

THE INFLUENCE OF HEALTH EDUCATION ON THE IMPACT OF PARENTAL VERBAL VIOLENCE ON PRESCHOOL CHILDREN ON PARENTS' KNOWLEDGE AND ATTITUDES IN TK KANIGORO KRAS

Oleh :

Nurhidayah¹⁾, M.Khoirudin²⁾, Dita Kirana Dewi³⁾

^{1,2,3} STIKES Ganesha Husada

email: nurhida15@gmail.com

Informasi Artikel

Riwayat Artikel :

Submit, 7 November 2025
Revisi, 25 November 2025
Diterima, 17 Desember 2025
Publish, 15 Januari 2026

Kata Kunci :

Verbal Violence,
Parents,
Preschool Children,
Knowledge,
Attitude.

ABSTRACT

Preschool children are an age group at a critical stage of development where life experiences, both positive and negative, affect their emotions, behavior, and personality in the future. However, parents are often unaware of verbal violence committed against children. The purpose of this study was to determine how violence education affects parents' knowledge and attitudes about parental verbal violence against preschool children. This research design was Quasy Experimental with a One-group pre & post test design approach. The study population was all parents at Kanigoro Kras Kindergarten, totaling 32 parents. With a sample of 32 respondents, taken using the total sampling technique. The independent variable was Health Education, the dependent variable was knowledge and attitude. Data collection used a questionnaire. Data were expressed on an ordinal scale and analyzed using the Wilcoxon Test ($\alpha: 0.05$). The results of the study showed that 31 respondents had good knowledge before Health Education to 32 respondents after Health Education. The results of the Wilcoxon Test Analysis obtained a significant value of $P\text{-Value} = 0.02 < \alpha = 0.05$, H_1 was accepted. Before and after Health Education, 32 respondents had a good attitude, with the results of the Wilcoxon Test analysis obtained a significant value of $P\text{-Value} = 0.000 < \alpha = 0.05$, H_1 is accepted. In conclusion, there is an influence of Health Education on the impact of verbal violence by parents on preschool children on parental knowledge and attitudes. It is hoped that Health Education can improve parental knowledge and attitudes about the impact of verbal violence on preschool children.



This is an open access article under the [CC BY-SA](#) license



Corresponding Author:

Nama: Nurhidayah
Afiliasi: STIKES Ganesha Husada
Email: nurhida15@gmail.com

1. INTRODUCTION

Verbal violence against children often occurs without parents' awareness. Verbal violence, such as scolding, criticizing, or insulting children, is the most common form of violence perpetrated within families. This violence often occurs due to parents' lack of awareness of its impact and parenting styles influenced by fleeting emotions (UNICEF, 2020). This behavior can impact a

child's psychological and emotional development, especially during preschool, a critical period in character and personality formation.

Verbal violence directly impacts a child's development. Children who experience verbal abuse are at risk of developing psychological disorders, such as depression, anxiety, and low self-esteem. It also impacts a child's social skills and academic achievement. During preschool, this

critical developmental phase is crucial for the formation of a child's personality and emotions (Sáez et al. 2020).

2. RESEARCH METHOD

The experimental research type in this study is a Quasi-Experimental Design with a one group pre-post-test approach (Nursalam, 2016).

The independent variable in this study was the provision of health education about the impact of verbal parental violence on preschool-aged children.

The dependent variables in this study were parental knowledge and attitudes.

In this study, the Wilcoxon test was used to analyze ordinal or interval data that were not normally distributed.

3. RESULTS AND DISCUSSION

Research Results

The research results consist of two parts: general data and specific data.

The general data include:

Characteristics by Age

The characteristics of respondents based on the age of parents of preschool-aged children at Kanigoro Kras Kindergarten can be seen in the following table:

Table 1: Frequency Distribution of Respondents Based on Age of Parents of Preschool-Aged Children at Kanigoro Kras Kindergarten.

No.	Respondent Age	Frequency	Percentage %
1.	< 25 Year	1	3,1
2.	25 – 35 year	17	53,1
3.	> 35 year	14	43,8
	TOTAL	32	100

Based on table 1, it is known that the characteristics of respondents based on the age of parents of pre-school aged children, most of the respondents were aged 25-35 years, as many as 17 respondents (53.1%) of the total 32 respondents.

