

Empowering Students as Health Ambassadors in SMA Negeri 1 Kuta Utara

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Abstract

SMA Negeri 1 Kuta Utara is one of the senior high schools located in North Kuta District, Badung Regency. This school does not only focus on the academic field but also non-academic sector. It is approved by the diverse extracurricular activities at this school. Some of them are student council (OSIS), Paskibraka, scouts, Red Cross youth volunteer (PMR), school security, the student association of environmental and adventure activities, and sports clubs (volleyball, basketball, karate, table tennis, tennis). On the other hand, the tight schedule of the extracurricular activities causes many students to have dense activities after school which often leads to various health issues including fainting caused by fatigue and swelter. Based on that situation, this activity aims to empower students together with the teachers who are involved in the PMR as health ambassadors for handling minor health problems in the form of early injury management and minor injuries which commonly occur in schools. This program included a talk from an expert, interactive discussions, pretest and posttest, simulations, training and mentoring which in its implementation; we were assisted by medical assistance team (TBM) from Faculty of Medicine and Health Sciences, Warmadewa University. Participants have played an active role in each activity with a percentage of attendance and active participation of 100% as the results of this program. The training and mentoring activities have been able to increase students' knowledge as it was shown in the increasing average value of post-test and pre-test by 77%. Through this activity, participants were expected to be able to train and transfer the skills acquired to other team members so that a sustainable process occurs.

Keywords: empowering, health problems, acute injury

Abstrak

[Pemberdayaan Siswa sebagai Kader dalam Penanganan Masalah Kesehatan di SMA Negeri 1 Kuta Utara]

SMA Negeri 1 Kuta Utara merupakan salah satu sekolah yang terletak di Kecamatan Kuta Utara, Kabupaten Badung. Sekolah ini tidak hanya fokus pada bidang akademik, namun juga non akademik. Ekstrakurikuler yang ada di sekolah ini cukup beragam. Beberapa diantaranya yaitu: organisasi siswa intrasekolah (OSIS), Paskibraka, pramuka, palang merah remaja (PMR), patroli keamanan sekolah, pecinta alam, dan olah raga (bola voli, bola basket, karate, tenis meja, tenis lapangan). Dengan banyaknya kegiatan ekstrakurikuler dan tingginya aktivitas siswa di luar jam pembelajaran, kasus kesehatan seperti pingsan karena kelelahan dan kepanasan cukup sering dialami. Kegiatan pengabdian ini bertujuan untuk memberikan pemberdayaan bagi siswa khususnya yang terlibat dalam ekstrakurikuler PMR dengan didampingi oleh guru pendamping PMR sebagai kader dalam penanganan masalah kesehatan ringan berupa penanganan cedera awal dan rawatan luka ringan yang biasa terjadi di sekolah. Metode pelaksanaan kegiatan berupa pelaksanaan pretest dan posttest, penyampaian materi oleh narasumber, diskusi interaktif, simulasi, pelatihan dan pendampingan dengan melibatkan mahasiswa Tim Batuan Medis (TBM) Fakultas Kedokteran dan Ilmu Kesehatan (FKIK) Universitas Warmadewa. Hasil yang diperoleh melalui kegiatan ini antara lain: mitra telah berperan aktif dalam setiap kegiatan dengan persentase kehadiran dan partisipasi aktif sebesar 100%. Kegiatan pelatihan dan pendampingan ini telah mampu meningkatkan pengetahuan siswa ditinjau dari peningkatan rerata nilai pretest dan posttest sebesar 77%. Melalui kegiatan ini mitra diharapkan dapat merekrut mitra lainnya serta mentransfer keterampilan yang didapat kepada anggota tim lainnya agar terjadi proses yang berkesinambungan.

Kata Kunci: pemberdayaan, masalah kesehatan, cedera akut

INTRODUCTION

SMA Negeri 1 Kuta Utara is located at the northern end of Kuta District, precisely in Banjar Tegeh, Dalung Village, North Kuta District, Badung Regency. This school has been established since 1986. At first, this school was named SMA Negeri 1 Kuta but changed to SMA 1 North Kuta since 2002.^(1,2)

SMA Negeri 1 Kuta Utara has an A accreditation and does not only focus on academics but also non-academic sector. Therefore, the extracurricular in this school is quite diverse. Some extracurricular activities held at SMA Negeri 1 North Kuta are student council (OSIS), Paskibraka, scouts, Red Cross youth volunteer (PMR), school security patrols (PKS), student association of environmental and adventure activities, sport clubs (volleyball, basketball, karate, table tennis, tennis), spirituality (Al-Forqon Mosque Youth Association / IRMA) and school cooperatives (Kopsis).^(1,2)

The tight schedule of the extracurricular activities causes many students to have dense activities after school which often leads to various health issues including fainting caused by fatigue and swelter. Besides that, students also often experience injuries such as sprains, cramps, bruises, and abrasions due to taking part in the training in their extracurricular activities.

