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## Young Generation Emergency Awareness in The Tourism Area of Kemumu Village, North Bengkulu

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### ABSTRACT

Kemumu Village is a tourist destination that is visited by many people from various regions. The characteristics of the Kemumu Village tourist area has steep rocky areas, waterfalls, 1000-level stairs, cold temperatures, slippery roads, and has cross-country tourism activities. The problems that occur are frequent accidents due to falls that result in head injuries, spinal injuries, bleeding, drowning, fractures, shortness of breath, respiratory and cardiac arrest, and other emergency conditions. This condition poses a threat of disability and even death to the victim if it is not handled quickly and appropriately in tourist areas. Loss of life in tourists is bad news for the world of tourism. Therefore, it is necessary to carry out community service activities, especially the Young Generation regarding Emergency Alert (Gemu Gadar) in the tourist area of Kemumu Village, North Bengkulu. The activity method applied is lecture, discussion, and simulation for 10 people from Karang Taruna. Before giving the material, a pretest was carried out, followed by the provision of material on emergencies and simulations/practices. After that, posttest measurements were carried out. The results showed an increase in the knowledge and skills of participants in handling emergencies in the Kemumu tourist area.

## 1. Introduction

The natural tourist destination of Kemumu Village is located in the North Bengkulu area of Bengkulu Province, which is very unique and spoils the eyes of the visitors. This tourist destination consists of Lorong Batu and Palak Siring with very beautiful waterfalls. Kemumu Village belongs to the highland area category. most of the area has a plain and hilly topography at an altitude of 11.4 m above water level. The average rainfall ranges from 2000M3 to 30003 with an average temperature of 320 C. Geographical tourism in Kemumu is land consisting of waterfalls, rice fields, rivers, and hills. The characteristics of the Kemumu tourist area are waterfalls, rocks, 1000 stairs, cold places, slippery roads, and trekking and adventure tourism activities. The road to the tourist area is a visitor's attention because there are a few cliffs at the beginning of the trip, the dirt road is quite slippery and rocky. The waterfall area is surrounded by large, sharp river rocks with very heavy water flow, the very cold mountain water temperature coupled with the sound of a swift and strong waterfall reflected from the cliffs and large rocks around it will make our eardrums hurt. The tourists who wear safety equipment T-shirts, such as mountain sandals/sports shoes (not wearing feet), life vest, gloves, and if necessary each team/group will bring a medium rope and first aid kits as well as the necessary medicines (Kurniawaty, 2019).

The number of tourists visiting tourist areas every day is a concern for the security forces from the Tourism Awareness Group (Pokdarwis), the Police, and Youth Organizations. This is due to the anticipation of accidents, injuries, drowning, respiratory and cardiac arrest, fractures, and injuries to the bodies of tourists. Therefore, the Kemumu Youth Organization is ready and alert in the tourist area. The basis for this preparedness is not only passionate, which requires knowledge and skills about emergency first aid (PPGD) for victims who are desperately needed so that they can assist properly and appropriately (Sukarja & Sukawana, 2019); (García et al., 2019); disaster victim management Rescuers must know the cause of death to prevent death (Aswad et al., 2021). Problems that occur in the Kemumu tourism sector are accidents, head injuries, spinal cord injuries, bleeding, drowning, fractures, shortness of breath, respiratory and cardiac arrest to emergency conditions. This condition poses a threat to even death for the victim if it is not handled quickly and appropriately in tourist areas.

Based on these problems, the Karang Taruna group revealed that they had never done a quick and appropriate treatment because they didn't know what to do in each incident, so they could only help the victim to the hospital immediately. Having not received PPGD training, the absence of an emergency alert group in tourist areas is still an obstacle for the general public. Therefore this is very important to do because there are tourist emergencies. This is supported by secondary data from the Arga Makmur Hospital, which recorded that incidents in tourist areas in 2018-2019 were accidents with head injury cases of more than 10 people every month with tearing, fracture and death conditions, drowning 3-6 people, respiratory and cardiac arrest, shortness of breath, wounds caused by sharp stones. We as lecturers from the University of Bengkulu are interested in conducting Community Service activities with the title: Emergency Alert Young Generation "Gemu Gadar" Kemumu Skilled in First Aid in Emergency (PPGD) in Tourism Areas.

