



Original Research Paper

The Relationship Between Self Control and Bullying Behavior Among Adolescents at SMPN 1 Cikembar in the Cikembar Community Health Center Service Area, Sukabumi Regency

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Creative Commons Attribution-ShareAlike 4.0 International License**Abstract**

Background: Bullying remains a significant adolescent health and school safety concern. Self control may influence students' behavioral regulation and involvement in bullying. **Objectives:** This study examined the association between self control and bullying behavior among students at SMPN 1 Cikembar, Sukabumi Regency, Indonesia. **Methods:** A correlational cross sectional study included 293 students selected from a population of 1,059 using proportional stratified random sampling. Self control and bullying behavior were assessed using questionnaires based on the Brief Self Control Scale and Revised Olweus Bully/Victim Questionnaire. Associations were analyzed using the Chi square test and prevalence ratios (PR) with 95% confidence intervals (CI). **Results:** High self control was reported by 185 students (63.1%), while 184 (62.8%) demonstrated low bullying behavior. High bullying behavior occurred in 56.5% of students with low self control compared with 25.9% of those with high self control. Low self control was significantly associated with higher bullying prevalence (PR = 2.18; 95% CI: 1.62–2.92; $\chi^2 = 27.22$; $p < 0.001$). **Conclusions:** Lower self control was significantly associated with bullying behavior, without establishing causality. School prevention programs should integrate behavioral assessment, counseling, and coordinated teacher and parent support.

Keywords: Adolescents; Bullying behavior; School health; Self control.**Introduction**

Bullying is a repeated aggressive behavior involving an imbalance of power and may occur through physical, verbal, relational, psychological, or digital forms. International evidence indicates that bullying remains common among school age children and adolescents and is associated with important mental health consequences, including depressive symptoms, anxiety, social isolation, and suicidal behavior^{1,2,3}. In Indonesia, school bullying continues to be reported across educational settings and requires prevention approaches that address

both individual behavior and the wider school environment⁴.

Self control is theoretically relevant because it reflects the capacity to regulate impulses, emotions, and behavior when immediate responses conflict with longer term goals or social expectations. Research on adolescents has linked lower self control with aggressive and cyberbullying behavior, although observed associations vary by population, social context, parenting, peer norms, and school climate^{5,6,7}. Healthy school environments and coordinated participation by teachers, students, and parents are also

important because bullying is not determined by a single individual characteristic^{8,9}.

Evidence from Indonesian adolescents has reported associations between self control and bullying, but local evidence from junior high school students in Cikembar, Sukabumi, remains limited. The Cikembar area also received public attention after a reported student death in 2025 in which bullying allegations were discussed in local reporting. This event is used here only to illustrate the public health relevance of bullying; it does not establish the psychological characteristics, responsibility, or self control of any individual involved¹⁰. The local evidence gap therefore concerns whether self control and bullying behavior are associated among students in the specific school context of SMPN 1 Cikembar.

The research question was whether self control level was associated with bullying behavior among adolescents at SMPN 1 Cikembar. Based on behavioral regulation theory and earlier adolescent studies, the study hypothesized that the distribution of bullying behavior would differ between students classified as having high and low self control¹¹⁻¹⁵. The objective was to examine the association between self control and bullying behavior among students at SMPN 1 Cikembar, Sukabumi Regency.

Clarifying this association may support school health assessment and prevention planning without assuming causality. The findings may help schools identify groups that could benefit from social emotional learning, counseling referral, teacher supervision, parent engagement, and broader school safety strategies. Evidence from adolescent psychosocial and school health research supports coordinated, developmentally appropriate approaches rather than relying on a single behavioral factor¹⁶⁻¹⁸.

Materials and Methods

Study Design

This study used a correlational design with a cross sectional approach to examine the association between self control and bullying behavior among students at SMPN 1 Cikembar in Sukabumi Regency. Exposure and outcome information were collected during the same study period; therefore, the design was intended to estimate association and not temporal sequence or causality.

