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## **Influence of mother's emotional management training on verbal aggressive behavior of children aged 4-6 years old in Bogor City**

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**Abstract**--Parents have a responsibility to keep their children's growth and development running optimally. Growth is more directed to physical changes according to age, while development refers to increasing the complexity of the functions and skills of children to adapt to their environment. The golden period of child development occurs at the age of under five years. At each stage of the child's age will experience changes that are very diverse and unique. One of the developments that must be achieved by children is emotional development. The factor that has the greatest influence on verbal aggressive behavior in children is the environment, namely family and school. Parents who are hard on their children can make their children harsh on others. Children have the nature of imitating what they get and feel. This study used *aquasi-experimental method with a control group*. By using the minimum sample formula for the two-group difference hypothesis test, the number of respondents was 27 people in the intervention group and 27 people in the control group. The results showed that in the intervention group, there was a significant difference in maternal violent behavior before and after the intervention with p value 0.034; There was a significant difference in children's verbal abuse behavior before and after the intervention with a significance value of 0.036 in the intervention group; Meanwhile, for the control group, there was a significant difference in the maternal violence score (p value 0.009); However, there was no difference between the mean scores of child abuse before and after the intervention in the control group with a p value of 0.092; Mother's emotional management training has an effect on maternal violent behavior with p value 0.026; Mother's emotional management training

can change children's verbal abuse behavior (p value 0.007). It is hoped that the nursing service agency can plan a training program for maternal emotional management in children aged 4-6 years with verbal aggressive behavior.

**Keywords**---emotional management training, verbal aggressive behavior, children.

## Introduction

Parents have a responsibility to keep the growth and development of children running optimally. Growth is more directed to physical changes according to age, while development refers to increasing the complexity of the functions and skills of children to adapt to their environment. The golden period of child development occurs at the age of under five years. At each stage of the child's age will experience changes that are very diverse and unique. One of the developments that children must achieve is emotional development (Lisye, 2019).

Emotions are reactions from individuals in the form of positive or negative feelings as a result of a situation that surrounds them. This can happen because of individual interaction with individuals. (Wiyani, 2014: 22-23). Positive emotions are emotions that give benefits, such as happiness, pleasure, pride, love. While negative emotions such as anger, anxiety, shame, sadness, jealousy and aggressive behavior (izzaty, 2005: 86). Aggressive behavior is behavior that injures others physically or psychologically (Rahman, 2013: 197). Aggressive behavior in children such as tantrums, screaming, crying if their wishes are not fulfilled are very often faced by parents. This is in accordance with the results of Dini's research (2014) which revealed that children's aggressive behavior consists of physical aggression, explosive aggression, verbal/verbal aggression and indirect aggression.

Data from the Official Journal of The American Academy of Pediatrics with the title Global prevalence of Past-year Violence Against Children: A Systematic Review and Minimum Estimates, 2016. On average, 50% or more than 1 billion children in the world are aged 2-17 years have experienced physical, sexual, emotional, and neglect in Africa, Asia. WHO (2019) states that one in four adults has experienced violence as a child. Indonesia is a low-middle income country, the prevalence of violence against girls is 17.44%, boys are 34.95%; child mortality rate due to violence P=0.8%, L=1.6%; emotional violence 18.08% (UNICEF, 2014). According to Susenas (2018), households in Indonesia who experienced emotional violence were 21.48%; type of violence snapped, scaring the largest 41.86%. The total population of Indonesia in June 2020 was 268,583,016 people and the most populous is West Java Province which has a population of 46,092,205 people with a total of 4-6 years old children.

Aggression is physical or verbal behavior to hurt another person (Myers, 2002); hurt behavior that includes physical and verbal which is an antisocial act (Eron in Cavell, 2000). Aggression according to Moore & Fine (in, Koeswara 1988) is violent behavior physically or verbally against other individuals or against objects.

