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Empowerment of Muhammadiyah Guidance Studio Students in Kuala Lumpur as Little Nurse Cadres

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<i>Article Info:</i> Submitted: December 1, 2024 Accepted: December 13, 2024 Published: January 2, 2025	<i>ABSTRACT</i>
<i>Handling Editor:</i>	<i>Poor health behaviors and low knowledge of clean and healthy living practices (PHBS) among Muhammadiyah Guidance Studio students in Kuala Lumpur necessitated an empowerment program to address these issues. This program aimed to train students as Little Nurse Cadres (PERCIL), equipping them with skills in PHBS, basic healthcare, and emergency first aid. A participatory approach was used, including the formation of cadres, educational sessions, practical demonstrations, and assessments through pre- and post-tests. The results showed significant improvements, with knowledge increasing from 35% to 95%, positive attitudes from 35% to 85%, and practical skills from 27% to 90%. Outputs included scientific publications, educational videos, posters, and enhanced cadre competencies. The program provided sustainable benefits by empowering students to promote health within their community and contributed to university performance indicators through active involvement of students and faculty. Overall, the program successfully achieved its objectives, with recommendations for continued support and collaboration to sustain and expand its impact.</i>
<i>Keywords: Clean and Healthy Living Behavior; young health cadres; elementary school; health training.</i>	

1. INTRODUCTION

Elementary school-aged children are particularly vulnerable to various health problems, especially in environments where hygiene and health literacy are poorly managed (Ali, 2010). The Muhammadiyah Guidance Studio in Kampung Baru, Kuala Lumpur, Malaysia, serves as a non-formal educational center for children who often face challenges in accessing healthcare and living in suboptimal environmental conditions. These issues highlight the urgency of equipping children with the knowledge and skills necessary to adopt Clean and Healthy Living Behaviors (CHLB) and manage basic health care independently.

Clean and Healthy Living Behaviors (CHLB) involve lifestyle changes aimed at improving physical and mental health, ensuring hygiene, and maintaining a healthy environment (Notoatmodjo, 2022). This approach encompasses personal hygiene, proper nutrition, physical activity, adequate sleep, and avoiding harmful habits such as smoking and alcohol consumption (Green, 1991). Unfortunately, initial assessments at the studio revealed low levels of CHLB knowledge and practices among students. For example, 60% lacked understanding of CHLB, 70% were unaware of safe school snacks, and 80% had no knowledge of basic first aid. This lack of awareness, combined with limited access to school health services,

contributes to high illness rates among students (Gunarsa & Wibowo, 2021).

In response to these challenges, this community service program aims to empower students through the formation and training of Little Nurse Cadres (PERCIL). The program's objectives include enhancing students' knowledge and skills in CHLB and basic healthcare services, fostering a healthy and productive environment at the guidance studio, and preventing health risks through early interventions (Elder et al., 1999). The planned activities involve collaboration with local health facilities and the studio's management to ensure sustainability and long-term impact (Basinun, 2018).

This initiative addresses a critical gap in health education and seeks to serve as a model for similar non-formal educational institutions facing comparable challenges (Darmawan et al., 2020). By integrating health literacy with practical training, the program aims to build self-reliant, health-conscious future generations (Yusriani et al., 2018).

2. METHODE

This program is designed as a community service initiative aimed at enhancing the health knowledge and practices of students at Sanggar Bimbingan Muhammadiyah Kampung Baru, Kuala Lumpur, Malaysia. The program focuses on empowering students to adopt Clean and Healthy

Living Behavior (PHBS) and provide basic healthcare services (Maher, 2020). This is achieved through the formation and training of young health cadres (kader perawat cilik or Percil), who will serve as agents of change within their community.

The primary target of this program is 15 students from Sanggar Bimbingan Muhammadiyah Kampung Baru. These students were selected based on their ability to read fluently, communicate actively, and willingness to dedicate time for training and disseminating health-related information. The activities are conducted at Sanggar Bimbingan Muhammadiyah Kampung Baru, Kuala Lumpur, Malaysia.

