The Southeast Asian Journal of Midwifery Vol. 8, No.2, Oktober 2022, p: 62-66
E-ISSN: 2476-972X P-ISSN: 2476-9738

ADEQUACY OF BREAST MILK AND THE DEVELOPMENT OF BABIES AGED 1-6 MONTHS

Juhrotun Nisa[1], Umriaty[2], Meyliya Qudriani[3]
[1,2,3] *Midwifery Diploma Program, Politeknik Harapan Bersama, 9th Mataram Street, Pesurungan Lor, Tegal City, Indonesia*

ARTICLE INFORMATION

Article History:
Accepted date: September 2022
Revision date: September 2022
Publication date: Oktober 2022

Key Word : Adequacy of breast milk; Infant development.

A B S T R A C T

Background: The age of 0-24 months is a period of rapid growth and development, so it is often termed a golden period as well as a critical period. Breast milk (breast milk) is milk produced by the mother and contains the nutrients needed by the baby for the needs and development of the baby. Purpose: This study was conducted with the aim of knowing the relationship between the adequacy of breastfeeding and the development of infants aged 1-6 months. Methode: This research is an analytic survey with a quantitative approach and cross sectional design. The population in this study were mothers and infants aged 1-6 months and received exclusive breastfeeding. The sampling technique used was accidental sampling. The study was conducted at one of Health Center in June to July 2020. Data collection techniques used questionnaires, and filling out the KPSP. Result: The results showed that 72.7% of infants with sufficient breast milk and 51.5% of infants had appropriate development. 62.5% of infants with sufficient breast milk have appropriate development. There is a relationship between the adequacy of breast milk and the development of infants aged 0-6 months who receive exclusive breastfeeding..

INTRODUCTION

The age of 0-24 months is a period of rapid growth and development, so it is often termed the golden period as well as a critical period. The golden period can be realized if at this time, infants and children receive appropriate nutritional intake for optimal growth and development. Conversely, if infants and children at this time do not get food according to their nutritional needs, the golden period will turn into a critical period that will disrupt the growth and development of infants and children, both now and in the future (Kemenkes, 2016).

ASI (breast milk) is milk produced by the mother and contains nutrients needed by the baby for the needs and development of the baby, while exclusive breastfeeding means that the baby is only given breast milk, without the addition of other fluids such as formula milk, orange juice, honey, tea water, plain water and without the addition of solid foods such as bananas, papaya, porridge, milk, biscuits, rice porridge and the team for 6 months (Mufdlilah, 2017).

In Indonesia alone, the coverage of infants receiving exclusive breastfeeding in 2019 was 67.74% (Kemenkes, 2020). Meanwhile, in Central Java, exclusive breastfeeding in 2019 experienced a slight increase from 65.6% in 2018 to 66%. Tegal City is included in the Regency/City with the 2nd lowest achievement of exclusive breastfeeding in Central Java, which is only 45.4% in 2019 (Dinkes, 2020).

Constraints on exclusive breastfeeding are mainly caused by the lack of understanding of mothers and the skills of health workers about the adequacy of breastfeeding, especially in the first week of breastfeeding. Growth retardation at the age of less than 3 months is mostly caused by breastfeeding. Improper attachment and breastfeeding position will

*correspondence: *nisa.jn20@gmail.com*

cause problems such as sore nipples and engorgement, as well as reduce milk production and cause malnutrition in infants (IDAI, 2013).

Research conducted by Wahyuni, Lestari and Anam showed that the adequacy of breast milk production in postpartum mothers was 72% sufficient, and 28% less. The growth and development of infants is largely determined by the breast milk obtained including energy and other nutrients contained in the breast milk (Wahyuni, Lestari, & Anam, 2018).

Growth can be interpreted as an increase in the size and number of cells in all parts of the body which can be measured quantitatively such as height, weight and head circumference, while development is an increase in the function of body organs that can be achieved through learning, consisting of the ability to move gross and fine, hearing , vision, communication, speech, social-emotional, independence, intelligence and moral development (Muslihatun, 2011).

Research conducted by Rachmadani, Rusli and Agustina on exclusive breastfeeding with the development of infants aged 6 months stated that 66.6% of infants given exclusive breastfeeding were appropriate, 26.7% doubted and 6.6% had deviations (Rachmadani, Rusli, & Agustina, 2016)

Based on previous research which states that there are still mothers whose milk production is lacking and has an impact on insufficient breast milk to meet the needs of the baby, in addition to the development of infants who are exclusively breastfed, there are also dubious and deviant developments so that this study was conducted with the aim of knowing the relationship between Adequacy of breastfeeding for the development of infants aged 1-6 months.

METHOD

This research is an analytical survey with a quantitative approach. The design in this study used a cross sectional. It was carried out at the Health Center, and the population was mothers and babies aged 1-6 months who received exclusive breastfeeding. The sampling technique used was accidental sampling. A measuring instrument to assess the adequacy of breast milk based on the activity of the baby, on-demand breastfeeding at least 8-12 times a day, breastfeeding duration of at least 15 minutes at each feeding, the baby urinating at least 5-6 times/day, CHAPTER 1-2 times/da , the baby's weight increases according to the KMS (Card Towards Health) chart, sounds during feeding, the baby calms down or falls asleep after feeding, and the mother's breasts are soft after feeding, while the measuring instrument for assessing the baby's development is the KPSP (Pre-screening Development Questionnaire) according to age.

The data used in this study is primary data collected from June to July 2020. The data collection technique uses a questionnaire, and filling in the KPSP. Univariate analysis was conducted to determine the characteristics of the respondents and bivariate analysis was carried out to determine the effect of adequacy of breast milk on infant growth and development. Bivariate analysis using chi square.

RESULT AND DISCUSSION

Table 1. Characteristics of Respondents

Characteristic	f	%
Child number		
1	15	45.5
2	12	36.4
3	6	18.1
Child Gender		
Male	19	57.6
Female	14	42.4
Adequacy of breast milk		
Not enough	9	27.3
Enough	24	72.7
Baby Development		
Deviance	0	0
Doubtful	16	48.5
Suitable	17	51.5

Based on table 1 the characteristics of the respondents in this study were mostly the first child at 45.5%, 57.6% were baby boy, 72.7% baby received sufficient breast milk and 51.5% baby had appropriate growth and development.

Table 2 Adequate Breast Milk and Baby Development

Adequacy of Breast Milk	Baby Development						f	%	P-Value
	Deviance		Doubtful		Suitable				
	F	%	F	%	F	%			
Not enough	0	0	7	77.7 8	2	22.2 2	9	100	0.039
Enough	0	0	9	37.5	15	62.5	24	100	

Based on the table 2, it can be seen that 62.5% of infants with sufficient breast milk have appropriate growth and development and 77.78% of infants with insufficient breast milk have doubtful growth and development. The results of the bivariate analysis showed the P-value: 0.039 or <0.05, meaning that there was a significant relationship between the adequacy of breastfeeding and the development of the baby.

Postpartum breast milk production consists of 10-100 cc of colostrum, this amount will increase on the 2nd to 4th day to 150-300 ml/24 hours. Mature milk production from day 10 to 3 months is around 300-800 ml/day. Breast milk production will increase or decrease according to the needs of the baby (Astutik, 2014).

