Knowledge Level of Adolescent Red Cross Students in First Aid for Syncope Handling

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Abstract

Syncope is a temporary loss of consciousness consequence hypoperfusion cerebral global transient characterized with onset fast, duration which short and recovery spontaneous. Lost consciousness due to decreased blood flow to system Activation reticular and no need therapy electricity or chemistry for back to normal. The purpose of this study was to determine the level of knowledge of Adolescent Red Cross (PMR) students in first aid for handling syncope at SMA Negeri 1 Telaga Biru. This study uses a quantitative descriptive research method with a sample of 20 respondents obtained by using consecutive sampling technique. The results showed that 16 respondents lacked knowledge and 4 respondents had good knowledge. It can be concluded that this shows that the level of knowledge of Adolescent Red Cross (PMR) students in first aid for handling syncope is still in the poor category.

Introduction

Syncope is something state loss awareness and strength body of an individual that occurs suddenly, and is accompanied by recovery condition individual the (Febrina et al., 2017). Syncope is a temporary loss of consciousness consequence hypoperfusion cerebral global transient characterized with onset fast, duration which short and recovery spontaneous. Lost consciousness due to decreased blood flow to system Activation reticular and no need therapy electricity or chemistry for return to normal (Haykal, 2018). according to Worth Health Organization (2017), incident syncope in world estimated as many as 12 million cases every year and can cause respiratory arrest and heart and even death. according to European society of cardiology (ESC, 2018), in America 3% of visits patients in the emergency department due to syncope and is 6% someone's reason come to House sick. Number frequency within 3 year final estimated 34%.

According to the Ministry of Health R1 (2017) as many as 35% of students in Indonesia have experienced syncope while doing school activities. Meanwhile, according to the Gorontalo Provincial Health Office, The number of syncope cases in Gorontalo in 2019 that occurred in schools was around 30% in general, both during the flag ceremony and due to congenital diseases. Syncope that occurs in schools is included in neurocardiogenic syncope characterized by repeated fainting and is caused in a hot or crowded atmosphere, fatigue, severe pain, hunger, standing too long and emotional or stressed states or participating in sports activities that are routinely carried out. (Setianingsi et al, 2020).

A preliminary study conducted at SMA Negeri 1 Telaga Biru was informed that there are 3-4 person student which experience syncope at the moment ceremony daily routine Monday.
Reason syncope because no breakfast moment will ceremony and too long stand up in lower hot Ray Sun.

From results interview with Youth Red Cross (PMR) administrator SMA Negeri 1 Telaga Biru obtained if there are students who experience syncope during the ceremony, immediately evacuated by friends who are beside him and take her to UKS. Next student which experience syncope will be handled by teacher which keep watch in UKS. While at UKS, students who experience syncope will handled with method take off the belt, lay down in the place sleep, loosen clothes and give fragrance like oil eucalyptus. After that, if students who experience syncope already aware will given drinking water.

Handling syncope at SMA Negeri I Telaga Biru which not yet in accordance with SOP/Standard and giving curriculum about less syncope maximum cause a lack of knowledge member PMR and impact on level handling readiness first syncope which occur.

From the problems obtained, it is expected that PMR (Teenager Red Cross) students at SMA Negeri 1 Telaga Biru can provide treatment for students who experience syncope or fainting according to procedures or according to treatment according to theory.

Methods

This research is a type of quantitative descriptive research. This type of descriptive research is research that aims to describe the variables in the study. As for this study, it will describe how the level of knowledge of adolescent Red Cross (PMR) students in first aid for handling syncope. The sample of this research is students of SMA Negeri 1 Telaga Biru who are members of PMR and fulfill the inclusion criteria set by the researcher With the technique of using sampling in nature, this is with Non - Probability Sampling by type Consecutive Sampling. Consecutive Sampling, ie the samples taken are all objects observed and meet the sample selection criteria. Amount sample in this research is 20 people.