The program employs a participatory approach involving students, teachers, and stakeholders actively. The methods used include lectures, discussions, demonstrations, and role-playing to ensure comprehension and skill development (Elder et al., 1999).

Implementation Stages

a. Preparation Stage

- 1) Coordination with relevant stakeholders, such as the Head of Sanggar Bimbingan Muhammadiyah Kampung Baru, Kuala Lumpur, Malaysia.
- 2) Coordination with students as prospective participants.

- 3) Socializing with partners, in this case, students at the sanggar bimbingan who will participate in education and training activities.
- 4) Preparing materials, equipment, and modules for education and training.
- 5) Researching references for education and training materials.
- 6) Coordination with the printing service.
- 7) Preparing the location/venue for education and training. Socializing the objectives and activities of the program to students and teachers (Notoatmodjo, 2022).

b. Activity Stage

The implementation stage begins with the formation of Young Health Cadres (Percil), where students are oriented and trained to become health promoters and first responders to basic health issues (Trisofirin et al., 2023). The training program covers various key aspects, including the concepts and practices of PHBS (Clean and Healthy Living Behavior), techniques for providing basic healthcare services and first aid, and peer education strategies to effectively disseminate health information within their community (Maher, 2020). The training is

conducted using interactive methods such as engaging lectures, live demonstrations, and practical simulations to ensure the participants understand and develop the necessary skills comprehensively (Sari., 2013).

c. Evaluation Stage

pre-test and post-test questionnaires are used to measure the improvement in participants' knowledge and skills. Observations are made to assess how well participants perform health-related tasks during role-playing and practical activities. Additionally, feedback sessions are conducted to evaluate the overall effectiveness of the program and identify areas that may need further improvement. These steps ensure that the program's impact is properly assessed and that adjustments can be made to enhance its effectiveness (Asri et al., 2021).

3. RESULTS AND DISCUSSION

Socialization of PKM Activity

The socialization of the community service activity was conducted on Wednesday, November 20, 2024, from 10:00 AM to 12:00 PM (WITA) in a classroom at Sanggar Bimbingan Belajar Muhammadiyah. The socialization session was attended by the Head of the School, teachers, and

students who were selected as potential participants for the training program.

Following this, the implementation team (the project leader and members) convened to discuss the educational content to be delivered to the participants. The team worked on finalizing the training materials, including tools for evaluation (pre-tests and post-tests), as well as educational aids for teaching Clean and Healthy Living Behavior (PHBS) and basic first aid services. The team also coordinated with the school to confirm the timing of the training, ensuring it did not coincide with the school's regular activities, and discussed the venue and necessary training resources. Additionally, the participants who would undergo the training were selected, and the training execution plan was discussed.

Education and Training Program

The education and training session was carried out by the implementation team through methods such as lectures, discussions, demonstrations, and observations. The purpose was to enhance participants' knowledge and attitudes about the application of PHBS and the provision of basic first aid services. It was expected that the participants would actively engage in the training, thereby improving their knowledge, attitudes, and practices, which would ultimately lead to a higher level of health in the community.

The education and training session took place on Thursday, November 21, 2024, from 09:00 AM to 04:00 PM (WITA) at Sanggar Bimbingan Muhammadiyah, located at 30 Wisma Sabarudin, Jl. Raja Alang Kampung Baru, 50300, Kuala Lumpur, Malaysia. A total of 30 participants attended the training.

The training began with a registration process, where participants signed in and received a folder containing a handbook, notebook, pen, and an ID card. After registration, the training proceeded with a pre-test to assess the participants' initial knowledge and to determine the focus areas of the training. The purpose and expected outcomes of the education and training program were explained to the participants, outlining the topics, methods, and evaluation strategies.

The training topics included: (1) Building Learning Commitment (BLC) to enhance learning commitment and achieve the established goals. (2) Clean and Healthy Living Behavior (PHBS). (3) How to Provide Basic Healthcare and First Aid Services.

