



The Influence of Health Education on Early Injury Handling Behavior with the Rice Method in Futsal Players

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Abstract

Futsal game is one type of sport with physical activity and high risk of injury. Accuracy in providing first aid is influenced by the helper's behavior. Help optimal and appropriate can reduce the worsening of the injured area. The purpose of the research This objective is to determine the effect of health education on early injury management behavior using the RICE method for futsal players. The research design used was the Pre Experiment with the One-Group Pre-post Test Design approach. The population of this study is all futsal players in Selorejo Village, Ngunut District, Tulungagung Regency, totaling 33 people. The research sample was all futsal players in Selorejo Village, Ngunut District, Tulungagung Regency, totaling 33 respondents. Research instrument form questionnaire sheet. Data processing in the form of editing, coding, scoring, tabulating, and data analysis using the Wilcoxon non-parametric test with the SPSS program. The results of this study indicate that the behavior of handling injuries before being given health education who have good behavior amounted to 7 respondents (21%). While the behavior of handling injuries after being given health education, most of them had good behavior with a total of 16 respondents (49%). Statistical test results obtained p value 0.003 with α 0.05. This study proves that there is an effect of health education on early injury handling behavior with the RICE method for futsal players in Selorejo Village, Ngunut District, Tulungagung Regency. Therefore, providing health education for early treatment of injuries using the RICE method is an alternative solution that can be applied in providing health education to futsal players because it is proven to be able to improve the behavior of futsal players in treating early injuries

Keywords: Health Education, Injuries, Behavior, Futsal Players, the RICE method

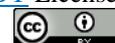
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INTRODUCTION

Injury or injury is a damage to the structure or function of the body due to coercion or physical pressure. This injury is often experienced by someone who is active in activities and sports, such as scratches, torn ligaments, or fractures due to falls (Mahfud et al., 2018). Futsal game is a type of sport that is currently popular with the community, especially young men. However, futsal sports also often result in injuries, this is because this game uses the work of the body's muscles and the possibility of body collisions between players, injuries experienced by futsal players usually occur during practice or during matches, either intentionally or not. (Akhmad et al., 2021).

Injuries to athletes require immediate and proper treatment. First Aid for injured victims is one of the basic knowledge that everyone should know. First aid for victims is one of the initial and temporary relief efforts carried out by the layman for victims, before receiving advanced assistance from medical personnel. (Arniansya et al., 2018). Accuracy in

providing first aid can minimize the occurrence of increasingly aggravating injuries. Futsal players must know and understand about first aid for injuries that occur when playing futsal, this is important because often futsal players get injured, and the first aid measures given are inappropriate and can make the situation worse.(Mahfud et al., 2018).

WHO data (2020), the risk of players being injured as a result of playing futsal is estimated at 235 cases out of 1,000 players. Based on data from the Futsal Sports Information, it was explained that 108 futsal players had minor injuries in the Indonesian Futsal Gold Cup match(Arniansya et al., 2018). In a research study on the epidemiology of injuries in the Spanish national futsal male team: a five-season retrospective study, it was stated that most of the extrinsic injuries caused by external trauma occurred during official training. It is the muscles that occupy the first rank of the most injuries experienced (43.3%); the thigh was the most frequently injured part, followed by the entire leg (12.6%), knee (10%), back (9.7%), ankle (6.15%), and foot (5.8%) . More than 50% of diagnosed injuries are due to muscle overload and in most cases (96.6%) the diagnosis is excluded after clinical assessment.(Hardyanto, J. And Nirmalasari, 2020)

Be Based on the preliminary study that the researchers conducted on November 18, 2021, it was found that out of 10 futsal players in Selorejo Village, almost all (98%) did not understand how to perform first aid for injuries when playing futsal. Based on the in-depth interviews that the researchers conducted, almost all of them said that they had never received information and education about the initial handling of injuries while playing futsal.