The definition of emergency Emergency means life-threatening, while the emergency is the need to get immediate treatment or action to eliminate the threat to the victim's life. So, an emergency is a life-threatening situation that must be taken immediately to avoid the disability and even death of the victim (Hutabarat & Putra, 2016). All of these situations need to be addressed immediately within minutes or even seconds so that practical knowledge is needed for all people about first aid in an emergency. First aid in the emergency department is a series of first attempts that can be made in an emergency condition to save the patient from death (González et al., 2018). According to (Gabriel & Aluko, 2019) that the purpose of emergency services for emergency conditions can occur anywhere, both pre-hospital and in-hospital or post-hospital, therefore the purpose of emergency assistance is threefold, namely: a. Pre Hospital The range of emergency conditions at pre-hospital can be carried out

by special lay people or health workers are expected to be able to take handling actions in the form of 1) Removing dangerous objects at the scene that are at risk of causing another victim, for example, broken glass that is still hanging and others. other. 2) Triage or select and determine emergency conditions and provide first aid before more skilled health workers come to help 3) Perform temporary fixation or stabilization 4) Evacuate the victim, i.e. the victim is moved to a safer place or sent to the appropriate health service condition of victims 5) Prepare special laypeople and health workers through disaster preparedness training b. In Hospital Emergency conditions in hospitals are carried out by health workers to help victims.

Knowledge is the result of knowing, and this occurs after people have sensed a certain object. Sensing occurs through the five human senses, namely the senses of sight, hearing, smell, taste, and touch. Most of the human knowledge is obtained through the eyes and ears. Knowledge is a very important domain in shaping one's actions (overt behavior) (Notoatmodjo, 2012). Behavior that is based on knowledge will be stronger than behavior that is not based on knowledge. Factors that affect knowledge According to Budiman & Riyanto (2013), the factors that influence knowledge are as follows: a. Education: Knowledge is very closely related to education where it is hoped that someone with higher education will have a wider knowledge; b. Information/Mass Media: The development of technology will provide a variety of mass media that can affect public knowledge about new information and innovations; c. Socio-cultural: Habits and traditions are carried out by people without going through reasoning whether what is done is good or bad. Thus, a person will increase his knowledge even if he does not do it. A person's economic status will also determine the facilities needed so that it affects one's knowledge; d. Environment: The environment is very influential in knowledge because of the reciprocal interaction or not which will be responded to as knowledge by each individual; e. Experience: Experience is a way to obtain the truth of knowledge by repeating the knowledge gained in finding solutions to problems faced in the past; f. Age: Age affects a person's perception and mindset. The older you get, the more your grasping power and mindset will develop, so that the knowledge you gain is getting better.

## 2. Methods

The activity method applied is the lecture, discussion, and simulation method. Participants were divided into three groups. The presenters are lecturers and assisted by UNIB Nursing students and the Indonesian Red Cross (PMI) North Bengkulu who have been certified BTCLS. The sample in this activity was 10 people from the Karang Taruna group in Kemumu Village. The activity will be held on August 4-5, 2021. The implementation of service is carried out in three stages as follows: 1). Preparation Stage: Implementation of the approach to the village head and youth groups of Kemumu Bengkulu Utara, requests for permits for community service activities from the Chair of the LPPM and the Chair of the Bengkulu University Community Service Division; 2). Implementation Stage: Hold a meeting for the formation of the GEMU GADAR group for the Kemumu Tourism Area. Then screening the knowledge of the GEMU GADAR group on emergency management to determine the participants' basic knowledge. On the implementation of the first day of service activities Session 1: Conducting Pre Test for 30 minutes at 08.30 – 09.00 WIB. Session. Provide counseling materials at 09.00 – 12.00 WIB regarding Basic Life Support which includes: understanding basic life support, implementation of cardiopulmonary resuscitation (CPR), handling initial actions in unconscious patients, airway management in unconscious victims, assessing breathing in an unconscious victim, assessing circulation and early compression and steps to perform cardiopulmonary resuscitation. Session 2 the first day at 13.00 – 16.00 WIB: counseling materials on victim ambulation techniques, materials on how to deal with bleeding, materials on open wound care techniques, materials on techniques for handling electric shock and lightning. Extension materials using powerpoint media, LCD, and laptops provided by the community service team.

