Method of Handling Aggressive Behavior of School-aged Children with Holistic Approach in Medan

Wardiyah Daulay^{1*}, Sri Eka Wahyuni¹ and Mahnum Lailan¹ ¹Faculty of Nursing Universitas Sumatera Utara, Jl. Prof.Maas No. 03 Kampus USU, Medan, Indonesia

Keywords: Aggressive, School-aged children, Holistic approach

Abstract : Aggressiveness is a type of behavior aiming to harm other people, verbally or non-verbally, physically or psychologically and directly or indirectly. Aggressiveness in school-aged children is caused by social factors, personal characters and situational factors. The worst impact which can take place if this aggressive behavior is not handled is the children can put their friends or other kids in danger. This research aims to identify the influence of aggressiveness-handling method with holistic approachwhich involves biological, psychological, socio-cultural and spiritual dimension towards the aggressiveness of school-aged children. This research was conducted in 2 Private Primary School in Medan. The samples were 60 people who were divided into two groups, namely intervention group and control group. The instrument was made by the researchers themselves based on literature review. Analysis result shows the children's aggressiveness score before holistic handling 11.40 and after it becomes 8.93 (2.47 in difference). The change of the score shows significant decline, meaning that the aggressiveness in school-agedchildren has declined. These data are supported with test result of t dependent, it obtains p value 0.000 and alpha 0.05. This signifies that there is significant influence between holistic handling and aggressive behavior of school-aged children.

SCIENCE AND TECHNOLOGY PUBLICATIONS

1 INTRODUCTION

School is adetermining factor for children's personality development, in their way of thinking, attitude and their behavior (Hurlock, 1986 in Syamsu & Juntika, 2005). The development stage of primary-school children sometimes are faced with obstacles that they do inappropriate behavior which harms themselves and other. One of the digressing behaviors is aggressiveness.

The phenomena of aggressiveness in schoolaged children have increased nowadaysin Indonesia. This is supported by the research result conducted by Azizah (2013), that the scholars especially primary-5 male students are aggressive. There are 49% boys who do physical aggressiveness, such as hitting, kicking, grabbing others' belongings and attacking other people. 49% out of 14 students is 7 students. Then, there are these 7 students showing aggressive physical behavior. Meanwhile, verbal aggressiveness such as yelling in the class, scolding, being angry out of no reason, ordering older people and threatening friends, is shown by 70% students or if it is compared with the number of the students which is 14 students, then there are 10 students who have verbal aggressive behavior. Prosperity of Indonesian Children (YKAI) shows that there are 5% children doing aggressive behavior when a conflict takes place. For instance, children will get angry and do not want to apologize when doing a mistake. Moreover, 21.6% children will repay by behaving aggressively if there is any of their friends who makes them angry because they consider that aggressiveness is a common and ordinary thing. (YKAI, 2010). Nursing holistic is giving care to treatment for bio welfare-psychosocial and spiritual individual, family and society (Ilit, 2016). This holistic approach keeps on its principlethat nursing treatment provided must pay attention to all dimensions so that intervention given to this

Daulay, W., Wahyuni, S. and Lailan, M.

DOI: 10.5220/0008791502490254

In Proceedings of the 2nd Syiah Kuala International Conference on Medicine and Health Sciences (SKIC-MHS 2018), pages 249-254 ISBN: 978-989-758-438-1

Copyright © 2020 by SCITEPRESS - Science and Technology Publications, Lda. All rights reserved

Method of Handling Aggressive Behavior of School-aged Children with Holistic Approach in Medan.

research will refer to all dimensions. For psychological dimension with emotion control such as recognizing signs, situation, the effect and aggressiveness alternative, In biological dimension, a way to express anger constructively is provided. The way is deep breathing practice and doing sports. In socio-cultural dimension, it teaches the way to express anger verbally, such as rejecting politely, asking politely and expressing feelings in a fine way. Meanwhile, for spiritual dimension, children will be taught to do spiritual activity based on their belief.

