

The training module of the research's first phase was from the modificatin and adaptation of the Bully Buster Program (Newman and Horne, 2004) which was done by the previous researcher.

Result

Hypothesis Testing

Analysis was done to see the difference in the skill to facilitate discussion between the experimental and control group suing mixed anove. In the row *time*Grop* in the summary table for *Test of Within-subject Effects* hypothesis testing, showed a value of F = 23.090 (p<0,01). This showed that there was an interaction between time (pretest and posttest) and group (experiment and control). That interaction showed that there was an effect from the "Sharing through Friends" training to the facilitating discussion skills on the experimental group. Meanwhile there were no significant diffrence in the control group's pretest or posttest.

The second hypothesis testing analyzed the effect of peer facilitators to diminishing bullyng intentions by using *mixed anova*. In the *time*Group* row inside the summary table of *Test of Within-subject Effects* hypothesis testing showed a value of F = 38. 197 (p < 0.01). This showed that there was an interaction between time (pretest and posttest) and group (experiment and control). That interaction showed that there was a difference in the pretest and posttest scores between the two groups, experimental and control.

Further Testing

Based on further testing, it could be known that the experimental group has mean diffrence (MD) of

pretest and posttest as much as -4.5 with p < 0.01. This showed that there was a significant increase on the experimental group. Further testing on the control group showed a mean difference (MD) of pretest and posttest as much as -0.533 with p > 0.01. This showed that there were no significant difference in scores. Mean difference is standard statistics that measures significant difference between the average score of two groups in testing.

Further analysis showed that the peer facilitator training could significantly increase the participant's discussion facilitation skills in the experimental group. The effective contributioon of case discussion through peer facilitators in the experimental group could be seen from the partial eta suared score which is 0.68%. This showed that the case discussion through peer facilitators in the experimenta group gave a contribution of 68% toward the increase of discussion facilitation skills.

Next, based on further analysis on the second hypothesis, it could be known that the experimental group had a mean difference (MD) of score pretest and posttest as much as 10.553 with p < 0.01. This showed that there was a significant decrease of scores in the experimental group. From the posttest scores to the follow up had MD as much as 0. 667 with p > 0.01 that showed a significant decrease. Further testing on the control group showed a mean difference (MD) of pretest and posttest scores as much as -2.643 with p > 0.01. This showed that there was no significant difference in scores. While, the mean difference (MD) of posttest and follow up scores as much as -0.071 with p > 0.01.

The result of further analysis showed that case discussion through peer facilitators could diminish bullying behavior intentions significantly in the experimental group. The effective contributioon of case discussion through peer facilitators in the experimental group could be seen from the partial eta suared score which is 0.678. This showed that case discussion through peer facilitators in the experimental group gave 67.8% contribution toward the change in bullying behavior intentions.

Result of Manipulation Check (Knowledge Test of Case Discussion Facilitation and Knowledge test of Bullying))

Knowledge test acts as a manipulatin check in this research. Knowledge test is used to ensure the materials given in the training had been understood

by the participants. This tes was given to the participants before and after training. Analysis showed that all of the subjects have posttest scores higher than their pretest scores with *asymp. sig* < 0,01. This means, there was a significant increase in the knowledge of bullying for the peer facilitators candidates. The pretest and posttest scores of dicussion facilitation knowledge was analysed using *Wilcoxon Signed Ranks Test.*

Knowledge test of bullying was used to do a manipulatin check on the second phase of the test. Manipulation check was used to ensure that participants understood the materials given by peer facilitators in the case discussion activities. Analysis showed that all of the subjects had higher posttest scores that pretest scores with *asymp. sig* < 0,01. This means, there was a significant increase in knowledge of bullying scores for the peer facilitators candidates. The pretest and posttest scores of knowledge of bullying were analyzed using *Wilcoxon Signed Ranks Test.*

Discussion

Based on further analysis, it could be known that the experimental group had a mean difference (MD) of pretest and posttest scores as much as -4.5 with p > 0.01. This showed that there was a significant increase in the experimental group's scores. Further analysis on the control group showed a mean difference (MD) of pretest and posttest as much as -0.533 with p > 0.01. This showed that there was no significant difference in scores. The effective contributioon of case discussion through peer facilitators in the experimental group could be seen from the partial eta suared score which is 0.68%. This showed that the case discussion through peer facilitators in the experimenta group gave a contribution of 68% toward the increase of discussion facilitation skills.

Result of this research showed that the training modul "Sharing through Friendship" in this program could significantly increase the participant's ability to facilitate peer facilitator discussion in the experimental group compare to the control group which did not receive training. This could be seen from the significant difference in the skills score between the subjects in the experimental group with the subjects in the control group. This is as stated by Johnson & Johnson (2000) that training method is an

effective method to increase motivation, changing the cognitive structure, and modifying attitude and enhance behavioral skills.

Based on Piaget's cognitive development stages (in Santock 2007), adolescence is in the formal operational phase which means they are able to think abstractly, idealist, and logical. This condition is positive for the training process which highlights the ability to facilitate case discussions that needs abstract thinking from the participants, problem analysis and finding mutual solutions to the problem being discussed.

The discussion process needs creativity and a well coordinated cooperation between the facilitators and the participants of the case discussion. This is as stated in the research done by Freiberg & Driscoll (1996) that discussions demand students' creativity to trust one another and coooperation between students.

Schiffert study center (2007) peer facilitators are people who are trained and is given knowledge in order to be a bridge for their fellow peers to be able to encourage, support and promote healthy life for their peer group around them. Furthermore Anliker (1999) also stated that peer facilitators can give good contribution in a program and always interact with their peers, giving ideas and also can be a role model and giving motivations for other peers.

Next Buhrmester & Furman (in Santrock, 2007) contend that adolescence share more information with their peers and more dependent to their friends rather than their parents in order to fulfill the need of togetherness, assurance and proximity. Therefore the use of case study method through peer facilitators to share antibullying informations is deemed more appropriate compare to using other methods.

This training refers to the social cognitive theory promoted by Bandure. This "Sharing through Friends" training program is divided into two parts they are material about bullying and knowledge about the skills to facilitate case discussion. As Bandura said (1986) that knowledge is also one of the predictors of behavioral change and knowledge can be gained through the process of observation. In this training the trainer acted as the role model being observed by the participants who were also candidates for peer facilitators. As said by Bandura (1986) learning through the process of observation need modelling, he contended that learing through

trial and error is not effective. Learning through observation is more effective because the individual doesn't need to try or to look for expected respons, but could learn from observing other people in doing a behavior or learns through examples. According to Bandura (1986) modelling is observing the behavior of a model and repeat the observed behavior to his own based onwhat he saw.

The process of modelling is a complicated one, therefore in imitating a model there are four processes in observational learning that you have to go through which are: attention, retention, product, and motivation. This training refers to the concept of observational learning in teaching the skills to lead a case discussion to the participants. Beginning with the first phase which is attention, observing the model. In this training the trainer acted as the model being observed by the participants. The trainer gave a material about bullying which was presented in an attractive way through playing videos, real bullying cases, and games. The materials about bullying presented by the trainer, among others are: the definition of bullying, correcting participants' understanding of bullying, ways to identifiy the subjects and their victims, helpin the victims, and prevent bullying behavior at school. The Trainer then continued by giving materials about the proper steps on how to lead a case discussion. In this material the trainer also teached on how to be a good facilitator in leading a good discussion that isn't boring, including the importance of verbal and non verbal communication in leading a case discussion.

The second phase in observational learning is retention, in this phase the participants are expected to be able to store informations about bullying and the skills to lead a case discussion that had been given by the trainer in their memory. The researcher used manipulation check to know how much the students remembered and understood the materials. The posttest scores in the experimental group's knowledge test is higher than the pretest scores. This showed that there was a significant increase of knowledge about the skills to lead a case discussions on the experimental group. The result is in accordance with the research done by Krueger and co (2004) who said that discussions are more effective in increasing retentions, the ability to solve problems, ability to think and students' learning

motivation commparing to using the method of lecturing.

In the production phase, participants tried to repeat the model's observed behavior. In the training the trainer first gave an example as a facilitator who was leading a discussion properly, while being observed by the participants. After the trainer finished doing the simulation, trainer then allowed the participants to ask questions. Then the participants were divided into three groups, each group will be supervised by one observer. The participants then alternately did a simulation of being a facilitator to discussion with the cases given by the trainer. The simulation was done three times so the behavior being observed could be shaped as wanted. Based on the observations during the training there is an increase in the subjects' skill scores, starting from the first to the third simulation.

The last phase, motivation, that is giving positive reinforcement to the participants so that they could do the imitate what they observed. After finishing each simulation, the participants will receive feedbacks from from the observer. After all participants finished doing the simulation, the trainer then gave motivation to all participants with the purpose to reinforce the participants to be able to imitate/repeat the skills they gained in the training at school. Bandura contended that cognition contributes to motivation (in Pervin, 1996). This motivation is often associated to goals or standards. Goal is the final target wanted and standards is the reference to behave according to what is expected. There are two kinds of standards, they are: external standards that are obtained through evaluation towards others and internal standards that are obtained from sef-evaluation. These standards could also be someone's goal if it is based on the desire to receive reinforcement from other people or from oneself.

Based on the evaluation on the training program, most of the participants felt that that this training was useful to them, especially because it open their minds about bullying and the skill to lead a case discussion. The participants said that it is easier to discuss problems with their friends compare to discussing it with a teacher or any other adults, because they could freely express their opinions based on their knowledge and experience. This corresponds with the research done by Soetjiningsih

(2004), which stated that the benefit of using peer facilitators as an approach in leading a discussion, are:

1. Peer facilitators can share sensitive informations

2. The targeted groups feels more comfortable discussing their personal problems with their peers.

Moreover, the participants said that they could learn new things using attractive methods which they never received before. The participants came to know the steps to lead a case discussion, had experience being a facilitator, learned to speak in front of their friends and also learned to express their opinions without someone blaming them. In accordance with the research done by Roestiyah (2001), that is in the case discussion process the students are encourage to: (1) using their knowledge and experience to solve cases/problems without depending on other people; 2) Listening to one another's opinions; 3) all members of the discussion gave respon and participated in the conversation to solve the problem; 4) gathering, and taking notes of ideas that are considered important, and 5) and all the participants could develop their knowledge and also understood the issues being discussed.

A number of the participants also had come to realized that al this time there wer along of bullying cases in their schools, but they didn't know that those behaviors are considered bullying. They thought those teasings were just for fun, but they didn't realize that for some of their friends that becomes the object of teasing felt offended and heartbroken. As for the suggestions by the participants to make the training more available to more students so the anti-bullying agents will be bigger in numbers.

Based on the result of this research there was one interesting finding and needs to be put into attention, that is the criteria in choosing subjects to be a peer facilitator especially in preventing bullying it will be better to choose students who weren't involved in bullying cases, doesn't agree with the act of bullying and has the courage to prevent and help the victims of bullyiing. Moreover, students who are active in organizational activities have bigger influence in persuading they're fellow peers and to direct them to anti-bullying activities.

Next, based on the result of further analysis for the second hypothesis, it could be known that the

experimental group has a mean difference of pretest and posttest scores as much as 10.533 with $p < 0.01$. This showed that there were a significant depletion of bullying intentions score in the experimental group. The mean difference of the posttest and follow up scores are as much as 0.667 with $p > 0.01$ which indicated a not so significant depletion. Results of further testing on the control group showed a mean difference of pretest and postest scores as much as -2.643 with $p > 0.01$. This showed that there were no significant change in scores. While, the mean difference of pretest and posttest scores are as much as -0.071 with $p > 0.01$.

Analysis of further testing showed that case discussion by peer facilitators could significanty diminish bullying behavior intentions in the experimental group. The effective contributioon of case discussion through peer facilitators in the experimental group could be seen from the partial eta suared score which is 0.678. This showed that case discussion through peer facilitators in the experimental group gave 67.8% contribution toward the change in bullying behavior intentions.

The Validity of this experiment is seen through the effectivity of the peer facilitators towards the diminishing of bullying intentions in highschool students. This could be known by using the intention scale the researcher used to know the diminishing intention of the participants. Result analysis showed that the case discussion with peer facilitators that was done in the experimental groups gave a contributin of 67.8% to the change of bullying behavior intentions.

The result of this research cannot yet be generalized to the same grup of subjects in a wider range of population. This is because the researcher only did the reserach in a small group of students with certain criterias.

The dynamic process that led to the diminishing intentions of bullying behavior in the experimental group was caused by the interactions between the peer facilitators and the research subjects. We know that one characteristic of adolescence is considering peers as a source of emotional support and someone to discuss to (Smith, Cowie , & Blades, in Zimmerman & Clearly, 2006). This condition eases the way for information to come in or influence of the adolescence. The process of case discussion between peer facilitators and the research subjects involved an exchange of information and experience. Each of the research subjects were given a chance to express their point of view or opinions about the case being discussed, deciding on the actions that needs to be taken to address the problem, and ways to overcome the problem or prevent it from happening again in the future. The case discussions are also dependent on the knowledge of bullying the peer facilitators had, so the research subjects also gained new knowledge about bullying. Facilitators are also responsible to liven up the discussions.

Based on theories and previous research it was known that behavior intentions are influenced by attitude towards, subjective norms, perceived control behavior (Ajzen, 1991; Cha, Kim, & Patrick, 2008; Jones, 2006; Yang, 2013) dan self-identity (Wiggins, 1994). Attitude toward behavior (Armitage & Conner, 2001) is the individual's attitude towards a behavior. The individuals weigh the good and the bad and the outcome of a behavior, where from that consideration will make the individual agree or disagree towards a behavior. In the process of case discussion, an exchange of informations and opinions about bullying takes place. The subjects knew about bullying, the forms of bullying, the impact, and how to act. Knowledge about bullying becomes the subjects' consideration on how to act towards bullying. Group discussions filled with peers and is facilitated by peers, established social norms toward bullying behavior. Subjective norm, which is an aspect of intention related with individual's perception towards the demand of the social environment for certain behaviors. Subjective norms is the individual's perception on the expectations of the people most important to him/her whether it's a person or a group of people to exhibit a certain behavior or not (Ajzen, 2006).

Perceived control behavior is the individual's perception on the difficulty or easiness to do a behavior (Ajzen, 1992; Armitage & Conner, 2001). Based on the result of case discussion, it was known that the impact of bullying can be very negative for the victims and even the subject. The big risk affects the participants in deciding whether he/she will do bullying behavior or not.

The dynamics established in this research is the *triadic resiprocal* interaction which explains that there is an interaction between person, behavioral, and environment. The position of bullying intentions

in the triadic resiprocal in in the *person*. Subjects have considerations whether they will do an act of bullying or not Those considerations includes social norms established in the social environment, the feeling of being able or not be able to do the behavior, and the consideration of the good and bad of bullying. Influential enviromental aspects among others are bullyng practice in the school, friends that support the act of bullying.

If there is an interaciton between *environment* and *person* then it wil shape a certain behavior. For example, a student who done an act of bullying or a certain behavior to avoid bullying. Interactions between *person, environment*, and *behavior* in this research can be seen in the figure below

An important factor in the case discussion is the choice of real cases or close with the social environment of the adolescence specially highschool students. Further more is the role of the facilitator that have the ability to facilitate the case discussion.

The limitation of this research is that it hasn't been able to analyze more deeply the aspects of intention that contributes most to the diminishing of intentions.

CONCLUSIONS AND SUGGESTIONS

Based on the explanation of the analysis and discussion above we can conclude a number of points:

Based on the result of the research and discussion it can be concluded, that the training module

"Sharing through Friends" can be used to increase students' ability as candidates of peer facilitators for the subjects in the experimental groups. The training contributes 68% to the increase of the participants skills to lead discussions.

Peer Facilitators that had been trained using the "Sharing through Friends" module could play a role in diminishing bullying behavior intentions in highschool students. Group discussions with peer facilitators contributes 67.8% to the diminishing of bullying behavior intentions.

The subjects' bullying behavior intentions in this research are affected by peers, appraisal towards bullying, social norms, subjective norms, and how certain the student to do an act of bullying.

Suggestions that could be given from this research are, among others:

It is important to take notice of the duration for each facilitators in the role play sessions. This is important in order to make sure that each facilitators has the same experience and are given feedbacks that are accurate. Therefore, in the next process the chosen peer facilitators could accurately conduct the process.

One importan requirements for the peer facilitators is that they are active in organizational activities. This is because the said requirements helps the peer facilitators in conducting the process in the second phase of the research

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Description on the Attachment between Adolescents and Parents (Mothers) in the Parent's Divorce Process (Qualitative Study in South Jakarta)

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ABSTRACT

Families enduring the process of divorce are in a condition of requiring rather complicated adjustment and acceptance for parents, children and other family members. This study aims to explore the attachment between parents (in this case mothers) with their children throughout the divorce process. This study applies a qualitative approach through data collection method in the form of interviews and observations on 5 adolescents as the subject. The conclusion of this study showed that 3 subjects fulfilled all the aspects of attachments with high quality, while the other 2 subjects displayed unequal attachments. Divorce cases in the study occurred after the marriage took place between 15-22 years, thus the respondents were adolescents aged 16-22 years when the incident occurred. Further research is expected to apply other variables with larger sample quantities.Keywords: : Divorce, Adolescent, Attachment

Introduction

Discussion on divorce in social constructs is considered as a deficiency in the abilities of a husband or wife to build a "mawaddah wa rahmah" family, and in general divorce is regarded as a failure deemed unfit to be followed on and should be avoided by all means. Children from divorced marriages are suspected of being disrupted in emotional development and stability. Furthermore, it is even considered as one of the factors affecting the involvement of adolescents in mischief and drugs abuse, decline in learning achievements etc. Other aspects also include failures in perceiving and conceptualizing the opposite sex relationships, or marriage life of children with divorced parents. This is evident from numerous studies that examined on the negative effects of divorce, as well as to observe how and what did the children or adolescents do to overcome their conditions. The author has not previously studied the results of research on how divorce is also a choice of children whose parents are not harmonious. This study aims to visualize the picture of adolescent attachments with the mother in the dimensions of communication, trust and alienation in facing the process of divorce parents. Divorce occurring at a time when children have reached adolescence indicates that the household has been established for at least 10 years, in which the family has been together for a long time. Researcher assumes that a divorce that occurs

Theoretical Study Divorce. According to the Law of Republic of Indonesia No.1 Year 1994 Article 16, divorce occurs when the concerned husband and wife could not be reconciled to live in harmony in a household. Article 18 states that the divorce occurs once it is declared in the court. The court will attempt to make atonement to the divorcing couple and the divorce is valid when the court fails to reconcile them. According to Hurlock1 divorce is a culmination of a poor marriage adjustment and occurs when the husband and wife are no longer able

to find ways of solving issues that could satisfy both parties. Divorce is a very emotional affair that drowns adolescents in dilemmatic situations. Of course, many factors that will affect the readiness of adolescents to face the problems that occur during their life development. Teenage. Adolescence is a transitional period from childhood to adult, characterized by the acceleration of physical, mental, emotional and social development and takes place in the second decade of life period. Various literatures described different ranges of adolescent years. Based on the limitations mentioned, the ranges of adolescence vary greatly, however the initial period of adolescence is relatively similar while the ending period of adolescence is more varied which simply begins from age 12 to 22 years old1. Attachment2. Attachment is a universal capacity owned by humans and all primates, which is essential for lifelong health and survival. As an affective bond, the mother is usually the first and foremost figure of attachment to a person beginning from infancy, although in some cultures the infant is also close to the father, siblings, and grandparents. The attachment of an individual to another is specific, binding them in an eternal closeness all the time, strong and persistant over a long period towards a certain figure, characterized by the desire to seek and maintain closeness with the figure especially at depressing times to gain the sense of security and comfort. Attachment is a relationship supported by the attachment behavior, designed to preserve the relationship. Not all relationships that are emotional or affective can be defined as attachment. Among the affective attributes indicating an attachment are: the relationship is considerably

longlasting, the bond remains although the attachment figure is not physically visible even if the figure is replaced by another person, and attachment to the attachment figure will create a sense of security. Someone is assumed to be attached to others if he or she has any of the following characteristics: the presence of physical attachment, the feel of anxiety when parting with the attachment figure, happy and relieved when the attachment figure returns, the orientation remains with the attachment figure despite no interaction, observing on movements, listening to voices and attempting the very best to grab the attention of the attachment figure. The first study on attachment that was

developed by a British psychiatrist John Bowlby and American developmental psychologist Mary Ainsworth agreed that secure attachment during infancy will affect on the development of social competency. In recent developments, psychologists have begun to explore the roles and structures of attachment and its related concepts, such as the bonding with parents during adolescence. Adolescents whom begin to show their autonomy will be more psychologically healthy when they keep defending their attachment with their parents. The secure attachment between the parents and adolescent could promote social competency and mental well-being as seen in several characteristics such as pride, emotional adjustment and physical health; and could minimize the problems in behavior3. As an outline, attachment is divided into secure attachment and insecure attachment5. The feelings of secure and insecure within a person depend on the internal working models of attachment. The working models of attachment are general representations on how the closest person will respond and provide support whenever he or she needs them and that he or she is truly receiving the attention and support. These working models of attachment play roles in shaping the cognition, affection and behavior of a person in a context related to the attachment. The working model is formed from the individual's past experiences with his or her attachment figure, whether the figure was a sensitive person, always present, consistent, trustable and so on. Individuals with secure attachments will develop a working model of themselves as loved ones and look closely after the others, caring and responsive to their needs. On the other hand, a person with insecure attachment will develop a working model of himself or herself as an unworthy or incompetent person, and view others as resisting or unresponsive to their needs.

Attachment on Adolescents4. If attachment is always associated with parents during childhood, hence the attachment during adolescence is also associated with figures other than parents. Although other figures or groups have become part of the role model, they would still regard parents as the basis of security. A sense of security is needed by adolescents as they seek to become more independent and autonomous individuals. Attachment on adolescents is a continuation of the

attachment developed by the child to the mother (or caregiver) during the early life period and will continue throughout the life cycle. During adolescence, attachment figures whom play important roles are mostly peers and parents. The presence of peers is also supported by the fact that early adolescence is characterized as a period of increased conflicts between parents and adolescents compared to during childhood and will decline in the late period of adolescence. The quality of attachment is defined as the sensitivity and responsiveness of the figure (mother) in behaving and interacting with her child. According to Armsden and Greenberg5, whom proposed the concept of attachment quality measurement, to observe the high or low quality of attachment, consists of three aspects: 1) Communication, in which good communication will create a strong emotional bond between the parent and child. For adolescents, the aspect of communication is indicated by the expression of feelings, the peers asking about the problems faced by the individual, seeking for advice from the parents, opinions from peers, and the mentioned people help the adolescents to understand themselves. 2) Trust, defined as a feeling of security and belief that others will help or meet the needs of the adolescent. Trust could appear when a relationship is strongly established. The belief towards the attachment figure is a learning process whereby this will emerge after the establishment of the sense of security through experiences that are consistent with the individual. Trust is also an important quality in an attachment relationship between adolescents and parents as well as peers. 3)

Alienation, in which this is closely related with avoidance and rejection. When a person feels or realizes that a figure is absent, it will result in a poor attachment that the child / adolescent experienced with his or her parents (mother).

Research Method This research applies a qualitative approach with the purpose of studying the specific problems, enabling the researcher to focus on certain aspects of the behavior or psychological experience of the subject8. This approach is used as the researcher wants to express on the reaction of respondents in facing a reality. As mentioned previously, this paper is intended to observe on the interpersonal communication and dimension of religiosity among adolescents in experiencing the divorce process of their parents, thereby allowing the use of qualitative approach by the researcher. Data collection methods applied in this research were interview and observation techniques. The interviews were conducted in the form of Focus Group Discussion (FGD) and continued with indepth interview. Participants / research subjects obtained in this study were 3 women and 2 men located in South Jakarta. Within the 16-24 years old of age range, they were divided into the time of divorce occurrence and during the research. Education was also divided into the time incident occurrence and during the research, whereby at present all are attending lectures, namely batch 2010-2015. Data of marriage duration of parents and marriage attempt status are: 3 respondents with parents of first marriage, being their biological parents; 1 respondent with parents of second marriage but they were the biological parents; while the remaining

Table 1.

No	Initial Respondent	Age and Education (during research)	Age and Education (during the incident)	Parents Marriage Duration (Years)	Parents Marriage Attempt:
1	MF / Male	24/Student	21 Student	24	First
2	MG /Female	23/Student	20 Student	22	First
3	MN /Male	20/Student	18 Student	22	First
4	AH /Female	23/Student	17 Student	18	Second, same couple
5	IQ / Female	23/Student	21 Student	12	Second

respondent with parents of second marriage-biological and step parents. Based on these criterias and techniques, the five subjects are seen in Table 1.

Study Results and Discussion

As respondents in this study, all the adolescents agreed that from the beginning, they have never wanted their parents to divorce. Divorce made them to be in a different family status than their friends. However, in the end they chose to agree on the divorce. This is because the disruptive conditions in their parents' marriage is an inconvenience that they did not want to experience continuously. They were also tired and could not bear to see any of their parents (mothers) whom suffered the most and became victims of the disharmony. The researcher discovered that all respondents experienced very similar problems – the imbalance in relationship between the husband and wife, mother and father. The results from this study did not report on the consequences of the divorce, but rather how the adolescents faced the divorce process, how they experienced the circumstances of divorce, the decision to divorce as well as the process of legalizing divorce. The researcher inquired several questions regarding the dimensions of attachment between the children (adolescents) and their parents (mothers) in the divorce process of their parents, for example: 1. The general question: What was the condition of the parent's household that caused the divorce process to occur? All respondents felt that the marital relationship situation of their parents was not normal. IQ, MG, MN stated that they witnessed the quarrels and physical violence experienced by their mothers almost every day, since they were children. Although there was no physical violence towards AH's mother, throwing of objects happened as an expression of anger during a fight. Meanwhile MF's parents never expressed any disharmonies, just keeping between themselves. 2. The next question concerning attachment was how the subject and parent faced the problem of unharmonious husband-wife relationship that could be seen through quarrels or domestic violence. What about communication and trust and were there rejections by the subject on a divorce plan and its process. a. In communication between the subject and parent (mother), each divorce had different cases. MF explained that all the while, he sensed something wrong with his parents's

relationship. So, when Mama specifically mentioned about the plan for a divorce, he was very surprised. Then there was a deep and very personal conversation. "I have just learned that the disharmony problem was serious. Apparently, Papa was not honest in many things

especially on financial matters, he even cheated Mama twice, where the last one was serious. I agreed and was ready to support Mama's divorce and its legalization process ". MG. To her, quarrels and violence among her parents have been a nightmare every night, she could barely sleep for fear of something would happen to her mother, and she often fainted outside the house (without her parents knowing). So, when the mother asked her on a specific conversation that she could no longer defend the marriage, she immediately responded: "Mother, wasn't it since Primary School 3rd Grade when I suggested that Mother get separated, very late indeed, but better than never at all". MN. Experienced all the sad drama of his parents, when his parents (the mother) spoke out her plans for a divorce, he just cried uncontrollably, unable to comment further. Through a third person - his counselor in school, the researcher received the information that MN cried to ease his burdened feelings and said: "I feel so guilty, thinking and pretending that it is fine all this while, instead my mother is suffering, even though I am confused on what will happen later, I will support Mother". AH. Experienced a very personal event from her parents that she thought was "strange", she called it "heat and relation". In their exhausting quarrels that are always done from midnight until dawn, she is always involved and made into a "bumper". This is their second divorce. Their first divorce when she was in Primary School 2nd Grade, where she objected the divorce although her parents (Mama) mentioned that she could meet her father at any time, while with Mama only separated legally. During that moment AH went on hunger strike, locked herself in the room until for several days. However, after few months later for unknown reasons, they reconciled. Instead nothing changed. When Mother told her plan for the second time to divorce, she did not care too much neither commented further. "It is up to Mama, I do not care.". AH felt all this while, her opinions and suggestions on how her parents should run a marital relationship were useless. IQ: For her

parents, this is the second marriage for her Mama, divorced with her biological father since she was in Primary School 2nd Grade. As the only child, she felt all the psychological burden of her parents's marriage were her responsibility. IQ could no longer able to express her emotions when seeing physical violence suffered by her mother, where eventually her Mama became disabled. IQ felt that her Mama did not care too much with her opinions on how to behave in a marriage when she actually felt deeply concerned overwhat happened. So, when her mother informed that she wanted to divorce from her husband, she immediately replied: "Just do it Mama, I am tired of seeing everything that happened. I want you to end all this."

b. How does trust being built between the subject and his or her mother facing the divorce process? MF. Apparently, this divorce process is not only about legalizing, and as the first child and son, he became Mama's attention. He had to communicate with his father and siblings about the divorce process. His Mama became psychologically vulnerable during these times, he really had to cover up and attend to his Mama. At times like these, Mama really entrusted all problem solving to him. MG. A young woman who is academically smart, responsive towards social issues. She understands well on the rules and norms of the husband and wife according to the law and religion (Islam), where infact she does not see them in her parents. She knows how a marriage life should be run, and when a divorce is allowed or even recommended. While still in Primary School, MG proposed a divorce to her mother because she could not bear to see the disharmony and physical violence suffered by her mother. Along with the knowledge she learnt in school, she believed that divorce was not a disgrace, instead became obligatory. She did not repropose it, but when her mother mentioned the plan, she immediately agreed. MN. As the youngest son, he was not too sensitive or wished that what happened to his parents's marriage could be solved over time. When her mother talked about a divorce from her father, he was shocked, but he remembered clearly the school lesson he received on being devoted to Mother. He poured out his sadness to the school's Councellor, not knowing on how to deal with the problem. Discussions and advice from the

Councellor made him realized that his mother's intention was a serious decision, and MN knew where he should provide support. AH. "My parents are mentally ill. Their marriage life is strange". AH was ultimately relieved when her mother decided to divorce from her father, believing that divorce was the most possible solution for the benefit of everyone, although she felt very heavily stressed because apart from facing her home's internal conditions, the stress came socially from the home and school surroundings, mocking her as a broken home child. She believed that her closeness with her religious grandfather was very influential, where he was always willing to listen to her grievances and dejections, "This is the strength for me, Mam". IQ. The stressing conditions in her parents's marriage, made her discussed them with her friends, where she received comfort and social support from her friends. "I just keep thinking and telling myself to face, accept all these discomforts alone. I am the only child, and I cannot complain about my parents to others even to my family. They will only bring trouble. Occasionally I do ritual worship, the least is I provide time to stay silent and communicate with Him, expressing all my confusions". Thus, IQ builds her self-power and maintains psychological stability through her mind, through her friends, and reflects transcendently.

c. Is there a condition of alienation in the divorce process? Alienation is defined as rejection or avoidance to the figure inside the parents's divorce. All respondents said that they were in a guilty situation. Wishing for a complete and harmonious family seemed impossible, supporting parental divorce was also not smooth indeed. MF, MG and MN must fully support their mothers psychologically and legally since their fathers have became disturbing figures for their mothers and even themselves. Here, the relationship between MF, MG and MN with the mothers become closer. AH claimed to choose to stay with Mother with the reason to look after her, although in fact she felt no psychological closeness to both parents (Mama and Papa), as she is closer to her grandfather. For IQ, he would definitely choose her mother because since the first divorce she lives with her Mama, and for this second divorce, she knows that it is her duty to take care of Mama.

Conclusion

Based on the interviews with adolescents as the subjects on how communication, trust and alienation become aspects of attachment with parent (mother) in their parents's divorce process, it is concluded as follows: Communication. The openness and honesty of the mother about the conditions and relationship as husband and wife (between mother and father) made the subject to recognize and understand the situation in the family. For subjects MF, MG, and MN, this openness is indeed an equality, thus triggering the empathic feeling of subject to the mother to support each other and the presence of positive feeling to face the divorce process as well as the effects that will come along. Whereas for subjects IQ and AH, the communication of their mothers are open although not completely, and is one-way without equality. The subjects do have empathy for their mothers, however that unequal openness made them confused to provide support as they do not feel fully positive in dealing with the divorce process. Trust. Household conditions and parental divorce process are problems that are severe enough for them, but they managed to overcome and responded to the problem with a strong relationship between the subjects and the people around them. For MF, MG, and MN, the factor of closeness to their mothers made them support each other in the tough divorce process. This is actualized as

supporting each other psychologically and assisting one another on the legality process. Alienation. For AH and IQ, despite agreeing on the divorce, the subjects and their mothers did not support each other well, psychologically or legally. AH and IQ felt that staying with their mothers are a necessity, this is because they believed that although mothers are often behaving authoritatively, they are also aware of their vulnerabilities.

