

Proceeding Paper

VIDEO-BASED FAMILY NURSING: PREPARING SCHOOL-AGED CHILDREN FOR THE COVID-19 NEW NORMAL

Andra Saferi Wijaya¹, Septiyanti², Apreni Saputri³, Padila Padila⁴

^{1,2,3}Nursing Department, Poltekkes Kemenkes Bengkulu ⁴Universitas Muhammadiyah Bengkulu

Abstract

Families are the smallest group in society that can contribute to preventing COVID-19 transmission in the new normal. Especially the role of parents in providing education in the family, especially for schoolchildren, to prevent the transmission of COVID-19. The purpose of this study is to determine the effect of video-based family nursing therapy on family independence in preparing schoolchildren to face the new normal of COVID-19 in Bengkulu City in 2021. The design of this study is quasi-experimental with pre- and post-tests with a control group. The research was conducted in Kuala Lempuing Village, Bengkulu City, in September-December 2021. The total sample size of the study was 30 respondents for the intervention and 30 respondents for the control group. Data processing is carried out using the Paired Sample T Test because the data is normally distributed. The analysis results show a value of p = 0.000. Based on the results of the study, it can be concluded that there are significant differences in family independence in the treatment group after a video-based family nursing intervention. The results of this study recommend that community nurses can take a family nursing care approach to providing education to the community and be independent in preparing children for face-to-face learning.

Presented at The 3rd
Bengkulu International
Conference on Health (B-ICON),
Bengkulu-Indonesia,
September 12-14th, 2023

Published: December 02nd, 2023 **Copyright** © 2023 by authors. ISSN: 2986-027X

Keywords: Ethyl Cellulose, HPMC, Myristica fragrans, Nutmeg, Patch

INTRODUCTION

The rate of spread of Covid-19 is also very high and has covered a global scale. Based on data obtained by Worldometer, as of April 22, this deadly virus has infected as many as 2,556,745 people spread across 210 countries and regions. Of the total, deaths due to Covid-19 reached 177,619 cases and 690,393 people recovered. The massive spread and its impact have made the head of WHO, Tedros Adhanom Ghebreyesus designate Covid-19 as a pandemic threat (Nugroho et al., 2020). Its

^{*}andrasw88@gmail.com

status as a pandemic has caused several countries affected by this virus to set various policies to stop its spread.

In Indonesia, Covid-19 cases continue to show an increase. Until Friday (4/9/2020), the number of Covid-19 cases in Indonesia was recorded at 187,537 people, with an additional 3,269 daily cases. Of that number, 134,181 people recovered, and 7,832 people died. In recent weeks, several additional daily cases in Indonesia have reached more than 3,000 cases.

According to data from the Ministry of Health of the Republic of Indonesia as of September 6, 2020 which has been updated at 17.00 WIB, there are 10 provinces with the highest death rate in Indonesia due to Covid-19 and the percentage of Indonesia's death rate of 4.1 percent (Kementerian Kesehatan, 2022). Of the ten provinces, Bengkulu with a mortality rate of 6.6 percent. This is quite surprising, considering that in Bengkulu of all existing cases, the cure rate is greater than the death rate due to Covid-19. Ten provinces with the highest death rate in Indonesia are, East Java province with a mortality rate percentage of 7.1 percent, Central Java province with a death rate percentage of 7.1 percent, third place is Bengkulu province with a mortality rate percentage of 6.6 percent.

Covid-19 cases in Bengkulu City recorded 2413 people confirmed positive and recovered 2221 people. Based on data from the Bengkulu City covid handling task force BPBD Bengkulu City, the three highest cases occurred in Gading Cempaka with 592 cases, Ratu Agung with 350 cases, 373 cases wide, Muara Bangkahulu with 263 cases, Singaran Pati with 242 cases, Ratu Samban with 176 cases and Kampung Melayu with 143 cases.

Launching the official website of the Indonesian Pediatric Association (IDAI), signs and symptoms of Covid-19 in children are difficult to distinguish from respiratory diseases due to other causes. Symptoms of coronavirus infection can be coughs and colds such as colds. This disease that attacks the respiratory tract can be dangerous if it attacks the lungs. Namely, triggering pneumonia or pneumonia. Symptoms of pneumonia include fever, cough, and difficulty breathing characterized by rapid breathing and shortness of breath.

Children who are vulnerable groups have also been exposed to the Covid-19 virus, but the new normal activities launched by the government such as learning activities at school with Covid-19 protocols and play activities in children that cannot be separated can be at risk of transmitting Covid-19 to children. In addition, parents who must continue to work outside the home can also transmit Covid-19 to children.