2 RESEARCH METODHS

This research aims to see aggressive behavior in school-aged children before and after treatment with a holistic approach. The experiment research designis done to two groups. The study was conducted in two private primary schools in Medan. The sample was taken by purposive sampling with a sample of 60 people, divided into 2 groups: the intervention group and the control group. The instruments used are made by researchers based on literature review. The instrument has been tested for validity and reliability. Results of testing the validity of the instrument to 3 (three) expert mental nursing with a CVI value of 0.9. The instrument was also tested for reliability in public elementary schools as many as 40 students with a result of 0.88. The study was conducted after obtaining approval from the Ethics Committee of the Faculty of Nursing, North Sumatra University. Data are analyzed using t test.

3 RESEARCH RESULT

The result shows that school-aged children who behave aggressively are mostly males (88%), with mostly 11 years-old (38%) and majority of Bataknese (48%). The characteristics of the 60 students can be seen in this following Tabel 1:

Table 1. Characteristics of School-Aged Children who Have Aggressiveness in Intervention Group and Control Group(n = 60)

Characteristic	Interventi on Group		Control Group		Total	
	F	(%)	F	(%)	f	(%)
Age						
9 year	2	7	4	13	6	10
10 year	9	30	8	27	17	28
11 year	12	40	11	37	23	38
12 year	7	23	7	23	14	24
Sex						
Male	28	93	25	83	53	88
Female	2	7	5	17	7	22
Tribe						
Bataknese	4	47	15	50	29	48
Acehnese	5	17	5	17	10	17
Javanese	7	23	7	23	14	23
Malay	4	13	3	10	7	12
Religion						
Islam	30	100	30	100	60	100

Aggressiveness in school-aged children before the holistic treatment is conducted in the intervention group and control by comparing the mean score. The difference in mean score of before the intervention is 0.1 and after the intervention, the score turns into a mean score difference of -2.27. To see the difference between the children's aggressiveness between intervention and control groups, independent t test is conducted. Theresult is p-value 0.939 before treatment and after treatment, value is 0.014. This value isbetween the intervention and control groups, which can be seen in Table 2.

Table 2. Difference Analysis of Children's Aggressiveness between Intervention Group and Control (N=60)

Children's	Mean	SD	SE	Р
Aggressiveness				value
Before Holistic				
Treatment				
- Intervention Group	11.40	3.539	0.646	0.939
- Control Group	11.33	3.198	0.584	
Mean in Difference	0.1			
After Holistic				
Treatment				
- Intervention Group	8.93	3.648	0.666	0.014
- Control Group	11.20	3.305	0.603	
Mean in Difference	-2.27			

The difference in mean scores before and after on intervention group as is much as 2.47 and the control group's difference in mean score is 12:13. To see the difference ofchildren's aggressiveness before and after between intervention and control group, t dependent test is performed. The result obtained is p-value of 0.005 on the intervention group and 0.442 on the control group, which can be seen in Table 3.

Table 3. Analysis of Children's Aggressiveness Difference Before and After Holistic Treatment (N=60)

Children's	Mean	SD	SE	Р
Aggressiveness				value
Intervention				
Group	11.40	3.539	0.646	
- Before	8.93	3.648	0.666	0.005
- After	2.47			
The difference				
in mean				
Control Group				~
- Before	11.33	3.198	0.584	
- After	11.20	3.305	0.603	0.442
The difference	0.13			
in mean				

The analysis shows a score of children's aggressive before holistic treatment 11:40 and thereafter become 8.93 (the difference of the score is 2.47). The score change shows a significant decrease, meaning that there is a decrease in aggressive behavior in school-aged children. This data is supported by the results obtained dependent t-test p value 0.000; alpha of 0.05. This value indicates that there is a significant effect between holistic treatment and aggressive behavior of school-aged children.

This holistic treatment consists of several sessions. The first session is for the psychological dimension. In this session, children are taught to manage emotions with psychological selfadjustment capability, in which individuals are able to identify, recognize and able to manage it. Managing emotions is an act to regulate the thoughts, feelings, passion of anger in an appropriate and positive manner and socially-accepted as well. It is expected to prevent something bad or prevent them from harming themselves and others. After being given an intervention, children begin to get to know and manage their emotions.

