

AUDIO VISUAL EDUCATION AND ITS EFFECTIVENESS IN IMPROVING FIRST AID SKILLS FOR FEBRILE SEIZURES AMONG MOTHERS OF TODDLERS AGED 6 MONTHS–5 YEARS IN THE JATIREJO COMMUNITY HEALTH CENTER WORK AREA

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ABSTRACT

Mothers' limited ability to provide first aid for febrile seizures carries the risk of improper management and complications. This study analyzed the effectiveness of audiovisual education in improving the first aid skills of mothers with children aged 6 months to 5 years at the Jatirejo Community Health Center. Employing a pre-experimental design (one-group pretest-posttest), a sample of 40 mothers was selected using total sampling. Mothers' abilities were assessed via an observation checklist before and after the educational video intervention. The results showed that prior to the intervention, 90% of respondents lacked the necessary skills, whereas post-intervention, 70% demonstrated competence. The Wilcoxon Signed Rank test yielded a p-value of 0.000 ($\alpha < 0.05$), confirming a significant effect. The combination of visuals, audio, and demonstrations facilitated the mothers' understanding and application of first aid steps. Thus, audiovisual education serves as an effective alternative medium for enhancing mothers' skills.

Keywords: *audiovisual education, mothers' ability, first aid, febrile seizures*

INTRODUCTION

Febrile seizure is a rise in body temperature above 38°C that is not related to an intracranial disorder, but is instead influenced by extracranial factors occurring outside the cranium (Anggraini & Hasni, 2022). This condition generally affects children aged 6 months to 5 years and is divided into two categories: simple and complex febrile seizures. Simple febrile seizure is the most common case found in children, lasting no more than 15 minutes, in contrast to complex febrile seizure, which lasts 15 minutes or longer (Luqyana, 2024). Triggering factors for this condition include exposure to microorganisms, allergic responses, infection, fluid imbalance, or fever following immunization (Anggraini & Hasni, 2022). Febrile seizures often cause anxiety and confusion in parents, especially mothers, particularly when the event occurs at home, making first aid ability before the child is brought to a health facility very important.

Some parents/mothers still lack knowledge regarding first aid measures when their child experiences a febrile seizure. This lack of knowledge affects parents' ability to provide first aid, potentially leading to mishandling, especially if the seizure lasts more than 15 minutes, which can have fatal consequences such as aspiration, disability, or even death (Damayanti et al., 2024). A lack of parental knowledge and ability can lead to mishandling, such as inserting objects into the child's mouth during a seizure, giving food/drink, or holding the child's body tightly during the seizure (Alan et al., 2022), which ultimately increases the risk of complications.

A preliminary study conducted in March 2026 at Posyandu Tunas Bangsa 1, Sumengko Village, involving 10 mothers found that 7 mothers (70%) were in the unable category to perform first aid for children experiencing febrile seizures, and 3 mothers (30%)

were in the able category. This finding indicates that, on average, mothers in this area do not yet have good ability in the initial management of febrile seizures. The incidence of febrile seizures has been reported at 8.8% in Japan, 5–10% in India, and 2–4% in Europe, with 80–90% of cases occurring predominantly in Asia, although generally without complications (Riana & Afni, 2024). Based on the 2019 Indonesian Basic Health Research (Riskesdas), 14,251 cases of febrile seizure were recorded in Indonesia, while the East Java Health Office reported that 2–3% of 100 children in East Java experienced febrile seizures (Abidah & Novianti, 2021). In Mojokerto Regency in 2021, 15,253 children experienced febrile seizures, and based on 2025 data from Puskesmas Jatirejo, 15 children aged 6 months–5 years experienced febrile seizure incidents.

Several previous studies have shown that video-based education is effective in improving parents' ability to manage febrile seizures. Before education using video screening, 29 of 40 respondents (72.5%) were shown to be incompetent, whereas after education 30 of 40 respondents became competent (Fitriah et al., 2023). Another study reported an increase in mothers' ability from 6.92% to 28.38% after intervention, with a mean increase of 21.46% (Rahmawati et al., 2021). Another study also showed an improvement in mothers' skills from the fairly skilled and unskilled categories to skilled and fairly skilled after the intervention was given (Widiyanto et al., 2023). Mothers' insufficient understanding regarding first aid for febrile seizures also affects their ability, so education needs to be provided to minimize errors or delays in handling at home, since the essence of education is to provide learning to perform health actions, maintain health, and improve health knowledge (Astika et al., 2022).

