



EFFECTIVENESS OF BOOKLET ON HANDLING FALLS ON PARENTS WITH TODDLER CHILDREN IN RIAU ISLANDS AREA

By

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ABSTRACT

The age period of children 1 to 3 years is called toddler. Toddlers show more advanced motor development and children show more activity skills and develop curiosity, and exploration of objects around them. Factors that can cause accidents in toddlers include the presence of objects or materials such as bottles containing medicine, water tubs, and stairs to the 2nd floor. There are potential victims such as toddlers. Favorable environmental conditions include medicine bottles whose lids are not childproof, stairs that are not blocked, tubs filled with water that are more than 2 inches high, and lack of parental vigilance. This study aims to determine the picture of the effectiveness of booklets in parents on the problems of toddlers in island areas. The research method used is a quantitative approach with a quasi-experimental method (Quasi Experiment) type pretest-posttest control group design. The population in this study is tourists visiting Trikora Beach, Bintan Regency, and Riau Islands. The number of samples in this study was 68 people. Data collection techniques in this study were carried out using surveys/ interviews directly with respondents using questionnaires that had been tested for validity. Data analysis consists of univariate analysis and bivariate analysis. The results of the analysis showed that the Bivariate test obtained by Paired t-test 1 simple test was known to have differences in parental knowledge about handling due to the handling of children who fell obtained a P-value of 0.003 (<0.05) then Ho was rejected

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1. INTRODUCTION

Children aged 1 to 3 years are called the toddler period¹. Children aged 1 to 3 years are in the most critical period because 80% of brain growth occurs at that age known as Golden age². Toddlers do more activities by playing because it is the right stimulus for children to stimulate thinking power such as emotional, social, and physical aspects³. Based on the stages of growth and development of toddler-age children need to get supervision from parents because in carrying out their activities children do not pay attention to the dangers around them². Injuries or injuries experienced by children will cause infection if not handled properly so it requires special handling in the form of first aid in the right injury (Sari, 2018)². Blunt injury is the impact of objects that have a blunt, hard, and rough surface such as hammerheads, wood, stones, fists, and even nails etc. This blunt injury can cause abrasions on the skin, cuts, bruises, and tears can even cause fractures (fractures)⁴.

According to the World Health Organization (WHO), injuries result in 5.8 million deaths worldwide, and more than 3 million of those deaths occur in developing countries. Based on research by Kuschithawati, et al., (2007)

injuries result in 7% of deaths worldwide and this rate is still growing⁵. The World Health Organization (WHO) states that no less than 875,000 children under 18 years old worldwide die per year from injuries, both intentional and unintentional. In 2000 it was reported that intentional and unintentional injuries caused 42% of deaths of children aged 1-4 years in the United States. The overall average injury to children aged 0-3 years per year is 371/100,000 children⁶. The prevalence of child injuries was 7.1%. The prevalence of childhood injuries is more prevalent in boys, toddlers, and nuclear families. Falls are the most common form of injury and home is the most common place of injury. Other causes of injury are dog bites and traffic accidents (Parmeswaran et al., 2017).

According to Dinkes Kepri (2014), the prevalence of injuries in toddlers is burns and corrosion (3.04%), unexpected injuries (11.74%), injuries due to foreign object entry (3.66%), poisoning due to exposure to gases (7.05%), dislocation (0.8%), organic solvent poisoning (0.9%), falls (4.1%), drowning and drowning accidents (62.9%) (Dinkes Kepri, 2015). According to Dinkes Kepri (2014), the prevalence of injuries in toddlers is falling (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%) (Dinkes Kepri, 2014).

