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Self-help skills improve independence of activities daily living in pre-school children with child abuse

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Abstract

Background: Children who are abused are prone to delayed growth and development, including the development of independent Activities Daily Living (ADL). Self-help skills are motor skills that can help children to fulfill basic needs independently through Activities Daily Living (ADL). Therefore, adults around them, including caregivers in orphanages, need to teach self-help skills to improve children's ADL independence.

Objectives: This study aims to determine the effect of self-help skills on Activities Daily Living (bathing, brushing teeth, personal hygiene, toileting, dressing, and eating) independence in pre-school children with child abuse which is measured by ADLIC (Activities of Daily Living Iranian Children).

Methods: Respondents in this study were pre-school children with child abuse who were given self-help skills with a total of 36 respondents divided into intervention and control groups. The research design used a quasi-experimental design with a non-equivalent control group pre-post test. The bivariate analysis used in bathing, brushing teeth, personal hygiene, and toileting variables was paired t-test, while the variables of dressing and eating was used Wilcoxon Signed Rank Test.

Results: The p-value result in the intervention group is 0.000 (<0.05) which indicates that there is a difference in ADL ability from before and after the intervention. In the control group, the p-value > 0.05 was obtained, indicating that there was no difference between ADL abilities before and after. There is a significant average increase in the intervention group compared to the control group.

Conclusion:

The results of this study indicate that there are average increase in the independence of Activities Daily Living (ADL) in pre-school children with child abuse in the intervention group after being given treatment in the form of self-help skills.

Therefore, it is hoped that all parties involved in the care of children with a history of child abuse are able to minimize the impact that occurs due to child abuse and understand the concept of self-help skills that support the development of the independence of ADL.

Keywords: Activities Daily Living, Child Abuse, Pre-School, Self-Help Skills.

INTRODUCTION

Every child has the right to grow and develop optimally, not just to survive. A balanced diet, good health care, and consistent care at home and at school enable children to live healthy lives. The early years of childhood, or golden age, lay the foundation for intelligence and learning, personality and self-motivation, behavior and social

cooperation, which continue into adulthood (1) Children need love, protection and responsible care from their parents, but in reality many children who should receive protection turn out to be victims of child abuse, getting violent treatment by their parents or guardians (2)

Child abuse is abuse/violence and neglect of children under the age of 18 and

includes all forms of physical and/or emotional abuse, sexual violence, neglect, and harassment that cause actual or potential harm to a child's health, development or dignity (3)

According to the latest available of UNICEF global data that about 90 million children alive today have experienced sexual violence and 1.6 billion children (2 in 3) regularly face violent punishment at home; more than two thirds are subjected to both physical punishment and psychological aggression (4)

Meanwhile, in Southeast Asia, Indonesia has the highest rate of child abuse (5) Based on data from the Online Information System for the Protection of Women and Children (SIMFONI-PPA) application, the number of child abuse in Indonesia rise over the previous year. In 2023 there were 24,158 cases of child abuse which increased to 25,559 cases in 2024. The latest data up to April 2025 shows that there were 4,004 cases of child abuse in Indonesia (6)

In East Kalimantan in 2024 there were 827 children with child abuse cases. The highest cases of child abuse were in Samarinda City, with 193 victims. In 2025, from the data available in SIMFONI-PPA until April 2025 there are 180 cases of child abuse in East Kalimantan (6).

In Mardiyati & Udiati (2018) explain that child abuse has three impacts, namely biological, psychological, and social impacts (7). In addition, research conducted by Perrigo et al., (2018) on 2,683 toddlers aged 0-71 months who experienced child abuse showed 15.80% of toddlers experienced language and communication delays, 11.5% experienced delays in independent living, 4.91% experienced delays in social skills, and 10.46% experienced cognitive delays (8). Wolf described difficulties in maintaining daily oral and dental hygiene among adults who had experienced sexual abuse as children (9)

In children who experience developmental delays, self-care deficits may occur. According to the Child Self-Care theory adapted from Dorothea Orem's Self-Care nursing theory, a child's self-care deficit is defined as inadequate ability and function

according to the age and stage of development of the child in maximizing self-care performance (10).