Families are the smallest group in society that can contribute to preventing Covid-19 transmission in facing the new normal. Especially the role of parents in providing education in the family, especially for school children to prevent the transmission of Covid-19. Family is central to success heading into the new normal. When there is a relaxation of the PSBB, family members are crowded out of the house to go to markets, shopping centers, visit recreation places so that it looks jammed again on the way. As if there was no COVID-19 pandemic, the scene that looks not new normal but back to normal means returning to normal as before. This condition is the trigger for the increase in new cases of COVID-19 in the new normal era (Apriloka & Fitri, 2021).

One solution is to provide education and knowledge about health protocols in preparing for the new normal era of Covid-19 that really needs to be done immediately at this time, so that they are able to maintain and behave good health protocols. The support of the right source of information plus participation starting from the household environment is very necessary in health education about health protocols. This study aims to determine the effect of family nursing therapy on family independence in preparing school children to face the new normal of Covid-19 in Bengkulu City in 2021

MATERIALS AND METHODS

The design used in this study is a quasi-experimental study with pre-test and post-test with control group, where in this study the sample was observed first before being given treatment then after being given treatment the sample was observed again (Jesica, 2019) which aims to analyze the influence of video-based family nursing therapy with an approach family centered nursing towards family independence in preparing school children to face the new normal Covid-19 in Bengkulu City.

The development of the educational video, "Family Based Nursing Video: Preparing School Age Children to Face the New Normal of COVID-19," was a careful process and combined research expertise with resources from the Ministry of Health Video. First, researchers conducted a comprehensive review of existing literature regarding how to live a new normal life for school-aged children amidst the ongoing COVID-19 pandemic. This includes a thorough check of relevant guidance and recommendations from health authorities, including guidance from the Ministry of Health, to ensure the video content is accurate and up to date. Then, a detailed script is created that outlines the main messages and educational objectives of the video.

The researchers in developing the video referred to the video from the Ministry of Health. Through effective communication and access to valuable resources and recordings, researchers seamlessly

combined various elements of the Ministry of Health Video library related materials, information and reference sources to enhance the overall quality and credibility of the videos. The production phase then begins with original footage from researchers who provide insight, provide guidance, and provide practical tips specifically designed for families with school-aged children. Careful editing is then performed to ensure fluidity of information, a visually appealing design, and seamless integration of all components. After careful evaluation and gaining approval from key stakeholders, including Kemenkes, the completed video was able to reach its intended audience of parents, educators, and healthcare professionals through a variety of channels. This inclusive and extensive strategy involved sharing the video on social media platforms and educational websites. As a result, the video proved to be a valuable resource in preparing families for the changes brought about by the COVID-19 new normal.

This research was conducted in October 2021. The place of research was carried out in the working area of the Lempuing Health Center in Bengkulu City The population in this study was families who had school children (7-13 years) in RW 03 RT 11 Lempuing Village Area of Bengkulu City as many as 140 households. The sample in this study is based on inclusion and exclusion criteria, namely the inclusion criteria of the nuclear family, families who live in the same house with school children, families who are willing to be respondents, can communicate well, can read and write. The exclusion criteria in this study are: families who have limitations either physically, mentally, or cognitively that can interfere with this study.

The calculation of sample size in this study uses the formula of sample size of unpaired categorical analysis (Lemeshow, Ogston, Hosmer, Klar, & Lwanga, 1991). It is known from the literature of previous studies (Marliana et al., 2022). the success rate of family nursing therapy is 70% (0.7) so that the sample size is so the sample size according to the formula above is 30 samples of the Intervention Group and Control Group.

Data analysis was performed with univariate análysis and bivvariate análysis. Univariate analysis was performed to describe the characteristic variables of respondents. Age variables were analyzed with a central tendency to mean, standard deviation, standard error and minimum and maximum values at 95% confidence interval (CI). Analysis using frequency and percentage distributions was used on sex variables. Presentation of data from each variable using tables and interpreted based on the results obtained.

Bivariate analysis, conducted to determine the increase in family independence and the difference between the family independence scores of the two groups. The data obtained were processed with paired t test statistical s test to determine the effect of video-based family nursing therapy on family independence before and after treatment in the treatment group and control group. The paired t-test was chosen because the data scale used was interval, and this study was carried out by looking at the relationship at the pretest and posttest stages. This research has been approved by the research ethics committee of the Poltekkes Kemenkes Bengkulu.