Physical aggression includes violence that is done physically, such as hitting, slapping, kicking and so on. In addition, verbal aggression is the use of harsh words such as stupid, stupid. In addition to this form of aggression, there are factors that influence the act of aggression including learning factors, imitation factors, and strengthening factors. Aggression is often used by humans as a way to express feelings and solve problems. Aggression occurs anywhere, such as fights between students, between villages and even between countries. Aggression also occurs in children. When playing children fight with each other by mocking, hitting or throwing. Previous research has shown that aggression in children can be formed because every day children often see and witness domestic violence either directly or indirectly by fathers against mothers and children as Hartini (2009) research that children adopt aggressive behavior from learning outcomes through observation. children to parents and children can imitate all the behavior of parents that they get from the violence. Experts suggest that the causes of aggressive behavior in children are related to family unemployment, hunger, crime, and psychiatric disorders (Linwood, 2006: 1).

According to Dewi's research (2019), the factor that has the biggest influence on verbal aggressive behavior in children is the environment, namely family and school. Parents who are hard on their children can make their children harsh on others. The child feels it is a normal attitude because he gets the same thing from his parents. Children have the nature of imitating what they get and feel. This is supported by Yeza's research (2018) which shows that children who behave aggressively are found in families with authoritarian parenting patterns. The number of factors that cause aggression in children, made researchers conduct this study to determine the forms of aggressive behavior in children while at school and at home. In addition, to find out the causes of aggressive behavior in children.

There are several ways to deal with children who behave aggressively, including parents must remain calm, not scold, appreciate the good behavior of children, help children express their emotions, identify triggers for children's aggressive behavior, and reward children's achievements. According to Fatma (2017) the training approach using social learning methods with modeling principles will provide many opportunities for families to learn to become figures/models who will become examples for children as an effort to educate children in the core and surrounding environment. Yanuarti's research (2016) shows that the results of anger management training carried out for six weeks can reduce the frequency of verbal aggression from five times a day to once a day. Emotional regulation training can also reduce verbal aggressive behavior, as explained by Fitra (2019) from the results of his research on emotional regulation training showing that there is a significant difference in aggressiveness scores between before and after training. Based on this, the effect of emotional management training intervention on aggressive behavior in children aged 4-6 years will be investigated.

## Research Method

### Conceptual Framework

In accordance with the theoretical framework described above, the conceptual framework of the research can be described as follows:

Independent Variables Intermediate Variables Dependent Variables

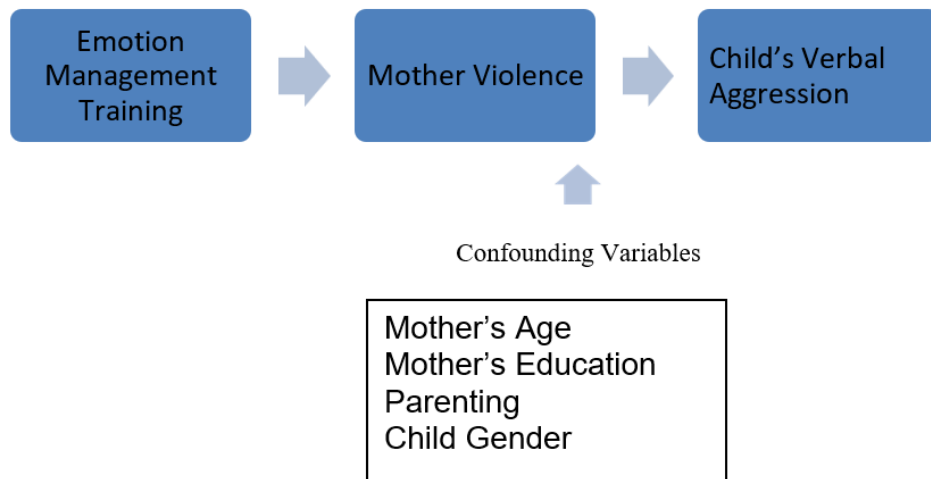


Figure 4.2 Research concept framework

This research consists of the following

1. variables *Independent* variable (Free Variable)  
The independent variable in this study is the mother's emotional management training, which was given during the one month intervention
2. Variable *Dependent* (Bound Variable)  
The dependent variable in this study is a child's verbal aggressive behavior, describing the conditions at the time of measurement.
3. Intermediate  
The intermediate variables in this study were maternal violence after one month of
4. Variables

### Intervention

the table below.