The importance of providing first aid to victims who are injured while playing futsal will greatly determine the speed of healing or not. The impact of an injury that is not given proper treatment is the occurrence of inflammation or inflammation (hematoma which causes swelling and pain in the injury due to dilation of the veins which causes fluid accumulation and loss of leukocytes which results in displacement(Mahfud et al., 2018). Pain arises due to further tissue damage which can even become chronic pain which is a big problem and difficult to treat because of changes in the expression of the nerves. This can happen if pain is not treated properly(Akhmad et al., 2021). If most injuries can be handled quickly, precisely and carried out by a professional team, they can provide good healing and leave no complications, disability or death.(Arniansya et al., 2018).

Unfortunately there are still many people who do not care about the importance of first aid in sports injuries. It seems natural that a player who is really needed by the team even though he is injured will be forced to continue playing(Akhmad et al., 2021). Even though not all types of injuries can continue to be forced to play even though in an injured condition, because even a small injury might have a big impact in the future, it can even make a player unable to exercise forever or maybe break their career path in the future.(Mahfud et al., 2018).

The RICE method is one of the simple and doable method independently. RICE method is a term that means Rest, resting the injured body part. Ice is giving ice compresses to the injured area. Compression is the application of compressive force to the location of the injury, for example with a blebet, decker or kinesiotaping. Elevation, raising the injured part to return blood from the injured area to the heart (Akhmad et al., 2021). This method is usually reserved for acute injuries, particularly soft tissue injuries (sprains, sprains, or sprains).as well as strains, and bruises). The RICE therapy method is carried out as soon as possible after the injury occurs, which is between 48 and 72 hours after the injury occurs.(Akhmad et al., 2021). This method is proven by the results of a percentage of 78% which is the first treatment for sports injuries which is often used by almost all soccer players throughout Indonesia.(Mahfud et al., 2018).

The large number of risk factors for injuries to futsal players caused by various factors, it is necessary to have health education with a purpose for increase knowledge and skills about first aid for victims of injuries so as not to pose a more severe risk, health education

that can be done to increase knowledge and skills about first aid for injuries caused by sports is by using the RICE (Rest, Ice, Compression, Elevation) handling method (Fitri et al., 2019).

In this research contribute to futsal players so that able to increase knowledge and dealing with injuries mainly using the rice method. This research is almost the same as research conducted by Evi Triyani (2020) However, there are differences in the methods of treating injuries used (Triyani & Ramdani, 2020)

Based on the description Based on the background above, researchers are interested in implementing health education using the first aid method in the form of RICE to find out "The Influence of Health Education on Early Injury Handling Behavior with the Rice Method in Futsal Players in Selorejo Village, Ngunut District, Tulungagung Regency". With the hope of a survey of the level of knowledge about early treatment of injuries and the players can minimize the occurrence of recurring injuries and can improve the achievements of both the academy and themselves.

METHOD

This research is analytical in nature with a Quasy Experiment research design with a post test only group control approach. The purpose of this study was to determine the effect of health education on the behavior of early handling of injuries using the rice method in futsal players in Selorejo Village, Ngunut District, Tulungagung Regency. The population in this study were all futsal players in Selorejo Village, Ngunut District, Tulungagung Regency, totaling 33 people. The sample in this study were all futsal players in Selorejo Village, Ngunut District, Tulungagung Regency, totaling 33 respondents who were selected using the total sampling technique. In this study the instruments used were questionnaire sheets for handling injuries to futsal players, and outreach program units or SOP sheets in providing treatment to clients with injuries. The results of the validity test with 15 respondents obtained an R table of 0.44 with a Pearson correlation value between 0.558-0.924 which means that the R count is greater than the R table so that all research instruments are valid. The reliability test results obtained Cronbach's alpha value of 0.871 so that all questionnaire items were reliable. The instrument in this study used a questionnaire and had passed the ethical test according to number 75/KEPK-STIKesHAH/EC/LS1/2022.