The signs of the adequacy of breast milk can be seen in both the mother and the baby. Indicators for babies can be in the form of babies being able to sleep quietly for 3-4 hours after feeding; Babies will urinate 5-6 times a day. Babies can defecate 2 or more times a day; The baby's weight will increase according to age; The baby looks healthy, the turgor is good and the baby is quite active; Baby feeds 8-12 times in 24 hours; The baby releases the mother's nipple on its own. While the indicators found in the mother can be in the form of breasts feeling tense before being fed and feeling soft after being fed; A lot of milk can seep out through the nipples, especially when the mother is thinking about breastfeeding the baby and remembering the baby; At the time of starting to breastfeed the mother feels something is flowing from her breast; Dripping of milk from the non-breastfed breast; Mother feels calm, relaxed and feels thirsty (Roesli, 2012).

Milk production that is not smooth can have an impact on the insufficient intake of breast milk needed by the baby, so mothers need to breastfeed regularly to maintain smooth milk production, the more often the baby sucks the mother's nipples, the milk production also increases, but if the baby starts to breastfeed less often then Breast milk production will also decrease and the milk needed by babies is not enough (Angriani, Sudaryati, & Lubis, 2018).

Research by Nurjanah, Susanti and Sari showed that of the 43 respondents who exclusively breastfed only 53.5% were getting enough breast milk, while 46.5% did not get enough milk (less). The frequency of breastfeeding is less than 8 times / day and

breastfeeding on one side of the breast is the cause. Meanwhile, in this study, the number of respondents who received sufficient breast milk was 72.7% and 27.3% of infants did not get enough breast milk (Nurjanah, Susanti, & Sari, 2019).

Babies with a duration of 15 minutes or more at one feeding and at least 8 or more feedings per day will get optimal benefits from the content of breast milk, both foremilk and hindmilk, so that babies get complete nutrition from the content of breast milk. Some babies who are breastfed sometimes gain weight, but when depicted on the KMS graph the curve is in the yellow line or in other words the baby does not gain the appropriate weight, this could be due to insufficient or too short breastfeeding duration, so the baby only gets benefits from foremilk only and not to hindmilk. Ideally, the baby's stomach will be empty within 2 hours, so on-demand breastfeeding can make the baby get optimal benefits from breast milk, because it prevents the baby's stomach from being empty and can digest the nutritional content every time he feeds. Babies who do not experience appropriate weight gain because they do not get optimal nutritional benefits from breast milk if left unchecked will have an impact on poor nutrition and then affect the baby's growth and development (Sari, Tamtomo, & Anantayu, 2017).

Broadly speaking, infant growth and development is influenced by genetic and environmental factors. Prenatal and postnatal nutrition or nutrition is one of the environmental factors. Nutrition plays an important role in the growth and development of babies, so the best nutrition needs to be given early in life. Early in life, babies need adequate nutrition for growth, so they can optimize the entire process of child growth and development (Soetjiningsih, 2012).

The results of this study indicate that there is a significant relationship between the adequacy of breastfeeding and infant development where the P value = 0.039 or less than 0.05. Exclusive breastfeeding also needs to be balanced with monitoring the adequacy of breast milk, so that in addition to getting the right and best food for the baby, the growth and development of the baby is also appropriate.

On infant development, data showed that 51.5% was appropriate and 48.5% was doubtful, the results of this study are in line with research conducted by Damayanti (2015) which showed that 51.9% of infants had appropriate development, 45.6% had dubious development and 2.5% had development with deviations. In his research Damayanti (2015) also stated that there was no difference in development between infants who were given exclusive and non-exclusive breastfeeding, this was because breast milk was indeed the best food for babies, but in giving it there were still many factors that influenced the success or failure of exclusive breastfeeding. (Damayanti, 2015).

CONCLUSION

72.7% of infants with sufficient breast milk and 51.5% of infants have appropriate development. 62.5% of infants with sufficient breast milk had appropriate development. There is a relationship between the adequacy of breast milk and the development of infants aged 0-6 months who receive exclusive breastfeeding.

In addition to exclusive breastfeeding, monitoring of the adequacy of breastfeeding, monitoring of baby's growth and development also needs to be done regularly. By monitoring the adequacy of breastfeeding, it is hoped that the problem of exclusive breastfeeding can be overcome as early as possible, so that the

achievement of exclusive breastfeeding can increase, and the growth and development of babies can be in accordance with their age.

It is still necessary to do further research related to the simulation of growth and development of the baby's development and the difference in age of the baby to the kissing of breast milk.

ACKNOWLEDGMENT

The authors would like to thank the Harapan Bersama Polytechnic, Margadana Health Center and the respondents who were involved in the smooth running of this research.

REFERENCE

Angriani, R., Sudaryati, E., & Lubis, Z. (2018). Hubungan Frekuensi Menyusui Dengan Kelancaran Produksi ASI Ibu Post Partum Di Wilayah Kerja Puskesmas Peusangan Selatan Kabupaten Bireuen Provinsi Aceh Tahun 2017. *Jurnal Muara Sains, Teknologi, Kedokteran dan Ilmu Kesehatan*, Vol 2 (1): 299-304.

Astutik, R. Y. (2014). *Payudara dan Laktasi*. Jakarta: Salemba Medika.

Damayanti, D. F. (2015). Tumbuh Kembang Bayi 0-6 Bulan Menurut Status ASI Di Puskesmas Telaga Biru Pontianak. *Jurnal Vokasi Kesehatan*, Vol 1 (3): 75-79.

Dinkes. (2020). *Profil Kesehatan Provinsi Jawa Tengah Tahun 2019.* Semarang: Dinas Kesehatan Provinsi Jawa Tengah.

IDAI. (2013, Agustus 23). *ASI sebagai Pencegah Malnutrisi Pada Bayi*. Retrieved from Ikatan Dokter Anak Indonesia: https://www.idai.or.id/artikel/klinik/asi/asi-sebagai-pencegah-malnutrisi-pada-bayi

Kemenkes. (2016). *Pedoman Pelaksanaan Stimulasi, Deteksi, dan Intervensi Dini Tumbuh Kembang Anak Ditingkat Pelayanan Kesehatan Dasar*. Jakarta: Kementerian Kesehatan RI.

Kemenkes. (2020). *Profil Kesehatan Indonesia Tahun 2019.* Jakarta: Kementerian Kesehatan RI.

Mufdlilah. (2017). *Buku Pedoman Pemberdayaan Ibu Menyusui pada Program ASI Ekslusif*. Yogyakarta: Universitas 'Aisyiyah Yogyakarta.

Muslihatun, N. W. (2011). *Asuhan Neonatus Bayi dan Balita.* Yogyakarta: Fitramaya.

Nurjanah, F. M., Susanti, R., & Sari, K. (2019). *Gambaran Kecukupan ASI Pada Bayi Usia 0-6 Bulan Di Wilayah Kerja Puskesmas Leyangan Kabupaten Semarang Tahun 2019.* Semarang: Program Studi D-IV Kebidanan Fakultas Ilmu Kesehatan Universitas Ngudi Waluyo.

Rachmadani, Z., Rusli, R., & Agustina, R. (2016). Pemberian ASI Eksklusif Dengan Perkembangan Bayi Usia 6 Bulan Di Wilayah Kerja Puskesmas Guntung Payung. *Dunia Keperawatan*, Volume 4 (1): 65-69.

Roesli, U. (2012). *Panduan Inisiasi Menyusu Dini Plus ASI Ekslusif*. Jakarta: Pustaka Bunda.

Sari, D. K., Tamtomo, D. G., & Anantayu, S. (2017). Hubungan Teknik, Frekuensi, Durasi Menyusui dan Asupan Energi dengan Berat Badan Bayi Usia 1-6 Bulan di Puskesmas Tasikmadu Kabupaten Karanganyar. *Amerta Nutr*, 1-13.

Soetjiningsih. (2012). *Tumbuh Kembang Anak.* Jakarta: EGC.

