

National Webinar for Acute Hepatitis Education in Children for Health Workers and Students in 2022

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Abstract

Acute hepatitis in children that occurred recently in children has an unknown cause. Cases of acute hepatitis in children have also appeared in Indonesia. The number of existing cases is still relatively small, but the incidence of acute hepatitis needs to be addressed as a preventive measure. The problem of acute hepatitis, considered a new case, causes health workers and health students not to have much knowledge regarding this problem. The common understanding of health workers and students regarding recent cases of acute hepatitis in children causes the need to provide information related to acute hepatitis in children. The target focus of this service activity is on health workers and students. Health workers providing health information related to new cases are needed. Technological developments are improving, making health information dissemination more massive. Providing broad information is felt to have a good impact on health workers at large, so national webinar activities related to acute hepatitis in children are felt to provide more comprehensive benefits. This activity was successfully carried out, with a total of 282 participants and 167 who filled out the pre-test and post-test. Participants were attended not only from West Kalimantan but also from various provinces, such as North Sumatra, Java, and others. The average before education is 5.59, which has increased after education to 9.25.

Keywords: Community Engagement, Acute Hepatitis, Education, Child

INTRODUCTION

Hepatitis is a public health problem in the world, including in Indonesia, which consists of hepatitis A, B, C, D, and E. Hepatitis A, and E often appear as extraordinary events, are transmitted through the fecal-oral route, and are usually associated with clean and healthy living behavior, are acute and can recover well (Data and Information Center, 2014)

The World Health Organization (WHO) received a case report of Acute hepatitis of unknown etiology on April 5, 2022, from the United Kingdom. This outbreak has also penetrated Indonesia from the Ministry of Health said that in Indonesia, there were 14 case findings spread across six provinces in Indonesia, namely: West Sumatra, Jambi, North Sumatra, East Kalimantan, DKI Jakarta, and East Java (Krisnawati, 2022).

Cases of acute hepatitis in children cause several clinical symptoms. In contrast, the most common clinical signs are fever, jaundice, nausea and vomiting, diarrhea and abdominal pain, loss of appetite, and pale stools (Schaefer & John, 2022).

The disease course is divided into three phases: the early phase with clinical symptoms of diarrhea, nausea and vomiting, fever, abdominal pain, and respiratory symptoms. The advanced stage is characterized by jaundice or icteric, SGOT/SGPT > 500 IU/L, concentrated urination, and putty defecation. The latter is a fulminant hepatitis phase with signs of decreased consciousness, positive INR > 1.5/PT > 15 seconds, not correctable by vitamin K or without decreased consciousness INR more significant than two or PT greater than 20 seconds (Siswanto, 2020).

The problem faced by health workers, especially health students at this time, is that there is no exposure to information about cases of acute hepatitis in children in general by universities, so this webinar is considered very important in maximum preventive, promotive, and curative efforts.

The objectives to be achieved from making this program are as follows:

1. Increase knowledge related to acute hepatitis in children.

2. Implement one of the tri dharma of higher education in community service and as a source of knowledge
3. Introducing the existence of Higher Education to the community.
4. using the latest technology in the application of the three dharma

METHOD

There are several methods used in this community service activity:

- Determine the organizing team for implementing the activities and the division of tasks and responsibilities
- Survey places used for community service activities.
- Prepare tools and materials to provide education
- Determine execution time
- Conduct webinars
- The description of the time method used by applying the following steps:
- Sending webinar invitations to partners
- Distributing posters that can be placed in temples at health care facilities
- Spread the message online to all health workers and health students
- Provide education by delivering material from resource person
- Evaluate being given education
- Evaluation of activities is given back after being given education

RESULTS AND DISCUSSION

The implementation of PKM activities for Lecturers of the Department of Nursing is carried out under the stages of community empowerment in the field of Health:

Phase 1. Field orientation activities to analyze field conditions that will be carried out by community service will be carried out on May 31, 2022. Activities carried out at this stage are approaching health workers and health students, which collect webinar needs for health workers and health students

Phase 2 is an introductory survey by identifying the targets that can be involved and the specific needs that health workers and health students might want to meet. The next activity is Phase 3 Random consultation with health workers regarding this PKM program, and a discussion of the schedule of activities to be carried out. The activities carried out are providing education using online or online. The material raised in the webinar is acute hepatitis in children with two themes: recognizing acute hepatitis in children whose cause is not yet known, and the second material about managing my liver failure in the pediatric intensive care unit.