Data Analysis

This study used Wilcoxon test analysis to determine the effect of differences in pretest and posttest in the treatment group and groups control. The Wilcoxon signed ranking test is a nonparametric test that can be used to determine whether two independent samples are selected from populations that have the same distribution. The requirements are: Ordinal interval data, one related sample and two samples. It can be used as an alternative to the paired Student's T test when the population cannot be assumed to be normally distributed or the data is on an ordinal scale. The final results of measurements using the pretest and posttest in this study are H1 accepted because in measuring this value there is an influence after being given the material given. Research data were processed through editing, coding, scoring, tabulating, processing and cleaning processes.

RESULTS AND DISCUSSION

Results

The results of the study entitled Effect of Cold Compresses Effect of Health Education on Early Injury Handling Behavior with the Rice Method in Futsal Players in Selorejo Village, Ngunut District, Tulungagung Regency, are shown as follows:

General data

Table 1 Distribution of General Data Characteristics of Research Respondents

General data	F	%
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Age		
17-22Years	6	18
23-28 yrs	10	61
>28 yrs	7	21
Information		
Once	11	33
No	22	67
Education		
JUNIOR HIGH SCHOOL	14	43
SENIOR HIGH SCHOOL	14	42
College	5	15

Based on table 1, the research data shows that of the 33 respondents studied, most of the respondents were in the age range of 23-28 years, with a total of 20 respondents (61%). From 33 most of the respondents studied Respondents never received information about first aid for injured victims while doing futsal activities with a total of 22 respondents (67%). Of the 33 respondents, most of them had high school (SMA) education levels with a total of 14 respondents (42%).

Custom Data

This section presents an analysis of research data on the Influence of Health Education on Early Injury Handling Behavior with the Rice Method in Futsal Players in Selorejo Village, Ngunut District Regency Tulungagung, which consists of the following analysis:

Table 2. Frequency distribution of Early Injury Handling Behavior with the RICE Method for Futsal Players in Selorejo Village, Ngunut District, Tulungagung Regency before being given health education

Prior Behavior	Frequency	Percentage
Well	7	21
Currently	20	61
Not enough	6	18
Total	33	100%

Based on table 2, it shows that of the 33 respondents who were studied before being given health education, most of them had moderate behavior with a total of 20 respondents (61%) before being given health education, who had less behavior totaled 6 respondents (18%) and those who had good behavior amounted to 7 respondents (21%).

Table 3. Cross tabulation of respondent's behavior with general data on futsal players in Selorejo Village, Ngunut District, Tulungagung Regency before being given health education

General data	Prior Behavior						Total	
	Not enough		Currently		Well		F	%
	F	%	F	%	F	%		
Age								
17-22 yrs	4	67	1	17	1	17	6	100
23-28 yrs	1	5	18	90	1	5	20	100
>28 yrs	1	14	1	14	5	72	7	100
Information								
Once	1	9	4	36	6	55	11	100
No	5	23	16	73	1	4	22	100
Education								

junior high	5	36	8	57	1	7	14	100
school	1	7	12	86	5	7	14	100
College	0	0	0	0	5	10	5	100
Tall						0		

From table 3 it can be seen that most of the 20 respondents aged > 28 years had good behavior with a total of 5 respondents (72%), and respondents aged 17-22 years had less behavior with 4 respondents (67%). Of the 22 respondents who had never received information before, most of them had moderate behavior with a total of 16 respondents (73%). Meanwhile, of the 11 respondents who had receive the information most have good behavior with a total of 6 respondents (55%). Of the 14 respondents who had junior high school education, most of them had moderate behavior with a total of 8 respondents (57%), while all respondents with tertiary education had good behavior with a total of 5 respondents (100%).

Table 4. Behavior of respondents with age in futsal players in Selorejo Village, Ngunut District, Tulungagung Regency after being given health education

After Behavior	Frequency	Percentage
Not enough	3	9
Currently	14	42
Well	16	49
Total	33	100%

Based on table 4 of 33 respondents after being given health education, most of them had good behavior with a total of 16 respondents (49%) while 3 respondents (9%) had less behavior and 14 respondents (42%) had moderate behavior in performing first aid to injured victims .

