RESEARCH ARTICLE
Article URL: https://ojs.poltekkes-malang.ac.id/index.php/HAJ/index

Experience Knowledge and Skills of Housewives in Providing First Aid for Burns

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ABSTRACT

Burn injuries are common among housewives, but many lack knowledge of proper first aid, and tend to perform inappropriate self-care. This study aims to identify the incidence history and first aid skills of burns. The research design was descriptive quantitative with 44 samples selected through purposive sampling technique. The research was conducted door to door in Sananwetan Village, Blitar City in January-February 2024. The instruments used were questionnaires to identify the history of the incident and observation sheets to identify burn first aid skills. The results showed that the most common cause of burns was hot oil (56.8%) during cooking (88.6%), mostly occurred on the hands (86.4%) with an area of 1-3 cm (50%), and had no serious impact (93.2%). The most common type of burn was moderate (56.8%) and the most common action was applying toothpaste (29.5%). The results showed that 40.9% (18 respondents) who had experienced mild burns, 56.8% (25 respondents) moderate burns, and 2.3% (1 respondent) severe burns had very poor first aid skills. It was concluded that the history of burns varied and the first aid skills of respondents were poor, so education is needed to increase awareness and skills in dealing with burns in the household.

Keywords: Burns; Burn First Aid; Burn History; Housewives

INTRODUCTION

Burns are an accident that is often experienced by the community, especially among housewives. Housewives are the most vulnerable to burns because their main role in the family is to come into contact with fire, gas, and electricity such as cooking and ironing[1]. Based on data from the World Health Organization (2023), the incidence of burns mostly occurs in low- and middle-income countries resulting in approximately 180,000 deaths each year[2]. The data shows that the African and Southeast Asian regions account for 60% of the deaths each year. In Indonesia, the burn mortality rate is high at around 40%, caused by severe burns such as fire and electric shock.

Based on data from the Basic Health Research of the Indonesian Ministry of Health (2018), said that in Indonesia from 2014 - 2018 there has been an increase in the incidence of burns by 35% with

Submitted: 17 April 2025 Reviewed: 27 Mei 2025 Accepted: 26 Juni 2025
Doi: https://doi.org/10.31290/haj.v2i2.5319

more than 250 people per year dying from burns[3]. The majority of burn injury victims in Indonesia are women with a percentage proportion of 1.4% while men are only 1.2%, with the second highest incidence being East Java Province at 1.1%[3]. The percentage of burn injuries in East Java is highest at the age of 45-54 years, which is 1.61%, followed by age 25-34 years at 1.47%, and the least at the age of >75 years at 0.62%. These burns usually occur mostly in groups that are not working, namely 82.3%, with the most dominant type of burn due to fire at 53.1%[4].

First aid for burns aims to reduce pain, reduce skin tissue damage, prevent infection, irritation, and inhibit the worsening of wound conditions and minimize the risk of further complications[5]. The first aid given in burn cases is to stop the fire process and cool the burned area with cool running water for at least 15-20 minutes. This involves a quick response and understanding of the appropriate steps in responding to a burn situation. However, there are still wrong habits or assumptions by the public regarding the treatment of burns, especially in the household environment.

Previous research, stated that there are wrong habits in Indonesia in providing initial treatment for burns, namely by giving toothpaste (20.2%), applying oil (9.3%), applying butter (9.8%), applying soy sauce (15.6%), going to smart people (7.5%), applying ice (11%), and ignoring it (6.4%), and there are still many people who believe that handling burns at home by pouring water will get worse [6 7]. These wrong habits and beliefs have become a hereditary tradition for first aid for burns. Correct first aid can reduce the damage caused by burns. Conversely, the wrong first aid can have a detrimental impact on the community. If the treatment of burns is not done properly, it will cause fluid and electrolyte disorders, circulatory and hematological disorders, and metabolic disorders[8].

