

Parents' Anxiety Level Regarding Handling Fever in Toddlers Due to Corona Virus Deasses at Rowosari Community Health Center, Semarang City

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Article Info

Article history:

Accepted: 15 June 2022

Published: 20 June 2022

Keywords:

Anxiety Levels, Parents, Handling Fever in Toddlers, COVID-19

Abstract

Coronavirus Disease 2019 (COVID-19) is a marked respiratory disease with fever. During the COVID-19 pandemic, parents feel anxious if their child has a fever and tend to carry out treatment independently first. The aim of this research is to determine the level of anxiety and treatment of fever in toddlers during the COVID-19 pandemic in Semarang City. This research is descriptive research, purposive sampling technique, totaling 40 respondents. The measuring tool used was a questionnaire given via Google Form. The results of this study showed that the highest level of anxiety among respondents was moderate anxiety, 29 respondents (81%), the most frequently used treatment for fever by parents was giving fever-reducing medication independently, 31 respondents (31). 53.4 %. The conclusion in this study is that the level of parental anxiety is moderate anxiety and parents choose to give fever-reducing medication when the child has a fever as an alternative treatment for fever during the COVID-19 pandemic.

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1. INTRODUCTION

Coronavirus Disease 2019 (COVID-19) is a respiratory disease caused by a new type of coronavirus that has never been previously identified in humans. Signs and symptoms of COVID-19 in children are difficult to distinguish from respiratory diseases due to other causes. Symptoms can include coughs and colds such as the common cold or common cold, with or without fever, which is generally mild and will heal on its own (Ministry of Health, 2020).

Clinical symptoms of COVID-19 include fever (temperature $>38^{\circ}\text{C}$), cough and difficulty breathing (Yuliana, 2020).

Fever (Hyperthermia) is a condition where the body temperature is higher than usual and is a symptom of an illness (Maryunani, 2010).

A parent's first experience when they see their child having a febrile seizure will give rise to fear in the parents and the parents are afraid that the child will experience a seizure every time they have a fever. So, there is a need for education to prevent fever in children (Sharifirad et al., 2013)

Fever treatment is divided into two, namely treatment without drugs (non-pharmacological therapy) and with drugs (pharmacological therapy). Treatment without drugs is carried out by providing special treatment that can help reduce body temperature, including giving fluids, using compresses, and avoiding wearing clothes that are too thick (Kristianingsih et al., 2019)

Lack of knowledge about fever can give rise to excessive anxiety in parents and will give rise to fever phobia. This will encourage parents to give antipyretic medication even if the child has a mild fever or no fever (Janice E. Sullivan, MD, Henry C. Farrar, MD, and the SECTION ON CLINICAL PHARMACOLOGY AND THERAPEUTICS, 2011)

A preliminary study conducted by interviewing 5 mothers with toddlers in the city of

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fever, especially during a pandemic like this and 3 mothers prefer non-pharmacology such as compressing warm water to reduce fever. Apart from that, the mother will take her to a health facility if her child has a fever for more than 3 days.

2. RESEARCH METHOD

This type of research is a type of quantitative descriptive research. The population in this study were mothers with toddlers in the Klaten area. The sampling technique in this study used a purposive sampling technique, the number of samples in this study was 40 respondents with the inclusion criteria being: willing to be a respondent and the child having had a fever during the COVID-19 pandemic while the exclusion criteria was that the respondent was not willing to be a respondent. The instruments in the research were an anxiety level instrument and an instrument for treating fever in toddlers during the COVID-19 pandemic which was given via Google form. Data analysis uses frequency distribution.

3. RESULTS AND DISCUSSION

1. Results

The characteristics of the respondents in this study are as follows:

Table 1. Characteristics of Respondents

Respondent characteristics	Respondent	(%)
Mother's Education		
basic education	2	3,4
Secondary education	41	70.7
Upper Education	15	25.9
Mother's Job		
Work	39	67.2
Doesn't work	19	32.8
Number of children		
1	20	41.4
2	15	37.9
>3	5	20.7
Child's Gender		
man	21	62
Woman	19	38
Amount	40	100

Based on table 1, the mother's education is mostly secondary education, 41 respondents (70.7%), the mother's job is mostly working, 39 respondents (67.2%).