Ethical Approvals

This research has obtained information worthy of ethics Description of ethical exemption Health Research Ethics Committee Poltekkes Kemenkes Bengkulu at KEPK No. M/171/09/2021. Declared ethically worthy according to 7 WHO Standards 2011.

Informed consent is carried out before research is carried out and uses a research sheet containing consent given to respondents along with the title, purpose and purpose of the study. Confidentiality Information obtained from respondents has been guaranteed confidentiality and is not disseminated without permission from respondents, including the confidentiality of respondents' identities. Justice In this study, respondents were treated fairly during the study and were not discriminated against.

RESULTS AND DISCUSSION

Overview of Respondents' Frequency Distribution

The respondents in the study were residents in Lempuing Village, Bengkulu City, which was taken based on purposive sampling criteria in this study, namely families with school children in one house and willing to follow the research from beginning to end. The characteristics of respondents in this study were age, occupation, and recent education.

Age of respondents based on questionnaire answers regarding the age characteristics of responders obtained in the video-based family nursing therapy intervention group, 60% of respondents were fathers or heads of families, and 40% mothers. The age of respondents is mostly over the age of 40 years, which is 66.7% with the background of most of the high school-undergraduate education, which is 43%. Respondents' occupations were mostly private employees at 33%.

In the control group, 50% of respondents were fathers or heads of families, the age of respondents was mostly over the age of 40 years, which was 73% with the background of most of the high school-

undergraduate education, which was 43%. Respondents' occupations were mostly private employees at 33%.

Table 1 Frequency Distribution of Respondents by Characteristics.

| Characteristic | | | | Group |
|--------------------|----|------------------|----|-------------|
| | | Intervention (%) | | Control (%) |
| Gender | | | | |
| Man | 18 | 60% | 15 | 50% |
| Woman | 12 | 12% | 15 | 50% |
| Age of Respondents | | | | |
| <40 Years | | | | |
| 40-49 Years | 3 | 10% | 3 | 10% |
| >50 Years | 20 | 66,7% | 22 | 73,3% |
| | 7 | 23,3% | 5 | 16,7% |
| Education | | | | |
| SMP | 3 | 10% | 3 | 10% |
| SMA | 12 | 40% | 12 | 40% |
| Diploma-Bachelor | 13 | 43,3% | 13 | 43,3% |
| Graduate | 2 | 6,7% | 2 | 6,7% |
| Work | | | | |
| IRT | 9 | 30% | 11 | 36,7% |
| Private Employees | 10 | 33,3% | 9 | 30% |
| Self employed | 3 | 10% | 2 | 6,7% |
| PNS | 8 | 26,7% | 8 | 26,7% |
| Total Respond | | 30 | | 30 |

Respondents in this study amounted to 30 receptors in the intervention group and 30 respondents in the control group. Most respondents are in the age range of 35-50 years and the majority of respondents are men. The results of this study show that vulnerable age is a stage of development of school children. Male receptionists because when the study is directly carried out to the head of the family. The family as the first and foremost educational institution, the family is expected to always provide the needs of children. Fathers as a family with the help of other family members prepare everything needed as a family (Hardiyanti, Tuasikal, Mori, Konseling, & Gorontalo, 2021),

The family is the smallest social institution that has characteristics in the form of role differentiation. The family is expected to be able to maintain order while being a guardian in the success of government policies. One of them is face-to-face learning during the new normal period. Fathers as the head of the family have the most important role to prepare school children for face-to-face learning (Sari & Wisroni, 2020).

Prescription-preceptive education was mostly Diploma-Bachelor 43.3% in both the intervention and control groups. The respondent's education reflects. Based on the results of these studies, researchers

assume that the level of education will affect the response of families in receiving education and family independence in preparing school children to face face-to-face learning (Robiatul Adawiyah, Nur Fajriyatul Isnaini, 2021).

The results of the study found that more than half of the respondents' education was high school to undergraduate, which is above 50%. Parents who have higher education and welfare can have resources and access to information about Covid-19, therefore hygiene practices and health protocols are better than parents with lower education and opinion. This is in line with research conducted (Lee et al., 2021) that higher levels of knowledge are positively associated with the practice of preventive measures by the community.