Table 5 Cross-tabulation of respondents' behavior with general data on futsal players in Selorejo Village, Ngunut District, Tulungagung Regency after being given health education

General data	After Behavior						Total	
	Not enough		Currently		Well		F	%
	F	%	F	%	F	%		
Age								
17-22 yrs	2	33	2	33	2	33	6	100
23-28 yrs	0	0	12	60	8	40	20	100
>28 yrs	1	14	0	0	6	86	7	100
Information								
Once	0	0	1	9	10	91	11	100
No	3	14	13	59	6	27	22	100
Education								
junior high	2	14	7	50	5	36	14	100
school	1	7	7	50	6	43	14	100
College	0	0	0	0	5	10	5	100
						0		

Based on table 5 it is known that of the 7 respondents who were over 28 years old, most of them had good behavior with a total of 6 respondents (86%). Meanwhile, of the 20 respondents who were aged 23-28 years, most of them had moderate behavior with a total of 12 respondents (60%). Of the 22 respondents who had never received prior information, most of them had moderate behavior with a total of 13 respondents (59%). Meanwhile, of the 11 respondents who had received information, most of them had good behavior with a total of 10 respondents (91%). Of the 14 respondents who had junior high school education, most of them had moderate behavior with a total of 7 respondents (50%). Meanwhile, of the 5

respondents who had college education, all of them had good behavior with a total of 5 respondents (100%).

Table 6 Comparison of the behavior of futsal players in Selorejo Village, Ngunut District, Tulungagung Regency before and after being given health education

Behavior before	After Behavior							
	Well		Currently		Not enough		Total	
	F	%	F	%	F	%	F	%
Well	7	100	0	0	0	0	7	100
Currently	8	40	12	60	0	0	20	100
Not enough	1	16,7	2	33,3	3	50	6	100
Total	16	48.5	14	42,4	3	9,1	33	100

Table 6 shows that it can be concluded that after being given health education there was a change in the distribution of the respondents' behavior. The most number of respondents who experienced behavior changes were in the medium category, namely 8 people (40%) had good behavior. Changes in distribution also occur in the category of less behavior, namely 2 respondents (33.3%) their behavior increased to the moderate category and a number of 1 person (16.7%) increased to the moderate category.good.

Statistical Test Results

Based on the Wilcoxon Sign Rank Test Statistical Test on the Effect of Health Education on Early Injury Handling Behavior with the RICE Method in Futsal Players in Selorejo Village, Ngunut District, Tulungagung Regency. it is obtained that the ρ value in the asym.sig (2-tailed) column is 0.003 which is smaller than the level of significance (α) value of 0.05 ($\rho < 0.05$) then H_1 is accepted and H_0 is rejected, meaning that there is an effect of health education on Early Injury Handling Behavior Using the RICE Method in Futsal Players in Selorejo Village, Ngunut District, Tulungagung Regency.

Discussion

This section contains the interpretation and discussion of research results related to a theoretical review or literature study and research related to the topic "The Influence of Health Education on Early Injury Treatment Behavior with the Rice Method in Futsal Players in Selorejo Village, District NgunutTulungagung Regency.

Early injury handling behavior using the RICE method on futsal players in Selorejo Village, Ngunut District, Tulungagung Regency before being given health education

From the data of researchers which is served on Table 2 shows that of the 33 respondents who were studied before being given health education, most of them had moderate behavior with a total of 20 respondents (61%) before being given health education, 6 respondents (18%) had poor behavior and 7 had good behavior. respondents (21%).

Research results this is in line with research conducted by Lutfiasari (2016) which stated that the provision of health education about first aid for injuries affected the increase in knowledge and practice of elementary school teachers in handling injuries with an average value before health education was carried out of 8.56%, after health education was carried out it increased to 11.83%. While the average value of teacher practice before health education was carried out was 16.28%, after health education the skill value increased to 27.39%. (Lutfiasari, 2016)

Health behavior is a response of a person (organism) to a stimulus or object related to illness and disease, the health care system, food and drink, and the environment. A person's behavior is influenced by several things including education level, age and previous information (Nur Syamsuddin, 2021).