The training used methods such as lectures, Q&A sessions, observations, discussions, and hands-on practice. The sessions were filled with enthusiasm, as the topics were highly relevant to the participants' daily lives and the challenges they face. Active

discussions took place, allowing participants to share their experiences in their work. After the training, an evaluation was conducted in the form of a post-test to assess the participants' learning progress.

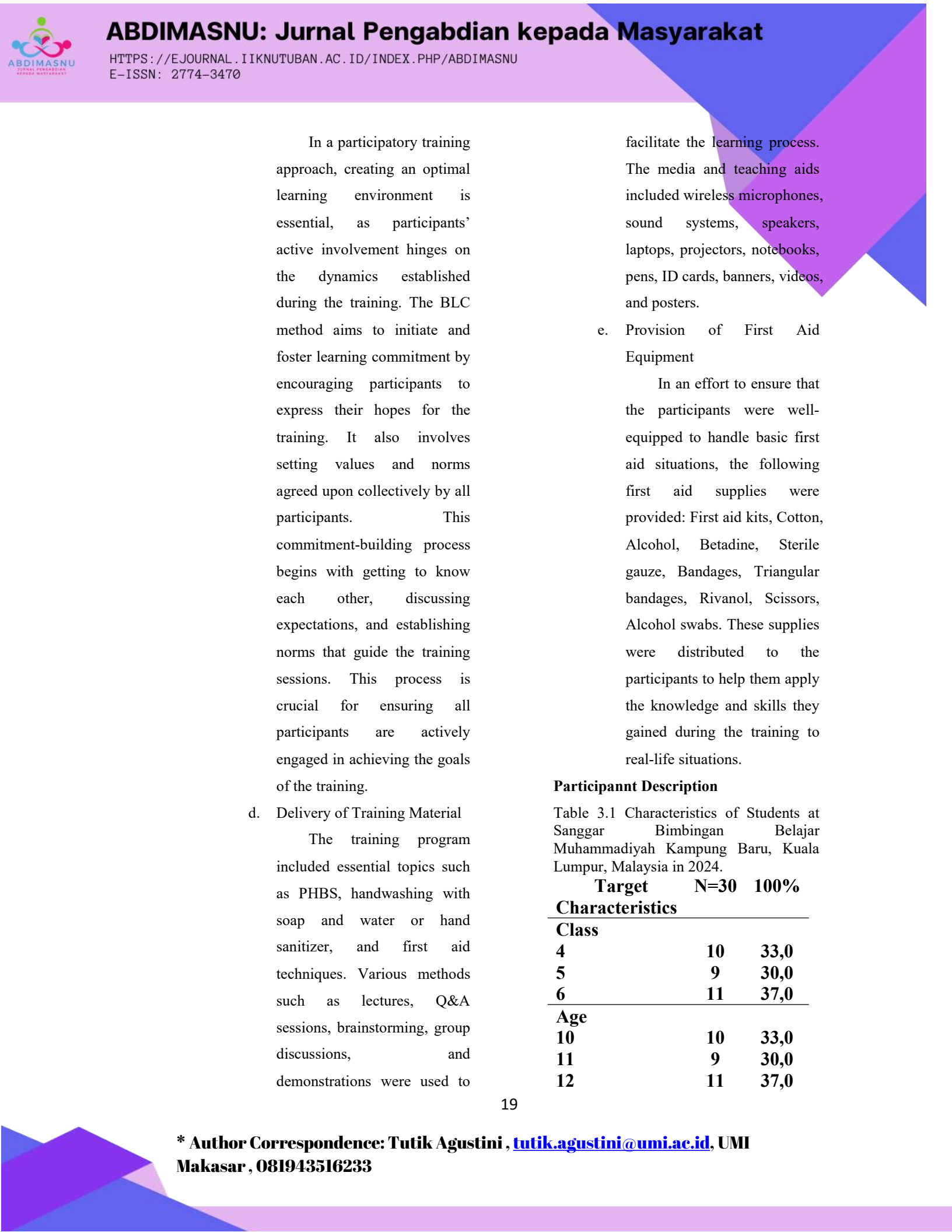
a. Registration Process

The participants welcomed the community service team. During the registration process, participants filled out an attendance sheet and received a folder containing essential materials, such as a handbook, notebook, pen, and an ID card.