In Indonesia, Judging from the cause of injury, the highest proportion is injury due to falling (91.3%) in the age group <1 year, age 1-5 (79.4%) (Riskesdas, 2013). From data from the Riau Islands Health Office in 2016, the highest number of toddlers in Riau Islands is in Tanjung Pinang District with 3442 toddlers, from data at the posyandu Baosan Lor village, the highest number of toddlers is in Ngembel Hamlet, which is 70 toddlers. Best (2012) stated that the rate of falling in boys is more dominant (59%), children aged 13-35 months as much as (25%), and as many as (81.3%) of children who fall have no problems in their growth and development, in children playing (11.8%), sleeping (3.2%), jumping/ dancing (2.2%). In this study, it was also found that the incidence of falls occurred mostly during the day (49.5%), afternoon (40%), and night (9.7%). Room facilities were also affected (4.3%), and slippery floors (1%). The impact of falls on children can be disability. Reported Disability Adjusted Life Year, children have a percentage of 16% of experiencing physical disability due to falls (Towner, 2008 in Larashati, 2016).

The age period of children 1 to 3 years is called toddler. Toddlers show more advanced motor development and children show more activity skills and develop curiosity, and exploration of objects around them. Thus, the danger or risk of accidents must be watched out for in the toddler period. Parents need to get guidance in anticipation of the possibility of danger or threat of such accidents (Supartini, 2004). According to Rahmi (2008), factors causing accidents include the presence of objects or materials such as bottles containing medicine, water tubs, and stairs to the 2nd floor. There are potential victims such as toddlers. Favorable environmental conditions include medicine bottles whose lids are not childproof, stairs that are not blocked, tubs filled with water that are more than 2 inches high, and lack of parental vigilance. Accidents often occur because most parents are unaware of what toddlers can do. At this age toddlers are already walking, running, climbing, jumping, and trying everything. All the new things they discover can be different for them. It is the responsibility of the parent to protect his child from accidents.

Health education can be provided through various kinds of learning media. Learning media can be provided in several forms such as text, audio-visual media, audio media, projection media, artificial objects, and humans. Audiovisual media that can be used is video media. Text is a learning that provides an interesting thing in delivering information in the form of writing such as leaflets, booklets, posters, flip charts, magazines, and so on. A Booklet as a form of print media, generally consists of a picture of several words, images, or color layout photos that can be learned at any time because the design is in the form of a book and the information is relatively more than posters. (Siregar, 2020).

Increasing knowledge in mothers after being given health education with booklet media, so that information in the booklet is very effective for increasing knowledge in mothers. The Booklet will give an impression to the reader if presented with attractive images so that the booklet is not formal and rigid (Nurfathiyah, 2014). The advantages of booklets such that can be stored for a relatively long time, can be learned independently, and can help other media, besides that booklets also have weaknesses, namely readers are required to have the ability to read⁷.

First aid is the first treatment given immediately to people who have an injury or illness (Thygerson, 2011). Injuries suffered by children can be mild to severe. Minor injuries such as bruises, cuts, and first-degree burns can be treated simply at home or school. As for severe injuries such as wounds with heavy and shallow bleeding after receiving first aid, they must be taken to the hospital immediately. The impact of injury can be mild to fatal, for example, scratching a body part by a sharp object can have a mild impact such as a small open wound. However, if the wound is not immediately cleaned and treated it can lead to infection (Dirgantara, 2013).

Based on the description above, toddlers show further motor development and children show the ability to move more, develop curiosity, and exploration of objects around them. Thus, the danger or risk of accidents must be watched out for in the toddler period. Parents need to get guidance in anticipation of the possibility of danger or the threat of accidents because at this age toddlers have walked, run, climbed, jumped, and tried everything. All the new things they discover can be different for them. It is the responsibility of parents to protect their children from accidents



so that health education can be provided through various kinds of learning media such as increasing knowledge in parents after being given health education with booklet media.

2. RESERCH METHOD

This study used a quantitative approach with a quasi-experimental method (Quasi Experiment) type pretest-posttest control group design. In this study, pre and post-test group designs were used. According to (Arikunto, 2002) pretest and posttest one group design is research conducted twice, namely before the experiment and after the experiment with one group of subjects.

The author uses this research design because the author wants to know the extent of parental knowledge related to emergency management in children who fall. This design consists of two groups each given a pretest (Y1) and (Y3). After being given the initial test, the author experimented by giving treatment in the form of booklet media around handling children falling X in the experimental group, while the control group was not given treatment. The final action taken by the author is to provide posttest (Y2) and (Y4) final tests in both groups to obtain comparative knowledge data from the initial test (pretest) to the final test (posttest).