Characteristics Based on Gender

The characteristics of respondents based on the gender of parents of preschool-aged children at Kanigoro Kras Kindergarten are shown in the following table:

Table 2. Distribution of Respondents' Frequency Based on Gender of Parents of Preschool Children at Kanigoro Kras Kindergarten.

No	Respondent's Age	Frequency	Presentation %
1.	Man	0	0
2.	Woman	32	100
	TOTAL	32	100

Respondent Characteristics Based on Education

Tabel 3. Frequency Distribution of Respondents Based on Parental Education of Preschool-Children at Kanigoro Kras Kindergarten

No.	Respondent's Age	Frequency	Presentation %
1.	Elementary (Elementary – Middle School)	16	50,0
2.	Middle School	12	37,5
3.	Higher Education (College)	4	12,5
	TOTAL	32	100

Based on table 3, it shows that almost all respondents had basic education (elementary - junior high school), namely 16 (50.0%) respondents out of a total of 32 respondents.

Respondent Characteristics Based on Occupation

Table 4. Frequency Distribution of Respondents Based on Occupation of Parents of Preschool-Aged Children at Kanigoro Kras Kindergarten

No.	Respondent's Age	Frequency	Presentation %
1.	Unemployed	12	37,2
2.	Farmer	3	9,4
3.	Self-Employed	9	28,1
4.	Other	8	25,0
	TOTAL	32	100

Berdasarkan tabel 4 menunjukkan bahwa hampir Sebagian besar responden yang tidak bekerja sebanyak 12 (37,2%) responden dari total 32 responden.

Based on table 4, it shows that almost the majority of respondents who are not working are 12 (37.2%) respondents out of a total of 32 respondents.

Special Data

Respondents' Knowledge Prior to Health Education

Table 5. Frequency Distribution of Respondents Based on Knowledge Prior to Health Education at Kanigoro Kras Kindergarten

No.	Knowledge Level Pre	Frequency	Presentation %
1.	Good	31	96,9
2.	Enough	1	3,1
3.	Poor	0	0
	TOTAL	32	100

Based on table 5, it shows that almost all respondents' knowledge before providing Health Education was in the good category, as many as 31 (96.9%) respondents out of a total of 32 respondents.

Respondents' Knowledge After Health Education

Table 6 Frequency Distribution of Respondents Based on Knowledge After Providing Health Education at Kanigoro Kras Kindergarten

No.	Knowledge Level Post	Frequency	Presentation %
1.	Good	32	100
2.	Enough	0	0,00
3.	Poor	0	0,00
	TOTAL	32	100

Based on table 6, it shows that almost all of the respondents' level of knowledge after providing Health Education was in the good category, as

many as 32 (100%) respondents out of a total of 32 respondents.

Respondents' Attitudes Before Providing Health Education

Table 7 Frequency Distribution of Respondents Based on Attitudes Before Providing Health Education at Kanigoro Kras Kindergarten

No.	Knowledge Level Pre	Frequency	Presentation %
1.	Good	32	100
2.	Enough	0	0,00
3.	Poor	0	0,00
	TOTAL	32	100

Based on table 7, it shows that almost all respondents' level of knowledge before providing Health Education was in the good category. A total of 32 (100%) respondents out of a total of 32 respondents.

Respondents' Attitudes After Health Education

Table 8 Frequency Distribution of Respondents Based on Attitudes After Providing Health Education at Kanigoro Kras Kindergarten

No.	Knowledge Level Post	Frequency	Presentation %
1.	Good	32	100
2.	Enough	0	0,00
3.	Poor	0	0,00
	TOTAL	32	100

Based on table 8, it shows that almost all of the respondents' level of knowledge after providing Health Education was in the good category, as many as 32 (100%) respondents out of a total of 32 respondents.

Cross Tabulation

The cross tabulation of knowledge before and after the provision of Health Education regarding the impact of verbal violence by parents on preschool-aged children at Kanigoro Kras Kindergarten is as follows:

Table 9 Cross-tabulation between Knowledge Before and After Providing Health Education on the Impact of Verbal Violence by Parents on Preschool Children on Parents' Knowledge and Attitudes

		Post Good Knowledge	Total
Prestest Knowledge	Good	Count	31
		% of Total	96,9%
Enough	Count	1	1
	% of Total	3,1%	3,1%

Total	Good	Count	32	32
		% of Total	100.0%	100.0%

The results of the cross-tabulation in table 9 show that knowledge before providing Health Education with a good category of 96.9% increased after providing Health Education to 100% with a good category.

