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of this article: <http://heanoti.com/index.php/hn/article/view/hn20904> Knowledge, Attitudes

and Application of Child Safety by Families in Karunrung Village, Rappocini,

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Polytechnic of Makassar, Indonesia ABSTRACT Preliminary studies through observation

and interviews of 10 parents in the Karunrung Village showed that 6 out of 10 children

under five had an accident. This study aims to analyze the relationship between knowledge

and attitude with the application of Child Safety, using a cross sectional design. The

research subjects were 62 families 5 with children aged 6 months to 6 years, who were

selected by total sampling technique. Data were collected through the questionnaire

questionnaire, then analyzed using Chi square test. The results showed that the application

of Child Safety was determined by family knowledge and attitudes. Keywords: Knowledge,

Attitude, Family, Child safety INTRODUCTION Background Child safety includes safety

from accidents, thuggery, sexual abuse, and other dangers that can threaten children(1).

Family 1 is an important element in child care, because children are part of the family.

Child's life can be determined by the environment and family(2). According to Sulistiyani

(2011), family knowledge influences the occurrence of accidents in toddlers. Families with

good knowledge, of course, will take care of their toddlers to avoid injury(3). Accidents are

the most common cause of child deaths in England and Wales. Nearly 500 children die

every year and 65% of them are boys. Road accidents mainly involve school-age children,

while accidents at home mainly involve children under 5 years of age(4). Every year, in

Indonesia almost 1 million children die from accidents and tens of millions of other children

require hospitalization due to severe injuries, which can cause permanent disability and impair brain function. 4 Accidents that can occur are falling, burning and sinking(5). Preliminary studies through observation and interviews of 10 parents in Karunrung sub-district showed that 6 out of 10 children under five had accidents due to falling, exposed to hot water, choking, electric shock, cheek wounds due to meatballs puncture, and 1 child swallowed the bottle cap. Child safety 1 is an important matter to be maintained, but there is no representative data regarding child safety in Indonesia. Therefore, research on child safety needs to be carried out immediately in Indonesia, so that adequate and objective data can be obtained about child safety. This study aims to analyze the relationship between family knowledge and attitudes with the application of Child Safety in Karunrung Village, Rappocini Sub-District, Makassar City. METHODS This analytical research design was cross sectional. The research was carried out in RW.05 and RW.08, Karunrung Village, Rappocini District, Makassar City. 2 The sample was 75 families with children aged 6 months to 6 years, who were selected by total sampling technique. Data on knowledge, attitudes and application of child safety were collected through filling out questionnaires. The collected data were categorical so that they were presented 4 in the form of frequency and percentage(6), then analyzed using Chi-square test.

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RESULTS Table 1. 1

Relationship between knowledge and the application of child safety in RW. 2, RW. 6 and RW. 7 Karunrung Village

Knowledge	Child safety	Total	p-value
Good	26 (60.47%)	43 (100%)	0.000
Not good	1 (5.26%)	18 (94.74%)	
Total	27 (43.55%)	62 (100%)	

Table 1 shows that families who have better knowledge tend to apply better child safety (60.47%). Chisquare test results 1 show that the p-value was 0.000 so that it was interpreted that the level of knowledge was related to the

implementation of child safety. Table 2. Relationship between attitude and the application of child safety in RW. 2, RW. 6 and RW. 7 Karunrung Village

Attitude	Child safety	Total	p-
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value	Good	Not good	Good	25 (51.02%)	24 (48.98%)	49 (100%)	0.028	Not good	2 (15.38%)
	11 (84.62%)	13 (100%)	Total	27 (51.92%)	35 (48.08)	52 (100%)	Table 2 shows that families who have a better attitude tend to apply better child safety (51.02%).		

Chisquare test results **1** show that the p-value was 0.000 so that it was interpreted that the attitude was related to the implementation of child safety. DISCUSSION The results showed that the level of knowledge was related to the implementation of child safety by families in Karunrung Village. In this case, family families who have better knowledge will tend to be better in implementing child safety. This is **2** in accordance with Widjaja's (2012) statement that family knowledge about first aid is all things that the family knows about the care that must be given immediately to a child who is injured. The right action **1** by the family can save the child from injury. Family knowledge about first aid is one of the things that parents need to learn. By learning it, they will understand the steps that must be taken when their children have an accident, which is an effort to save the lives of children before getting help from a doctor. In addition to knowledge about first aid in accidents, in the home the parents must provide tools and various types of medicines(7). The results **2** of this study are also relevant to Notoatmodjo's (2011) statement that knowledge is the result of knowing, and this can happen after someone senses a particular object. Sensing occurs through sight, hearing, smell, taste and sense of touch. Most human knowledge is obtained through the senses of sight and hearing(8). It can be said that someone does something good if he knows and understands fundamentally about it. Thus, families who have better knowledge **1** are more likely to do care properly and correctly, especially for children aged 6 months to 6 years, so that their children are protected from accidents, both physical accidents and mental accidents. In this connection, Purwoko (2006) states that children learn their environment through exploration, especially by using their sense of taste and touch. When children grow, the dangers they face will change due to the development of their abilities. The type of injury that occurs is often directly related to the child's age and level of development(9). The results showed that the level of attitude was related to the implementation of child safety by families in Karunrung Village. In this case, family families