Implementation of Phase 4 Activities. Participatory planning was carried out on June 4, 2022, formulating time and hours in the preparation process until the event started. The PKM team allocates two hours of preparation time before the activity begins. The remaining two hours were used to prepare, check, and rehearse for the opening. At this preparation stage, all materials are present to prevent the condition of the equipment used is excellent and conducive to use, starting from checking sound, image, and network smoothness. preparedness is very much needed because of the presence of presenters from their respective places.

Phase 5 Implementation of activities. The activity started by opening the ceremony's event, which the master delivered. The seminar was opened with prayer and singing of the Indonesia Raya anthem. The opening session began with remarks from the chairman of this event. Then, statements from the dean of the faculty. The last speech was carried out by the Rector of the University. After the welcome activity, the operator distributed the participants' attendance link and pre-test questions.

The core activity started shortly after the MC read the moderator's Curriculum vitae, then the main action of the webinar was taken over directly by the moderator. Senior pediatrics presented the first material about introducing acute hepatitis in children.

After all the material is given, the moderator opens a discussion session. In this discussion session, eight questions were addressed to the two speakers in this webinar. The discussion

session went smoothly and satisfied the participants who asked questions. After the webinar was completed, the PKM team again distributed attendance and post questions to the webinar participants.

In phase 6 in this activity stage, the community engagement team gave back the existing material through the WhatsApp group. It is hoped that in this activity, the webinar participants can re-read the contents of the material obtained during the webinar so that it can have a broader impact on the target.

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The age group is quite diverse in this activity namely the most age is students aged 19 to 45. Health students follow community engagement activities and health workers such as nurses, doctors, and pharmacists.

The level of knowledge before being given education has an average value of 5.59, while the level of understanding after being given education has an average value of 9.25, which is an increase from before being given education.

This activity involved 167 participants; participants who attended not only from West Kalimantan but also from various provinces, such as North Sumatra, Java, and others, the majority of participants were women. According to Normadewi (2012) The sexes may form different perceptions, so it affects the knowledge and attitudes that are different between men and women. It is debated whether men and women differ in how they make ethical and cognitive decisions.

Research Kuo-Ming et al (2012) states that women have a higher knowledge score on preventing and managing sports injuries than men. The majority of participants in the activity are 19 years old, based on Hurlock's opinion, in a workbook Selvasari (2019) stating that age affects an individual's level of knowledge, with increasing age, a person also increases his knowledge and experience (Hurlock, 2011).

According to Piaget, quoted in a book entitled developmental psychology Yudrik (2011) in adolescence, there is cognitive maturity, namely the interaction of the brain structure that has been perfected, and the broader social environment for experimentation allows adolescents to think abstractly. Piaget called this stage of cognitive development the formal operational stage.

Most of the participants who took part in the activity were still students. When viewed from the level of education, most participants are individuals who have a good level of education, that is, have entered college. According to Sandha and Sari Sandha dan Sari (2017) it is explained that education is related to one's knowledge about disease (Sandha & Sari, 2017). The higher the level of education, the better the reception of information about the condition. Acceptance and understanding of the information received by someone with higher education are better than those with low education (Corneles & Losu, 2015). According to Yeni (2015) the type of work can also affect the level of knowledge individuals possess.

The workplace can make someone add insight and information either directly or indirectly. The longer a person works, the more information is obtained. Based on the type of work that often communicates and interacts with other people, they tend to have more information when compared to individuals who do not interact with others (Nugroho, 2019). So someone who works, in general, will get more experience and knowledge because of the experience and relationships with other people.

Providing education is an effective way to increase knowledge in prevention and promotion. Conducting planned health education and empowering the community will impact and deliver significant benefits for the community, especially in the prevention and promotion of behavior (Lestari et al., 2022)

CONCLUSIONS And RECOMMENDATIONS

This activity was successfully carried out, with 282 participants and 167 who filled out the pretest and posttest. Participants attended not only from West Kalimantan but also from

various provinces, such as North Sumatra, Java, and others. The average is 5.59 before and after that to 9.25, an increase from before education.

Activities in providing education are perfect and effective for increasing knowledge. In the future, service activities in providing education need to be improved and made with material updates and more massive and broader movements

ACKNOWLEDGMENTS

Community engagement for health workers can run well thanks to the cooperation and support from all parties. The authors would like to thank the DIPA FK Tanjungpura University in 2022, the leadership, and the staff of cooperation partners in Pontianak. The Institute for Research and Community Service (LPPKM) Tanjungpura University Pontianak, Nursing Department students who have helped the smooth running of the event, and all participants who have actively participated during this time. Activity.

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