Wahyuni, R., Lestari, E., & Anam, K. (2018). Determination Of Adequacy Breast Milk Production. *Jurnal Medika: Karya Ilmiah Kesehatan*, Volume 3 (2): 40-46.

The Southeast Asian Journal of Midwifery Vol. 8, No.2, Oktober 2022, p: 67-74
E-ISSN: 2476-972X P-ISSN: 2476-9738

LINALOOL IN LAVENDER AROMATHERAPY REDUCE LABOR PAIN

[1]Cindy Sari Agustin, [2]Ferina
[1,2] Midwifery Profession, Bandung Health Polytechnic, Jl. Makmur No.23, Pasteur, Sukajadi, Postal Code 40161, Bandung City, Indonesia

ARTICLE INFORMATION:

Article History:
Accepted date: September 2022
Revision date: September 2022
Publication date: Oktober 2022

Key Words: Lavender Aromatherapy, Linalool, pain Labor

A B S T R A C T

Labor is the time that pregnant women look forward to experience and feel happiness. In labor there are uterine contractions that cause pain, although pain is a physiological process, if not treated immediately it will have a negative impact on the mother and baby. This study aims to reduce pain during the first stage of the active phase of labor. In the journal tracking methodology section, Aromatherapy Lavender pain Labor with Boolean operators used for this journal search are "OR" and "AND". The data sources used for related journal searches are PubMed and Google Scholer. In the search for journals on E-Data based, it is limited to 10 years of publication, which is in the range of 2012 to 2022. The pain scale was obtained after the pretest, when the mother experienced contractions, which was on a scale of 4 (moderate pain). Meanwhile, after being given the intervention, namely giving lavender aromatherapy for 60 minutes, a posttest was carried out after 30 minutes, a pain scale of 3 (mild pain) was obtained, which means that there is an effect of giving lavender aromatherapy to the reduction of labor pain in the first stage of the active phase in maternity. Lavender aromatherapy can reduce labor pain in the active phase of the 1st stage because it contains linalool and eklephalin which can reduce pain naturally. Therefore, it is better for mothers who will give birth to choose lavender aromatherapy as an alternative that mothers can choose to reduce pain during labor.

INTRODUCTION

Labor is the time that pregnant women look forward to because they gain experience and will meet their future baby. On the other hand, during childbirth, there are often obstacles that can affect the health of both mother and baby. In labor there are uterine contractions that cause pain, even though pain is a physiological process, if not treated immediately it will have a negative impact on the mother and baby (Novita et al. 2021).

The condition of labor pain makes birth mothers prefer the fastest way to relieve pain. One of them is by performing a Caesarean section without clear indications. It is very important to know, in fact delivery by cesarean section also causes pain that appears after delivery. In particular, pain is suffered in the abdominal area. In addition, in cesarean delivery there is a possibility of mothers experience complications such as infection, fever to sepsis (Yazdkhasti and Pirak 2016).

Every mother has a different response in the face of childbirth. Several factors that can affect the response to labor pain are parity, age, knowledge, race, culture, past pain experience and environment (Rohimah and Utami 2021). Various efforts are needed in order to reduce labor pain and prevent complications in the mother and fetus during the delivery process. Some methods that mothers can choose are pharmacological methods and non-pharmacological methods (Imelda and 2022 2022). One method that can reduce labor pain is aromatherapy. Aromatherapy is a complementary therapy that involves the use of fragrances derived from essential oils (Abbasijahromi et al. 2020).

Aromatherapy can also be used to reduce labor pain during labour. This is because aromatherapy is able to provide a calming sensation for oneself and the brain, as well as

*Correspondence: cindysariagustin99@gmail.com

the stress that is felt (Sanjaya et al. 2020). Lavender aromatherapy used As This aromatherapy contains linalool (Tabatabaeichehr and Mortazavi 2020). Linalool is the main active ingredient that contributes to lavender's anti-anxiety (relaxation) effect. The fragrance produced by lavender flowers will stimulate the thalamus to secrete enkephalin, which functions as a natural pain reliever (Maharani and Surani 2022). Enkephalin is a neuromodulator that functions to inhibit physiological pain. Enkephalins are the same as endorphins that are produced naturally by the body and has the ability to inhibit pain transmission, so that pain is reduced (Yazdkhasti and Pirak 2016). This study wants to know the evidence based on implementing labor pain reduction in Active Stage I by using Lavender Aromatherapy..

METHOD

A. CASE

A pregnant woman named Mrs. L, 39 years old, G6P4A1 at 38 weeks of gestation, came to the Garuda Health Center at 05.00 PM with complaints of heartburn more often accompanied by mucus mixed with blood from the birth canal. The results of the internal examination showed that there were no abnormalities in the vaginal vulva, soft thin portion, 6 cm dilatation, intact membranes, head presentation, hodge II, front left UUK, molasses 0 which indicates the mother has entered the active phase and the single fetus is alive intrauterine.

B. Problem Formulation

PICO

P : Mothers giving birth in active phase I who experience labor pain.
I : Lavender Aromatherapy.
C : No comparison or other intervention.
O : Succeess gives LavenderAromatherapy on the reduction of pain experienced by pregnant women during the active phase I.

Is there any influence from Lavender Aromatherapy to the decrease in the level of pain experienced by pregnant women during the active phase I?

C. Methods

In the methodology section of this journal, the following are: Aromatherapy Lavender pain Labor with Boolean Operators used for searching this journal are "OR" and "AND". The data sources used for related journal searches are PubMed and Google Schler. In journal browsing on E-Data based limited to 10-year publications, i.e. in the range of 2012 to the latest publication in 2022.

The inclusion and exclusion criteria for articles, namely, in searching journals on E-Data based, the journals used are those that meet the inclusion criteria, namely publications in the last ten years (2012-2022), full text, research design is clinical trial, in English or Indonesian. There are several articles from the search results. The first selection is based on the availability of full text, elimination of articles from the last 5 years, title/abstract. The remaining articles were reviewed based on the inclusion criteria. There are 2 articles that match the clinical questions of this evidence-based case report.