Preliminary studies conducted on children who were victims of child abuse who were treated at the Kasih Bunda Utari Orphanage in Samarinda in October 2022 showed a similar thing. The results of the DDST (Denver Development Screening Test) assessment on 22 children of pre-school age (4 to 6 years) found 11 normal children, 5 suspected children, and 6 abnormal children, namely there was a delay in the personal social sector and independence, namely brushing teeth and wearing clothes without assistance. This resulted in 9 children experiencing caries, and there was even 1 child who had swollen gums at that time. Meanwhile, according to the results of interviews with caregivers, delays in independence were caused by motor delays due to physical violence (7 children) and sexual abuse experienced by children (1 child), as well as neglect of children with special needs (2 children), children from incest (1 child), children from mothers with mental disorders (3 children), children from mothers with commercial sex workers and drug users (3 children), and children from economically disadvantaged families (5 children). In 11 children had normal development before and after experiencing child abuse, 9 children had normal development before experiencing child abuse and experienced developmental delays after experiencing child abuse, and 2 children were children with special needs who experienced developmental delays before and after experiencing child abuse.

Independence in performing self-care activities is a behavior that is learned by children with a schedule and activities that are patterned and systematic (11). This independence is developed through the process of growth, development and learning of children with the help of parents or caregivers through self-help skills (10), (12). Proper support from parents plays an important role in developing independence skills in early childhood (13). The more often parents practice self-help skills, the more

developed the child's ability to carry out activities related to daily life (12).

Self-help skills are motor skills that can help children to fulfill basic needs independently including food, clothing, to personal care and hygiene (14). Meeting needs becomes a daily routine for children, which is called ADL (Activities of Daily Living) (12), (15).

Sezici (2020) revealed a significant relationship between children's motor skills and personal hygiene ability-toilet, dressing, orderliness-attentiveness, eating, and dressing (16). Self-help skills are very important to be applied in the process of learning in early childhood so that in the process of growth into a person who is independent, disciplined, responsible, and caring for themselves and the environment (17)

Case studies conducted by Umuri (2021) on kindergarten students show that children's self-help skills support the independence of eating and personal hygiene activities in the BSB (Developing Very Well) category while the independence of dressing activities is in the BSH (Developing As Expected) category (14). Similarly, Sobrebiga and Medez (2021) stated that the most self-help skills learned by kindergarten students are eating, dressing, bathing, toileting, and personal hygiene, so that they can perform self-eating activities with small foods (e.g. biscuits, bread) using their hands, bathing without assistance, picking up spilled rice/food, pulling down shorts, and going to a designated place to urinate (BAK) or defecate (BAB) but sometimes still do it in their underwear, as well as washing their face without assistance (12).

Self-help skills carried out on kindergarten children aged 3-6 years for 6 days increase children's independence in daily activities of washing hands, making beds, preparing food and eating using spoons and forks(18) .

Soltaninejad et al (2021) developed an instrument to evaluate Iranian pre-school children's independence in activities of daily living called ADL Iranian Children (ADLIC). The instrument consists of 93 questions

covering 6 critical areas of activities of daily living in the Occupational Therapy Practice Frame (OTPF) (bathing/washing/hygiene, toileting, dressing, eating, functional mobility, etc.). The instrument has been tested on 40 parents with valid results so that this instrument can be used as a descriptive and evaluative questionnaire in the study of pre-school children's independence in activities of daily living in children with and without disabilities in performing activities related to daily living (15).

When teaching self-help skills, children need guidance from adults around them. The adults closest to the child can replace the role of parents, for example in institutions or foundations, where social workers or care givers act as substitutes for parents. The existence of orphanages is a solution to the problem of education and upbringing without the help of parents. Children receive care and education and feel the existence of a family (19).

Based on these thoughts, this study aims to determine the effect of self-help skills on the independence of daily living activities in pre-school children with child abuse at the Samarinda City Orphanage.

METHOD

Research Design

The design of this research is quantitative research with a quasi-experimental design. The research design used was pre-post test non-equivalent control group design. The retrieval technique in this research activity uses purposive sampling technique.

