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Effectiveness of the Demonstration Method in Improving Knowledge of Handling Work Accidents in the Parit Keladi I Village Community

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Abstract

Workplace accidents pose a serious risk, especially in rural areas where formal occupational safety training is limited or nonexistent. This study investigates the effectiveness of the demonstration method in improving community knowledge and preparedness in handling work related injuries in Parit Keladi I Village. Using a qualitative participatory action research design, the study involved seven informants selected purposively, including farmers, community leaders, and health workers. Data collection methods included in depth interviews, participant observation, and documentation. Prior to the intervention, most participants relied on traditional or instinctive methods to treat injuries, often resulting in improper or delayed care. The introduction of demonstration based training significantly improved their understanding of proper first aid techniques, including wound cleaning, bandaging, and the use of antiseptics. Participants reported increased confidence and readiness to respond to accidents. The training was well received, with strong community engagement and support from local leadership, highlighting the potential for sustainability. The study concludes that the demonstration method is an effective, culturally sensitive approach to safety education in rural settings. It bridges the gap between knowledge and practice and fosters a proactive attitude toward accident prevention. Future efforts should include regular refresher sessions and leadership empowerment to strengthen the culture of safety within the community.

Keywords: Community Based Education, Demonstration Method, First Aid Training, Rural Health and Safety, Workplace Accidents

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1. Introduction

Workplace accidents continue to pose a serious threat to the health, safety, and productivity of workers, especially in informal and rural sectors where safety protocols and training resources are often minimal or nonexistent. A major contributing factor to the occurrence and severity of work related injuries is the lack of knowledge and preparedness among workers and community members in responding appropriately to accidents when they occur. Therefore, improving public awareness and practical competence in accident handling has become a priority in occupational health and safety interventions, particularly in communities with limited access to formal training mechanisms.

One of the most effective educational approaches for this purpose is the demonstration method. This method involves showing learners how to perform a task or comprehend a concept by means of practical, observable actions. Unlike passive learning methods that rely heavily on verbal or textual explanations, demonstration based instruction engages multiple senses and enhances understanding by providing learners with direct visual and physical references. As a result, it is particularly well suited for safety training, where knowing the correct procedural response during emergencies can be the difference between preventing harm and escalating injury.

Studies have consistently supported the effectiveness of the demonstration method in various learning environments. First, it significantly enhances learner engagement and motivation**.** Learners exposed to demonstrations tend to be more attentive, curious, and enthusiastic, which leads to more meaningful learning experiences. This has been documented not only in vocational and technical education but also in areas such as language acquisition, where students report a higher level of interest when instruction involves physical demonstration and real life context. In the field of safety education, this level of engagement is crucial because active participation is often required for learners to fully absorb and internalize safety procedures (Puspahaty, 2017).

Second, the demonstration method enhances the practical application of knowledge (Lhuisset and Margnes, 2015; Vrbik and Vrbik, 2017). By bridging the gap between theory and practice, demonstrations make abstract safety concepts more accessible and easier to grasp. Learners can observe the correct handling of equipment, the appropriate response to various types of accidents, and the sequential steps involved in emergency procedures. This experiential learning approach helps learners not only to understand the “what” and the “why,” but also the “how” a critical element in effective accident response.

Third, the method supports better retention and synthesis of information. Demonstrations contribute to long term memory by associating learning with visible, hands on activities. Furthermore, when combined with guided reflection and practice, they foster the learner’s ability to generalize and apply learned procedures to different accident scenarios. This skill of adaptive application is particularly vital in unpredictable workplace

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environments where standardized responses may need to be tailored to the situation at hand (Petersen and Davis, 2011).

Despite its advantages, the demonstration method is not without its challenges. One frequently cited issue is the compartmentalization of concepts, where learners may fail to integrate demonstrated procedures into a broader understanding of safety systems. Without reinforcement activities that promote reflection and interconnection of concepts, demonstrations can remain isolated events that lack continuity and depth (Petersen and Davis, 2011). Moreover, the human factors and safety culture within a given community or organization must be considered. A positive learning outcome depends not only on the method itself but also on the learners' attitudes, beliefs, and prior experiences related to safety. Demonstrations, when implemented within a supportive and safety conscious culture, can serve as powerful tools for reinforcing safe practices and influencing behavioral change (Barão et al., 2006; Rasmussen et al., 2004).