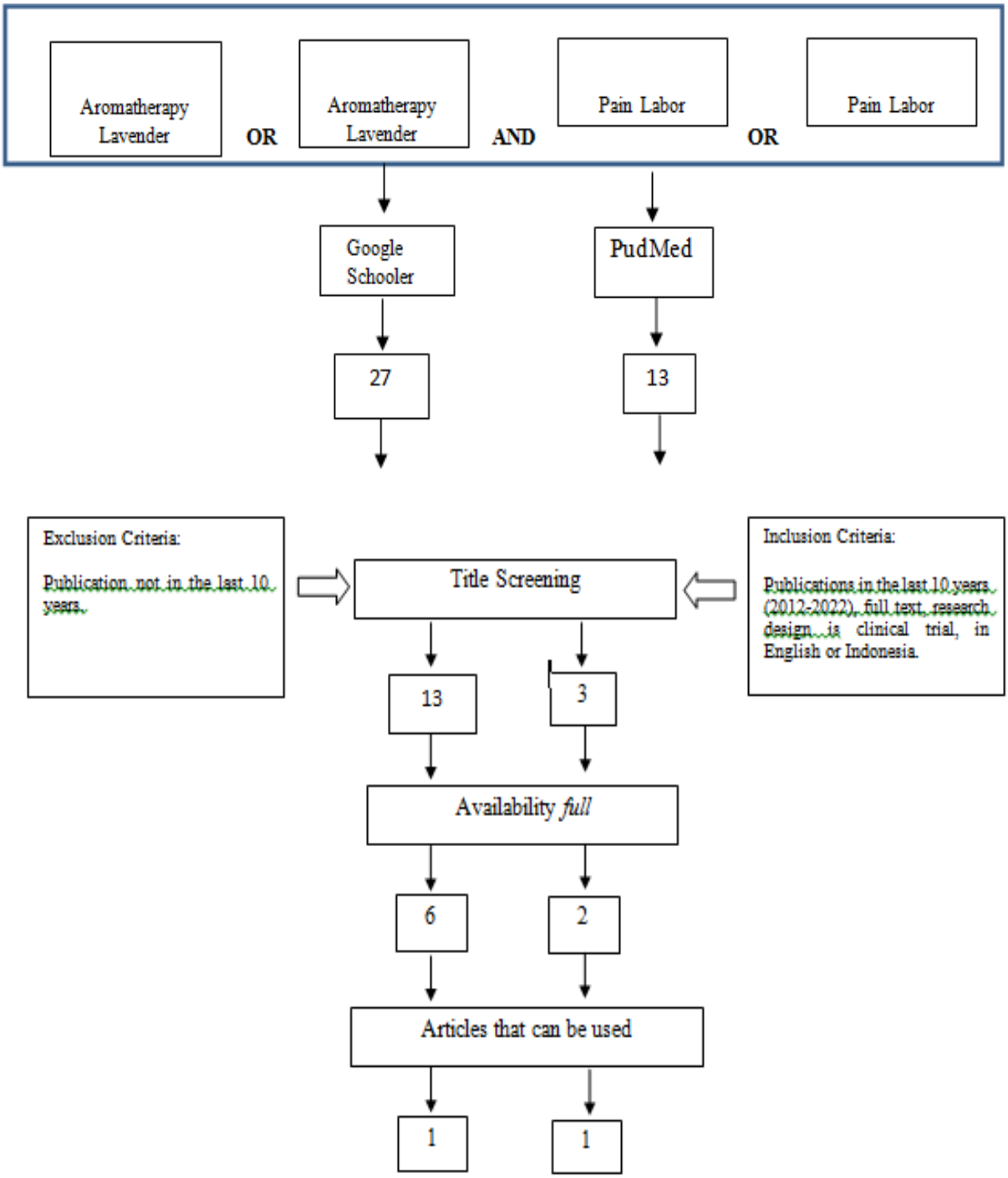

Figure 1. Literature selection flowchart

Table 1. Critical Study

Article	Desain Penelitian	*Level of evidence*	*Validity*	*Importance*	*Applicability*
giving Aromatherapy Lavender To Subtraction Painful Labor Stage I Phase Active 2021. Witama Juliani, Riona Sanjaya, Septika Yani Veronica, Hikma Ifayanti. Journal Wellness And Healthy Magazine. Source: Google Schooler.	this research Use one design pretest group-posttest design .	1b	Study this use design one group pretest-posttest design. This research was conducted from March-April 2021. Number of samples in this research There are 16 mothers giving birth during the 1st active phase who experienced pain in the Public Health Center Raman North Regency East Lampung. Inclusion Criteria: Mother Primipara and multipara, stage I active phase (4-10 cm opening), Mother normal maternity without Complications which accompany, ready Becomes respondents. Criteria exclusion no listed in the journal. Mothers giving birth in the first active phase are given pretest-posttest to know the painful standard before giving intervention and after giving intervention. Giving lavender aromatherapy for 60 minutes as much as 3-5 drops. With evaluation standard pain level.	• At 16 respondent before given scent therapy lavender obtained average level painful labor when 1 phase active 7.19 with standard deviation 1,601, scales painful minimum 4 and scale painful max 9 and from 16 respondents. • After given lavender scent therapy obtained average level painful labor when 1 phase active 5.50 with standard deviation 1,932, scales Painful minimum 2 and scale pain maximum 9. • Average painful before given lavender scent therapy Obtained 7.19 with a standard deviation of 1.601. Whereas after given lavender scent therapy Obtained 5.50 with a standard deviation of 1.932. The results of the paired sample t-test obtained p-value 0.000 <0.05 which means there is influence gift aromatherapy lavender to subtract painful delivery time I phase active on mother maternity in working area Public health center North Raman Regency Lampung East year 2021.	Aromatherapy lavender works with influence not only on a physical level but also on an emotional level. The content of lavender oil consisting of linalool, linalylacetate and 1.8 – cincole can lower, loosen up and relax spontaneously the tension of someone who experiences muscle spasms. intervention This could easily be given to mother Maternity to painful stage I active phase at the Health facility in Indonesia.
The effect of aromatherapy with lavender essence on severity of labor pain and duration of labor in primiparous women. Mansoreh Yazdkhasti a , Arezoo Pirak. **Elsevier.** Source: PudMed.	Metode dalam jurnal penelitian ini menggunakan metode RCT.	1a	The single-blind, randomized clinical trial was conducted from September 2012. The study was performed at the Iran Hospital in Iranshahr city (Sistan-Balouchestan province, Iran). The study population comprised all women referred to this hospital for childbirth at the time of data collection. The eligibility criteria included nulliparous pregnant women with singleton pregnancy, gestational age over 37 weeks, cervical dilation greater than 3-4 cm, cephalic presentation and receiving no analgesia during labor. Exclusion criteria were set as follows: cephalopelvic disproportion, the subjec's withdrawal from the clinical trial, history of allergy to herbs, factors leading to an emergency caesarean section and diagnosis of underlying diseases in the mother. Pain level was measured using scale painful analog visual. VAS is 0-10 ruler rating painful in where respondent choose number which by accurate represent flavor the pain. 60 pregnant women on group experiment and 60 pregnant women in the group control. Data were analyzed with SPSS (Statistical Package for social Science, version 20) using descriptive statistics (mean, standard deviation and percentage), and analytical tests (Chi-square independent t-test, paired t-test and kolmogoroveSmirnov test)..	The first assessment, pain was performed before intervention (dilatation 3-4 cm) in both control and experimental groups using the visual analog pain scale. The VAS is a 0-10 pain rating ruler in which the respondent selects a number that accurately represents her pain. The lavender essence was made with Lavandula angustifolia and was produced by the Barij Essence Pharmaceutical Company (Kashan, Iran). Given that pure lavender essence is highly concentrated and can cause irritation, the essence was diluted 1:10 with distilled water. In the experimental group two droplets of lavender essence 10% was diluted with distilled water 1:10. A dropper was used to drop the essence on to the patient's palm, then they were asked to rub their hands together and inhale the inhale the scent for 3 min while the hands were 2,5-5 cm distance from the nose. Aromatherapy with lavender essence was performed by the second researcher (A.P) who is an expert midwife. The pain intensity of the subjects was measured 30 min after the contraction ended. The intervention was carried out in 3 phases (dilation 5-6, 7-8, and 9-10 cm). Pain intensity of the subjects in the experimental group was assessed before and 30 minafter the three phase intervention while the subjects in the control group were treated with distilled water as a placebo in a similar way. The length of active phase and the second stage of labor, neonates Apgar scores in the first and fifth minutes in both study groups were measured and compared.	Aromatherapy used is lavender. Intervention this could with easy given to mother maternity to painful stage I active phase at the facility health in Indonesia.