Data collection in this study was carried out using a questionnaire and an observation sheet about ADL independence. Questionnaire A, to obtain respondent data, which contains respondents' personal data (name, age of the child, gender, type of child abuse, severity of child abuse, time span of the incident, and relationship between the perpetrator and the victim), which was filled in by caregivers at the Orphanage. Questionnaire B, which is an observation sheet about ADL independence in pre-school children with child abuse containing 74

statement items adopted from ADLIC (ADL Iranian Children). Previously, the validity of the instrument was tested on 30 respondents at the Baitul Walad Orphanage in Samarinda with the results of the calculated r value > 0.361 which indicates that the item is valid to be added to the research observation sheet, as well as the reliability test with a Cronbach's Alpha or r -alpha value of 0.994 which indicates that the observation sheet is reliable (20).

This observation sheet assesses 6 activities, namely bathing as many as 13 statements, brushing teeth consists of 4 statements, personal hygiene consists of 10 statements, toileting includes 16 statements, dressing as many as 21 statements, and eating as many as 10 statements. A five-point Likert scale (1 = totally dependent, 2 = moderately dependent, 3 = relatively independent, 4 = adaptively independent, and 5 = totally independent) was used to assess children's ADL dependency. Interpretation of the results by comparing the score obtained with cut of point score 70% of the total score, so that the child is said to be independent if the total score is more than 70%.

Pre-test and post-test using the ADLIC observation sheet conducted in the intervention group and control group.

Location, Population, and Research Sample

This research was conducted at The Orphanage in Samarinda city on Juni-Juli 2023. The population in this study were 22 pre-school children with child abuse at Kasih Bunda Utari Orphanage and 20 pre-school children with child abuse at Dharma Social Protection Center Samarinda. The sample in this study was 18 respondents, each for the intervention and control groups taken with purposive sampling technique. Inclusion criteria in this study include children aged 4-6 years old, do not have physical developmental disorders such as cerebral palsy, muscular dystrophy, and are not children with special needs.

Collection or Research Stages

This study was carried out in two stages, namely the preparation stage and the data collection stage. In the preparation

stage, the initial steps taken by researchers in preparing a research proposal, taking care of research permits and ethical clearance. At the data collection stage, the researcher coordinates with the owner of the orphanage, explains the purpose of the activity, and then selects a research assistant. Research assistants are caregivers who live/work at the orphanage. The researcher explained the implementation of self-help skills to the research assistant using the module then together with the research assistant selected respondents based on the inclusion criteria and grouped the respondents into 2 groups, namely the intervention group and the control group. After that, asking the respondent's willingness to be involved in the research through the respondent's caregiver. Then the pre-test was conducted in both groups. Furthermore, the intervention group received education with animated videos and props and simulations regarding self help skills for bathing, brushing teeth, personal hygiene, toileting, dressing, and eating. Researchers and assistants accompanied respondents and directly taught self help skills of bathing, toileting and dressing for 2 weeks, toothbrushing for 5 days, personal hygiene and eating for 6 days. After this period, a post-test was conducted. In the control group, the self-help skill intervention was carried out after the post test.

Data Analysis

IBM SPSS Statistics 24.0 was used to generate various kinds of trend analysis and descriptive statistics. To obtain an overview of the frequency distribution of each variable observed, univariate analysis was used (21). These variables are child age, gender, type of child abuse, severity of child abuse, time span of the incident, and the relationship between the perpetrator and victim. The normality test before data processing used was the Shapiro-Wilk test because each group had a sample of < 50 (22). The bivariate analysis used in bathing, brushing teeth, personal hygiene, and toileting variables is paired t-test, because it is normally distributed with a significance value > 0.05 . While the variables

of dressing and eating were not normally distributed with a p value <0.05 so the Wilcoxon Signed Rank Test was used (23).

Ethical Clearance

This study has passed the ethical test with a Certificate of Passing Ethical Review from the Research Ethics Commission of the Faculty of Nursing, Muhammadiyah University of Jakarta with number: 0889/F.9-UMJ/VI/2023.