The results of interviews with 15 housewives in Neighborhood association 002 who actively cook in the kitchen, found that in performing first aid for burns, 6 used wasp oil, 4 used toothpaste, 3 used aloe vera, 1 used honey, and 1 ignored it. From the interview, it can be seen that there are wrong actions in the first aid of burns by housewives. Based on the description above, researchers are interested in conducting research on "Experience Knowledge and Skills of Housewives in Providing First Aid for Burns"

METHODS

The research design used in this study was descriptive quantitative. The sample in this study was 44 housewives in Sananwetan Village, Blitar City who met the inclusion criteria, namely actively carrying out activities in the kitchen, as well as other household activities, not working or working but cooking their own food, having experienced burns and providing first aid for burns to themselves/family/others, who were taken using purposive sampling technique. The research was conducted door to door in Sananwetan Village, Blitar City in January-February 2024. The variable in this study was the first aid measures for burns of housewives. The instruments used were questionnaires to identify the history of burns and observation sheets to identify burn first aid skills. The data analysis technique used was univariate analysis.

RESULT

Table 1 Characteristics of housewives in Sananwetan Urban Village, Blitar City.

Characteristics	f	%
Age		
1. 20-24	1	2,3
2. 25-29	3	6,8
3. 30-34	1	2,3
4. 35-39	4	9,1
5. 40-44	5	11,4
6. 45-49	8	18,2
7. 50-54	6	13,6
8. 55-59	5	11,4
9. 60-64	4	9,1
10. 70-74	6	13,6
11. ≥75	1	2,3
Last education		
1. Not in School	5	11,4
2. Primary School	8	18,2
3. Junior High School	7	15,9
4. Senior High School	22	50
5. University	2	4,5
Employment		
1. Not Employment	23	52,3
2. Merchant	8	18,2
3. Self-employed	5	11,4
4. Private Employee	3	6,8
5. Tailor	2	4,5
6. Civil Servant	2	4,5
7. Farmer	1	2,3

Based on table 1 shows that a small proportion of 18.2% (8 respondents) were aged 45-49 years, with half (22 respondents) having a high school education, and more than half 52.3% (23 respondents) were not working.

Table 2 Respondents' burn history in the past year.

Burn History	f	%
Experience		
1. Ever	44	100
Causes		
1. Fire	1	2,3
2. Hot oil	25	56,8
3. Hot water	5	11,4
4. Hot iron	3	6,8
5. Hot skillet	6	13,6
6. Cigarette heater	2	4,5
7. Hot pot	1	2,3
8. Hot rag	1	2.3
Activity causes		
1. Cooking	39	88,6
2. Ironing	3	6,8
3. Working	2	4,5
Frequency in 1 year		

Burn History	f	%
1. <5 times	19	43,2
2. 5-10 times	15	34,1
3. >10 times	10	22,7
Affected body parts		
1. Hand	38	86,4
2. Stomach	1	2,3
3. Waist	1	2,3
4. Back	1	2,3
5. Thighs	1	2,3
6. Feet	2	4,5
Burn area		
1. <1 cm	10	22,7
2. 1-3 cm	22	50
3. >3 cm	12	27,3
Current burn condition		
1. Recovered well, only a few marks	21	47,7
2. Leaves ugly and rough marks	19	43,2
3. Does not appear to have dried up	4	9,1

Based on table 4. 1 shows that all 100% (44 respondents) have experienced burns, with the cause of more than half 56.8% (25 respondents) due to hot oil, most 88.6% (39 respondents) burns occur during cooking activities, less than half 43.2% (19 respondents) get burns with a frequency of <5 times a year, most 86.4% (38 respondents) the affected body part is the hand, half 50% (22 respondents) the burn area is 1-3 cm, the current condition of the burn is less than half 47.7% (21 respondents) recovering well, only a few marks.

Table 4. 3 Types and effects of respondents' burns in the past year.