RESULT AND DISCUSSION

A. RESULTS

On Wednesday, April 13, 2022, Mrs. L with her husband came to the Garuda Health Center at 21.00 WIB. After taking an anamnesis, Mrs. L complained of having heartburn and mucus mixed with blood since 17.00 WIB. After that, an objective examination was carried out including blood pressure, pulse, temperature, respiration and the results were normal. Subsequently, an internal examination was carried out and it was found that the opening was 6 cm. When the mother experiences contractions, the assessor conducts a pretest assessment without informing the mother in advance that she will be offered a pain reduction intervention. After that, the pretest and posttest were carried out to reduce the existing bias. The pretest was carried out with an objective assessment such as seeing and asking the patient's condition and the complaints felt during the contractions. At the time of the assessment, the results of the pretest were obtained, namely, moderate pain (4) which objectively during the assessment the mother was able to follow orders well. Mother hisses in pain, grins and can show the location of the pain that she feels and can describe the pain she feels.

After carrying out the assessment, the assessor gave informed consent with the patient, namely by offering and informing the mother about the use and workings of Aromatherapy Lavender in active phase 1 maternity which can reduce the pain felt by the mother when the contractions come. After being given an explanation about how to use and benefit from Aromatherapy Lavender, the mother was willing to be given intervention. Mother inhales Lavender Aromatherapy by using a diffuser that works by spraying lavender aromatherapy in the mother's room. So that the aroma is inhaled through the mother's nose from the aroma of the room (Novita et al. 2021)

The position chosen is left tilted or a position that is comfortable for the mother. Giving aromatherapy for 60 minutes. At the time of the intervention the author accompanied the mother. Furthermore, conducting a post test assessment after 30 minutes of being given the intervention. Mother looks more comfortable and can enjoy experienced contractions and is able to communicate better than before the intervention. Objectively can ommunicate well so that after the post test assessment, maternal pain is classified as mild intensity (3). Mothers were given one session of intervention, which was 60 minutes..

In implementing the intervention, the reviewer has limitations, because the VK room is wider than the rules listed in the journal, causing the reviewer to close the screen curtain. The goal is that more aromatherapy can be smelled by respondents. In addition, as much as possible the aromatherapy diffuser is placed not far from the patient's bed. Although there are limitations, the reviewer is very grateful because the patient can be invited to work together and be communicative at the time of the intervention.

Based on the journal giving lavender aromatherapy on reduction of labor pain in the active phase I got the results, 16 respondents before being given lavender aromatherapy the average level of labor pain in the active phase 1 was 7.19 with a standard deviation of 1.601, a a minimum pain scale of 4 and a maximum pain scale of 9 out of 16 respondents.

After being given lavender aromatherapy, the average level of labor pain in the active phase 1 was 5.50 with a standard deviation of 1.932, a minimum pain scale of 2 and a maximum pain scale of 9. The average pain before being given lavender aromatherapy was 7.19 with a

standard deviation of 1.601. Meanwhile, after being given lavender aromatherapy, it was 5.50 with a standard deviation of 1.932. Paired test results sample t-test obtained p value 0.000<0.05, which means that there is an effect of giving lavender aromatherapy on reducing labor pain in the first stage of the active phase in women giving birth.

Research conducted by Pebi Nelia Sari (2020) showed that there was a significant difference between giving aromatherapy to pain in childbirth with a p value of 0.000. There is a decrease in pain scale after being given lavender aromatherapy because it smells good. The aromatherapy produced by lavender stimulates the thalamus to secrete enkephalins, which act as natural pain relievers.

Research by Eby Juliana Sabima (2020) which shows that there is an effect before and after giving lavender aromatherapy to menstrual pain, the p value is 0.000.

From various research results that have been carried out using lavender aromatherapy, it is found that giving lavender aromatherapy can reduce labor pain. This response is due to lavender aromatherapy containing linalool as a relaxing compound that can help reduce labor pain. The cause of reduced heartburn is not only aromatherapy, but also supported by family support and helpers who will further optimize the effect of reducing pain.

After doing research by giving lavender aromatherapy for 60 minutes at 4 cm opening there is a decrease in pain and some there is no decrease in pain intensity, at 6 cm opening there is a decrease in pain intensity, at 7 cm opening there is a decrease in pain and there is also no decrease in pain intensity.

Preferably, mothers who are about to give birth can choose aromatherapy as an alternative that mothers can choose to reduce pain during labor and support from their husbands, families and midwives is also very much needed during the delivery process.

B. DISCUSSION

Lavender comes from the word lavender which means refreshing. Lavender contains linalool alcohol, ketones and stearaldehyde. The ketones in lavender can reduce pain, inflammation and soothe, while the esters can prevent muscle spasms, reduce tension and depression (Patimah and Sundari 2020).

Linalool is the main active ingredient that contributes to lavender's anti-anxiety (relaxation) effect. The fragrance produced by lavender flowers will stimulate the thalamus to release enkephalin, which functions as a natural pain reliever (Maharani and Surani 2022). Enkephalin is a neuromodulator that functions to inhibit physiological pain (Tabatabaeichehr and Mortazavi 2020). Enkephalins are the same as endorphins that are produced naturally by the body and have the ability to inhibit pain transmission, so that pain is reduced (Yazdkhasti and Pirak 2016).

On the application Evidence Base Care Report for the application of pain reduction in maternity mothers during the active phase I. Research conducted by Witama Juliani, Riona Sanjaya, Septika Yani Veronica, Hikma Ifayanti (2021), which in this study used the VAS instrument (Visual Analogue Scale) and a pretest posttest was performed before and after being given the lavender Aromatherapy intervention for 60 minutes (Sanjaya et al. 2020).

In this case, based on the anamnesis that has been done, the mother admitted to feeling moderate pain during the first stage of the active phase of labor. After measuring, the level of pain using the Visual Analogue Scale (VAS) a pain scale of at least 4 and a maximum pain scale of 9 before the intervention was given. Meanwhile, after

being given an intervention, the pain scale is at least 2 and the maximum pain scale is 9 (Sanjaya et al. 2020).

Mothers with active phase I labor were carried out by direct observation. It is known, the mother looks unable to stand the pain that is felt. The mother looks moaning, crying by stating that she is not strong enough for the midwife who helps the delivery process. Mothers during the first stage of active labor feel pain, professional students are asked to rest and take a deep breath, without giving pain-reducing drugs (Sanjaya et al. 2020).

After done pre-teston the mother and the results showed that the mother experienced moderate-intensity pain (4) during the first stage of the active phase. Furthermore, given an intervention with Aromatherapy Lavender for 60 minutes. Posttest using Visual Analogue Scale done after 30 minutes. Mother said that the pain has decreased slightly, after previously being at number 4. Post-test results The level of maternal pain is classified as mild at number 3. This indicates that the mother experienced a decrease in the level of pain after the intervention.

By using new non-pharmacological methods, the whole process of giving birth becomes a pleasurable experience, reducing the mother's tendency to cesarean sections (Sagita and Martina 2020). On the other hand, non-pharmacological interventions have no side effects on mother and baby and do not require a doctor's prescription. They are also a viable alternative to pharmacological approaches. The use of aromatherapy is part of developing the application of evidence based in supporting midwifery care that encourages normality and provides positive experiences for women (Sanjaya et al. 2020).

CONCLUSION

Linalool in lavender aromatherapy can reduce labor pain. Therefore, it is better for mothers who are about to give birth to choose lavender aromatherapy as an alternative that mothers can choose to reduce pain during labour.

ACKNOWLEDGMENTS

The authors thank the supervisors and the Seajom Journal for giving the author the opportunity to publish the results of this EBCR.

REFERENCE

Abbasijahromi, Ali, Hamed Hojati, Saeid Nikooei, Hossein Kargar Jahromi, Hamid Reza Dowlatkhah, Vahid Zarean, Mehran Farzaneh, and Arefeh Kalavani. 2020. "Compare the Effect of Aromatherapy Using Lavender and Damask Rose Essential Oils on the Level of Anxiety and Severity of Pain Following C-Section: A Double-Blinded Randomized Clinical Trial." *Journal of Complementary and Integrative Medicine* 17(3):1–14.