Dominance, Striving for power, and Aggression Tendencies in Different Sexes

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Abstract

Aggression is a natural behavior and is part of the behavior of adaptation in human social interaction. Aggression may lead significant implications in social contexts. Aggression can be discussed in two sides as an impulsive-defense reaction against provocation and instrumental aggression - goal directed response. Aggression is also associated with behavioral drives to seek dominance and status in social interactions. In the social context, men and women have different social roles. This study aims to ascertain whether there are the differences between men and women in aggression, dominance, and striving for power. Data were collected using aggression, dominance, need for social status self-report. Subjects were 197 undergraduate students in Semarang M age= 19.58 SD=1.425. Result showed that there was difference in the dominance between male and female students $F_{(1, 195)} = 7449$ $p < 0.01$ $\eta p2 = .03$, but no differences between men and women in aggression and striving for power $F_{(1, 195)} = .571$ $p > 0.05$; $F_{(1, 195)} = 2,397$ $p > 0.05$ respectively. Interestingly, sexes differences appeared in physical aggression $F_{(1, 195)} = 9.230$ $p < 0.01$ $\eta p2 = .040$, but not for verbal aggression, anger and hostility. Men are more physically aggressive than women, and male tend to have higher dominant than female.

Keywords: Aggression, Dominance, Striving for Power, Male, Female

Introduction

Aggression is always interpreted as a violence. Aggression is defined as the behavior that's directed and intended to cause harm and entrust others (Anderson & Bushman, 2002). Aggression is a behavior associated with fights and quarrel (Rahimizadeh, Arabnarmi, Mizany, Shahbazi, & Bidgoli, 2011) or even linked to maladaptive and antisocial behavior (Reidy, 2011).

Further, aggression can be examined on both sides of aggression as an impulse or a defense reaction mechanism against provocation and aggression as an instrument to achieve the goal; It has known as hostile aggression and instrumental aggression (Rahimizadeh, et al. 2011). According to many works of literature, aggression is studied with a large number of behavioral variations and perspectives.

Biologists view aggression from an evolutionary perspective as a way to win the competition for a limited source.

According to the ecological perspective of behavior and ethology, aggression occurs among similar individuals occurs primarily as a result of competition for limited resources, for example, food, shelter, or opportunities for mating. Aggression also occurs in the context of the formation of a hierarchy of domination which involves the goal of gaining greater access to, and control over, limited resources. In this regard, aggression is often described in the context of competitive mechanisms (Walls & Jaeger, 1987) or as a condition for competition (Schuster, 1983). So, it shows a high conceptual overlap between the terms aggression and competition.

In everyday life, the human cannot be separated from the situation of competition, in school, office,

and in social life. Often, aggression is generated by competition to gain resources or positions. Aggression is suspected to occur when an individual is active in a contest to obtain a source of need or a particular position or status (Christiansen & Knusmann, 1987). When resources are limited, then human compete to fight over it. Then, there is competition. Then people will be motivated to gain access to the objects that become their needs. Competition can happen on many things, such as social status, get any source of financial, and spouse.

Moreover, some people compete to be winners, and many things can push them to achieve it, for example, being better than others, smarter, faster, stronger, getting more friends, getting more influence, gaining more power. Thus it is related to psychologies of dominance, power motivation, and status seeking. In the context of this competition, there is a great deal of assertiveness as a form of social competition. For example, aggression is used by some individuals for interpersonal purposes, such as status attainment. Thus competence can be seen as a means of dominance for the determination of status in the social hierarchy. In that sense, the drive of competition is regarded as a motivation to obtain social outcomes (Van den Bos, Golka, Effelsberg, & McClure, 2013). Moreover, competitive behavior is commonly defined in an attempt to capture the highest results relative to others. It usually related to social value orientation.

Many motives are underlying human behavior, one of the natural human impulses is the drive to dominate. Power is a part of the social motivation. This drive plays an essential role in social life. Furthermore, the link between power and motivation can be discussed in a broad or narrow point of view. Extensively, motivation to power is anything that is used to assert oneself to fight or dominate the world. Narrowly, motivation to power is the motivation to dominate others through strength, forcing, bargaining, persuasion, manipulation, or even love. In this case, drive for dominance, a closer in terms with self-assertion which one has the impulse to dominate, but they also want to be respected, want to work well to get a high salary. This impulse is closer to the need for achievement and status than a notion to dominate as is commonly understood. (Rummel,

2011). So, intrinsic need for social status is an important thing that underpins the urge to compete.

Man and woman related Aggression, need for power, and dominant

Aggression tends to be associated with men. But is it true that men are more aggressive than women? Several studies have been done to answer this question with a variety of approaches and results that have not been solid. According to the evolutionary perspective, men are more aggressive and stronger than women can be explained through intrasexual competition approach (between males). Men have the capability from birth that is inherited from our ancestors. Men get higher status, resources, have a role in keeping the family, and struggle to get a life partner so it requires high physical competition and aggressiveness (Gat, 2010).

Physically, the males look more aggressively reflected from their anatomy, have a strong body and muscles, stronger and denser bones. Also, they have the faster reaction time, better visual acuity, thicker skin, greater dehydration deficiency. All of it shows men are better suited for battle than women. Besides, men also have particular hormone testosterone. Testosterone is known as the male hormone, although in fact both men and women have the same type of hormone including testosterone, but in a different level.

Research on the relationship between testosterone (androgen) and aggression has been widely executed, but the results have not been consistent. In some animal species, the connection shows mixed but have reasonably consistent results indicating a link between testosterone and aggression. High testosterone levels have been associated with aggressive behavior that is dominant in individuals. Some studies have found a correlation between aggression and testosterone in men (Dabbs, Carr, Frady, & Riad, 1995) and also in women (Dabbs & Hargrove, 1997). However, some researchers found no difference in testosterone levels among various groups of sexual harassment criminals who were classified according to their level of violence. Recent studies that consider total or free testosterone, either in blood or saliva, have shown a relationship between testosterone and aggressiveness-dominance in normal and criminal male and female samples. Additionally, there is evidence that women are more reluctant to compete than men, despite the fact that

both men and women have the same abilities (Niederle et al., 2013). This situation may lead women have low level of motivation for status

Basically, human behavior is governed and shaped by the culture and social environment. Thus, the difference in aggressiveness between the sexes is also somewhat related to their social role. For example physical aggression is understood to be primarily regarded as a male characteristic in many cultures. There is evidence to suggest that certain gender gaps seen in many Western societies, instead occur in the matrilineal society (Gneezy, Leonard, & List, 2009). In Indonesia, there are some findings related to aggression and gender, among others are: The boys are more aggressive than girls. Boys aggressively do 5 times more than girls. Boys also expressed more aggressive physically than girls (Masykouri, 2007). Based on the annual report of National Commission on violence against women (2017), domestic violence or personal relations indicated that violence against wives (KTI) was ranked at 5,784 (56%). This suggests that women are more vulnerable to violence than men

Based on the phenomena that has been described above this research want to reveal whether there are differences of men and women in aggression, striving for power and status, and dominant.

Method

Participants

This study involved 197 undergraduate students in Semarang; male (n=93) and female (n=104); M age= 19.58 years; SD= 1.425 were recruited from online research.

Materials

Brief Aggression Questioner (BAQ)

BAQ is a short form of Buss-Perry Aggression Questioner (BPAQ). BPAQ is a standardized aggression questioner and has an excellent psychometric property. BPAQ has been translated into Indonesian also has been widely used by researchers in Indonesia. While BAQ is an abbreviated form of BAQ that is structured to meet the needs of an efficient and good research instrument. This BAQ has been confirmed to have good validity and reliability as a short measure of

aggression. The Brief Aggression Questioner has convincing validity and reliability. BAQ's scores show a consistent pattern with good discriminant validity with other self-report measurements. BPAQ consists of 29-items, using a 7-point response scale (1-extremely uncharacteristic of me to the 7-extremely characteristic of me). While BAQ uses only 12 items from 29 original pieces (Webster, et al., 2014).

Interpersonal Adjective Scales (IAS)

The IAS developed by Wiggins (1995) contains 64-items, has eight sub-scales (Assure dominant, Arrogant Calculating, Cold-Hearted, Aloof Introvert, Unassured Submissive, Unassuming-Ingenious, Warm-Agreeable, Gregarious-Extraverted) and is presented using an 8-point Likert scale. From 1 (extremely inaccurate) to 8 (extremely accurate). It measures the traits of IPCs such as (e.g., firm, kind, shy), IAS has demonstrated strong psychometric and circumptive properties of the octane scale, which had an alpha coefficient ranging from 0.73 to 0.88 in the original version. The IAS was translated into Indonesian by researcher and had an alpha coefficient 0.793. In this study used only total score of Assure Dominant sub-scale.

The need for social status questionnaire

It is a brief questioner consisting of 8 items developed by Flynn, Reagans, & Amanatullah (2006). The questionnaire was developed to measure the courage to seek social status. We ask participants to fill in brief information that includes some items designed for the need for social status. The sample items include "being a member of a very important social group for me" and "I like other people." Participants are required to provide information on where they agree on any item with seven scale points from 1 (strongly disagree) to 7 (strongly agree). After being examined, only six items were valid so this study used the six valid items with alpha coefficient is 0.82.

Result

Analysis of variance showed that there is the difference in the Dominant trait between male and female $F_{(1, 195)} = 7449$ $p < 0.01$ $\eta p2 = .03$ as hypothesized. In this case, sexes explain 3% of the variation among students regarding dominance. On

the other hand, there is no difference between men and women in aggression and need for power F (1, 195) = .571 p> 0.05, F (1, 195) = 2,397 p> 0.05

Table 1. BAQ, NS, DOM in male and female

		Mean	SD	F	P	η^2
BAQ	Male	40.78	10.214	.571	.451	-
	Female	39.79	8.278			
NP	Male	26.22	6.455	2.397	.123	-
	Female	27.70	6.966			
DOM	Male	41.27	7.83	7.449	.007**	.03
	Female	37.82	9.69			

Note: * p < .05   **p<.01 ***p<.0001

BAQ=Brief Agression Questionnaire; NS= Need of Power; DOM=Dominance

respectively.

Furthermore, based on analyzes of aspects of

Table 2. Means, Standard Deviations of BAQ

Aggression	Males M (SD)	Female M (SD)	F	P
Physical	8.47 (4.117)	6.90 (3.108)	9.230	.003**
Verbal	12.39 (3.56)	12.16 (3.336)	.207	.650
Anger	8.77 (3.648)	9.67 (3.395)	3.208	.075
Hostile	11.15 (4.048)	11.05 (3.632)	.035	.852
α	0.68			

Note: * p < .05   **p<.01

aggression (table 2) It can be seen that there is a significant difference in physical aggression between men and women F (1, 195) = 9.230 p <0.01 η2= .040, whereas no differences in verbal aggression, anger, and hostility. Gender describes 4% of the variation of physical aggression among the students.

Discussion

This study illustrated that the tendency of aggression between male and female students is no different in general. This is in line with previous research (Björkqvist, 2018) Understanding aggression cannot be separated from the biological and sociocultural context. In socio-cultural context,

it is necessary to understand how aggression is permitted and impeded by social roles, especially the role of women and men in their social environment (Angel, et al, 1986). Recently, gender equality awareness appears to provide equal opportunities and views for men and women in their caring (Widayani & Hartati, 2014). Gender equality is the same valuation by the society of the fairness and differences of men and women in the various roles they perform (KMNPP RI, 2001). In this case parents and society teach a variety of social codes that are not different for men and women, which further affects the development of individual personalities. This gender equality may lead men and women no different in their aggression tendency, especially in verbal, angry and hostile aggression. On the other hand, it is interesting to see in the sub-aspect of aggression, the difference of aggression between men and women occurs only in physical aggression. Men have a higher physical aggression tendency than women. This may be related to male and female differences biologically. For instance, the anatomically and hormonally influenced men tend to have a stronger physical presence, which allows men to do aggression more than women. For example, anatomical and hormonal influences make men tend to have a stronger physical, which will enable men to assault greater than women.

In line with that, the absence of gender differences in the pursuit of power is also linked to the view of gender equality. Equal opportunities for men and women in various fields such as employment and education may have the same effect for both men and women regarding driving them to seek power and status.

According to Rummel (2011), the drive to dominate is not regarded as a motive but instead considered as temperament, a style of behaving from motives. This temperament distinguishes people in term of their firm, confident, courageous, willful and the opposite as submissive, retiring, and timid. The differences between men and women concerning their dominant give a picture of their psychological differences. These gender differences explain the general pattern of behavior between men and women on average (Weisberg, DeYoung, & Hirsh, 2011). The gender difference concerning average differences does not imply that men and women have only the opposite end of circumstances, e.i.,

men have just the dominant, and the contrary women are submissive only, but both men and women can have the traits; however, men experience more dominant in general. In other words, this study supposed male have the higher dominance tendency than female.

Conclusion

There is no difference between men and women in the aggression and striving for power tendency. The difference between men and women occurs in physical aggression and also dominance. Men are more physically aggressive than women. And men tend to have higher dominant than women.

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THE EFFECTIVENESS OF RELAXATION TO DECREASE THE WORKING STRESS IN MARKETING STAFF OF PT.BPR X

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Abstract

The banking world is a financial services world that nowadays holds a heavy pressure amid the increase of the already fierce competition. The marketing staff is the spearhead of the company to sell the offered financial services. The heavy work demands in the form of target achievement result in psychological pressure that can lead to work stress. This study aims to reduce the effects of stress by providing relaxation training. The research method used in this research is experimental with pretest-post test design group control design. A total of 10 marketing staff, divided into experiment and control groups, were included in the training of relaxation program for four sessions for 30 minutes in each session. Hypothesis proposed in this research is that there is influence of relaxation training to lessen the work stress. The hypothesis was tested using a wilcoxon signed rank test. The work stress is measured using the work stress scale which has been tested for its validity and reliability. The results of the data in the experimental group showed the value of $z = 2.032$ ($p < 0.05$) with mean pre test 74.4 and mean post test 41.6. On the other hand, the results of the data in the control group show $z = 1.225$ ($p > 0.005$) with pre test score 74.6. This means there is no significant difference in the control group. Thus it can be concluded that the hypothesis proposed in this study is proved. Relaxation effectively lessens work stress on marketing staff.

Keywords: Work Stress, Relaxation

Background

The rapid growth of the banking industry in Indonesia has resulted in competitive business competition. The more critical the customer and the more complex the customer's desire for banking services will require each bank to innovate in an effort to attract customers to use their products and services. PT.BPR X is a company engaged in banking finance that focuses on raising public funds in savings and deposit products. In marketing its products, PT.BPR X has a marketing division as sales division. In the banking world the role of marketing or salespeople become the main factor of the success of a bank to achieve corporate profits. Ferdinand (2000) says that in sales management, salespeople are often regarded as the spearhead of marketing activities that can bring benefits to the company. Therefore, the company seeks to improve the quality of its employees' resources, not least the marketing staff.

Marketing staffs have high job demands, in addition to monthly targets and workloads, changing market conditions, environment and weather can

also affect the stress level of marketing staff. The results of Agus et al. (2003) suggest that job stress on sales or marketing can affect their performance and stress is caused by sources that come from the organization (external) or from the individual itself (internal). Robbins (2008) also points out the same thing that the source of stress can be from three sources: organizational, environmental and individual.

Stress is nothing new among the workers. In the work of course the results obtained are not always in accordance with the goals and targets set by the company. Constraints and pressures are sure to always be and are common place such as tight competition with co-workers, pressure from superiors, uncomfortable office environment and circumstances, unreachable targets, and the demands and policy changes of companies that sometimes complicate employees.

Problems related to the symptoms of stress occur also in marketing staff at PT.BPR X. Based on the interview results obtained information that the marketing staff often complain tired, seem lethargic, not the spirit, and the five marketing people often permit not to work due to illness to performance and declining productivity, as evidenced by the percentage of targeted achievement of each marketing staff in 6 months, shows that the average realization has not reached 100%, even less than 80% so it is in the bad category. Then further interviews with marketing staff related to the causes of the problems, found that high work load and the achievement of credit disbursement target near the end of the month raises anxiety will not get monthly incentives and fear of poor judgment from superiors. In addition, the lack of job satisfaction is also expressed by three marketing people and a supervisor that being marketing has a lot of pressure / stressor. Moreover, the pressure always comes repeated every time the end of the month if the target of disbursement is not achieved. These stresses have anxiety, irritability, and confusion as well as decreased health effects such as sleeplessness, migraine, back muscles become tense, tired and difficult to concentrate.

Individual reactions to environmental threats or demands such as mental stress and reduced physical and psychic energy are forms of stress. Kendal & Hammen (1995) revealed that when

environmental demands are considered important by individuals captured as a very demanding then it can be said as work stress. Andre (2008) defines work stress as a physical and emotional response that occurs when job requirements do not match the capabilities of the worker, resource, or need. Munandar (2008) says that every job can be a stress generator, depending on the work force that determines the extent to which the situation is a stressful situation or not.

Sunyoto and Burhanudin (2011), the symptoms can be categorized into three, namely physiological symptoms, psychological symptoms and behavioral symptoms. Physiological symptoms due to stress can cause changes in metabolism; increase heart rate, blood pressure and trigger heart attacks, as well as excessive work demands can cause stress that is susceptible to respiratory diseases and immune function. Psychological symptoms due to stress can be anxiety, boredom, tension, annoyance, and a procrastination posture. Jobs that require excessive and contradictory demands, as well as unclear authority and responsibility, can create stress or discontent. In addition, the symptoms of natural stress are behavioral symptoms that tend to change productivity, employee turnover, in addition to changes include eating habits, smoking, alcohol consumption, anxiety and irregular sleep.

Prolonged stress can affect employee motivation and can have an impact on employee performance in the company. Tyle (in Aamodt, 2010) states that stress management to change behavior becomes healthier fully to respond to stress before it occurs, when it occurs and after it occurs. Losyk (2005) states that there are various ways to control stress, calm down, and recharge. The ways that can be done include by applying time management, routinely perform physical and mental exercises such as exercise and relaxation.

Relaxation is one technique that can be done to reduce the tension experienced by individuals by relaxing the muscles in the body. Relaxation was first introduced by Jacobson through various studies on tension reduction techniques (Utami, 2002). Greenberg (2002) argues that relaxation is helpful in helping people relax, giving physiological and psychological benefits (lowering anxiety, stress and depression). In line with Greenberg, Bellack and Hersen (in Utami, 2002) argue that relaxation can

suppress the feeling of tension and anxiety, resulting in counter conditioning and the removal of tension and anxiety. When a person experiences tension and anxiety that works is the sympathetic nervous system, while the relaxed working moment is the parasympathetic nervous system. so that with the relaxation can suppress anxiety and tension that arise reciprocating that tension and anxiety remover. With a relaxation routine then when there is a stimulus that causes stress and make muscle groups become tense, can immediately be conditioned to relax. So, that stress can be reduced well, and the symptoms that accompany it can be minimized the rate of its appearance.

Based on the above descriptions it can be concluded that the symptoms of stress experienced by marketing PT.BPR X. caused by the lack of stress management or good stress management, so that relaxation can be an intervention to reduce the level of work stress on marketing staff PT. BPR X. Therefore, the question asked in this study is whether there is a difference between the level of stress of marketing staff between before and after the relaxation?

Hypothesis

Based on the above framework the researcher proposed the following hypothesis: there are differences in the level of work stress on marketing staff between before and after the relaxation. The level of stress of the marketing staff who do relaxation is lower than the non-relaxed marketing staff.

Research methods

The method used in this study is an experimental approach. The experimental approach is the research that manipulation takes the form of a particular situation or action given to the individual or group, which aims to know the effect of such manipulation on the behavior of the observed individual (Latipun, 2002), where the manipulation in this research is the giving of the relaxation technique to the marketing staff.

Experimental Design

This research is a quasi experimental research with pretest and posttest design model using

Tabel 1. Experimental Design

Group	Pretest	Treatment (X)	Posttest
Experiment	O1	Get *handout* Relaxation process Relaxation Exercise	O2
Control	O3	Not treated	O4

O1	: experiment group *pretest*
O2	: experiment group *posttest*
O3	: controlling group *pretest*
O4	: experiment group *posttest*
X	: treated

Identification of Research Variables
Dependent variable   : Job stress
Variable free   : Relaxation

experimental group and control group (pretest-posttest control group design). This study takes measurements before and after training treatment.

Research subject

1. Population

The population in this research is marketing staff of PT.BPR X which amounts to 33 people consist of six supervisor and 27 marketing staff. The original 33 subjects left 30 people. These 30 people were then used all for a work stress scale test, but only ten samples were taken, five for the experimental group and five for the control group.

2. Sampling

In this study, the sample using purposive sampling, the subjects are selected based on stress score results in the initial data collection stage showed that there were ten subjects who had a high job stress score. Further, it is divided into five people for the experimental group and five people for the control group.

Research procedure

The research procedure in this research consists of four stages, namely randomization, first measurement of work stress (pretest), grouping of subjects, giving relaxation and final measurement (posttest).

1. Sampling (October 24 - October 27, 2017)

Based on the results of job stress score obtained ten subjects. Five subjects were used as a control group and five subjects were used as experimental groups.

2. Initial interview and Pretest (November 12 - November 15, 2017)

Initial interviews with prospective subjects, subjects fill out some data and statements submitted. After that the subject is welcome to fill the job stress scale provided by the researcher.

3. Grouping of preparatory subjects for the preparation of interventions (4 December - 6 December 2017)

After the data of work stress in pretest obtained, then between the score of two people who are almost the same subject paired so that the score is not much different. One group as an experimental group and one group as a control group.

4. Giving Relaxation (intervention)

The implementation of relaxation is designed four times as follows:

a. The first relaxation exercise on December 16, 2017 at 09.00 pm.

b. The second relaxation exercise on December 18, 2017 at 09.00 WIB.

c. The third relaxation exercise on December 20, 2017 at 09.00 am.

d. The fourth relaxation exercise on 22 December 2017 at 09.00 WIB.

5. Posttest (December 24, 2017)

At this stage performed work stress measurements using a working stress scale that is valid and reliable. This measurement is applied to the control group and experimental group.

Data analysis

After the final stages of the experiment are completed, the next is to process the results of data stress work before and after relaxation exercises. Analysis of work stress data of this research will be processed using Wilcoxon Signed Ranks Test.

Results

This study examines the effectiveness of relaxation on the reduction of work stress of marketing staff. Based on the analysis of work stress data in the experimental group, it was obtained $z = -2.032$ with $p = 0,042$ ($p < 0,05$), with mean pretest score 74,4 and mean posttest 41,6. These results indicate that there is a significant difference in terms of decreasing job stress score between before and after intervention. The following is the work stress data before and after the intervention is given in the form of relaxation in the experimental group:
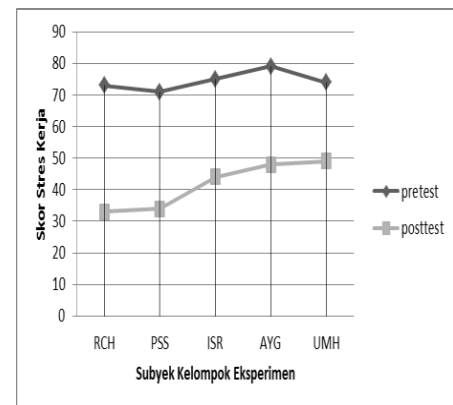
Picture 1. Pretest Posttest of Working Stress in Experiment Group Chart

While the result of job stress data analysis on control group obtained value of $z = -1,225$ with $p = 0,221$ ($p > 0,05$), with mean pretest score equal to 74,6 and mean score posttest equal to 75,6. These results indicate that there is no difference in job stress score between before and after intervention. The following work stress score before and after intervention in the control group:
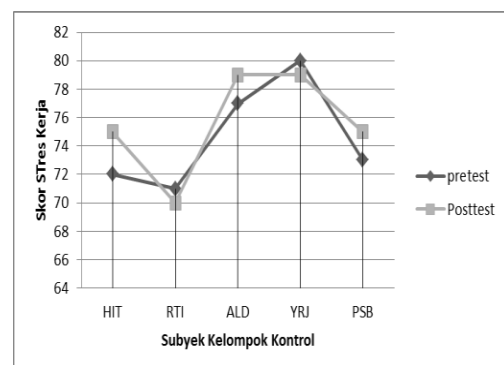
Picture 2. Pretest Posttest of Working Stress of Control Group Score Chart

Further analysis was performed on any symptoms of occupational stress. The results of the analysis of each stress phenomenon in the experimental group as follows

1. Physical Symptoms

Based on the analysis using Wilcoxon Signed Ranks Test note that the value of z = -2.043 (p <0.05) with mean score of pretest 28.2 and mean score of posttest 15.2. These results indicate a decrease in job stress score. The pretest and posttest score charts on physical symptoms are as follows:
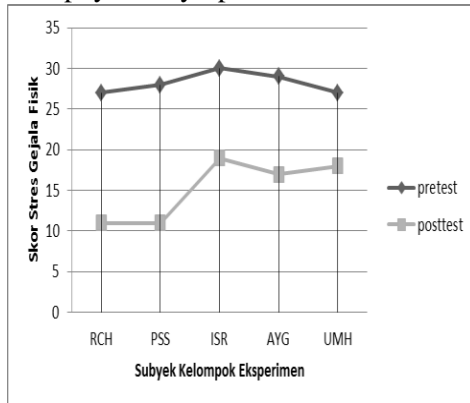
Picture 3. physical symptoms chart

2. Psychological symptoms

Based on the analysis using Wilcoxon Signed Ranks Test note that the value of z = -2,060 (p <0.05) with the mean score of pretest 27 and posttest 16. These results indicate a decrease in job stress score. Graphs of work stress score of pretest and posttest on psychic symptoms as follows:
:
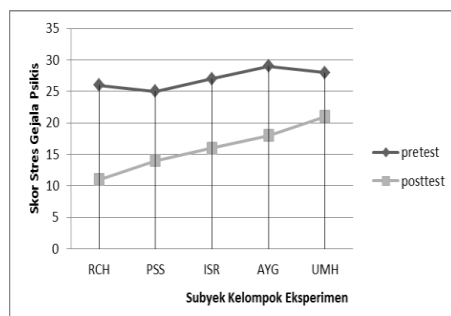
Picture 4. Psychicological Symptoms Chart

3. Symptoms of Behavior

Based on the analysis using Wilcoxon Signed Ranks Test note that the value of z = -2.121 (p <0.05) with mean pretest score of 19.2 and mean posttest score of 10.4. These results indicate a decrease in job stress score. Pretest and posttest score charts on behavioral symptoms as follows:
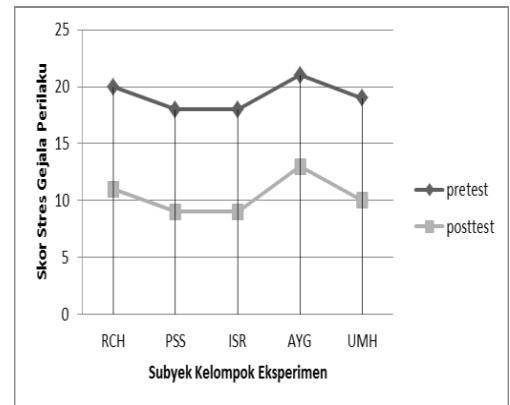
Picture 5. Symptoms of Behavior Chart

While the following is the result of the analysis of each stress symptom in the control group:

1. Physical Symptoms

Based on the analysis using Wilcoxon Signed Ranks Test it is known that the value of z = -1 (p> 0,05) with mean pretest score 27,8 and mean score of posttest 28,2. The pretest and posttest score charts on physical symptoms are as follows:
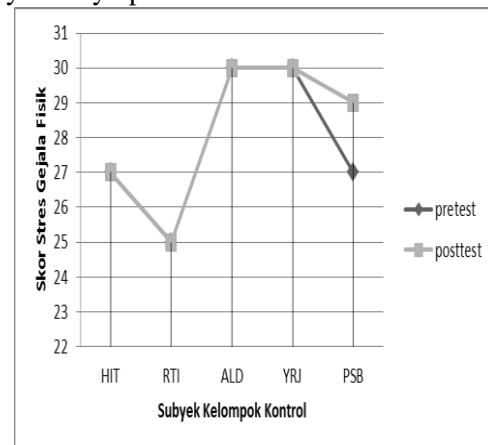
Picture 6. Physical Symptoms Chart

2. Psychological symptoms

Based on the analysis using Wilcoxon Signed Ranks Test note that the value of z = -1.278 (p>

0.05) with a mean score of pretest 27.4 and mean score of posttest 28.6. The pretest and posttest score charts on psychic symptoms are as follows:
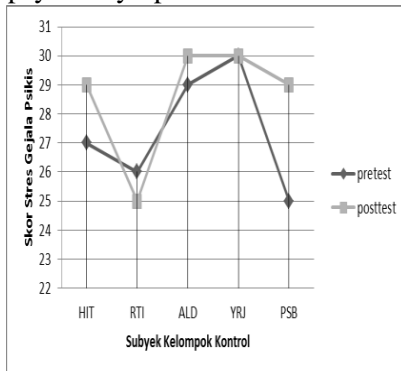
Picture 7. Psychic symptoms Chart

3. Symptoms of Behavior

Based on the analysis using Wilcoxon Signed Ranks Test note that the value of z = -1 (p> 0.05) with the mean pretest score 19.4 and mean score posttest 19.6. Pretest and posttest score charts on behavioral symptoms as follows:
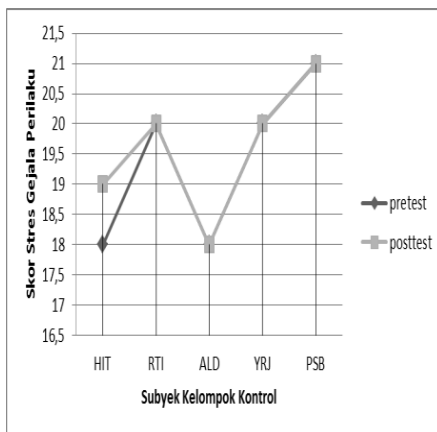
Picture 8. Symptoms of Behavior Chart

Here's the comparison of posttest scores on Experiment Group and Control Group:

Table 2. The Comparison of Posttest Pretest Work Stress Score on Experiment Group and Control Group

Group	Pretest	posttest
Experiment	74,4	41,6
Control	74,6	75,6
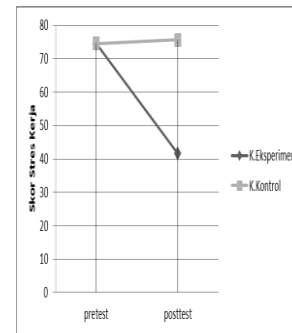
Picture 9. Graph of Pretest Posttest Comparison on Experiment Group and Control Group

Discussion

Based on the results of hypothesis test data analysis that has been done with Wilcoxon Signed Rank Test technique, it is known that effective relaxation technique as an intervention to job stress decrease in the experimental group with the result value of z = -2.032 with mean score pretest 74.4 and mean score posttest 41, 6. These results indicate that there is a significant difference in terms of decreasing job stress score between before and after intervention. While in the control group obtained value of z = -1.225 with mean scoe pretest 74.6 and mean score posttest 75.6. These results indicate that there is a difference in the level of work stress is an increase in stress score of work between before and after the intervention.

When viewed from result of work stress score per experiment group subject, show that each subject of experiment group decrease job stress score between before and after intervention. While in each control group subjects showed that three subjects had increased and two subjects had decreased. Then, when viewed from the results of the score per work stress symptom, seen in the decrease in the highest score of work stress in the experimental group occurred in the physical behavior symptoms of 13 and the lowest decrease in job stress score occurred in behavioral symptoms of 8.8. Meanwhile, in the control group, there was no decrease in job stress score.

Based on the results of the above data, the hypothesis in this study can be accepted. This is shown through the quantitative analysis of stress scores of each experimental group subjects who experienced a decrease in job stress score. These results are supported by observations and interviews

after the relaxation process. From the results of observations and interviews show each subject to feel more positive changes after following the relaxation exercises. From the results of interviews five experimental subjects stated that the subject AYG and PSS said physical symptoms such as headache and back pain are not felt anymore. The subject of UMH also said that migrants and stiffness on shoulders are rarely felt although still difficult to sleep at night. While the subject ISR said more soundly to sleep at night.