The effect of video-based Family Nursing Therapy on family independence in preparing student to face the New Normal Covid-19

Table 2 The Effect of Video-Based Family Nursing Therapy on Family Independence in Preparing School Children to Face the New Normal Covid-19

| Children to Tace the New Normal Covia-19 | | | |
|--|-----------------------|-----------------|--|
| Variable | Before Intervention | | |
| Family Independence in Preparing School Children to Face the New Normal of Covid-19 | Intervention Group | Control Group | |
| Mean | 61,3000 | 55,4000 | |
| Min-Max | 43,00-86,00 | 40,00-73,00 | |
| SD | 11,95437 | 8,95814 | |
| SE | 2,18256 | 1,63553 | |
| CI 95 % | 56,8362;60,944 | 52,0550;58,7450 | |
| | | | |
| Variable Family Independence in Preparing School Children to Face the New Normal of Covid-19 | After Intervention | | |
| Mean | 83,0667 | 65,2000 | |
| Min-Max | 50,00-96,00 | 53,00-80,00 | |
| SD | 9,14230 | 8,29375 | |
| SE | 1,66915 | 1,51422 | |
| CI 95 % | 79,6529;86,4805 | 62,1031;65,0556 | |
| P-Value in cohorts | 0,006 | 0,068 | |
| Intergroup P-Value | 0,000 | 0,000 | |
| | | | |

SD, Standard Deviation, Statistically significant (p value $\alpha \le 0.05$) obtained through paired sample T-Test

Table 2 illustrates the average independence of families in preparing school children to face the new normal of COVID-19 before being given media in the control group of 55,400 with SD 8.95 and after being given media in the control group of 65.20 with SD 11.95 while in the intervention group before being given media of 61.30 with SD 11.95 and after being given media of 83.06 with SD 9.14.

The effect of video-based family nursing therapy on family independence in the family in preparing school children to face the new normal of Covid-19 is known by bivariate analysis that links two dependent variables. The analysis was conducted to determine the difference in independence scores in the first and second measurements, as well as to determine the differences between the controversy and intervention groups. How it is explained in the operational definition that the higher the score indicates family independence and the lower the score indicates family independence.

If compared between the two groups based on the results of statistical tests paired sample T-test shows a p value of 0.000 (p value< α 0.05) means that there is a difference in the average value of family independence after the intervention. These results show that video-based family nursing therapy interventions can increase family independence in preparing school children to face the new normal of Covid-19.

Based on the analysis of the Paired Sample T Test, pre-test and post-test independence scores in the intervention group provided meaningful results where the effect of video-based family nursing therapy on family independence in preparing school children to face the New Normal Covid-19 which was shown by p = 0.000 smaller than α (0.05).

Family independence in preparing school children to face the new normal Covid-19 is a problem faced by families. Family independence in this case comes from family knowledge about what must be known and prepared for their children who go to school. Research conducted by (Robiatul Adawiyah, Nur Fajriyatul Isnaini, 2021) states that the role of parents in facing the new normal era requires many strategies so that children do not contract Covid-19 when carrying out learning activities at school.

Parents are required to be able to keep themselves and their children in shape when this pandemic is still not over. This is done so that children remain in excellent condition, both physically and mentally. The way that parents can implement in maintaining the physical and mental fitness of the family is to implement PHBS in the home environment (Shaleh & Anhusadar, 2021). For example, always maintain hand hygiene by washing hands frequently and wearing masks and always maintain the cleanliness of the room so that the feeling that arises is a comfortable feeling. Parents or caregivers of early childhood should also be someone who is free from immunosuppression diseases

Proceedings B-ICON 2023

or is a healthy person (Rahman & Bahar, 2020). By paying attention to children's health both physically and mentally, the learning approach will be more easily accepted by children because it will greatly impact the effectiveness of children in accommodating explanations / information and various stimuli carried out. In addition, maintaining health in children is also the main responsibility in a family, starting from parents or other family members depending on where the child lives and is raised (Sary, 2020).

Face-to-face instruction in the new normal period presents unique difficulties because it requires students to adhere to health regulations during various daily activities, such as wearing masks as required, frequently washing hands before touching objects or afterward, maintaining physical distance, etc. For every child, such things undoubtedly require adjusting. School children undoubtedly require extra help from each parent to become used to following the health routine in the new normal period. Parents can select from a variety of methods for educating their kids. Families' degree of knowledge has a big impact on how well they can explain things to their kids.

Family nursing therapy is a family nursing care steps given to families with a family nursing care approach. This stage starts from recognizing the problem, at this stage the intervention is carried out with nursing care to assess family knowledge about the Covid-19 problem, signs and symptoms, and causes. The next stage is deciding to treat, deciding to treat not only nursing care in sick conditions, but can also be done by applying potential diagnoses of improving health status.