Imelda, NL Rambe-Scientific Journal of Midwifery, and Undefined 2022. 2022. "The Effect of Lavender Aromatherapy on Reducing Labor Pain: A Systematic Review." *Jurnal.Uimedan.Ac.Id* 8(1):2442–8116.

Maharani, A. R., and E. Surani. 2022. "Influence Giving Lavender Aromatherapy to Reducing Dysmenorrhea Pain." *... "(Journal of Health Research" Forikes ...* 2(3):1–11.

Novita, N., D. Setiawati, O. Fiesta-Journal Of, and Undefined 2021. 2021. "Reduction of First Stage of Labor Pain With Lavender Aromatherapy."*Jurnal.Poltekkespalembang.Ac.Id*.

Patimah, Meti, and Sri Wahyuni Sundari. 2020. "Aromatherapy To Reduce Labor Pain." *Proceeding Book Health National Conference "Stunting Dan 8000 Hari*

Pertama Kehidupan" 45–48.

Rohimah, Siti, and Iis Tri Utami. 2021. "Giving Lavender Aromatherapy on Reducing Intensity of Labor Pain in Active Phase I in Primiparous." *Jurnal Human Care* 6(2):416–22.

Sagita, Yona Desni, and Martina. 2020. "Giving Lavender Aromatherapy To Reduce The Intensity of Labor Pain." *Journal Wellnes* 2(2):309–13.

Sanjaya, Riona, SeptikaYani Veronica, and Hikmah Ifayanti. 2020. "The Provision of Lavender Aromatherapy for Reduction of Childbirth Pain in Active Phase I." *Wellness And Healthy Magazine* 2(2):187–92.

Tabatabaeichehr, Mahbubeh, and Hamed Mortazavi. 2020. "The Effectiveness of Aromatherapy in the Management of Labor Pain and Anxiety: A Systematic Review." *Ethiopian Journal of Health Sciences* 30(3):449–58.

Yazdkhasti, Mansoreh, and Arezoo Pirak. 2016. "The Effect of Aromatherapy with Lavender Essence on Severity of Labor Pain and Duration of Labor in Primiparous Women." *Complementary Therapies in Clinical Practice* 25:81–86.

The Southeast Asian Journal of Midwifery Vol. 8, No.2, Oktober 2022, p: 55-61
E-ISSN: 2476-972X P-ISSN: 2476-9738

THE USE OF VIDEO AND E-BOOKLETS IN EDUCATING PARENTS ON SIBLING RIVALRY

Cantika Brilliana[*], Endah Kamila Mas'udah[2], Erni Dwi Widyana[3]
[12,3] Poltekkes Kemenkes Malang, Jl. Besar Ijen No.77C, Malang 65115, Indonesia

ARTICLE INFORMATION:

Article History:
Accepted date: September 2022
Revision date: September 2022
Publication date: Oktober 2022

Key Word : educational media videos, educational media e-booklets, the role of parents, sibling rivalry, early childhood

A B S T R A C T

Lack of awareness of parents in providing a good role for children can lead to sibling rivalry behavior. Sibling rivalry behavior can be overcome with a good parental role, one of which is by providing appropriate educational media, namely video educational media and e-booklet educational media. This study aims to determine the differences between video educational media and e-booklets on the role of parents regarding sibling rivalry in a early childhood learning center. The research method uses a quasi-experimental nonequivalent control group design. The sample in this study used the total sampling technique, namely 32 respondents who met the sample criteria. Data collection by dividing educational media groups, videos and e-booklets. Each group was given a pretest, then given educational media within seven consecutive days and the role of parents was measured using a questionnaire. Data analysis used the Wilcoxon test and the Mann-Whitney test. The Wilcoxon test results obtained an Asymp.Sig (2-tailed) value of 0.000 <0.05, which means that there is an influence of providing video educational media and e-booklet educational media on increasing the role of parents regarding sibling rivalry in early childhood. And the results of the Mann-Whitney test obtained a value of (2-tailed) 0.264 <0.05, which means that there is no difference between video educational media and e-booklets on the role of parents regarding sibling rivalry in early childhood. Based on the results of the research, video educational media and e-booklets should be considered as additional information and changes in the role of parents.
Key words: educational media videos, educational media e-booklets, the role of parents, sibling rivalry, early childhood

INTRODUCTION

Jealousy is something that is not normal and often occurs in children. This happens because of competition between siblings or commonly called sibling rivalry, namely the condition where children want to get love, affection, and attention from one or both parents to get recognition or something more. Competence between siblings is a feeling of competition that occurs in boys or girls, who in principle want to get the same thing both in the form of love and attention from their parents. Without realizing it, in everyday life, many parents compare their children indirectly and parents are often not aware of the unhealthy relationship between siblings so that it becomes one of the causes of sibling rivalry (Indanah & Hartaniyah, 2017).

[*]correspondence: p17311215043_cantika@poltekkes-malang.ac.id

According to the 2020 Indonesia Health Profile, the number of births in Indonesia was

4,740,342 and the number of birth deaths was 21,922. In East Java, there were 562,006 births and 3,287 birth deaths. So that the number of births in East Java is number 2 in Indonesia. One of the reasons for the high number of births is that the birth spacing is too close and there are too many children in one family. The high number of births will affect the high incidence of sibling rivalry. The Indonesian Child Protection Commission (KPAI) said that the attitude of parents who like to compare their children to one another is a form of violence against children in the family. The ratio of children who are often carried out by parents, namely fathers, is 43.3% and mothers are 56.7% (Dinengsih & Agustina, 2018).

Based on the results of a preliminary study in February 2022 in the research location (PAUD) to 32 respondents with the interview method to school principals and parents. Researchers interviewed 7 parents with a questionnaire guide and found that there were still many parents who did not know and apply the role of parents to sibling rivalry. Because parents are busy with work, so they don't know the role of parents regarding sibling rivalry correctly.

The role of parents is very important and necessary because parents are the key to the emergence of sibling rivalry. The role of parents in building an environment that supports children's development in a positive direction is needed. Makes children better able to cope with differences by developing some important skills. How to stay fast to compromise and negotiate. Control the urge to act aggressively. The role of parents in a positive direction by giving affection fairly, but if the role of parents leads to negative things it will cause a sibling rivalry reaction that continues until the child is an adult and affects the child's personality. Injuring his brother is like hitting, pushing and scratching his opponent. Older or older children tend to swear at siblings or perceive siblings as opponents (Marhamah & Fidesrinur, 2021).

The role of parents in a child's life not only affects the life of each child, but also the relationship between siblings. The role of parents in sibling rivalry can be influenced through age, education, knowledge, self-experience, other people's experiences, and the mass media and environment. Mass media is easy to access online so that it is easier for readers to learn. Mass media can be through e-booklets and videos. Where e-booklet media is electronic media to convey information in the form of pictures and writing that can give traction and emphasis on a material. Health education using educational media e-booklets, can increase knowledge and participation in the role of parents against sibling rivalry in early childhood. E-booklets can also affect increased knowledge and attitudes, as well as behavior compared to visual media such as posters (Violla, Rahma, 2021).

The e-booklet media is used to encourage someone's desire to know, then to deepen and finally get a good understanding and encouragement to do something new. Likewise, video media helps distribute information that is very interesting and more real (real) in accordance with the real world. Video educational media makes a huge contribution to behavior change. This video media provides a stimulus to hearing and vision, so that the results obtained are maximized. The use of media aids can make a difference in one's learning for parents in the role of parents towards sibling rivalry. This role can provide change in less than one week after being given educational media successively every day (Violla, Rahma, 2021).

