

Education Model through Child Safety Guide Family in Makassar City

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Abstract:- The results of the study of St. Aminah, *et al.* (2014), found that from 30 mothers almost balanced between good knowledge (48%) and less knowledge (52%) In the mother, knowing about the safety of her children, especially the age of 5 years, in RW 03 Karunrung Village. Rappocini Sub-district Makassar City. With such exposure, researchers are interested to do research on "Education Model Through Child Safety Guidelines For Families In Makassar City" The purpose of this research 1) created effective and practical guidance for family use in Maintaining the safety of children in and around the house, 2) increasing the family's knowledge in keeping the child's safety in and around the house, 3) Families can apply child safety in and around the evaluation of the influence of guidance To the child physically after the implementation of the Child safety guidelines implemented by the Family "Development research" (Research and Development). According to Borg and Gall. The design formulation used to test model effectiveness is to use the research design. "Intact Group Comparison". This method is Quasi-experiment. The results of the study showed 1) the effective and practical family Handbook, as a family handbook in preventing and addressing accidents in children, 2) there is an increase in family knowledge about Prevention and handling of accidents in children, through training with the Family Handbook "Child Safety", 3) there is a change of family attitude to positive about the prevention and handling of accidents in children, after understanding the material in the book Family Guide "Child Safety" 4) there is a significant difference between the knowledge and attitude of the family prior to the training and the provision of the Family handbook "Child Safety" with post-training or material delivery through the book and Explanation directly.

Keywords:- Guide, Child Safety, Family.

I. INTRODUCTION

Accidents are the most common cause of children's deaths in England and Wales, with nearly 200 children dying each year, 65% are boys. Accidents on the road mainly involve school-age children, while accidents at home primarily involve children under the age of 5 (Meadow, 2009). Every year in Indonesia nearly 1 million children died of accidents and more than tens of millions of other families need hospital care because of severe injuries. Among those who were heavily injured many were permanently disabled and had impaired brain function.

Accidents that can occur are falling, burning, and drowning (Health Department RI, 2010).

Based on preliminary studies conducted by researchers through observations and interviews with 10 parents in the village of Karunrung obtained 6 out of 10 families of aged children have accidents due to fall, exposed to hot water, choked food in because his own meal, the capping, his cheek wound due to meatballs, as well as 1 person with the age of 9 months died on March 2013, the result of the child put into the mouth of the drug cover, so swallowed until the neck.

II. METHOD

The research was conducted using the type of research "Research and Development". According to Borg and Gall (1989:782), in Putra (2012), which means the model of development research is in research and Development is used to produce a model/guide to education prevention and handling of child safety in Families who have children from 1 month to 6 years. The design formulation used to test the effectiveness of the model is to use the research design. "Intact Group Comparison ", (Sugiono, 2013). In a trial activity using 2 groups, there was a control group (30 families) and there was a group of implementation guides (30 families). This design is done by comparing the pre-test result with the post-test result between the intervention group and the control group. This method is a Quasi-experiment.

III. RESEARCH RESULTS

A. Family Knowledge through Child Safety Guide

➤ N. Gain test Result

The results of N. Gain Analysis for the family knowledge of 30 people, can be seen in Table 1 as follows:

N. Gain Knowledge	Frequency	%
High	23	77,6
Middle	7	22,4
Low	0	0
Total	30	100,0

Table 1:- Result N. Gain Knowledge in 30 families

Pre and post results of family knowledge test are obtained N. Gain test Result is 23 people (77.6%), which have a high value with an average value of 78, a medium value of 7 people (22.4%).

N. Gain analysis Results for a family attitude of 30 people, can be seen in Table 2 as follows

N. Gain Attitude	Frekuensi	%
High	28	93,3
Middle	2	6,7
Low	0	
Total	30	100,0

Table 2:- Result N. Gain Attitude in 30 families

Results pre and post-family attitude test, with test results N. Gain, obtained a high score of 28 people (93.3%), with an average value of 88, and who received a moderate value of 2 people (6.7%).