Results and Discussion

Univariate Analysis

Distribution of Respondents by Age with Knowledge

<table>
<thead>
<tr>
<th>By Age with Knowledge</th>
<th>Good</th>
<th>Less</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-16 Year</td>
<td>3</td>
<td>15</td>
<td>18</td>
</tr>
<tr>
<td>17-25 Year</td>
<td>1</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Source: Primary Data, 2022

Based on the results of the study, there were 20 respondents, found in the age group 12-16 years, respondents who had good knowledge were 3 respondents and respondents who had less knowledge were 15 respondents. Meanwhile, in the age group 17-25 years, respondents who have good knowledge are 1 respondent and respondents who have less knowledge are 1 respondent.
Based on the results of research from respondents totaling 20 respondents, found in the male gender, respondents who have good knowledge are 2 respondents and respondents who have less knowledge are 3 respondents. While in the female gender, respondents who have good knowledge are 2 respondents and respondents who have less knowledge are 13 respondents.

**Distribution of Respondents Based on Knowledge**

- Male:
  - Good: 2
  - Less: 3
  - Total: 5

- Female:
  - Good: 2
  - Less: 13
  - Total: 15

Source: Primary Data, 2022

Based on the results of research from respondents totaling 20 respondents, it was found that respondents who had good knowledge were 4 respondents and respondents who had less knowledge were 16 respondents.

**Age with Knowledge**

- The results showed that the 12-16 year age group have a good level of knowledge totaling 3 respondents and respondents who have a low level of knowledge totaling 15 respondents. While in the age group 17-25 years, respondents who have a good level of knowledge are 1 respondent and respondents who have a low level of knowledge totaling 1 respondent.

- From the results of this study, it can be seen that there are more students aged 12-16 years who have less knowledge, these students are still many who are wrong in answering questions such as what happens to a person if he faints which results in the flow of blood and oxygen to the body. lack of brain, when a person who faints returns to consciousness, fainting symptoms that occur in the visual organs, which must be done first when someone faints, the correct position when someone faints, the right position of the head for a fainted person who is vomiting.
This research is in line with that conducted by Ngaisah (2019) where research results that shows the age of the respondent many which age 17-25 year could affect knowledge of n and behavior somebody, because According to him, young adults are in a transition period, including transitions intellectually and socially. Young adults are able to solve the problem that complex with the capacity to think abstractly, logically and rationally. In early adulthood, cognitive changes certainly have not occurred. Individual early adulthood is very capable of receive or learn novelty and ability remember will better.

Based on the research results, the supporting theory is according to Piaget ( Santrock , 2017) Formal operational thinking takes place between the ages of 11 to 15 years. Formal thinking is more abstract, idealistic and logical than concrete operational thinking. Piaget emphasized that adolescents are driven to understand their world because of the actions taken by biological adjustment. More clearly they relate one idea to another. They not only organize their observations and experiences but also adapt their way of thinking to include new ideas because additional information leads to deeper understanding. Adolescents think logically who begin to think like scientists, develop various plans to solve problems and systematically examine ways of solving the though (Moshman, 2005). In the development of this knowledge, adolescents cannot be separated from the social environment which emphasizes the importance of social and cultural interaction.

It can be concluded that more respondents aged 12-16 years have less knowledge than respondents aged 17-25 years.

**Gender with knowledge**

Based on the results of research from respondents totaling 20 respondents, found in the male gender, respondents who have good knowledge amounted to 2 respondents and respondents who have less knowledge totaling 3 respondents. While in the female gender, respondents who have good knowledge are 2 respondents and respondents who have less knowledge totaling 13 respondents.

From the results of this study, it can be seen that male and female students whose knowledge level is lacking are still lacking, many students are still wrong in answering questions such as what happens to someone if they experience fainting which results in blood flow and blood loss. lack of oxygen to the brain, when a person who has fainted returns to consciousness, the correct position when a person faints, the correct position of the head for a person who is unconscious who is vomiting (Martin et al., 2010).