The following is the design of Pretest Posttest Control Group Design that will be used in evaluating the effectiveness of booklet media on the handling of falls in children (Sugiyono, 2012).

Table IV. 1. Pretest Posttest Control Group *Design Research Design*

Group	Pretest	Treatment	Posttest
E	Y1	X	Y2
K	Y3	-	Y4

Information: :

- E : Experimental group (group treated with booklet media)
- K : Control group (group that was not treated with booklet media)
- Y1 :value *Pretest* experimental group X: Treatment
- Y2 :value *posttest* experimental group Y3: value *Pretest* Control group
- Y4 :value *posttest* Control group

3. RESULT AND DISCUSSION

The results of this study were carried out from mid-July to mid-November and the location was carried out in Berakit, Bintan Regency, Riau Islands with a number of samples was 58 people, who met the criteria for research inclusion, namely willing to be respondents, work experience of at least 1 year, working in private and government hospitals in the city of Tanjungpinang. The data obtained were then processed using computer programs and analyzed using Univariate Analysis to describe the frequency distribution of each research variable.

a. Univariate Analysis Results

Characteristics of the level of knowledge of tourists about venomous marine animal stings on Trikora beach working area of the Kawal Health Center, Bintan Regency, Riau Islands.

1) Characteristics of Respondents

The characteristics of respondents discussed include, age and gender. Source of information in the working area of the Berakit Health Center, Bintan Regency. The number of respondents in this study was 68 people.

Table 5.1. Frequency Distribution of Respondents' Characteristics by Age (n=49)

Age	Group			
	Experimental Group		Control Group	
	N	%	N	%
17 – 25 years	15	44	14	41
26– 35 years	12	35	15	44
36 – 45 years old	5	15	4	12
> 45 years old	2	6	1	3
Total	34	100%	34	100%

Based on table 5.1 above, it shows that the distribution of respondents' frequency based on age is the most age range of 17-25 years, namely 15 people (44%) in the experimental group, in the control group at the age of 26-35 years, namely 15 people (44%) is only *accidental*, meaning that respondents at that age are willing and take the time to become respondents.

Table 5.2. Frequency Distribution of Respondents' Characteristics by Sex (n=49)

Gender	Group			
	Experiment		Control	
	N	%	N	%
Woman	25	74	22	65
Man	9	27	12	35
Total	20	100	20	100

Based on table 5.2 above, it shows that the distribution of the frequency of respondents based on gender is the most women (28 people (57.1%), compared to men with 21 people (42.9%).

2) Data Normality

Table 5.3

Normality Test of Experimental Group and Control Group

Group	Pretest (P value)	Posttest (P value)	N	Information
Experiment	0,171	0,100	34	Usual
Control	0,411	0,448	34	Usual

Source: primary data 2018

Table 5.3 shows the normality of the level of knowledge of the experimental group and the control group before and after the intervention, where the knowledge before and after the intervention in the experimental group obtained a p-value of > 0.05 which means that the data in the experimental group are normally distributed. In the control group, the level of knowledge before and after obtaining a p-value of > 0.05, which means that the data in the control group are normally distributed.

b. Univariate Discussion

Univariate analysis aims to describe the characteristics of each research variable as well as the results of health promotion using booklet print media to increase respondents' knowledge.

1) Knowledge Before Being Given Media Booklet in Experimental Group and Control Group

Based on the normality test of research data, a normally distributed pretest knowledge score (p-value > 0.05) was obtained both in the experimental group and the control group. So that categorization uses the mean value. The following is the distribution of the frequency of knowledge before (pretest) in the experimental group and the control group.

Table 5.4

Frequency Distribution of Knowledge Before Being Given Booklet Media in Experimental and Control Groups

Knowledge Categories	Group			
	Experimental Group		Control Group	
	N	%	N	%
Good	9	27	5	15
Not Good	25	74	29	85

Source: Primary Data

Based on table 5.4 the knowledge category uses the mean value at the time of the pretest, a mean value of 11.80 is obtained. It was found that knowledge before being given the experimental group booklet media was good (27%) and in the well-informed control group (15%).