B. Wilcoxon Test

Wilcoxon test is done to see the accountability of the difference between the pre-test value and the post-test. Wilcoxon test results can result in differences between

Wilcoxon Test	Post Test Knowledge - Pre Test Knowledge	Post Test Attitude –Pre Test Attitude
Z	-4.000 ^b	-5.476 ^b
Asymp. Sig. (2-tailed)	.001	.001
Wilcoxon Signed Ranks Test		

Table 3:- Wilcoxon results Knowledge and attitude

In the 3 table, it was discovered that Wilcoxon test results about family knowledge and attitudes have a value of P = 0.001, meaning there is a very significant difference between family knowledge and attitude before the training process and after the training process.

IV. DISCUSSION

A. Description of Need family Assesment

In general, the family has a job as a housewife, with this work identical with the low level of education, which is almost 100% of the family as a respondent in this research of junior high education. Thus, this family desperately needs guidance to keep their children from accidents, both inside and outside the house.

This Child safety guide is very suitable for families who are designed by a team of researchers to understand the family in parenting so that the child can be protected from accidents. Because the handbook is easy to learn with simple language and interesting pictures.

B. Description of activities and family response in the application of Child Safety guidelines

The family activity has a handbook given by the research team after the pre-test, on the implementation of Integrated service post, with subsequent activities as follows: The family learns the material in the Handbook for one week, in the second week of the family Given the material in accordance with the Handbook, the family listens, asks, and writes, at the time of material explanation by the research team, the families response, the family as a trainee, is very pleased with the learning process Using the

family knowledge and attitudes, in 30 families, before the training process with the training process.

Wilcoxon results can also know the significant difference between knowledge before the training process with the results of the family knowledge after the training process, so the family attitude to know the difference between the family's attitude before the training process with the results of the family attitude after the training process.

Wilcoxon test result of knowledge and family attitude can be seen in Table 3 as follows:

In table 3 It was found that family knowledge resulted in a very good value of 22 people (73.3%), and as much as 8 people (26.6%) Who have less knowledge, and family attitudes are found that 100% of the family is very good (positive).

media of colored and interesting powerpoint, the family enthusiastic by asking and writing, the family response is very accepting and pleased with the holding of accident prevention and handling training in children.

C. Family knowledge through Child Safety Guide

The family better understand the material in the handbook after the training through the media power Point, as opposed to just reading the book, the family follow the post-test after the training process is completed, each family/trainees increased his knowledge after training was conducted, although some of the mothers absent in the training, had been given a guide book to learn. This is evidenced in the test results of N. Gain indicating that the dominant mother or family has a high value compared to the mother who did not get the handbook (control group family as much as 30 people). The Wilcoxon results show that there is a significant difference between family knowledge before the learning process, with family knowledge before the learning process.

The results of this study are relevant to Widjaja's statement (2012), which states that the family can do first aid is what the family knows about immediate care given to a child who has an accident/injury. Proper and correct action can save the child from injury. Knowledge of first aid in the accident one of the things that parents should learn. By studying and deleting it, parents understand the steps to be taken when the child has an accident, which is to save the child's soul before getting a doctor's help.

D. Effectiveness of the Handbook in improving family knowledge

A handbook is essentially a form of learning that is described from start to finish which is presented typically by a team of researchers in the learning process through training and questioning to 30 families with children, both on activities Scheduled meetings for two meetings. Through this handbook, families can practice ways to nurturing nurture, guide and nurture children through physical activity, good communication, and all these things can be effectively obtained from this handbook in obtaining information, Knowledge, ideas, attitudes, skills and expressing ideas according to the talents and abilities of each family. The handbook serves as a guidebook for mothers or other families in preventing and addressing accidents in children, both inside and outside the home. The purpose of selecting a guide in learning is to achieve the objectives of learning effectively and efficiently.