The results of this study are in line with Tobing Y’s research (2019), where the knowledge of all male and female respondents with the majority having sufficient knowledge is 11 respondents (36.7%). and minority less knowledgeable as many as 9 respondents (30.0%) in first aid fainting/ syncope.

According to Notoadmodjo (2014) in Maransisca (2019), gender has a direct or indirect relationship with a person's level of knowledge about something. It can be seen that the male gender tends to have better knowledge than the female (Usman et al., 2014). It can be concluded that both male and female respondents have the same level of knowledge.

**Knowledge**

Based on the results of research from respondents totaling 20 respondents, it was found that respondents who had good knowledge were 4 respondents and respondents who had less knowledge were 16 respondents.

From the results of this study, it can be seen that more students have less knowledge, many students are still wrong in answering questions such as what happens to someone if they faint which results in less blood and oxygen flow to the brain, when someone faints. regain
consciousness, fainting symptoms that occur in the visual organs, appropriate actions when finding a person who has fainted, which must be done first when someone faints, the correct position when someone faints, proper head position for a fainted person who is vomiting, given to people who fainted after regaining consciousness.

This research is in line with Panji Nugroho's research (2017) where from the number of respondents as many as 64 respondent, level result found knowledge with less handling as many as 13 respondents lack of knowledge with good handler as much as 17 respondents, good knowledge with less handling as many as 13 respondents good knowledge with good handling as many as 21 respondents. This is seen from the results chi square test results obtained P value = 0.047 (>0.5). The results of this study indicate that there is a significant relationship to the level of knowledge and first handling of students syncope at SMAN 1 Ngaglik Sleman Yogyakarta.

According to Wiranda et al. (2020), good knowledge very influential on the handling the first one is precise and fast. Knowledge good from the respondents because students students get knowledge from books, as well as from the internet. Meanwhile from less knowledgeable respondents because respondents do not understand about syncope, what are the risks that will occur? will happen if the victim of syncope is not immediately receive prompt and appropriate treatment. Because most people think that syncope is just a normal occurrence and common to everyone because of fatigue and eating late, even though it could be syncope are signs of a disease which may need to be addressed immediately.

It can be concluded that there are still many students whose level of knowledge is less than students who have good knowledge

**Conclusion**

Based on the results of research and discussion on the characteristics of age, gender and level of knowledge of Adolescent Red Cross (PMR) students in first aid for handling syncope at SMA Negeri 1 Telaga Biru.

The characteristics of the age group that have less knowledge are 15 respondents in the 12-16 year age group and 3 respondents have good knowledge in the category. While in the age group 17-25 years , respondents who have a good level of knowledge are 1 respondent and respondents who have a low level of knowledge amounted to 1 respondent . This happens because there are still many students who incorrectly answer the questions in the questionnaire, such as what to do first when someone faints and how to do the correct position when someone faints. It was concluded that more respondents aged 12-16 years had less knowledge than respondents aged 17-25 years.

Characteristics of the gender who have knowledge with less category in the female group as many as 13 respondents and those who have good knowledge category in the female group as many as 3 respondents, while in the male gender, respondents who have good knowledge are 2 respondents and respondents who have less knowledge totaling 3 respondents. This happens because there are still many students who incorrectly answer the questions in the questionnaire, such as what are the symptoms of fainting that occur in a person's visual organs and how the correct position is done when someone experiences fainting. So it was concluded that the respondents, both male and female, had the same level of knowledge.

The level of knowledge of Adolescent Red Cross (PMR) students in first aid for handling syncope is in the less category, namely as many as 16 respondents and the level of knowledge in the good category as many as 4 respondents. This happened because there was no counseling about syncope handling training to the previous Youth Red Cross (PMR) members. It is concluded that there are still many students whose level of knowledge is less than students who have good knowledge.
References