), the highest number of children was 1 child as many as 20 respondents (41.4%) and the sex of the most children was male as many as 21 children (62%)

Table 2. Distribution of Anxiety Levels

Anxiety Level	F	(%)
Mild Anxiety	21	19
Moderate Anxiety	19	81
Amount	40	100

Based on table 2, the most anxious respondents were moderately anxious, 47 respondents (81%).

Table 3. Fever Management

Fever treatment	F	(%)
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Administered fever-reducing medication independently	10	35.4
Immediately taken to a health service (BPM, medical practitioner, health center)	15	24.1
Warm compress	4	12.1
Giving tepid sponge	11	10.3

Based on table 3, the treatment for fever that was most frequently carried out by mothers during the COVID-19 pandemic was self-administration of fever-reducing medication as many as 15 respondents (53.4 %).

2. Discussion

Characteristics of Respondents Based on research results, the mother's education level is mostly secondary education (SMA/SMU/MA/SMK). This is in accordance with the level of education which has a close relationship with knowledge and influences a person's perception to be more accepting of new ideas. Someone with a higher level of education will usually have a higher level of knowledge than someone with a lower level of formal education (Notoatmodjo, 2010).

Work is an activity or activity that a person does to earn income to meet their daily living needs. The work of someone who interacts more with other people will receive more information in the form of knowledge and experience (Notoatmodjo, 2010).

Based on research, most mothers work so mothers will try to find the right fever treatment for their children.

The number of children is the number of children born to a woman during the reproductive period (BKKBN, 2011). Based on research results, the largest number of children is the first child. Parents tend to be careful in treating fever in children because they have never had experience in treating fever in children. The most common gender of children was male, 21 respondents (62%). This is in accordance with the theory of Wong (2009) which states that boys experience febrile seizures more often with an incidence of around twice that of girls, and there is an increased susceptibility in families with a genetic predisposition.

Anxiety Level Based on table 2, the most anxious respondents were moderately anxious, 19 respondents (81%). Research conducted by (Suparman et al., 2013) found that the majority of respondents had a mild level of anxiety, namely 47%. This shows that the majority of respondents already have good coping skills in dealing with the problems they face.

During the COVID-19 pandemic, parents will certainly feel worried if their child has a fever and this can cause severe anxiety. This is in line with research (Rofiqoh, 2014) that the majority (84.9%) of mothers of children with febrile seizures experienced severe anxiety. Only a small percentage (15.1%) of mothers experienced moderate anxiety and none of the mothers experienced mild anxiety. In this study, the majority of respondents experienced moderate anxiety, so many respondents immediately chose pharmacological treatment independently because they were reluctant to go to a health service center due to the COVID-19 pandemic.

According to Hawari (2011), complaints that are often expressed by people who suffer from anxiety disorders include feeling worried, having a bad feeling, being afraid of their

own thoughts, feeling irritable, feeling restless and restless. Thus, the greater a person's anxiety level, the less able a person will be to make the right decisions.

Fever Management Based on table 3, the most common treatment for fever carried out by mothers during the COVID-19 pandemic was self-administration of fever-reducing medication by 15 respondents (53.4%). Research conducted by (Sudibyo et al., 2020) almost 50% of respondents immediately gave antipyretic drugs to their children without providing assistance. non-pharmacological first and some of the respondents did not know the side effects of antipyretic drugs. The most frequently used antipyretic is paracetamol.