Cross tabulation between attitudes before and after providing Health Education regarding the impact of verbal violence by parents on preschool-aged children at Kanigoro Kras Kindergarten is as follows:

Table 10 Cross-tabulation of Attitudes Before and After Health Education on the Impact of Parental Verbal Abuse on Preschool Children on Parental Knowledge and Attitudes.

		Post Test Good Attitude	Total
Prestest	Good	Count	32
		% of Total	100.0%
Total		Count	32
		% of Total	100.0%

The cross-tabulation results in Table 10 show that attitudes before and after the provision of Health Education were in the good category of 100%.

Data Analysis

The results of the data analysis were carried out using the Wilcoxon test which showed the following results:

Table 11. Wilcoxon test data analysis results

	post test pengetahuan - pretest pengetahuan	post test sikap - pretest sikap
Z	-3.156 ^b	-4.866 ^b
P - Value	.002	.000

Based on table 11, the analysis of the influence test using Wilcoxon shows that the significant value of P-Value for knowledge is 0.02, which is smaller than 0.05, and the significant value of P-Value for attitude is 0.00, which is smaller than 0.05. It can be said that there is a significant influence of knowledge and attitude between before and after Health Education is given. So it can be concluded that H0 is rejected and H1 is accepted, which means there is an influence of Health Education on the impact of verbal violence by parents on preschool children on the knowledge and attitudes of parents at Kanigoro Kras Kindergarten

Parental Knowledge Before Providing Health Education About the Impact of Parental Verbal Violence on Preschool Children

Based on table 1, table 2, table 3 and 5 obtained from the researcher, it was found that most of the respondents were aged 25-35 years, as many as 17 respondents or 53.1%. The majority of respondents were female, as many as 32 respondents or 100%. Most of the respondents' last education was elementary education (SDSMP) as many as 16 respondents or 50.0%. The majority of respondents' jobs were unemployed as many as 12 respondents or 37.5% and most of the respondents who received information about verbal violence through social media or cellphones were 27 respondents or 84.4%. The results of the knowledge pre-test showed that respondents who had knowledge in the good category were 31 respondents or 96.9%, those who had knowledge in the sufficient category were 1 respondent or 3.1%.

This violence often occurs due to a lack of parental awareness of its impact and parenting styles influenced by fleeting emotions (UNICEF, 2020). Low levels of knowledge are also caused by a lack of access to educational information and limited training on positive parenting, particularly in rural communities or communities with low levels of education (Rahmawati et al., 2020). Parents with lower levels of education tend to have a less in-depth understanding of the impact of verbal abuse on child development. This is due to the limited access to parenting literacy resources (Santoso & Handayani, 2019). Research shows that preschool-aged children are particularly vulnerable to the impacts of this negative treatment. Children who experience verbal abuse tend to exhibit emotional and behavioral problems, including depression and anxiety, which can interfere with their learning and social interactions (Yulianti, 2021).

Parental Knowledge After Providing Health Education About the Impact of Parental Verbal Violence on Preschool Children

Based on Table 6, respondents' knowledge increased. Before the Health Education program, 1 respondent, or 3.1%, had sufficient knowledge. After the Health Education program, 32 respondents, or 100%, had good knowledge.

After receiving health education, there was a significant increase in parents' knowledge regarding the impact of verbal abuse on preschool-aged children. Health education helped provide clear and structured information about the forms of verbal abuse, their impact on child development, and alternative, more effective and supportive parenting styles. Parents who were previously unaware that verbal abuse could affect a child's mental and emotional development became more aware of its consequences. They began to recognize short-term impacts, such as stress and fear, as well as long-term impacts, such as impaired self-confidence, anxiety, and the risk of behavioral problems (Handayani & Nugroho, 2021). Health education also increased parents' awareness of the importance of positive

parenting. Parents began to learn positive communication methods and rewards as strategies for disciplining children without resorting to verbal abuse (Rahmawati et al., 2020).