In the context of work accident handling, demonstration based training offers multiple benefits. It serves as a reliable means of knowledge transfer, especially for individuals with limited formal education or literacy. By visualizing and physically engaging with the learning content, participants are better able to understand the procedures involved in emergency response and are more confident in executing them under pressure (Dodshon and Hassall, 2017; Oh and Sol, 2008). Furthermore, the method contributes to organizational learning by enabling shared experiences and reflections on past accidents. This collective learning process can reveal vulnerabilities, prompt corrective actions, and ultimately foster a culture of continuous improvement in workplace safety (Doytchev and Hibberd, 2009; Thallapureddy et al., 2022).

Given these considerations, the demonstration method emerges as a highly relevant approach for improving safety knowledge and response capabilities, particularly in rural or underserved populations. In villages like Parit Keladi I, where occupational risks are prevalent and formal safety training is scarce, utilizing demonstration as a core educational strategy holds the potential to significantly enhance community readiness in dealing with work related accidents.

Accordingly, this study seeks to evaluate the effectiveness of the demonstration method in increasing knowledge of work accident management among the residents of Parit Keladi I Village, while also exploring the factors that support or hinder its implementation. The findings are expected to contribute valuable insights into practical, community based approaches for occupational safety education.

2. Research Method

The type of research used in this study is qualitative research using a participatory action research approach. This method enables active involvement of community members in both the data collection and the educational intervention process. The sampling technique

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employed is purposive sampling, in which participants are selected based on specific characteristics relevant to the study focus, namely residents of RT 01 RW 02 Parit Keladi I Village who are actively involved in farming and have experience with work related accidents. This research was conducted over a period of one month, from February 20 to March 20, 2025. The data collection techniques included participant observation, in depth interviews, and documentation. The total number of informants was seven (7), consisting of village leaders, farmers, housewives, local health workers, and community representatives, all of whom were directly involved in or affected by work accidents in agricultural settings.

To ensure data credibility, the researcher conducted triangulation through repeated interviews, field observations, and analysis of relevant documents. Data were analyzed using the interactive analysis model of Miles and Huberman, which consists of data reduction, data display, and conclusion drawing/verification. The main instrument in this study was the researcher themselves, supported by field observation guides, semi structured interview guidelines, and documentation checklists.

The purpose of this method is to explore the experiential learning impact of the demonstration method in improving the community's knowledge and preparedness in handling work related injuries.

3. Results And Discussions

a. Result

1) Characteristics of Informants

The informants in this research were between the ages of 30 and 60 years old. Most of them were adults actively working in the agricultural sector, either as farmers or farm laborers. Their involvement in physically demanding jobs puts them at higher risk for work related injuries, making their participation in this study particularly relevant.

The educational background of the informants varied significantly. One informant had completed a diploma in midwifery , two had graduated from senior high school, while the remaining four had only completed elementary or junior high school. This variation highlights the limited access to formal education among most residents of Desa Parit Keladi I, which may influence their understanding and practice of workplace safety.

The occupations of the informants also reflected the rural setting in which they live. Among the nine informants, there were three farmers, one traditional market trader, one mobile grocery seller, one midwife, one housewife, one chairperson of the Village Development Board (LKMD), and one head of the neighborhood unit (RT). These roles are strongly tied to local livelihood activities, particularly agriculture, which often lacks formal occupational safety procedures.

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2) Community Experience in Handling Work Accidents

Based on the interviews, it was found that the majority of the community members had never received any form of structured or formal training on how to handle workplace accidents. When accidents occurred, their responses were often based on instinct or traditional practices. For example, one farmer described how he treated an injury sustained from a hoe by tying the wound with his shirt and going home without proper wound care. A health worker in the area also explained that villagers often came for treatment only after the wound had been covered with leaves or cloth, sometimes days later. This indicates a gap in immediate response knowledge and the need for practical first aid education.

3) Application of Demonstration Method

To address these knowledge gaps, the research introduced a demonstration method that involved live, hands on training sessions. These sessions were designed to teach the community how to properly handle injuries in the workplace. A midwife who facilitated the training noted that the method was very effective because it allowed participants to directly observe and practice the correct procedures. A housewife participant also shared that this was her first time joining such a session and that it helped her learn how to clean wounds properly. The community responded enthusiastically, with many requesting that similar training sessions be conducted regularly.

4) Action and Preparedness

After the demonstration training was conducted, participants showed noticeable improvements in both knowledge and confidence regarding first aid procedures. Informants reported that they could now clean wounds properly, apply bandages, and choose appropriate medicines or antiseptics. One community leader (RT head) stated that he now knew what to do in the event of minor accidents, and this confidence was echoed by several others. The demonstration method appeared to have a direct impact on increasing individual preparedness for work related injuries.