Table 4.1  
Operational Definition

No	Variable	Operational Definition	Measuring	Tool	Results	Scale
1	2	3	4	5	6	7
1.	Emotion manage	Methods for providing health education regarding	Participati ng in a	SOPs and SAPs;'s	Intervensi Group=	Nominal

	ment training	emotional management independently carried out as many as 4 sessions within 4 weeks with a duration of 100 minutes for each session; includes: kinds of emotions and emotional expressions, discussions related to everyday emotional experiences at home, relaxation and simulation of using emotion cards.	whole series of emotion management training activities.	emotional management training manual	training. Control = monitoring	
2	maternal violence	The daily routine of mothers or those closest to them who take care of children aged 4-6 years includes how to communicate and treat their children.	Questionnaire /	instrument questionnaire; The DERS-16.	Score 0-12	ratio
3	Verbal Aggressive Behavior	Speech of children aged 4-6 years that aims to injure or harm others such as shouting, rebuking, cursing, issuing dirty words or other forms of verbal/verbal	nature	. Expressed Emotions (MoVEE).	Score 0-20	ratio
4	Age of Child Child's	age since birth in months of	interview	Questionnaire;	Age in months	Ratio
5	Mother's education	Level of last formal education that the mother has passed	Interview	Questionnaire containing demographic data	1. No school 2. Primary School 3. Junior High School 4. Senior High School 5. College	Ordinal
6	Mother's occupation	Activities carried out by the mother or the closest person who takes care of children aged 4-6 years	interview	questionnaire	1. working 2. not working	Nominal
7	Gender	Condition of children based on gender	interview	questionnaire	1. male 2. female.	Nominal

## Hypotheses

The hypotheses in this study are:

1. There are differences in maternal emotional management before and after training in the intervention group
2. There are differences in verbal aggressive behavior in the intervention and control groups after training

## Research Design

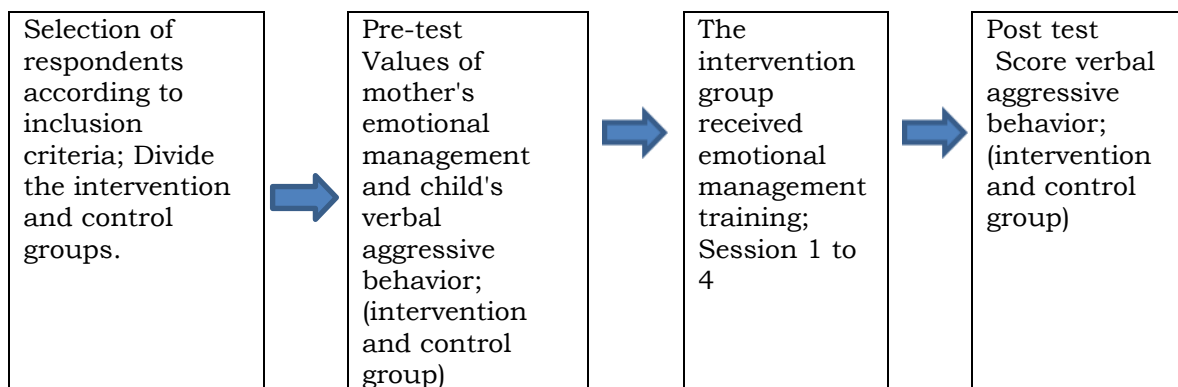
Based on the research objectives, the research design used was Quasi Experiment with control group design with maternal emotional management training intervention. Researchers gave different interventions to the two groups, then observed how they responded at the end of the study. The intervention group was given a four-session emotional management training program with one-week intervals for four weeks. The control group was observed for verbal aggressive behavior, without any intervention. After the end of the study, the control group was given training in maternal emotional management.

The design of this research can be described as follows:

1. Stages of research.  
Stages of research using the input - process - output approach, as illustrated in the chart below.