Types and Impact	f	%
Types of burns		
1. Minor	18	40,9
2. Moderate	25	56,8
3. Severe	1	2,3
The presence of a blister bula		
1. Yes	26	59,1
2. None	18	40,9
Impact of burns		
1. There is:		
a. Infection	1	2,3
b. Cellulitis	1	2,3
c. Keloid	1	2,3
2. None	41	93,2

Based on table 4. 3 shows that more than half 56.8% (25 respondents) had experienced moderate burns, with 59.1% (26 respondents) having ulcers, and most 93.2% (41 respondents) had no impact from burns.

Table 4. 4 First aid measures taken by respondents during a burn incident.

First Aid Measures	f	%
Actions when the skin area burns		
1. Watering with running water	4	9,1
2. Soaking with water	3	6,8
3. Applying toothpaste	13	29,5
4. Applying wasp oil	4	9,1
5. Applying ointment	5	11,4
6. Applying soy sauce	1	2,3
7. Applying aloe vera	7	15,9
8. Applying cold iron	1	2,3
9. Applying egg white	1	2,3
10. Applying eucalyptus oil	1	2,3
11. Leaving	4	9,1
Actions if there is a boil		
1. Leave it until it bursts on its own	21	47,7
2. Breaking with any tool that is important to be clean	1	2,3
3. Applying medicine/ointment	2	4,5
4. Breaking with lime thorns	2	4,5
5. No blistering	18	40,9

Based on table 4. 4 shows that the action when the skin area burns is less than half 29.5% (13 respondents) apply toothpaste and the action if there is a boil is to leave it until it breaks itself 47.7% (21 respondents).

Table 4. 5 Self-examination willingness and access to information.

Willingness to Self-Check and Access to Information	f	%
Willingness to have a self-examination		
1. When the burn is extensive	1	2,3
2. When interfering with activity and rest	2	4,5
3. Never and will not check	41	93,2
Information exposure		
1. Ever	2	4,5
2. No	42	95,5
Sources of information		
1. Family	1	2,3
2. Friends	1	2,3
3. None	42	95,5

Based on table 4. 16 shows that most 93.2% (41 respondents) have never and will not check to health facilities and most 95.5% (42 respondents) have never been exposed to information.

Observation Results of Burn First Aid Skills

Table 4. 6 Respondents' skills in burn first aid.

No.	Type	Total of Case	Skills	Done		Not Done		Total	
				f	%	f	%	f	%
1.	Minor Burns	18	1. Do not panic and move away from the heat source immediately.	13	72,2	5	27,8	18	100
			2. Cool the burn under running water or soak for 15 minutes.	5	27,8	13	72,2	18	100
			3. Not compressing the burn with ice.	18	100	0	0	18	100
			4. Not applying oil, egg white, butter, soy sauce, and toothpaste to the burn.	11	61,1	7	38,9	18	100
			5. Covering the burn with a clean cloth/sterile bandage loosely.	1	5,6	17	94,4	18	100
			6. Immediately bring to the nearest health service, if there is an infection.	0	0	18	100	18	100
2.	Moderate Burns	25	1. Do not panic and move away from the heat source immediately.	16	64	9	36	25	100
			2. Remove clothing and jewelry if the burn occurs in an enclosed area.	8	32	17	68	25	100
			3. Cool the burn under running water or soak for 15 minutes.	6	24	19	76	25	100
			4. Not compressing the burn with ice.	17	68	8	32	25	100
			5. Not applying oil, egg white, butter, soy sauce, and toothpaste to the burn.	10	40	15	60	25	100
			6. Not to break blisters. If the blister bursts on its own, wash it immediately with mild soap and water.	22	88	3	12	25	100
			7. Loosely cover the burn with a clean cloth/sterile bandage.	1	4	24	96	25	100
			8. Immediately bring to the nearest health service, if the burn widened.	1	4	24	96	25	100
3.	Severe Burns	1	1. Do not panic and move away from the heat source immediately.	1	100	0	0	1	100
			2. Extinguish burning clothes with water or the “Stop” method, “Drop”, “Roll”.	0	0	1	100	1	100
			3. Seek help immediately.	0	0	1	100	1	100
			4. Ensure the victim is breathing. Perform artificial respiration if breathing stops.	1	100	0	0	1	100
			5. Remove all clothing/jewelry, unless it is attached to the burn.	1	100	0	0	1	100