Febrile Seizures and Their Emergency Nature

According to the National Institutes of Health Consensus Conference (NIHCC), febrile seizure is defined as a seizure in infants and children aged 6 months to 5 years associated with a rise in body temperature without accompanying infection or a clear intracranial etiology (Anggraini & Hasni, 2022). Simple febrile seizure is brief (less than 15 minutes), generalized tonic-clonic without partial signs, and accounts for about 80% of cases, while complex febrile seizure lasts more than 15 minutes and may recur more than once within 24 hours (Luqyana, 2024). Fever disrupts nerve cell membrane homeostasis and can trigger excessive electrical discharge that causes seizures, with clinical manifestations generally including high fever, decreased consciousness, and stiffness or seizure movements in the arms and legs.

Home management of febrile seizures includes: remaining calm, loosening clothing especially around the neck, tilting the child's head position to prevent aspiration, keeping the child away from dangerous objects, not inserting any object into the child's mouth, administering rectal diazepam if available (5 mg for body weight <10 kg, 10 mg for body weight >10 kg, which may be repeated after 5 minutes if the seizure has not stopped), not restraining the child's body excessively, measuring temperature and recording the duration and characteristics of the seizure, compressing with warm water, not giving oral intake during and immediately after the seizure, and immediately bringing the child to a health facility if the seizure lasts more than 5 minutes (Apriany et al., 2022). A child needs to be brought to the hospital if the child is experiencing a first febrile seizure, is under 1 year of age, is experiencing a complex-type seizure, has hyperpyrexia (>40°C), is unconscious or

experiencing paralysis after the seizure, has a focal seizure, or if the parents are worried about recurrence (Apriany et al., 2022). Although generally having a good prognosis, febrile seizure can potentially cause complications such as recurrent seizures, epilepsy, and cognitive or behavioral disorders, especially in complex or recurrent cases. As an emergency condition, delayed or improper handling risks causing airway obstruction, aspiration, physical injury, and even shock, making preparedness and first aid ability in mothers crucial.

Audio Visual Education as a Means to Improve Ability

Audio-visual media is a connecting medium that conveys messages through the senses of sight and hearing, displaying moving images, colors, text, and sound simultaneously, thereby helping the audience acquire knowledge, skills, and attitudes that support educational goals (Serungke et al., 2023). The advantages of audio-visual media include overcoming space and time limitations, displaying visualization in the form of images, animation, and demonstrations, and being accessible to many people at once, allowing for feedback; while its drawbacks include a relatively fast presentation flow, limited opportunity for additional explanation, the need for electrical resources and equipment, and relatively high production costs. In the context of health education, audio-visual media facilitates the delivery and reception of messages because it combines the senses of hearing and sight at once, making the material more interesting, easier to remember, easier to understand, and able to generate the audience's motivation to know more (Serungke et al., 2023).

Mothers' Ability in First Aid

Ability is the potential or proficiency of an individual in mastering a skill, whether derived from innate factors or from training and practice, which is manifested in the form of concrete action. According to Bloom's Taxonomy as revised by Anderson and Krathwohl, the ability to apply (Applying–C3) is the process of using knowledge, ideas, and concepts that have been learned to solve problems in real situations, including applying first aid procedures in certain conditions (Dani et al., 2025). A person's ability is influenced by various factors, including beliefs and values, skills, experience, personality characteristics, motivation, emotional issues, intellectual ability, and the surrounding environment or culture (Ruki, 2024). Individuals who have never received information or had experience related to first aid generally have difficulty determining the appropriate action when facing an emergency situation. The ability assessment category in this study was modified into two categories, namely able ($\geq 75\%$) and unable ($< 75\%$), referring to the ability assessment criteria developed by Arikunto (Fajar et al., 2021).

Based on the description above, the researcher is interested in analyzing the effectiveness of audio-visual education on first aid ability for febrile seizure emergencies in children among mothers with toddlers aged 6 months–5 years in the Jatirejo Community Health Center work area. This study aims to identify mothers' ability before and after being given audio-visual education, and to analyze the effectiveness of this education in improving first aid ability for febrile seizure emergencies in children. The results of the study are expected to serve as a reference for the community, health workers, health service institutions, and educational institutions in developing innovative and effective audio-visual media-based health education strategies.

METHOD

This study used a quantitative method with a pre-experimental design through a One Group Pretest–Posttest Design approach, in which subjects were given an initial test (pre-test) to measure baseline ability before receiving an intervention in the form of audio-visual education on first aid for febrile seizure emergencies in children, then re-tested through a final test (post-test) to evaluate the effectiveness of the intervention. The research scheme can be described as O1 X O2, where O1 is the pre-test, X is the administration of the intervention, and O2 is the post-test. This design is not classified as a true experiment because there is no comparison (control) group and the sample was not determined randomly, so that extraneous variables could potentially influence the dependent variable.