Children' injuries have become a common health issue whose number of incidences continues to increase.⁽³⁾ National injury prevalence in Indonesia has increased from 7.5% in 2007 to 8.2% in 2013. The highest prevalence was at the age of 15-24 years (11, 7%). Whereas, in Bali, the prevalence of injuries reached 8.6%, of which 43.3% were caused by riding motorbikes.⁽⁴⁾ Previous studies reported that home and school environment were the most common location when children get injuries.

Six main causes of major injury at 7-15 years of age are falls, injuries due to sharp or blunt objects, transportation acci-

dents, assaults, burns, and contact with toxic substances. In addition, there are other activities that can increase the risk of injury including playing, cycling, and exercising. Injuries are also most common happen in parts of the hands, feet, and head.

Based on these conditions, it is necessary to conduct empowerment activities for students and teachers who are involved in the PMR as health ambassadors for handling those health issues.

METHOD

The program consisted of 3 main parts which were simulation, training and mentoring. The students who were involved in this activity were class XI and XII and were joined PMR accompanied by the PMR' tutors.

The program was started by conducting socialization regarding this activity to the participants. It was followed by pretest and posttest regarding health issues caused by excessive physical activity, counseling (talk/ presentation by an expert) and interactive forum discussion about the initial handling of health problems (fainting and injuries) with sport and physical education expert. Furthermore, independent simulation and training activities were conducted as well as mentoring by the Medical Aid Team (TBM) of the Faculty of Medicine and Health Sciences (FKIK), Warmadewa University.

RESULT

Implementation of this program included:

Program Socialization

This activity included gathering information and requesting permission from the board of school regarding the implementation of the program.

Pre-test dan Post-test

Before the implementation of the program, the participants had completed

the 20 pretest questions which were related to health issues and how to give first aid. This pretest consists of 10 acute care questions and 10 minor care questions. After analyzing the answers from all participants, it showed that the average value from 10 participants was 41, with 30 and 50 as the lowest and the highest scores respectively (Figure 1).

Post-test was carried out at the end of the program. Figure 1 demonstrates that the average value of the posttest was higher compared with the pretest (77 and 41, respectively). The lowest score in this test was 65 and the highest score was 85. These results indicate an increase of 36% from the previous pretest value (Figure 1). The post-test results also showed that there was a significant increase, about 57%, in the number of correct answers for questions related to first aid of minor injuries (question no. 11-20). Although the number of the correct answer for the acute injuries questions has also risen, it was only 13%, still lower compared to the minor injuries questions. (Figure 2).

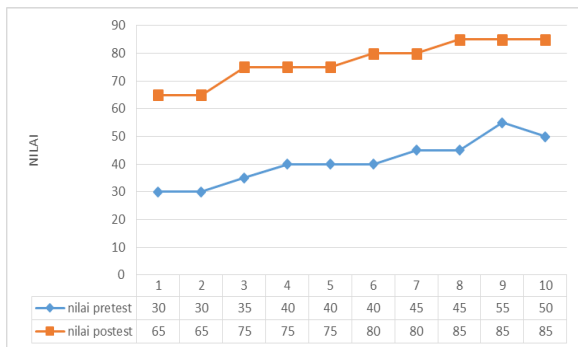


Figure 1. Comparison between pretest and posttest scores

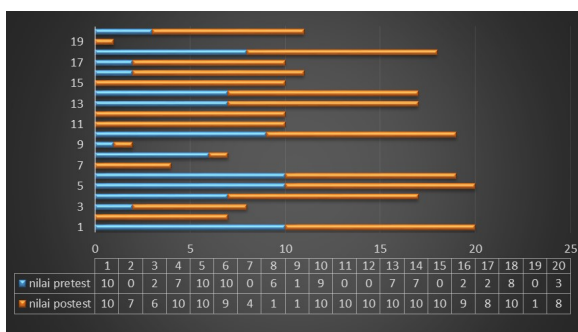


Figure 2. Graph of the Increase in the Number of Correct Answers for each question

Presentation and Discussion

The speaker in this section was dr. Tanjung Subrata who is an expert in the field of sports and health education. The presentation covered how to give first aid for acute injuries and how to treat minor injuries. After presenting those topics there was also a question and answer session when the participants can ask questions related to those topics. Besides that, there was also an interactive discussion when the participant can convey health issues which usually occur in their school and also the obstacles that they faced when they tried to give first aid. By discussing these problems with the expert, they got the solution to overcome those problems.

Simulation

Simulation of acute injury management and treatment of minor injuries was carried out by five TBM students from FKIK, Warmadewa University. To simplify the simulation, several activities and materials were needed, including the *mitela*, elastic bandage, traction, bandages, stretchers, povidone iodine, 0.9% NaCl, and simple heating sets. During the simulation, one person acted as a patient and the other members act as a helper. During the simulation, the participants saw directly the method directly to give first aid and they also asked questions if there were things that have not been understood.