No.	Type	Total of Case	Skills	Done		Not Done		Total	
				f	%	f	%	f	%
			6. Do not apply ointments and rinse water without doctor's advice.	0	0	1	100	1	100
			7. Covering the burn with a clean cloth/sterile bandage loosely.	0	0	1	100	1	100
			8. Raising the injured body part to the level of the heart at about 40º.	0	0	1	100	1	100
			9. If the casualty is conscious and thirsty, give plenty of warm drinking water to replace lost fluids.	0	0	1	100	1	100
			10. Immediately bring to the nearest health service.	0	0	1	100	1	100

From table 4. 6 shows that 100% of respondents who had experienced minor burns did not immediately take them to the nearest health service if there was an infection, and 94.4% (17 respondents) did not cover the burn with a clean cloth/sterile bandage loosely. Most of the 96% (24 respondents) who had experienced moderate burns did not cover the burn with a clean cloth/sterile bandage loosely and did not immediately take them to the nearest health service. All 100% (1 respondent) who had assisted a severe burn victim did not immediately extinguish the burn victim's clothing with water or the “Stop”, “Drop”, “Roll” method, did not immediately seek help, applied ointment and rinsed water without a doctor's recommendation, not covering the burn victim with a clean cloth/sterile bandage loosely, not raising the injured body part to the level of the heart about 40º, not giving warm drinking water to the victim to replace lost fluids, and not immediately taking the victim to the nearest health service.

Table 4. 7 Respondents' skill level in burn first aid

Type	Skills	f	%
1. Minor Burns	Good	1	5,6
	Less	2	11,1
	Very Poor	15	83,3
Total		**18**	**100**
2. Moderate Burns	Less	5	20
	Very Poor	20	80
Total		**25**	**100**
3. Severe Burns	Very Poor	1	100
Total		**1**	**100**

Based on table 4. 7 shows that out of 44 respondents who had experienced burns, 83.3% (15 out of 18 respondents) with mild burns, 80% (20 out of 25 respondents) with moderate burns, and 100% (1 out of 1 respondent) with severe burns had very poor skills in first aid for burns.

DISCUSSION

Burn History

The results of the study on the history of burns found that 56.8% (25 respondents) experienced burns due to hot oil, during cooking activities 88.6% (39 respondents). Respondents are prone to burns due to several factors such as frequent activities in the kitchen, completing many tasks at one time so that they are rushed and pay less attention to precautions, unorganized kitchen conditions, without personal protective equipment, and interference from children/other responsibilities. Housewives are most vulnerable due to their role in contact with fire, gas, electricity during cooking/ironing activities[1].

The frequency of burn injury incidence was 43.2% (19 respondents), which was <5 times a year. Previous experience with burns makes respondents more vigilant and careful to avoid similar incidents. Each respondent has risk factors such as the level of accuracy, caution, and compliance with safety procedures, which can affect the frequency of occurrence of an incident. Burns mostly occurred in the hand area 86.4% (38 respondents). Respondents cook their own food without personal protective equipment such as gloves. Half of the respondents (22 respondents) had a burn area of 1-3 cm. A person must realize that they touched something hot, the natural reflex is to immediately withdraw the affected hand/body part[10]. Brief contact, quick reaction and precautionary measures by the respondents were the main factors behind the limited extent of the burns. The current condition of the respondents' burns recovered well, with only a few scars 47.7% (21 respondents).