According to Goleman (1997), recognizing the emotion of anger is the ability to identify feelings of anger when anger arises, so that one is not controlled by anger. Someone who has the ability to recognize emotion of anger can react appropriately against rising anger at the right time. Recognizing the emotion of anger can be done by identifying the early signs that comes with anger.

In addition, a person can also be more sensitive to recognize the emotion of anger by identifying situations or things which become the triggerof anger (Hershorn, 2005). The lack of ability to recognize emotion of anger can make individual unable to control his emotions and react inappropriately and excessively. Incapacity to recognize the emotion of anger also results in confusion in identifying the exact emotions he is experiencing, so the person often reacts inappropriately to emotional situations (Goleman, 1997).

In two sessions, school-aged children are taught to practice deep breathing. Deep breathing relaxation can reduce tension and give you peace. Deep breathing relaxation stimulates the body to release opioids endogenous, namely endorphins and enkephalins. The release of endorphins can strengthen the immune system, keeping the brain cells of young, anti-aging, lowering aggressiveness in human relationships, improving moral and creativity (Smeltzer& Bare, 2002). Supporting research is the research conducted by Sumirta (2013) on deep breathing relaxation to control client's anger with violent behavior. The result of the study reports that deep breathing relaxation has a significant influence on the control of anger.

On the third session, scholars are taught how to prevent verbal aggressiveness in a way that is expressing anger, asking for and refusing properly. Verbal way is also called assertive behavior. Assertive behavior is expressing ideas, wishes, desires, disapproval directly to the child. The purpose of assertive behavior is to communicate something in the atmosphere of mutual trust (Novianti, 2010). Aggressive behavior is one of the non-assertive behaviors. Assertive training is one of the ways in Anger Management which aims to remove the feelings, thoughts and beliefs which cause anger as well to other people (Reilly, Shopshire, Durazzo & Campbell, 2002).

Assertive communication is one skill which can be learned by individuals. Assertive is one way to cope with aggressive behavior. Assertive teaches how to communicate by paying attention to the principle of respecting other people,. Individuals are also taught to express feelings honestly and care for other people (Larkin, 2005).

At the fourth session, spiritual way is taught to control anger. Spiritual approach is conducted by doing spiritual activities. Spiritual is associated with belief in such things as: nature, science, religion or higher power that helps people achieve goals of life. It covers morals, values and ethics of a person. Therapy which can be done is the therapy of motivating children to conduct spiritual activities.

Spiritual activities undertaken are to motivate children to perform religious activities, improve the relationship with themselves, other people and the environment. Children are encouraged to improvedoing religious activities such as prayer or other religious activities. Based on previous research, a lot of spiritual activities are doneby people. One of them is meditation which can lessen the the individual's anger. Meditation is one therapy conducted in the Anger Management Program which aims to train individuals to control and overcome the experienced (Borland, 1981). Beside upset meditation, spiritual activity others can be taught is by praying and *sholat*.

Religious activities such as praying and *sholat* prayer, is a positive activity that can raise expectations and a positive impact and improve the healing process in individuals (Gore, 2013). Results of previous studies have also shown that prayer is one of the coping mechanisms which are often used. It is usually effective because praying makes a person uncomfortable, getting directions or guidelines as well as to strengthen the powers of the individual (Gore, 2013).

Schools are advised to apply method of aggressiveness handling in schools throughSchool Health Program and also train the tutors such as teachers and family, especially mothers so that they are able to conduct this handling method independently at home and school.

4 **RESEARCH DISCUSSION**

Aggressive behavior is considered as a type of behavior aiming to hurt other people, verbally or non-verbally, physically or psychologically and directly or indirectly (Anantasari, 2006). Baron (in Dayakisni & Hudaniah, 2009) states that aggressiveness is individual's behavioraiming to hurt or harm other individuals do not wish the behavior to exist. This definition covers four behavior factors, namely aiming to hurt or harm, the individual becoming the suspect, the individual becoming the victim and victim's unwillingnessin accepting the suspect's behavior.