After the intervention, parents showed increased awareness that children have the right to be treated with respect, including in daily communication patterns at home (Putri & Susanti, 2021). According to researchers, in relation to the health education process, absorption and visual abilities must be utilized to improve knowledge through the use of leaflets. One way to improve health education is through leaflets, which can improve knowledge for parents of preschool-aged children at Kanigoro Kras Kindergarten.

The Influence of Health Education on the Impact of Verbal Violence by Parents of Preschool Children on Parents' Knowledge

Based on the research in table 9, it is known that there is an influence or significance of the provision of health education on parental knowledge in preschool-aged children at Kanigoro Kras Kindergarten (Wilcoxon Test $P = 0.002 < 0.05$, so H_0 is rejected, H_1 is accepted). Based on the results of the pre-test and post-test trials for the quality of the final results, an increase was obtained for the sufficient category from 3.1% to good 100%.

Based on the research in table 9, it is known that there is an influence or significance of the provision of health education on parental knowledge in preschool-aged children at Kanigoro Kras Kindergarten (Wilcoxon Test $P = 0.002 < 0.05$, so H_0 is rejected, H_1 is accepted). Based on the results of the pre-test and post-test trials for the quality of the final results, an increase was obtained for the sufficient category from 3.1% to good 100%.

Parents' Attitudes Before Providing Health Education About the Impact of Parental Verbal Violence on Preschool Children

Based on table 1, table 2, table 3 and 5 obtained from the researcher, it was found that most of the respondents were aged 25-35 years, as many as 17 respondents or 53.1%. The majority of respondents were female, as many as 32 respondents or 100%. Most of the respondents' last education was elementary education (SDSMP) as many as 16 respondents or 50.0%. The majority of respondents' jobs were unemployed as many as 12 respondents or 37.5% and the majority of respondents who received information about verbal violence through social media or cellphones were 27 respondents or 84.4%. The results of the attitude pre-test showed that all respondents had attitudes in the good category as many as 32 respondents or 100%.

Attitude is a person's closed reaction to certain things or stimuli, which already involves the person's opinions and emotions (Notoatmodjo in Shinta 2019). Parents' attitudes before receiving health education regarding the impact of verbal violence on preschool-aged children are generally still influenced

by habit, environment, and lack of knowledge. Many parents tend to view verbal violence as normal and part of discipline, without understanding its long-term impact on child development. Parents' attitudes that support verbal violence are often supported by cultural norms and their own childhood experiences of experiencing similar parenting patterns (Handayani et al., 2021). Before receiving health education, parents are generally unaware of the negative impact of verbal violence on children's mental and emotional health. Research shows that parents' attitudes tend to be neutral to supportive of the use of verbal violence because they lack information about consequences such as low self-confidence, anxiety, or behavioral disorders (Santoso & Prasetyo, 2020).

Parents' Attitudes After Providing Health Education About the Impact of Parental Verbal Violence on Preschool Children

Based on Table 5.7, respondents' attitudes improved. 32 respondents, or 100%, had a good attitude.

Therefore, the majority of attitudes after health education were in the good category, at 32 respondents, or 100%.

After health education, there was a significant change in parents' attitudes toward verbal abuse. Parents became more aware of the negative impacts of verbal abuse and were more motivated to engage in positive communication with their children. Parents began to show more empathy toward their children after understanding the psychological impact of verbal abuse. They realized that verbal abuse can hurt children's feelings and hinder their emotional development (Handayani & Sari, 2021). Parent began adopting positive parenting styles, such as giving praise or small rewards for good behavior. This reflects a more constructive attitude in disciplining children (Rahmawati et al., 2020). Health education helped parents understand the importance of attending to their children's emotional needs. Their attitudes shifted from solely focusing on discipline to focusing more on communication that builds children's self-confidence (Santoso & Lestari, 2021).

According to researchers, in relation to the health education process, the ability to absorb and see should be utilized to improve good attitudes through the use of leaflets. Health education, one of which is through leaflets, can improve good attitudes among parents of preschool-aged children at Kanigoro Kras Kindergarten.

The Influence of Health Education on the Impact of Parental Verbal Violence on Preschool Children.

Based on the research in table 9, it is known that there is an influence or significance of the provision of health education on the attitudes of parents to preschool-aged children at Kanigoro Kras Kindergarten (Wilcoxon Test $P = 0.000 < 0.005$, so H_0 is rejected, H_1 is accepted). Based on the results

of the pre-test and post-test trials for the quality of the final results, the attitude was obtained in the good category of 100%.