Chart 4.3 Stages of research

### Input Process Output

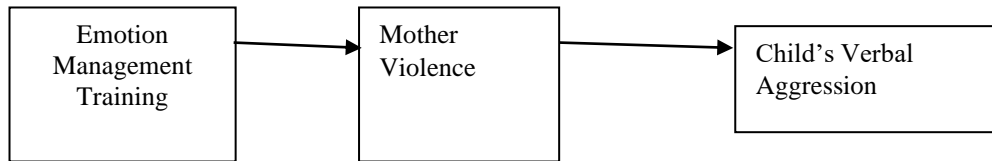


## Research

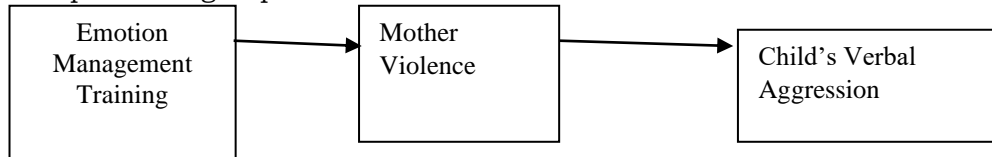
Design The research design that was prepared refers to the research design chosen to fulfill the research objectives. The chart below shows the research design carried out.

Chart 4.4 Research design

## Intervention



## Group Control group

**Description**

Respondents who were selected according to the inclusion criteria as the intervention group received emotional management training, while the control group only observed the mother's emotional management and children's verbal aggressive behavior. At the end of the study, interviews were simultaneously conducted to measure children's verbal aggressive behavior. Then statistical/quantitative analysis was conducted to test the hypothesis. As ethical compensation, the control group was given training in maternal emotional management, after the observation period was over.

## 2. Out put

When this research is completed, it is hoped that it will prove the relationship between mother's emotional management training and verbal aggressive behavior of children aged 4-6 years. Then it can be analyzed various efforts to control children's verbal aggressive behavior so that the quality of children's growth and development can be optimal.

## A. Place and Time of

Research This research was conducted in the working area of the Merdeka and Pancasan Health Centers, Bogor City. This place has more children aged 4-6 years than other places. The time of the study was carried out between July and November 2021.

## B. Population and Sample

The study population in this study was children aged 4-6 years in the city of Bogor, namely in the working area of the Pancasan and Merdeka Health Centers. Samples were taken at the puskesmas with the highest number of visits, namely Posyandu RW 09 Kebon Kopi and Posyandu RW 8 Pasir Mas. The minimum number of samples involved in this study is calculated based on the hypothesis test formula of 2 different proportions (2 sides), as follows:

$$n = \frac{\left[ Z_{1-\alpha} \sqrt{2P(1-P)} + Z_{1-\beta} \sqrt{P_1(1-P_1) + P_2(1-P_2)} \right]}{(P_1 - P_2)^2}$$

Information:

$n$  = minimum sample size

$Z_{1-\frac{\alpha}{2}}$  = z value at a certain degree of confidence  $1-\alpha$ ;

$1-\alpha = 95\%$   $\square\square$   $Z_{1-\frac{\alpha}{2}} = 1.96$

$Z_{1-\frac{\alpha}{2}}$  = z value at a certain  $1-$  test output;

$1-\alpha = 90\%$   $\square\square\square$   $P1$   $Z_{1-\frac{\alpha}{2}} = 1.28$

$P = (P1+P2)/2 = (0.2148+0.400)/2 = 0.3074$

= prevalence of aggressive behavior in Indonesia (Susenas, 2018) 21.48 % = 0.2148

$P2$  = Percentage of verbal aggressiveness in West Bogor (2019) 40% = 0.400

Based on the above formula then:

$$n = \frac{1,64_{1-\frac{\alpha}{2}}^2 * 0,2558 (1 - 0,2558)}{(0,1)^2} = 27.36 = 28 \text{ people}$$

The minimum sample calculation in this study refers to Sarifudin's research (2018) on 'The Effect of Emotion Management Training to Improve Emotion Regulation and Emotion Expression in the Family Context', so from the results of calculations using the formula above, a sample is obtained minimum is 27.36 = 28 people. In anticipation of dropping out, it is necessary to make corrections to the calculated sample size by adding a number of subjects so that the sample size is met. For this reason, a simple formula is available for the addition of 10% (Supranto, J, 2000) as follows: 28 + 10%(28) = 30.8 = 31 people.