2) Knowledge After Being Given Media Booklet in the Experimental Group and Control Group

Based on the normality test of research data, a normally distributed posttest knowledge score (p-value > 0.05) was obtained both in the experimental group and the control group. So that categorization uses the mean value. The following is the distribution of posttest knowledge frequency in the experimental and control groups.

Table 5.5

Frequency Distribution of Knowledge After Giving Booklet Media in Experimental Group and Control Group



Knowledge Categories	Group			
	Experiments		Control	
	N	%	N	%
Good	34	100	6	18
Not Good	0	0	28	82
Total	34	100	34	100

Source: primary data 2018

Based on table 5.5 the knowledge category uses the mean value at the time of the posttest obtained a mean value of 14.43, it is known that the booklet media can increase the knowledge of the experimental group by (100%) while the knowledge score of the control group that is not given a booklet is (18%).

c. Bivariate Analysis

The bivariate analysis in this study was intended to determine the effect of the sexual violence prevention booklet media on increasing knowledge before and after the intervention in the experimental and control groups as well as the value of knowledge of the experimental and control groups after the intervention.

- 1) Differences in knowledge before and after intervention using booklet media in the experimental group

Distribution of Knowledge Level of Experimental Group Travelers Using the Paired T-test

	Mean	SD	Max	Min	Increase in Pre-posttest (%)
Pretest	10,50	1.320	15	8	27,4
Posttest	16,9	1.207	17	13	

Table 5.6 shows pretest and post-test scores for travelers' knowledge of handling the consequences of children falling up. In the pre-test score, the average score is 10.50 with the maximum score being 15 and the minimum score being 8. While the post-test score increased to an average of 16.9 with a maximum value of 17 and a minimum score of 13. The percentage increase was 27.4%.

- 2) Knowledge Differences Between Pretest and Posttest in the Experimental Group and Control Group.

Table 5. 7 Knowledge Level Distribution of Control Group Travelers Using Paired T-Test

	Mean	SD	Max	Min	Increase in Pre-post test (%)
Pretest	9,20	1.570	11	5	23,1
Posttest	13,9	1.673	14	7	

Table 5.7 shows the pretest and post-test scores for tourists' knowledge about handling the consequences of falling children increased. In the pre-test score, the average score is 9.20 with the maximum score being 11 and the minimum score being 5. While the post-test score increased to an average of 13.9 with a maximum score of 14 and a minimum score of 7. The percentage increase was 23.1%.

- 3) Differences in mean knowledge difference in experimental and control groups

Table 5. 8 Difference in mean difference in knowledge of experimental group) and control group

Group Name	Mean		
	Pre	Post	P. Value
Intervention	72,20	84,90	0,003
Control	65,10	77,70	0,041

Based on table 5.8 shows that from the results of the Paired t-test 1 simple test, it is known that there is a difference in tourist knowledge about handling due to children failing to get a P-value of 0.004 (< 0.05), then Ho is rejected. And in the control group, a p-value of 0.040 (< 0.05) was obtained, so Ho was rejected. From the results of the analysis of the T-test, the P-value of the two groups above can be concluded that there is an influence of the booklet on the level of knowledge of parents in handling the consequences of children falling in the Berakit, Riau islands.

Discussion

- 1) Cararistic Age and Sex of Experimental Group Respondents and Research Control Group

The characteristics studied are age and gender. Both characteristics are considered to influence the knowledge possessed by respondents, especially those related to fallen children.

As a preliminary variable, table 5.1 shows the average respondents of the experimental group aged 17-25 years, while in the control group, the average respondents aged 26-35 years. In Table 5.2 of the experimental group as many as 74% of respondents were female and in the control group of female respondents as much as 65%, this shows more female respondents than female respondents in the two groups.