The most common type of burns was moderate burns 56.8% (25 respondents) with ulcers 59.1% (26 respondents). Respondents did not immediately realize or avoid the heat source, causing prolonged contact resulting in moderate burns. Longer contact with heat sources can cause deeper damage to skin tissue[11]. This is usually accompanied by the formation of ulcers, which are fluid-filled blisters that form as the body's response to tissue damage. The majority of burns had no impact 93.2% (41 respondents), but a small proportion 2.3% (1 person) had infection, cellulitis and keloid. Three respondents experienced the effects of infection, cellulitis and keloid because they did not treat burns quickly and appropriately, making them susceptible to infection and other complications. Effective first aid and early management of burns can reduce the impact of long-term tissue damage[12].

Respondents' first aid measures when exposed to burns 29.5% (13 respondents) applied toothpaste. Respondents used toothpaste because it was easy to find and available at the time. Respondents believed that applying toothpaste can provide a cooling sensation and relieve pain in burns. The action seems to be a hereditary belief without scientific evidence. There is a wrong public habit in Indonesia in providing initial treatment of burns, namely by giving toothpaste[6]. Respondents action in case of a blister was to leave it alone 47.7% (21 respondents). Respondents believed that bursting blisters could cause pain and risk infection. Respondents received advice from family or friends to let the blisters burst on their own. Blisters on burn wounds serve as a natural barrier against infection and aid the healing process[13].

A total of 93.2% (41 respondents) were unwilling and would not seek medical attention. Respondents believed that they could manage their own burns without medical assistance because they

felt that the burns were not serious enough to be taken to a health facility. Women who are more often at home tend to choose to manage burns independently and are not willing to go to the hospital for several reasons including time constraints, household responsibilities, concerns about costs, or the belief that they can cope with self-care[14]. A total of 95.5% (42 respondents) had never been exposed to burn first aid information. Respondents never received counselling on burn first aid in their area and received information by word of mouth without verification, which then became a habit in treating burns. Emphasizing that precise, accurate, and relevant information is important for decision making.

According to the researchers, based on these findings, there is a need to emphasize burn awareness and prevention, safe practices in the kitchen, and burn first aid knowledge to reduce incidents. It is important to emphasize education on treatments that do not cause negative impacts and the use of ineffective or risky methods so that the risk of complications and further damage to the wound can be prevented. Preventive efforts and understanding proper wound care can prevent health problems and ensure optimal recovery.

First Aid Measures for Moderate Burns

The results showed that 56.8% (25 respondents) of 44 respondents had experienced moderate burns. The main factor causing the incidence of burns is the lack of knowledge, awareness, and self-protection of safety practices in handling burns. All 59.5% (25 respondents) who had experienced moderate burns had never received first aid information. Information is the key to forming knowledge[15]. The more information obtained, the better the knowledge, otherwise the less information obtained, the less knowledge. Low awareness and knowledge of burn prevention measures can occur due to a lack of information or examples of good safety practices.

The results of observations on 25 respondents who had experienced moderate burns found that 80% (20 respondents) had very poor skills in providing burn first aid. This was evidenced by 96% (24 respondents) not covering the burn wound with a clean cloth/sterile bandage loosely. Respondents were worried that covering the wound with a clean cloth/sterile bandage would cause discomfort and risk irritation, and the absence of clean cloth/sterile bandage supplies at home was one of the factors respondents were reluctant to cover burn wounds. Loosely covering burn wounds with sterile bandages helps prevent infection and promotes healing[13].

Most respondents 96% (24 respondents) did not immediately take them to the nearest health service. Respondents believed that moderate burns were not serious enough to require immediate medical attention and could heal with independent home care. Respondents also felt that going to the nearest health facility was too inconvenient, especially if it happened at night or when they were busy. Respondents believe that they can treat burns with home remedies or traditional methods, such as applying toothpaste, which are ineffective and may even worsen the condition. Prompt treatment of burns can prevent infection and other complications[16].