b. Pre-Test Administration

Following the registration process, a pre-test was administered before the start of the education and training session. The pre-test consisted of 30 questions, covering 10 questions on knowledge, 10 questions on attitude, and 10 questions on practical skills. The questions were designed to align with the training content, aiming to enhance participants' knowledge, attitudes, and skills related to PHBS and basic first aid services.

c. Delivery of Building Learning Commitment (BLC) Material



In a participatory training approach, creating an optimal learning environment is essential, as participants' active involvement hinges on the dynamics established during the training. The BLC method aims to initiate and foster learning commitment by encouraging participants to express their hopes for the training. It also involves setting values and norms agreed upon collectively by all participants. This commitment-building process begins with getting to know each other, discussing expectations, and establishing norms that guide the training sessions. This process is crucial for ensuring all participants are actively engaged in achieving the goals of the training.

d. Delivery of Training Material

The training program included essential topics such as PHBS, handwashing with soap and water or hand sanitizer, and first aid techniques. Various methods such as lectures, Q&A sessions, brainstorming, group discussions, and demonstrations were used to

facilitate the learning process. The media and teaching aids included wireless microphones, sound systems, speakers, laptops, projectors, notebooks, pens, ID cards, banners, videos, and posters.

e. Provision of First Aid Equipment

In an effort to ensure that the participants were well-equipped to handle basic first aid situations, the following first aid supplies were provided: First aid kits, Cotton, Alcohol, Betadine, Sterile gauze, Bandages, Triangular bandages, Rivanol, Scissors, Alcohol swabs. These supplies were distributed to the participants to help them apply the knowledge and skills they gained during the training to real-life situations.

Participant Description

Table 3.1 Characteristics of Students at Sanggar Bimbingan Belajar Muhammadiyah Kampung Baru, Kuala Lumpur, Malaysia in 2024.

Target	N=30	100%
Characteristics		
Class		
4	10	33,0
5	9	30,0
6	11	37,0
Age		
10	10	33,0
11	9	30,0
12	11	37,0

Gender		
Male	17	57.0
Female	13	43.0

Source: data proceed

The target participants in this activity are students from the Sanggar Bimbingan Belajar Muhammadiyah Kampung Baru, Kuala Lumpur, Malaysia, totaling 30 individuals. The characteristics of the participants are based on age and gender, as shown in Table 3.1 above.

Based on Table 1, the majority of students participating in the training and education on becoming young health cadres, implementing Clean and Healthy Lifestyle Behavior (PHBS), as well as learning how to provide first aid and basic healthcare services at the Sanggar Bimbingan Belajar Muhammadiyah Kampung Baru Kuala Lumpur, Malaysia, are from grade 6, representing 37% of the total participants. In addition, the majority of participants are 11 years old, accounting for 37% of the total number of students. Regarding gender, the majority of participants are male, with 17 students (57%), while the remaining 13 students (43%) are female.

These demographic characteristics indicate that the majority of participants in this educational and training program are from higher grade levels (grade 6) and are within the age group of 11 years old. This suggests that this age

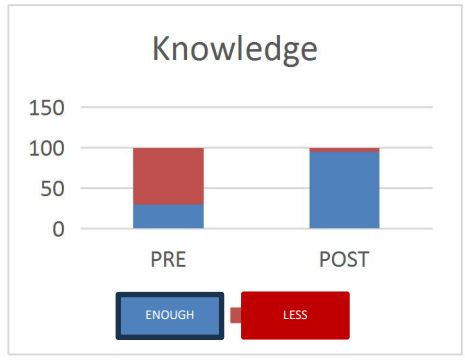
group and grade level are more easily engaged in health training, both in understanding the theory and in applying the practices taught. The gender diversity among the participants also shows that the program is inclusive, allowing both male and female students to participate, which is expected to broaden the positive impact of this training within their community.