Betty Neuman (inMarriner-Tomey, 1994) sees human (client) as a whole which its parts influence one another and interact dynamically. The parts cover physiological, psychological, socio-cultural

and spiritual. Kozier (1995) states that in holistic, all organism lives are seen as interactions. Any disturbance on one part will disturb a system wholly. In other words, if there is any part distracted, other parts will get its effect overall. Erikson, Tomlin and Swain (inMarriner-Tomey, 1994) also state about holism, which sees a human as a whole individual who consists of a lot of sub-systems which are dependent to one another and unable to be separated. This is related with generic issues and spiritual control. Body, mind, emotions and spirit are the core which is dynamic. Influencing and controlling one another. The interaction of this various sub-systems cannot be separated, which eventually produce *holism*. Holistic is related with wellness which is believed to have effect towards human's health status. Anspaugh (inKozier, 1995) signifies that to reach health and wealth, there are five dimensions which are related and dependent one another. These dimensions are also had by each individual, namely biological, psychological, sociocultural and spiritual dimension.

Holistic approach method, in lessening the aggressiveness, is started with biological dimension, which is giving deep breathing technique. Handoyo's (2005) states that before given deep breathing technique, the respondents who are able to control violence behavior are only 6 people (15.4%) while those who are unable with it are 33 people (84.6%). After the therapy, the numbers of respondents who were unable decreased into 3 people (7.7%) while the ones who were able increased into 36 people (92.3%). Deep breathing relaxation technique does not only calm the respondents down physically but also their mind. Research conducted by Kustamti& Widodo (2008) also signifies that there is the influence of the relaxation technique which relates to the aggressive patients. One of the techniques is deep breathing relaxation and that research concludes that the influence indeed exists. It happens also with Zelianti's research result which obtains p value 0,000 and that the research result signifies that it has the influence to change, before and after the deep breathing relaxation technique.

Socio-cultural approach is given by conducting verbal practice. Verbal practice is conducted bytraining the skills of asking something politely, declining a request and expressing feelings. Moreover, the children are also taught to give compliments, complain due to disagreement, strive for personal rights, give advice to others, solve problems and collaborate with others (MqQuaid, 2000).The children will also be taught how to habituate effective words which can minimalize the aggressiveness, such as 'sorry', 'thank you' and 'please'. Apologizing, expressing gratitude and saying sorry are local absorptivity from Indonesian culture which should be maintained (Shiradj, 2013).

Psychological approach is conducted through emotion managing by doing actions which can control mind, feelings and anger in effective, positive and socially-accepted so it can prevent anything bad happening or harm themselves and others. There are some aspects of managing emotions, such as identifying anger. According to Goleman (1997), identifying anger means an ability to identify anger when the anger takes over so a person is not controlled by anger. A person who has the ability to identify anger can react to the anger effectively and in the right time. Identifying anger can be done by recognizing early signs which come along the anger, such as fast-beating pulse, fastbeating heart, stiff jaw, strained muscles, feeling hot in all over the body, making a fist, walking backand-forth, being restless, talking faster or considering to rage violently or committing revenge, etc.

Moreover, a person can be more sensitive to recognize anger by identifying situations or any matters which can trigger the anger(Hershorn, 2005).Lack of the ability to recognize can cause a person unable to control his/her emotions and make him/her react inappropriately and exaggeratedly. Inability in recognizing anger also affect to confusion in identifying emotions felt by the person so he/she often reacts improperly towards emotional situations (Goleman, 1997).Someone who can control his anger will not let the anger dominates him. He can control his emotions and keep the balance of the emotions so the anger will get out of control and happen in high intensity (Goleman, 1997).

Easing the anger is the ability to calm oneself after being angry. According to Tice (in Goleman, 1997), one of the effective strategiescommonly done to ease the anger is going somewherealone. The other alternative is having an errand far away from home. Someone will face difficulty to ease his anger if his mind is till full of anger. How small the thought about the anger is can trigger bigger anger. To stop the thought of anger, we can do it bydistracting attention from the trigger of the anger.