Second-day community service activities: Session 1 at 08.00 – 12.00 WIB, provide a simulation or demonstration of emergency handling as an application of the knowledge that has been obtained and as an exercise that is carried out so that the GEMU GADAR group directly. This activity uses Phantom CPR (Cardiopulmonary Resuscitation). The material presented in the simulation activity is how to evaluate the response of an unconscious victim, how to activate emergency medical services or ask for help from others, how to position the victim on a hard and flat place, how to evaluate the carotid pulse, how to determine the position of the hand on compression. chest compressions, how to do chest compressions, how to open the airway, how to check to breathe, how to give artificial respiration. Simulation of victim ambulation techniques and how to deal with bleeding, treatment of open wounds, and electric shock and lightning. Session 2 at 13.00-13.30 WIB: Post Test, Closing, and Evaluation Stage. The initial evaluation was carried out by giving a pre-test to the participants which contained questions related to the extension material to be given. The results of this evaluation are in the form of a score for each respondent, which is the result of dividing the correct answers with the total number of questions multiplied by 100. Process evaluation is carried out by looking at the respondents' responses through the questions asked or the feedback given in the discussion. The final evaluation was carried out by giving a post-test to the participants, which contained the same questions that had been given in the pre-test. The post-test scores were compared with the pre-test scores. If the post-test score is higher than the pre-test score, the extension activities provided have succeeded in increasing participants' knowledge. This evaluation is carried out at the time of counseling.

### **3. Results And Discussion**

Preparation for the implementation of service activities begins by coordinating with the Kemumu village, the head of the Youth Organization, and the Kemumu tourism manager on July 14-15, 2021. Then the team also coordinates with the Bengkulu University regarding the Service Activities that will be carried out. During the Covid-19 pandemic, coordination activities were carried out following health protocols to prevent the spread of Covid-19. After coordinating the implementation team, they coordinate with the Karang Taruna head and members who will become Gemu Gadar volunteers in the Kemumu tourist area. Furthermore, the implementing team held a meeting for the preparation stage such as the tools and materials used, coordination with PMI North Bengkulu, determining the location, preparing materials, and making pre and post-test questions as a measurement of participants' knowledge. Approach to youth groups of North Bengkulu Kemumu, a request for licensing for community service activities from the Chair of the LPPM and the Chair of the Bengkulu University Community Service Division. This service activity is in the form of emergency training in the Kemumu tourist area. This activity is an effort and strategy to improve the understanding and skills of the young generation of emergency volunteers in the Kemumu tourist area. This activity is useful for Gemu Gadar Kemumu volunteers to add insight and knowledge and skills to Gemu Gadar volunteers.

Location Overview: This activity has been completed in the Kemumu tourist area, which is located at Kemumu Village. Arma Jaya District, North Bengkulu Regency, Bengkulu Province. Accessibility is about 70 km from Bengkulu city or 7 km from Arga Makmur city center with a travel time of about 15-20 minutes. Can be reached by using private or public vehicles by paying a fee of Rp 3.000,-. Arriving at the parking location, the journey continues by walking down the stairs totaling about 200 pieces. Then walk again as far as 500 m from the stairs to the location where the waterfall is located.