Achieved Results

- The partner has established Young Health Cadres (PERCIL).
- Significant improvement in knowledge about Clean and Healthy Lifestyle Behavior (PHBS), basic healthcare services, and self-administered treatment.
- Positive attitude increase toward the implementation of Clean and Healthy Lifestyle Behavior (PHBS), and providing basic healthcare services and treatment independently.
- Improvement in positive actions regarding the practice of Clean and Healthy Lifestyle Behavior (PHBS), and the ability to provide basic healthcare services and self-treatment.
- Availability of first aid equipment at Madrasah Ibtidaiyah Pondok Pesantren Faqihul Ilmi.

Changes in Knowledge Before and After Education and Training

The results, as depicted in Graph 1, illustrate a significant improvement in the participants' knowledge levels after completing the education and training program. Before the program, only 35% of the participants demonstrated a sufficient level of knowledge about healthy living behaviors and basic healthcare practices. However, after the program, this figure rose dramatically to 95%.



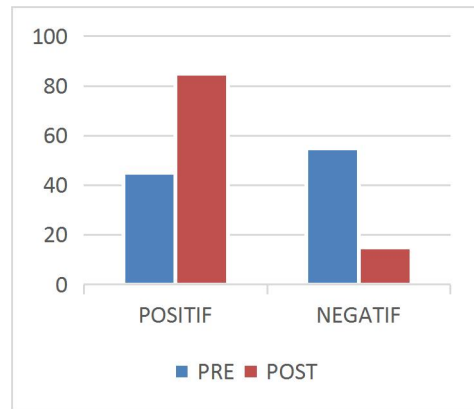
Graph 1: Knowledge During Pre- and Post-Test

This notable increase highlights the effectiveness of the education and training sessions conducted at Sanggar Bimbingan Belajar Muhammadiyah Kampung Baru, Kuala Lumpur, Malaysia. The program successfully enhanced the participants' understanding of clean and healthy living behaviors (PHBS) and basic healthcare services, equipping them with the necessary knowledge to apply these practices independently.

Changes in Attitudes Through Education and Training

The results displayed in Graph 2 indicate an improvement in participants' positive attitudes after participating in the education and training program. Before the program, only 35% of participants demonstrated a positive attitude toward the implementation of Clean and Healthy Living Behavior (CHLB) and basic healthcare services. After the program concluded, this figure significantly increased to 85%.

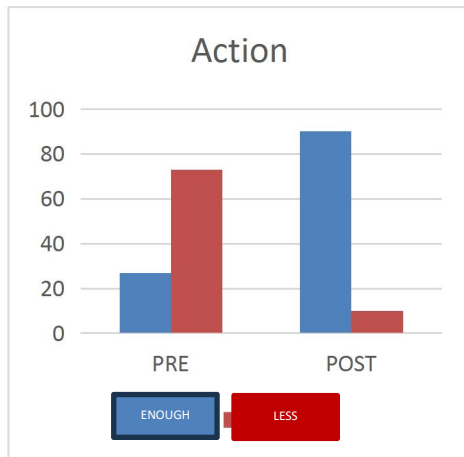
However, 15% of participants still exhibited negative attitudes post-training. This outcome is attributed to ingrained habits and values that influence their perception of the materials presented. Nevertheless, these findings underscore that the training program had a significant impact on fostering more positive attitudes among the majority of participants.



Graph 2: Attitude Chart Before and After Training

Changes in Actions Before and After Education and Training

Graph 3 illustrates a notable improvement in the category of good actions or skills among participants in the Training Program at the Muhammadiyah Learning Guidance Center in Kampung Baru, Kuala Lumpur, Malaysia. Before the implementation of the education and training program, only 27% of participants demonstrated good actions or skills. This figure significantly increased to 90% after the program.