In contrast to those that occurred in the control group who did not get relaxation exercises. The subjects of the control group did not decrease, only 1 score on the subjects of RTI and YRJ. While on the subjects of HIT, ALD, and PSB were seen increased stress score. Based on the results of interviews with control group subjects, it was found that HIT subjects admitted that the symptoms of stress are still felt especially in the difficulty of sleeping and stiff on the neck, and then on the subject ALD confessed still often achy, migraines and blood pressure is still high. While on the subject of RTI, YRJ and PSB admitted feeling more anxious due to annually pursued end targets, often restless and pessimistic so grumpy and not enthusiasm when leaving for work.

Relaxation is done directly affect the physical condition of a person, such as neck muscles more relaxed, reduced headache, more regular breathing, and more stable pulse. As explained by Pedak (2009) if a person is in a state of stress all his muscles contract or tense cause fatigue and muscle fibers cannot function properly. Muscle tension can cause pain, backache, neck stiffness, some joints or other complication symptoms. Relaxation can reduce these symptoms. Goliszek (2005) adds that the benefits of progressive muscle relaxation are very useful in dealing with various diseases, such as high blood pressure and migraine.

Relaxation is one way to manage stress (Smet, 1994). Greenberg (2002) argues that relaxation is helpful in helping people relax, giving physiological and psychological benefits (lowering anxiety, stress and depression). Utami (Subandi, 2002) states that by exercising a daily relaxation method that can reduce stress and manage emotions, the result is someone more resilient in the face of

outside pressures of glory or failure, hope and fear, aggravation and frustration.

Other research results were suggested by Maria et al (2015) that the application of progressive muscle relaxation may decrease the student's academic stress level in India. Research from Muller (2016) also states the same thing that effective relaxation reduces stress and anxiety in pregnant women. There is also research from Essa et al (2017) which states that relaxation can reduce stress, depression and anxiety. From the explanation, it can be concluded that if relaxation done continuously and periodically can give change at stress level that is decrease of symptoms of stress.

The weakness of this relaxation is the stress level of research subjects can be influenced by many factors such as lack of support from the environment and family, which resulted in subjects can remain experiencing persistent stress symptoms despite applying relaxation exercises. Researchers also cannot control variables and other factors that impact work stress such as: workload, relationships with superiors and co-workers, salary and family problems (Hasibuan, 2000). In addition, the weakness of this relaxation intervention is that the effectiveness of relaxation exercises given to all subjects cannot directly reduce work stress, especially in the behavioral aspect because the time constraint of application of relaxation exercise is only given four times given the marketing staff has a high enough workload at the end of the epidemic, this causes less optimal job stress reduction in marketing staff PT.BPR X

Conclusion

Based on the results of research that has been implemented, the hypothesis in this study can be accepted. This is evidenced by the difference in job stress score between pretest and posttest in the experimental group, whereas in the control group did not show differences in job stress score between pretest and posttest. In conclusion, marketing staff in the experimental group had lower levels of work stress after relaxation.

Suggestion

In relation to the research that has been conducted, the researchers put forward the following suggestions:

1. Company

The company is expected to develop programs for marketing staff in order to manage work stress independently by providing relaxation training, so that staff can perform relaxation movements independently.

2. Employees

Employees are expected to be more sensitive to the symptoms of stress experienced so that it can immediately apply relaxation exercises to reduce the symptoms of perceived stress.

3. Further Researchers

If other researchers are interested in conducting research on relaxation to reduce stress, relaxation techniques can be combined with other training such as Self Efficacy Training, Gratitude Training and Emotion Regulation Training.

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Factors Affecting Sibling Rivalry in Middle Adulthood

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ABSTRACT

The purpose of this study was to understand factors that influenced sibling rivalry in middle adulthood and those dynamics. This qualitative research used interview as a collecting data method with three participants ranged from 40-65 years old. During the research period all participants still actively rivals with their siblings. The result showed that factors influenced sibling rivalry in middle adulthood in order based on its appearance were previous sibling rivalry, personality, economic status, parents attitudes, birth order, parents inheritance, combination of gender, number of siblings, and age difference. The dynamics of that factors showed that child birth order has affected parental behavior toward their children. This different parental behavior affecting each child's personality and stimulate sibling's competition. The unsolved childhood sibling rivalry will continue to exist until adulthood.

Keywords: sibling rivalry, middle adulthood

Parent-child and sibling relationships was a part of individual life and become an immortal relationships during individual's lifetime. In the course of the relationship between siblings often occur competition between brothers and sister, but generally this competition disappears with age and the coming of maturity. According to Maslim (2001) competition or jealousy between siblings becomes a serious matter if the competition is marked by excessive negative feelings. In a mild sibling rivalry the sense of competition or envy can be seen from the unwillingness to share, the lack of positive perception, and the lack of friendly interactions between siblings, whereas in the severe one the competition is accompanied by open hostility including physical aggression, evil attitude, and attempts to harm his brother.

One of the developmental tasks in adulthood is to establish and maintain the quality of relationships (with spouses, with grown children, with extended families). If such developmental tasks can not be implemented properly then it will have an impact on the happiness and success of individuals in old age (Hurlock, 1990). One form of not achieving developmental tasks to establish and maintain the quality of relations can be reflected in the existence of sibling rivalry that cause prolonged conflict in middle adulthood.

In general, the relationship between siblings in middle adulthood move towards positive change. Most people in middle adulthood experience peak career and the pinnacle of success in his life (Papalia, Old & Feldman, 2007). According to Cicirelli & Scott (Santrock, 2002) in this period the siblings support each other and build closer ties. Bedford, Cicirelli, Putney & Bengtson (Papalia et al., 2007) said that after achieving success in career and family, sibling may renew and improve relationships. Putney & Bengston (Papalia et al., 2007) also reveal the possibility of the influence of each other's existence on the quality of relations between siblings in middle adulthood. Conflict

between siblings also tends to decrease as conflicting brothers live in different places and are busy with their respective affairs so it will be less frequent to see each other. But in fact there are many cases of competition between siblings that occur in people who are middle aged (Whiteman, McHale & Soli, 2011).

Competition between siblings in middle age appears not only because of the competition to get parental affection, but also because of the jealousy of the higher socioeconomic status of the siblings or the jealousy of a better life possessed by the siblings (Nandwana & Katoch, 2009). Bedford (Conger & Little, 2010) said that the competition may also be a continuation of the competition between siblings that occurred in the past.

In competition between siblings there is a conflict caused by competition, jealousy, resentment and hatred (Saputri & Sugiariyanti, 2016). According to Anderson (2006) generally in the sibling rivalry there are many negative behaviors such as agression, regression, behaviors tend to get parental attention, jealousy and comptition.

There are many factors that can influence the occurrence of sibling rivalry in middle age, which is a combination of factors that affect competition between siblings in general and sibling rivalry's factor in adulthood, that is personality (temperament), ambition to compete, attitudes to seek parental attention, gender, and birth order. Poor temperament such as sensitivity and irritability result in high chances of competition between siblings (Priatna & Yulia, 2006). The combination of sex between siblings becomes one of the factors that influence the competition between siblings. Couple siblings of the same sex have greater competition potential due to the same necessity (Santrock, 2007). Another factor that can affect the emergence of rivals between siblings is the birth order. Adler (Hurlock, 1990) states that the first born child has more power among his siblings, the middle child tends to be rebellious because he feels forgotten and does not get enough attention from parents, while the latest tend to be spoiled. The personality disparity caused by the birth order may lead to competition between siblings (Santrock, 2007). Research conducted by Laing (1994) concluded that the birth order affects the perceptions and expectations of parents to children.

The next factors that influence the emergence of sibling rivalry were parental factors, sibling factors, number of children in the family, and outsider factors. Parent's favoritism in one child and the attitude of comparing children make the intensity of competition among children in the family strengthened (Priatna & Yulia, 2006). Shulman and Collins (Scharf, Shulman & Avigad-Spitz, 2005) found that the relationship between family members can also affect the competition between siblings, the more harmonious and cohesive relationships in a family, especially between siblings, the less frequent competition between siblings. According to Hurlock (1990) the number of children and age differences among children in the family can affect competition between siblings. The influence of the number of children in the family is linked to less attention and parental supervision, whereas the influence of age differences is related to the sibling relationships. The long age differences make the relationship between siblings more harmonious because they tend to have different needs, older siblings also tend to take care of his/her younger sister.

Economic factors, the inheritance of parents and the condition of their offspring children also affect the competition between siblings (Nandwanda & Katoch, 2009). In middle adult siblings, rivalry can happen because of competition and jealous of socioeconomic status and a life that is considered more comfortable owned by siblings. Competition and jealousy will increase as they compare the success of their offspring children. In addition, the issue of inheritance also became one of the triggers of conflict in middle adulthood. Siblings can compete to get a parental reward like the inheritance given by parents to their children. This study aims to determine what factors affect the competition between siblings and the dynamics between these factors.

Methods

Research Participants

Participants in this study were three middle-aged women (48 years, 54 years and 63 years old) and while the study they were still actively involved in rivalry with their siblings. Two of the three participants are entrepreneurs, while one other

participant works as a civil servant (Pegawai Negeri Sipil/PNS).

Method of Collecting Data

Data collection methods used in this study are only interviews, because it is not possible to use other data collection methods. To ensure the validity of the data this study used triangulation of data sources. In addition to interviewing every participant we also interviewed someone close to her. The attempt to obtain valid data are also done by conducting interviews diligently and carefully as well as in analyzing data.

Research Findings

Based on interviews conducted on three participants and three significant others found that competition between siblings in middle adulthood occur for various reasons. First, the competition between siblings that ever happened before. Unsolved previous sibling rivalry tend to continue until adulthood and disrupting the relations between brothers and sisters. Bedford (Conger & Little, 2010) said that conflict or competition between siblings rooted in childhood affect the welfare of individual life in adulthood. Sibling rivalry experienced by all participants is a continuation of sibling rivalry experienced before and it makes their lives uneasy.

Second, competition between siblings can be caused by parental factors. Unjust parental attitude can cause jealous and hatred among children. Participant 1 (P1) and Participant 3 (P3) suffer from unjust parents. P1 and P3 up to now still hate and upset to her parents because they felt treated differently from their brothers and sisters, and feel jealous of the advantages possessed by siblings from children to teenagers. The three participants stated that the differences in parental attention and affection are factors that lead to competition between herself and her siblings. Dreikurs (Brooks, 1999) states that competition between siblings occurs because the child wants the attention of parents. When the child does not get the attention of the parent that is needed or if the attention is given unfairly then there will arise jealousy, hatred and competition to siblings who get more attention from her. This happens on P1 and P3. Since childhood P1

and P3 feel treated differently by his parents, especially his mother. P1 felt her mother was more caring and affectionate to her siblings, while P3 felt her mother pay more attention to her older sister because her older sister is considered as the first child who will bring her younger siblings success in the future. From childhood to adulthood P1 must try herself to get something desired. P3 also feels had to wait to get what she wants, which is then forgotten by the parents, so that P3 finally did not get what she wants. This is different from the siblings of P1 and P3 who always fulfilled their wishes. The unjust treatment of mothers as perceived by P1 and P3 resulted in jealousy and hatred that sparked competition among siblings occurring today. These findings are consistent with the results of a study by Whiteman et al. (2011) which states that different treatment of parents causes conflict between siblings that lead to competition. Parents who let the competition between children cause the competition continues to exist, even increased intensity. As children grow older parents become increasingly powerless overcoming problems amongst children (Papalia, et al., 2007).

Third, the sibling factors were considerable factor affecting the competition between siblings that occurs in all three participants. The sibling factors include the relationship between siblings, sibling personality, sibling behavior and attitude, number of sibling, gender combination and age difference between siblings. Shulman and Collins (Scharf, et al., 2005) argue that harmonious relationships within the family can make children in the family more open and succumb to one another, whereas poor family relationships can lead to aggressiveness and competition among children. Bad sibling relationships can be caused by bad sibling traits or behavior, but can also be the cause of negative behaviors between siblings. In the three participants found that aggressive behavior is the most frequent behavior, causing negative feelings such as hurt, resentment, hatred, hostility, and the cessation of communication between the two sides.

In addition to the behavior, attitudes and personalities of individual siblings also affect competition among siblings that occur in the subject of research. Negative attitudes and personalities such as bad temperament (Priatna & Yulia, 2006), sensitive, disrespectful to siblings, indifference to

the difficulties faced by siblings, expose weaknesses (Novairi & Bayu in Octaviany, 2016), and high competitive ambition to defeat siblings (Spungin & Richardson in Yati, 2008) are the cause of competition among siblings on almost all subjects. The dominant nature of P1 makes him feel he has the right to do something for the family without discussing with his mother and siblings. This provoked unhealthy competition between P1 and his siblings. The younger brother of P2 who has sensitive, irritable, and selfish nature, disrespectful to his brothers, and likes to expose his weaknesses to attract attention makes him hated by all his brothers. P2, who is the third of eight children, stated that she was annoyed to her younger brother who until now still continues to bring up the problem in the past. This younger brother still feel hatred and jealous because P2 and the other siblings are considered to force him to work so that his school is disturbed and experienced accident. The nature of her younger brother makes P2 feel as if up to now still have a debt of gratitude to her brother, so that she felt upset and saturated because her brother continues to bring up the problems that have passed. P3 has the nature that does not want to lose from her oldest siblings who are always treated privilegedly by her parents, while herself always forgotten. This trait led her to continue to compete with her oldest sister until now.

Fourth, , economic factor was the next factor that affects sibling rivalry in middle adulthood. This economic factor is found on all three subjects. The results showed that differences in economic status can lead to jealousy among siblings. This is consistent with the results of Nandwana and Katoch (2009) research which found that sibling rivalry in the middle adulthood can arise from competition and jealousy of socioeconomic status and comfortable life owned by siblings. Competition and jealousy will increase with the phenomenon of comparing the success of their offspring. The social psychology theory of sibling rivalry said that competition between siblings occurs because of the process of comparing the status of self and siblings. Feinberg, Neiderhiser, Simmens, and Reiss (Whiteman, et al., 2011) said that individuals who feel a higher position will make downward comparisons of lower-relative siblings, otherwise an individual who feels lower in his position will make upward comparisons to his/her higher sibling. This was found in all

participants. P1 as a person who feels a high position tends to underestimate the younger siblings whose position is considered lower. In the case of P2, the fifth sister who feels a lower economic position than her siblings tends to look upward so that there is a sense of jealousy about what the siblings have in their higher economic position. This also happens to P3 who feels jealous of her brother who is considered more wealthy than her.

Fifth , the following factors that affect competition between siblings are the order of birth (Adler in Papalia, et al., 2007). This factor was found on P1 and P3. As the first child of three, P1 always treated differently by his parents. Mom demanded P1 to be independent and because of that P1 always felt that she should try for herself when she wants something without the help of a parent. Otherwise her siblings are not treated so by the parents. P3 which is the second child of three siblings does not get as much parental attention as the first child gets. P3 feels her mother pay more attention to her older sister because her older sister is considered as the first child who will bring her younger siblings success in the future. This parental treatment triggers hatred and jealousy in P1 and P3 until now.

Sixth, the number of siblings is also a factor found to affect the competition between siblings on the subject. The more number of siblings the greater the chances of conflict between siblings, because parental supervision becomes minimal and parents are difficult to be fair to each child (Hurlock, 1990). This theory is consistent with the findings in P2. After her father passed away, P2 who is the third of eight children, should help her mother meet the needs of the family. The large number of children in the family makes it difficult to meet the needs of each child properly and fairly. This is recognized by P2 causing jealousy and competition between siblings.

Seventh, age differences between siblings also affect competition between siblings. The same need becomes one of the reasons why siblings with close age differences are more likely to experience competition between siblings (Hurlock, 1990). It is found in P3, the second child of three, who claimed that she had more competition with her older sibling whose age is only 1 year apart with her, rather than with her sister who has a 4 years age difference.

Eighth, this research also found that the sex of children in the family affects the competition between siblings. Couple siblings of the same sex will have higher competition potential compared to siblings of different sexes (Santrock, 2007), because they have the same needs . It is found only in P1, who felt more often than not compete with her sister than with her brother.

The last factor affecting competition between siblings is the inheritance of parents. This factor only appears in P1. After his father passed away P1 feels that she was most worthy of securing her father's treasures in the form of land and house, so she took and kept the certificate without discussing with her siblings and her mother. The unilateral decision made by P1 caused jealousy and anger of her siblings and sparked competition between P1 and her younger sister. This is consistent with the statement that siblings will compete to obtain parental rewards that are usually inherited from parents to their children (Nandwana & Katoch, 2009).

Competition between siblings makes the relationship of all subjects with siblings to deteriorate. All pique and jealousy turned into hatred. P1 felt hurt that she declared not willing to admit her brother and sister as her siblings again. Subject 1 also does not want to communicate with her mother who is considered more in favor of her siblings. The relationship and communication of P2 and P3 with their siblings also deteriorated.

The result of competition that arises in all participants is aggression, which is a manifestation of anger to the siblings and/or parents. According Sawicki (in Binotiana, 2008) aggression can be manifested in a variety of negative behaviors directed to others. In all participants the most common form of aggression is verbal attacks (harsh words, blasphemy, speaking out loud etc.) to siblings and parents. Other behaviors that arise are pitted between siblings, belittling siblings, showing off the wealth to siblings and breaking up communication.

The above factors were related to each other thus affecting the occurrence of sibling rivalry in middle adulthood. Based on interviews with all participants, there was a link between the birth order and the treatment of parents in each sibling. Different parental treatment affects the personality of the child. The personality of each participant, in turn, affects her relationships with her siblings, otherwise

relations with siblings also affect each participant personality.

Conclusions and Recommendations

Conclusions

Based on the results of research and discussion can be concluded that the factors that affect middle adulthood sibling rivalry successively starting from the most widely appear are as follows:

1. Personality factors, competition between siblings in the past, and economic factors.

Personality: sibling rivalry will occur depends on personality of each sibling.

Unsolved previous sibling rivalry: parents who let the competition between children protracted causing the competition continues to exist, even more intense. As children grow older parents become increasingly powerless to overcome problems among children, especially parents become more dependent on the child.

Economic factor: envy towards sibling's economic status triggers sibling rivalry.

Birth order and parental factors.

Parental attitudes toward children are influenced by the order of children in the family. Parents who are unfair to the child will trigger competition between children to compete for attention and affection of parents. Differences in attitudes toward children will trigger the emergence of competition that can last into adulthood.

Number of siblings, combination of gender, age difference, and inheritance factor. In addition to the results mentioned above this study also found that child birth order has affected parents' treatment toward their children. This parental attitude affects the personality of the child. In turn the child's personality will affect sibling rivalry and vice versa. The unsolved childhood sibling rivalry tends to continue until adulthood.

Recommendations

Participants

One of the most affecting factors on sibling rivalry in middle adulthood is individual personality. It is expected that the subject can consider the

advantages and disadvantages of competing and hostile to his siblings from all aspects. If it feels more harm then the participants can make efforts to end this competition. A sincere effort to make peace with siblings is expected to stimulate others to behave in the same way.

Parents

Parents are expected to avoid children from competition between siblings by being fair according to the needs of children. For parents whose children compete with each other, should immediately make efforts to ensure competition between children can be resolved early, so it does not drag on until adulthood.

For Future Research

Future research is expected to examine sibling rivalry from both sides competing, so that can be obtained more objective data.

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Quality of Life of People Living with HIV/AIDS, Antiretroviral Therapy Duration and Family Social Support

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Abstract

This study aimed to examine the magnitude of the contribution of antiretroviral therapy to live and social support of the family to the quality of life of people living with HIV / AIDS (PLWHA). Subjects were 48 members living with HIV / AIDS who were members of the Arjuna plus group. The analysis was performed by multiple regression analysis with two predictors. Data were collected on a scale. The results showed that the duration of ARV therapy and social support together had a very significant contribution to quality of life. These results implied that the family's social environment and antiretroviral therapy shared by the subject had a significant contribution.

Keywords: Quality of life; Social support; HIV/AIDS.

PRELIMINARY

People living with HIV / AIDS in Central Java have shown increasing in number, and Semarang city places the second after Brebes city as the highest number of HIV / AIDS in Central Java from 1993 to September 2014. Data show 1,490 death due to HIV / AIDS (Permana & San, 2017). It is further stated that in Central Java 20,000 junior high to high school students are infected with HIV / IDS, and some of them are ironically unaware that they are infected.

Individuals infected with HIV / AIDS face various problems physically, socially or emotionally (Mountain, Sumantera, Sawitri & Wirawan, 2003). Physical problems progressively decrease the body's resistance, which is susceptible to various diseases, especially infectious diseases. Socially, it will face the stigma and discrimination of the community. The understanding of ordinary people about HIV / AIDS is very limited. People with HIV / AIDS are rejected in society. Communities understand that HIV / AIDS

is a deadly and infectious disease, and people associate with immoral behavior, such as free sex, drug and homosexual behavior. Emotional problems in people with HIV / AIDS are anxious and depressed, especially at the beginning of the patient receiving the diagnosis. There are also patients who experience emotional problems during the course of the treatment process and health therapy, so that the person stops the process of medical Antiretroviral Therapy (ART) or even transmit risky behavior (Gunung et al., 2003).

The various problems faced by people living with HIV / AIDS (PLWHA) bring an impact to the low quality of life. According to WHO, the quality of life is the individual perception that is related to its life position in the cultural context, the value system in which individuals live and shape their goals, expectations, standards and concerns in life (Frain, Berven, Chan & Tschoopp, 2008). The quality of life of PLWHA can be improved since antiretroviral (ARV) was discovered; in fact, ARV can suppress the virus growth (Djoerban, 2017).

Quality of life is also used to show the condition of well-being patients which includes happiness and overall life satisfaction.

Oliveira, Moura, Araujo and Andrade (2015) obtain results from a study of 146 PLWHA in Brazil that factors such as male sex, low education level, asymptomatic patients, low self-reliance and less favorable environments scored worst. Furthermore, Oliveira et al. state that patients who have salary, earn the capita, follow a religion, have long been diagnosed, and follow the treatment faithfully are positively related to quality of life.

In line with the above study, Paussos and Souza (2015) have studied 625 participants in Brazil, and found that low quality of life exist in women under 47 years of age, low education, low socioeconomic class, no employment and no stable relationships. It was further stated that patients with symptoms of anxiety and depression, drug abuse, social support, no ARV therapy, lipodystro and CD4+ less than 350 cells / mm3, also had low quality of life scores. Quality of life, according to WHO (Frain, et al., 2008), is an individual perception related to his / her life position in the cultural context, the value system in which individuals live that shape goals, expectations, standards and concerns in life. The concept consists of physical health, psychological health, level of independence, social relationships, individual beliefs and engaging relationships with the environment.

The low quality of life in people living with HIV/AIDS is also affected by the stigma received from the community. Social support has an important role in giving positive impact (Daalen, Sanders & Willemsen, 2005) that manifests in the form of psychic, psychological, social relation to maintain the health and psychological well-being of PLWHA (Yadaf, 2010). PLWHA who get psychological awareness and support from the family are able to reduce the symptoms, more able to cope with social stidma, and more accepting their situation so that PLWHA can prosper psychologically (Kols, 2001) and eventually the quality of life increases.

The hypothesis presented in this study is "There is a relationship between duration of ARV therapy and social support of families with quality of life of PLWHA".

METHOD

Participants of this study are 48 people living with HIV / AIDS (PLWHA) who are members of KDS Arjuna plus who have been actively present at regular meetings (meetings every 14th). Subject Criteria were aged between 20 - 50 years old, attending ARV medical therapy, able to read and write and willing to participate in research. The research involved three main variables, namely: Quality of life as dependent variable; duration of ARV therapy and Social Support as independent variables.

Quality of life data was collected by using modification of World Health Organized Quality of Life module (WHOQOL-HIV BREFF) scheme prepared by WHO in 2002 (WHO, 2002). Measurement of Social Support was used on a scale developed by Kusuma with the consideration of research subjects being the same i.e. PLWHA (Kusuma, 2011), while the duration of ARV therapy was collected from self-report on the part of self-identity. Data analysis was done by regression analysis of two predictors.

RESULT

Descriptive analysis gives the following description:

Table 1. Crosstab Sex and Marital status

	Unmarried	Married	Widow/er	Total
Female	0	10	6	16
Male	24	7	1	32
Total	24	17	7	48

Based on the above table, it can be seen that from 48 research subjects, 16 (0.33%) subjects are female and 32 (0.67%) male. Sixteen women are all married or widowed, 10 are married and 6 are widows, while unmarried male subjects are 24, married are 7, and only one is a widower.

Further descriptive analysis is on age, income, infected duration with HIV / AIDS and antiretroviral therapy duration. The description is as follows:

Table 2. Subject Description

Age		Income (000)	Infected Duration (Month)	ARV Therapy (Month)
Male	Female			

	22	28	0	2	2
Minimum	22	28	0	2	2
Maximum	46	49	20,000	120	107
Average	28.38	32.44	2471.09	38.07	34.16

Based on the above table, it appears that the minimum and maximum age on the male subject is lower than that on the female subject. In the income column, it appears that the lowest income is Rp 0, -, and after being traced further, it turns out to be 7 subjects, with a composition of 5 female and 2 male subjects. It is possible that these seven subjects are only reluctant to disclose their income, but women are unlikely to be earning and acting as housewives.

A specific further search is conducted on the subject with the highest income of 20 million rupiah. The subject is a 22-year-old, undergraduate and unmarried young man, working as a private employee, diagnosed with HIV / AIDS by sexual transmission for 43 months prior to data collection. It can be assumed that this subject is already sexually active, but because it does not have a spouse / wife then the subject uses his large income to seek prostitutes. The positive side is that the subject has been on ARV therapy since 43 months ago, so it appears that the subject is aware to maintain his life.

The result of hypothesis test shows that regression analysis between duration of ARV therapy and social support affect quality of life with R coefficient of 0.585 and F = 10.943, and it is expressed significant at level 0.000. The results can be seen from the tables below:

Table 3. Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	,585[a]	,343	,311	8,994

significance
a. Predictors: (Constant), DukSosKel, starting ARV therapy

The summary of the results of its covariance analysis is as follows:

Table 4. The summary of the result of ANOVA

Model		Sum of Square	df	Mean Square	F	Sig.
1	Regression	1770,467	2	885,234	10,943	,000[a]
	Residual	3397,444	42	80,892		
	Total	5167,911	44			

a. Predictors: (Constant), DukSosKel, starting ARV therapy
b. Dependent Variable: Quality of Life

From Table 3, it can be stated that the relationship between quality of life and duration of ARV therapy and family social support is strong (R = 0.585). Adjusted R square = 0.311 indicates that 31.1% variation in quality of life can be explained from antiretroviral therapy and family social support. From Table 4, it can be seen that F test is 10.943 with a very small probability (0,000). Thus, it can be stated that the duration of ARV therapy together with family social support is a good predictor of quality of life for people living with HIV/AIDS.

DISCUSSION

From the simple descriptive analysis it is found that the mean score of quality of life is 79.23, and the number of subjects above the average score are 25 people (52.08%) and below the average score are 23 people (47. 92%). Based on the data, it can be stated that more than half of PLWHA subject of Arjuna plus group had a good quality of life.This good quality of life was most likely caused by PLWHA to undergo antiretroviral therapy in an orderly manner, so that the quality of the physical is good. Evidence indicates that antiretroviral therapy is very useful to strengthen the physical status of PLWHA. Bajunirwe, Tisch, King, Arts, Debanne & Sethi (2009) research in West Uganda shows that ARV therapy strengthens the physical condition of PLWHA. Carrieri, Spire, Duran, et al. (2003) examine the function of antiretroviral therapy against them for one (1) year alone, the results do not show significant differences with those who do not follow the therapy. Thus, ARV therapy is useful if exercised continuously over a longer period of time. The

present study has a range of 2 to 107 months of treatment participation (Table 2); therefore, it appears that the duration of ARV therapy is strongly correlated with the quality of life.

Subjects in this study were PLWHA who met in monthly meetings. Their regular presence showed that they had obedience to antiretroviral therapy. Compliance of treatment made the better quality of life of PLWHA, and this is in line with the research of Ammassari, Trotta, Murri, Casteli, Narciso, et al. (2002). In addition to monthly antiretroviral therapy, an additional effect of the monthly meetings is that PLWHA often get together and share their lives and illnesses. Their associations become socially and psychologically sustained; there is a collective affection of the friends in suffering, and they do not feel alone.

Social support from friends was an additional factor of family social support factors measured in this study. Oliveira, et al (2015) and Passos and Souza (2015) state that individuals who have good relationships have a good quality of life compared to individuals whose relationships are unstable. Through good social relationships, both with friends and family, individuals were supported economically, socially and especially psychologically to keep surviving with HIV / AIDS.

The results of this study strengthened the results of Wani and Sankar (2017) research that social support affects the quality of life. Similarly, family social support also affect the quality of life of PLWHA, in this case the family's social support was family resilience. The quality of life of PLWHA is strongly influenced by the resilience of families where PLWHA live and live together. If the family is able to carry out resilience then PLWHA will be carried along as well as in the family change (Frain, et al., 2008).

Bivariate correlation analysis between independent variable and dependent variable was obtained that (1) correlation between duration of ARV therapy with life quality was significant with $r = 0.273$ and p 0.035, while (2) correlation between family social support with quality of life was equal to $r = 0.519$ with $p = 0.000$. The correlation between the duration of antiretroviral therapy and the quality of life showed that the longer the ARV therapy, the better the quality of life. This is in line with Oliveira's research, et al. (2015) that long-term

diagnosed individuals have a better quality of life because they have gone through the process of acceptance and adaptation processes as a matter of fact that ARV therapy itself is intended to suppress HIV growth.

The comparison of the correlation coefficient between the two independent variables and the dependent variables indicated that the family's social support variable had greater relationship strength. From the results, it can be stated that family social support had a big role to raise the psychological status for individuals who were under pressure due to the diagnosis they received. Many individuals felt shattered when they got a diagnosis that they had HIV because information related to HIV / AIDS is known to the general public that the disease is a deadly disease and the cure has not been found (Wani & Sankar, 2017). PLWHA will feel much more devastated if, at the time of diagnosis of HIV / AIDS, the individual is also rejected by his family, and gets stigmatized from the wider social environment. Therefore, helping PLWHA by accepting themselves fully and encouraging PLWHA to faithfully follow the recommended health care will improve the quality of life of PLWHA (Temoshok & Wald, 2005)

CONCLUSION

Based on the above discussion, it can be concluded that ARV therapy can improve the quality of life of PLWHA, and togetherly ARV therapy with family support variables can improve the quality of life. Based on these results, it can be recommended that individuals diagnosed with HIV / AIDS shall not be rejected, blamed and isolated, but must still be accepted in the family and encouraged to maintain quality of life by undergoing ARV therapy.

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SPIRITUAL QUOTIENT AND FREE-SEX ATTITUDE AMONG ADOLESCENTS

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Abstract

Adolescence is a transitional period from childhood to adulthood. One of the signs or symptoms of individual development into adolescence is a change in sexual behavior, which often worries parents. Post-conventional morality in adolescents can usually make adolescents think again about their attitude toward free sex. One of them through spiritual intelligence is implanted in teenagers so adolescents. In addition to fostering and building communication between parents and teenagers, usually parents, teachers or certain people foster teenage spirituality through religious activities. Although this spirituality has been developed, there are teenagers who are still falling into irresponsible sexual behavior, but not for some teenagers. Therefore, these studies want to know the effect of spiritual intelligence on the attitude of free sex in adolescents. The method used in this research is to use quantitative research methods. Population and sample in this study are adolescents who are active in following the spiritual activities in school X. Researchers use spiritual intelligence questionnaire and free sex attitude in the form of multiple choices with four alternative answers. The results of this study the influence of spiritual intelligence on free sex attitudes in adolescents in SMAN X Jakarta. The correlation coefficient on the average spiritual intelligence and free sex attitudes is 0,985. Some of the factors that influence it are parent communication with children and counseling that is often done by the school related to sexual education. The suggestion for this research is that parents keep open communication about sexual education to their children so that they can understand more deeply the impact or effect of free sex behavior for adolescents so that adolescents are wary of free sex behavior in the future. While the counseling teachers should provide counseling assistance for adolescents openly and empathy so that adolescents can feel comfortable and open to the theis's problem.