Health education plays a crucial role in influencing parental attitudes toward childcare, particularly in reducing the likelihood of verbal abuse. Health education interventions provide new insights, raise awareness, and guide parents to change the way they interact with their children. Before the intervention, most parents may have supported the use of verbal abuse as a disciplinary method. After health education, parents tend to adopt a more positive attitude. They understand that positive, supportive communication is more effective than using harsh words or blaming the child (Rahmawati & Sari, 2020). Health education not only provides knowledge but also motivates parents to improve their parenting practices. After education, parents tend to be more open to using reward-based discipline strategies and healthy communication (Santoso & Lestari, 2021). This change in attitude tends to persist if supported by follow-up in the form of ongoing education or support from the community. This positive attitude forms the foundation for consistent behavior in better parenting (Prasetyo & Susanti, 2020). Educational media, such as videos, simulations, or group discussions, have been shown to be effective in changing parents' perceptions of verbal abuse. Research shows that these methods help parents identify verbal actions that they may not realize are potentially harmful to their children (Putri & Nugroho, 2022).

4. CONCLUSION

Based on research analysis and discussion regarding the influence of Health Education regarding the impact of parental verbal violence on pre-school age children on the knowledge and attitudes of parents at Kanigoro Kras Kindergarten, it can be concluded as follows:

Most of the parents at Kanigoro Kindergarten before the health education intervention was carried out, the majority of the knowledge they had fell into the good knowledge category, as many as 31 respondents or 96.9%.

After the health education intervention on the impact of verbal violence on knowledge, all parents at Kanigoro Kindergarten experienced an increase in knowledge from the previous good knowledge category of 32 respondents or 100%.

Before the health education intervention was carried out, the majority of parents at Kanigoro Kindergarten had attitudes that fell into the good attitude category, amounting to 32 respondents or 100%.

After the health education intervention on the impact of verbal violence on attitudes, all parents at Kanigoro Kindergarten experienced an increase from the previous good attitude category of 32 respondents or 100%.

The results of this study are the influence of Health Education on the Impact of Verbal Violence by Parents on Preschool Children on Parental Knowledge at Kanigoro Kras Kindergarten (Wilcoxon Test $P = 0.002 < 0.05$, so H_0 is rejected, H_1 is accepted).

The results of this study are the influence of Health Education on the Impact of Verbal Violence by Parents on Preschool Children on the Attitudes of Parents at Kanigoro Kras Kindergarten (Wilcoxon Test $P = 0.000 < 0.05$, so H_0 is rejected, H_1 is accepted).

5. REFERENCES

Abdul Wahab, G., Mahmuddin, H., & Ernawati, E. (2021). Pengaruh Kekerasan Komunikasi Verbal (Verbal Abuse) Terhadap Pembentukan Karakter Anak Usia 3-6 Tahun. *Jurnal Ilmiah Mahasiswa & Penelitian Keperawatan*, 1(3), 271-278.

Cahyo, E. D., Ikashaum, F., & Pratama, Y. P. (2020). Kekerasan Verbal (Verbal Abuse) Dan Pendidikan Karakter. *Jurnal Elementaria Edukasia*, 3(2).

Handayani, S., & Nugroho, D. (2021). "Efek Edukasi terhadap Pengetahuan Orang Tua Mengenai Kekerasan Verbal pada Anak." *Jurnal Psikologi Perkembangan Anak*, 14(2), 55-64.

Handayani, S., & Sari, D. R. (2021). "Pengaruh Pendidikan Kesehatan terhadap Pengetahuan Orang Tua tentang Dampak Kekerasan Verbal pada Anak." *Jurnal Keperawatan Anak Indonesia*, 14(2), 45-52.

Hidayati, S., & Putra, H. A. (2021). "Peningkatan Pengetahuan Orang Tua tentang Dampak Kekerasan Verbal pada Anak Melalui Edukasi Berbasis Komunitas." *Jurnal Promosi Kesehatan Indonesia*, 15(2), 85-95.

Lestari, P., & Fitri, A. (2023). *Verbal Violence : The Phenomenon Among School Age Fenomena Kekerasan Verbal Terhadap Anak Usia Sekolah*. 1(4), 53-59.