- 2) Parents' knowledge before and after being given a media booklet about fallen children (experimental group)

Knowledge is the condition of knowing someone about something. In this study, the knowledge in question is the ability of parents to answer 20 questions related to handling fallen children. Parents who were respondents to the

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experimental group and the control group were given a questionnaire (pretest) to measure initial knowledge before being given an intervention in the form of a booklet. The intervention of the booklet media was given to the experimental group, and the content of the material was related to the handling of fallen children. After finishing the media booklet, researchers again measured the knowledge of respondents (Post-test) in both groups.

Based on the results of research on the experimental group, it is known that 9 respondents are well-informed, and 25 respondents are not well-known. After intervening using booklet media handling fallen children, all respondents of the experimental group had good knowledge. Based on the paired t-test, the p-value was < 0.05 with a Mean at the time of the pretest of 12.45 with an SD of 2.460 and increased to 17.50 with an SD of 1.433 after an intervention using the venomous marine animal sting booklet media. The test results showed that there was a significant difference between the knowledge of the experimental group and the control group before and after the intervention using booklet media.

Booklet media can increase the knowledge of experimental groups after intervention because the delivery of messages not only uses non-verbal messages (writing) but is also accompanied by pictures. Images in the booklet are used to visualize messages in the form of writing contained in the booklet.

This is in line with the (Notoatmodjo, 2012) statement that a person's knowledge is influenced by the information he gets. In obtaining this information, a media is needed that is used to facilitate the delivery of information. The use of booklet media aims to maximize the use of the five senses in receiving messages. The knowledge we gain is 10% of what we read and 30% of what we see. Thus, the more involved in receiving information, the more information can be stored.

This is in line with the research of Rathore (2014) and Fernandes (2013) that there is an increase in knowledge in mothers after being given health education with booklet media so the information in the booklet is very effective for increasing knowledge in mothers. This is evidenced by Kristianto's research (2013) that there are significant differences in students' knowledge about anemia before and after being given intervention with booklet media. The Booklet will give an impression to the reader if presented with attractive images so that the booklet is not formal and rigid (Nurfathiyah, 2014). The advantages of booklets such that can be stored for a relatively long time, can be learned independently, and can help other media, besides that booklets also have weaknesses that readers are required to have the ability to read (Dariyo, 2007).

The process of reading produces knowledge. The processes that can enter the human brain are 10% of the processes of things read, 20% of the processes of things seen, 30% of the processes of things heard and seen, and 50% of what is seen and heard so that someone is easy to understand the knowledge gained when given health education using media (Budioro, 2007).

It can be concluded that in increasing knowledge, a medium is needed to help maximize the five senses in the process of receiving messages so that the message conveyed can be easily received and remembered by the target. Based on the results of this study, the booklet handling fallen children can be used as a medium of knowledge for parents and local residents to convey information about handling fallen children.

3) Before and after knowledge (control group) not given Intervention using booklets.

Based on the results of research on the control group, it was found that 5 respondents were well informed and 15 respondents were not well informed at the time of the pretest. After being given the pos-test, 6 respondents had good knowledge and 18 respondents had poor knowledge. Based on the paired t-test, the p-value was > 0.05 with a Mean at the time of the pretest of 11.35 with an SD of 2.426 and increased to 11.45 with an SD of 2.428 after being given a post-test questionnaire. The test results showed that there was no significant difference between the knowledge of tourists at the time of the pretest and at the time of the posttest. In line with Cahyono's research (2015), there was no significant difference in increase ($p = 0.838$; $p > 0.05$) in the control group and experimental group on students' knowledge about anemia.

According to the researchers, this happened because respondents in the control group had never been exposed to information about venomous marine animal stings. This is in line with stating that someone who is exposed to information on a particular topic will have better knowledge than someone who is not exposed to information⁸.

According research conducted (Pak Pahan, 2014), stated that there was no increase in knowledge in the control group who were not given treatment using booklet media about cigarettes and the dangers of cigarettes at SDN 01 Panjang Selatan. According to (Notoatmodjo, 2012), someone who is exposed to information about a particular topic will have more knowledge than not exposed to information. Someone who is exposed to material will experience a greater increase in knowledge than someone who is not exposed to information⁸.