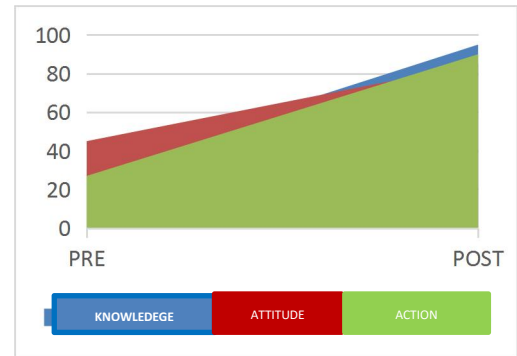


Graph 3. Action Scores at Pre-Test and Post-Test

Nevertheless, 10% of participants still exhibited poor actions or skills after the training. This shortfall can be attributed to ingrained values and habitual behaviors that impacted their ability to fully adopt the training materials. Despite this, the overall results reflect the program's effectiveness in fostering substantial improvements in the

majority of participants' abilities to practice Clean and Healthy Living Behavior (PHBS) and provide basic health services.

Comparison of Knowledge, Attitude, and Action Changes Before and After Education and Training



Graph 4. Comparison of Knowledge, Attitude, and Action at Pre and Post Test

The results displayed in Graph 4 show a significant improvement in knowledge, attitude, and actions among the training participants at Sanggar Bimbingan Belajar Muhammadiyah Kampung Baru, Kuala Lumpur, Malaysia, after undergoing the education and training program.

In terms of knowledge, before the training, 70% of participants had inadequate knowledge, whereas after the training, only 5% showed insufficient knowledge, with 95% demonstrating good knowledge improvement. Regarding attitude, before the program, 55% of participants had a negative attitude towards the implementation of Clean and Healthy

Living Behavior (PHBS) and basic healthcare services. After the training, the number of participants with a positive attitude significantly increased to 85%.

In terms of actions, before the training, 73% of participants had inadequate actions in implementing PHBS and providing basic healthcare services. After the training, this figure rose dramatically to 90%, indicating that most participants were now able to demonstrate good skills in performing these tasks. These results demonstrate that the education and training program had a significant impact on improving participants' knowledge, attitudes, and actions, with the majority showing improvements in each area assessed.

Issues and Challenges

The community service activity aimed at the formation and training of Young Health Cadres (PERCIL) at the elementary school level proceeded smoothly, with most aspects of the program running as planned. However, there were a few challenges that emerged during the implementation of the program. The first issue was related to technical difficulties, particularly with the sound system and connecting the laptop to the LCD projector. These issues arose during the training session and temporarily disrupted the smooth flow of the presentations. The sound system initially had audio issues, and

the laptop connection to the LCD projector was not functioning correctly, which made it difficult to display the presentation materials.

However, the team acted quickly to resolve the problems. The sound system issue was addressed by adjusting the settings and using backup equipment. The laptop-LCD connection was restored by troubleshooting the cables and using an alternative connection method. Thanks to the swift response from the team and cooperation from the participants, these technical difficulties were resolved within a short period, and the training session continued without further delays.

4. CONCLUSION

The education and training program on the Formation and Training of Young Health Cadres (PERCIL) at the elementary school level in Sanggar Bimbingan Belajar Muhammadiyah Kampung Baru Kuala Lumpur, Malaysia, has demonstrated significant improvements in knowledge, attitudes, and actions among the students. Participants showed notable progress in their ability to perform handwashing, provide first aid, and deliver basic healthcare services effectively and correctly as young health promoters. Additionally, the first aid kits (P3K) provided during the training are now being utilized as essential tools for delivering first aid and basic healthcare

services. These kits are not only applied in the school environment but are also being shared with the entire school community to foster better health practices. This initiative has had a positive impact on both the participants' skills and the wider school environment, promoting a healthier and more proactive approach to health care within the school setting.

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