Given that there are several variables studied, so that the results of this study can be analyzed further, the minimum number of samples set is 31 x 2 kelp = 62 people for the total sample, of which 31 people are in the intervention group and 31 people are in the control group.

The sample inclusion criteria are:

- Mother or the closest person who takes care of children 4-6 years old
- Mother has had a high voice at the child, such as yelling
- Her child has said rudely
- Willing to be a respondent

While the Exclusion Criteria are:

- Not present at least twice out of four meetings

The sampling method used is *random sampling*, so that all prospective respondents who meet the inclusion criteria have the same opportunity to be selected. In this study, there were 62 respondents who were divided into two groups, namely the control and intervention groups, randomly. In



the course of the intervention group, there were several respondents who could not participate in the activities for various reasons, so that further analysis was 27 respondents in the intervention group and 27 respondents in the control group, so that the total respondents were 54 people.

## Results and Discussion

The implementation of the research collaboration was carried out between the Bogor Nursing Study Program, the Bandung Ministry of Health Poltekkes as the Proposing Research Team (TPP) and the Malang Health Polytechnic Nursing Study Program as the Partner Research Team (TPM). The research team jointly prepares research proposals starting from preliminary studies, literature studies, designing research designs to preparing cost plans. The submission of an ethical review initiated this research activity. After that, we took care of research permits to the Health Office of the city of Bogor and the city of Malang. Data collection will be carried out in the cities of Bogor and Malang. TPMs can participate at this stage at their own expense. After the data is collected we will share tasks for data processing. TPP will perform data entry, then TPM will process the data to data analysis. We will work on the research report together.

The results of the analysis of this study are described as follows:

### A. Univariate analysis

Table 5.2  
Distribution of respondent characteristics based on the child's age (n=54)

Group	variable	Mean	Median	Mode	Min-Max
Intervention	Child's age (months)	62	60	72	48-72
Control	Children's age (months)	59,19	60	60	46-72

Table 5.2 shows that in the intervention group at the beginning of the study the average age of children was 62 months with a range of 48 to 72 months, in the control group the average age of children was 59 months with a range of 46 to 72 months.

Table 5.3  
Distribution of respondent characteristics based on gender, mother's occupation, mother's education (n=54)

Group	Variables	n	%
Intervention	Gender of children:		
	Male	11	40.7
	Female	16	59.3
	Total	27	100.0
	Mother's occupation:		
	private employee	1	3.7
	entrepreneur	4	14.8

	not working	22	81.5	
	Total	27	100.0	
	Mother's education:			
	Primary School	6	22.2	
	Junior High School	10	37.0	
	Senior High School	10	37.0	
	College	1	3.7	
	Total	27	100.0	
Control	Gender of child :			
	Male	13	48.1	
	Female	14	51.9	
	Total	27	100.0	
	Mother's occupation:			
	private employee	2	7.4	
	entrepreneur	3	11.1	
	not working	22	81.5	
	Total	27	100.0	
	Mother's education:			
	Primary School	4	14.8	
	Junior High School	7	25.9	
	Senior High School	15	55.6	
	College	1	3.7	
	Total	27	100.0	

As shown in table 5.2 that most of the participants in this study were 16 girls (59.3%), 22 mothers (81, 5%) did not work, 10 mothers (37%) had high school education in the intervention group, while in the control group there were 14 girls (51.9%), 22 mothers (81.5%) did not work, 15 mothers (55.6 %) have high school education.