Keywords: Spiritual intelligence, free sex attitude, adolescence

1. Preliminary

1.1 Background the problem

There is many adolescent's behaviors that are influenced by sexual maturity (puberty) ultimately have sexual behavior that is usually inappropriate or inappropriate with religious norms, legal norms, and susceptibilities, such as sexual behavior kissing, caressing each other, touching / touching the breast and genitals, until eventually intercourse occurs which is at risk to teenage pregnancy and reproductive tract infections. The high rate of sex resulted in many teenagers in Indonesia who were pregnant out of wedlock, infected with infectious diseases, unable to continue their education and low socioeconomics to depression and abortion. Many factors that cause deviations of sexual behavior in adolescents occur, one of which is the influence of social media (pornography). In addition, low education, low knowledge about sex, decreased stigma about women who become pregnant out of wedlock, free association, hedonism lifestyle, parental care, low socioeconomic and drugs. One way to improve education about sexual behavior is to increase spiritual intelligence through religious activities such as teachings about religion. Sarlito (2010) states that religious or religious knowledge does not have a correlation to deviations of sexual behavior. However, through religious activity is one

way or way for individuals to achieve spiritual intelligence.

Spiritual Intelligence is a way in which the individual knows the meaning and purpose of his life (Olpin & Hesson, 2010). Usually a spiritually intelligent individual has a controlled behavior, does not harm others, is faithful in following a doctrine in his religion. From the definition of spiritual intelligence, it is assumed that spiritually intelligent teenagers have a controlled understanding and behavior towards free sex so as to avoid the effects and bad effects of free sex behavior. While Religiosity refers to the activities of religion itself so as not to affect self-control of sexual behavior, while spirituality refers to the understanding and contemplation of a person to be faithful to one's belief through religious activities. Spirituality is also a moral intelligence that is then able to provide a unified understanding to distinguish something right from wrong, give meaning in life, and build yourself into a whole person by always thinking positive in addressing the events that happened including the values of life like truth , honesty, justice, and honor. These values of life can be obtained through religiosity activities such as meditation, religious activity participation or social activities, believing in the teachings of their religion and passing them with loyalty so that the individual usually likes to be kind and helpful, has found his way of life, his purpose in life, the meaning of life and meaning, have a positive response, believe in God (Universal Being) and the values applied, understand that work is a charity and worship to God, be disciplined, dedicated, have integrity and loyalty, work ethic, motivation work in performing daily activities. actively involved in ministries in churches, mosques and monasteries all of which leads one to self-empowerment to know the critical existence of thinking, personal meaning production, transcendental awarness, and concious state expansion all of which is a measure of spiritual intelligence that can be said to be sufficient for the well-being of the individual if the individual has these four things. Spiritual intelligence usually affects individual behavior, where individual behavior is usually more controllable, thinking about long-term risks and resulting losses later, so it is assumed that every individual with a spiritual intelligence has a negative attitude toward free sex behavior even if free sex is done more responsible.

1.2 Identification the problem

Based on the background of the above problem, it can be identified the following problem: "Is there in the correlation of spiritual intelligence on adolescent free sex attitude SMAN" X "in Jakarta?

1.3 Research objective and benefit

Based on the formulation of the above problem, the purpose of this study was to determine the effect of spiritual intelligence on the attitude of free sex in adolescents. The theoretical benefits for this study can provide a theoretical contribution to the influence of spiritual intelligence on the attitude of free sex in adolescents. While the practical benefits of this study is in adolescents to get involved in community or religious groups and interpret activities in the religion to know the good limits on free sex. As for parents to be more concerned and seek spiritual development of children so that their children can understand the concept of a more positive self useful to be more able to control himself and not affected by the environment that can cause deviant behavior of social and cultural in adolescents. In addition, for schools to provide appropriate activities and education about the dangers of free sex and add activities in schools that can develop spiritual intelligence in adolescents.

2. LITERATURE

2.1 Spiritual Intelligence

According to Iskandar (2009: 65) spiritual intelligence is the ability of individuals to manage the values, norms, and quality of life by utilizing the forces of the subconscious mind or better known as the voice of the heart (God Spot). Faisal Jalal (in Jahja Judja 2011 : 406) also states spiritual intelligence is an intelligence that is not only related to will, or reasoning, but also with the soul and heart or spirit. Based on the above opinion, the researcher concludes that spiritual intelligence is one's ability in spiritual dimension, spiritual force, and strength souls that can help build the soul. Signs of a well-developed Spiritual Quotion include the following: the ability to be flexible (adaptive spontaneously and actively), a high level of awareness, the ability to deal with and exploit suffering, the ability to deal with and beyond the pain, the quality of life inspired

by vision and values- value, reluctance to cause unnecessary losses, tendency to see the interrelationship between things (holistic view), the tendency to ask "why" or "what if" to find basic answers. As according to Zohar and Marshall (in Budi Revelation Satria, 2007: 4) Spiritual intelligence contains several aspects that are characteristic of high spiritual intelligence, namely: 1) Friendly attitude, that is the interest of socializing, adjusting to the group, and enjoying the various activities of the group, 2) to give love or feel loved, 3) Curiosity, that is encouragement to explore, interested in various things, 4) Creativity, that is making something that has never existed before, 5) Construction, which has a rich inner feelings, emphasis on self-control, self-esteem, 6) Self-affirmation is related to community service and for the benefit transpersonal, 7) Religion, which is related to the discovery of meaning and value in all activities. From the second opinion above, the researchers concluded that individuals who have spiritual intelligence are: faith and piety to God, have a sense of affection among others,, have self awareness high, making his presence useful to others, his speech and actions always reflect the values of noble, moral and ethical religions. While free sex attitudes or in popular language called extramaritalintercouse or kinky-sex is a form of liberation sex that is considered unnatural. No exception not only by religion and country, but also by philosophy (Amiruclin, 2008).

2.2. Sex Behaviours of Adolecent

Based on the notion of attitude and free sex it can be concluded that the attitude of free sex is a form of evaluation or reaction of feeling, one's attitude towards an object is a feeling of support or favorable and unfavorable form of sexual liberation that is considered unnatural. Damayanti in BKKBN (2007) states some sexual behavior of high school adolescents in Jakarta: chatting, holding hands, holding, hugging, kissing the cheek, kissing the lips, groping the chest, palpating the genitals, swiping the genitals, performing oral sex, have a sex.

Sexual behavior mentioned above can cause terjadinyekseks free in adolescents. The causes of free sex behavior in adolescents can not be separated

from several factors that influence it, among others:

1)   Increased   sexuality   libido
In the development of adolescents, they experienced maturity, Sanderowitz and Paxman in Sarwono (2008) noted that in various societies today there is a tendency to decrease the age of sexual maturity of a person. This is related to the improvement of nutrition since childhood on the one hand and increased information through mass media. In turn, decreased age of sexual maturity is followed by increased sexual activity in early ages (Sarwono, 2008).

2)   Postponement   of   marriage   age
With the increasing level of community education, the age of marriage becomes more increased. This causes teens to become increasingly curious about the behavior that makes them want to experiment (Sarwono, 2008).

3)   Taboo
Sex outside of marriage is not only considered not good, but also should not exist. In fact, it is often considered never existed. This assumption is strongly influenced by religious teachings, in turn causing negative attitudes of society to sex. Parents and educators may not open up or publicly to children or children about sex, afraid that the children will go along with sex before their time (before marriage). Sex then becomes a taboo to talk about even between children with their own parents. Difficult communication, especially with parents, will eventually lead to unexpected sexual behavior (Sarwono, 2008).

4)   Lack   of   information   about   sex
Intercourse between adolescents occurs if their relationship has been running for at least six months. Thus the relationship is quite intimate and intimate. It is rare to have sex immediately after acquaintance not so long. Seeing this, in fact enough time for the teenager to prepare himself to prevent things that are not desirable. However, in general they are entering adolescence without adequate knowledge of sex and during courtship the knowledge goes not only does not increase. Instead, it increases with misinformation. Most of them get their knowledge from newspapers, magazines, internet or lectures on sex (Sarwono, 2008).

5)   An   increasingly   free   association
Freedom of association between the sexes in

adolescents, kiranyadengan easily can be witnessed in everyday life, especially large cities. The less the level of parental monitoring the higher the likelihood of misbehavior among teenagers (Sarwono, 2008).

6) The quality of the teen's own self Emotional developments that are less even unhealthy, experiencing obstacles in the development of a clean and religious conscience, the inability to use leisure time healthy and economical, the weakness of self in overcome failure by having the wrong alternative activities and development of habits that are less even unhealthy in everyday life.

7) The quality of the community environment Such as: shifting values and moral morality of citizens, treats the mass media that undermines the development of healthy morals and local conditions that provide and stimulate individual adolescents toward the development of non-normative telecommunications.

While the consequences of this free sex behavior, especially for teenagers themselves, among others:

1)   Abortion   of   the   womb In clinical observations, suicidal cases (or more suicidal attempts) due to unhealthy pregnancies are few. More common are cases of abortion. Usually they come with a great deal of doubt between wanting to abort the womb or not. The medical risks of abortion in women are quite high, in spite of these acts being judged as sin (Sarwono, 2008).

2)   Genital   Disease One other consequence of increased sexual activity among children who are not offset by contraceptives is the increase in venereal disease among adolescents. In some hospitals in Surabaya, Yogyakarta and Semarang (1981) menus

3. Research Methode

This research uses quantitative research method by using simple linear regression analysis. Data obtained from respondents through questionnaires tested first. For that before the data obtained will be processed to test the research hypothesis, the measuring instrument must be tested first. Validity test in this research is done by using simple linear regression statistic test, while reliability testing in this research is done by using statistical test of Alpha Cronbach with SPSS 16. Data is tested first by using Kolmogorov-Smirnov to see normal or abnormal

data . In this study, the data obtained is not normal so it must be tested by using correlation. This research was conducted at public school of SMAN "X" in East Jakara. Population and sample in this research is adolescent active in follow activity in school. There are two instruments used in this study. With free variable is spiritual intelligence while dependent variable is free sex attitude.

4. Result and Discussion

Based on the results of correlation test conducted, the results showed the relationship between spiritual intelligence with free sex attitudes in adolescents in SMAN "X" East Jakarta. The item statement on the measuring instrument used in this study through the analysis phase using corrected item-total correlation. The results of test data scores on the scale were tested on 70 respondents. The reliability test was performed using alpha cronbach technique using SPSS version 16.0 for Windows program, using alpha cronbach calculation calculation using 133 respondents for spiritual intelligence measurement and free sex attitude. According to Hynes et al, said that the meaning of validity is the extent to which the elements in a measuring instrument are really relevant and are representations of constructs that match the purpose of measurement (Azwar, 2015). The correlation coefficient on the average spiritual intelligence and free sex attitude is 0.985. Thus it can be said that in this study can be put forward the conclusion testing hypothesis that there is a relationship of spiritual intelligence to the attitude of free sex in adolescents SMAN "X" in Jakarta. Based on the data analysis from the research that has been implemented, it is found that there is a correlation between spiritual intelligence toward free sex attitude in adolescent of SMAN "X" in Jakarta.

Table 1. Correlation Result

Variables	Pearson Correlation	Sig	N
Free sex and Spirituality	0,985	0,000	133

5. Conclusions and recommendations

Based on the data analysis from the research that has been implemented, it is found that there is influence of spiritual intelligence toward free sex

attitude in adolescent of SMAN "X" in Jakarta. As for suggestions in this study is for parents should make an open communication about sexual education to their children so hopefully the child can understand more deeply the impact or effect of free sex behavior for adolescents so that teenagers against free sex behavior in the future. In addition, for teachers and the community can perform activities such as religious groups that can provide lessons about love, sex and dating for teenagers. While the suggestion for this research is to improve the items on the scale of free sex attitudes.

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The Definition of Resiliency and Characteristic of Resilient of Bullying Victim at School:A Qualitative Study

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Abstract

Aim. The purpose of this research is exploring resiliency of bullying victim at school. The researcher wants to determine how bullying victims define the resilience and what characteristics the bullying victims have.
Methods. Scale and focus group discussion were given to student from six high schools in semarang as the first step to select the bullying victim at school who are resilient. Qualitative in-depth interviews were conducted on four student who are resilient. They are 15-17 years old from six different high school.
Result. Resilience on bullying victims is a process of adapting and adjusting one-self positively when someone deals with bullying situations. It is indicated by the ability of survival and revival from the downturns and growth. The characteristics of resilient people of school bullying are having self- acceptance, thinking positively, being able to socialize (able to relate and communicate well), being tough and being confident.
Conclusion. Resiliency is the ability to have positive adaptation in the face of adversity, in this case is bullying at school.

Keywords: resiliency, bullying victim, positive adaptation

INTRODUCTION

Bullying on school students is an old phenomenon that is often noticed. However, bullying had just become a systematic research object in the early 1970s (Olweus, 1995). Currently, many countries conducted researches about bullying at school. Bullying is characterized by the following three criteria. It is aggressive behavior or intentional harm doing, which is carried out "repeatedly and over time", in a relationsip characterized by an imbalance of power (Olweus, 2001, 1991). Bullying is described as an aggressive behavior characterized by imbalanced power and repetition. Bullying is likely assumed as a normative matter on some group setting, however it is ethically unacceptable in democratic society. (Smith & Brain, 2000)

Based on the definitions stated by the previous figures, a behavior can be considered into bullying if it is conducted deliberately and intended to hurt and harm other people. This aggressive behavior is also conducted repeatedly every time. A student is considered into a bullying victim if he/she often receives repeated violence every time. If a bullying victim only receives a violence once, he/she cannot be categorized as a bullying victim. He/she is a violence victim. In addition, the main characteristic of bullying is the presence of the relationship that is based on imbalanced power. Bullying happens if someone or a group of people with power or authority perform acts of violence on someone or a group of people who are weaker.

A research that was conducted to students of Grade 6, 7, and 8 at Maryland district United States

found that a total of 1,815 (44.6%) of students reported being victimized at least once during the past year, including 558 (13.7%) who reported being victimized once or twice and 1,257 (30.9%) who reported being victimized three or more times (Haynie, et.al, 2001. Furthermore, Black, et. al (2010) who conducted a research on students of middle school in United States added that 50% of students reported that they experienced violence at least twice a month. The violence experienced were name-calling (36%), physical bullying (18%),

relational exclusion (15%), and rumors (14%). Another research conducted by Wei, et.al (2007) on students of middle school in Taiwan found that approximately 31 percent of the respondents reported being bullied at least once by classmates during their first 3 months in middle school. Almost 24 percent of the respondents reported being bullied at least once by students outside their classes.

Many researches about bullying have also been conducted in Indonesia. One of the researches, conducted in an elementary school in Jakarta found that 89,5% of students admitted that they were involved in bullying, whether as victims or bullies. 85,6% of students who became victims, admitted to wexperience bullying two to three times in a month (Soedjatmiko, et.al, 2013). Furthermore, a research conducted in Yogyakarta on 210 students from five private and public high schools, found that 49% of students experienced bullying. The verbal bullying had the highest number of 47% (Marela, at.al, 2017).

The researches show that bullying mostly happen in elementary to middle schools. A school is a place where students get education. Education is an effort performed by people to improve their quality of life. Education is also a dynamic power that influences the development of physics, mental, and all aspects of human's life (Hanifah & Abdullah, 2001). However, the effort to improve the quality of life is constrained by the presence of bullying that mostly happen at school. An expectation to improve the quality of students in the cognitive, physical, and mental developments is obstructed by the presence of bullying. Bullying causes negative effect on students involved. These effects are not only short-term but also long-term. There is a growing research that connects victims of violence to childhood peers

with problematic patterns of emotional, behavior and academic adjustments (Edery, 2016)

Bullying at schools is related to a number of physical, mental, and social damage. Student's bullying behavior is related to school's issues, such as academic achievement, school's attachment and school's absence (Dake, et.al, 2003). Haynie, at, al (2001) found in her research that in average, compared to the average of groups that are involved in bullying, whether they are groups of victims, bullies, or victim-bully in every variable of behavior and psychosocial problems, except depression symptoms. This fact was supported by a research conducted by Meland, et.al (2010) which reported that the bullies and bullying victims, both experience the same or bigger emotional disturbance and somatic complaints, lack of confidence and pessimism compared to other students who do not involve in bullying (Meland, et.al, 2010).

In his research, the researcher focuses on the bullying victims. It was reported that bullying victims often experienced harder effects due to bullying. The bullying victims often feel helpless dealing with bullying. They have low self-esteems, they have negative perspectives toward situation around them, and they have negative views about themselves. They often considered themselves as failures and fools. They also feel shy and less attractive. The victims feel alone and ignored at school (Olweus, 1991; 2001). Types of bullying (cyber-bullying, school bullying, cyber-school bullying, non cyber-school bullying) are associated with five indicators of psychological pressures (depression symptom, suicidal ideas, self-hurting, suicidal attempt, suicidal attempt using medical treatment). Bullying victims are strongly and consistently associated with an increase of psychological pressures (Schneider, et.al, 2012).

Bullying victims often experience harder and longer effects. However, there are bullying victims in many cases who are able to survive from the unpleasant experiences. Bullying victims are able to survive and revive from difficulties they face. Resilience is one of alternatives that can e offered to the victims to overcome bullying that they experience. The American Psychological Association (2011) defines resilience as the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress.

Difficulties stated in this research are bullying incidents that they experience. Masten (2007) stated that resilience is the capacity of dynamic system to withstand or recover from significant disturbances.

By improving the resilience, teenagers are able to develop the life skills, such as ability to communicate, realistic ability in making life plan and ability to make the right decision for their life. They will develop ways to alternate the stressful situation into the opportunity for self- development. Thus, they will finally be better than before. Teenagers who are able to resilient toward bullying will be able to survive and develop. The pressures that they experience will be the opportunities for self -development. Murphey (2013) added that the characteristics of teenagers who have resilience are tend to be easygoing and sociable. They also have good thinking skills (it is traditionally called intelligence; that includes social and evaluating skills). Furthermore, these teenagers have supporting adults, talents or skills, believe in themselves, believe in their ability in making decision, and have spirituality and religiosity.

Based on the previous analysis, the researcher observes that resilience plays an important role for bullying victims to survive and revive from the difficulties that they face. Thus, in this early step, the researcher wants to explore the resilience of bullying victims at school. This research is an early step to explore the resilience of bullying victims. Therefore, in this early step, the researcher wants to determine how bullying victims define the resilience and what characteristics the bullying victims have.

Methodology

This research is a qualitative research that uses a case study. The subjects of this research are four high school students that have become bullying victims and survived from it. The characteristics of the subjects gathered in this research are : students of high school or vocational school who have repeatedly ever been bullying victims from elementary school and or junior high school, able to survive or revive from bullying by having average academic achievement, able to socialize, and or having severe behavior disorder.

There are several stages included in the process of choosing the subjects for this research. The first stage is to distribute questionnaires to six high schools or vocational schools in Semarang. Then, the researcher conducts a selection by choosing subjects that meet the criteria of often or very often being bullying victims and rating themselves able to face the bullying they face. After that, the subjects met the criteria are requested to join focus group discussion. Based on the focus group discussion, seven subjects are finally selected. However, there are only four subjects who are willing to join the research conducted by using deep interview method.

Results

Data of four respondents of the research are gathered through in-depth interview. Data are then analyzed in several stages. The first stage is to conduct coding toward the interview data. They include the verbatim that have been arranged. After that, the stage is continued by conducting categorization and organization of concept and theory.

Backgrounds of subjects of the research

Subject D

D is a female student in a favorite private school in Semarang. During the research, D is in Grade 11. Since elementary school, D was considered as a smart student. D admitted that she often became a bullying victim at school. She was regarded as a strange child and she was ostracized by her classmates. She once felt depressed and wanted to commit suicide. However, D was able to pass through the feeling after she dealt with a long process. D's academic achievement had not been changed. She still got good grades. Now, D has several best friends who always support and protect her.

Subject G

G is a male student of a good vocational school in Semarang. G is a cheerful student who likes to smile. G is raised by his grandmother since she was born. In elementary school, G often became a bullying victim because he had a different religion. Beside getting mocked, he was also ostracized. In junior high school, he often became a bullying victim in the

forms of rejection, exclusion, and physical bullying. Now, G is in Grade 10. He has many friends. He also does not have problem in his academic development.

Subject F

F is a female student in a favorite public school in Semarang. Now, F is in Grade 10. She admitted that she did not have any problem in interacting with her friends. She also has best friends in her class. F stated that she was avoided by her classmates in the elementary school because she was considered naughty. She was ostracized and she did not have friends. She was once separated with her best friend at school because she was considered as a bad influence. In junior high school, the story was repeated. F did not have female friends as she was rejected and considered in seizing her friend's lover. In high school, F is close with her friends, both male and female ones.

Subject Dm

Dm is a male student of a favorite high school in Semarang. Now, Dm is in Grade 10. Dm shared that he often became a bullying victim since he was in kindergarten, junior high school and senior high school. He was often mocked and not acknowledged by his classmates so that he chose to play with those who were not his classmates. In Grade 3 of elementary school, he decided to be a bully. He mocked and ridiculed one of his classmates who looked strange. He did that in order to be accepted by his other friends. However, he was unhappy. In the end, he made a choice of defending his friend who was bullied. In junior high school, Dm was still often bullied by his classmates. He received both verbal and physical bullying. Dm tried to overcome it by asking those who did not do bullying to be his friends, so that they could help each other to face other classmates who may bully them.

The definition of bullying victim's resilience

Based on the results of coding and categorization process of interview data, four concepts are defined, they are:

1. Adapting and adjusting positively when dealing with difficult situation, such as bullying

The concept was proposed by Subject D and Dm. D stated that people were considered cool if they

could laugh even though they were under pressure. She believed that she found her happiness if she still could do nothing and be ignorant when they were people who disliked and said bad things about her. In addition, Dm stated that resilience was a situation when people could be ignorant, found other activities, and forgot about the mockery, other than being hurt.

2. Bouncing back from the fall due to difficulties

The ability to bounce back from the fall was proposed by Subject F and G. F stated that resilience was a situation when there were people who could come back stronger after falling or stricken by calamity. It went the same with G who stated that resilience was a condition when someone could survive dealing with difficulties. There was a possibility that he/she might fall, but he/she would be able to revive again.

3. Being able to survive from difficult situation

The concept was proposed by Subject G. he mentioned that resilience was a situation when someone experienced difficulties but he/she was able to survive and stand up strongly to deal with it.

4. Growth

Growth was proposed by Dm. Dm stated that resilience was a situation when someone felt that he had growth by not retaliating and disturbing others (becoming bullies).

Based on the previous descriptions, it can be concluded that the definition of resilience on bullying victims is a process of adapting and adjusting one-self positively when someone deals with bullying situations. It is indicated by the ability of survival and revival from the downturns and growth.

Characteristics of resilient people from bullying

The results of data analysis discover several concepts which determine the characteristics of bullying resilient people. The concepts are :

1. Having self - acceptance

Two subjects in this research stated that the ability to accept yourself; both for your strength and weakness, was important to manifest resilience. Subject D admitted that she had ever experienced depression and wanted to commit suicide because of bullying. She was able to overcome her depression because she learned to make peace with herself. She

tried to accept her weakness and improve herself. It also happened with Subject G. he stated that self-introspection and self -acceptance are how he dealt with bullying.

2. Thinking positively

A characteristic needed to be resilient from bullying is by thinking positively. Subject D stated that she did not care about other people's bad opinions about her anymore. She did not care about those opinions. In addition, Subject F stated that she cared with positive things more. She would not consider bad things.

3. Socialization ability

All of the subjects in this research have agreed to admit that the socialization ability is a characteristic which is needed for people to be resilient from bullying. Socialization ability is characterized by easily mingling or relating with friends, having good communication, being patient when relating with friends, learning to trust friends, and being independent.

4. Being tough

Three subjects is this research stated that toughness is important for people to be resilient. In their opinions, a tough person is someone who does not easily give up even though he/she deals with bullying. He/she has to be patient and not complaining. Besides, according to Dm, a tough person will laugh and not crying when he/she deals with bullying.

5. Being confident

A resilient person is someone who believes in himself/herself. Subject G and D admitted that self - confidence made them able to face bullying. Subject D also shared that to be able to face bullying; she had to be brave in defending herself.

Based on the analysis, it can be concluded that the characteristics of resilient people of school bullying are having self- acceptance, thinking positively, being able to socialize (able to relate and communicate well), being tough and being confident.

Discussion

Bullying and violence at school are serious social problems. Most of studies are about peer bullying and violence that used quantitative methodology and test prevalence of bullying (Patton, et.al. 2015). However, in this research, the researcher focuses in conducting research about bullying by using qualitative methodology. The researcher observed that resilience was one of the ways for bullying victims to overcome and face bullying. Resilience is an effort performed by victims so that they do not get problems as a result of bullying happened to them. Thus, bullying victims who are able to be resilient from their difficult condition can be role models or examples for other victims who have not be able to revive from their downturns.

It is expected that the result of this research can open our insight and knowledge about resilience on bullying victims at school. The most initial step is to understand the definition of resilience and characteristics needed to be resilient from bullying. From the result of the research, resilience can be defined as a positive process of adaptation or self - adjustment while dealing with bullying situation. It is indicated by the ability to survive and revive from the downturns and maturate well.

The results of the research are not far different from definitions stated by several figures. Adopting the definition of resilience of American Psychological Association (2011), it is stated that resilience is a good adaptive process in dealing with difficulties, trauma, tragedies, threats, or even significant stress sources, such as problems of family and relatives, serious health problems or financial stressor at work place. It is a revival of difficult experience. Furthermore, Reich, et. al (2010) provided beneficial frame work of resilience. They conceptualized resilience as a process and assumed that resilience as a successful adaptive result in dealing with difficulties. Specifically, they understood resilience as a healing process (how individual can revive from his/her difficulties), sustainability (a capacity to move forward in dealing with difficulties) and growth (ability to develop further as a response of difficulties).

Based on the previous definition, it can be seen that resilience is always related to successful adaptive process. Along with the results of this research, resilience is also correlated with a success of adaptation and an ability to adapt positively in dealing with difficulties. Besides, it is also found that resilience is a maturating process (Reich, et.al, 2010). It is also found in this research that one of the subjects of the research stated that resilience happened when someone could find an

understanding about a willingness to maturate well. The results of this research are also not far different with the definition result stated by Zebrowski (2016) who understood resilience as a capacity to withstand, survive, and 'revive' from the disturbances fast and efficiently. The interview result of two subjects, Subject F and G, showed that resilience was connected with the ability to survive and revive from difficulties.

Murphey, et.al (2013) added that the characteristic of teenagers who had resilience were tend to be easygoing, sociable, having good thinking skills (traditionally, it is called intelligence, including social skills and ability to evaluate something), having adults' supports, having one or more talents or strengths, believing in his/herself and trusting his/her ability in decision making and having spirituality and religiosity. Based on the previous statement, it can be seen that there is a similarity with the results of this research, such as the ability to socialize and to be confident as characteristics needed to be resilient.

This research also found that resilience has a characteristic, such as the ability to survive, has self-acceptance and able to think positively. Someone who has those characteristics will e able to face and overcome bullying better. A survived victim has self-acceptance and think positively. He/she will be able to solve difficult situation appropriately. Bullying victims will not be trapped in behavioral problems which can destroy their future.

Conclusion

This research attempts to answer the research questions about how bullying victims define resilience and what characteristics that bullying resilient people have. Based on the results of the research, it can be found that resilience is a positive process of adaptation and self-adjustment in dealing with bullying. It is indicated with the ability to survive and revive from the downturns and growth well. Furthermore, the characteristics of resilient people from school bullying are having self acceptance, thinking positively, being able to socialize (able to relate and communicate well), being tough, and being confident.

This research has not been perfect. It is expected that the next researchers will have more respondents involved in it so that the results can be

generalized widely. Besides, in order to understand resilience on bullying victims, we need to understand not only the definition and characteristic but also deeper information about resilience, such as the factors which shape resilience on bullying victims, coping dynamics and so on.

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The Mediating Role of Affective Commitment on the Relationship of Machiavellianism and Organizational Citizenship Behavior

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Abstract

Previous research has shown a negative relationship between Machiavellianism (Machs) and Organizational Citizenship Behavior (OCB) in organizations. However, the way they correlate with each other has not been investigated. This study aims to examine the mediation effect of organizational commitment in the relationship berween Machiavellianism and OCB. Machs will less likely to be commited to the organization, thus result in the lack of OCB. The subjects involved in this study came from three types of organizations (manufacturing, financial, and hospitality). The results provide further insights on the mediation role of organizational commitment in the relationship between Machiavellianism and OCB.

Keywords: organizational commitment, machiavellianism, organizational citizenship behavior

Introduction

Organizations moves toward flatter hierarchical structures, therefore individuals are encouraged to be more cooperative (Ilgen & Pulakos, 1999). As a result, both scholars and practitioners pay attention to extra role behavior or often called organizational citizenship behavior (OCB). OCB has been linked to various positive impacts in organization, such as increase productivity, customer satisfaction, and reduce costs and rates of turnover and absenteeism (Podsakoff, Whiting, Podsakoff & Blume, 2009). Organ (1998) defined organizational citizenship behavior as "individual behavior that is discretionary, not directly or explicitly recognized by the formal reward system, and that in the aggregate promotes the effective functioning of the organization".

However, certain personality that is characterized by distrust in others, manipulation and deception may hinder organisational effectiveness (Becker & O'Hair, 2007). In considering manipulative characteristic, it is reasonable if we focus on Machiavellianism. Christie and Geis (1970) describe Machiavellianism with willingness and ability to manipulate others for their own purposes. Moreover, Machs also likely to engage in interpersonal forms of counter work productive behavior (CWB), such as mistreatment of coworkers, betrayal, and bullying others at work (Forsyth, Banks & McDaniel; Pilch & Turska, 2015). Stated briefly, high Machs are self-centered and tend to perceive their organization as means to achieve their personal goal. Given their self-concerned nature, Machiavellians may be selective in engaging OCB and expect to get the benefits out of it. Therefore, such behavior often inflicts problems at the work place and reduce organizational functioning (Bolino,

Tumley & Niehoff, 2004). Overall, the results for organisational behaviour and Machiavellianism seem more mixed and need more future research (Schyn, 2015).

To overcome such disclarity, we focused on the individual factor that may lead to the development of OCB, that is affective commitment. Thus, in this research we examined the role of affective commitment as mediator variable in the relationship between Machiavellianism and OCB. Since high Machs are likely to engage in self-serving behavior, affective commitment plays important role to determine organizational output, in this case OCB toward organization (OCB-O) or OCB toward individual (OCB-I)

Literature Review

Organizational Citizenship Behavior

There is abundant researches about OCB since it was coined by Organ and his colleagues two decades ago. Behaviors that categorized as OCB are not specifically described in the job requirements and probably not directly rewarded (Becker & O'Hair, 2007). OCB fasilitates positives outcomes regarding employees performance, organizational effectiveness and efficiency. For example, when employees perform OCB, superiors are enable to manage more time to productive activities, such as analysis or solving more bigger problems (Williams & Anderson, 199; Podsakoff & MacKenzie, 1994).

According to Podsakoff et al. (2000) OCB is categorized as job performance since the behaviors benefit the organization, individuals or group. According to Williams and Anderson (1991) OCB consist of two dimensions; (1)OCB-O, behaviors that benefit an organization in general, (2) OCB-I, behaviors that benefit individuals or groups.

Machiavellianism

The word Machiavellianism comes from Niccolo Machiavelli, an Italian diplomat, who wrote "*The Principe*" in the 16th century. Later in the 1970, Christy and Geis first published their seminal text about Machiavellianism. They described Machiavellianism as lack of affect, lack of empathy for others, immoral, unethical and low ideology commitment. Machiavellianism is considered as one of The Dark Triad personality along with Narcissism

and Psycopathy (Paulhus & Williams, 2002). According to Dahling, Whitaker and Levy (2009), there are four dimensions for Machiavellianism; distrust for others, desire for control, desire for status, and amoral manipulation.

High Machs are likely to have charming appearance and persuasive (Becker & O'Hair, 2007). Several studies have suggested that Machs tend to manipulate the situation to their favor when they have the chance to do so. For instance, Sakalaki, Richardson, and Thepaut (2007) showed that high Machs were likely to maximize their personal profits rather than trusting and cooperating with potential economic partners. In line with this research, Bloodgood, Turnley and Mudrack (2010) found that compared to low Machs, high Mach were prone to cheating despite the ethics course they were given.

In a work setting, Kuyumcu and Dahling (2014) found that compared to low Machs, high Machs perform better under condition of high organizational constraint. Organizational constraint refers to the situation in which employees do not have sufficient resources to perform their work properly. High Machs are willing to take illegal action for their personal benefits, thus their performance is not limited to their resources. This research also indicates that high Mach are likely to have less concern for the work environment, as such behavior would probably hamper their own goal (Zettler, Friedrich & Hilbig, 2011).