5) Motivation and Support

Finally, the study found that the community showed strong motivation to continue learning about workplace safety. The Chairperson of the Village Development Board expressed full support for future training programs and emphasized how important such knowledge was for the local population. Several informants also suggested that similar sessions should be held every six months to maintain and expand their skills. This reflects not only their interest in learning but also a growing awareness of the importance of safety education in rural work settings.

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Volume 3 | Number 3 | September 2025 |

b. Discussions

1) Community Experience in Handling Work Accidents

The findings of this research reveal that most villagers in Desa Parit Keladi I have not received formal training in handling work related injuries. Instead, they rely heavily on traditional methods, such as using leaves or pieces of cloth to cover wounds. This reliance highlights several critical issues that point to a broader lack of knowledge, education, and resources related to occupational safety and first aid. The absence of structured training means that many injuries are handled improperly, which can lead to further complications or prolonged recovery (Guerin and Toland, 2020; Joshi et al., 2021).

The use of traditional methods reflects not only limited access to modern medical knowledge but also the influence of deeply rooted cultural practices. While the immediate application of natural materials like leaves may offer quick relief, such methods are not sufficient to replace proper wound care and antiseptic techniques. These practices indicate an urgent need for educational interventions that can introduce more effective and scientifically supported first aid procedures (Joshi et al., 2021). However, such interventions must be delivered in a culturally respectful manner, recognizing that traditional knowledge forms an integral part of the community's identity (Helitzer et al., 2009).

One of the primary barriers to improving safety practices in rural areas is the limited accessibility of formal training. Remote communities often lack infrastructure, qualified trainers, and necessary support systems to conduct effective health and safety education (Cremonese et al., 2025). In addition, economic constraints can discourage participation in training programs, as many villagers prioritize their daily income generating activities over attending sessions they may view as non essential (Lindahl et al., 2012).

To address these challenges, a community based participatory approach is recommended. Training programs designed with direct input from community members can be more relevant, engaging, and sustainable (Helitzer et al., 2009). These programs can also help establish trust and ownership among participants, increasing the likelihood of behavioral change. Partnerships with government institutions and non governmental organizations (NGOs) are also vital (Joshi et al., 2021; Lee et al., 2021). These entities can provide funding, educational materials, and logistical support to ensure the success of such initiatives.

Importantly, effective programs should aim not to eliminate traditional practices entirely but rather to integrate them thoughtfully with modern methods (Lindahl et al., 2012). This integration can enhance acceptance and ease the transition toward safer, more effective first aid responses. By building on what

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communities already know and do, educators can create a more inclusive and respectful learning environment.

In conclusion, the villagers' reliance on traditional methods to treat work related injuries underscores a significant gap in health education and training. Closing this gap will require collaborative, culturally sensitive, and community driven strategies that combine local wisdom with modern medical practices. Through targeted education, improved accessibility, and multi stakeholder support, it is possible to enhance the community's ability to manage workplace injuries safely and effectively.

2) Application of Demonstration Method

The application of demonstration based training (DBT) in workplace injury prevention has consistently shown promising outcomes across various sectors. Unlike passive learning methods such as lectures or video tutorials, DBT relies on live, hands on training that actively engages participants. This active involvement plays a crucial role in enhancing both comprehension and retention of knowledge. In rural or informal work environments such as in Desa Parit Keladi I this method proves especially relevant, as it provides immediate, practical skills that can be directly applied in real life accident scenarios.

One of the most significant findings across DBT studies is its impact on learner engagement and knowledge retention. Workers trained through demonstration methods tend to acquire knowledge more effectively and exhibit more responsible safety behavior compared to those trained through passive methods. The incorporation of hands on practice and real time feedback allows participants to correct their techniques immediately, reinforcing correct behavior and understanding. This was evident in the current study, where community members reported increased confidence in their ability to treat injuries after participating in demonstration sessions (Burke et al., 2006; Lin et al., 2024).

Furthermore, demonstration based training has been linked to a reduction in workplace injuries. Evidence from large scale safety programs, such as the Schlumberger Injury Prevention Program (SIPP), highlights that task specific, practice intensive training leads to measurable decreases in injury rates and promotes safer work habits (Djamal and Dwimaryanto, 2006). In agricultural and small business settings, similar outcomes have been observed. For example, dairy workers who received on site demonstrations under supervision experienced a notable decline in injuries, particularly in tasks involving repetitive motion or heavy lifting. Likewise, in community based training for restaurant owners, those who received DBT were more proactive in identifying hazards and applying preventive measures within their workplaces (Burke et al., 2006).