RESULTS

Table 1. Distribution of Respondents' Characteristics

Variable	Intervention Group (n=18)		Control Group (n=18)	
	n	%	n	%
Gender				
Male	11	61,1	12	66,7
Female	7	38,9	6	33,3
Types of Child Abuse				
Neglect	10	55,6	12	66,7
Physical Abuse	8	44,4	5	27,8
Sexual Abuse			1	5,6
Severity of Child Abuse				
Mild	2	11,1	8	44,4
Severe	16	88,9	10	55,6
Time of Occurrence				
1-6 Months	3	16,7	4	22,2
7 Months – 3 Years	2	11,1	8	44,4
>3 Years	13	72,2	6	33,3
Relationship of the Perpetrator to the Victim				
Birth/Step Parents	17	94,4	13	72,2
Caretaker	1	5,6	3	16,7
Relatives			1	5,6
Known Person			1	5,6

Table 1 illustrates the characteristics of respondents based on gender in the intervention and control groups, the majority of males. The type of child abuse experienced by the intervention and control groups was dominated by neglect. In addition, the severity of child abuse between the intervention group and the control group had no difference, including the severe category. In addition, the time span of child abuse experienced in the intervention group has mostly passed three years from the time span of the incident (72,2 %) while in the control group most of the time span of the incident is between 7 months-3 years (44,4 %). In both intervention and control groups, the relationship between the

perpetrators of child abuse is biological/stepparents, there is no difference between the control group and the intervention group.

Table 2. Normality Test Results of ADLIC in Assessing Children's ADL Independence

Independence of Activities of Daily Living Variable	p-value Shapiro-Wilk
Bathing	0,086
Brushing teeth	0,091
Personal hygiene	0,097
Toileting	0,149
Dressing	0,019
Eating	0,030

Based on Table 2, The variables of bathing, brushing teeth, personal hygiene, and toileting were normally distributed because the significance value > 0.05 , so in the bivariate test, to determine the difference in independence of bathing, brushing teeth, personal hygiene, and toileting between the intervention and control groups, a paired t-test was conducted. Meanwhile, the variables of dressing and eating were not normally distributed with a p value <0.05 , so the Wilcoxon Signed Rank Test was used to determine differences in dressing and eating variables.

Table 3 shows that the average in the intervention group experienced a significant increase from before and after the intervention. The average increase before and after the intervention was given in the variables of bathing (12.06), brushing teeth (8.83), personal hygiene (13.50), toileting (20.61), dressing (33.84), and eating (12.84). Meanwhile, in the control group, the average increase before and after experienced an increase but was not significant, such as bathing variables (0.05), brushing teeth (0.06), personal hygiene (0.34), toileting (0.11), dressing (0.17), and eating (0.05).

The p -value result in the intervention group is 0.000 (<0.05) which indicates that there is a difference in ADL ability from before and after the intervention. In the control group, the p -value > 0.05 was obtained, indicating that there was no difference between ADL abilities before and after, this is because the control group was not given any treatment.

The difference in the average increase and p-value shows that the intervention group has increased and there is a significant difference compared to the control group.

Table 3. Differences in ADL Independence in Pre-School Age Children Before and After Providing Self-Help Skills in the Intervention Group and Control Group

Variable	Intervention Group			Control Group		
	Mean	Min-Max	P-Value	Mean	Min-Max	P-Value
Bathing						
Before	26,94	18-38	0,000	27,17	13-47	0,331
After	39,00	29-48		27,22	13-47	
Difference	12,06			0,05		
Toothbrush						
Before	12,61	5-18	0,000	15,50	8-25	0,331
After	21,44	16-25		15,56	8-25	
Difference	8,83			0,06		
Personal Hygiene						
Before	24,17	12-36	0,000	24,94	14-40	0,083
After	37,67	26-49		25,28	14-40	
Difference	13,50			0,34		
Brushing teeth						
Before	39,33	14-56	0,000	42,33	27-70	0,331
After	59,94	41-70		42,44	27-70	
Difference	20,61			0,11		
Dressing						
Before	52,33	27-84	0,000	60,44	25-100	0,180
After	85,67	61-105		60,61	25-100	
Difference	33,34			0,17		
Eating						
Before	28,22	16-43	0,000	31,39	21-45	0,317
After	41,06	31-45		31,44	21-45	
Difference	12,84			0,05		