The Mediating Role Of Affective Commitment

Machs has the ability to inhibit affect in response to details that irrelevant to personal gain. Machs also have a capacity to restrict affective display and cool emotional detachment (Christy & Geiss, 1970). Therefore, we use affective commitment as mediator variable in this study. Affective commitment is employees' involvement and identification with their organization. It also reflects an emotional attachment to the organization (Meyer & Allen, 1991). Compared to the other forms of commitment (e.g. normative or continuance) affective commitment was believed to have stronger relationship with work-related outcomes (Cooper-Hakim & Viswesvaran, 2005).

As opposed to Machs, employees who have strong emotional attachment will put extra efforts to

their job and likely to maintain their membership in the organization, therefore they will likely to engage in OCB.This statement is in line with Allen, Evans and White (2011) who found that affective commitment positively related to OCB. In the other hand, Machs will less likely to have affective commitment toward organization, consequently they will unlikely to perform OCB toward organization, because such behavior is not immediately rewarded.

Hypothesis 1: Affective commitment mediates the relationship between Machiavellianism and OCB-O

However, another characteristic of Machs is self serving, thus Machs motive in OCB is related to their personal purpose. Zettler, Friedrich and Hilbig (2011) found that Machs are positively associated with self-related work commitment than any other work-related commitment, such as organization, supervisor, or team. It is clear that any other commitment, including organizational commitment are irrelevant with Machiavellianism, thus they will unlikely to perform OCB-I. Despite their motive to perform OCB toward individual by using impression management (Becker & O'Hair, 2007), it is only to pursue their own goals.

Hypothesis 2: Affective commitment mediates the relationship between Machiavellianism and OCB-I

Machiavellianism → affective commitment → a. OCB-I / b. OCB-O
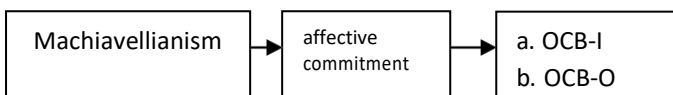
Methods

a. Sample and Procedures

Respondents in this research are full-time employees who work in various industries; financial industry (38.1%), manufacture (53.1%), and hospitality (8.8%). We provided the respondents for approximately 2 weeks to finish the questionnaires. Out of 113 questionnaires we distributed, only 107 were returned. Of the 107 respondents, 67.3% were male, and 11.2% did not indicated their sex. Overall, 50.5% were in their 20s, 29% were in their 30s,

11.2 % were in their 40s, 9% were in their 50s, and the rest did not indicate their age.

b. Measures

All scales are in English, so we translated to Bahasa Indonesia using procedures as suggested by Beaton and collegues (2000), that is translates and back translates.

We measured Machiavellianism with 18 item scale developed by Henning and Six (1977). Participants responded on a six-point scale ranging from 1 (strongly disagree) to 6 (strongly agree). Sample items are "One should reveal one's intentions only if this is advantageous" and "Often it is beneficial not to show one's true colors". The Cronbach alpha for this scale was .83

The affective organizational commitment was measured by a six-item scale developed by Meyer, Allen, and Smith (1993). The sample item was "I would be very happy to spend the rest of my career with this organization." These items were rated on a seven-point agreement scale (7 = strongly agree, 1 = strongly disagree), and the Cronbach's alpha for this scale was .70

Organizational Citizenship Behavior was assessed using a 14-item scale developed by Williams and Anderson (1990). The scale we used consists of two subscale; OCB-I and OCB-O, both of the subscale were measured using five point-scale. Example item in OCBI include: "Helps others who have heavy work loads", and OCB-O item include:

Table 1 Means, standard deviations, Cronbach's alphas and intercorrelations of variables

Variable	Mean	SD	1	2	3	4	5	6
1. Age	28,05	10,62	-					
2. Sex	1,10	,56	,39**	-				
3. Job Tenure	26,41	28,90	-,20*	-,03				
4. Org Tenure	56,32	62,28	,42**	,02	,30**	-		
5. Machiavellianism	2,83	,53	,15	,01	,15	,159	-	
6. AC	4,53	,70	-,06	-,01	,04	,002	-,23*	-
7. OCBI	4,43	,57	,02	,15	-,10	,100	,00	,29**
8. OCBO	5,07	,58	-,09	,18	-,05	,016	-,35**	,38** / ,35**

Note. AC, Affective Commitment; OCB, Organizational Citizenship Behaviour; -O, directed at the organisation; -I, directed at individuals; *p<.05. **p<.01. ***p<.001, two-tailed

"Adheres informal rule devised to maintain order". The Crobach alpha for OCB-I was .72 and OCB-O was .73.

Results

All of the scales in this study show acceptable realibility as we have mentioned earlier. Means, standard deviations, and correlations between all measures are reported in Table 1. According to Table 1, no significant correlation was found between demographic variables and hypothesized variables. Notice that Machiavellianism and OCB-O are negatively correlated (r= -.35, p< .05), Machiavellianism and affective commitment are negatively correlated (r= -23, p<.05), meanwhile affective commitment and OCB-I are positively correlated (r=.29, p<.05).

To test the hypotheses, we used SPPS's Macro by Hayes. Mediation analysis was done twice, first to examine mediation effect of affective commitment in the relationship between Machiavellianism and OCB-O and second Machiavelliansim and OCB-I. As we can see in Table 2, all of the control variables did not significantly affect OCB-O.

Hypothesis 1 stated that affective commitment mediates the relationship between Machiavellianism and OCB-O. From the Table 2 we can see that the direct effect of Machiavellianism is still significant B= -,28, t= -3,05 (LLCI= -.47, ULCI = -.09). However the confident interval in indirect effect of affective commitment is different from zero (LLCI=-.17 ; ULCI= -.006), so it means that affective commitment partially mediates the relationship between Machiavellianism and OCB-O, therefore Hypothesis 1 is supported.

From the table 3 we can see that all of the control variables did not significantly affect OCB-O. Hypothesis 2 stated that affective commitment mediates the relationship between Machiavellianism and OCB-I. The result supports this hypothesis, although the confident interval in total effect and direct effect is the same from zero, but the indirect effect is still significant (LLCI= -.18, ULCI= -.009). This can be happened because there is variable, something that MacKinnon, Fairchild, and Fritz (2007) refer to as inconsistent mediation. In this case the mediator acts like a suppressor variable.

Table 2 *Mediation effect of affective commitment on Machiavellianism and OCB-O*

| | Dependent Variables | | | | | |
| | Affective commitment | | | OCB-O | | |
	B	SE	t	B	SE	t
Usia	-,00	,00	-,51	-,00	,00	,44
Masa Kerja	,00	,00	,25	,00	-,00	,50
Masa Jabatan	,00	,00	,82	-,00	,00	-,35
Machiavellianism	-,25*	,12	-2,09	-,28**	,09	-3,05
Affective commitment	-	-	-	,27**	,07	3,65

Note. AC, Affective Commitment; OCB, Organizational Citizenship Behaviour; -O, directed at the organisation. *p < .05. **p < .01.

Discussion

In summary, affective commitment mediates

Table 3 Mediation effect of affective commitment on Machiavellianism and OCB-I

| | Dependent Variables | | | | | |
| | Affectiv... nitment | | | | | |
	B	SE	t	B	SE	t
Usia	-,00	,00	-,51	,00	,00	,03
Masa Kerja	,00	,00	,25	,00	,00	1,34
Masa Jabatan	,00	,00	,82	-,00	,00	-1,76
Machiavellianism	-,25*	,12	-2,09	.06	,09	,64
Affective commitment	-	-	-	,25**	,07	3,26

Note. AC, Affective Commitment; OCB, Organizational Citizenship Behaviour; -I, directed at individuals. *p < .05. **p < .01.

the relationship between Machiavellianism and OCB. The result above is in line with previous research. Becker and O'Hair (2007) found that Machiavellianism is more strongly negatively associated with OCB targeted toward the organization (OCB-O). They argued that the primary

concern of Machs is themselves, not the organization. Their result suggest that Machiavellianism is more negatively associated with OCB-O than OCB-I. It is plausible because Machs may be selective in engaging in OCB. When they do engage in OCBs, these may be more likely to target specific individuals and groups (who may return the favor), as opposed to OCBs that benefit the organization in general (Becker & O'Hair, 2007).

Conclusion

The current study attempted to examine how Machiavellianism engage in OCB. Affective commitment was mediated partially in the relationship between Machiavellianism and OCB (OCB-I and OCB-O). This result indicates that affective commitment is not the only factor able to explain this relationship. In contrast to the previous research, we found also there is no significant effect of Machiavellianism to OCB-I. Such findings contribute to the literature about how Machs engage in an organizational context.

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TAIJIN KYOFUSHO OF ADOLESCENT IN CIMAHI

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Abstract

Taijin Kyofusho is culture-related diagnostic of social anxiety, occurring primarily in Japanese. Taijin kyofusho (TKS) is often characterized by social-evaluative concerns that are associated with the fear that the individual makes other people uncomfortable. Japanese, characterize by eastern culture, show more interdependent self construal, that makes the social anxiety different from western's social anxiety. The main aim of the present study was to study about Taijin Kyofusho in Indonesian adolescent. We used descriptive statisticis method to analyze the result of the study. The participants included 145 adolescents (F=87 and M=58), age 14 to 17 years. All participants completed TKS questionnaires to measure the symptom level of TKS, and Self-Construal Scale (SCS) to measure their self-construal, either they are more interdependent or independent.The study took place in Cimahi, West Jawa, Indonesia. The result illustrated that adolescent who have interdependent self-construaltend to have highersymptoms level of Taijin Kyofusho.

Keywords: Taijin Kyofusho, Self-construal

Introduction

Social Anxiety Disorder (SAD) is a constant fear and avoid social situations and performance, which provokes excessive anxiety. This anxiety interfered significantly in human lives and causes suffering (APA, in McCarthy, 2014). Features that defines SAD is the fear of negative evaluation by others. Therefore, SAD is directly linked to social standards and expectations of the role, which influenced by the culture. Recognizing the complex interplay between culture and social anxiety, few studies have focused on psychopathological manifestations of cross-cultural SAD (Hoffman, Asnani & Hinton, 2011). Taijin kyofusho (TKS) is often discussed as a specific cultural expression of SAD are believed to be prevalent in the culture of Japan and Korea. Similar to individuals suffering from SAD, individuals with TKS worried observed others and consequently avoid social situations.

It has been assumed that the main difference of TKS in estern culture and SAD in western culture is that people with TKS worry do something or present the appearance that would offend or embarrass others (fear of making others uncomfortable). Instead, SAD is defined as a fear of embarrassing himself (Hoffman, Asnaani & Hinton, 2011). The accumulated evidence shows that TKS is not limited to a particular culture or country. For example, a similar pattern of social avoidant have been reported in Korea, various European countries, the USA and Australia, thus dispelling the idea that TKS is a culture-bound syndrome specific to the Japanese people. More recently, these conditions are also described in Southeast Asia (Lim, 2013).

In the study of Vriends, et al (2013), 311 Indonesian and 349 Swiss university students filled out the Liebowitz Social Anxiety Scale, the Taijin Kyofusho Scale, the Self-Construal Scale, self-report social phobia DSM-IV criteria, and rated their wish for professional help to deal with social fears. One of the result is that TKS symptoms is higher in Indonesia than the Swiss sample. TKS symptoms were higher in the Indonesian than the Swiss sample.

TKS symptoms were associated with clinical relevance in Indonesia, whereas in Switzerland only social anxiety symptoms were associated with clinical relevance. Interdependent self-construal was positively associated withTKS symptoms. Vriends conclude that interdependent self-construal mediated the association between cultural background and these symptoms.

One of the factors influencing the development of TKS in society with collective culture is self-construals (Hosnan, Asnaani & Hinton, 2011). Self-construals embody schemata that determine how people relate to others and to the social context. Based on cross-cultural research, Markus and Kitayama (on Hosnan, Asnaani & Hinton, 2011) estimate that individuals from Asia or individuals with other eastern cultures are more likely to assess and have interdependent self-construals, based on seeing themselves as intricately connected and integrated with others in social groups.

Noransankunkit (2011) explains that in individuals with TKS not only focus on the things they fear, but also fear that they are disturbing others and therefore people will avoid them. This pattern of thinking is referred as other-focused cognitions or thoughts that focus on the people around them. These other-focused cognitions are owned by people with interdependent self-construal who have a pattern of thinking that always associate themselves with those around him as a unity.

Its prevalence in the global population is still unknown (Lim, 2013).There is not much research is intended to describe about TKS symptoms on adolescent in Indonesia. Previous research conducted by Vriends, et al, (2013) uses Indonesian young adult as respondents. It's probably because of the typical age of onset for TaijinKyofusho is onyoung adulthood. Thus, as stated by Essau, et al, (2010), middle adolescence to early of young adulthood is an ideal timeframe to study TKS symptoms.

Social interaction with peers plays an important role in adolescent psychosocial adjustment. The majority of adolescents experience positive interactions in their peer group and develop close friendships characterized by support, togetherness, and intimacy. However, adolescents with anxiety in social situations have less positive experiences in peer contexts. They report fewer friendships, lower levels of peer acceptance, and higher levels of bully

casualties than teenagers with less anxiety levels (Rubin, Coplan, & Bowker, on Tillfors, et al., 2012).Adolescent with symptoms of TKS require early detection,so they can be treated immediately and the symptoms do not develop into a disorder when they reach young adulthood.The aims of the present study was to study about TKS in Indonesian adolescents, and to find out whether adolescents who have interdependent self-construal do have higher TKS symptoms level than adolescents who have independent self-construal.

Literature Review

Taijin Kyofusho (TKS)

TKS is included under Social Phobia in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders-Text Revision (DSM-IV-TR, APA) and in the 10th International Classification of Mental and Behavioral Disorders (ICD-10, WHO) because both conditions involve fear being evaluated negatively by others and avoiding social situations (Dinnel, Kleinknecht, & Tanaka-Matsumi, on Essau, etal., 2010). In DSM-IV-TR, this is included in the "Specific Culture, Age, and Gender Features" section of Social Phobia, and at ICD-10, it is included in Social Phobia (Anthropophobia).

TKS is a cultural form connected to SAD that is characterized by intense fear when one part of its body or its function is disappointing, embarrassing or offensive to others (APA, in Essau, et al., 2010). The term *Taijin Kyofusho* literally means the fear (*sho*) disorder (*kyofu*) of interpersonal relations (*taijin*) (Takahashi, in Essau, et al., 2011). This was first described by Masatake Morita in 1920 as a manifestation of "shinkeishitsu" that used to describe a character or a nervous temperament (Maeda & Nathan, on Essau, et al., 2010).

Symptoms

In the Japanese diagnostic system, TKS is classified into four subtypes, depending on the patient's fear content in the case of unpleasant or embarrassing others. These subtypes are: *sekimen-kyofu* (fear of blushing faces), *shubo-kyofu* (fear of deformed bodies), *jikoshisen-kyofu* (fear of eye-to-

eye contact), and *jikoshu-kyofu* (fearing someone else smells his/her body odor) (Essau, et al, 2010).

In particular, individuals with TKS fear that they will offend or embarrass others (make others uncomfortable) with their "inappropriate" behavior, which may offend other people, and thus bring shame to their social or family groups (Maeda & Nathan, in Essau, et al., 2010). This is explained from the scope of cultural background, parenting, social interaction norms, and collective values embedded in Asian families believed to explain high concern in the minds and feelings of others (Kirmayer, Young & Hayton, in Essau , et al., 2010).

Onset and Prevalence

Its prevalence in the global population is still unknown. In Japan, clinical studies have resulted in prevalence rates between 7.8% to 45.5%. Individuals with clinical symptoms of TKS are predominantly male, although the percentage of female patients in Japan increases. The ratio of men : women is about 3 : 2 (Lim, 2013).The typical age of onset for TKS is in early adulthood. Thus, middle adolescence to early of young adulthood is an ideal timeframe for study (Essau, et al, 2010).

Epidemiological studies in adults have shown that 50% of adults in societies who suffer from social anxiety, the onset of symptoms is in their adolescence, and many socially reported they are anxious when recalling it (Essau, et al, 2010). Adolescence is a period of development as individuals begin to experience increased social demands and develop more complex cognitive abilities. Many studies argue that the possibilities of manifesting themselves during this developmental period increase as adolescents experience anxiety that they are being observed by the people around them (Beidel & Morris, on Essau, et al., 2010).

Interdependent Self-Construal

Recent cultural-based psychological studies show that there is sufficient evidence to assume that there are culturally distinct cognitive processes, especially between Asians and Westerners (Nisbett, on Noransakukit, 2011). One of these differences involves how Asians tend to think and pay attention

to the world more holistically, while Westerners tend to think and pay attention to a relatively more analytical world (Nisbett, et al., on Norasakukit, 2011).

Although there is some evidence to suggest that these cultural differences influence attentional styles to some extent caused by differences in the structural aspects of the physical environment between Asians and Westerners (Miyamoto, Nisbett, & Masuda, in Norasakkunkit, 2011), cultural psychologists generally link the origins of this cultural difference with the attentional style to know the dominant social orientation of the self or the so-called Self-Construal (Markus & Kitayama, in Norasakkunkit, 2011). Asians will be interdependent and Westerners will be independent to others (Kitayama, et al., In Norasakkunkit, 2011).

Other-focused Cognition

SAD and TKS are not mutually different because they have similar affective features of fear and similar behavioral features of avoidance (Nakamura, on Norasakkunkit, 2011). The main difference between the two is in the cognitive features. SAD which is a dominant clinical manifestation of the state of social anxiety in the context of Western culture (Kleinknecht, et al., on Norasakkunkit, 2011) tends to make individuals selectively present to the outside to detect negative social cues such as yawning and boredom from those around (Bar-Haim, et al, on Norasakkunkit, 2011), and once they conclude that they fail to make the desired impression, they quickly divert their attention from social cues to monitor and evaluate themselves.

While, individuals with TKS had also two other-focused cognitions that characterize TKS as a culture-bound syndrome, that is (a) other-offending cognition, which involves thinking that it potentially interferes with or gives unpleasant feelings to others as a result of body parts or sensations, and (b) a pattern of thinking about how others always avoid individuals for the same reason why he is worried about the offense (Nakamura, on Norasakunkit, 2011). These other-focused cognitions are owned by people with interdependent self-construal who have a pattern of thinking that always associate themselves with those around him as a unity.

Methods

The sample included 145 adolescent (F=87 and M=58), aged 14 to 17 years. These adolescent were recruited from several high school in Cimahi, West Java, Indonesia. All participants completed Taijin Kyofusho Scale (TKS) and Self-Construal Scale (SCS).We used descriptive method to analyze result of study. Descriptive research involves gathering data that describe events and then organizes, tabulates, depicts, and describes the data collection. We uses visual aids such as graphs and charts to aid the reader in understanding the data distribution. For the aims of this study, descriptive research was used to obtain a picture of TKS symtomps on Indonesian adolescent with a view of its relation with their self-contrual, either they are more interdependent or independent.We used a paper and pencil quetionnaire battery consisting of self-report measures for self-construal and TKS symtomps. We invited students to fill out questionnaires during their breaktime. Completion of the questionnaires took about 20 minutes.

TKS symptoms was measured by the 31-item of Taijin Kyofusho Scale (Kleinknecht et al., on Vriends, et al, 2013). The items reflect symptoms that were found most highly discriminated TKS patients in Japan from non-patients and the items are consistent with descriptions of TKS's definitional symptoms (Takahashi, on Vriends, 2013). The TKS reflects the respondents concerns that they would do something to offend or embarrass others. Responses are made on a seven-point Likert-type rating scale, ranging from totally false (1) to exactly true (7). For the analyses the sum score of these items (ranging from 31 to 217) was used. An example of the item is "I am afraid that eye-to-eye contact with other people will offend them." From the previous study of Vriends, et al, (2003), Cronbach's alphas for this quetionaire were 0.95 for the Indonesian sample.

The Singelis Self-Construal Scale (SCS) (Singelis, in Vriends, et al, 2013) was used to measure self-construal. It consists of two 12-item sub-scales, assessing interdependent and independent self-construal. An example from the independent self-construal scale is: "I enjoy being unique and different from others in many respects" and from the interdependent self-construal is:"I will sacrificemy

self-interest for the benefit of the group I am in." The participants responded on a five-point Likert scale from "fully disagree" to "fully agree." The mean score of the 12 items of each sub-scale, resulting in a score range from 1 to 5, was used. From the previous study of Vriends, et al, (2003), the Cronbach alpha coefficient for the independent self-construal sub-scale for the Indonesian sample was 0.51 and for interdependent self-construal sub-scale was 0.53. These Cronbach alpha coefficients indicate moderate internal consistency.

Result and Discussion

Prevalence of TKS Symptoms on Overall Respondents

Table 1. Percentage of TKS Symptoms Level of Overall Respondents (N=145, F=87, M=58)

TKS Symptoms Level	Percentage
High	22.07%
Moderate	60%
Low	17.93%

Table 2. Gender Percentage of Respondents on TKS Symptoms level (N=145, F=87, M=58)

Gender	TKS Symptoms Level		
	High	Moderate	Low
Male	50%	43.68%	34.62%
Female	50%	56.32%	65.38%

From the data we obtained from 145 adolescents in Cimahi, West Java, Indonesia who completed the Taijin Kyofusho Scale (TKS),the result have shown that 22.07% (32 person) of all respondents had high TKS score, 60% (87 person) had moderate score, and 17.93% (26 person) had low scores. So, from the total respondents, the prevalence of the TKS symptoms is 1 : 4, and the ratio of male: female is 1:1.This result is in line with the previous result study of Essau, et al, (2011). In the study, 351 adolescents aged 12 to 17, and one of their parents/guardians, completed a set of questionnaires used to measure TKS. Adolescents reported significantly higher rates of TKS than their parents as adults. It could be because of the stage of

development, social anxiety becomes more common in or after puberty.Adolescents score higher TKS scores than adults, perhaps also because adolescence is a sensitive developmental period in which peer relationships have strong scores and denial has important consequences. The results of the structural equation model from the study of Essau, et al. (2011) suggests that this trend increases as adolescent views of themselves are based more on interdependent values than are independent. When the definition of self is based on someone's relationship with others, it is possible that the rejection of these people will have a stronger impact.

Association Between Interdependent Self-Construal and TKS Symptoms on Overall Respondents

Table 3 |Self-Construal Percentage of Respondents on TKS Symptoms Level(N=145, F=87, M=58)

Self-Contrual	TKS Symptoms Level		
	High	Moderate	Low
Interdependent	78.12%	70.11%	57.69%
Independent	21.88%	29.89%	42.31%

From the data we obtained from 145 adolescentsin Cimahi, West Java, Indonesia who completed Taijin Kyofusho Scale (TKS) and Self-Construal Scale (SCS),the result have shown a higher percentage of respondents who have interdependent self-construal than independent self-construal on each level of TKS symptoms. In addition, the data have also shown that the higher TKS symptoms level, the greater the percentage of number of respondents who have interdependent self-construal.This is in line with Pineles & Mineka's result study (on Norasakunkit, 2011). They explained TKS involved two other-focused cognitions which may give greater emphasis on monitoring negative social cues than the SAD case. This greater emphasis on negative social cues is then translated into the environment more holistically. Hoffman, Asnaani & Hinton's study (2011) stated that self-cosntrual is one of the influence factors of the TKS symptoms.People with interdependent self-construal who have a pattern of thinking that always associate themselves with people around him developed other-focused cognitions when they faced social situation. These

other-focused cognitions characterize TKS as a culture-bound syndrome, that is (a) other-offending cognition, which involves thinking that it potentially interferes with or gives unpleasant feelings to others as a result of body parts or sensations, and (b) a pattern of thinking about how others always avoid individuals for the same reason why he is worried about the offense (Nakamura, on Norasakunkit, 2011).

Conclusion

From the percentage of symptom level, we conclude thatthe prevalence of TKS symptoms from the overall respondents is 1: 4. Male and female adolescentof overall respondents have the same risk of experiencing Taijin Kyofusho symptoms, and the ratio of male: female is 1: 1.Adolescent who have interdependent self-construal tend to have highersymptoms levelof TKS.By the result of the present study, we see that there is a close relationship between culture and social anxiety."Culture" that Hoffman, Asnaani & Hinton (2011) refers on their previous study wason how individuals perceive themselves in the social context. They stated that TKS might not be a Japanese culture-bound syndrome, but an "interdependent- self-construal-bound-syndrome." Those individuals, who construe themselves as interdependent with others, have a greater chance to experience social fears that rely on interdependence, such as fearing to embarass others with one's own behavior.

The Further Study

Descriptive method is used to describe the result, but more samples and wider distribution are needed for the result to be generalized to the population. Acontinous prevalence studies is also needed to describe more about the prevalence of TKS symptom of Indonesian populations. For example, periodic surveys of the TKS level symptom of the population. Analogous to the decennial census, these studies could provide a snapshot of the TKS level symptom from the populationat a particular time.

Adolescent with TKS symptoms require a holistic approach in the assessment and prevention, so the symptoms do not develop into a disorder when they

reach young adulthood. More studies are needed to suggest a model that takes into account all relevant determinants of TKS symptoms, including other-focused cognition that characterize TKS as an interdependent-self-construal-bound-syndrome, and a model that supports the integration of biological, psychological and social factors in the assessment, prevention and treatment of the symptoms. This may refer to biopsychosocial models involving psychological and social factors that influence the development, course and outcome of the symptoms.

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CAREGIVING SELF-EFFICACY AND STRESS AMONG INFORMAL CAREGIVER OF STROKE PATIENTS

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Abstract

This quantitative study attempted to determine the correlation between caregiving self-efficacy and stress among informal caregiver of stroke patients. The hypothesis tested was based on assumption that higher caregiving self-efficacy was correlated with lower informal cargiver stress. The subjects of this study includes 41 adults informal caregiver between the ages of 20-65 years old. Data were collected from two scales, caregiving self-efficacy (Steffen and Gilliam, 2002) with reliability of cronbach alpha 0.921, and *kingston caregiver stress scale* (Hopkinsand Kilik, 2015) with reliability of cronbach alpha 0.827. Result of this study indicates that caregiving self-efficacy has a negative correlation with stress among the informal caregiver of stroke patients with r value -0.503 (p < 0.01). From the result, we could conclude that the hypothesis on this study is accepted.

Keywords: *caregiving self-efficacy, stress, informal caregiver of stroke patients*

More than 275,000 death are caused by stroke (Lewis, 2011). Stroke is also the leading cause of adult disability and the second leading cause of death in the world. There are only 15% of stroke patients who can be completely cured (Feigin, 2006). Stroke causes paralysis, generally in whole or in part, either permanently or temporally. Physical problems have the great impact on the daily activities of individuals, such as eating, cleaning up even moving or walking. Stroke patients generally need help from others. Stroke can be a heavy burden for family, neighbors, and friends of patients (Sutrisno, 2007). People who help, care for and assist stroke sufferers to do all their daily activities are called caregivers.

Reber (2010) defines caregiver as anyone who are involved in any phase of health care. This term can be applied to those who are tasked with identifying the disease, helping to prevent it, treating or rehabilitating the patient. Caregiver also help patients' daily personal activities such as eating, drinking, and even moving or walking. Okoye (Parung, 2014) mentioned that caregiver in stroke patients is divided into formal caregiver and informal caregiver. Formal caregivers are people who treat patients formally with medical interventions, such as nurses or doctors, while informal caregivers are people who treat patients without providing formal medical care. Family, friends, and people who have responsibility to manage patient's needs and having a desire to care of patients are also part of the informal caregiver.

When a person cares for a stroke patient, he or she will have a chance to experience stressful situations. Cohen (1997) defines stress as a condition where the burden of the environment goes beyond the adaptive capacity of an individual, which can cause a person susceptible to disease. According to Kurtz & Given (Parung, 2014), caregivers have the obligation to fulfil the physical and psychological needs of patients. In terms of physical, caregiver is expected to help patients in feeding, helping to bathe, move, walk and dress. While in terms of psychic, caregiver is expected to assist patients in responding to anger, frustration or depression. The intensity of time given for treatment is also the pressure on changes in both physical, mental and emotional states after a stroke

patient is a stressor for the caregiver. Stressor is a physically or psychologically challenging event or situation (Sarafino, 2008).

Faison (Steffen, 2006) reveals that the overload task of a caregiver can lead to stress. In an interview conducted with subject D, an informal caregiver as well as a child from a mother who suffered from stroke, found that D had felt pessimistic about his mother's condition. D's mother was partially paralyzed and lost memory. This made D showed the signs of stress. Psychologically, D feels despair, pessimistic, anxious, and emerging feelings of distress. Meanwhile, in terms of physical, D has sleep problem and headache, due to the stress that he experienced.

Previous research conducted by Rosida and Listyana (2012) also showed that, family problems in treating stroke patients are include stress, fatigue, financial problems and family burden. The above remarks are similar to those of Steffen (2006), who stated that a family that is often the primary informal caregiver of a patient generating response during caring for example boredom and anger. When individuals are exposed to stressful situations, he or she will react both physiologically and psychologically. If this condition lasts longer, this will cause feelings of anxiety, fear and tension (Atkinson, 2000). We could detect a caregiver stress through some symptoms. The physical symptoms are dizziness, loose of appetite, and fatigue. The psychological symptoms are unstable emotion such as sadness. Behavior can be a sign that a caregiver experiencing stress. For example, productivity declines, excessive reactions when responding to something, or even alcohol consumption. (Sukmasari, 2013)

There are several factors that can affect stress, one of which is self-efficacy (Atkinson, 2010). Caregiving self-efficacy (Steffen, 2006) is defined as the attitude in which caregivers feel confident in their ability to provide patient care. Based on the background description, the researcher intends to examine the correlation between caregiving self-efficacy and stress on informal caregiver of stroke patients. The hypothesis in this study is "There is a negative correlation between caregiving self-efficacy and stress among informal caregiver of stroke patients".

Method

Subject

Subjects in this study were informal caregiver of stroke patients, aged between 20 to 65 years old, who were caring for family members that suffered from stroke without pay. Caregiver can include children, spouses, close relatives, neighbors, or friends who are consistent everyday treating patients.

Measurement

1. *Caregiving Self-Efficacy*

Caregiving self-efficacy were measured by CSE scale made by Steffen (2002).

Table 1. Blueprint of CSE

No.	Aspects	Favorable	Unfavorable	Total
1.	Self-care and Obtaining Respite	1,2,3,4,5	-	5
2.	Responding to Disruptive Patient Behaviors	6,7,8,9,10	-	5
3.	Controlling Upsetting Thoughts Activated by Caregiving Activities	11,12,13,14,15	-	5
	Items	15	-	15

2. *Kingston Caregiver Stres Scale*

Stres among *caregivers* were measured by *Kingston Caregiver Stress Scale* (KCSS) made by Hopkins & Kilik (2015)

Table 2. Blueprint of KCSS

No.	Dimension	Favorable	Unfavorable	Total
1.	Treatment	1,2,3,4,5,6,7	-	7
2.	Family	8,9	-	2
3.	Financial	10	-	1

Items	10	-	10

Data Analysis

Data were analyzed by Pearson's product moment correlation analysis

Results

Table 3. Subject's Description Based on Age

Usia	N	Percentage (%)
20-29	22	53.6
30-39	5	12.1
40-49	6	14.6
50-59	6	14.6
60-69	2	4.8
Total	**41**	**100.00**

Description of subject

Based on the data in the table, it can be seen that the subjects aged 20-29 years amounted to 22 people with a percentage of 53.6%, 5 people aged 30-39 years with a percentage of 12.1%, 6 people aged 40-49 years with a percentage of 14.6% , 6 people aged 50-59 years with a percentage of 14.6%, and 2 people aged 60-69 years with a percentage of 4.8%.

Based on the data in the table, it can be seen that the subjects of male sex amounted to 16 people with a percentage of 39.1%. While the subject of female sex as much as 25 people with a percentage of 60.9%.

Based on the data in the table 5, it can be seen that the subjects who work as housewives amounted to 5 people with a percentage of 12.2%, civil servants amounted to 3 people with a percentage of 7.3%, self-employed as many as 4 people with percentage

Table 4. Subject's Description Based on Sex

Sex	N	Percentage (%)
Men	16	39.1
Women	25	60.9
Total	**41**	**100.00**

of 9.8%, private employees as many as 10 people with a percentage of 24.4%, university students as many as 11 people with a percentage of 26.8%, teachers as many as 4 people with percentage of 9.5%, farmers as much as 3 people with percentage

Table 5. Subject's Description based on Occupation

Occupation	N	Percentage
Government Employee	3	7.3
Enterpreneur	4	9.8
Employee	10	24.4
University students	11	26.8
Housewife	5	12.2
Teacher	4	9.8
Pensionary	1	2.4
Farmer	3	7.3
Total	**41**	**100.0**

of 7.3%, and pensioners as much as 1 person with a percentage of 2.4 %.

