



AN OVERVIEW OF FIRST AID BEHAVIOR IN TODDLER CHILDREN WHO FELL IN THE WORKING AREA OF THE BERAKIT PUBLIC HEALTH CENTER 2021

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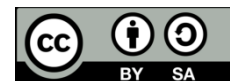
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ABSTRACT

Children aged 1 to 3 years are the most critical period because 80% of brain growth occurs at that age or known as the Golden age (Nursalam, 2005). Based on the stages of growth and development of toddler-age children, it is necessary to get supervision from parents because in carrying out their activities children do not pay attention to the dangers that exist around them (Nursalam, 2005). According to dinkes Kepri (2014), the prevalence of injury events in toddler-aged children is injury (8.9%), drowning accidents (20.6%), bone fractures (2.6%), burns (5.3%), foreign body entry (9.7%), unexpected injuries (8.7%), and poisoning (10.26%). Toddler injuries can be prevented, one of which is with good supervision from parents (Arvin, 2000). This study aims to provide an overview of first aid behavior in toddler children who fall in the work area of the rafted health center. The total sample of this study was 30 people. The sampling technique uses a non-probability technique, namely a saturated sample or often called total sampling, where all members of the population are used as samples. In this study, it was known that respondents had a level of good behavior (80%). This is influenced by several factors, namely education, sources of information, and experience. The results of this study are expected to add insight, contribute to science, especially those related to the problem of first aid in fallen toddler children and contribute thoughts for parents regarding first aid in fallen toddler children.



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1. INTRODUCTION

Children aged 1 to 3 years are called the toddler period (Pillitteri, 2002). Children aged 1 to 3 years are the most critical period because 80% of brain growth occurs at that age or known as the Golden age (Nursalam, 2005). The toddler age performs more of his activities by playing because it is the right stimulus for the child to stimulate thinking power such as emotional, social and physical aspects (Adriana, 2011). Based on the stages of growth and development of toddler-age children, it is necessary to get supervision from parents because in carrying out their activities children do not pay attention to the dangers that exist around them (Nursalam, 2005).

According to the *World Health Organization* (WHO) in Indarwati & Ratna Dewi (2011) injuries resulted in 5.8 million deaths worldwide, and more than 3 million of them occurred in developing countries.

Based on the research of Kuschithawati et al (2007), injuries result in 7% of deaths worldwide and this figure is still growing. The World Health Organization (WHO) states that no less than 875,000 children under toddlers worldwide die per year from injuries, both intentional and accidental falls (Atak et al, 2010). In 2000 it was reported that intentional and accidental injury caused 42% of deaths of children aged 1-4 years in the United States. Overall, the average injury in children aged 0-3 years by year.

Toddler-aged children in the Tegalwangi Tamantirto Kasihan Bantul area, researchers found that (89.4%) children had experienced injuries, including injuries, slashes, pinches, and foreign objects. Kabupaten Bandung in

West Java Province with an injury prevalence of 8%, according to the type of injury in children aged 1-4 years in Kabupaten Bandung are abrasions (55.7%), impacts (43.6%), open wounds (14.7%), sprains (8.6%), burns (2.4%), fractures (1.0%), poisoning (0.5%), and toddler children entered that age. According to dinkes Kepri (2014), the prevalence of injury events in toddler-aged children is falling (8.9%), drowning accidents (20.6%), bone fractures (2.6%), burns (5.3%), entry of foreign objects (9.7%), unexpected injuries (8.7%), and poisoning (10.26%).

The incidence of falling on a child in 2016 was physically obtained 5 times, with the most occurrences being falling due to a game device and needing due to the bite of another child. and electronics equipment 41.7%. According to Meadow, (2005) the incidence of injury in children also has burns, burns can be caused by direct contact with very hot objects or due to burned clothing and causing damage to the entire thickness of the skin. Children can also experience burns from spills of soup, hot water, tea and coffee, hot milk (Gupte, 2004).

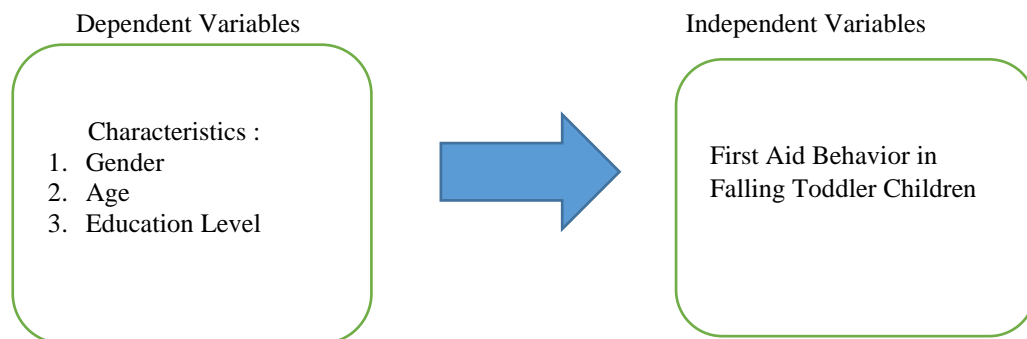
According to Notoatmodjo (2003) health efforts or prevention are any activities to maintain health carried out by the government or the community. This means that the improvement of health, whether the health of individuals, groups or communities must be pursued so that prevention is necessary with the help of parents of toddler children to prevent injuries or to minimize their severity (Zang, 2004).