Proper counseling about fever management begins with helping parents understand that fever is generally not dangerous in healthy children. The aim of giving antipyretics is not only to normalize body temperature but also to increase comfort and well-being in children (Janice E. Sullivan, MD, Henry C. Farrar, MD, and the SECTION ON CLINICAL PHARMACOLOGY AND THERAPEUTICS, 2011)

Research (Suparman et al., 2013) shows that the p value is $0.017 < 0.05$ with an rho value of 0.239, namely the strength of the relationship is weak and in the same direction, meaning that the lower the mother's anxiety level, the greater the possibility of the mother giving fever-reducing drugs (antipyretics) to toddlers. because the mother had given fever-reducing medicine (antipyretic) when the toddler had a fever and the results were suitable, so when the toddler had a fever again the mother immediately gave him fever-reducing medicine (antipyretic). This is in accordance with the research results that most respondents had moderate anxiety and the most common treatment was medication.

Guidelines for health services for toddlers during the COVID-19 emergency response period for health workers, if toddlers experience symptoms of sore throat, cough/cold and fever, give them enough water to drink and immediately consult with health workers online before going to a health facility (Ministry of Health. , 2020)

So from this research, many parents choose to provide fever-reducing medication independently as the main choice during the COVID-19 pandemic. The second treatment for fever is for parents to immediately take the child to a health service, as many as 10 respondents (17.2%). The results of this research are in line with research conducted by (Resti et al., 2020) that the majority of respondents took children who had fever to the doctor or health center, 40 respondents (100%). This is because the mother feels panicked and does not know how to treat febrile seizures in children, so it can threaten her child's life and the only way to deal with it is to take her child to the doctor.

The third treatment for fever was giving warm compresses to 3 respondents (5.2 %). Research conducted by (Novikasari et al., 2019) found that the warm compress group had a mean warm compress temperature before it was 38.6°C and after the warm compress the mean result was 37.7°C , there was a decrease of 0.89°C . The statistical test results obtained a p-value of $0.000 < 0.05$, so it can be concluded that there was a significant difference in the treatment group that was given a warm compress before and after treatment.

A warm compress is an action using a cloth or towel that has been dipped in warm water, which is applied to certain parts of the body so that it can provide a feeling of comfort and reduce body temperature (Maharani, 2011).

When a warm compress is given, the temperature control center will receive information that the body temperature is warm, so the body temperature needs to be lowered immediately. When we have a fever, we do feel cold even though our body temperature actually increases. Warm water compresses have several benefits, apart from helping reduce the feeling of cold, warm water also makes the body feel more comfortable (Arianti, 2013).

According to Pujiarto (2008), most fevers in children are caused by viral infections,

so the aim of providing therapy is not only to cure the infection but to make the child more comfortable and to observe and prevent complications in the child. Parents often determine fever therapy by administering medication, whereas according to WHO, treatment of fever includes providing advice and information, non-drug therapy (non-pharmacological), treatment in the form of medication (pharmacology), referral and a combination of pharmacological and non-pharmacological. The fourth treatment for fever was giving tepid sponge to 4 respondents (6.9%).

Research conducted by (Haryani et al., 2018) the average temperature before being given tepid sponge was 380C-390C and after being given tepid sponge the average temperature was 370C-380C so there is a decrease in temperature in children who have a fever. This research is in line with research conducted by (Wardiyah et al., 2016)

There is a difference in mean body temperature before and after the tepid sponge procedure with a mean of 0.7°C (p value $< \alpha$, $0.000 < 0.05$) so tepid sponges can reduce fever in children. Tepid water sponge is done by wiping the entire body and applying warm compresses to certain parts of the body using warm water for 15-20 minutes (Perry & Potter, 2010).

This is in line with research conducted by Isneini (2014), which showed that tepid sponges were more effective in lowering body temperature compared to warm compresses because they accelerated vasodilation of peripheral blood vessels throughout the body, resulting in evaporation from the skin into the surrounding environment.

4. CONCLUSION

The anxiety level of mothers with toddlers is moderate anxiety and parents prefer to treat fever by administering fever-reducing medication independently during the COVID-19 pandemic.

5. SUGGESTION

1. Parent

Parents are expected to be wiser in providing fever treatment to children so that the fever can be resolved properly.

2. Next Researcher

Future researchers are expected to examine other variables related to fever.

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