The population of this study was all mothers with toddlers aged 6 months–5 years who attended the toddler posyandu in the Jatirejo Community Health Center work area, totaling 40 people. The sampling technique used was total sampling, in which all members of the population were used as the study sample without exception, so the study sample totaled 40 mothers. This study involved two variables, namely the independent variable in the form of audio-visual education on first aid for febrile seizure emergencies in children, and the dependent variable in the form of first aid ability for febrile seizure emergencies in children among mothers with toddlers aged 6 months–5 years. The instrument for the independent variable was an audio-visual medium in the form of a 4-minute, 30-second video containing 11 first aid steps for febrile seizure emergencies in children, while the instrument for the dependent variable was a checklist observation sheet containing 11 action items referring to the theory of (Apriany et al., 2022), filled in using a Guttman scale with the options "Performed" (score 1) and "Not performed" (score 0). Respondents' ability was calculated using the percentage formula (total score obtained divided by the number of items, multiplied by 100%), with the categories able ($\geq 75\%$) and unable ($< 75\%$).

A validity test was conducted on 30 respondents outside the main sample with equivalent characteristics. Based on a significance level of 5% ($\alpha=0.05$) and $N=30$, an r-table value of 0.361 was obtained; the r-calculated values for the 11 question items ranged from 0.440 to 0.816, so that all items were declared valid. The reliability test used the One Shot technique with Cronbach's Alpha analysis through SPSS, obtaining a Cronbach's Alpha value of 0.882 (> 0.60), indicating that the instrument has very strong internal consistency and is suitable for use. The study was conducted at three posyandu in the Jatirejo Community Health Center work area, namely Posyandu Sumberagung, Posyandu Karang Jeruk, and Posyandu Dukuh Ngarjo, during the period February–June 2026.

The data collection procedure began with the submission of the research topic and title, followed by a tiered licensing process from the educational institution, the Mojokerto Regency Health Office, up to the Jatirejo Community Health Center. Data collection was carried out during posyandu activities, beginning with an explanation of the research objectives and a request for informed consent from prospective respondents. Respondents' ability was assessed using a checklist observation sheet before education was given (pre-test), followed by the screening of a 4 minute-30 second educational video on first aid for febrile seizure emergencies in children, after which respondents' ability was assessed again using the same instrument (post-test). The collected data was then processed through the stages of editing, coding, scoring, and tabulating. Data analysis consisted of univariate analysis to describe respondent characteristics (age, most recent education, experience with

a child with febrile seizure, and history of education on febrile seizure) and the frequency distribution of ability before and after intervention, and bivariate analysis using the Wilcoxon Signed-Rank Test given that the data distribution was not normal, to analyze the effectiveness of audio-visual education on first aid ability for febrile seizure emergencies in children.

This study observed research ethics principles including informed consent (all respondents signed a consent form before participating), anonymity (respondents' identities were disguised using initial codes), and confidentiality (the researcher only included necessary data and did not include respondents' crucial data). This study has limitations, namely that the research was conducted simultaneously with routine ILP Posyandu activities, which caused conditions to be not entirely conducive, as well as respondent characteristics such as age, education, experience caring for a child with febrile seizure, and previous education history that could not be fully controlled, potentially influencing the research results. This study obtained ethical clearance from the Health Research Ethics Committee of Bina Sehat PPNI University with No.252/KEP/UBS-PPNI//VII/2026.

FINDING AND DISCUSSION

Research Result

This study was conducted in the Jatirejo Community Health Center work area, a First Level Health Facility (FKTP) with inpatient status located at Jl. Basuki Rahmat No. 26, Jasem, Dinoyo, Jatirejo District, Mojokerto Regency, East Java, with a working area covering 19 villages. This health center provides promotive, preventive, curative, and rehabilitative services through medical services (24 hour emergency room and delivery services, inpatient care, general clinic, dental clinic, pregnancy ultrasound, pharmacy, and laboratory), public health services (counseling, maternal-child health and family planning, stunting management, immunization, infectious disease control), and innovation programs such as PROLANIS/ILP, non-communicable disease screening, and Mobile Health Center.