## B. Bivariate Analysis

Table 5.4

Homogeneity Test Results Characteristics of respondents based on child's age, child's gender, child's verbal aggressiveness, mother's education, mother's occupation, maternal violence in the Control Intervention group (n=27)

variable	Group	Mean	SD	sig
Age of	intervention	62,04	8,908	0.188
	Control	59.19	7.869	
Gender of	intervention	1.59	0.501	0.370
	Control	1.52	0.509	
Aggressive verbal child	intervention	26.67	0.720	0.691
	Control	28.33	0.765	
Mother's education	intervention	2.22	0.847	0.802
	Control	2.48	Occupation	
mother	intervention	3,78	0,506	0,562
	Control	3,74	0,594	
maternal violence	Interventiona	4,89	0,815	2,293

	1		
	Control	5,33	2,287

To reduce the risk of bias from the research results, homogeneity test was conducted on the characteristics of the respondents in the intervention and control groups. a significance value above 0.05 means that there is no significant difference for the characteristics of the respondents such as the child's age, child's gender, child's verbal aggressiveness, educators n Mother, mother's occupation, maternal violence in the Intervention and Control groups

Table 5.5  
Normality test results for Maternal Violence Data and Children's Verbal Aggressive Behavior in the Intervention and Control Group with the Kolmogorov Smirnov Test (n=54)

Variables	Group	Mean	Median	Mode	sig
maternal violence	( Pre)	4.89	5	2	0.2
	Control (Pre)	5.33	5	7	0.2
Verbal Aggressive Behavior	Interventio nal Child (Pre)	4.56	4	2	0.015
	Control (Pre)	4.93	4	2	0.010

Table 5.5 shows the the intervention group at the beginning of the study the mean score of maternal violence in the intervention group was 4.89 and in the intervention group 5.33. The mean score of children's verbal violence in the intervention group was 4.56 and in the control group was 4.93. To determine the statistical test to be used, the data normality test was carried out on the independent variable with a significant value of more than 0.05 which means that the maternal violence variable (p value 0.2) has normal data, fulfilling the assumption to use parametric statistical tests while the violence variable Children's verbal data distribution is not normal (p value 0.015) so that the next analysis uses non-parametric statistical tests.

Table 5.6  
Differences in the Mean Scores of Maternal Violence and Child Verbal Violence (pre-post) in the intervention group (n=27)

Variable	Measuring	Mean	SD	sig
Maternal violence	Pre	4.89	2.293	0.034
	post	3.56	2.391	
Child verbal aggressiveness	Pre	4.56	2.891	0.036
	post	3.00	2.815	

The results of statistical tests using the Dependent T Test (Paired Sample T test) as shown in table 5.6 that the comparison of the mean scores before and after the intervention in the intervention group there is a significant difference for the maternal violence score (p value 0.034) and Children's verbal aggressive score (p value 0.036). This means that there is an effect of maternal emotional management training on changes in maternal violent behavior and children's verbal behavior.

Table 5.7  
Differences in the Mean Scores of Maternal Violence and Child Verbal Violence (pre – post) in the Control group (n=27)

Variable	Measuring	Mean	SD	sig
Maternal violence	Pre	5,33	2,287	0,009
	post	5,63	2,559	
Child verbal aggressive	Pre	4,93	3,112	0.092
	post	5,48	3,609	

Table 5.7 shows that in the control group the comparison of the mean score of maternal violence (pre-post) in the control group there is a significant difference (p value 0.009) and the verbal abuse score of children (pre-post) there is no significant difference (p value 0.092). This means that there are differences in maternal violence before and after education with leaflet media, but the child's verbal aggressive behavior is still the same.

Table 5.8  
Differences in Mean Scores of Maternal Violence and Child Verbal Abuse in the Intervention and Control Groups at the End of the Study (n=54)

Variables	Group	Mean	SD	sig
Maternal violence	Intervention	2.00	1.754	0.026
	Control	6.15	2.755	
Aggressive verbal child	Intervention	3.00	2.815	0,007
	Control	6,04	4,052	

At the end of the study, a statistical test was conducted using the independent T test method to see the difference in the mean scores of maternal violence and child verbal aggressiveness in the intervention and control groups. It can be seen in table 5.8 that the p value is 0.026 for the variable of maternal violence and verbal aggressiveness of children 0.007. It means that there is a significant difference between the intervention and control groups for the variables of maternal violence and child verbal aggression. It can be analyzed that the mother's emotional management training can change the mother's violent behavior and the child's verbal aggressive behavior.