Na'mah, L. U., Mutoharoh, S., & Nurhidayah. (2019). Sikap pada Deteksi Dini Cancer Serviks Wanita Usia Subur melalui Penyuluhan Audiovisual di Kruwed Selokerto Sempor Kebumen. *The 10th University Research Colloquium 2019*, 897-900.

Nurhidayah, N., Purba, Q. K., Sitorus, R. N. B., & Gurning, F. P. (2024). Analisis Tingkat Pengetahuan dalam Pemanfaatan Layanan Mobile JKN. *El-Mujtama: Jurnal Pengabdian Masyarakat*, 4(2), 720-725.

Putri, A., & Prasetyo, H. (2022). "Efektivitas Edukasi Interaktif terhadap Peningkatan Pengetahuan Orang Tua tentang Kekerasan Verbal." *Jurnal Psikologi Anak dan Remaja*, 11(4), 50-60.

Putri, M. A., & Sari, D. R. (2021). "Tingkat Pengetahuan Orang Tua Mengenai Kekerasan Verbal pada Anak Usia Dini." *Jurnal Keperawatan Anak Indonesia*, 13(2), 45-52.

Putu, N., Meidalinda, M., Program, M., Sarjana, S., Kedokteran, F., & Udayana, U. (2024). Gambaran Kekerasan Verbal Oleh Orangtua Terhadap Anak-Anak Di Indonesia. *Journal Of Social Science Research*, 4(2), 4131-4144.

Rahmawati, T., & Lestari, W. (2020). "Efek Edukasi Kekerasan Verbal terhadap Sikap Orang Tua." *Jurnal Keperawatan Anak Indonesia*, 11(1), 25-34.

Rahmawati, T., & Purnomo, A. (2020). "Hubungan Pengetahuan Orang Tua dengan Perilaku Kekerasan Verbal terhadap Anak Usia 4-6 Tahun." *Jurnal Kesehatan Masyarakat Indonesia*, 8(3), 12-21.

Rahmawati, T., & Sari, D. R. (2020). "Pengaruh Pendidikan Kesehatan terhadap Pengetahuan Orang Tua tentang Dampak Kekerasan Verbal pada Anak Usia Dini." *Jurnal Keperawatan dan Kesehatan Masyarakat*, 10(3), 34-42.

Rahmawati, T., & Sari, D. R. (2020). "Pengaruh Pendidikan Kesehatan terhadap Sikap Orang Tua tentang Kekerasan Verbal." *Jurnal Promosi Kesehatan Indonesia*, 10(2), 45-53.

Rahma, W., & Yuniarti, D. (2021). "Perubahan Sikap Orang Tua Setelah Edukasi Tentang Dampak Kekerasan Verbal pada Anak Usia Pra Sekolah." *Jurnal Promosi Kesehatan Indonesia*, 10(4), 45-55.

Santoso, R., & Handayani, L. (2019). "Pengaruh Tingkat Pendidikan terhadap Pemahaman Orang Tua tentang Kekerasan Verbal pada Anak Usia Pra Sekolah." *Jurnal Pendidikan Anak Usia Dini*, 10(1), 25-33.

Santoso, R., & Prasetyo, H. (2020). "Sikap Orang Tua terhadap Kekerasan Verbal dan Dampaknya pada Perilaku Anak." *Jurnal Promosi Kesehatan Masyarakat*, 8(1), 40-50.

Sari, R. N. (2019). "Dampak Komunikasi Positif Terhadap Anak: Studi Kasus Keluarga di Jakarta." *Jurnal Psikologi*, 10(1), 23-30.

Vega, A. De, & Dkk. (2019). Pengaruh Pola Asuh dan Kekerasan Verbal Terhadap Kepercayaan. *Obsesi*, 3(2), 1-10.

Yuanita, V., & Rofiah, S. (2021). Gambaran Pengetahuan Orang Tua Tentang Verbal Abuse Pada Anak Usia Pra Sekolah Di Tk Kenten Permai Palembang Tahun 2021. *Jurnal Kebidanan*, 2(1), 322-326.

Yulianti, E. (2021). "Kekerasan Verbal dan Hubungannya dengan Perkembangan Emosi Anak Usia Dini." *Jurnal Psikologi Anak dan Remaja*, 5(1), 45-53.