In line with these theories, the level of behavior of research respondents varies greatly, there are respondents who have good behavior, moderate and there are respondents who have poor behavior. According to the researchers, this was because most of the research respondents had different characteristics and backgrounds, ranging from different ages, levels of education and experience, so that this resulted in the behavior of the respondents varying.

From research data presented on table 3 it can be seen that most of the 20 respondents were aged > 28 years have good behavior with a total of 5 respondents (72%), and respondents aged 17-22 years have less behavior with a total of 4 respondents (67%).

The results of this study are in line with research by Fitriana (2017), that age greatly influences comprehension and mindset, so that the knowledge obtained is better and individuals will play an active role in society. Age is the span of time for a person starting from the time he was born to his birthday. If someone is old enough, they will have a mature mindset. Age is very influential on the ability to catch so that the knowledge obtained will be better.

An increase in one's age goes hand in hand with an increase in one's experience and knowledge. Increasing age will affect the amount of experience a person has, in addition to experience, the knowledge and information obtained also increases with a person's age (Riyan Hidayatullah, 2021).

In line with the fact that most of the respondents aged over 28 years have good behavior. According to the researchers, this is because most of the respondents aged over 28 years have a lot of knowledge and experience, so they have a lot of information about behavior in performing first aid to victims with injuries.

From research data presented in the table 3, it is known that of the 22 respondents who never received previous information, most of them had moderate behavior with a total of 16 respondents (73%). Meanwhile, of the 11 respondents who had received information, most of them had good behavior with a total of 6 respondents (55%).

This is in line with the research conducted Mujiburahman et al (2020) in Potorono Banguntapan Hamlet, Bantul, Yogyakarta, showed that 82.7% of respondents were in the good category. This is because respondents who have behavior influenced by several factors such as age, education, resources, mass media, and other external factors.

Behavior owned by the individual influenced by the level of exposure to an information. Someone who already knows about certain information, then he will be able to determine and make a decision how he should deal with it. In other words, futsal players who have been exposed to information about helping injured victims will have good behavior in helping (Ridhoni, M., Prasetyo, E. And Lampus & L, 2021). Someone who has received information before will add insight, so that in making a decision this knowledge is used as a basis for making a consideration in carrying out first aid to victims who have suffered injuries. (Bahrudin, 2013).

In accordance with the facts and theory that the researchers found, the respondents who had received previous information had better skills than those who had never received information before. According to the researchers, this was because the information previously obtained became the basis for determining the skills of the respondents so that they were better and more appropriate.

From research data which is presented in table 3, it is known that of the 14 respondents who have junior high school education, most of them have moderate behavior, totaling 8 respondents (57%), while all respondents with tertiary education have good behavior with a total of 5 respondents (100%).

This is in line with research by Wang and Dewi (2010) which says that the higher the education, the higher the interest in developing self-potential and acquiring the knowledge and skills needed to improve personal health status. (Wawan and Dewi, 2010)

According to the theory of the Knowledge-Attitude-Behavior Model, knowledge is an essential factor that can influence behavior change, and individuals can acquire knowledge and behavior through the learning process (Kusuma, U. And Surakarta, 2021).

In addition, respondents with higher education levels are easier to manage and absorb all forms of information, so that someone will have good behavior (Triyani Evi And Ramdani, 2020). In accordance with existing theories and facts that with a high level of education, a person's knowledge will increase, with increasing one's knowledge of the behavior he has, so that good knowledge of a person will encourage someone to have good behavior.

Early injury handling behavior using the RICE method for futsal players in Selorejo Village, Ngunut District, Tulungagung Regency after being given health education

Research data which is presented in table 5 shows that of the 33 respondents after being given health education, most of them had good behavior with a total of 16 respondents (49%) while 3 respondents (9%) had poor behavior.

This research is in line with the results of research conducted by (Nurwijayanti, 2016) saying that the level of knowledge of the Morodipan Hamlet community before being given health education about RICE first aid for sprain injuries was in the less category, and after being given health education their knowledge level had increased in the sufficient category, because have received health education by using flipchart and leaflet media so that they can increase the knowledge of people who previously did not know to know and are able to understand the importance of RICE first aid for sprain injuries.