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Volume 3 | Number 3 | September 2025 |

Despite its many advantages, DBT is not without challenges. Variability in implementation is one concern. Without standardized protocols, training outcomes may vary, as seen in studies where trainees showed inconsistent application of techniques such as varying squat depths during lifting demonstrations. To ensure effectiveness, training content must be standardized and structured, offering clear, repeatable steps that can be taught and evaluated consistently (Abdoli-Eramaki et al., 2019).

Another challenge lies in long term retention (Lin et al., 2024). Although DBT is effective in the short term, maintaining learned behaviors over time requires follow up. Without refresher sessions or periodic reinforcement, workers may revert to unsafe habits. Therefore, successful DBT programs should include scheduled reviews and continuous feedback mechanisms to support sustainable behavior change.

Finally, cultural and language considerations must be addressed to maximize training impact. In diverse workforces, delivering training in the participants' native language and in culturally familiar ways significantly improves comprehension and acceptance (Del Puerto et al., 2016). For example, Spanish anguage safety training for Latino construction workers was found to be far more effective when culturally relevant examples and materials were used. In the case of Desa Parit Keladi I, incorporating local terms, familiar examples, and acknowledging traditional beliefs during demonstrations contributed to high engagement and community acceptance.

In summary, the application of demonstration methods in workplace injury training has proven to be a powerful tool for improving safety knowledge, fostering behavioral change, and reducing injury rates. However, for such programs to be fully effective, they must be tailored to the local context, standardized, and supported with ongoing training. This holistic approach not only enhances immediate learning outcomes but also supports the long term safety and well being of workers, particularly in underserved and high risk communities.

3) Action and Preparedness

The results of the demonstration based first aid training conducted in Desa Parit Keladi I show significant improvements in both participants' knowledge and their confidence in performing basic first aid procedures. These findings are consistent with existing literature, which emphasizes that first aid training is highly effective in enhancing practical skills and self efficacy among diverse populations. After participating in the training, community members demonstrated a marked increase in their ability to clean wounds, apply bandages, and choose appropriate medications or antiseptics for minor injuries. These results align with studies

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Volume 3 | Number 3 | September 2025 |

showing that first aid training significantly improves knowledge acquisition, even in non medical populations such as university drivers and laypeople (Cheng et al., 2021; Lee and Oh, 2018; Parada-Espinosa et al., 2025; Sangowawa and Owoaje, 2012).

In addition to improved knowledge, participants in this study also exhibited greater proficiency in performing practical first aid tasks. This reflects findings from other contexts where active and interactive learning methods such as demonstrations, simulations, and gamified approaches contribute more effectively to the development of hands on skills compared to passive lectures (Cheng et al., 2021; Lee and Oh, 2018; Parada-Espinosa et al., 2025). For instance, childcare workers and secondary school students who underwent scenario based and coaching based training showed substantial gains in their performance scores. These improvements confirm that learning by doing remains a key strategy in adult education, especially in rural or low literacy communities (Lee and Oh, 2018).

One of the most notable outcomes of the training was the increase in participants' self confidence when faced with emergency situations. This rise in confidence mirrors findings from studies that link first aid training to increased self efficacy, a critical factor in determining whether an individual will take action during emergencies (Cheng et al., 2021; Lee and Oh, 2018; Parada-Espinosa et al., 2025). However, confidence alone is not enough research indicates that without continued reinforcement, confidence may decline over time . Therefore, to maintain both the skill level and the confidence gained from training, periodic refresher courses are strongly recommended. Evidence from health sciences students and non medical trainees suggests that while initial improvements are often substantial, skill and confidence levels tend to drop after six to twelve months without follow up interventions (Ygiyeva et al., 2024).

For long term impact, the design and delivery of first aid training programs must prioritize active learning methodologies. Techniques such as peer learning, role playing, and scenario based training have been found to not only improve immediate knowledge and performance but also enhance long term retention and real world application (Cheng et al., 2021; Lee and Oh, 2018; Parada-Espinosa et al., 2025). Compared to traditional classroom style teaching, these interactive methods lead to better outcomes in terms of practical competence, especially in high risk and resource limited settings (Luckie et al., 2019).

In conclusion, the use of demonstration methods in this first aid training significantly enhanced participants' knowledge, practical abilities, and confidence in managing workplace injuries. These findings reinforce the value of active, hands on educational approaches in rural health promotion. However, to ensure these

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International Journal of Health Sciences (IJHS)
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Volume 3 | Number 3 | September 2025 |

gains are sustained, it is crucial to implement regular refresher sessions and adopt training models that encourage continuous practice and peer engagement. Such strategies will help foster a resilient and health aware community capable of responding effectively to everyday injuries and emergencies.