The change in the knowledge value of the control group at the time of the post-test was not significant. The researcher's assumption about the meaninglessness of the mean value is due to factors including 1.) respondents experience confusion when answering posttest questions because they try to remember the answers during the pretest but are not sure the answers at the time of the pretest are correct or false, 2.) on item question no 12 respondents of the



control group experience confusion because the answers expected by researchers are respondents to answer wrong but are true. 3.) At the time of the posttest, parents do not get information through the media booklet handling fallen children.

From the results of the analysis above, it can be concluded that the group that did not get an intervention with the booklet handling fallen children did not experience a significant increase in knowledge value. So in the control group, an exposure of information about fallen children through health promotion is needed using tools in the form of booklets or other print media to remember the information submitted.

4) Differences in Knowledge Differences in the Experimental Group and in the Control Group

There was a significant difference in value between the experimental group given the intervention using the booklet media to prevent fall treatment in children and the control group that was not given the intervention. To see the effectiveness of the booklet media in preventing the handling of falls in children to increase parents' knowledge, an Independent T-test was carried out.

Based on the results of the Independent T-test, the mean score difference was obtained in the experimental group of (5.05) with SD 2.41 after intervention using booklet media, while in the control group, the difference in score was (0.20) with SD 1.361 lower than the experimental group. The difference in mean difference is said to be significant with p-value = 0.000 so the booklet is effective in increasing the knowledge of the experimental group.

According to researchers, the selection of media in delivering messages determines the effectiveness of message communication to be delivered to the target. This is in line with research (Hapsari, 2012) which states that booklet media is effective in increasing knowledge related to gentle birthing service.

Another study conducted by (Bagaray, 2016), said that the use of booklet and Flip chart media is effective in increasing knowledge in SDN 120 Manado students on dental and oral health.

Based on another study conducted (Safitri, 2016), there is an influence of the use of booklet media in increasing the nutritional knowledge of adolescents who are overweight compared to groups of adolescents who are only given lectures without using tools in the form of media.

Media used as tools in health promotion must be by the needs and completeness of the message. Educational media has a very important role in the learning process. The effectiveness of delivering messages in the learning process is influenced by the development of the media. Educational media must be able to convey messages so that they can be accepted by their targets. Media development does not only include written messages but also images to facilitate the delivery of messages (Ridha, 2016).

Booklet media is very helpful for targets in understanding messages because they are delivered in two forms, namely, verbal and non-verbal messages. So, the more information received, the better one's knowledge. Thus, it can increase one's knowledge to cause awareness and ultimately can change behavior and attitudes by their knowledge.

The change in the difference in mean value after the intervention using booklet media in the experimental group was relatively significant. The researcher assumes that these changes occur due to factors including 1.) the message conveyed through the booklet media can be digested well by the experimental group, 2.) the provision of repeated information, so that the respondents of the experimental group data remember the message conveyed 3.) The presumption in the control group at the time of the pretest they answered correctly, thus trying to remember the answer to be answered at the time of the posttest. 4.) Low knowledge of the control group because there is no information related to the handling of children who fall.

Based on some of the descriptions above, it is concluded that health promotion will be more effective if you use tools in the form of media. So that with the effective delivery of messages, respondents find it easier to digest and remember the messages conveyed so that they can increase their knowledge.

Therefore, to increase the resilience of students/students needed health promotion related to handling children who fell in the home environment and the pukesmas environment. Promotion can use effective media such as booklets that aim to provide information related to handling children who fall to increase people's knowledge about handling children who fall.

CONCLUSION

Most of the people are in the age group of 26-35 and >45 years amounting to 17 people (34.7%), the female gender is 28 people (57.1%) and men are 21 people (35%). The results of the Bivariate test obtained the Paired t-test 1 simple test it is known that there is a difference in parental knowledge about handling due to the handling of children who fall obtained a P-value of 0.003 (<0.05) then H_0 was rejected. And in the control group obtained a p-value of 0.041 (<0.05) then H_0 was rejected. From the results of the analysis of the T-test, and P-value of the two groups above, it can be concluded that there is an influence of the booklet on the level of parental knowledge in handling the consequences of children falling in Berakit, Riau islands.

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