METHOD

This study used a quasi-experimental design with a nonequivalent control group design. In this study the population taken was all mothers in an early childhood learning center. Te numbers of respondent are 32 respondents. The research sample is 32 respondents with total sampling technique. Inclusion criteria in this study, namely: mothers who have more than one child, the age range of the children is between 2-5 years. The research was conducted in one of the PAUDs in April-May 2022. The study used a parental role questionnaire with a total of 12 questions with a Likert scale that had been tested for validity and reliability as a data collection instrument (Cronbach's Alpha value of 0.884).

This research was conducted by dividing the respondents into two groups. Both groups were given a pretest with a parental role questionnaire regarding sibling rivalry in early childhood, the next step was to provide video educational media to group A and to provide e-booklet educational media to group B which were sent every day consecutively for one week via mobile phones and given a posttest with a parental role questionnaire regarding sibling rivalry in early childhood. The material in educational media contains the meaning of sibling rivalry, the causes of sibling rivalry, factors of sibling rivalry, the impact of sibling rivalry, and the role of parents in dealing with sibling rivalry in early childhood. Data analysis was carried out using univariate and bivariate.

.

RESULT AND DISCUSSION

Table 1 Distribution of the frequency of pretest and posttest parental roles with the video intervention media

Video Intervention	Mean	Sdt.	Category	*ρ-value*
Pretest	19,56	5,403	Enough	0,000
Posttest	46,00	1,366	Good	

Based on the research, it was found in table 1 that the media education video group had an average score (mean) in the pretest with a value of 19.56 and a standard deviation value of 5.403. Meanwhile, the average value (mean) in the posttest was 46.00 and the standard deviation value was 1.366. The statistical test results obtained a ρ value <0.05 (0.000 <0.05) so that Ho was rejected and Ha was accepted. It can be concluded that there is a significant difference in the role of parents regarding sibling rivalry between before and after. This explains that there is an effect of providing video educational media on increasing the role of parents regarding sibling rivalry in early childhood in PAUD

Table 2 Distribution of the frequency of pretest and posttest parental roles with e e-booklet intervention media

E-Booklet Intervention	Mean	Sdt.	Kategori	*ρ-value*
Pretest	16,81	3,331	Kurang	0,000
Posttest	40,25	8,071	Baik	

Based on the research, it was found in table 2 that the e-booklet education media group had an average (mean) score in the pretest with a value of 16.81 and a standard deviation value of 3.331. While the average value (mean) on the posttest with a value of 40.25 and a standard deviation value of 8.071. The statistical test results obtained a ρ value <0.05 (0.000<0.05) so that it can be concluded that there was a significant difference in the e-booklet educational media group before and after. This explains that there is an effect of providing e-booklet educational media on increasing the role of parents regarding sibling rivalry in early childhood in early childhood education.

Table 3 Cross-tabulation of parental roles regarding sibling rivalry in early childhood given video educational media with e-booklet educational media

Intervention	Mean	Min	Max	Sdt.	*ρ value*
Video	26,33	18	34	5,703	0,264
E-booklet	24,33	1	32	8,555	

Based on research that has been carried out using two different educational media, videos and e-booklets, It was found that the response of respondents when given video educational media about the role of parents regarding sibling rivalry in early childhood was very enthusiastic. Respondents looked focused and

interested while watching the video. The varied nature of the videos shown to the respondents during the research made the respondents not feel bored. Whereas in the e-booklet educational media, it looks less enthusiastic. Based on table 3 it shows that in the video education media group the average value (mean) is 26.33 and the standard deviation value is 5.703. Whereas in the e-booklet educational media group the average value (mean) was 24.33 and the standard deviation value was 8.555. The statistical test results obtained show that the statistical test calculation using the Mann-Whitney test obtained an asymp.Sig (2-tailed) value of 0.264 > 0.05, which means that H1 is rejected and H0 is accepted. Thus it can be concluded that there is no difference between video educational media and e-booklets on the role of parents regarding sibling rivalry in early childhood.

Based on statistical tests, both educational media have effectiveness in increasing the role of parents. This statistical analysis can prove several previous studies and existing theories that through video educational media make a very large contribution to changing roles and behavior. This is in accordance with Hidayatullah's research, (2017) which states that video educational media provides a stimulus to hearing and sight, so that the results obtained are maximized. These results can be achieved because the senses that transmit the most knowledge to the brain are the eyes (approximately 75% to 87%) while 13% to 25% of knowledge is obtained or channeled through other senses. Thus making a very large contribution to changes in one's role and behavior. However, the theory of Violla and Rahma, (2021) says that if health education uses educational media e-booklets can also increase knowledge and participation in one's role. E-booklets can also affect increased knowledge, attitudes and behavior compared to visual media such as posters. The e-booklet media is used to encourage someone's desire to know, then deepen and finally get a good understanding and encourage them to do something new.

Increasing the role of parents in providing educational media is in line with theory (Marhamah & Fidesrinur, 2021), that is, the role of parents has changed as a model or role model for a child to either carry out spiritual or religious values and norms that apply in society. Then parents play the role of organizing, namely organizing, controlling, planning, working together in solving any problems that occur, straightening the family structure and system in order to help solve important things and meet all family needs. As well as parents playing the role of teaching, namely parents are teachers who have the responsibility of encouraging, supervising, guiding, teaching their children about spiritual, moral, social values and teaching the principles of life so that children understand and implement them. From the description above it can be seen that educational media has advantages and disadvantages of each. Based on the advantages of each of these media, they have the same effectiveness in increasing the role of parents regarding sibling rivalry in early childhood.

CONCLUSION

Based on the results of research the following conclusions can be drawn:

a. The role of parents regarding sibling rivalry in early childhood increased after being given an intervention using video educational media with a pretest mean value of 19.56 while a posttest mean value of 46.00.
b. The role of parents regarding sibling rivalry in early childhood increased after being given an intervention using educational media e-booklets with a mean pretest value

of 16.81 while a posttest mean value of 40.25.

c. There is no difference between video educational media and e-booklets on the role of parents regarding sibling rivalry in early childhood.

REFERENCE

Aksari, septi tri. (2019). Jarak Usia dan Jenis Kelamin dengan Kejadian Sibling Rivalry pada Anak Pra Sekolah. Media Keperawatan, 2(2), 1–6.

Amalia, N. I., Yuniawatika, & Murti, T. (2020). Pengembangan E-Booklet Berbasis Karakter Kemandirian dan Tanggung Jawab Melalui Aplikasi Edmodo Pada Materi Bangun Datar. Jurnal Kajian Teknologi Pendidikan, 3(3), 282–291. https://doi.org/10.17977/um038v3i32020p282

Anggraeni, L., & Sipayung, G. S. (2019). Faktor – Faktor Yang Berhubungan Dengan Kesiapan Ibu Dalam Menghadapi Sibling Rivalry Pada Anak Usia Todler. Jurnal Keperawatan Respati Yogyakarta, 6(1), 529. https://doi.org/10.35842/jkry.v6i1.297

Dinengsih, S., & Agustina, M. (2018). terhadap sibling rivalry pada anak usia 3-5 tahun di tk aisyiah bantul yogyakarta tahun 2017 Pendahuluan. 4, 1–8.

Indanah, & Hartaniyah, D. (2017). Sibling Rivalry Pada Anak Usia Todler. University Research Colloquium, 6, 257–266.

Jeklin, A. (2016). pengembangan e-booklet sebagai media pembelajaran dalam materi teks cerita pendek untuk mendukung keterampilan berpikir imajinatif siswa kelas xi mipa sman 9 malang Dewi. July, 1–23.