The behavior possessed by individuals is not constant, behavior will increase along with increasing knowledge and information they have. Through the health education approach, someone will learn and try to understand new information that has never been obtained before, regardless of educational background, age and experience, all respondents will learn new things with the same time and intensity, thus enabling respondents to improve their behavior (Irawan, 2017).

In line with the theory set that's it given health education most of the research respondents have good behavior. According to the researcher, this is because the respondent has learned enough, and received material and an explanation on how to perform first aid to an injured victim so that the respondent has the appropriate behavior. good.

From research data which is presented in table 5 noted that out of 7 respondents aged over 28 years most have good behavior with a total of 6 respondents (86%). Meanwhile, of the 20 respondents who were aged 23-28 years, most of them had moderate behavior with a total of 12 respondents (60%).

The results of this study are in line with research by Fitriana (2017), that age greatly influences comprehension and mindset, so that the knowledge obtained is better and individuals will play an active role in society. Age is the span of time for a person starting from the time he was born to his birthday. If someone is old enough, they will have a mature mindset. Age is very influential on the ability to catch so that the knowledge obtained will be better.

The level of age possessed by a person indicates level maturity and maturity in thinking and managing the information obtained. A person with a mature or mature age level has a relatively rational way of thinking when compared to someone who is below that age (Yuliani, 2020).

In line with the theory that in this study most of the respondents who had good behavior were respondents with an age level of more than 23 years, even though the number of respondents who had good behavior experienced a significant increase after being given health education, the maturity level of the research respondents also remained give effect to the formation of behavior that is lacking in research respondents.

From research data which is presented in table 5, is obtained that of the 22 respondents who had never received prior information, most of them had moderate behavior with a total of 13 respondents (59%). Meanwhile, of the 11 respondents who had received information, most of them had good behavior with a total of 10 respondents (91%).

This is in line with research by (Nur Syamsuddin, 2021) which states that the source of information received previously is a determining factor for a skill. Someone who has received previous information will add insight, so that in making a decision this knowledge is used as a basis for making a judgment (Normaisyah, 2020).

Information exposure and knowledge of research respondents also has a contribution in the formation of good behavior in research respondents. Health counseling or health education provides an opportunity for research respondents to be able to receive new information and insights about a matter, so that after being given health education or health education it is hoped that the behavior that was previously lacking will improve.

In line with this theory, most of the research respondents who had never received information about assistance to injured victims after being given health education had moderate and good behavior. According to the researchers, this can happen because the respondents are actively willing and have a strong desire to learn how to perform first aid to victims with injuries during futsal.

Based on table 5 of the research data, it can be seen that of the 14 respondents who had junior high school education, most of them had moderate behavior with a total of 7 respondents (50%). Meanwhile, of the 5 respondents who had college education, all of them had good behavior with a total of 5 respondents (100%).

Hal is in line with Wang and Dewi(2010) which says that the higher the education, the higher the interest in developing one's own potential and acquiring the knowledge and skills needed to improve one's own health status.i (Wawan and Dew, 2010)

Level education very effect on acceptance new information provided. The more The higher the level of education, the more likely it is to have good behavior because it is based on broader knowledge. Apart from that, a high level of education enables a person to have wider relationships and networks with different levels of thinking so as to enable the exchange of information to occur based on strong knowledge.(Triyani Evi And Ramdani, 2020).

After being given health education, most of the study respondents with junior high school education had moderate and good behavior. According to the researchers, this was because the respondents maximized the health education sessions that had been given by the researchers, so that even with a junior high school education level, if the research respondents had the intention and determination to be serious about receiving information during health education, their behavior would increase.