DISCUSSION

The Effect of Self-Help Skills on the Independence of ADL: Bathing

The results of the analysis showed that there were differences in the independence of ADL: bathing in pre-school children with child abuse before and after self help skills were performed. The independence of ADL: bathing in children has increased after self help skills, so it can be concluded that there is an effect of self help skills on the independence of ADL: bathing in pre-school age children with child abuse in Samarinda city orphanages.

Early childhood children should apply self-help skills so that children can fulfill their basic needs (Indriasih and Sumaji, 2021). Self-help skills are motor skills that help children to fulfill basic needs independently which are routinely carried out through ADL (Activities of Daily Living).

In accordance with their age, preschool children have greater control over their gross motor movements than toddlers. This makes

it easier for the child to maintain proper body position while bathing, washing the body with clean water, washing the hair with shampoo, washing the body with soap, rinsing the hair and body, drying the hair and body. At this stage, body exploration is a development that is being experienced by children so children like bathing where they can explore their bodies.

Self-help skills intervention: bathing in this study was carried out for 2 weeks with the fading technique, which is a gradual change where before moving to the next stage, the previous stage must be successful first (for example, after the child is able to rinse his hair with shampoo and clean water then the child is taught to dry the hair). The results showed an increase in the independence of ADL: bathing which is in accordance with the results of research conducted by Ladapase et al., (2022) which shows that the application of self-help skills with fading techniques affects children's independent attitudes when bathing. Children are able to bathe

themselves, lather their bodies and dry with towels in early childhood (Krobo, 2021; Ladapase et al., 2022).

The Effect of Self-Help Skills on the Independence of ADL: Brushing teeth

The results of the analysis showed that there were differences in the independence of ADL: brushing teeth in pre-school children with child abuse before and after self help skills were performed. The independence of ADL: toothbrushing in children has increased after self help skills, so it can be concluded that there is an effect of self help skills on the independence of ADL: toothbrushing in pre-school age children with child abuse in Samarinda city orphanages.

Self-help skills train children's fine motor skills needed to brush their teeth independently. Children are trained to brush their teeth in the correct order. From recognizing the toothbrush, how to hold the toothbrush, pouring toothpaste onto the toothbrush, rinsing the mouth, brushing the teeth from the front, left, right, top, bottom, rinsing off the foam, cleaning the dental tools, and returning them to their original place. At first the children still needed help when brushing their teeth but after doing it for 5 consecutive days with the 5 days gosgi model, every day 2 x, in the morning after eating and at night before going to bed \pm 2 minutes, almost all children were able to brush their teeth independently. However, to clean dental equipment and return it to its original place, most children still need help so that children often lose their toothbrushes because they are not yet able to keep their toothbrushes in place.

This is in line with research conducted by Purnama et al., (2020) which revealed that 5Days gosgi is effective in improving the dental and oral hygiene status of young children's own teeth by forming children's habits of oral health care.

The Effect of Self-Help Skills on the Independence of ADL: Personal Hygiene

The results of the analysis found that there were differences in the independence of ADL: personal hygiene in pre-school children

with child abuse before and after self help skills were performed. The independence of ADL: personal hygiene in children has increased after self help skills, so it can be concluded that there is an effect of self help skills on the independence of ADL: personal hygiene in pre-school age children with child abuse in Samarinda city orphanages.

The application of personal hygiene self-help skills was carried out for 6 days by teaching children to comb and tidy their hair, wash their hands, hold a tissue/handkerchief in front of their nose when coughing and sneezing, clean their nose and mouth with a tissue / handkerchief, blow their nose by blowing it out of their nose, and maintain the position of their hands and feet to cut their nails. Caregivers play an important role by accompanying and helping children to perform personal hygiene until the child is able to do it independently.