who have better attitude will tend to be better in implementing child safety. **1 The results** of this study are in line with Friedman's (1998) statement that family is a group of **two or more people** who live together with rules and emotional attachments, and individuals **in the family** have their respective roles which are part of the family(10). Similar statement was conveyed by Effendy (2010) that family is a place for decision making **and problem solving**, meaning that every problem faced **by the family**, will be solved together by family members(11).

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Soetjningsih (2014)

states that families have a considerable influence on **2 the development of** adolescents, because the family is the first social environment to lay the foundations of teenage personality. **1 In addition to parents, siblings and** the position **of children in the family** also affects teenagers(12). In accordance with one **of the family** functions, namely the function in meeting health needs, families **are expected to** be able to meet the primary health needs **in order to** protect and prevent family members from suffering from diseases. Meanwhile, according to Sudarsono (2012), the family is the closest environment to raise and mature **children, and in** which children will get **education for the** first time. The family is a small community group, but the family is also the most powerful environment for raising children, especially **for children who have not** gone to school. Therefore, the family has **an important role in child development**. A good family will have a positive effect **on a child's** development, while a bad influence will negatively affect him. This can happen because since childhood, a child was raised by a family and this continues(13). **2 Related to the results of this study**, family attitudes are relevant to others, as stated by Wawan & Dewi (2011) that in general, individuals tend to have a confirmatory attitude or **in line with the** attitude of people who are considered important by him. This tendency is motivated among others by **6 the desire to** be affiliated and **the desire to** avoid conflict with the person he considers important(14). **CONCLUSION 1 The results of** this research **showed**

that the application of child safety at Karunrung Village, Rappocini Sub-district, Makassar City was determined by family knowledge and attitudes.

REFERENCES

1. Espeland N. Child Safety Guide (Panduan Keselamatan Anak). Jakarta: EGC; 2010.
2. Hidayat AAA. Pediatrics (Ilmu Kesehatan Anak). Jakarta: Salemba Medika; 2011.
3. Sulistiani. Accidents in Children, Risks and Prevention (Kecelakaan pada Anak, Resiko dan Pencegahan) [Internet]. 2012 [cited 2016 Jan 28].
4. Meadow R. Pediatrics (Pediatrika). Jakarta: Erlangga; 2013.
5. Depkes RI. Healthy Living Guide (Accident Prevention) (Penuntun Hidup Sehat (Pencegahan Kecelakaan)). Jakarta; Kemenkes RI; 2010.
6. Nugroho HSW. Descriptive Data Analysis for Categorical Data (Analisis Data Secara Deskriptif untuk Data Kategorik). Ponorogo: Forum Ilmiah Kesehatan (Forikes); 2014.
7. Widjaja MC. First Aid for Toddler (P3K pada Balita). Jakarta: Kawan Pustaka; 2012.
8. Notoatmojo S. Health Education and Behavior (Pendidikan dan Perilaku Kesehatan). Jakarta: Rineka Cipta; 2011.
9. Purwoko S. First Aid and CPR (Pertolongan Pertama dan RJP). Jakarta: Arcan; 2006.
10. Friedman. Introduction to Family Nursing (Pengantar Keperawatan Keluarga). Jakarta: EGC; 2010.
11. Effendy N. Basics of Public Health (Dasar-Dasar Kesehatan Masyarakat). Jakarta: Penerbit Buku Kedokteran EGC; 2010.
12. Soetjningsih. Child Growth and Development (Tumbuh Kembang Anak). Jakarta: Penerbit Buku Kedokteran EGC; 2014.
13. Sudarsono. Juvenile Delinquency: Prevention, Rehabilitation, and Resocialization (Kenakalan Remaja: Prevensi, Rehabilitas, dan Resosialisasi). Jakarta: Rineka Cipta; 2012.
14. Wawan A, Dewi M. Theory and Measurement of Knowledge, Attitude, and Human Behavior (Teori dan Pengukuran Pengetahuan, Sikap, dan Perilaku Manusia). Yogyakarta: Nuha Medika; 2011.

## Sources

- 1 <https://www.ncbi.nlm.nih.gov/books/NBK402020/>  
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