## Discussion

### 1. Characteristics of respondents based on age, education, occupation.

At the beginning of the study the respondents were randomly divided into two groups using a simple random method, which area would be the intervention and control groups. RW 07 Sindang Sari was selected as the intervention group and RW 01 as the control group with 30 respondents in each group. Prior to the intervention, homogeneity tests were conducted on the characteristics of the respondents such as mother's age, mother's education, mother's occupation, child's age and child's sex. The results of the statistical test showed that the p value was greater than 0.05, meaning that all the characteristics of the respondents in the intervention and control groups were the same/homogeneous.

### 2. Mother's emotional management training

The intervention group was given emotional management training 4 times each meeting 60 minutes with one week interval. The material provided during the training is child growth and development, the role of parents in helping to control children's emotions, emotional management of mothers to control children's verbal abuse. The training method is in the form of lectures, question and answer/discussion, brainstorming, demonstration/redemonstration, consultation. However, in the research process, three respondents could not attend two meetings, so further data analysis involved 27 respondents. For the control group, we provided educational interventions about children's growth and development using leaflet media, according to posyandu service standards.

The mother's emotional management training program aims to help deal with the problem of verbal violence in early childhood because according to Fatwa Tentama (2019) a training program is needed that can reduce children's aggressive behavior. To overcome the problem of verbal aggressive behavior in children, we must understand the causes of the problems that occur, in order to get the best solution. According to Dewi Mayangsari (2019), verbal aggressiveness in early childhood is due to environmental factors, namely teachers at school and family (mother). However, the results of Andi Tean's (2019) research stated that the implementation of emotional management learning in early childhood carried out in the field found that preschool teachers had difficulties in developing the emotional aspects of children. Based on this, the researchers set the target of this training program to be mothers because according to Evi Novianti, et al., 2012 good mother communication helps manage children's emotions. So we designed a mother's emotional management training program that can stimulate mothers to understand themselves, improve communication with their children and apply various techniques to manage their emotions. When managing emotions in early childhood, parents must be calm and in control. Instead of shouting back at the child, lecturing him at length, or even suppressing him in order to make him aware of his mistake. All of that will be in vain when the condition of the child, as well as us, is still hot. So, first of all, calm yourself first, then calm the child. The key to a child's success in self-control begins with parents who are able to do so first. This will not be achieved if the father or mother is still easily angry in solving problems. After calming down, here are the things parents should do when the child is emotional, namely knowing the cause, distracting

him, being calm, giving attention and hugs, and letting the child calm down first before being invited to a discussion. (Nurjanah, 2019)

### 3. Maternal violence behavior

At the beginning of the study the mean score of maternal violence in the intervention group was 4.89 with a range from 2 to 10. After the maternal emotional management training intervention, the mean maternal violence score was 2.0 with a range between 0 up to 6. The results of the statistical test with the dependent t test method showed a p value of 0.034. This means that there is a significant difference in the mean before and after the intervention. It can be concluded that there is an effect of maternal emotional management training on changes in maternal violent behavior before and after the intervention. This is in accordance with the results of Sarifuddin's research (2018) on the Effect of Emotion Management Training to Improve Emotion Regulation and Emotion Expression in the Family Context with the results of the study that there were differences in emotion regulation before and after the intervention. Good emotional regulation skills can help mothers deal with tension, emotional reactions and reduce negative emotions due to emotional experiences. Emotional regulation skills training is needed to improve the mother's emotional regulation ability (Rini Setyowati, 2010).

In the control group at the beginning of the study, the mean score of maternal violence was 4.89 with a range between 2 and 10. After being given education about child growth and development using leaflet media according to posyandu standards, the mean score of maternal violence was 5.63 with a range from 2 to 11. From the results of statistical tests with the Paired Sample t test method, p value is 0.009. This means that there is a significant difference in the mean before and after the intervention. However, at the end of the study, the mean score of maternal violence increased, it can be analyzed that mothers have not been able to control their violent behavior. Mothersexperience stress because of the pressure in dealing with children's daily behavior. The more the child's behavior is assessed as a stressor by the mother, the more likely the mother is to experience more severe stress (Rini Setyowati, 2010).