Marhamah, A. A., & Fidesrinur, F. (2021). Gambaran Strategi Orang Tua Dalam Penanganan Fenomena Sibling Rivalry Pada Anak Usia Pra Sekolah. Jurnal Anak Usia Dini Holistik Integratif (AUDHI), 2(1), 30. https://doi.org/10.36722/jaudhi.v2i1.578

Mulyadi, M. I., Warjiman., & Chrisnawati. (2018). Efektivitas pendidikan kesehatan dengan media video terhadap tingkat pengetahuan perilaku hidup bersih dan sehat. Jurnal Keperawatan STIKES Suaka Insan, 3(2), 1–9.

Noviana, U. (2019). Hubungan Peran Orang Tua Dalam Anticipatory Guidance Sibling Rivalry Dan Kecerdasan Emosional Dengan Kejadian Sibling Rivalry Pada Anak Usia Prasekolah. NURSING UPDATE : Jurnal Ilmiah Ilmu Keperawatan P-ISSN : 2085-5931 e-ISSN : 2623-2871, 1(2), 32–43. https://doi.org/10.36089/nu.v1i2.62

Nurwahidah, C. D., Zaharah, Z., & Sina, I. (2021). Media Video Pembelajaran Dalam Meningkatkan Motivasi Dan Prestasi Mahasiswa. Rausyan Fikr : Jurnal Pemikiran Dan Pencerahan, 17(1). https://doi.org/10.31000/rf.v17i1.4168

Purnamasari, D., Bakara, D. M., & Sutriyanti, Y. (2014). Hubungan Tingkat Pengetahuan Ibu dengan Kejadian Sibling Rivalry pada Usia Balita. Jurnal Kesehatan, V, 182–188.

Putri, S. K., & Budiartati, E. (2020). Upaya Orang Tua Dalam Mengatasi Sibling Rivalry Pada Anak Usia Dini di KB TK Tunas Mulia Bangsa Semarang. Jurnal Eksistensi Pendidikan Luar Sekolah, 5(1), 75–87.

Aksari, septi tri. (2019). Jarak Usia dan Jenis Kelamin dengan Kejadian Sibling Rivalry pada Anak Pra Sekolah. Media Keperawatan, 2(2), 1–6.

Amalia, N. I., Yuniawatika, & Murti, T. (2020). Pengembangan E-Booklet Berbasis

Karakter Kemandirian dan Tanggung Jawab Melalui Aplikasi Edmodo Pada Materi Bangun Datar. Jurnal Kajian Teknologi Pendidikan, 3(3), 282–291. https://doi.org/10.17977/um038v3i32020p282

Anggraeni, L., & Sipayung, G. S. (2019). Faktor – Faktor Yang Berhubungan Dengan Kesiapan Ibu Dalam Menghadapi Sibling Rivalry Pada Anak Usia Todler. Jurnal Keperawatan Respati Yogyakarta, 6(1), 529. https://doi.org/10.35842/jkry.v6i1.297

Dinengsih, S., & Agustina, M. (2018). TERHADAP SIBLING RIVALRY PADA ANAK USIA 3-5 TAHUN DI TK AISYIAH BANTUL YOGYAKARTA TAHUN 2017 Pendahuluan. 4, 1–8.

Indanah, & Hartaniyah, D. (2017). Sibling Rivalry Pada Anak Usia Todler. University Research Colloquium, 6, 257–266.

Jeklin, A. (2016). PENGEMBANGAN E-BOOKLET SEBAGAI MEDIA PEMBELAJARAN DALAM MATERI TEKS CERITA PENDEK UNTUK MENDUKUNG KETERAMPILAN BERPIKIR IMAJINATIF SISWA KELAS XI MIPA SMAN 9 MALANG Dewi. July, 1–23.

Marhamah, A. A., & Fidesrinur, F. (2021). Gambaran Strategi Orang Tua Dalam Penanganan Fenomena Sibling Rivalry Pada Anak Usia Pra Sekolah. Jurnal Anak Usia Dini Holistik Integratif (AUDHI), 2(1), 30. https://doi.org/10.36722/jaudhi.v2i1.578

Mulyadi, M. I., Warjiman., & Chrisnawati. (2018). Efektivitas pendidikan kesehatan dengan media video terhadap tingkat pengetahuan perilaku hidup bersih dan sehat. Jurnal Keperawatan STIKES Suaka Insan, 3(2), 1–9.

Noviana, U. (2019). Hubungan Peran Orang Tua Dalam Anticipatory Guidance Sibling Rivalry Dan Kecerdasan Emosional Dengan Kejadian Sibling Rivalry Pada Anak Usia Prasekolah. NURSING UPDATE : Jurnal Ilmiah Ilmu Keperawatan P-ISSN : 2085-5931 e-ISSN : 2623-2871, 1(2), 32–43. https://doi.org/10.36089/nu.v1i2.62

Nurwahidah, C. D., Zaharah, Z., & Sina, I. (2021). Media Video Pembelajaran Dalam Meningkatkan Motivasi Dan Prestasi Mahasiswa. Rausyan Fikr : Jurnal Pemikiran Dan Pencerahan, 17(1). https://doi.org/10.31000/rf.v17i1.4168

Purnamasari, D., Bakara, D. M., & Sutriyanti, Y. (2014). Hubungan Tingkat Pengetahuan Ibu dengan Kejadian Sibling Rivalry pada Usia Balita. Jurnal Kesehatan, V, 182–188.

Putri, S. K., & Budiartati, E. (2020). Upaya Orang Tua Dalam Mengatasi Sibling Rivalry Pada Anak Usia Dini di KB TK Tunas Mulia Bangsa Semarang. Jurnal Eksistensi Pendidikan Luar Sekolah, 5(1), 75–87.

Sabarudin, Mahmudah, R., Ruslin, Aba, L., Nggawu, L. O., Syahbudin, Nirmala, F., Saputri, A. I., & Hasyim, M. S. (2020). Efektivitas Pemberian Edukasi secara Online melalui Media Video dan Leaflet terhadap Tingkat Pengetahuan Pencegahan Covid-19 di Kota Baubau. Jurnal Farmasi Galenika (Galenika Journal of Pharmacy) (e-Journal), 6(2), 309–318. https://doi.org/10.22487/j24428744.2020.v6.i2.15253

Santina, R. O., Hayati, F., & Oktariana, R. (2021). Analisis Peran Orangtua Dalam Mengatasi Perilaku Sibling Rivalry Anak Usia Dini. Jurnal Ilmiah Mahasiswa …, 2(1). https://jim.bbg.ac.id/pendidikan/article/download/319/156

Sulastri, S., & Ahmad Tarmizi, A. T. (2017). Peran Orang Tua Dalam Pendidikan Anak Usia Dini. Raudhatul Athfal: urnal Pendidikan Islam Anak Usia Dini, 1(1), 61–80. https://doi.org/10.19109/ra.v1i1.1526

Violla, Rahma, R. F. (2021). Efektivitas Media Pembelajaran E-Booklet Dalam Pembelajaran Daring Untuk Meningkatkan Hasil Belajar Siswa Pada Mata Pelajaran Sosiologi. Jurnal Sikola: Jurnal Kajian Pendidikan Dan Pembelajaran, 3(1), 13–23.

Wahyu, W., Widyaningsih, T. S., & Aini, K. (2017). Kesiapan Orang Tua Dalam Menghadapi Sibling Rivalry Pada Anak Usia Toddler. Jurnal Ners Widya Husada, 4(1), 35–40. http://stikeswh.ac.id:8082/journal/index.php/jners/article/view/300