**Figure 1.** Kemumu Tourism Area

**Realization of Activities:** The initial stage of preparation for the service team in coordination with the village and youth organizations as well as the Kemumu tourism manager regarding the initiation of Gemu Gadar volunteers and training for Gemu Gadar Kemumu. Coordination with youth organizations, tourism managers, and urban villages produces a schedule of activities, where activities take place and the preparation of participants. Reaching an agreement through coordination with the youth organization and the area directed the service team to the next step, namely the creation of training materials.

In the first activity, a pre-test was conducted to see the ability of participants to do the questions manually. The results show a lack of ability of participants by 80% of the 10 participants. This first activity ended with a discussion, the participants were very enthusiastic about initiating and having knowledge about the Gadar Gadar training. 10 participants volunteered. This activity takes place from August 4 to 5, 2021. On the first day, the implementing team conducts a Pre Test for 30 minutes at 08.30 – 09.00 WIB.

Furthermore, providing counseling materials at 09.00 – 12.00 WIB regarding Basic Life Support which includes: understanding basic life support, implementing cardiopulmonary resuscitation (CPR), handling initial actions in unconscious patients, handling airways in unconscious victims, assessing breathing in an unconscious victim, assessing circulation and early compressions and measures to perform cardiopulmonary resuscitation.



**Figure 2.** Activity training

This activity is the first experience in knowing emergency first aid for the volunteer participants in Gemu Gadar Kemumu tourist area. In particular, the introduction of the victim assessment is carried

out step by step. The techniques given are: how to evaluate the response of an unconscious victim, how to activate emergency medical services or ask for help from others, how to position the victim on a hard and flat place, how to evaluate the carotid pulse, how to determine the position of the hand on chest compressions. , how to do chest compressions, how to open the airway, how to check to breathe, how to give artificial respiration. The participants were very enthusiastic about the step-by-step technique of Mitela preparation to stop the bleeding and the instructor was also very clear in providing simulations, so the training ran very smoothly, many questions from participants were raised during the training.



**Figure 3.** Training of splint injuries

Evaluation of the results of activities and direct monitoring carried out by the implementing team can be concluded that the knowledge and skills of participants regarding emergency first aid in tourist areas tend to be lacking. The basis for this monitoring is the results of the pre-test conducted at the beginning of the activity. From the questions given, on average, participants can only do less than half of them. After the post-test was carried out, the participants were invited to discuss the questions that had been done. Almost all of the post participants knew about PPGD. However, they still have difficulty answering the questions given.

The time given to work on the questions is 30 minutes. Part of the time given is not used by participants to solve problems because they do not understand them. Therefore, almost all participants considered that emergency first aid is a difficult thing to do because it is related to a person's life. At the time of the training, all participants participated in the activity until it was finished. Participants were given knowledge about the material. Post-test results conducted at the 4th meeting, it can be concluded that the training gave positive results. This can be seen from the results of the post-test given. Compared to the results of the pre-test, the post-test scores increased more. So it can be concluded that the participants already know about PPGD and the skills that must be done. The analysis using SPSS was carried out on the post-test result data, this shows that there is a significant difference from the training results. The data shows that the average post-test score is 85.00, which is much higher than the pre-test score of 45.70.

**Table 1.** SPSS output for statistical description of pre test and post test scores

	Mean	N	Std. Deviation	Std. Error Mean
Pre Test	45.70	10	12.352	2.225
Post Test	85.00	10	.000	.000

#### 4. Conclusion

The target audience of this activity is the younger generation as many as 10 people who have been selected in the GEMU GADAR group in the Kemumu tourism area, North Bengkulu. The selection of participants as targets was based on the consideration that the participants were residents of Kemumu, North Bengkulu. The conclusion is that some participants have an interest in PPGD, the factors that affect knowledge and skills are the participants' mental readiness during the simulation, all participants are interested in participating in PPGD training, and the average post-test results are significantly different from the pre-test value. Better post-test results. This means that training activities have a real impact on the knowledge and skills of GEMU GADAR participants about PPGD. Suggestions: After carrying out this activity, it is necessary to carry out ongoing activities that continue to motivate, monitor, and develop the knowledge and skills of participants in PPGD.

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