The Influence of Health Education on Early Injury Handling Behavior with the RICE Method in Futsal Players in Selorejo Village, Ngunut District, Tulungagung Regency

Based on the research data it can be concluded that after being given health education there was a change in the distribution of the respondents' behavior. The most number of respondents who experienced behavior changes were in the medium category, namely 8 people (40%) had good behavior. Changes in distribution also occurred in the category of poor behavior, namely 2 respondents (33.3%) whose behavior increased to the moderate category and a number of 1 person (16.7%) increased to the good category. Based on the Wilcoxon sign rank test, it is obtained p value (0.003) with α (0.05), because $p < \alpha$ then H_0 is rejected and H_1 is accepted so that there is an Influence of Health Education on Early Injury Treatment Behavior with the RICE Method in Futsal Players in Selorejo Village, District Ngunut, Tulungagung Regency.

The increase in the behavior of research respondents before and after being given health education was based on the success of the transfer of knowledge process that

occurred between the presenters and the participants. According to Triyani Evi And Ramdani (2020) Health education is the right action to improve a person's behavior, through this process a person who previously did not understand the basics of providing first aid to an injured victim has a strong provision and foundation, so that behavior in providing first aid also increases.

In line with this, the researcher gave an opinion that the provision of the health education method carried out during this study had a significant impact on increasing the behavior of research respondents. Good behavior in research respondents because respondents already have a strong scientific and information base, so that it becomes the basis and foundation for carrying out a behavior.

Research conducted by Lutfiasari (2016) stated that the provision of health education about first aid for injuries affected the increase in knowledge and practical behavior of elementary school teachers in handling injuries with an average value before health education was carried out of 8.56%, after health education increased to 11.83%. While the average value of teacher practice behavior before health education was carried out was 16.28%, after health education the skill value increased to 27.39%. It can be concluded that there is an influence of first aid health education on the level of knowledge and practice of teachers in handling injuries to students at UMP Elementary Schools (Lutfiasari, 2016)

Other studies aligned by Triyani Evi And Ramdani (2020) .An increase in the results of knowledge and skills was obtained before and after the intervention was given with a p-value of 0.001. Other research conducted by Nur Syamsuddin (2021) The results of the evaluation carried out on the skill level and behavior of the participants regarding first aid for sports injuries showed that there was an increase obtained from the results of the pre-test and post-test. There was also an increase in the skills of the participants in first aid for sports injuries as seen from the results of the assessment of the first aid practices carried out by the participants while attending health education.

Similar research that supports this research was conducted by Purwacaraka, M., Farida, F in 2021. The results of the study stated that the average pain scale before being given the RICE method was 5.12 while the average pain scale after being given the RICE method was 3.72. The results of the Paired Test from the two data obtained a value of $p = 0.000$, which means that there is a significant effect of the RICE method on reducing the pain scale in athletes with Achilles tendon injuries at SMAN 1 Blitar. The RICE method reduces pain by inhibiting the speed of transmission of pain impulses to the brain so that the pain felt is reduced, athletes, sports teachers and coaches are expected to apply the RICE method for the first treatment of injuries.

This research is in accordance with the theoretical basis and previous research that researchers have analyzed in several research journals. The health education method is one of the right steps in increasing knowledge so that it becomes the basis for someone to carry out certain behaviors, armed with strong information, it is expected that the behavior and quality of first aid provided by helpers is more appropriate, so that victims who experience injuries can be helped and not experiencing complications or complications.

CONCLUSION

Early Injury Handling Behavior Using the Rice Method for Futsal Players in Selorejo Village, Ngunut District, Tulungagung Regency that before being given health education respondents who had good behavior totaled 7 respondents (21%), while after being given health education who had good behavior totaled 16 respondents (48%). Early Handling Behavior of Injury Using the Rice Method for Futsal Players in Selorejo Village, Ngunut District, Tulungagung Regency, after being given Health Education, it was found that most of the respondents had good skills with a total of 16 respondents (49%), a moderate skill level numbered 14 respondents (42%), while the level of skill was lacking skills amounted to 3 respondents (9%). There is an Influence of Health Education on Early Injury Handling

Behavior Using the Rice Method in Futsal Players in Selorejo Village, Ngunut District, Tulungagung Regency with the Wilcoxon sign rank test result of 0.003.

RECOMMENDATION

Recommendations that can be given for further research is to provide other methods for dealing with injuries to futsal players.

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