Respondent Characteristics

Table 1. Frequency Distribution of Respondent Characteristics Based on General Data (n=40)

Respondent Characteristic	Frequency (n)	Percentage (%)
Age		
Age: < 20 years	1	2.5
Age: 21–30 years	28	70.0
Age: 31–40 years	11	27.5
Age: > 40 years	0	0
Education		
Education: Elementary School	1	2.5
Education: Junior High School	8	20.0
Education: Senior High School	24	60.0
Education: Higher Education	7	17.5
Experience		
Experience with a child with febrile seizure: Yes	5	12.5
Experience with a child with febrile seizure: No	35	87.5

Previously educated		
Previously educated on febrile seizure: Yes	17	42.5
Previously educated on febrile seizure: No	23	57.5
Total	40	100

Source: Primary Data, 2026

Table 1 shows that of the 40 respondents, the majority were in the early productive age group, namely 21–30 years (70.0%), with the majority having a most recent education level of senior high school (60.0%). Almost all respondents had no previous experience with a child experiencing febrile seizure (87.5%), and the majority of respondents had never received education on febrile seizure (57.5%).

Table 2. Frequency Distribution of Respondents' Ability Before and After Audio Visual Education (n=40)

Ability Category	Pre-test (n)	Pre-test (%)	Post-test (n)	Post-test (%)
Able ($\geq 75\%$)	4	10.0	28	70.0
Unable ($< 75\%$)	36	90.0	12	30.0
Total	40	100	40	100

Source: Primary Data, 2026

Table 2 shows that before the intervention was given, almost all respondents (36 mothers; 90.0%) were in the unable category and only 4 mothers (10.0%) were in the able category. After the intervention in the form of audio-visual education was given, a significant increase occurred, with 28 mothers (70.0%) in the able category and 12 mothers (30.0%) still in the unable category.

Table 3. Wilcoxon Signed Rank Test Results

Description	N	Mean Rank	Sum of Ranks	Z	Asymp. Sig. (2-tailed)
Negative Ranks	0	0.00	0.00		
Positive Ranks	24	12.50	300.00	-4.899	0.000
Ties	16	-	-		
Total	40	-	-		

Source: Primary Data, 2026

Table 3 shows that no respondent experienced a decrease in ability score (Negative Ranks = 0), 24 respondents experienced an increase in score (Positive Ranks = 24), and 16 respondents had a fixed score (Ties = 16). The Wilcoxon Signed Rank Test results obtained a Z value of -4.899 a p-value of 0.000. Since the significance value $\alpha < 0.05$, H_1 is accepted, meaning that the provision of audio-visual education on first aid for febrile seizure emergencies in children has a significant effect on improving mothers' ability to provide first aid for febrile seizure emergencies in children.

Mothers' Ability Before Audio Visual Education

The results of the study showed that before being given audio-visual education, almost all respondents (90.0%) were in the unable category to perform first aid for febrile seizure emergencies in children. This condition can be influenced by several factors, such as

age, education level, experience caring for a child who has experienced febrile seizure, and experience receiving education on febrile seizure management. A person's ability is influenced by beliefs, skills, experience, motivation, intellectual ability, and individual characteristics; individuals who have never received information or experience regarding first aid generally have difficulty determining the appropriate action when facing an emergency situation (Ruki, 2024). This finding is also in line with Bloom's Taxonomy as revised by Anderson and Krathwohl, particularly at the Applying (C3) level, in which a person is expected not only to understand a concept but also to be able to apply it in real situations (Dani et al., 2025). Before being given education, most mothers were not yet able to correctly apply first aid procedures for febrile seizures, as shown by the continued presence of inappropriate actions such as restraining the child's body during a seizure, inserting objects into the child's mouth, and not positioning the child on their side to reduce the risk of aspiration.

This finding is in line with the study by (Widiyanto et al., 2023), which found that before the implementation of health education, the majority of respondents were in the fairly skilled category and some were still unskilled in providing first aid for febrile seizures. This low initial skill level is thought to be influenced by a lack of experience and minimal exposure to information regarding the management of febrile seizures in children, as also shown in the characteristics of respondents in this study, where the majority of mothers had never received specific education on first aid for febrile seizures (57.5%). Limited knowledge, experience, and access to information regarding first aid for febrile seizures are contributing factors to mothers' low initial ability, so that effective health education is greatly needed so that mothers can understand and correctly apply first aid steps, thereby minimizing the risk of complications.

Mothers' Ability After Audio Visual Education

After being given an intervention in the form of education using audio-visual media, mothers' ability to perform first aid for febrile seizure emergencies in children improved, with 28 mothers (70.0%) in the able category and 12 mothers (30.0%) in the unable category. This result shows that audio-visual media is able to improve mothers' ability to understand and apply first aid actions. This improvement in ability is thought to occur because audio-visual media presents information through two sensory channels, sight and hearing, making the learning process more effective. The delivery of material in the form of moving images, animation, sound, and demonstration helps respondents understand the stages of first aid more clearly than delivery through speech alone. In line with (Serungke et al., 2023), the use of audio-visual media can increase attention, clarify the delivery of information, strengthen memory, and make it easier for individuals to understand health material.