Stress and Caregiving Self-Efficacy Level

Based on the table 6, it can be seen that there are no subjects who have stress levels in very low category, 2 people were in low stress category with a percentage of 4.8%, 6 people were in the category of moderate stress with a percentage of 14.63%, 7 people were in the high stress category with the percentage of 17.07% and 26 people were in the category of very high stress with a percentage of 63.41%. These data indicate that most of the study subjects had very high stress levels.

Based on the table above, it can be seen that no subject has very low caregiving self-efficacy, subjects who have caregiving self-efficacy with low

Table 6. Stress Level

Category	Score	N	Percentage (%)
Very low	x <17.9	0	0
Low	17.9 ≤x<25.9	2	4.8
Medium	25.9 ≤ x<34	6	14.63
High	34 ≤ x ≤ 42	7	17.07
Very high	x >42	26	63.41
Total		**41**	**100**

category amounted to 1 person with percentage of 2.4%, 17 subjects included in medium category with percentage 41.46%, 12 subjects included in the category of high self-efficacy caregiving, shown

Table 7. Caregiving Self-Efficacy Level

Category	Score	N	Percentage (%)
Very low	x <312	0	0
Low	312 ≤ x<609	1	2.4
Medium	609≤ x<906	17	41.46
High	906≤ x ≤ 1203	12	29.26
Very high	x >1203	11	26.82
Total		**41**	**100**

with a percentage of 29.26%, and 11 subjects have caregiving self-efficacy with very high category with a percentage of 26.82%. This suggests that most subjects have a medium level of caregiving self-efficacy.

Normality test

The results of the normality test of both scales indicate that the two scales were in normal distribution. The Kingston Caregiver Stress Scale scale shows KS - Z = 0.112 and p = 0.200 (p> 0.05) and the caregiving self-efficacy scale shows KS - Z = 0.123 and p = 0.123 (p> 0.05). Both of these scales may represent the existing population.

Tabel 9. Linearity test

Variable		F	Sig.
Stress *Caregiving Self-efficacy	Linearity	8.004	.020
	Deviation from Linearity	0.487	.932

Stress	0.112	0.200	Normal
Caregiving Self-efficacy	0.123	0.123	Normal

Linearity test

Based on the table above, the linearity test shows that the value of F = 8.004 and the significance value of 0.020 (Sig <0.05). This suggests that the correlation between stress and caregiving self-efficacy meets linearity assumptions.

Hyphotesis test

Hypothesis test technique used in this research is Pearson correlation test.

Table 10. Hypotesis test

Variable	r	r²	P
*Stress*Caregiving Self-efficacy*	-0.503	0.253	0.000

*. Correlation is significant at the 0.01 level (1-tailed).

The table shows that the results of the correlation analysis between stress and caregiving self-efficacy were p = 0.000 (p <0.01). This shows that there is a significant correlation between the two research variables. Pearson correlation value of r = -0.503 shows the correlation between two variables, so the hypothesis in this study is being accepted.

Effective Contributions

Effective contribution of caregiving self-efficacy to stress among informal caregiver of stroke patients is 25.3%. Caregiver self-efficacy explained 25.3% of the variance in stress among informal caregiver of stroke patients.

Additional Analysis

Table 11. T-test

Variable	Descriptive statistic		*Levene's Test*		*T-Test for Equality of Means*	
Stress	Men (N=16)	Women (N=25)	F	Sig.	t	Sig.
	M=46.18 SE=4.18	M=50.88 SE=3.09	0.027	0.870	-0.917	0.365

Discussion

The results showed r = -0.503 and p = 0.000 (p <0.01). This suggests that there is a negative relationship between stress and caregiving self-efficacy in informal caregiver stroke patients. The higher the caregiving self-efficacy, the lower stress the person experiences with the patient's care.

Conversely, the lower the caregiving self-efficacy, the higher stress level caregiver will experiences. This results strengthen the previous study done by Hampton (2014) which found that caregiver self-efficacy had a significant negative correlation with perceived stress (r = -.53; p < .01).

From the data that has been obtained, it can be seen that as many as 26 subjects (63.41%) have stress levels in very high category. Based on interviews conducted by researchers, some subjects admitted that sometimes they feel pessimistic and overwhelmed when dealing with the task of taking care of patients. Ansari (2013) found that the demands to treat patients and other tasks to be performed, such as work or social activities and the family financial situation affect the stress experienced by the caregiver. if the caregiver believe that he or she has a high caregiving self efficacy, he or she will feel confident to provide care for patients and to overcome problem that might come to him or her life. This could lead to lower level of stress.

Based on T- test result, it is known that there is no significant difference of stress on informal caregiver based on gender. This is indicated by the value p = 0.365 (p> 0.05). The results of this study are similar to Siegler (2010) which found that in terms of depression, there is no difference between the male and female caregivers. The absence of the difference between the stress experienced by female caregivers and male caregivers can be due to a variety of factors. Both male and female caregivers alike have a responsibility to help the patient's daily activities like eating, cleaning up, changing clothes, and visit a doctor. The responsibility of the subject as caregiver, both male and female, to take care of the patient is not limited by sex. From the interview, it is found that a subject that take care of his wife who had a stroke, he said that he earned a living but also bathed the wife, preparing clothes, feeding him, cooking for his family. A female research subject states that in addition to treating patients by feeding, changing clothes, and delivering treatment, the subject also works to pay the cost of treatment.

There are limitations in this study. The first is about the number of subjects. The second is about subject criteria. This study did not make limitation about patient's condition, thus the condition of patients treated by caregiver (research subjects) are in varying conditions.

Conclusion & Suggestion

Conclusion

Based on the results of the analysis, it can be concluded that there is a significant negative correlation between caregiving self-efficacy and stress on informal caregiver stroke patients (r = -0.503, p = 0.000), and caregiving self-efficacy effectively affects 25.3% informal caregiver of stroke patients. Caregiver self-efficacy explained 25.3% of the variance in stress among informal caregiver of stroke patients.

Suggestion

1. For subjects

Based on the results of the study, it shows that there is a significant negative relationship between caregiving self-efficacy and stress among informal caregiver of stroke patients. Therefore, informal caregiver are expected to have a high sense of self-efficacy, especially in giving treatment for patients, in order to avoid the stress as a result of the burden of caring that must be implemented

2. For Further Study

Further study may use other variables that could affect or relate to stress among the informal caregivers. In addition, this study has limitation especially for the amount of participants. Therefore, further study can be done on the larger number and distribution of subjects, so that the data can be more generalized.

3. For Institutions and Health Practitioners

From the results of the study, it's found that many patients who are still experience high levels of stress. In addition, it is also known that caregiving self-efficacy correlates with stress levels. Thus, health institutions, hospitals, caregivers day care, clinics, and related practitioners, could develop programs aimed at improving caregiving self-efficacy, in order to prevent stress among caregivers.

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Mental Health Awareness in School: Early Detection of Psychological Problems by Peers

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Abstract

This study aims to determine the effectiveness of the early detection of psychological problems by peers to raise awareness of mental health in school. Participants of this study were 30 students in Junior High School X. Measurements were made using scale, interviews and early detection reports. The Wilcoxon test results found that there were significant differences in scores between before and after treatment (M *pre test*= 6,33, M *post test*= 8,30; Z = -4,282; p = 0,000). The results of the interview found that after being given treatment, the participants committed to increasing awareness of mental health in cooperation with teachers. A month after the treatment, the participants collected an early detection report that they had done with the results of 188 students (48.95%) included in a good mental health condition, 95 students (24.74%) fall into the category of students at risk, and as many as 42 students (10,93%) had the tendency of mental disorders. From these results, it can be concluded that the Early Detection of Psychological Problems by Peers effectively used as a means of raising awareness of mental health in school.

keywords: mental health awareness, school, early detection of psychological problems, peers

Results of Basic Health Research in 2013, shows that the prevalence of emotional mental disorder shown with symptoms of depression and anxiety is 6% for the age of 15 years and above or about 14 million people. Meanwhile, the prevalence of severe mental disorders, such as schizophrenia is 1.7 per 1000 inhabitants or about 400,000 people (Department of Health, 2014). Thus, 1-2 people from 1,000 residents in Indonesia have severe mental disorder. The highest provinces with prevalence of mental disorders are Yogyakarta and Aceh as much as 2.7% per mile.

Mental disorders have recently increased in society, especially among adolescents. Some of them are implemented in behaviours like violence or bullying, juvenile delinquency, anarchist actions, suicide, depression, self-identity crises, and anxiety. This problem will cause harm to adolescents' development. A student at Junior High School in Sleman, Yogyakarta, have been taken to the Emergency Department of Puskesmas (Center of Public Health) due to suffering from shortness of breath. The doctor found no medical illness, then she refers the student to psychologist. From the psychologist's assessment, it was found that the student often got the unpleasant treatment from her friends. This condition made she experience psychosomatic symptoms, such as chest tightness, difficulty breathing, dizziness, and even nausea.

A teacher in a Junior High School in Sleman, Yogyakarta, also reported that there are some students who have problems with mental health such as prolonged sadness and antisocial behavior. According to the teacher, this is caused by family problems. Actually, this psychological problem should be handled by professional psychologists. However, there is a limitation in the amount of professional psychologists. Currently, Indonesia with a population of about 250 million people has about 451 clinical psychologists

(0.15 per 100,000 population), 773 psychiatrists (0.32 per 100,000 population), and 6500 nurses (2 per 100,000 population). WHO set the standard number of psychologists and psychiatrists with a population of 1:30 thousand people, or 0.03 per 100,000 population (Ika, 2015).

Therefore, a preventive mental health program is needed. According to Sumiati, et al (2009), mental health means having a healthy and happy feeling and capability to face the challenges of life, could accept others as they are and have a positive attitude toward themselves and others. The school environment has an important role in mental health promotion (Vranda, 2015). School needs to have students who have role as peer supporters for their friends. This kind of supporters called "student cadre". Student cadres need to have early detection ability to help their friends who have psychological problems. Furthermore, these student cadres will work with teachers and psychologists to raise mental health awareness in schools.

This study aims to determine the effectiveness of the early detection of psychological problems by peers to raise awareness of mental health in school.

Method

Participants

Participants in this study were 30 students (17 women and 13 men), from grade 7, 8, and 9. Participants consisting of 17 women and 13 men. The training was held in a Junior High School Kalasan, Sleman, Yogyakarta.

Measurements

Participants' knowledge.

The pre-post test scale aims to determine the extent to which participants understand about the mental health. Participants answer the questions about mental health.

Detection of adolescents' mental health

After the training, participants observe and interview their friends to check their friends' psychological problems and mental health condition. A month later, they report the results in the mental health early detection book.

Intervention

Training was conducted for two days. The table below describe the training content.

Day 1

No.	Activities	Goal
1	Presentation: (1) Health and Youth Development	Increase participants' knowledge of youth mental health issues
2	Presentation: (2) Types of mental disorders	Provides material on risk factors and types of adolescent problems that lead to mental disorders
3	Discussion	find out how deep the participants' understanding of mental health issues and adolescent mental disorders

Day 2

No.	Activities	Goal
1	Presentation: Bullying	Increase awareness of participants about bullying to avoid bullying in schools that can cause mental disorders
2	Presentation: Early Detection of Mental Disorders	Increase participant knowledge related to early detection of mental disorders
3	Practice: Case Study	Sharpening the skills of participants in early detection of mental disorders that occur to their friends Giving example (cases) interpersonal communication skill Each participant has the opportunity to practice interpersonal communication with their friends

Results

Participants' knowledge

The table below shows the comparison between pre test and post test of participants' knowledge about mental health

Descriptive Statistics

	N	Mean	Std. Deviation	Minimum	Maximum
Prestest	30	6.3333	1.09334	4.00	8.00
Posttest	30	8.3000	1.26355	6.00	10.00

Test Statistics[b]

	Posttest - Prestest
Z	-4.282[a]
Asymp. Sig. (2-tailed)	.000

a. Based on negative ranks.

b. Wilcoxon Signed Ranks Test

The wilcoxon analysis using the SPSS 17 program showed that there was a difference between pre test and post test scores (M pre test = 6.33, M post test = 8.30). The result showed the increase of the score after the training. The difference was shown to be significant. This can be seen from the score Z = -4.282; p = 0,000. Thus, it can be concluded that this training can significantly increase the participants' knowledge about mental health.

Interpersonal Communication Skill

Interpersonal communication skills help participants to explore their friends' problems. Participants enthusiastically asked about verbal and non verbal communication when doing the detection. Initially, the participants felt awkward to show empathy to their friend,but they keep trying to approach friends and detect the presence or absence of mental disorders.

Commitment

Participants are willing to perform early detection of mental disorders. They have a commitment to perform mental health detection for a month, and then disseminate the results with counseling teachers.

Mental Health Early Detection

There were 30 participants involved in this study. During one month, they observe & interview their friends, to make three categories.

The table below showed the results of mental health early detection
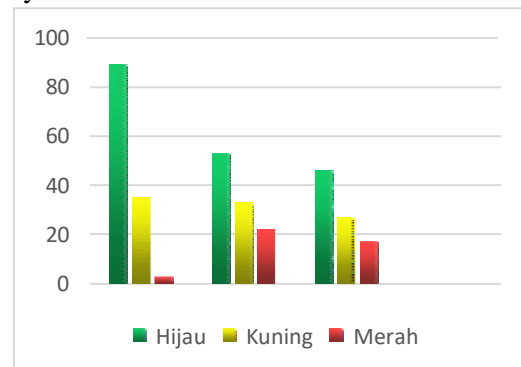
The detection report is done by grouping the condition of students. Green category is for students who are in a good mental health condition, yellow category for students who have risks such as anxiety, phobia, smoking, social and family environmental factors. The last one is the red category for students who are tend to have a mental disorder. From the detection results, it is known that there were 188 students (48.95%) in green category, 95 students (24.74%) were in yellow category, and as many as 42 students (10.93%) were in red category. Symptoms that found in students with yellow category include anxiety, insomnia, very low self-confident, have certain fears (phobia), bullying, and using addictive substances (smoking). Meanwhile, symptoms that appear in red category were laughing alone, talking alone, and cry abruptly.

Dissemination (Participants and Teachers)

After the participants collected the data, there was a discussion between participants and teachers. This is also a validation of mental health detection data conducted by participants. Furthermore, teachers work together with psychologists (who work at center of public health) to handle students who involve in the red category.

Discussion

The results of this study indicate that there were differences in knowledge scores between before and after intervention (Z = -4.282; p = 0,000, M pre test = 6.33, M post test = 8.30), thus it could be concluded that this intervention significantly increase participants' knowledge about mental health and how to detect students' psychological problems (mental health condition).

Adolescent is one of the stages of development in human life (Santrock, 2002). Early adolescent (12-14 years old) are characterized by psychological changes such as identity crises, increased verbal skills for self-expression, and peer influences on hobbies and dressing (Batubara, 2010). Adolescents will begin to experience a change of identity that can not be separated from the influence of parents' expectations as well as environmental expectations. This influence will also affect adolescent behavior patterns. Expectations that are not in line with the condition or ability of individuals will be vulnerable to create pressure that can make them experience stress (Geldard, 2005). Stress makes teens easy to feel the negative moods and emotions, feel depressed, difficult to concentrate, and have a low self-confidence. Some studies suggest that many adolescents have difficulty dealing with problems, and this can affect their physical and psychological well-being (Dillon & Swinbourne, 2007).

The development of adolescent can not be separated from the school environment. Almost everyday, an adolescent spends his time in school from morning until late afternoon. Therefore, schools are able to give a big influence on the development of adolescents both in terms of cognitive and psychological. School can be perceived as a place full of comfort and supportive but otherwise can also be perceived as a place full of pressure and not support. Research shows that social support or social support can help adolescent face psychological pressure and become a predictor of health and well-being (Dillon & Swinbourne, 2007).

The natural communication between adolescent will create a non-threatening atmosphere, which will make adolescents more free to share their thoughts and grievances. Nearly 90% of adlescents prefer to share with their peers compared to professionals when under stress (Geldard, 2005). Natural communication that can be taught to peer supporters is interpersonal communication. This behavior is related to prosocial behavior. Pro social behavior that can be shown by peer supporters are sharing, helping and volunteering (Geldard, 2005).

Mental health services to adolescents in the school area can not be implemented by health workers alone, but the participation of all communities, especially adolescents by taking an active role to become a peer supporter of mental health in schools. Thus, peer supporters need the ability to perform early detection of psychological problems that experienced by their friends. If they find a friend who has a mild disturbance then the adolescent can help their peer, but if the disorder is moderate or severe, a peer supporters may seek help from a teacher or a health professional, in this case, a psychologist. The result of this research support the previous research about the importance of preventive program held by the school. Schulte-Korne (2016) found that the changes in the school environment and the implementation of evidence-based school programs could lower the risk of children and adolescents' mental health problem.

Conclusion & Suggestion

Conclusion

From these results, it can be concluded that the Early Detection of Psychological Problems by Peers effectively used as a means of raising awareness of mental health in school.

Suggestion

Based on the results of the raining program that has been implemented, there are several recommendations as follows:

1. For school

Schools need to follow up the vulnerable. Approach can be done using peer support with the help of counseling teacher. If the disturbance that experienced by students is already heavy, the school can refer students to psychologists.

Schools need to develop a prevention program of mental health by conducting consistent monitoring and assistance for participants, so that the program does not stop.

2. For participants

a. Participants are expected to receive training on how to deal with mild psychological disorders, which can be done by students

b. Participants are expected to run the program consistently and continuously. Participants (student cadre) can form an organizational structure that involves a chairman who is in charge of coordinating the formation of cadres on a regular basis. By doing this, hopefully they could manage program continuously.

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Learning Strategy Employed by Teachers for Gifted Students in Inclusive Classes

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Abstract

Gifted children refers to children with special abilities. These children generally have an IQ above 130. Teachers often have difficulty in dealing with Gifted children because of their potentials. Teachers need to give extra activities to these children because in general, they tend to get bored easily. Consequently there is a tendency to disturb other children in the classroom. To deal with that, teachers need to have the right strategy so that the learning processes in the classroom run smoothly if not successfully. Despite numbers of strategies offered by experts, teachers need applicable strategies. These strategies require cooperation among teachers, schools, parents, as well as psychologists. Cooperation is needed basically because every child (including Gifted children) has different characteristics in learning.Teachers need to understand the characteristics of each child in the classroom. This article aims to provide some of learning that can be done by teachers in the process of learning together with Gifted children in inclusion classes. Learning strategy that is delivered is the principles of learning that can be modified in accordance with the needs and potential of children.

Keywords: teacher strategy, gifted child, inclusive classes

Background

Undang-Undang Pendidikan Nasional [National Education Laws] No. 20 of 2003 asserts that students of special intelligence receive special education services in accordance with their needs and excellence. This suggests that gifted children basically have the same rights in terms of learning as other common students. In other words, the actual learning for gifted children should be considered in the education system. There should be a special program that suits the gifted children such as acceleration program.

Despite the main purpose of acceleration program many gifted children remained fail joining acceleration classes and getting satisfactory achievement. This often caused confusion for the school, especially teachers

who dealt directly with gifted children in the classroom.

In addition, acceleration program often ran without teachers' sufficient knowledge about acceleration program itself. Sometimes the program just went without any significant consideration that should have existed in acceleration program (Supriyanto, 2014). The current acceleration is still implementing the regular curriculum in which the gifted children are only given accelerated levels regardless of their needs for curriculum adjustment and differentiation.

It is important to know that gifted children in fact can deal with things ranging from social, emotional to education system. In this context, the author is more concerned with the deficiencies in education in which basically gifted children should not have experienced obstacles in the lessons because of their cognitive abilities because what often happens is that they

experience problems that require special attention.

Based on an observation of 2 gifted children, the author noticed that the teacher had difficulty in dealing with the boredom of those gifted children. As a result, what seemed to be seen was the disruptive behavior of those two children instead of their high cognitive abilities. The question emerges in this case is related with the appropriateness of the learning strategies for such children considering that such children have above average cognitive abilities compared with the children of his age. Responding to this question, the author reviews some literatures related with learning for gifted children, hoping that teachers can respond gifted children in inclusive classroom setting appropriately.

Gifted Children

The term gifted children refers to Intelligent children. In European countries, the term gifted children is often used to address a child who has a high potential, involving extraordinary intelligence over intelligence ability of children of their age. To some extent, it also involves high creativity, and motivation and commitment to the task (Van Tiel and Widyorini, 2015). Supriyanto (2014) indicates that the areas of ability demonstrated by gifted children are (1) the ability of general intelligence, (2) special academic vocation, (3) creative and productive thinking, (4) leadership ability, (5) psychomotor skills, (6)) role and visual arts. Some of these things are then widely used in Indonesia through the application of IQ Wechsler scores above 130 in addition to other dimensions of high creativity and task commitment (self-bonding).

Gifted children also refers to talented children. A talented child can be interpreted as a child who has very high creativity. Their high creativity is however different from the genius. The genius uses more intelligence and has academic achievement in adulthood while talented one uses his/her talent of creativity as in music or other arts. Also, they are different from bright children even though they have high intelligence scores. Bright children show obedience and discipline in following the lessons and instructions.

There are 6 (six) types of gifted children according to Betts and Neihart. They are the successful type, challenger type, underground type, drop out type,

double label type, and independent type. The description of the gifted child's profile can be understood in the following points:

A successful type is a child who achieves very well and obeys the rules or systems that apply. It can be said that this type of child is easily loved by the teacher because of the ability to understand learning.

A challenger type is a child who is usually not well identified in school because he/ she does not show good performance. A child of this type often argues with teachers, experiences conflicts, and is considered as a child who is screwed up. Basically, his/her creativity is high but he/she does not understand how to utilize their skills. This child has a potential for delinquency because it is out of attention.

An underground type usually hides his/her ability due to pressure or response from friends. He/she tends to reject his/her abilities (whereas before he/she had high spirits and aspirations). Different forms of pressure between peers with teachers and parents lead to conflict within him/herself.

A drop out type has a high achievement, but the education system has less support to develop his/her talent so that this type of child tends to withdraw. Not only school orations, he/she can also drop out mentally and emotionally. Usually, this type of child is the result of type 2 (challenger) who received less attention.

A Double-label type has physical, emotional or learning disabilities. He/she is often not identified because he/she does not show achievement as gifted children. Handwriting or behavior is problematic so sometimes schools also have difficulty finding the child's disorder on such kind of child.

An independent type has a great independence and leadership spirit and is able to take advantage of everything provided by the school. The concept itself is very good and not dependent on others. He/she is able to express his/her feelings, goals, and ideals well and freely and to know well the things that become his/her strength. Therefore he/she is easy to get positive support from the surroundings.

Special intelligence is essentially a stable and congenial potential. Good stimulation will elicit good accomplishments, especially for gifted children. But of course, the innate potential is a sure thing as a requirement to be a gifted child (Monk and Ypenburg in Van Tiel et al, 2014). As pointed out previously, the

gifted child's achievement does not flourish. He/she needs to be support, proper detection, appropriate stimulation, appropriate education, and environmental protection (Van Tiel et al, 2014). A proper support and stimulation helps the child to continue to sharpen up his potential according to his/her characteristics. Early detection is possible, especially when the child experiences a leap in development, and it can facilitate an appropriate educational planning.

Inclusive Education

Olsen (in Tarmansyah, 2007) indicates that inclusive education entails a school that must accommodate all children regardless of physical, intellectual, social, emotional, linguistic or other conditions. While Staub and Peck (in Tarmansyah, 2007) state that inclusive education is the placement of children with moderate, moderate, and severe disabilities in the classroom. Stainback and Stainback (in Divine, 2013) explain that inclusive schools are schools that accommodate all students in the same class. This means that in an inclusive class there are students with different needs and different potentialities.

The purpose of inclusive education itself is to provide positive influence to children, schools, teachers and the community. Through inclusive education, teachers and schools gain experience in educating children with special needs, while for the community is to open insight, awareness, and knowledge about children with special needs. What is also important is that with inclusive education, children will have equal rights and opportunities to learn and foster self-confidence.

Based on this understanding, it can be interpreted that inclusive classes are heterogeneous classes where there are regular children who do not experience special needs with children with special needs to be jointly educated and given equal rights in education.

Learning strategies

Before devising a learning strategy for gifted children, a detection becomes an important step at the outset. Teachers can detect early by using child behavior data andhis/her potentials to then be discussed

with professionals such as psychologists for later if necessary undergo a series of psychological tests. In addition to teachers, parents also need to detect by noting the child's behavior during the home. This early detection can be very helpful in providing diagnostics to be followed up with a learning plan that fits the child's potential.

The design of learning begins with the development of curriculum in accordance with the assessment results and learning needs. The adaptation of the curriculum can be done to schools in segregation and inclusion settings. In an inclusive class, teachers should use appropriate learning strategies for learners (as well as gifted children) so that they are able to participate well in learning and not cause disruptive behavior.

Renzulli (in Van Tiel and Widyorini, 2015) indicates that gifted children consist of 3 (three) important categories; namely: above average intellectual capacity (IQ above 130 Wechsler scale), high motivation and commitment to the task, and high keratitis. These three categories are often referred to as The Three Ring Renzulli. The Triadic Renzulli-Monks complements the previous term by adding that parent and family support contributes to the development of the child. This approach model involvement of the school becomes significant there is a simultaneous learning process with education services in school.

The Renzulli model conveyed (The Three Ring) confirms the Triadic model basically tries to offer a good basic concept to apply in the learning process. According to Renzulli (in Supriyanto, 2014), an important goal of education is to produce productive students, not just knowledge issues. Educational services for gifted children are needed learning that encourages the development of high-minded processes, procedures for regular curriculum modification as well as a compacted curriculum where the curriculum is tailored to the needs of gifted children.

Some gifted learning programs or strategies for gifted children can be used by teachers and schools to apply specific systems. Melinda (2013) divides it in the form of the horizontal enrichment programs and vertical enrichment programs. The horizontal enrichment programs are: (1) development of exploration skills, (2) development of material enrichment, and (3) provision of opportunities for intensive programs of particular areas of interest in a

given time. In general, it can be seen that the horizontal programs are more accentuating the explorative side in which the gifted children get the learning according to their potential. Vertical enrichment models are (1) acceleration, (2) independent study, and (3) mentorship in which gifted children learn about things that are in demand with experts in the community. The vertical models are more at the point of emphasis on systems that facilitate the needs of the children.

Supriyanto (2014) discloses that students often do not know the integrity of the materials given to them during the year of study. This can make it difficult for students to prepare themselves for the materials to be studied. Concepts become one of the solutions that can be given. By knowing the concept map of the materials to be learned, the students (gifted children) can learn and prepare the materials from the beginning and the teacher can also prepare the material in depth so that learning can run optimally. Concept maps can be arranged in various forms but the important thing is that the concept map must be able to provide full and clear information. Jone (in Supriyanto, 2014) explains that there are at least 3 concept map formats for this; namely spider maps, chain maps, and stacked maps. Basically, all map forms provide an overview of the content structure.

The teacher understands that one of the learning forms that can be used is active learning (Fink in Supriyanto, 2014). This type of learning suggests that all learning embodies various types of experiences and dialogues. The types of dialogues developed are dialogue with self and dialogue with others. While the experience can be tangible observation and doing. Dialogue with self or self dialogue is a reflection of the gifted child of his/her experience gained and made in a portfolio-like hoax or rewriting. While dialogue with others is directed to dialogue with friends or with an expert. The form of observation is done directly and the results are arranged systematically. In general, Fink believes that there are things that teachers need to consider in implementing active learning, among others: creating small groups to solve problems, finding ways to create dialogue between children and people who are considered experts, building an atmosphere of learning that leads to self-thinking such as portfolio, observation, learning directly through the real example, and adding the frequency of interaction. The choice of

active learning activities combines 3 (three) types of learning: getting information, experience, and reflective dialogue (Supriyanto, 2014). This consideration is indeed necessary to be a concern as well because of the high ability of information absorption in gifted children to enable them to learn quickly. The lack of this services can impact the less favorable for gifted children as well as schools and families.

Learning strategy that can also be used is adaptive learning model. Adaptive learning is a learning that adapts to the child's condition in which the learning is tailored to the needs and potential of the child, not the other way around (Melinda, 2013). Adaptive learning can also be referred to child-centered learning. Adaptive learning principles are learning opportunities, motivation, attention to context or background, fun, social relationships, learning by doing, understanding the characteristics and abilities of children, and finding new knowledge through experimentation or exploration (Melinda, 2013). The modification is really something that can be done given the various characteristics that may appear in gifted children. Teachers are challenged to find the appropriate model so that their potential can develop optimally. Adaptive learning can also be done using appropriate media. Kustawan (2013) argues that adaptive learning media should be a medium that is designed, created, selected, and used in learning. For gifted children, media becomes one of the attractions. And to avoid saturation with the media, teachers need to modify in such a way in accordance with the needs and development of children.

Cover

Learning plays an important role in determining the output of qualified human resources (Melinda, 2013). Therefore, learning services related to strategies, methods, sources, and media should be selected based on the child's needs in a variety of ways. This also applies to gifted children. Effective and efficient learning models can really help develop their potential. So, Teachers as companions in school learning has an important role. Many models are offered in accompanying gifted children in inclusive classes. These models have their own advantages and disadvantages. Their suitability depends on teachers'

ability to convey learning materials and the characteristics of the child. In principle, recognizing and understanding the needs and characteristics of gifted children and tailoring them to the condition of the children is essential in developing a useful learning strategy.

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The Adaptation of Neuropsychological Test Adaptation: A Pilot Study for Memory Subtest

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Abstract

Current studies of neuropsychology have been widely developed in various countries. neuropsychological assessment requires valid and reliable neuropsychological testing tools. Meanwhile, in Indonesia, neuropsychological assessment has not been widely available nor adapted. This study is a part of a longitudinal study to adapt neuropsychological tests into Indonesian norms, particularly in Memory domains, namely Digit Span Forward (DSF), Digit Span Backward (DSB) and Digit Span Sequence (DSS); symbol range, Visual Reproduction; Auditory Verbal Learning. The subjects of this pilot study were 219 (two hundred and nineteen) healthy adults with age range from of 18 to 64 years. Subjects were selected randomly with some initial criteria for detecting the presence or absence of cognitive dysfunction. This research uses quantitative descriptive analysis model, to determine the difficulty level of each test items, and the results are shown using percentage of difficulty level of each item based on memory ability of respondents.

Introduction

As a part of neuroscience studies, neurospcyhology had develepoed into a special field in the study of psychology. This includes on how psychology could explain between what happens in the brain and what people do. Perception, emotion, motivation, beliefs, and many other topics in psychology could be explained using neuropsychology. Thus, research conducted in this field is developed rapidly in these recent years.

To get a deeper understanding about one's neuropsychological condition, first, a psychologist should conduct a battery of assessment. A comprehensive assessment could help psychologist and other mental health professionals to identify the problems in patients, which could help professionals to conduct intervention, such as medical intervention, rehabilitation therapy, or psychotherapy. Unfortunately, in Indonesia, the numbers of neuropsychological assessment or neuropsychological test is still limited.

Thus, this research aims to create an adaption of existing neuropsychological tests to be used in Indonesian norms. Hambleton, Merendan, and Spielberger (2005) stated that test adaptation is a series of activity which include: measuring the same construct and interpreting it into a different language and culture; choosing the translator; deciding which utilities would be used to prepare the test in second language; adapting the test; and also checking the equity of the two versions of the tests.

In this research, we adapt four neuropsychological test batteries which measure memory. The first set of tests Digit Spans, which includes Digit Span Forward (DSF), Digit Span Backward (DSB), Digit Span Sequence (DSS). Clients are asked to memorize a series of numbers in these test in three modes, which are forward, backward, and sequence. The second test is Symbol Span, in which clients are asked to memorize symbol. The third test is Visual Reproductin, which

asked clients to memorize an image and reproduce it. The last is Auditory Verbal Learning (AVL). This AVL test measure client's ability to memorize two series of words repeatedly.

Memory

Feldman (2012) defined memory as a cognitive function which include the brain. The process of memory includes coding, storing, and retrieving old information which was stored in the brain. Most scientists view memory as a relation between our own experience and past history. The stimuli that once were experienced by someone had left a perception on the brain. That perception were then stored in the mind, and could be retrieved again when we met the same kind of stimuli. Thus, memory includes the process of learning, retention, and remembering. The same definition of memory was also explained by Slamet (2010) and Chaplin (2011). The two references stated that past experience is one important part before someone could interpret the stimuli they are facing now.