This is in line with research conducted by Juwita et al., (2020) which revealed that Self-help skill training conducted on kindergarten children aged 3-6 years for 6 days increased children's independence in daily hand washing activities.

Personal hygiene is an effort made by individuals to maintain their personal hygiene to avoid disease. Children are prone to diarrhea or helminthiasis, so the culture of proper hand washing with soap and running water is important to instill from an early age ((Yisria Maulida et al.,2019).

The Effect of Self-Help Skills on the Independence of ADL: Toileting

The results of the analysis showed that there were differences in the independence of ADL: toileting in pre-school children with child abuse before and after self help skills were performed. The independence of ADL: toileting in children has increased after self help skills, so it can be concluded that there is an effect of self help skills on the independence of ADL: toileting in pre-school age children with child abuse in Samarinda city orphanages.

After the intervention of self-help skills: toileting was carried out for 2 weeks, there were changes where the child only wore

pampers at night and the child was able to control urination at night. Caregivers play a role in assisting children in toilet training, especially at night. Some caregivers do not stay 24 hours at the orphanage, but take turns with other caregivers so that there are differences in parenting patterns in training toileting self-help skills. This causes children to take longer to train the independence of ADL: toileting.

In Sobrebiga & Medez (2021) suggest that one of the most learned self-help skills by kindergarten students is toileting, so they can do the activity of lowering their shorts, and going to a designated place to urinate or defecate but sometimes still do it using underwear.

In accordance with the Child Self-Care theory adapted from Orem's Self-Care theory, in this study, caregivers as self-care agencies play an important role in meeting children's self-care demands, in this case the child's need to perform ADL: toileting. Caregivers teach self-help skills so that children are able to do ADL self-care: toileting independently.

The Effect of Self-Help Skills on the Independence of ADL: Dressing

The results of the analysis found that there were differences in the independence of ADL: dressing in pre-school age children with child abuse before and after self help skills were performed. The independence of ADL: dressing in children has increased after self help skills, so it can be concluded that there is an effect of self help skills on the independence of ADL: dressing in pre-school age children with child abuse in Samarinda city orphanages.

The independence of ADL: dressing requires coordination of fine motor skills in children. During the ages of 4 to 5 years, children continue to hone fine motor skills and build on previous skills. For example, using zippers, buttoning and unbuttoning their own clothes, and continuing to gain independence in dressing (Mansur, 2019). Children who have good fine motor skills find it easier to perform ADL skills: dressing compared to children who have delays in fine motor development.

This is in line with a case study conducted by Umuri, et al (2021) on kindergarten students showing that children's self-help skills support the independence of dressing activities in the BSH (Developing as expected) category.

Dressing yourself is an activity where children wear clothes with various buttons. Children try on their own to wear and how to button their own clothes with various button models from simple buttons to complicated buttons. The task of dressing in children in addition to buttoning clothes, children try to wear and conclude their own shoelaces (Krobo, 2021).

The Effect of Self-Help Skills on the Independence of ADL: Eating

The results of the analysis found that there were differences in the independence of ADL: eating in pre-school children with child abuse before and after self help skills were performed. The independence of ADL: eating in children has increased after self help skills, so it can be concluded that there is an effect of self help skills on the independence of ADL: eating in pre-school age children with child abuse in Samarinda city orphanages.

Self-help skills in other children are that children are able to eat independently without the help of those around them, recognize the eating utensils used and know the types of food. These skills can be taught to children continuously and evaluated on the sixth day (27). Eating activities in children are helping children to eat independently without help from parents or friends around.

Self-help skills carried out in kindergarten children aged 3-6 years for 6 days increase children's independence in daily activities to prepare food and eat using spoons and forks (Juwita et al., 2020).

CONCLUSIONS AND RECOMMENDATIONS

The results of this study indicate that there are differences in the independence of Activities Daily Living (ADL) in pre-school children with child abuse in the intervention and control groups after being given treatment in the form of self-help skills.

Therefore, it is hoped that all parties involved in the care of children with a history of child abuse are able to minimize the impact that occurs due to child abuse and understand the concept of self-help skills that support the development of the independence of ADL.

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