At the end of the study, the results of statistical tests showed that the p value was 0.026 for the variable of maternal violence. It means that there is a significant difference in the intervention and control groups for the variable of maternal violence. It can be analyzed that maternal emotional management training can change maternal violent behavior. The results of this study strengthen the results of Fitra Riky Yosa's research (2019) which states that emotional regulation training is effective for reducing aggressiveness. Providing emotional management training has been proven to help mothers control their emotions, so that they can reduce negative effects such as yelling or scolding children. Mothers can also further increase positive affect from the results of providing material on positive thinking. The application of relaxation techniques can also help mothers control their emotions.

The provision of emotional control training is intended to improve children's ability to control children's emotions properly. This emotion management training serves to reduce negative affect, increase positive affect, and change individual responses when experiencing negative aspects (Charters, 2013).

Also, providing education is a method that is considered effective in increasing knowledge in a group (Hartati et al., 2019)

#### 4. Verbal aggressive behavior of children aged 4-6 years

At the beginning of the study the mean score of verbal violence of children in the intervention group was 4.56 with a range between 2 to 12 and at the end of the study the mean score of children's verbal violence was 3.0 with a range from 0 to 10. The results of the statistical test using the dependent t test method showed p value 0.036. This means that there is a significant difference in the mean before and after the intervention. It can be concluded that there is an effect of maternal emotional management training on changes in children's verbal violence behavior before and after the intervention. The results of this study are in line with Yulastri's (2021) research on emotional management training as an effort to prevent violent behavior in school-age children, where the results of the activities show that most children already have excellent abilities in controlling their emotions.

In the control group at the beginning of the study the mean score of children's verbal violence was 4.93 with a range from 2 to 12. After being given education about child growth and development using leaflet media according to posyandu standards, the mean mean score of children's verbal violence was 6.04 with a range between 0 up to 14. From the results of statistical tests with the Paired Sample t test method, p value is 0.092. This means that there is no significant difference in the mean scores of children's verbal violence before and after the intervention. However, the mean score before and after increasing, it can be analyzed that education about children's growth and development using leaflet media has not been able to control verbal violence behavior in children. Mothers in the control group did not know how to control their emotions, thus causing verbal violence to occur in children. This is in accordance with the opinion of Dini Farah (2014) that one of the causes of children's aggressive behavior is the identification of children against family members (mothers) who have aggressive or violent behavior.

The statistical test results for the variable verbal abuse of children in the intervention and control groups showed a p value of 0.007. It means that there is a significant difference between the intervention and control groups for the variable of child verbal abuse. It can be analyzed that the mother's emotional management training can change the verbal violence behavior of children aged 4-6 years. This strengthens the opinion of Fatwa Tentama (2019) that a training program can reduce children's aggressive behavior.

## **Conclusion**

After the end of this research, we can conclude that:

1. This study involved 54 mothers consisting of 27 mothers in the intervention group and 27 mothers in the control group with homogeneous characteristics, namely the average age of the mother, most of the mothers (81.5%) did not work with High school education last.
2. group, there was a significant difference in the behavior of maternal violence before and after the intervention with p value 0.034

3. intervention
4. . 0.009)
5. However, there was no difference between the mean scores of child abuse before and after the intervention in the control group, with a p value of 0.092
6. Maternal emotional management training had an effect on maternal violent behavior with p value 0.026
7. Mother's emotional management training could change children's verbal abuse behavior (p value 0.007).

### Recommendations

Based on the results of research that has been carried out, we recommend:

1. Educational Institutions, Bogor Nursing Study Program, Implementing maternal emotional management training to the community to help reduce maternal violent behavior and verbal aggressive behavior of children aged 4-6 years
2. For maids Health (Hospital)  
Planning a mother's emotional management training program in nursing services for children aged 4-6 years with verbal aggressive behavior
3. For respondents  
Take an active role in mother's emotional management training to reduce verbal aggressive behavior problems for children aged 4-6 years

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