The intervention was carried out using video media in the intervention group and leaflet media in the control group. Material on knowing the problem of covid-19, health protocols, clean and healthy lifestyles, physical activity, nutritious food, and preparation of school children's equipment was given an explanation to the family.

The role of the family in teaching health protocols is to be a role model for children. The habit of having a lifestyle that pays attention to health and cleanliness or commonly known as PHBS is very basic for children, especially in a pandemic like today. Children's behavior in maintaining cleanliness, health and tidiness is formed when parents provide understanding and train their children to practice these behaviors (Limbong, Tambunan, & Limbong, 2021)

Family nursing interventions carried out on respondents can increase family knowledge so that they can be independent in preparing school children for face-to-face learning. Education on health protocols carried out by parents to children can increase children's knowledge, especially about health procedures at school. Family nursing interventions using video can be viewed many times by families, especially for schoolchildren. Research on Covid-19 prevention education in children through

audiovisual learning media shows positive results in increasing knowledge about health protocols (Sambo, Beda, Odilaricha, & Marampa, 2021).

The "Video-Based Family Nursing: Preparing School-Aged Children For The Covid-19 New Normal" video offers numerous advantages, particularly in a post-pandemic world. Not only does it provide timely guidance for current challenges, but it also serves as a valuable educational tool for the future. By transcending the immediate crisis and offering timeless advice, this video remains pertinent for addressing the challenges of any infectious disease, making it a highly valuable resource in the era beyond COVID-19.

The video takes a strong stance on the importance of family nursing and preparedness during times of increased risk of infectious diseases. Its focus on providing parents, educators, and caregivers with essential information and strategies equips them to safeguard their children's health. In fact, the lessons learned from the COVID-19 pandemic can also be applied to other contagious illnesses, which ultimately builds a resilient and well-informed community. Utilizing a comprehensive approach that incorporates expert guidance and actionable tips, the video encourages a proactive mindset among families. This empowerment enables them to effectively implement preventive measures and promote health-promoting behaviors.

Additionally, accessibility and wide distribution are made easier by the use of video as a teaching medium. The audio and visual Additionally, accessibility and wide distribution are made easier by the use of video as a teaching medium. A varied audience, including kids, can better understand the content because to the visual and auditory components, which also increase audience engagement. Because of its versatility, the film can be used to teach kids about a variety of infectious diseases, supporting a larger public health campaign that aims to stop the spread of infections and enhance general health.

In conclusion, the "Video-Based Family Nursing" research has long-term advantages since it offers flexible and useful advice to families dealing with COVID-19-related situations. Its flexibility to be applied to different infectious diseases highlights its potential to be a key component of public health initiatives, encouraging awareness, readiness, and resilience in the face of emerging health challenges.

CONCLUSION

This research found that the family nursing video media that researchers developed for family independence in preparing schoolchildren to face the new normal of COVID-19 can be used properly.

Most of the study respondents were fathers, which is 60%, and with an age range of 35–60 years and education, most are high school graduates, and the majority are private employees. Family independence before the intervention was low, with a score below 50, but before the intervention, it experienced an increase above 83. There is an influence of video-based family nursing therapy on family independence in preparing schoolchildren to face the new normal of COVID-19 in Kuala Lempuing Village, Bengkulu City.

Acknowledgements

We wish to extend our heartfelt appreciation to the Ministry of Health of the Republic of Indonesia (Kementerian Kesehatan Republik Indonesia) and the Health Polytechnic of the Ministry of Health in Bengkulu (Politeknik Kesehatan Kementerian Kesehatan Bengkulu) for their invaluable support and collaboration in our research, which is presented in this publication.

Our sincere thanks go to the dedicated teams at both institutions, whose time, expertise, and resources played a crucial role in making this study possible. Their unwavering commitment to advancing healthcare and research has been pivotal to the success of our project.

Furthermore, we would like to express our gratitude to the communities and individuals who participated in this research. Their cooperation and willingness to share their insights were essential in helping us achieve our research goals. This work received essential support, guidance, and funding from the Ministry of Health of the Republic of Indonesia and the Health Polytechnic of Bengkulu. We deeply appreciate their continued commitment to promoting health research and education.

Lastly, we would like to acknowledge our colleagues, friends, and family members for their unwavering encouragement and assistance throughout this research endeavor. Your support has been invaluable, and we are truly grateful.