According to the researchers, based on these findings, there is a need for education that covers the correct first aid steps, the importance of seeking medical help, and avoiding ineffective traditional

methods. Housewives need to be given better access to first aid kits, such as clean cloths, sterile bandages, and PPE. The government or health organizations can provide or subsidize first aid kits for households. Comprehensive education programs and better access to adequate first aid equipment can reduce the incidence and impact of burns among households.

First Aid Measures for Minor Burns

The results showed that 40.9% (18 respondents) of 44 respondents had experienced minor burns. The observation results showed that 83.3% (15 respondents) had very poor skills in providing first aid. The first action for minor burns is to run water over the burn area to reduce pain[17]. A total of 100% (18 respondents) did not immediately go to the nearest health service if there was an infection. Respondents believe that minor burns are not serious enough because of previous experience that wounds can heal without medical assistance. Recommends immediate treatment of burns to prevent infection[16].

A total of 94.4% (17 respondents) did not cover the burn wound with a clean cloth/sterile bandage loosely. Respondents felt that the wound would not dry quickly if they covered it with a clean cloth/sterile bandage. According to Dr. David Herndon, Head of the Burn Section at Shriners Hospitals for Children, Texas, stated that covering burns with a clean cloth or sterile bandage can help protect the injured area from external contamination[18]. A total of 72.2% (13 respondents) did not cool the burn under running water or soak for 15 minutes. Respondents believed that running or soaking the burn with water would cause blistering, so this action was not widely practiced. Cooling the burn with cold water is the first step in the initial management of minor burns[13]. Cooling the wound can help reduce the risk of infection by ridding the area of dirt or potential contaminants.

According to the researchers, based on these findings, most of the respondents who experienced minor burns were not aware of the importance of proper treatment and rapid response to burns. It is also important to provide a correct understanding of burn wound closure with a clean cloth or sterile bandage loosely. These measures should be supported by evidence-based approaches and effective education programs to increase awareness and skills in home burn management.

First Aid Measures for Severe Burns

The results showed that 2.3% (1 respondent) out of 44 respondents were helpers of severe burns. Respondents helped victims who were hit by hot rags in the back area during cooking activities. The results of observations on respondents obtained very poor skills in providing first aid. This is evidenced by respondents) not immediately extinguishing the victim's burning clothes with water or the “Stop”, “Drop”, “Roll” method. Respondents assumed they did not know these extinguishing methods and felt no need to do so for fear of worsening the injury. The Stop, Drop, and Roll technique is a rescue technique used to extinguish fire in burning clothing[19]. This technique is a simple step that can help a person on fire to avoid further injury.

Respondents did not immediately seek help when the victim was severely burned because they were not at the scene of the incident. Respondents applied ointment and rinsed water without a doctor's advice. Respondents acted on instinct as quickly as possible without waiting for medical assistance by

taking actions that they believed would help. There is an Appropriate Medical Intervention Theory which emphasizes that medical intervention should be appropriate to the patient's condition and based on an accurate diagnosis[20]. Severe burns require an in-depth assessment by a doctor to determine the appropriate treatment. Respondents did not cover the victim's burns with clean cloth/sterile bandages loosely. Respondents believe that if the burn is covered, it will make the wound moist and not dry quickly. Covering burns with a clean cloth or sterile bandage is part of standard burn care[21].

The respondent did not raise the injured body part to the level of the heart at about 40^{o}. Respondents had never been taught this method and did not feel the need to do it because the burn occurred in the back area. Raising the injured body part to heart level can help in pain management[13]. By elevating the injured part, swelling and pressure are reduced, so pain is also reduced. Respondents did not provide warm drinking water because they felt that preparing warm water was time-consuming, so they focused more on actions that were considered more urgent such as removing clothing, cooling the wound with water, and applying ointments. Giving oral fluids to severe burn victims, especially in the form of warm drinking water, is not always safe or effective as victims may experience nausea, vomiting, or decreased consciousness which can make oral fluid administration unsafe[13].