This finding is also in line with Bloom's Taxonomy as revised by Anderson and Krathwohl, in which the Applying (C3) level explains a person's ability to use knowledge that has been acquired to solve problems in real situations. After receiving education, mothers not only understood the concept of febrile seizure but were also able to correctly apply first aid steps. This improvement in ability was also influenced by respondent characteristics, where the majority were in the productive age group (21–30 years) with a most recent education level of senior high school, so that respondents had a relatively better capacity to receive, process, and remember information. This result is supported by the study of (Fitriah

et al., 2023), which showed that education through video media had a significant effect on improving mothers' knowledge and skills regarding the management of febrile seizure ($p < 0.001$), because video media presents material visually, sequentially, and in an easy-to-understand manner. However, there were still 12 respondents (30.0%) who remained in the unable category after the intervention, which is thought to be influenced by factors such as age, most recent education, experience with a child with febrile seizure, and the level of exposure to previous education.

The Effect of Audio Visual Education on Mothers' Ability

The Wilcoxon Signed Rank Test results obtained an Asymp. Sig. (2-tailed) value of 0.000 ($\alpha < 0.05$), so H_1 is accepted, and it can be concluded that audio-visual education is effective in improving mothers' ability to provide first aid to children experiencing febrile seizure emergencies in the Jatirejo Community Health Center work area. This improvement in ability can be explained through multimedia learning theory, which states that information received through a combination of sight and hearing is easier to understand, process, and store in long-term memory. Through audio-visual media, respondents could directly observe the stages of first aid for febrile seizure, such as positioning the child on their side, loosening tight clothing, not inserting any object into the child's mouth, paying attention to the duration of the seizure, and immediately bringing the child to a health facility if the seizure lasts more than five minutes.

Audio-visual media can improve the effectiveness of the learning process because it utilizes visual and auditory elements simultaneously, so that health information is more easily received compared to delivery through lecture alone. The effectiveness of audio-visual education in this study is in line with behavior change theory, which asserts that the level of knowledge is the main foundation for the formation of healthy living skills and habits. This result is in line with the findings of (Fitriah et al., 2023), who found that video-based education significantly improves mothers' understanding and skill in managing febrile seizure, and is in line with (Widiyanto et al., 2023), who showed that health education on febrile seizure is effective in improving mothers' first aid skills. Thus, the results of this study, supported by theoretical foundations and a number of previous studies, indicate that audio-visual media education has proven effective in improving mothers' ability to provide first aid for febrile seizure in children, because the combination of images and sound makes the material more interesting, easier to understand, and more memorable.

CONCLUSION

Based on the results of the study on the effectiveness of audio-visual education on first aid ability for febrile seizure emergencies in children among mothers with toddlers aged 6 months–5 years in the Jatirejo Community Health Center work area, it can be concluded that before being given audio-visual education, almost all respondents (90.0%) were in the unable category and only a small proportion (10.0%) were in the able category, indicating that mothers' ability and readiness to provide first aid for febrile seizure emergencies in children were still low. After being given audio-visual education, most respondents (70.0%) were in the able category, while 30.0% of respondents were still in the unable category, which was influenced by factors such as age, most recent education, experience with a child with febrile seizure, and exposure to previous education. The Wilcoxon Signed Rank Test results

obtained a Z value of -4.899 a p-value of 0.000 ($\alpha < 0.05$), so H_1 is accepted. Thus, there is a significant effectiveness of the provision of audio-visual education in improving mothers' ability to perform first aid for febrile seizure emergencies in children.

Based on the results of this study, the community, especially parents, are expected to improve their ability regarding first aid when a child experiences a febrile seizure, so that they are able to take appropriate, fast, and safe action to prevent complications. For health workers, especially nurses and posyandu cadres, the results of this study can serve as a reference in determining effective health education methods, particularly the use of audio-visual media in educating about the management of emergencies in children. For health service institutions such as posyandu, the results of this study can be used as a basis for developing health promotion and education programs for the community, particularly regarding first aid for febrile seizure in children using audio-visual media. For educational institutions, the results of this study can be used as learning material and a reference for nursing or health students in developing innovative and effective media-based health education interventions. Future research is recommended to use a research design with a control group and to expand the coverage of the area and sample size in order to strengthen the generalization of the research results.

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