Theories Related to Memory

Disuse Theory

This theory stated that memory will slowly be erased after certain periods of time unless it trained repeatedly, just like we trained our body and muscles. Memory will also slowly fade from the mind if someone felt that the information is not important, regardless of the time.

Interference Theory

This theory defined memory as candle or canvas. Knowledge is "painted" in canvas and it is memorized in the brain. But after some period of time, there canvas will be "re-painted" again when we get new knowledge. This process called interference. It is more difficult for us to memorized knowledge that is interfered with the same kind of new knowledge.

Information Processing

This memory describe how memory processed. At first, new knowledge are stored in sensory storage, then it is being processed in short-term memory (STM). In STM, there are two options. The first one is that the

memory in the STM is erased after some period of time. The second option is that the memory in STM moved into long-term memory (LTM). In this part, memory will be stored for long period of time. It could be stored for months and even years.

Neuropsychological measurement

There are several ways of measuring neuropsychology as below:

Technical Neuroimaging

Computerized Axial Tomography (CAT) using X-rays compiled by a computer

Magnetic Resonance Imaging (MRI) uses non-harmful radio frequencies and the interaction with the brain, which then measured by the computer to create brain images.

Positron Emitted Tomography (PET) uses a radioactive solution which is injected to study the metabolic activity of the brain

Electroencephalography (EEG) records the electrical activity of the brain ("brain waves") of cables attached to the surface of the scalp

Psychological Tests

Test Battery: Reitan-Halstead

Other battery approaches : WAIS (Wechsler Adult Intelligence Scale) assessment of cognitive function; LNNB 1 (Luria Nebraska Neuropsychological Battery) and LNNB 2

In this article, Memory is chosen the variable. Thus, the neuropsychological test consisting from 4 subtests were being translated then tested to subjects. The tests has free license and was used in various countries. We tested whether the construct of the aitems would suit Indonesian norms.

Research Subjects

The research subjects consisted of 219 people with various backgrounds. The percentage of female subjects were 61.64% (n=135), and male subjects were 38.36% (n=84). The subjects came from various age groups, from adolescent age group (16-19 years) to the elderly group (over 60 years). The highest percentage of subjects is in the age group 20-24 years (38.36%, n=84), 16-19 years (15.98%, n=35), and 25-29 years

(9.59%, n=21). The least age group is in the range of 45-49 years (3.20%, n=7).

Subjects had various educational background. Most of them has finished High School (56.16%, n-123) and Higher Education Degree (30,79%, n=67). Other groups of subjects had finished Elementary or Middle School (11,87%, n=26) and a few portion of subjects had finished Post-Graduate Degree (1,37%, n=3). Most subjects were students (49,3%, n=108), and other subject had various job background as seen in Table 1.

Table 1. Subjects' Job Background

Work	Frequency	Percentage
Labor	5	2.3
Honorary-worker	5	2.3
College students	108	49.3
Students	7	3.2
Civil Servants	5	2.3
Professionals	2	.9
Private Company Employee	30	13.7
Police/Army	4	1.8
Entrepreneurs	16	7.3
Others	37	16.9
Total	**219**	**100.0**

Data Collection Process

Research Process

The study was conducted in April 2017. Data collection involved 11 research assistants as enumerators to test 19-20 people. Research assistants had educational background in psychology, had adequate mastery of psychological testing instruments, and have sufficient knowledge and interest in biopsychology/neuropsychology. The data were collected in 2 weeks. The data submitted by assistants were then processed by the researchers.

Test Procedure

The test consists of 4 subtests, namely as follows:

Number Span (Digit Span)

This subtest has 3 parts, which are Digit Span Forward (DSF), Digit Span Backward (DSB), and Digit Span Sequence (DSS). In DSF, testee were asked to repeat a series of number mentioned by the tester. In DSB, testee were asked to repeat the number backwards. In DSS, testee had to sequence the numbers first, then repeat it.

Symbol Span

This test is divided into two parts. Each consists of 2-9 series of symbols that shown in form card and mentioned orally. In the first part, tester looked at symbol cards which contains 5-15 series of symbols. Each symbol is aligned with an alphabet. Testee had to memorize the symbols then mention the alphabets. In the second part, testee had to memorize and mention the alphabets backward.

Visual Reproduction

This test is divided into two parts. The testee memorize to visual 2-dimension image, then re-draw it in a piece of paper.

Auditory Verbal Learning

In this test, 2 series of words were given to testee. Each consists of 15 words. The tester read aloud the words in the first list. Testee then memorize and mention it. This procedure is repeated for 5 times. Then, another series given, and tester has to memorize it.

RESULTS

Based on the results of the analysis of the tool test *Memory and Learning* which consist 4 subtest based on function memory can be reported as follows:

Digit Span (Number Range)

Digit Span or range of numbers measure auditory memory short term, *immediate recall* attention and worry. Test this divided to be three part:

a) *Digit Span Forward* (DSF)

DSF consists of 8 questions about the range of numbers in the form of 2 numbers down 9 number that mentioned orally. On part DSF tester mention the row number and then subject asked to repeat mentioning it in order that correct. Each question consists of from two time experiments A and B, second trial tried on each subject. If subject or testee made one mistake, the trial continue to the next circuit. Stop after failed second inner trial one circuit.

The results of an analysis of DSF questions can be reported in table 1 below:

Table 1. Digit Span – Forward

No.	Tested Numbers	Testee Amounts Correct Answer	%
1.	1A	218	99.54
	1B	219	100
2.	2A	218	99.54
	2B	217	99.09
3.	3A	213	97.26
	3B	212	96.8
4	4A	192	87.67
	4B	176	80.37
5.	5A	115	52,51
	5B	106	48.4
6.	6A	45	20,55
	6B	49	22.37
7.	7A	15	6.85
	7B	18	8,22
8	8A	2	0.91
	8B	4	1.83

In table 1, it can be seen that questions number 1 through 4 indicate that the numbers that are easy to remember by testee. From 219 testees, 176 (80.37%) up to 219 (100%) testee were able to remember the range number which consists of a range of 2 numbers up to 5 numbers in the correct order. The 5 and 6 series has moderate difficulty level. Only 48.4% - 52.51% testee were able to recall the sequence of numbers in these series in sequence and correctly. While the range no. 6 to 8 which consists of a range of 7 numbers up to 9 numbers is the most difficult to remember by testee that is indicated by 0.91% - 20.55% testee that were able to remember correctly.

b) *Digit Backward Span* (DSB)

DSB comprises 8 range of numbers that each comprised of 2 until 9 range of numbers mentioned by the tester. The tester calls a row number and testee were requested to mentioned the number in reverse. DSB Each range of numbers in DSB consisted of two trial, Trial A and Trial B. The B part is the second trial that were given only if testee failed the first trial. If testee failed at both trial, then DSB has to be stopped.

The results of the analysis of DSB questions isreported in table 2. In table 2 it can be seen that the questions number 1 through 3 (3A) indicate that the question were easy to remember by testee. From 219 testee, 162 (73.97%) up to 219 (100%) testee were able to remember the range of numbers well, which consists of a range of 2 numbers up to 4 numbers in a correct sequence. Range no. 3 (3B) and 4 (4A) consisting of a range of 4 - 5 numbers is a range of numbers with a moderate difficulty level that is indicated by 41.55% - 54.79% testee who were able to recall the sequence of numbers in sequence and correctly. While the range is no. 4 (4B) up to 8 which consists of a range of 5 numbers up to 9 digits is a range of numbers that is difficult to remember by testee that is indicated by 0% - 34.7% testee who are able to remember correctly in sequence and correctly.

Table 2. Digit Span – Backward

No.	Tested Numbers	Testee Amounts Correct Answer	%
1.	1A	219	100
	1B	219	100
2.	2A	198	90.41
	2B	202	92,24
3.	3A	162	73.97
	3B	120	54.79
4	4A	91	41,55
	4B	76	34.7
5.	5A	44	20.09
	5B	37	16.89
6.	6A	6	2.74
	6B	11	5.02
7.	7A	3	1.37
	7B	3	1.37
8	8A	0	0
	8B	1	0

c) *Digit Span Sequence (DSS)*

DSS comprises about a range of numbers from 2 digits to 9 digits 9 number that mentioned orally. The tester mentioned a series of number, and testee were asked to repeat the numbers in different order. Testee had to reorder the numbers from the smallest to the biggest one.

The results of this test is reported in table 3. It shows that questions number 1 through 3 indicated as easy. From 219 testees, 159 (72.6%) up to 219 (100%) testee were able to remember the numbers correctly. The moderate difficulty of repeating numbers in sequence were seen in question no 4 to 5. This was indicated by 52.97% and 54.79% of testee who were able to recall the sequence of numbers correctly. Item no. 5 to 8 which consists of a range of 6 numbers up to 9 digits is a range of numbers that is difficult to remember by testee. This was indicated by only 1.83% - 34.7% of the testees who are able to remember correctly in sequence and correctly.

Symbol span is a visual working memory test to assess one's functioning to memorize symbols. This test consists of two parts. Each part contains of eight series of symbols. Testee are asked to memorize the symbols in 5-15 seconds, then mention it orally.

Symbol Span Forward (SSF)

The first symbol span subtest is symbol span forward (SSF). In this subtest, testee are asked to memorize the number in the same order with the series given. 219 testee joined this test. Question number 1 and 2 in this test are indiviated as easy because 71.69% (n=157) to 95.89% (n=210) had done the test correctly. Item number 3 had moderate difficulty since 43.38% to 51.6% testee succeeded to do the test correctly. Question number 4 to 8 are categorized as difficcult since no more than 24.2* testee succeeded to answer correctly.

Table 3. Digit Span – Sequencing

No.	Tested Numbers	Testee Amounts Correct Answer	%
1.	1A	219	100
	1B	216	98.63
2.	2A	210	95.89
	2B	193	88.13
3.	3A	172	78.54
	3B	159	72,6
4	4A	116	52.97
	4B	120	54.79
5.	5A	76	34.7
	5B	50	22.83
6.	6A	16	7.31
	6B	30	13,7
7.	7A	7	3.2
	7B	7	3.2
8	8A	8	3.65
	8B	4	1.83

Table 4. Symbol Span – Forward

No.	Tested Numbers	Testee Amounts Correct Answer	%
1.	1A	209	95.43
	1B	210	95.89
2	2A	181	82.65
	2B	157	71.69
3.	3A	113	51.6
	3B	95	43.38
4	4A	37	16.89
	4B	53	24.2
5.	5A	31	14.16
	5B	38	17,35
6.	6A	13	5.94
	6B	14	6.39
7.	7A	9	4,11
	7B	10	4.57
8	8A	8	3.65
	8B	6	2.74

Symbol Span (Symbol Range)

b) *Symbol Backward Span (SSB)*

In table 5, it can be seen that SSB questions number 1 and 2 indicated as easy since 201 (91.78%) testees

were able to remember the range of symbols correctly in sequence. Question no. 3 (3A) which consists of a range of 4 symbols is an item with a moderate difficulty level that is indicated by 47.03% testee which is able to recall the sequence of symbols in sequence and correctly. While the item is no. 3 (3B) up to 8 which consists of a range of 4 symbols up to 9 symbols is a range of symbols that is difficult to remember by testee that is indicated by only 6.39% - 36.07% testee succeded to remember correctly in sequence and correctly.

Table 5. Symbol Span – Backward

No	Tested Numbers	Testee Amounts Correct Answer	%
1.	1A	198	90.41
	1B	201	91.78
2.	2A	155	70.78
	2B	140	63.93
3.	3A	103	47.03
	3B	79	36.07
4	4A	65	29.68
	4B	60	27.4
5.	5A	44	20.09
	5B	44	20.09
6.	6A	19	8.68
	6B	31	14.16
7.	7A	20	9,13
	7B	19	8.68
8	8A	15	6.85
	8B	14	6.39

Visual Reproduction

Visual Reproduction function to visual measure memory and constructional ability on individual. This is a drawing test in which subject has to redraw a pattern that once was memorized.

Results of analysis of *Visual Reproduction* can be reported in table 6 as follows: From the Card 1, it could be seen that 49.77% (n=109) were succeeded to answer

correctly. This concludes that Card 1 is regarded as easy. Meanwhile, Card 2 and Card 3 are categorized as difficult, since less than 13,24% testee could anwer correctly.

Table 6. Visual Reproduction

No.	Benchmark Value	Number of Testee Answers	%
1	0	2	0.91
	1	13	5.94
	2	95	43.38
	3	109	49,77
2	0	0	0.00
	1	2	0.91
	2	11	5.02
	3	67	30.59
	4	110	50.23
	5	29	13,24
3	0	5	2.28
	1	6	2.74
	2	9	4,11
	3	20	9,13
	4	16	7.31
	5	35	15.98
	6	48	21.92
	7	80	36.53

Auditory Verbal Learning

Auditory Verbal Learning is a subtest that measured memory span, memory disturbances, memory recognition, and the ability to learn new things. This test has two series of vocabulary that needs to be memorized by testee. Series A is given verbally by tester, and testee had to repeat 15 words in this series. This procedure is repeated for 5 times, then testee are given the Series B. After memorizing and repeating 15 words in Series B. Testee are asked to repeat the words in Series A. After 20 minutes break, testee are asked to repeat series A once more, and also find the words in a paper that showed a lot of words.

Results of analysis of *auditory* questions *Verb l Learning* can be reported in tables 7 to 15 as follows:

Table 7. Auditory Verbal Learning - A1

No. Test	List of Words	Testee Amounts Correct Answer	%
1	PIPE	205	93.61
2	WALL	185	84.47
3	HOUR	125	57.08
4	SUGAR	84	38.36
5	STUDENT	102	46,58
6	MOTHER	123	56.16
7	STAR	39	17,81
8	PHOTO	21	9.59
9	BAG	64	29,22
10	PADI	81	36.99
11	MOUTH	78	35.62
12	CHICKEN	121	55.25
13	SOUND	102	46,58
14	ROOF	112	51.14
15	LAKE	156	71.23

From table 7 of *Auditory Verbal Learning - A1*, it can be seen that the words pipe, wall and lake are words that are easy to remember by testee, which are sequentially indicated by the number of testees who correctly answered as many as 205 (93.61%) testee for pipes. , 185 (84.47%) testee for the wall, and 156 (71.23%) testee for the lake; on the contrary words that

are difficult to remember when sorted from the hardest to difficult ones are photos (9.59%), stars (17.81%), bags (29.22%), mouths (35.62%), rice (36.99%), and sugar (38.36%). While hours (57.08%), mothers (56.16%), chickens (55.25%), roofs (51.14%), students (46.58%), and sound (46.58%) were words that are quite a bit still quite difficult to remember by testee.

Table 8. *Auditory Verbal Learning -* A2

No. Test	List of Words	Testee Amounts Correct Answer	%
1	PIPE	197	89.95
2	WALL	197	89.95
3	HOUR	165	75,34
4	SUGAR	135	61.64
5	STUDENT	166	75.8
6	MOTHER	172	78.54
7	STAR	96	43.84
8	PHOTO	61	27.85
9	BAG	106	48.4
10	PADI	111	50,68
11	MOUTH	148	67.58
12	CHICKEN	154	70.32
13	SOUND	167	76.26
14	ROOF	156	71.23
15	LAKE	197	89.95

In table 8 *Auditory Verbal Learning - A2* which is a repetition of the *Auditory Verbal Learning - A1*, shows that more words were easy to remember, which are pipes (89.95%), walls (89.95%), lakes (89.95%), mothers (78.54%), sounds (76.26%), students (75.50%), hours (75.34%), roof (71.23%), chicken (70.32%), mouth (67.58%), and sugar (61.64%).The words that are moderately difficult to be memorized are rice (50.68%), bags (48.40%), and stars (43.84%). The most difficult word to remember by testee was photos (27.85%).

Table 9 *Auditory Verbal Learning - A3* is the result of two times repetition after A1 and A2. More easily remembered words were shown but the word 'photo' was still considered to be the most difficult to remember. This indicated by 55.71% (n=122) correct answer.

Table 9. Auditory Verbal Learning - A3

No.Test	List of Words	Testee Amounts Correct Answer	%
1	PIPE	198	90.41
2	WALL	205	93.61
3	HOUR	181	82.65
4	SUGAR	158	72.15
5	STUDENT	186	84.93
6	MOTHER	191	87.21
7	STAR	153	69.86
8	PHOTO	122	55.71
9	BAG	151	68.95
10	PADI	146	66.67
11	MOUTH	157	71.69
12	CHICKEN	164	74.89
13	SOUND	185	84.47
14	ROOF	175	79.91
15	LAKE	210	95.89

Table 10 shows the result of A4 series. Most of the words were considered as easy. More than 73.06% testee could remember the words correctly. Similarly, table 11 shows the result of A5 series. More than 75.34% testee could memorized all the 15 words correctly.

Table 10. Auditory Verbal Learning - A4

No.	List of Words	Testee Amounts Correct Answer	%
1	PIPE	211	95.35
2	WALL	212	96.8
3	HOUR	178	81.28
4	SUGAR	181	82.65

5	STUDENT	193	88.13
6	MOTHER	192	87.67
7	STAR	172	78.54
8	PHOTO	142	64.84
9	BAG	171	78.08
10	PADI	160	73.06
11	MOUTH	161	73.52
12	CHICKEN	169	77,17
13	SOUND	201	91.78
14	ROOF	189	86.3
15	LAKE	207	94.52

Table 11. Auditory Verbal Learning - A5

No.Test	List of Words	Testee Amounts Correct Answer	%
1	PIPE	215	98.17
2	WALL	212	96.8
3	HOUR	198	90.41
4	SUGAR	188	85.84
5	STUDENT	202	92,24
6	MOTHER	200	91.32
7	STAR	185	84.47
8	PHOTO	165	75,34
9	BAG	179	81.74
10	PADI	165	75,34
11	MOUTH	170	77.63
12	CHICKEN	176	80.37
13	SOUND	207	94.52
14	ROOF	183	83,56
15	LAKE	213	97.26

Table 12. Auditory Verbal Learning - B1

No.Test	List of Words	Testee Amounts Correct Answer	%
1	CHAIR	177	80.82
2	SECURITY	188	85.84
3	CAGE	76	34.7
4	SLIPPERS	92	42.01
5	REFRIGERATOR	54	24.66

6	MOUNTAIN	64	29,22	6	MOTHER	199	90.87
7	BOTTLE	40	18.26	7	STAR	167	76.26
8	SOAP	39	17,81	8	PHOTO	149	68.04
9	CLOUD	59	26.94	9	BAG	159	72,6
10	SHIP	37	16.89	10	PADI	133	60.73
11	SHEEP	52	23.74	11	MOUTH	147	67.12
12	BOMB	164	74.89	12	CHICKEN	162	73.97
13	PAPER	132	60.27	13	SOUND	167	76.26
14	HALL	169	77,17	14	ROOF	162	73.97
15	SHRIMP	150	68.49	15	LAKE	195	89.04

Table 13. Auditory Verbal Learning - A6

No.	List of Words	Testee Amounts Correct Answer	%
1	PIPE	196	89.5
2	WALL	197	89.95
3	HOUR	182	83.11
4	SUGAR	189	86.3
5	STUDENT	188	85.84
6	MOTHER	201	91.78
7	STAR	168	76.71
8	PHOTO	162	73.97
9	BAG	161	73.52
10	PADI	136	62.1
11	MOUTH	143	65.3
12	CHICKEN	164	74.89
13	SOUND	168	76.71
14	ROOF	154	70.32
15	LAKE	185	84.47

Table 14. Auditory Verbal Learning - A7

No.	List of Words	Testee Amounts Correct Answer	%
1	PIPE	200	91.32
2	WALL	202	92,24
3	HOUR	181	82.65
4	SUGAR	175	79.91
5	STUDENT	184	84.02

Table 15. Auditory Verbal Learning - Recognition

No.Test	List of Words	Testee Amounts Correct Answer	%
1	PIPE	217	99.09
2	WALL	215	98.17
3	HOUR	217	99.09
4	SUGAR	218	99.54
5	STUDENT	215	98.17
6	MOTHER	214	97.72
7	STAR	204	93.15
8	PHOTO	205	93.61
9	BAG	213	97.26
10	PADI	203	92.69
11	MOUTH	209	95.43
12	CHICKEN	210	95.89
13	SOUND	199	90.87
14	ROOF	208	94,98
15	LAKE	210	95.89
16	CHAIR	184	84.02
17	SECURITY	207	94.52
18	CAGE	147	67.12
19	SLIPPERS	149	68.04
20	REFRIGERATOR	129	58,9
21	MOUNTAIN	130	59.36
22	BOTTLE	88	40,18
23	SOAP	105	47.95
24	CLOUD	133	51.6
25	SHIP	90	41.1
26	SHEEP	119	54.34

27	BOMB	191	87.21
28	PAPER	111	50.68
29	HALL	144	65.75
30	SHRIMP	110	50.23

These item were administered in the same order with the real ones starting from the easiest item to most difficult item in each subtest. No major changes in the percentage result showed that this pilot study needs to be continued. The items are considered qualified for the real adaptation process, which would include a bigger number of participants from a wider areas in Indonesia.

CONCLUSION

This study is a pilot study to test the adaptation of a neuropsychological test, spesifically the memory domain. All the adapted tests were translated to Bahasa Indonesia and administered to 219 participants. Results showed the percentage of correct answers for each items. The percentage showed no major variances between the original tests. The sequence of the items that were translated showed no major differences with the items in the original versions.

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The Situation That Causes Possession Disorder (Kesurupan)

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Abstract

Possession disorder is incorporated into dissociative identity disorder (DID) now, occurring in almost all parts of the world. The aim of this study is to understand the situation that caused the emergence of Possession disorder. The method used a case study method. There were three participants in this study. All of the participants had twice or more possession disorder. The results of the study show that the causes of possession disorder are related to situations that the elements are similar to the situation when individuals experience trauma/abuse events that had occurred in the past. Possession disorder is a way to cope with individuals that seem less able to adapt to these situations.

Keywords: possession disorder, DID, situation, adaptation

Possession in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM 5) published by APA (APA, 2013) termed *Dissociative Identity Disorder / DID* (dissociative identity disorder) now, the code is 300.14. In the previous DSM, possessions were the same as PPDGJ-III, distinguished by multiple personality disorders, known as *Dissociative Trance Disorder,* but based on the latest findings finally put together. Symptoms include:

A. Identity chaos characterized by two or more different personality statuses, ***by some cultures described as a possessed/possessed experience***, as evidenced by conditions of discontinuity in self-understanding, thoughts, behavior, feelings, perceptions and/or memories. This chaos can be observed by others and reported by the individual concerned.

B. Inability to remember personal information, for everyday events or traumatic events, which are inconsistent with ordinary forgetfulness.

C. Causes distress that is clinically important or weakens function in the social, occupational or other important areas.

D. This disorder is not considered a normal or accepted part of religious culture or practice and does not constitute a direct physiological result of substance use (c / unconsciousness or chaotic behavior due to alcohol) or a general medical condition.

Based on the explanation above, possession seems to be a common phenomenon and its existence is recognized. However, to declare possessions as a disorder, there are criteria that must be fulfilled, namely occurring outside the will of the individual concerned and causing distress so that the individuals involved in experiencing disability carry out their functions.

Based on research on possession conducted by Siswanto (2012; 2015) by analyzing the tasks given to students for 4 years in a row and the experience as a clinical psychologist who deal with clients who have

possession disorder, there are a chart of the possession as a disorder, namely the situation or antecedents of possession, personality and beliefs of participants who experience possession, prepossession, behavior during possession itself, participant experience after possession and recovery from possessions.

This paper focuses more on the problem of how the situation causes participants to experience possession. Are there similarities in situations between participants when experiencing possession?

METHODOLOGY

This study uses a case study. Case studies provide tools for researchers to study complex phenomena in their context. If the approach is applied correctly, this becomes a useful method for developing theories, evaluating programs and developing interventions (Baxter & Jack, 2008).

Case studies are an empirical inquiry that investigates phenomena in real life contexts, the boundaries between phenomena and contexts do not appear explicitly and where multisource evidence is used (Yin, 2015).

Case studies in this study, like experiments, do not indicate the magnitude of "sample" because it is not to calculate frequency (statistical generalization) but aims to develop and generalize theories (analytical generalizations) (Yin, 2015).

Data collection uses semi-structured interview methods and focuses on group discussions. Semi-structured interviews are used because it is the method for collecting the most extensive data used in qualitative research in psychology. This method provides an opportunity for researchers to hear what participants say about specific aspects of their life experiences. The question given by the researcher functions as a trigger that encourages participants to speak. Focus group discussions were used to sharpen and to validate semi-structured interviews. This method allows participants to interact with each other and the researcher acts as a moderator who directs the course of the discussion. The advantage of the focus group discussion method is the acquisition of higher ecological validity compared to semi-structured interviews (Willig, 2008).

All participants in semi-structured interviews were individuals who had experienced a possession disorder twice or more, in the study obtained four participants, but one resigned and three participants who were willing to follow the interview procedure several sessions until completion. All female participants were students and several times had possession disorders. The participants were given an explanation of the purpose of the study as well as an overview of the data collection process. After they agreed then *informed consent was* given. The participants were also helped to be able to anticipate the emergence of possessions that might be experienced again with a simple technique developed by the researcher and get a book on possessions published by researchers at the end of the study.

Focus group discussions involved two study participants and one person who was a close friend of one of the participants, who since the first semester learned about possession events experienced by participants. The purpose of this focus group discussion is to sharpen the findings obtained in semi-structured interviews as well as to validate some conclusions taken by researchers during the research process.

Records of interview results are then transcribed. Participants were then asked to reread the results of the transcript to make corrections and additional data that might not be available at the time the interview was conducted. Data which is then used in the research process is the transcript data that has been confirmed by participants. This is to maintain the credibility of the data since its inception.

After the analysis process is carried out, the results are then sent back to the participants to get corrections and reapproval, both relating to the narrative made by the researcher and the understanding that emerges from the narrative.

RESULTS

Participant narration I

Grief and Loneliness

Participant I named I, female, 20 years. When interviewed I became a student at a Makassar university. I was the youngest of four siblings, 2 sisters,

and 1 male. I was of noble blood. Father died when I was 9 years old. Father had diabetes for a long time, even before I was born. I had a close relationship with his father because when her father was still there, I was always picked up her father every time I went home from school and everywhere between her father and mother when I took part in activities outside of school, such as competitions for example. Father, to it, is the person who always asks I about experiences in school and those related to religious matters. Two years before father died, the maternal grandfather died first. Grandpa had been treated at I's home for eight months before he died.

Possession was first experienced by I when I was in 6th grade. At that time I was playing under a tree in the afternoon alone because her friends had been picked up home by their parents. I and her friends used to play there after school (around 12 noon to approximately three hours). When I was alone, I imagined going home to be picked up by her father. The next day I felt her stomach hurt, but not heartburn or anything else but like her stomach was squeezed/twisted. Next week I will face a national exam. I was then taken to the hospital. The doctor's temporary guess is the initial symptom of ulcer disease. At that time, the skin I turned yellow. I was in the hospital for a week. However, all of the allegations relating to the pain experienced were not proven based on the hospital examination. I herself forgot what was experienced during the hospital at that time. According to her mother's story, I always asked for socks to change every day using Dutch. The ustad then brought in said that I was followed Dutch spirit. The Ustad suspected that possession was because I was often left at home alone so I experienced loneliness.

The second possession event occurred when I was in grade 3 of the semester I junior high school. Previously I moved from Gowa to Makassar when I was in the second grade of junior high school. Every Sunday after moving, I and her mother visited the old house in Gowa to clean it. Usually, after cleaning the house, I have the opportunity to play with old friends. The second possession occurred after I got home from doing the cleaning in an old house. At that time, I happened to have no friends, so I could not play as usual and went straight home. I don't have friends in a new home. Mother saw a change in her self during the trip home,

seeing I was prettier. When in the car I suddenly felt nauseous and when I got home I had a high fever and was unconscious. I initially felt cold so that her body shivered. Mother saw I turn beautiful and talk in Dutch. At the time of the possession, the I's body became stiff, curved so that according to her mother's sister, it was similar to grandma when she was sick. Grandma was treated at I's home when she had a stroke until she died. At that time there was indeed a conversation between sisters in the village to build grandma's grave. Some suspect that laying a wall around Grandma's grave might be possible grandma's head because when possessed I kept crying saying her head hurt. When the brother who did the construction called that the stone had been moved, I became calm again.

I was very close to the deceased father. Father was so concerned about I. Every time I came home from school and recited, it was her father who picked her up and asked how it was worth and so on. I also often asked her father if she did not understand the verse being taught. If I get a good score, I get candy. I often participated in competitions since elementary school and his father continued to support her by delivering her with her mother. After her father died, I very rarely went with her mother to take part in the competition. Since her father died I became insecure when playing together with friends, because they were often asked who picked up and saw their friends picked up by their father. (When telling about this part I sobbing again). I said that until now his father had not been willing to die.

Changes in the atmosphere also occur after father died. The house became deserted because the mother and siblings came home late in the evening, and I was alone at home. Mothers rarely cook so I lose the sound of the kitchen appliance and the smell of food. Mothers also like to set I.

Participant Narrative II

Parent's quarrel and riot

Participant II named O, 21 years old, is currently a student at one of the universities in Makassar. O number two with brothers, all male. Their age difference is 3 years, both with their

brothers. O born in Poso, Central Sulawesi. The father of a BUMN employee who often travels due to corporate duties. Mother O is a housewife but often travels with her father, especially if it's the end of the week, both to the home of the parents of the father or mother. They stayed at grandparents' house O, while O was left with her brothers and guarded by an aunt, the nephew of the mother of the oldest brother.

O experienced three possessions until when he became a research participant, namely in the third grade of high school, the beginning of entering college during the faculty coaching camp, and during KKN, approximately a month before this interview was conducted. The last infestation begins with possessions by other participants (2 people). O was asked by her friends to help those possessed friends, because of the possession experience she had experienced at the beginning of the lecture. Friends looked at O being able to help a friend who was possessed. When she met this possessed friend, O felt she saw a big old man, like wanting to help someone who is possessed so that O feels positive and not afraid. O saw the old man sticking to her, between herself and a friend who was possessed. Then O experienced a tremendous feeling of tiredness then fainted.

The time frame of the faculty development camp takes place from 6 pm to about 3 am (approximately 9 hours). O was then sent back to her boarding house, then because her condition still looked unstable, she was finally taken home to Poso and treated for 1 month at her home. The cause of possession at the faculty coaching camp was because O was exhausted and rained after doing activities during the camp. At that time a number of friends had also experienced possession first.

The initial symptoms of possession experienced by O originated from the appearance of feeling cold. Then O saw strange figures, then fainted. During this second possession, O asked for large bottles of mineral water and drank them at once. O also let out a laugh with a huge voice. When O possessed screamed, the body seemed to be lifted itself up with a posture lying down and the chest seemed to be lifted up. When O was awakened by a senior, the body felt very weak. O was then sent back to boarding because she had fainted many times. Sister then came from Palu to guard, but because conditions are still easy to pass, O then brought

back to Palu and cared for at home. At that time there were many *dukuns* and also clerics who were asked to help the recovery process. O was asked to drink water that had been prayed for by the cleric. The recovery process gradually, until O really recovered.

Possession at the time of high school took place after O ate yellow rice. Her body suddenly experienced a long heat up and did not heal for several days. At that time O was thought to be pregnant. Finally, O was taken to the hospital, and the first possession incident occurred in the hospital. The initial signs of possession experienced by O at that time were the hands felt cold, a feeling of discomforts like wanting to cry, heart palpitations, and the body also feeling cold. When going to possess O, it's like seeing grandma. When the face is possessed, O becomes runny/asymmetrical, like a stroke person. After being possessed, O is afraid to overdo it. O feel scared because when O has a bad feeling, then scary images emerge when O close her eyes. As a result, O can't sleep because it keeps opening her eyes. Post-possession O feels tired, the body is all sick, and dizzy. The recovery process is given drinking water by clerics.

When there was a riot in Poso, O still hadn't entered TK. O had heard the sound of gunshots, even when O heard gunshots again when high school O panicked. Riots are still being experienced until O is in elementary school. O had been evacuated to Palu and had experienced panic when she heard the sound of electric poles being beaten because it was identical to the riots.

Relationships with parents, O tend to be afraid of them. Mother is dominant and father tends to leave. Mama likes to compare O with other people's children so there is often aggravation in the heart. When O was a child, her parents often fought. O often hear shouts of their fights, broken doors when returning home from school, and moms crying. Mother returned to her home and the children were left behind. father has jealousy, so everywhere the mother has to with him. When the parents quarreled O was so scared that to go out to urinate just didn't dare, O chose to hold on to urinate until their anger subsided and she would quietly go to the bathroom. As a child, O was guarded by Auntie when her parents left. Aunt O is more authoritarian than mama and her voice is

louder. O is also scared of her aunt. O often sought when returning home or finished reciting, and when incorrectly placed the bag was scolded by an aunt.