The opinions of Joyce and Weil (2004:196), said that there are 5 elements that a handbook should have, i.e. (1) Syntax of Learning Operations, (2) The Social System is related to the atmosphere and norms that apply to the learning, (3) Principles of reaction that illustrate how a teacher should look, treat and respond to a child, (4) a Support system, related to any means, materials, tools or media learning that supports the learning process and (5) Instructional and nurturing effects, related to the results of learning obtained directly based on the objectives set (Instructional effects) and the results of the study outside of which is set (nurturing effects).

The knowledge of child-safety is the cognitive mastery of the family acquired through the learning process. Knowledge of the prevention and handling of accidents in children, among them can be obtained through listening activities, viewing, and involvement in the process of the emergence of knowledge. The family's cognitive abilities about child safety in this study can vary from knowledge level (C1), comprehension (C2) to application-level (C3). It can be said that the handbook is categorized as practical, making it feasible as a guidebook. Based on the results of the analysis of the three indicators of the handbook effectiveness, it can be said that the effective handbook is applied as a handbook to improve the knowledge and attitude of the family in preventing and addressing Accidents on children in the city of Makassar.

Based on the practicality test results and the effectiveness of the guidance that data is recorded during the implementation of the Guide in the learning process, the Hypothetic Guide becomes a final guide (final product). Increased family knowledge of child safety as an impact on the implementation of family guidebooks on training can be categorized as part of the Instructional effects element of the applied guidebook. Besides, increased family knowledge of child safety by 18.22% to 21.16% is also an indication of the effectiveness of the product from the development of the handbook. If the increased family knowledge of child safety occurs sustainable, it is hoped

that the family's positive behavior on the prevention and handling of accidents in children is increasing as well.

E. Changes in family attitudes through the application of guidebooks

The family attitude after the learning process is done by the research team, through a handbook that is shared one by one on the family that is the subject of this study, but a week after the book is shared, then the training is carried out for the content of the Child Safety Handbook. N. Gain test results show that the dominant family attitude has a high value, so that the change of attitude is significant from negative to positive in terms of family ability to prevent and deal with accidents in children

Based on data analysis results with the Wilcoxon test, indicating that the family attitude of 100% has a positive value. Thus, when associated with the analysis of the three components of the attitude namely cognitive components (A1), affective (A2) and Konatif (A3) also indicates the presence of a very significant increase. Percentage improvement of family attitudes about the prevention and handling of accidents in children, whether for all three components of attitude or overall is apparent that the application of the handbook can change the positive attitude of the family to the implementation of the child Safety in children. The increase in this family's positive attitude is particularly relevant to Azwar's statement (2012), which explains that the cognitive components of attitude better present a person's belief in what is applicable or perceived to be true for the attitude object. The affective component is a feeling that concerns the emotional aspect. This emotional aspect is usually the most deeply rooted as a component of attitude and is the deepest aspect of the attitude component and is the most enduring aspect of influences that might change one's attitude. While the Conative component contains tendencies or tendencies for a person to behave or act on something in a certain way according to the attitude he possesses.

The change of family attitudes occurs among others because of the role of material about child safety that is given to families at each stage of Implementation in the learning process. Factual problems about child safety that is brought about in the learning process is a family, especially mothers that, how much risk to the survival of this nation if the children are already threatened with health and even survival, Where the reality is every year children die 2,000 people in Indonesia due to accident/injury. Result of Test N. Gain from the pre to the test post, obtained the value of attitude is greatly increased to 100% of participants have a high value, so the result Wilcoxon that the attitude of children with a value p 0.001. The increasing attitude about cigarette and smoking of children at this stage of implementation is also not detached from the role of learning media that displays children's issues of smoking, health problems related to cigarettes, poor nutritional problems in children related With cigarettes, the issue of continuity related to a child who died a lot from cigarettes and drugs, and the connection between smoking and drugs. Cigarette messages containing the ' invitation ' in the

teaching materials of the Handbook also contribute to the growing efficacy of the child's positive attitude towards smoking prevention.

