

EDUCATION TO PARENT GROUPS ABOUT PREVENTION OF SUICIDE RISK BEHAVIOR IN CHILDREN IN KELURAHAN SUKA MAJU

¹Isna Ovari^{*}, ²Dwi Elka Fitri, ³Awaliyah Ulfah Ayudytha, ⁴Sulfina Yulia ^{1,2,3,4}Sekolah Tinggi Ilmu Kesehatan Pekanbaru Medical Center, Pekanbaru, Indonesia email: <u>isnaovari70@gmail.com</u>

ABSTRACT

Children are the younger generation, mother's father's hope, the nation because it will be the next generation, but the children are the young men, the souls on a journey of life is easily affected by the circumstances around to wich children need to be cared for and well accompanied by their parents. Children as social cretures are vulnerable and weak, but often placed in most disadvantaged position, it has no right to make a sound and even they are often victims of violence and violation of their rights (R.A. Kosnan, 2022). The United States as a developed country has the highest case in child suicide by 44,965 a year with an average of 123 cases a day and the amount of losses the country has at 51 billion dollars a year (AFSP, 2020). Some signs of suicide on a child that needs to be watched by family ang those closest to them in order no to happen is that there is non verbal communication, more often as a suicide threat, an idea of suicide that can be reported on itself or reported on to others. Ribeiro et al research result, (2018) show that suicide attempts (47,80%), followed by death (40,50%) and suicide ideas (11,60%). Because it's very important to watch ang recognize signs of suicide in a child. One of the right efforts to do is to educate both parents about child suicide behavior and prevention of using leafletmedia that easy to understand and remember. Destination: increased knowledge and awareness of the parent's grup in Suka Maju areas of suicidal behavior in the child and its prevention. Methods: this research is a simple experiment that uses questionnaire sheets for pre-test and post-test, who could assess the change in knowledge of the responder before and after education. This activity was carried out in July 2023 to 20 responders who fit the criteria. Result: these has been a change in the degree of knowledge of the responder where 80% (16 people) responders have a good level of knowledge and 20% (4 people) responders have had enough knowledge. The conclusion: the knowledge of the group of parents in Kelurahan Suka Maju is good and they already understand ways to prevent suicidal risk behavior in children.

Keywords: children, education, suicide, parents.

INTRODUCTION

Children are human beings with young souls and in the course of life are also easily affected by the surrounding situation because children need to be taken seriously. However, as the most vulnerable and vulnerable social creatures, ironically, children are often placed in the most disadvantaged position, do not have the right to speak, and even they are often victims of violence and violations of their rights (R.A. Kosnan, 2022). The United States as a developed country has the highest cases in terms of child suicide, which is 44,965 per year with an average of 123 cases every day and the amount of state losses reaches \$ 51 billion every year (AFSP, 2020).

When compared with global data , Indonesia as one of the middle-income countries has a suicide rate that tends to increase, based on a report from WHO in 2019 suicide rate in Indonesia around 4.5% of 100,000 population, this is also supported by World Health Organization data which states that suicide ranks second highest as a cause of death in the age group of 15 to 29 years (WHO Region, 2019). While in 2020 the suicide rate in Indonesia was around 4.3% of the 100,000 population, this means that there are around 9,105 suicides every year, with 5,206 women and 3900 men (WHO, 2020). Data from the National Police Headquarters in 2019 recorded suicide cases of around 0.5% of the 100,000 population or around 1,170 suicides every year (Ministry of Health, 2019).

The phenomenon of suicide in Riau since 2020 until now is increasingly concerning. It was recorded that in one year there were 38 people desperate to end their lives in various ways. They predominantly hang themselves and most occur in Pekanbaru City. The age factor is not a benchmark, because not only children and adolescents. In adulthood, even the elderly are also desperate to end their lives. There are several contributing factors, ranging from the economy, romantic relationships to life pressures and social status (Riau Provincial Health Office, 2021).

According to researchers before suicide, there are signs to watch out for. Non-verbal communication is more often a threat of suicide, the existence of suicidal ideation that can be self-reported or reported to others, this needs to be considered by the child's closest family so that this does not happen. According to Townsend (2021), a person can show behavior or verbally convey suicidal intentions. The results of research by Ribeiro et al. (2018) found that suicide attempts (47.80%) were followed by death (40.50%) and suicidal ideation (11.60%). Therefore it is important to pay attention and recognize the signs of adolescent suicide.