Sample

The study population comprised 1,059 students enrolled at SMPN 1 Cikembar. The final sample consisted of 293 students selected using proportional stratified random sampling across grades VII, VIII, and IX. The source manuscript states that sample size was determined with the Slovin formula, but it does not report the precision parameter used in that calculation or the number of students approached, refusing, excluded, or replaced. Eligibility required willingness to participate and the ability to understand the questionnaire. The observed sample included 113 grade VII students, 89 grade VIII students, and 91 grade IX students. Because the available files do not document nonresponse handling or the original allocation calculation, these details should be verified against the study records before final submission.

Data Collection Technique

Data collection was conducted in April 2026 using structured questionnaires administered at SMPN 1 Cikembar. Self control was assessed using a study adaptation based on the Brief Self Control Scale, originally developed as a 13 item measure of dispositional self control.²⁴ The submitted manuscript reports that 10 of 13 items were retained after local validity testing and that Cronbach alpha was 0.659. This

coefficient indicates modest internal consistency and should be interpreted cautiously. The available files do not specify the adaptation language, reverse scored items, scoring range, exact item exclusion criteria, or the numerical threshold used to classify high and low self control. Bullying behavior was assessed using a measure based on the Revised Olweus Bully/Victim Questionnaire²⁵. The manuscript reports reliability coefficients from prior validation work but does not provide the local scoring range or exact threshold used to classify high and low bullying behavior. These scoring details were therefore not invented and should be confirmed from the instrument protocol before publication.

Data Analysis Technique

Univariate analysis summarized respondent characteristics and the distributions of self control and bullying behavior using frequencies and percentages. Bivariate association was assessed using Pearson chi square analysis. All expected cell counts in the two by two table exceeded five, satisfying the expected frequency assumption. Statistical significance was evaluated at $p < 0.05$. To quantify association magnitude, a prevalence ratio and 95% confidence interval were calculated directly from the reported two by two frequencies, comparing the prevalence of high bullying behavior among students with low versus high self control. No adjusted multivariable model was reported in the submitted dataset, so residual confounding by age, sex, grade, living arrangement, and previous bullying information remains possible.

Ethical Consideration

The study received ethical approval from the Ethics Committee of the Sukabumi College of Health Sciences, approval number 001884/KEP STIKES SUKABUMI/2026.

Participation was voluntary and confidentiality was protected. Because participants were minors, ethically complete reporting should document parental or guardian permission and student assent in addition to institutional approval. The submitted files state that respondents signed a consent form but do not distinguish parental permission from student assent; this point should be verified from the original ethics and consent documents before final publication.

Result

Table 1. Characteristics of Respondents

Characteristic	n	%
Age 13 years	93	31.7
Age 14 years	108	36.9
Age 15 years	75	25.6
Age 16 years	17	5.8
Male	151	51.5
Female	142	48.5

Among 293 respondents, the largest age group was 14 years (36.9%) and 51.5% were male. Grade distribution was 113 students (38.6%) in grade VII, 89 (30.4%) in grade VIII, and 91 (31.1%) in grade IX. Most students lived with their parents (97.6%) and had received information about bullying (90.4%); teachers were the most frequently reported information source (47.1%).

Table 2. Distribution of Self Control and Bullying Behavior

Variable	n	%
High self control	185	63.1
Low self control	108	36.9
High bullying behavior	109	37.2
Low bullying behavior	184	62.8

High self control was reported by 185 students (63.1%), while 108 (36.9%) were classified as having low self control. High bullying behavior was reported for 109 students

(37.2%), whereas 184 (62.8%) were classified as having low bullying behavior.