Parental first aid for an injured toddler child is an initial effort or prevention as well as temporary assistance and treatment of the child before being taken to a hospital, puskesmas or health clinic to get better help from a doctor or paramedic. Meanwhile, the handling of problems that are the focus of this study is by making a design for first aid needs (P3K) on the readiness to handle daily accidents of toddler children (Gemechu G et al, 2018).

The main influence that can cause falls in children is that at this age children are developing their gross motor skills that make them move actively and constantly (Atak, et all, 2010). The development of toddlers associated with the risk of injury can be grouped based on the stage of growth and development of the child according to his age (Wong, 2009). The most important role of parents is to provide supervision and full attention to avoid falling on the child in the process of learning and playing, parents can also behave not to panic and can handle falls properly and correctly (Hastuti, 2017).

Based on the description above, parents need to know in first aid behavior in a fallen toddler child. Fall prevention practices aim to minimize the rate of falls suffered by children due to lack of parental supervision (Kusbiantoro, 2014).

2. RESEARCH METHOD



The bound variable in this study is a picture of first aid behavior. The free variable in this study was a toddler child who fell in the Working Area of the Berakit Public Health Center. The characteristics of the respondents included gender, age and level of education. This type of research is quantitative using descriptive research methods. The location of this study was conducted in Berakit Village, the working area of the Berakit Public Health Center, Bintan, Kepulauan Riau. The time of the study was conducted from January to November.

According to Notoatmodjo (2012), the study population is the entire object under study. Meanwhile, the research sample is the object under study and is considered to represent the entire population. The population and samples from this study were toddler children who fell in the work area of the Berakit Public Health Center. The sampling technique uses a nonprobability technique, namely a saturated sample or often called total sampling, where all members of the population are used as samples.

So the sample in this study was all toddler children in the working area of the Puskesmas Berakit. So in this study took a sample of 30 samples There are two variables in this study, namely behavioral description and first aid in fallen toddler children.



3. RESULTS AND ANALYSIS

Based on a study conducted by Gusrianti, Elsa (2021) entitled "An Overview of First Aid Behavior in Toddler Children in the Berakit Public Health Center Work Area" was carried out in the Berakit Puskesmas Work Area in September with a total sample of 30 people who met the research inclusion criteria, namely willing to be respondents. The data obtained were then processed using a computer program and analyzed using Univariate Analysis to describe the frequency distribution of each research variable.

3.1 Univariate Analysis Results

Univariate analysis is an analysis carried out on each variable of the research results. This analysis is used to describe the research variables presented in the frequency distribution in the form of a percentage of each variable, namely age, gender, first aid behavior questionnaire.

3.1.1 Respondent Characteristics

The characteristics of the respondents discussed include, behavior, age, gender, level of education in the work area of Berakit Public Health Center, Kabupaten Bintan. The number of respondents in this study was as many as 30 people.

Table 3.1 Frequency Distribution of Respondents' Characteristics By Gender, Age and Education Level

Characteristics of Respondents	Frequency (f)	Percentage (%)
Gender		
Man	6	20%
Woman	24	80%
Age		
17-15 years (Late Teens)	5	17%
26-35 years (Early adulthood)	13	43%
36-45 years (Late adult)	5	17%
46 – 55 years (Early elderly)	7	23%
Education Level		
Primary School	2	7%
Junior High School	2	7%
Senior High School	25	83%
Bachelor	1	3%

Based on table 3. 1 above shows that most of the respondents to this study with a frequency of 6 (20%) namely with male gender followed by a frequency of 24 (80%) with female gender. The education level of the respondents was mostly high school / equivalent as many as 25 (83%) respondents.

Table 3.2 First Aid Behavior Level Overview

Mechanism	Frequency (f)	Percentage (%)
Good	24	80%
Keep	5	17%
Less	1	3%
Total	30	100%

Based on table 3.2 above, it shows that the picture of the level of first aid behavior in the respondents of the mechanism study is at most with a frequency of 24 (80%), a medium mechanism with a frequency of 5 (17%) and a mechanism less with a frequency of 1 (3%), so that the total frequency is 30 (100%).