Changes in family attitudes about child safety as the impact of implementing a family handbook on training can be categorized as part of the Instructional effects element of the applied guidebook. Besides, increased family attitudes about child safety by 21.42% to 41.16% is also an indication of the effectiveness of the product from the development of the handbook. If an increase in the family's positive attitude toward child safety occurs sustainable, it is hoped that the family's positive behavior on the prevention and handling of accidents in children is increasing as well.

V. CONCLUSION

1. To create an effective and practical family Handbook, as a family handbook for preventing and addressing accidents in children
2. An increase in family knowledge about the prevention and handling of accidents in children, through training with the Family Handbook "Child Safety"
3. There is a change of family attitude to be positive about the prevention and handling of accidents in children, after understanding the material in the Family Handbook "Child Safety"
4. There is a significant difference between the knowledge and attitude of the family before training and the provision of the Family handbook "Child Safety" with post-training or material delivery through the book and explanation directly.

REFERENCES

- [1]. Arikunto (2012). *Fundamentals of education evaluation*. Jakarta: Rineka Cipta
- [2]. Azwar, S. MA (2013), *human attitude, theory and Measurement, II edition*, Yogyakarta: Student Library
- [3]. Depkes RI (Health Department), (2010). *Healthy Life Guide (Accident prevention)* Kemenkes RI, Jakarta.
- [4]. Goddess, et al. (2011) *The relationship between knowledge and parental attitudes about the dangers of injuries and the way of prevention with injury prevention practices in the family of Toddler* (thesis)
- [5]. Djamarah, (2008) *Teaching-Learning Strategy*, Jakarta: Rineka Cipta
- [6]. Espeland, N (2005) *Family Safety Guide*, Jakarta: EGC
- [7]. Frietmand (2009), *Introduction to Family Nursing*, Jakarta: EGC
- [8]. Heru A (2005), *Public Health cadre*, Jakarta: EGC
- [9]. Hidayat A. Asis Alimul (2008), *Family Health Sciences*, Jakarta: Salemba Medika
- [10]. Hull David, (2008), *Pediatric fundamentals*, Issue 3, Jakarta: EGC
- [11]. Ibrahim et al., (2009), *preventing and supervising injuries to toddlers*, Jakarta: Trubus Agriwidya
- [12]. Meadow, Roy (2009), *Pediatrics, 7th edition*, Jakarta: Erlangga

- [13]. Mohammad K (2005), *First Aid*, Jakarta; Gramedia
- [14]. Nelson, Waldo E (2012), *Family Health Sciences*, Vol 1. Jakarta: EGC
- [15]. Notoatmojo, S (2011), *Health Education and Behavior*, Jakarta: Rinneka Cipta
- [16]. Perry, Potter (2005), *Nursing Fundamentals Teaching Book*, Issue 4, Jakarta: EGC
- [17]. Purwanto, H. (2011), *Introduction to Human behavior for nursing*, Jakarta: EGC
- [18]. Purwoko, S (2006), *First Aid and CPR, edition IV*, Jakarta: Arcan
- [19]. Rassat, S (2001), *first aid at an accident*, Jakarta: djthrotling
- [20]. Republika (2012) *Keep household furniture out of your family*, on 28 January 2013 access
- [21]. Sugiono (2011) *Statistics for Research*, Bandung: CV. Alfabeta
- [22]. Sugiono (2013) *Education Research Methods, (quantitative, qualitative approaches and R&D)* Bandung: Alfabeta
- [23]. Sulistiani (2012) *Accident on family, risk, and prevention* retrieved 28 January 2013
- [24]. Tjipta, DKK (2009), *Practical Paediatric*, Medan: USU Press
- [25]. Urip, V. (2004), *Healthy Menu for toddlers*, Jakarta: PustakaSwara
- [26]. Widjaya, M.C. (2012), *P3K at the toddler*, Jakarta: Kawan Pustaka
- [27]. Wong, Dona L, (2008), *pediatric teaching book*, Issue 6, Jakarta: EGC
- [28]. Zaidin A. (2009), *Introduction to Family Nursing*, Jakarta: EGC