Participant Narrative III

Taken grandma, saw successive deaths and abuse experience

Participant III named A, aged 20 years. Currently, she is a student at a university in Makassar. A comes from one tribe in Sulawesi besides Bugis, Makassar, and Toraja. Three siblings are the eldest children. The difference with her younger siblings 2 years and 10 years, all of the girls. Her father is a migrant who can get 1-2 years back. Her mother is a junior high school housewife.

A has experienced possession several times, so it is difficult to calculate because in one episode of a possession attack can experience possession up to many times. The possession series first occurred at the time of welding 2 junior high school, grade 1 and 3 high schools and at the time of college in the early semesters. The term possession in its tribal language is "*pantamakki setan*" or "*Kahattuang* " means entered by Satan.

The first possession occurred when A grade 2 junior high school. At that time her cousin had experienced possession. A witnessed the possession, then by the ustad invited to heal, A was asked to leave the room where the possessed cousin was wearing a talisman necklace. A waits at grandma's house with grandma with fear. Then when invited back and recited the Quranic verses, A felt hot, shouted and lost her consciousness and spoke in a Jakarta accent. A was awake in the midst of possession when carried back to her house, then recited the Quranic verses. When she really realized she felt her whole body aching all the pain. The possession began around 7 pm until midnight. When A possession is like seeing a black shadow, tall, big. She was like being hunted by the shadow and her body felt weak. The black shadow continued to appear at the time of possession until the 3rd grade of high school. A feeling shocked, scared, like wanting to be killed by that shadow. At the time of the second grade of the middle school close before the possession event, A began to have the habit of cutting

out her arms when she felt hot. A began to stop hurt herself after hearing the story of a religious teacher when he was in high school, that hurting herself was a sin. But the habit still sometimes continues to college in the early semesters. When she saw the direction flowing from her arm, A felt refreshed.

Possession in high school time after a mass possession event. At that time the Lebaran holiday was over and happened when her mother left for Makassar because the next day I would go on the pilgrimage. Symptoms ahead of possession that still A conscious is breathing become congested, wheezing, and the ear like get out of the wind. After that A fainted so that she did not remember what happened when possessed. After being aware of what she feels is the whole body feels weak. The incident occurred when she was writing notes during school hours. That's when she felt confused not knowing what she wanted to do. When she saw the teacher who was explaining taking pacing suddenly A saw a white shadow behind the teacher. Suddenly she felt tight and could not control herself, hands clenched and like there was a wind coming out of the ear.

Possession in class III high school occurs when parents have moved in Makassar, so A is left alone with grandma. At that time father go back to school and mother accompany father in Makassar. Possession events occurred when A was alone studying at home, while grandmother went to her friend and she was also going outside. A is in the spirit of learning. Suddenly the body feels cold, pain in the back and the eyes turn red. Her brother had come home at that time, A entered her brother room and asked to massage her back when massaged it hurts a lot. There is a belief about the *parakang* as the cause, namely the belief there if there are humans who like to suck the air of other people so that people become sick. A felt nothing to control herself and she trapped in her body without being able to do anything, just cry. But the one who mastered said, "I don't want to come out, even though the child is crying". Aunt A asked about who possessed it because at that time Grandma hadn't arrived. Based on the phenomenon and the answers are given, it is believed that A was affected by parakang. It happened around 7 pm and A came back to around 12 pm. The next morning the mother came from Makassar as notified condition A.

At that moment A undergoes a series of possession so that the father was eventually followed from Makassar. At the time possession, A behaving like a great-grandmother: smoking, drinking coffee from a glass grandma, eat raw chicken eggs and uncooked rice and spit back, calling the dog whistling like her great-grandmother who had died. Each wants to possess traits to appear as if A wants to die, accompanied by short breaths. The thought of wanting to keep on annoying so that A finally searched the internet for signs of people wanting to die. As soon as I read what was on the internet, A felt her head throb and the signs written on the internet seemed to have her too. The second possession occurred when there was a faculty coaching camp. A seeing possession at that time was caused by exhaustion due to previous *adventure* activities. Symptoms of possession begin with dizziness, vomiting, coldness, stiff hands, body weight, and body aches. A look under the big tree there is such a large reog and smell blood. After that she was unconscious, when she realized it was night and because she felt cold A borrowed her friend's sleeping mattress. When A got up to urinate, she sees a woman with long hair, but her only piece on the top of the course. She remained conscious, returning home when delivered by a senior she felt followed. The night before she had also dreamed of being chased by snakes and a tall, black man wearing a black shirt.

A was taken by grandma when she was around 5 years old. She was loved by her great grandmother and grandmother because she was the oldest granddaughter. The empty feeling arrived when A was in grade 3 elementary school. The teacher often says that she needs treatment because her face is often pale and daydreaming. A felt as if she and her body seemed to be missed and thought that someone would die. A indeed often thinks about death until a feeling of fear arises. A had typhus when she was in 4th grade and for 1 month she had treatment at home. A separated from her parents again when she was in the second grade of junior high school because the father continued his studies in Makassar so that the mother to Makassar also accompanied his father. Mother returns to Bulukumba every Saturday and Sunday. It was during typhus that her mother often came home to treat, especially when her brother was also affected. A does not really

remember the experience when taken with grandma. But A felt she was very close to his grandmother. A urinated on the bed during 4th grade because of being left by her mother. But the incident is clearly not so remembered. A remembered that she struck by her father using a comb because urinate on the bed. A also remember her head being pushed into the closet by her mother around the 4th grade as well because her ranking dropped from rank 1 to rank 4 (when telling the story A cried). Father A sees her possession as contrived. A grandmother always experiencing excessive anxiety about A.

A experiencing her relatives died three times in a row at the same time, in a matter of months during the second grade of junior high school. Previously she even replaced her mother's duty to bathe her grandmother's relatives who had died at that time. It makes the process of bathing experience a feeling of fear of death. She experienced a lot of shocks when her great grandmother died, because her mother's reaction that seemed to change, became tense. She also witnessed the process of the death of another relative. Around class 2/3 of the high school, she was asked to bathe the deceased relatives.

The overall analysis of participants

Based on the analysis of the cases of the participants, it didn't just happen. There are certain situations experienced by the participants and the situation in nature as reminiscent of the situation of trauma or abuse that occurs in childhood. In participant I, possession was preceded by a situation related to losing a father and feeling lonely because alone so that the emotion that preceded possession is the emergence of feelings of sadness. The real situation before she experienced possession was to play with her friends in the first possession and when she didn't meet her friends after cleaning the old house.

The situation that triggers Participant II (O) to experience possession is a stressful situation, which has a similarity to a situation where she must hold back accompanied by feelings of fear, such as parental quarrel or receiving aunt's anger or possession events that have been experienced. Strange or chaotic situations make O experience a feeling of uneasiness (fear) as she experienced in her small desires.

Participant III (A) experienced possession when the situation reminded her of a separation/loss event. Having to take off the great-grandmother's necklace, the mother who will go to Makassar to follow the father and go on the pilgrimage, and the situation that is crowded before sunset is the trigger for the possession. Emotions that recognize the occurrence of possession in A are deep feelings of fear. In some situations, perhaps the relationship with the events of trauma and abuse is not very clear, but there is always a situation that triggers the thoughts/imagination of participants to remember or experience the situation of trauma or abuse again.

The ability to adapt to the new situation of the participants also seems to influence the risk of experiencing possession. Possession events experienced by all participants relate to new situations experienced that require rapid adaptability, but it seems that participants are less able to do it because it is still carried away by traumatic experiences in the past such as I when approaching the national exam and moving house, O left by her mother follow father or take a hajj or become a student in a new city. A experiences possession because she is unable to overcome the fear she experiences and the situation has similarities to the traumatic experience experienced at the time of the night, such as the burial of a great-grandmother and a deceased relative.

Finally, it seems that possessions experienced by participants basically to meet certain needs related to the theme of traumatic experiences and abuse experienced during childhood. I was finally never left alone after experiencing possession, her mother or always tried by someone else who accompanied her. O, it seems that through possessed experiences can emit negative feelings that are buried through cries when experiencing possession. A gets the attention of the mother and even the father when she is possessed with them coming to take care or also she is taken to her parents' house when possessed.

DISCUSSION

This study reaffirms the findings of previous research that has been done in Java, especially Central Java, about the process of possession (Siswanto, 2012; 2015). There is a relationship between situations when individuals experience possession with traumatic/abuse events that have been experienced so that eventually the individual concerned is at risk of being possessed. In addition, this study also reinforces previous findings showing that possessed not occur suddenly granted.

Spirit that emerged during the possession in individuals who experience multiple times possessions seems to be the same spirit that possessed prior to the events. This shows similarities with multiple personality disorders, where the personality that appears is another person who is the same as the previous disorder, although it can happen there are more than two different personalities. This reinforces the understanding that basically possessed and multiple personalities is not different, so in DSM 5 are both incorporated into dissociative identity disorder (DID = *Dissociative Identity Disorder).* The findings show that indeed the two disorders are actually the same (APA, 2013).

This study also corroborates previous findings regarding the causes of possession, namely trauma and/or abuse experienced in childhood. Both subjects in Java in previous studies and subjects in Makassar experienced trauma and/or abuse experience as reported in previous journals and in DSM (APA, 2000; 2013; Coons PM, 1992; ISSD IS, 2004; Fonagy & Target, 1995). Subjects who are possessed show traumatic and abuse experiences such as riots, separation from parents, frequent parental fights, sexual abuse, medical procedures, and neglect. As a result of this event, the subject seemed to develop feelings of fear and anger, which later appeared in the form of possessed behavior. This research shows that the more intense experiences of trauma and abuse are experienced, the more intense and often possession disorders are experienced by the subject. What is still lacking in the literature is the cause of possession due to grief. The loss and sadness experienced by the subject can actually result in possession. This was also found in previous studies and there were also other case studies which showed that the grief and sadness that it caused became a cause of possessions (Siswanto, 2015; van Duijl, Kleijn, & de Jong, 2014; Zhang, 1992).

CONCLUSION

Research shows that possession phenomena are relatively universal phenomena, but get different names due to cultural differences. Therefore this study strengthens understanding to include possession disorders as part of dissociated identity disorder. The cultural difference factor causes differences in naming over the years.

The situation causing possession is a situation where the elements have similarities with the incidence of trauma/abuse experienced in childhood. The factor of grief is apparently something that can cause people to experience possession.

The new findings that require further study are the role of imagination, the process internalization of belief in the spirit world, the loss of father figures and relations with the mother, which turned out to be important for the participants. All participants showed problems on these themes. Therefore future research that deepens the above themes is important to better understand how individuals can experience possession.

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The Impact of Personality on Psychosocial Adjustment of Papua Students

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The Goverment of Indonesia annually provides scholarships to 500 senior high school students to Java (*Affirmation for Senior High Shcool Program*). Papua is part of Indonesia, has a culture very different from Java. Adjust to a new culture can be very stressful, especially in challenging developments stages and adolescence. The purpose of this study was to determine whether specific personality traits of papua students would be associated with their psychosocial adjustment, and whether specific personality traits would moderate. The effect of personality traits on psychosocial adjustment were investigated in 106 Papua students in Central of Java (106 students, 15-19 years old). Several scales were administered: (a) Big Five Inventory; (b) social adjustment: academic; teachers, friends, weather and psychological adjustment (emotion, motivation). Results showed that, Extraversion, Counscientiousness, Neuroticism and Openness were predictors of psysocial adjustment ($p<0.01$; $p<0.03$; $p<0,002$; $p<0.025$). Agreeableness was not related to psychosocial adjustment.

Key words: big five personality, psychosocial adjustment, Papua Students

Papua is the largest and easternmost province of Indonesia, the Papuan culture is incredible diverse and has evolved some of the most distinctive and long isolated culture in the world. Papua and West Papua are behind other province in terms of education services

There are some challenges of education in papua is geographical challenges: A lot of highland in Papua which is difficut to reach except using airplanes and also lack facilties and unavailbaility of teachers, and another challenge is lack of support from local community. As developing country, Indonesia struggles for providing a good quality of education. Hence, the government makes a program for marginal islands to get better education in Java. One of the islands taking this part is Papua. Its program called Affirmations Secondary Education Program (ADEM).

ADEM is an education program for Papua and West students to get better education in Java. This program also aims to prevent the students of affirmative educational program from experiencing cultural shock when they continue their studies in state universities of Java

As students with very differen backgrounds have many problems, the big problem is psychosocial adjustmentadjustment (Kambuaya, 2015) Mosidor and Sly (2016) students encountered problems in adjustment in three primary areas, academic, social interaction, and emotional reaction to their novel environment. Language barriers, unfamiliarity with available resources and how to access those resources, lack of an established social support system and/or social network compound the problems experienced in

those areas (Smith & Khawaja, 2011) and often manifest in depression, loneliness and isolation (Wei et al., 2007). This happens to Papua Students studying in Java, that psychosocial adjustment becomes a moyor problem (Barimbing & Kahija , 2015 and Taa & Sawitri ,2017). Widyorini, (2015) students from Papua who study in Java have to struggle to adjust to the loss of things familiar to them (e.g., personal relationships, home/country environment, and educational system) and trying to adjust to a new culture and environment.

Personality as a predictor for psychosocial adjustment

Adjustment to a new culture can be highly stressful, especially during challenging developmental stages such as adolescence. The ways in which adolescents adapt to a culture and their resulting well-being may be influenced substantially by their personality traits as well as the degree to which they are aligned with the values of the new culture. The way in which adolescents adapt to a culture may be influenced substantially by their personality traits. Personality traits are the unique and relatively stable patterns of behavior, thought and emotion that distinguish different people. Although a variety of traits have been studied, the five-factor model of personality has been widely examined in research (McCrae & Costa, 2008; Widiger & Costa, 2012). This model proposes 5 traits as core dimensions of personality that are present in all individuals to a greater or lesser extent. These include neuroticism (emotional instability, distress in response to stressors), extraversion (sociability, energy, positive emotionality), openness to experience (appreciation of personal emotion, curiosity, independent judgment), agreeableness (trustfulness, altruism, cooperativeness), and conscientiousness (goal directed, self-control, organization).

The purpose of this study was to determine whether the big five of personality traits is related with to psychosocial adjustment. Although a variety of traits have been studied, the five-factor model of personality has been widely examined in research (McCrae & Costa, 2008; Widiger & Costa, 2012). This model proposes 5 traits as core dimensions of personality that are present in all individuals to a greater or lesser extent. These include neuroticism (emotional

instability, distress in response to stressors), extraversion (sociability, energy, positive emotionality), openness to experience (appreciation of personal emotion, curiosity, independent judgment), agreeableness (trustfulness, altruism, cooperativeness), and conscientiousness (goal directed, self-control, organization). Regarded as the predominant theory of personality today, the Big Five theory of personality describes five personality traits (Neuroticism, Extraversion, Openness to Experience, Agreeableness, and Conscientiousness) which provide a useful framework for understanding the relationship between personality and adjustment in cross-cultural transitions (Costa & McCrae, 1992; Ward, *et al., 2004; Swagler & Jome, 2005).*

Psychosocial adjustment is directly linked to neuroticism, vulnerability to stress, and maladaptive coping responses (John, et al., 2008). People high in neuroticism suffer greater psychological problems, particularly depression (Costa & McCrae, 1992*).* These are Openness to Experience, which is related to actively seeking new experiences and intellectual curiosity, and Neuroticism, which is related to maladaptive coping responses (John, et al., 2008). Conscientiousness, related to impulse control and personal striving in goal- and task-directed behavior (John, et al., 2008), is particularly important for psychosocial adjustment. Agreeableness, defined as a prosocial and communal orientation toward others, and Extraversion, defined as energetic approach toward the social and material world (John, et al., 2008), are theoretically important in this process. Evidence has shown that people higher in Agreeableness are more likely to build a firm relationship with host country nationals which can enhance general sociocultural adjustment (Ones & Viswesvaran, 1997). Conscientiousness, related to impulse control and personal striving in goal- and task-directed behavior (John, et al., 2008), is particularly important for psychosocial adjustment. Agreeableness, defined as a prosocial and communal orientation toward others, and Extraversion, defined as energetic approach toward the social and material world (John, et al., 2008), are theoretically important in this process. Evidence has shown that people higher in Agreeableness are more likely to build a firm relationship with host country nationals which can

enhance general sociocultural adjustment (Ones & Viswesvaran, 1997

Extraversion, also from the perspective of cultural fit (Ward, et al., 2004), is not appreciated equally across cultures (Hofstede, 2001), which can sometimes produce negative outcomes such as social rejection or depression (Shaffer, et al., 2006; Ward, et al., 2004). Individuals high in Openness generally enjoy better self-image and life satisfaction (McCrae, 1996), and they are more likely to enjoy the new experience when entering a new culture (Swagler & Jome, 2005). Meanwhile, individuals high in Extraversion are more likely to have a better self-evaluation and higher life satisfaction across cultures due to positive emotionality (DeNeve & Cooper, 1998; Diener, Oishi, & Lucas, 2003).

Research Aims

The purpose of this study was to expand existing knowledge by examining the influence of personality traits, and their psychosocial adjustment of Papua students. Our specific aim was to determine whether specific personality traits were associated with psychosocial adjustment. The hipothese of present study (1) Personality would be predictors to psychosocial adjustment of the Papua students; (2). The five personality trait (*Extraversion, Agreeableness, Conscientiousness, Neuroticism, Openness)* would be related to academic adjustment, social adjusment, and psychological adjustment

Methods

Participants and Settings

Participants included Papua senior high school students (they are from Sragen, Salatiga, Magelang, Kudus, Ungaran, Pati, Tegal, and Pekalongan), who get scholarship from Goverment of Indonesia (ADEM program), they were 10th and 12th grade. 106 Papua students. 46 participants (43%) were females and 60 were females (57%). The mean age of the participants was 17.43 years (15 - 19 years, *SD = 2.09).*

Materials

Big Five Inventory of Personality and Psychosocial Adjustment Scale

RESULTS

There is a very significant relationship (rxy = 0.289, p <0.01) between Extraversion and Psychosocial adjustment on high school students in Central Java. If the score of Extraversion is high, it will be followed by a high score in Psychosocial Adjustment There is no relation between Agreeableness (rxy = 0.039, p> 0.05) and Psychosocial Adjustment on high school students of Papua in Central Java. There is a significant relationship (rxy = 0.184, p <0.05) between Conscientiousness with Psychosocial Adjustment to high school students in Central Java. If the score of Conscientiousness is high, it will be followed by a high score in Psychosocial Adjustment

Table 1 Descriptive Statistics

	Mean	Std. Deviation	N
Extraversion	29,32	3,843	106
Agreebleness	34,05	3,788	106
Conscientiousness	32,70	4,113	106
Neuroticism	21,97	4,387	106
Openness	35,39	3,624	106
Academic Adjustment	69,61	6,644	106
Social Adjustment	32,46	4,256	106
Psychology Adjustment	16,10	2,736	106

There is a very significant negative relationship (rxy = -0.278, p <0.01) between and Psychosocial Adjustment to high school students in Central Java. If the score of Neuroticism is high, it will be followed by a low score in Psychosocial Adjustment. There is a significant relationship (rxy = 0.190, p <0.05) between Openness with Psychosocial Adjustment to high school students in Central Java. If the score of Openness is high, it will be followed by a high score in Psychosocial Adjustment

Table 2. Intercorrelation among study variables

		Academic Adjustment	Social Adjustment	Psychological Adjustment
Extraversion	Pearson Correlation	,260**	,198*	,175*
	Sig. (1-tailed)	,004	,021	,036
	N	106	106	106
Agreebleness	Pearson Correlation	-,055	,131	,055
	Sig. (1-tailed)	,287	,090	,289
	N	106	106	106
Conscientiousness	Pearson Correlation	,088	,123	,289**
	Sig. (1-tailed)	,186	,104	0,001
	N	106	106	106
Neuroticism	Pearson Correlation	-,147	-,264**	-,320**
	Sig. (1-tailed)	,066	0,003	0,000
	N	106	106	106
Openness	Pearson Correlation	,177*	,099	,133
	Sig. (1-tailed)	,035	,157	,087
	N	106	106	106
Academic Adjustment	Pearson Correlation	1	,541**	,424**
	Sig. (1-tailed)		,000	,000
	N	106	106	106
Social Adjustment	Pearson Correlation	,541**	1	,322**
	Sig. (1-tailed)	,000		,000
	N	106	106	106
Psychological Adjustment	Pearson Correlation	,424**	,322**	1
	Sig. (1-tailed)	,000	,000	
	N	106	106	106

Results of regression analysis of Big Five Personality and Psychosocial Adjustment obtained R = 0.380 (F = 3.378 with p = 0.007). it means that the high level of Social Adjustment of high school students Papua in Central Java can be predicted from the high factors of the Big Five personality, among others : Openness, Neuroticism, Extraversian, Agreeableness, and Conscientiousness. While the effective contribution of the Big Five personality n to Social Adjustment is 14.44% (R2 = 0.144). Papua students who have high in O (Openness) tends to easy to make adjustment in a new culture or new friends, because O is also connected to universalism values, which include promoting peace and tolerance and seeing all people as equally deserving of justice and equality (Douglas, Bore, & Munro, 2016). Results of regression analyses predicting big five and psychosocial adjustment outcomes are summarized in Tables 2

Extraversion has a relationship with social adjustment and psychological adjustment (p 0.021 and p 0.03), but not related to academic adjustment. While Agreeableness, is not related to all psychosocial adjustments in dimensions, both academic adjustment, social adjustment, and psychological adjustment.

Whereas Conscientiousness is only related to psychological adjustment (p. 001). and Neurotism correlates significantly with social adjustment and Psychological adjustment (p 0.003 and 0.000). While Opnness only correlates with academic adjustment (p 0.035)

Table 3. *Correlation beetween The Big Five and Psychosocial Adjustment*

Components of Big Five	Psychosocial Adjustment	
	r_{xy}	p
Extraversion	0,289	0,001
Agreebleness	0,039	0,344
Conscientiousness	0,184	0,030
Neuroticism	-0,278	0,002
Openness	0,190	0,025

Discussion

The results of the analysis show that the four factors of the Big Five models of personality trait show significant results, that Extraversion, Conscientiousness, Neurotism, and Openness, are predictors of ADEM Psychosocial Adjustment students. Whereas Agreeableness does not have a significant correlation with Psychosocial Adjustments.

During education and care in Central Java they get good guidance by teachers and adoptive parents, in terms of self-development, such as bathing, dressing, courtesy in talking and interacting with friends, teachers, foster families. They also get guidance from the teacher about how to learn well, time management. This is in accordance with what was stated by Yu, Cheah, Calvin (2016) that social support from the school environment, foster families is an important factor in the adjustment of psychosocial students who are far away from their families. But not all Papuan students are such, there are factors others, namely the personality of Extraversion, Conscientiousness, Agreeableness, and Openness. People high in Neuroticism, tend to have psychological problems (Costa and Mc Crae, 1996). Research conducted by Zhang, Mandl, Wang (2010) shows that personalities

have a significant influence on psychosocial adjustments. Furthermore, it is said that Neurotism and Openness is an influential predictor of sociocultural adjustments. Agreeableness only correlates with overall adjustments. Penelitian ini juga konsisten dengan penelitian yang dilakukan oleh John, Naumann and Soto (2008) bahwa penyesuaian adjustment secara langsung berhubungan dengan Neuroticism, dan vulnerability to streess dan memiliki mal adaptive coping responses. People high in Neuroticism, cenderung untuk memiliki psychological problem (Costa and Mc Crae, 1992). Opennes hanya berkorelasi dengan academic adjustment, hal ini sesuai bahwa oppenness lebih berhubungan dengan aspek kognitif. Openness berkaitan erat dengan keterbukaan wawasan, dan original ide, memiliki kapasitas untuk menyerap informasi, fokus, dan kreatif (Noftle and Wiklund, 2007).

Agreeableness is a personality trait that does not have a correlation with all psychosocial dimensions of adjustment, this is because Papuan people have a strong character, do not want to be told what else is ordered by migrants who migrate to Papua, brave, blatant but highly respect each other, they are loyal and uphold their culture and respect their fellow Papuans. What is the weakness of the Papuan tribes is that it is difficult for them to accept the current of globalization or development (Hermino, 2016). It is therefore not surprising that Papuan students have a high score on Agreeableness having difficulty adjusting themselves.

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PARENTING PROGRAM: "IBU CERDAS MEDIA" AS COUNTERMEASURES OF NEGATIVE LEARNING IN CHILDREN

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In this digital era, smartphones have taken too many aspects of our life unconsciously, even in family setting. Currently, some parents were getting too early on facilitating their children with smartphones. The effect of this smartphones usage weren't always positive. It also gave the users some negative learning effect. Excessive usage on smartphones could give a negative impact to either physical (visual or auditory disturbance, obesity and body balance) or psychological aspect. Early age children stage was a critical stage of development which allows children to absorb a lot of knowledge, including negative ones as we called negative learning. The objective of this research is developing a parenting program so the parents have more comprehensive knowledge about media literation, specifically social media. Participant of this research are mothers who have children age 3-6 years old. There are 3 stages of this research: (1) Preliminary stage (early stage), (2) Analysis Stage (data analysis), (3) Module Development Stage. The final result of this research is a module of parenting program that focused on countermeasure of negative learning in children through enhancement of mothers' media literation.

Keywords: big five personality, psychosocial adjustment, Papua Students

A. Introduction

Various problems of delinquency in children and adolescents have increased in quantity and quality. Quantitatively an increasing number of juvenile delinquents by 20% in 2016 (Ard, 2017). While qualitatively, the children are not only victims but also perpetrators. The phenomena that describe the situation before are brawl, drug abuse, the decreasement respect for parents or teachers, as well as materialistic and hedonistic lifestyle that has occurred in various places. Not only we can see it in urban lifestyle but also in rural one. Conditions invite questions, from where they learn misbehavior. As a matter of fact, the school that represented an institution in charge of education wouldn't teach mischief behaviors toward the students. As well as the family, parents wouldn't teach their children to do mischief or violence behaviors.

Negative learning process can occur in the amily setting as well as in the school setting. In ideal condition, it seems impossible if children have learned something negative from school and family. Schools are formal educational institutions, while families become non-formal education institutions. However, this can be happened because the difficult nature of negative learning that is difficult to recognize; silent process, flexible, and accumulative (Masruri, 2011).

The development of technology and information becomes a wide entrance of the negative learning process. Electronic media, newspaper, internet and smartphones affect the negative learning

process. From the various medias before, smartphone is growing very rapidly in the last ten years so it's necessary to look specifically at the impact. Based on data on smartphone users in 2013 has reached 1.9 billion, it's represented 27% of the world's population, and it's predicted that the number of mobile phone users will continue to increase to 5.6 billion by 2019 (Ericsson Mobility Report, 2013).

Compulsive using of smartphone has become an issue. Some of mass medias reported it as a serious problem, and researchers sought to look for symptoms of excessive addiction to smartphone as well as attempted to develop a measurement scale of smartphone additive (Bianchi & Phillips, 2005; Billieux, 2012). Smartphone is portable and flexible, it becomes an increasingly tied to the daily life of humans compared to other technologies. Excessive addiction to smartphones can be regarded as a non- chemicals addictive behavior, such as gambling and compulsive shopping (Choliz, 2010). The symptoms of smartphone addiction are mental indication (withdrawal, compulsive) and inappropriate social interactions (using smartphone while talking or driving) (Salehan & Negahban, 2013).

Excessive use of smartphone gave physical and psychological impact. High levels of smartphone addiction can predict physical developmental problems such as visual disturbances, auditory disorders, obesity, and body balance problem in children. As in adults, the light on a smartphone's screen can be bad for the eyes. Psychologically, excessive use of the smartphone increases the likelihood of mental development problems in children, such as emotional instability, depression, anger, problem of concentration, and self-control (Park & Park, 2014).

The negative impact of smartphone has been suggested by experts from various result of research. Children is the next generation of the nation, if they are addicted to smartphone, they will lose a lot of things at the same time. As a preventive measure, an effort should be made to deal with it. Parents have become the key in children s' media usage, that include managing and administering smartphone for children. Psychoeducation about media for parents will increase the knowledge and skills to be a parent that care and aware of children s' media usage. Training is an mportant part of individual self-development process. Training as an effort to improve both knowledge and ability is closely related to the concept of learning, so that there will be a positive change in attitude, thinking and behaving.

The emergence of various medias gave so many impacts, especially on the process of negative learning. That way it can be used as a starting point to provide psychoeducation for the mothers, the name of the program itself is "Ibu Cerdas Media". This program is intended to anticipate the impact of negative learning. Children at the stage of development have't had an ability to filter information well. They haven't able to distinguish the spectacle as truth and model the behavior that they see just yet. Thus, the control of the negative influence of the media needs to be taught through training. The output of the program is knowledge for participants, that way they are able to assist their children in growing without worrying the effect of negative learning from smartphone. Through this media literacy debriefing, we expected to be able to emerge critical awareness of media. In the end, we hope that the parents could properly and proportionally act toward children s' media usage by mastery the ability in sorting and selecting the media that suitable for children.

The aim of this research are: (1) The participants can evaluate their actions and decisions in facilitating media usage for the family; (2) The participants are able to design a conducive and functional environment for

children in media usage; (3) Establish a positive relationship quality of children and parents, as parents responsibility to train children related to media usage.

B. Research Methods

To achieve the aim of this research, there are several stages planned: (1) Preliminary stage, (2) Analysis Stage (Data analysis), (3) Module Development Stage:
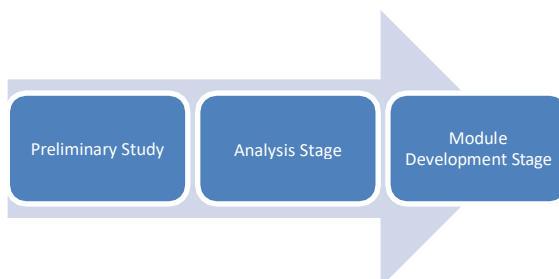
1) Preliminary Stage

This is the stage where the researcher performs some preparation activities: (a) Surveying the problems of smartphone usage in the family, (b) Conducting a literature study to collect materials of theory, data and previous researches that related to parenting and smartphone usage in the family (c) Focus group discussions.

2) Analysis Stage (Data Analysis)

At this stage, analysis of the observation would be done. This analysis would help to determine the true assumptions of researchers. into the real problems in the real phenomena, especially smartphone usage in the family. The result will be used to solidify the focus of the issue.

3) Module Development Stage

The researcher develops a module by conducting objective and characteristic analysis, which consist: (a) Analyzing characteristics, (b) Arranging modules as guidance in carrying out the program, (c) Determining support facilities that can improve the quality of the program.

C. Discussion

(a) Preliminary Study

1. Focused Group Discussion

This stage is conducted in order to collect information to be used for the development of program module. Before conducting this focused discussion, the researcher prepares the discussion guide, so that the implementation runs more structured and systematic.

2. Survey

The survey is conducted by questionnaire method. The survey will be conducted to obtain data about the media that oftenly used by children, the result will be used as material to develop the module.

(b) Analysis Stage (Data analysis)

The data that is collected from the preliminary study process, either from FGD, surveys and literature studies were analyzed to get a clearer picture of the problem.

(c) "Ibu Cerdas Media" Module Development Stage

To improve the knowledge and skills of participants (mothers) about media especially smartphone, researchers will create a module "Ibu Cerdas Media"

1. The Changing of the World Toward Digital Era

Focus: Changes in educational paradigm in the digital age. This material will prepare with the mindset that the presence of technology is not possible to be rejected, but needed to be addressed with intelligence.

Preliminary Study → Analysis Stage → Module Development Stage

2. Strengths and Weaknesses of Media

Focus: Identify the strengths and weaknesses of each media, so that it's possible for the participants to choose and sort its usage wisely.

3. The Rules for Children

Focus: Creating rules that will be agreed upon by family members. The rules will help family members' situations in using the media.

4. Negative Learning & Closing Negative Learning Door

Focus: Recognize how negative learning process works and recognize the character of the media so the parents are able to anticipate and minimize negative learning.

The material will be presented to the participants, so they would understand the negative learning process as the impact of media usage.

The module is still on development progress. The researchers would facilitate the participants, so they would give high involvement of each subject to identify the media usage of the family that can be potentially source of negative learning. The meetings will be held several times, the participants would get a task to be done in between one session to another to maintain the commitment and consistency of the program.

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