4) Motivation and Support

The study's findings underscore a strong community motivation to continue learning about workplace safety, supported actively by the Chairperson of the Village Development Board. This combination of internal drive and external support presents a valuable opportunity to strengthen and sustain health and safety education efforts in rural communities like Desa Parit Keladi I. Leadership support plays a critical role in enhancing the success of training programs. Studies have shown that when community or organizational leaders actively support training initiatives, it positively influences participants' motivation and commitment to apply what they have learned. Although the effectiveness of this support can vary based on prior knowledge, the proactive involvement of the Chairperson can serve as a strong catalyst for increased engagement, especially when training content is appropriately adapted to the participants' background (Kim et al., 2014).

In addition, community engagement itself is a vital factor in shaping positive safety behaviors. Psychological constructs such as safety self efficacy and internal safety locus of control are known to mediate the relationship between interventions and safety motivation. When individuals believe they are capable of influencing their safety and are empowered to act, they are more likely to adopt and maintain safe behaviors (Nykänen et al., 2019). The enthusiastic response of the Parit Keladi I community following the demonstration training suggests that with the right cognitive and motivational supports, a culture of safety can be cultivated at the grassroots level.

From a methodological perspective, the use of experiential learning has been widely recognized as one of the most effective strategies for safety training. Unlike theoretical sessions, experiential learning immerses participants in real world simulations or hands on activities that heighten their awareness of risks and reinforce correct safety practices. For communities with limited exposure to formal education, this method makes abstract concepts more concrete, thereby improving risk perception and encouraging behavioral change. Implementing regular experiential training can thus serve as a practical solution to enhance community level workplace safety (Kim et al., 2025).

Furthermore, the role of community leadership programs should not be underestimated. Effective leadership in rural contexts extends beyond the individual it involves building networks, fostering participation, and cultivating shared

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Volume 3 | Number 3 | September 2025 |

responsibility. The support expressed by the Chairperson in this study reflects an understanding of leadership as a community building tool. When community leaders are empowered through structured leadership development programs, they can more effectively mobilize their networks to champion and sustain safety initiatives. Their involvement also lends credibility to the training efforts and ensures continuity beyond one time interventions (Davies, 2007).

To ensure long term success, future training programs should incorporate several strategic components. First, the training content must be tailored to local needs and knowledge levels, ensuring relevance and accessibility (Kim et al., 2014). Second, experiential learning methods should be prioritized to provide direct, hands on practice that improves both understanding and retention (Kim et al., 2025). Third, investment in community leadership development will help nurture champions who can guide and advocate for ongoing safety practices (Davies, 2007). Finally, consistent engagement and feedback loops should be established to reinforce motivation, track progress, and adapt content as needed (Syed-Yahya et al., 2023).

In conclusion, the findings from this study affirm the central role of both community motivation and leadership support in the success of workplace safety education (Kim et al., 2014; Nykänen et al., 2019). By designing programs that integrate tailored content, experiential learning, and leadership empowerment, stakeholders can build a robust, sustainable foundation for promoting occupational safety in rural communities. This multifaceted approach not only improves immediate training outcomes but also contributes to the development of a proactive, safety conscious culture rooted in community participation and resilience.

4. Conclusion

This study demonstrates that the demonstration method is an effective educational approach for improving knowledge and preparedness in handling workplace injuries among rural communities with limited access to formal training. Through hands on, participatory sessions, residents of Desa Parit Keladi I gained practical skills in first aid procedures, leading to increased confidence and appropriate responses to work related accidents. The success of the intervention was further strengthened by strong community motivation and leadership support, both of which are critical for sustaining safety education initiatives. To maximize long term impact, future programs should incorporate regular refresher training, culturally tailored content, and strategies that empower local leaders. Ultimately, demonstration based training not only enhances individual competencies but also fosters a culture of safety and collective responsibility within underserved communities.

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International Journal of Health Sciences (IJHS)
Journal Homepage: https://jurnal.agdosi.com/index.php/IJHS/index
Volume 3 | Number 3 | September 2025 |

5. Compliance with ethical standards

This research was conducted in accordance with ethical guidelines applicable to community based participatory research. Informed consent was obtained from all participants prior to interviews and training activities. The confidentiality and anonymity of all informants were maintained throughout the study. The research protocol was approved by the Ethics Committee of Institut Teknologi dan Kesehatan Muhammadiyah Kalimantan Barat.

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Disclosure of conflict of interest

The authors declare that there is no conflict of interest regarding the publication of this article.

Statement of informed consent

Every action we take as authors is a mutual agreement or consent.

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Volume 3 | Number 3 | September 2025 |

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