Declaration of Interest Statement

We declare that there is no conflict of interest in this research endeavor or the published findings. We have received no financial support or pay from any institution or entity with a direct or potential interest in the research, or that appears to have an influence on the results or interpretation of the research provided in this publication. We have no financial or personal links with persons or groups that could unjustly influence how our work or research results are interpreted

REFERENCES

Apriloka, D. V., & Fitri, M. (2021). Peran Orang Tua Mempersiapkan Anak Usia Dini Dalam Menghadapi Perubahan di Era New Normal. *Jurnal Pendidikan Raudhatul Athfal*, 4(1), 64.

- Hardiyanti, W. E., Tuasikal, J., Mori, S., Konseling, B., & Gorontalo, U. N. (2021). Kesiapan Penerapan Pembelajaran Aktif, Kreatif dan Menyenangkan Bagi Anak Usia Dini di Era New Normal Proses perkembangan dan pembelajaran anak usia dini tengah menghadapi kendala diakibatkan dunia dan Indonesia khususnya sedang dilanda wabah pandemik ya, *I*(1), 1–10.
- Kementerian Kesehatan. (2022). *Infeksi Emerging*. Jakarta. Retrieved from https://infeksiemerging.kemkes.go.id/dashboard/covid-19
- Lemeshow, S., Ogston, S. A., Hosmer, D. W., Klar, J., & Lwanga, S. K. (1991). Adequacy of Sample Size in Health Studies. *Biometrics*, 47(1), 347. https://doi.org/https://doi.org/10.2307/2532527
- Limbong, O. P., Tambunan, W., & Limbong, M. (2021). Kesiapan Pelaksanaan Pembelajaran Tatap Muka Di Smk Negeri 2 Toraja Utara Pada Masa Pandemi. *Jurnal Manajemen Pendidikan*, 10(1), 37–45. https://doi.org/10.33541/jmp.v10i1.3265
- Marliana, T., Keliat, B. A., Wahyuni, T. B., Islami, K. D., Kurniawati, I., Studies, A., ... Timur, K. J. (2022). Pengaruh Pemberdayaan Keluarga Terhadap Pembentukan Adaptasi Kebiasaan Hidup Baru Pada Lansia Depresi, 10(4), 913–922.
- Nugroho, M. M., Syamsuar, A., Syamsuar, A., Yunaryo, H. M. A., Pramesti, L. A., Nurrudin, M., ... Ernawati, E. (2020). Analisis Kesiapan Pelaksanaan Kegiatan Pembelajaran Tatap Muka Di Indonesia Pada Tahun 2021. *Journal Publicuho*, *3*(4), 523. https://doi.org/10.35817/jpu.v3i4.15522
- Rahman, S., & Bahar, T. (2020). COVID-19: The New Threat, 7(1), 1–6. https://doi.org/10.5812/iji.102184.Review
- Robiatul Adawiyah, Nur Fajriyatul Isnaini, U. H. (2021). Kesiapan Pelaksanaan Pembelajaran Tatap Muka pada Era New Normal di MI At-Tanwir Bojonegoro. *Jurnal Basicedu*, 5(4), 2156–2163. Retrieved from https://jbasic.org/index.php/basicedu
- Sambo, M., Beda, N. S., Odilaricha, Y. C., & Marampa, L. (2021). Pengaruh Edukasi Tentang Protokol Kesehatan Terhadap Pengetahuan dan Sikap Pencegahan Penularan Covid-19 pada Anak Usia 10-12 Tahun. *Nursing Care and Health Technology Journal (NCHAT)*, 1(2), 72–80.
- Sari, N. Y., & Wisroni, W. (2020). The Urgency of Parental Guidance for Youth Education in the Belajar Dari Rumah (BDR) Era. *SPEKTRUM: Jurnal Pendidikan Luar Sekolah (PLS)*, 8(3), 309. https://doi.org/10.24036/spektrumpls.v8i3.109565
- Sary, Y. N. E. (2020). Pendidikan Kesehatan Kepada Nenek Pengasuh dalam Mencegah Stunting Anak Usai 36 Bulan di Daerah Pesisir Pantai. *Pratam Widya: Jurnal Pendidikan Anak Suai Dini*, 5(2), 89–94.

Shaleh, M., & Anhusadar, L. (2021). Kesiapan Lembaga PAUD dalam Pembelajaran Tatap Muka pada New Normal. *Jurnal Obsesi: Jurnal Pendidikan Anak Usia Dini*, 5(2), 2158–2167. https://doi.org/10.31004/obsesi.v5i2.1139