Respondents did not immediately take the victim to the nearest health service. Respondents believed that if they poured water and applied ointment, the wound would heal soon. Fear or discomfort with hospitals makes respondents reluctant to seek medical help. Most respondents will seek health services related to burns if there is already interference with activity and rest and tend to delay seeking help to health services due to poor perceptions of health facility services[23].

According to the researchers, based on these findings, there is a lack of knowledge and skills in providing first aid to victims of severe burns. Education and training on emergency management of severe burns is needed. Teaching decision-making in emergency situations can help individuals act more quickly and appropriately, thereby reducing the risk of complications and increasing the chances of recovery for severe burn victims. There needs to be a better understanding of the priorities of actions to take in an emergency situation, as well as an awareness of the importance of rapid response and seeking immediate medical assistance.

CONCLUSION

The observation results showed that 25 respondents had experienced moderate burns, as many as 20 respondents had very poor skills, as evidenced by 24 respondents not covering the burn with a clean cloth/sterile bandage loosely because they believed that covering the wound would slow drying and discomfort, and 24 respondents did not immediately take them to the nearest health service, because they thought that burns could be treated by themselves with traditional methods. Observations showed that 18 respondents had experienced minor burns, 15 respondents had very poor skills, as evidenced by 18 respondents not immediately going to the nearest health service in case of infection because they thought that moderate burns could be treated by themselves with traditional methods, 17 respondents

did not cover the burn with a clean cloth/sterile bandage loosely because they were worried about moisture, discomfort and irritation, and 13 respondents did not cool the burn under running water or soak it for 15 minutes due to lack of knowledge and the assumption that these actions could cause blisters.

The results of the observation showed that 1 respondent who helped victims of severe burns had very poor skills, as evidenced by the respondent not immediately extinguishing the victim's burning clothes with water or the “Stop”, “Drop”, and “Roll” method due to ignorance and fear of worsening the wound, the respondent did not immediately seek help because he was not directly at the scene, but the respondent applied ointment and rinsed water without a doctor's recommendation, respondents did not cover the burn wound with a clean cloth/sterile bandage loosely because they were worried that the wound would become moist and not dry quickly, respondents did not raise the injured body part to the level of the heart about 40^{o} because they did not know the method, respondents did not give warm drinking water to the victim to replace lost fluids because they considered it impractical and not a priority, and respondents did not immediately take the victim to the nearest health service because they believed that the wound would heal with ointment and water, and the victim was afraid to go to the hospital. The overall skills of respondents in burn first aid are still very poor. Efforts are needed to increase awareness, understanding and first aid skills to reduce the risk of complications and accelerate the healing process.

REFERENCES

1. Sulianai NW, Oktavia D. Tingkat Pengetahuan Masyarakat Kebon Kosong Terhadap Penanganan Kedaruratan Luka Bakar. J Akad Keperawatan Husada Karya Jaya. 2022;9(1):63–9.
2. WHO. Burns [Internet]. 2023 [cited 2023 Nov 21]. p. 1–6. Available from: https://www.who.int/news-room/fact-sheets/detail/burns
3. Riskesdas Kemenkes RI. Laporan Nasional Riset Kesehatan Dasar Kementrian Kesehatan RI 2018.pdf. Lembaga Penerbit Balitbangkes. Jakarta: Jakarta: Badan Penelitian dan Pengembangan Kesehatan (LPB); 2018.
4. Kemenkes. Pedoman Nasional Pelayanan Kedokteran: Tatalaksana Luka Bakar [Internet]. Vol. 561, Kementerian Kesehatan RI. Jakarta: Jakarta: Kementerian Kesehatan RI; 2020. 1–175 p. Available from: https://repository.kemkes.go.id/book/132
5. Christianingsih S, Puspitasari LE. Pendidikan Kesehatan Dengan Media Leaflet Dan Video Dalam Meningkatkan Pertolongan Pertama Luka Bakar. Journals Ners Community [Internet]. 2021;12(November):245–57. Available from: http://journal.unigres.ac.id/index.php/JNC/article/view/1461
6. Kustanti C, Widyarani L. Program Pelatihan Pertolongan Pertama Kegawatan Luka Bakar di Lingkungan Rumah Tangga. J Kreat Pengabdi Kpd Masy. 2023;6(1):212–8.
7. Rachmawati D, Saputro RG, Anam AK. Pertolongan Pertama Keluarga Pada Luka Bakar Sebelum Dibawa Ke Igd Rsud Ngudi Waluyo Wlingi. J Borneo Holist Heal. 2021;4(1):63–72.
8. Ramdani ML. Peningkatan Pengetahuan Bahaya Luka Bakar Dan P3K Kegawatan Luka Bakar