The role of the Government in supervising and preventing suicide cases in children already exists in Law No. 17 of 2023, which has been interpreted that mental health is part of health. And efforts to achieve optimal mental health must be carried out promotively, preventively, curatively, and rehabilitatively. Both by the Government, Local Government, and the community. We will face a demographic bonus in 2035, and 70% of the total population is working. Of course, it is expected that the community here is a productive society, where one of the efforts to be productive is to maintain mental health.

Suicide prevention efforts in children are also carried out by doctors and nurses such as education related to involvement in social networks of friends, family, and coworkers - networks support individuals, give meaning to lives, and provide individuals with a group of people who can detect and respond to individual behavior that alienates and withdraws. Having longterm goals that are primary—long-term goals allow one to see small obstacles and losses in a different perspective. Having a pet, such as a dog or cat—pets requires the presence of humans to care for them, which gives individuals a reason to live. They also give unconditional love and acceptance. Having a therapist who makes you feel connected—this gives the individual someone they can turn to when in trouble. The key to treatment is to talk about and share feelings and thoughts, not follow through on them (CDC, 2022).

preliminary Based on studies conducted with interviews of students who have suicidal ideation, it was found that suicidal thoughts arise when there are problems with parents, broken home, debt with the school, family problems, friends and girlfriends. One person expressed suicidal thoughts when there was a problem and no one cared, the other mentioned it because of feelings of upset and not knowing what to do. Ways to solve when a problem occurs include expressing silence and shutting yourself in the room, others by confiding in friends. Meanwhile, for the way to think about committing suicide, two people revealed taking drugs / poison, one person by cutting the pulse, three of them expressed fear of committing suicide so that the desire to die suddenly seemed to be killed by people or hit. The rest expressed fear of committing suicide and did not want to disclose the method used, therefore the researcher was interested in raising a problem with the case with the title 'Education to Parent Groups About Preventing the Risk of Suicide Risk in Children in Suka Maju Village'

RESEARCH METHODS

This research was conducted according to the nursing care process which from assessment, diagnosis, starts implementation intervention. and Implementation. evaluation. The implementation of providing education is part of the therapeutic category of Providing health education materials and media. This implementation was carried out for 2 days to increase the knowledge of respondents. The implementation will be carried out on July 10-11, 2023. The intervention was carried out once by providing education on the Prevention of Suicide Risk Behavior in Children. Implementation is carried out with the orientation stage, the work stage and the termination stage. Each time they do an implementation, the client and the author contract time for 20 minutes.

The implementation was carried out for 15-20 minutes, before conducting a health education intervention, the author filled out the Pretest sheet using a knowledge questionnaire, by observing the five children, after filling in the author provided Education About the Prevention of Suicide Risk Behavior in Children then Posttest was carried out by observing knowledge using a knowledge questionnaire.

RESULTS AND DISCUSSIONS

Table 1. Pretest Results of Parents' Knowledge Level

Level of		Frequency Percent		Valid	Cumulative
Knowledge				Percent	Percent
Valid	Good	0	0,0	0,0	0,0
	Enough	14	70,0	70,0	70,0
	Less	6	30,0	30,0	30,0
	Total	20	100,0	100,0	100,0

Table 2. Post test Results of Parents'	
Knowledge Level	

Level of		Frequency	Percent	Valid	Cumulative
Knowledge				Percent	Percent
Valid	Good	16	80,0	80,0	80,0
	Enough	4	20,0	20,0	20,0
	Less	0	0,0	0,0	0,0
	Total	20	100,0	100,0	100,0

Tables 1 and 2 show an increase in parental knowledge after education was given about preventing suicide risk behavior in children from the sufficient category of 14 (70 %) people and the less category of 6 (30 %) people at the time of the pretest, finally increased to the good category of 16 (80 %) people and the sufficient category of 4 (20%) people and there were no more respondents who were in the less category.

After conducting an assessment and data processing, the author can explain in detail about the results of nursing care from 20 managed cases with a nursing diagnosis of knowledge deficit. Out of 20 cases, clients experienced knowledge deficit nursing problems. In 20 clients who had knowledge deficits, patients said they did not know what suicide risk was, patients said they lacked information on how to prevent suicide, and patients said they did not understand the signs and symptoms of suicide risk According to the book (Indonesian Nursing Diagnosis Standards, 2019), the causes of knowledge deficit are: Cognitive limitations, Impaired cognitive function. Errors in following recommendations, Less exposure to information, Less interest in learning, Less able to remember and Ignorance of finding sources of information.

The author provides educational interventions on preventing suicide risk behavior in children. Health education is an effort to create community behavior that is conducive to health. This means that health education seeks to make people aware or know how to maintain their health, how to avoid or prevent things detrimental to their health and the health of others and where to seek treatment when ill (Notoadmodjo,

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CONCLUSION

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