Spiritual approach covers spiritual activities. Spiritual is associated with belief in such things as: nature, science, religion or higher power which helps people achieve their goals of life. It includes morals, values and ethics of a person. Therapy which can be done is the therapy of motivating children to conduct spiritual activities.

5 CONCLUSIONS

Schools are advised to apply method of aggressiveness handling in schools throughSchool Health Program and also train the tutors such as teachers and family, especially mothers so that they are able to conduct this handling method independently at home and school.

ACKNOWLEDGEMENTS

The author would like to thank the Ministry of Research and Technology Higher Education of the Republic of Indonesia, Prof. Dr. Runtung, SH, M.Hum as the Rector of University of North Sumatera.

REFERENCES

- Anantasari. (2006). Menyikapi perilaku agresif anak. Yogyakarta: Kanisius
- Azizah, D., M. (2013). Mengurangi perilaku agresif melalui layanan klasikal menggunakan teknik sosiodrama pada siswa kelas V di SD Negeri Pegirikan 03 Kabupaten Tegal. Downloaded on 27 September 2015, from http://lib.unnes.ac.id/17874/1/1301409046. pdf
- Baron, R. A., & Byrne, D. (2005). *Psikologi sosial* edisi kesepuluh jilid 2. Jakarta: Erlangga
- Borland (1981). Learning From Conflict. Accessed http://psychologicalselfhelp.org/Chapter7.p dfon 3 October 2016
- Dayakisni, T., & Hudaniah. (2009). Psikologi sosial edisi revisi. Malang: UMM Press
- Gunarsa, S.D., & Gunarsa, Y.S.D. (2010). *Psikologi* perkembangan anak dan remaja. Jakarta: PT BPK Gunung Mulia
- Gore (2013). Spiritual Care: Nurses Roles. Unpublished.
- Judarwanto. (2005). *Psikologi anak*. Surabaya: Fadil Cipta
- Handoyo, A. (2005). *PanduanPraktisAplikasiolehNafas* 2.Jakarta :Elex Media Komputindo
- Krahe, B. (2005). *Perilaku agresif*. Yogyakarta: Pustaka Pelajar
- Larkin (2005). Anger Management. Accessed from <u>http://www.raminader.com/PDFs%20Uploa</u> <u>ded/Wellness%20</u>

SKIC-MHS 2018 - The 2nd Syiah Kuala International Conference on Medicine and Health Sciences

<u>%20Anger%20Management.pdf</u>on 3 October 2016

- Novianti (2010). Pengaruh Latihan Assertif terhadap Perilaku Agresif Anak Usia Sekolah. Tesis UI. Unpublished.
- Nuryanti, L. (2008). *Psikologi anak.* Jakarta: PT Indeks
- Priyatno, D. (2008). Mandiri belajar SPSS untuk analisis data dan uji statistik. Jakarta: Mediakom
- Rymm, S. (2003). Mendidik dan menerapkan disiplin pada anak prasekolah: pola asuh anak masa kini. Jakarta: PT Gramedia Pustaka Utama
- Syahadat, Y.M. (2013). Pelatihan regulasi emosi untuk menurunkan perilaku agresif pada anak. Downloadedon 12 October 2015, fromjournal.uad.ac.id
- Taylor, S.E., Peplau, L.A., Sears, D.O. (2009). Psikologi sosial (edisi kedua belas). Jakarta: Kencana Prenada Media Group
- Wong, D.L. (2008). Buku ajar keperawatan pediatrik wong edisi 6. Jakarta: EGC
- Yusuf, S. (2012). Psikologi perkembangan anak & remaja. Bandung: Remaja Rosdakarya
- Yusuf, S., & Nurihsan, J. (2005). *Psikologi* perkembangan anak dan remaja. Bandung: Remaja Rosdakarya
- Yusuf, S., & Nurihsan, J. (2010). Landasan bimbingan konseling. Bandung: PT Remaja Rosdakarya
- Yusuf, S., & Sugandhi, N.M. (2013). Perkembangan peserta didik. Jakarta: PT RajaGrafindo Persada
- Zulkifli, L. (2005). *Psikologi perkembangan*. Bandung: PT Remaja Rosdakarya