Pada Anggota Ranting Aisyiyah. Semin Nas Has Penelit dan Pengabdi Pada Masy IV Tahun 2019 "Pengembangan Sumberd menuju Masy Madani Berkearifan Lokal LPPM - Univ Muhammadiyah Purwokerto. 2019;103–6.

9. Celena D, Shumway KR, Prasanna T. Physiology, Withdrawal Response [Internet]. StatPearls Publishing. 2024. Available from: https://www.ncbi.nlm.nih.gov/books/NBK544292/

10. Alepandi M, Wahyudi JT, Tiranda Y. Efektivitas Pemberian Aloevera Pada Proses Penyembuhan Luka Bakar: Literature Review. J Keperawatan Merdeka. 2022;2(1):15–29.

11. Arga NA, Jufrizal J, Aklima A. Sikap Masyarakat tentang Penanganan Pertama Luka Bakar. J Gawat Darurat. 2023;5(1):29–34.

12. American Burn Association (ABA). Initial First Aid Treatment for Minor Burns. Am Burn Assoc. 2018;14(4):200–5.

13. Muthohharoh L. Gambaran Perilaku Masyarakat Terhadap Kejadian Luka Bakar Ringan di Perumahan Bagasasi Cikarang. Sch Nurs Syarif Hidayatullah State Islam Univ Jakarta. 2023;7.

14. Febrianti R. Tingkat Pengetahuan Pertolongan Pertama Luka Bakar Pada Siswa SMKN 1 Situbondo. J Keperawatan. 2022;5(1):01–86.

15. Centers for Disease Control and Prevention (CDC). Infection Control Basics [Internet]. Centers for Disease Control and Prevention (CDC). 2024. Available from: https://www.cdc.gov/infection-control/hcp/index.html

16. Hiamawan F. Gambaran Pertolongan Pertama Luka Bakar Ringan Pengelola Panti Asuhan Kota Tegal pada Bencana Kebakaran. Juru Rawat J Updat Keperawatan. 2022;2(2):60–4.

17. Karel CD, Culnan DM, Desai MH, Herndon DN. 50 Years of Burn Care at Shriners Hospitals for Children, Galveston. Physiol Behav. 2019;176(5):139–48.

18. National Fire Protection Association (NFPA). Not Your Mother's Stop Drop and Roll: Evolution of a Key Fire Safety Message. Natl Fire Prot Assoc [Internet]. 2022;5–7. Available from: https://www.nfpa.org/news-blogs-and-articles/blogs/2022/03/31/not-your-mothers-stop-drop-and-roll-evolution-of-a-key-fire-safety-message

19. Greenfield E. The Pivotal Role of Nursing Personnel in Burn Care. Indian J Plast Surg Off Publ Assoc Plast Surg India. 2023 Sep;43(Suppl):S94–100.

20. Schaefer TJ, Szymanski. KD. Burn Evaluation and Management [Internet]. National Institutes of Health (NIH). 2023. Available from: https://www.ncbi.nlm.nih.gov/books/NBK430741/

21. Nofiyanto M, Nirmalasari N. Praktik Penanganan Pertama Luka Bakar Pada Ibu Rumah Tangga Di Wilayah Sleman Yogyakarta. Media Ilmu Kesehat. 2021;9(1):1–10.