Table 3.3 Overview of First Aid Behavior Levels Based on Respondent Characteristics

Characteristics of Respondents	Respondent Behavior Level Questionnaire							
	Good		Keep		Less		Total	
	f	%	f	%	f	%	f	%
Gender								
Man	6	20%	0	0%	0	0%	6	20%
Woman	18	60%	5	17%	1	3%	24	80%

Age								
17-15 years (Late teens)	6	20%	0	0%	0	0%	6	20%
26-35 years (Early adulthood)	9	30%	2	7%	1	3%	12	40%
36-45 years (Late adult)	5	17%	0	17%	0	0%	5	17%
46 – 55 years (Early elderly)	4	13%	3	10%	0	0%	7	23%
Education Level								
Primary School	2	7%	0	0%	0	0%	2	7%
Junior High School	2	7%	0	0%	0	0%	2	7%
Senior High School	19	63%	5	17%	1	3%	25	83%
Bachelor	1	3%	0	0%	0	0%	1	3%

Based on table 3.3 above, it shows that characteristics based on gender with the level of first aid behavior, it was found that men had knowledge with good knowledge 6 respondents 20%. The female gender was moderately knowledgeable by 18 respondents (60%). From the age level, the highest level of first aid behavior was obtained aged 26-35 years (Early adulthood) with 9 respondents (30%) and the highest level of education high school with 19 respondents (63%).

3.2 Univariate Discussion

1) First Aid Behavior Level Overview

Based on the results of research that has been carried out on 30 mothers with toddler-age children, an overview of the level of first aid behavior was obtained in the respondents of the study of good mechanisms at most with a frequency of 24 (80%), moderate mechanisms with a frequency of 5 (17%) and mechanisms less with a frequency of 1 (3%), so that the total frequency was 30 (100%). Most of the levels of first aid behavior in toddler children who fell in the work area of the Berakit public health center were in the good category, namely 24 (80%) respondents. This proved that maternal behavior has a significant relationship with first aid in injured toddler children. Based on these results, there is a meaningful relationship between the mother's behavior about the danger of injury and the way it is prevented in children of toddler age. This means that mothers with a positive attitude have the opportunity to perform first aid on *toddler* children compared to mothers who behave negatively (Dewi, 2011).

2) Overview of First Aid Behavior Levels Based on Respondent Characteristics

Based on the results of the study, the characteristics of respondents based on gender with the level of first aid behavior, it was found that men had behaviors with good knowledge 6 respondents (20%). The female gender was moderately knowledgeable by 18 respondents (60%). Where of the 30 respondents, the majority of respondents are female, the most with moderate knowledge. This is not in line with the results of research Kristianto, Anton, et al (2012) stated that the level of women's behavior about health problems is mostly good, this is related to women's awareness of the importance of health problems.

From the age level, the highest level of first aid behavior was obtained aged 26-35 years (Early adulthood) with 9 respondents (30%). In general, at the age of 25-30 years, they have children under five years old. This is in accordance with the opinion that age affects a person's grasp and mindset. As you get older, the more your grasp and mindset will develop, so that the knowledge gained will improve (Notoadmodjo, 2010).

Based on the results of research on mothers, it shows that 19 respondents (63%) have an education up to high school. This is in accordance with the information obtained both formal and non-formal can have a short-term influence so as to produce a change or increase in knowledge (Notoadmodjo, 2010). The results of research on the level of knowledge based on higher education affect a person's perception of making decisions and acting. Respondents with primary education (elementary and junior high schools) tended to have less behavior than those with middle and higher education. One of the factors that play a role in a person's knowledge is the level of education, a person who is higher educated will be easier to get information and accept new things that have an effect on positivity (Herijulianti, 2008).

4. CONCLUSIONS

The description of the level of first aid behavior in respondents of the mechanism study was at most with a frequency of 24 (80%), a moderate mechanism with a frequency of 5 (17%) and a mechanism less with a frequency of 1 (3%), bringing the total frequency to 30 (100%). Most of the levels of first aid behavior in toddler children who fell in the work area of the Berakit public health center were in the good category, namely 24 (80%) respondents. This proved that maternal behavior has a significant relationship with first aid in injured toddler children. Most mothers were in the 26-35 year old age group (Early Adulthood) with 9 respondents (30%) with the majority high school maternal education level with 19 respondents (63%), male sex with a first aid behavior rate of 6 respondents (20%)



and women 18 respondents (60%). The results of this study show that the description of the level of first aid behavior in toddler children is seen based on age level, gender and education.

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