Table 3. Association Between Self Control and Bullying Behavior

Self control	High bullying n (%)	Low bullying n (%)	PR (95% CI)	p
High	48 (25.9)	137 (74.1)	2.18 (1.62 - 2.92)	<0.001
Low	61 (56.5)	47 (43.5)		

High bullying behavior occurred among 56.5% of students with low self control compared with 25.9% of students with high self control. The association was statistically significant, chi square(1)=27.22, $p < 0.001$. The prevalence of high bullying behavior among students classified as having low self control was 2.18 times the prevalence among students with high self control (PR 2.18; 95% CI 1.62 to 2.92). This is a crude association and does not demonstrate temporal or causal direction.

Most respondents were classified as having high self control and low bullying behavior. Students with low self control had a higher prevalence of high bullying behavior than those with high self control. The crude prevalence ratio was 2.18 with a 95% confidence interval from 1.62 to 2.92, and the chi square test was statistically significant at $p < 0.001$.

Discussion

The study found a clear cross sectional association between self control classification and bullying behavior at SMPN 1 Cikembar. High bullying behavior was present in 56.5% of students with low self control compared with 25.9% of students with high self control, corresponding to a crude prevalence ratio of 2.18. This pattern is consistent with Indonesian studies reporting negative associations between self control and bullying related behavior among adolescents^{7,11,12,13}. The present result

should nevertheless be interpreted as an association rather than evidence that low self control causes bullying.

A plausible explanation is that self control contributes to regulation of impulses, emotional reactions, and immediate responses in socially challenging situations. Lower behavioral regulation may therefore coexist with greater vulnerability to aggressive responses, but direction of influence cannot be determined from a single cross sectional measurement. Adolescent bullying is multifactorial and may also reflect peer norms, family relationships, school climate, social media exposure, mental health, and broader developmental factors^{6,9,20-22}. Consequently, self control should be viewed as one component of a larger behavioral and social system.

The magnitude observed in this study reinforces the practical value of considering behavioral regulation within school health assessment while avoiding stigmatization. School prevention can combine social emotional learning, confidential screening for behavioral and psychosocial difficulties, accessible counseling referral, teacher monitoring, parent communication, and clear procedures for reporting and responding to bullying. Studies in Healthy Tadulako Journal have emphasized participatory school health approaches and the broader psychosocial context of adolescent behavior and violence^{8,16-18}. These findings support coordinated prevention rather than a single intervention focused only on self control.

The study has several strengths, including probability based stratification across three grade levels and a sample of 293 students. It also permits direct estimation of association magnitude from the reported two by two table. Important limitations remain. First, the cross sectional design prevents determination of temporal sequence and causality. Second, self

reported responses are vulnerable to recall and social desirability bias, particularly for sensitive behaviors such as bullying. Third, data came from one school, limiting generalizability. Fourth, the analysis was crude and did not adjust for potential confounders such as age, sex, grade, living arrangement, peer context, or prior exposure to bullying information. Fifth, the submitted files provide incomplete detail about local instrument scoring, thresholds, adaptation procedures, and the modest internal consistency of the retained self control items.

Future studies should use prospectively planned instrument adaptation and validation, report scoring and classification thresholds transparently, and consider longitudinal or repeated measurement designs. Multivariable models should evaluate whether the association remains after adjustment for individual, family, peer, and school factors. Research should also assess whether comprehensive school prevention programs improve bullying related outcomes and broader student wellbeing rather than assuming that improving self control alone will reduce bullying^{19,22}.

Conclusion

Among students at SMPN 1 Cikembar, low self control classification was associated with a higher prevalence of high bullying behavior. The crude prevalence ratio was 2.18 (95% CI 1.62 to 2.92), with $p < 0.001$. Because the study used a cross sectional design and unadjusted analysis, the findings do not establish causality. The results support integrating behavioral and psychosocial assessment into broader school bullying prevention, including counseling referral, teacher and parent coordination, and safe reporting systems. External studies using validated scoring procedures, longitudinal designs, and multivariable analysis are needed

to clarify temporal relationships and generalizability.

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Conflict of Interest Statement

The author(s) declare no commercial, financial, or personal conflicts of interest related to this research. All authors approved the final manuscript and consented to its publication in *Healthy Tadulako Journal*.

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