Training and Mentoring

During training, participants were permitted to take an action in accordance with what was previously witnessed. Participants were divided into several groups and were also accompanied by TBM students. Mentoring was carried out regularly with the help of TBM students from FKIK, Warmadewa University.

Table 1. Analysis of Pretest and Posttest Values Related to Type of Question

No	Type of questions	Total value for pretest	Total value for posttest	Increased by (%)
1	Acute injury	55	68	13
2	Minor injury	29	86	57

DISCUSSION

Participants have played an active role in each activity during this program with a percentage of attendance and active participation reached 100%. The pretest results indicate that the candidates had limited basic knowledge regarding first aid. However, at the end of the program, there had been an increase in knowledge marked by an enhancement in the average posttest value (77). Significant increase of correct answers, up to 57%, occurred for the questions related to first aid for a minor injury.

In order to improve participants' knowledge and their understanding regarding first aid topic, we combined several activities including counseling, simulation, training, and also mentoring. This study has been proved that those technics were effective to increase participants' knowledge, especially in short-term memory retention.

These results are relevant to the results of the previous studies that evaluated the memory retention after counseling section using video. The result was approved that the memory retention gained by watching video counseling was stayed longer compared to memory retention by only attended lecturer or talk.⁽⁷⁾ Other studies also reported a significant increase in knowledge and attitudes related to the provision of audiovisuals as a media in providing support.⁽⁸⁾

Based on the discussions with the participants, it is known that students often experience fainting and injuries due to physical and extracurricular activities. This information is consistent with the results of a previous study which stated that exercise is one of the physical activities that can increase the risk of injury.⁽⁹⁾ Other studies also report that there is a relationship between physical activity, age and exercise

participation in an increased risk of injury to children and teenagers in Portuguese.⁽¹⁰⁾

In addition, participants also often get many cases of ulcers (gastritis) and shortness experienced by students. However, this training and mentoring did not cover first aids for gastritis and congestion since it is not in the first aid technic but it is already part of providing therapy/treatment to patients which treatment must be carried out by health workers.

In general, the mentoring activities have been carried out successfully since the implementation of all activities was as planned, great participation from the school members, appropriate materials from the expert, a great help from TBM students from FKIK Unwar, the availability of adequate tools and materials which support all activities, and the implementation of the simulation, training and mentoring activities that also went smoothly.

CONCLUSION

Training and mentoring activities seem to be able to increase the knowledge of participants involved in PMR. This was assessed from an increase in the average pretest and posttest score. After this activity, participants were expected to be able to recruit other students to join PMR as well as be able to transfer the knowledge to other PMR members.

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REFERENCES

1. SMA Negeri 1 Kuta Utara. Bali; 2018 [update 2018 January 01; cited 2018 April 23].
2. Profil SMAN 1 Kuta Utara. Kemendikbud; 2018 [update 2018 April 01; cited 2018 April 23].
3. Lubis P, Hasanah O, Dewi AP. Gambaran Tingkat Risiko Cedera pada Anak Usia Sekolah. JOM 2015; 2(2):1335-1344
4. Riskesdas. Riset Kesehatan Dasar (Riskesdas) 2013. Jakarta: Kementerian Kesehatan RI; 2013 [update 2013 December 1; cited 2018 September 4]. Available from: www.depkes.go.id/resources/download/general/Hasil%20Riskesdas%202013.pdf
5. Puslitbang. Perilaku Berisiko Kesehatan pada pelajar SMP dan SMA di Indonesia. Jakarta Badan Litbangkes Kementerian Kesehatan RI; 2015 (update 2016 November; cited 2018 September 4).
6. Shi X, Qi Y, Shi D, Yan C, Shi J, Cao B, et al. Feature and Risk Factors of Nonfatal Injury Among The Rural Children: A Survey of Seven School in A Mountain Area in Southwest China. Plos One 2014; 9 (7):e102099
7. Putri DM, Wahyudi F, Margawati A. Perbedaan Retensi Memori Pasca Penyuluhan Keluarga Berencana dengan Media Ceramah dan Video pada Wanita Usia Subur. JKD 2016; 5(4):682-693.
8. Kapti RE, Yustina Y, Widyatuti. Efektivitas Audiovisual Sebagai Media Penyuluhan Kesehatan terhadap Peningkatan pengetahuan dan Sikap Ibu dalam Tatalaksana Balita dengan Diare di Dua Rumah Sakit Kota Malang. Jurnal Ilmu Keperawatan 2013; 1(1):53-60
9. Supriyadi H. Analisis Cedera Olahraga dalam Aktivitas Pendidikan Jasmani pada Siswa SMA Negeri 1 Nalumsari Kabupaten Jepara Tahun Ajaran 2015/2016. Universitas Negeri Semarang; 2017 [update 2017 Oct 31; cited 2018 September 4].
10. Silva LC, Fragoso MI, Teles J. Physical activity-Related Injury Profile in Children and Adolescents According to Their Age, Maturation, and Level of Sport Participation. Sport Health 2017; 9(2):118-125