# THE INFLUENCE OF HEALTH EDUCATION USING DEMONSTRATION METHODS ON HEALTH PRACTICES FIRST BURN IN HOUSEWIFE

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**ABSTRACT**
According to the World Health Organization (WHO) in 2018 the prevalence of burns in the world is still relatively high, as evidenced by the death rate which has reached around 180,000 victims and shows that women in the Southeast Asia region have the highest incidence of burns, 70% of whom are women. Data on the incidence of burns in Indonesia from 2013-2015 showed 68.8% occurred at the age of more than 18 years in the non-working group 82.3%. The purpose of this study was to determine the effect of health education using the demonstration method on first aid practices for housewives in Bubulak Village. The research method used is quasi-experimental quantitative pretest and posttest with control group design, sampling technique with purposive sampling, a sample of 40 respondents was divided into 20 respondents in the experimental group and 20 respondents in the control group. Data collection with observation sheets. The results showed that there was an increase in the Experiment (Intervention) group where previously 15 respondents (75%) were in the poor category and after being given health education to 17 respondents (85%) in the good category. The results of the hypothesis test using Willcoxon with a P Value of 0.000 ≤ 0.05, which means (Ho is rejected, Ha is accepted), it can be concluded that there is an effect of health education using the demonstration method on the practice of first aid for burns to housewives in Bubulak Village. The conclusion is that there is an effect of health education using the demonstration method on the practice of first aid for burns in housewives in the Bubulak Village.

**Keywords: Demonstration, practice, burns**

## INTRODUCTION

Burns are damage to the body's skin caused by heat trauma or cold trauma (frost bite).the causeare fire, hot water, electricity, chemicals, radiation and cold trauma(1). Burns are injuries to the skin or other organic tissues caused by heat or radiation, radioactivity, electricity, friction or contact with chemicals.(2)

According to the World Health Organization in 2018 the prevalence of burns in the world is still relatively high, as evidenced by the death rate which reaches around 180,000 victims die each year. The incidence of burns in the world mostly occurs in countries with low to middle income, data shows that in the African and Southeast Asian regions it causes the most deaths every year, namely 60%.(2).

Data from the American Burn Association (ABA) in 2010 the incidence of burns in the United States from 2001 to June 2010 was estimated at more than 163,000 cases, of which 70% of patients were men with an average age of around 32 years, 18% of children under 5 years and 12% of cases

are over 60 years old(3).

Data on the incidence of burns in Indonesia from 2013-2015 shows that 68.8% occur over the age of 18 years. The Province of West Java showed that 2.7% of incidents of burns and Bogor obtained 2.4%, mostly in the group that did not work 82.3%, and the most common type was burns due to fire 70.8%. In the year of. 2018 West Java Province shows 1.60 %(4).

Most Indonesian people in general are still using the wrong way to provide first aid for burns, namely by using honey (69.9%) and toothpaste (53.7%).in first aid(5).

One way to treat burns is with first aid, which is the quickest step outside the hospital to save lives. First aid measures should be simple to learn and easy to perform. In addition, the procedure should not negatively impact subsequent special evaluation and treatment. The goal of first aid is to relieve pain, prevent such injury or illness before medical intervention(6).

If burns are not properly first aid can cause effects and risks. One of them is skin damage. Apart from skin, burns can also damage muscle tissue, blood vessels, and epidermal tissue. Severe burns can cause shock and psychological stress due to their physical disability(7).First aid that is less than optimal in the acute/early phase can cause several complications, namely inhalation injury, edema in the airways, disturbances in the balance of fluid and electrolyte circulation with systemic impacts which are the main causes of death in the acute phase.(8)

Efforts are being made to provide information to housewives regarding proper first aid for burns, namely by providing health education. In carrying out health education activities, media is needed that can be used, namely demonstration media. Demonstration media show the process of how an event or object occurs to the appearance of exemplary behavior so that it can be known in real or imitation.

Based on a preliminary study on October 5 2022 by conducting interviews with 7 housewives in the Bubulak Village, data was obtained that incidents of burns often occurred while cooking. Evidenced by the results of interviews, namely 5 housewives said the early treatment that was often done was using toothpaste/paste, 2 people used soy sauce. The first aid that can be done is to cool the affected area as soon as possible using running water for 10-20 minutes. This is to reduce the swelling that occurs and can speed up the healing process in the future.

Based on the background above, the researcher is interested in conducting research with the title "The Influence of Health Education Using the Demonstration Method on the Practice of First Aid for Burns in Housewives in the Bubulak Village".

## RESEARCH METHODS

The type of research used in this study used a quantitative research method with a Quasi Experiment Design design that used the Pretest Posttest Control Group Design. This study reveals a causal relationship involving a control group as well as an experimental group (9). This research was carried out in Bubulak Village on November 21, 2022.

This sampling technique uses a purposive sampling technique, namely taking samples that are in accordance with the objectives and problems that arise in the study, so that the samples taken are able to mediate population criteria (10). In this study divided into two groups, namely the

Experimental Group and the Control Group. In this study, the number of experimental groups was 20 respondents and the control group was 20 respondents, so that the total sample was 40 respondents. The independent variable in this study was health education using the demonstration method and the independent variable in this study was the practice of first aid for burns.

## RESEARCH RESULT

### 1. Characteristics of Respondents

The characteristics of the 89 respondents who participated in this study can be seen in the table below:

a. Age

Table 1 Characteristics of Respondents Based on the Age of Housewives in the Bubulak Village

| No | Age | Frequency | Percentage (%) |
|---|---|---|---|
| 1 | 25-35 | 8 | 20.0 |
| 2 | 36-45 | 18 | 45.0 |
| 3 | 46-55 | 11 | 27.5 |
| 4 | >55 | 3 | 7,5 |
| | Total | 40 | 100 |

Based on table 1 above regarding the characteristics of respondents based on the age level of housewives in the Bubulak Village, it is known that out of 40 respondents, the most respondents were aged 36-45 years, namely 18 respondents (45.0%).

b. Last Education Level

Table 2 Characteristics of Respondents Based on the Education Level of Housewives in the Bubulak Village

| No | Age | Frequency | Percentage (%) |
|---|---|---|---|
| 1 | Preelementary school | 1 | 2,5 |
| 2 | Junior High School | 6 | 15.0 |
| 3 | Senior High School | 27 | 67.5 |
| 4 | College | 6 | 15.5 |
| | Total | 40 | 100 |

Based on table 2 above regarding the characteristics of respondents based on the last level of education in housewives in the Bubulak Village, it is known that out of 40 respondents, the majority of respondents obtained high school graduates with 27 respondents (67.5%).

**2. Univariate**

**a. Experimental (Intervention) Group Burns First Aid Practice**

Table 3 Pretest and Posttest Frequency DistributionPracticeFirst Aid for Burns Experiment Group (Intervention)

| Category | Pretest | | Posttest | |
|---|---|---|---|---|
| | N | % | N | % |
| Less (1-2) | 15 | 75 | 0 | 0 |
| Enough (3-4) | 5 | 25 | 3 | 15 |
| Good (5-6) | 0 | 0 | 17 | 85 |
| Total | 20 | 100 | 20 | 100 |

Based on table 3 above, the distribution of the frequency of first aid practices for burns in the experimental (intervention) group obtained the highest results in the pretest, namely the Less category, 15 respondents (75%), and the highest results were in the posttest, with the Good category, 17 respondents (85%).

**b. Control Group Burns First Aid Practice**

Table 4 Pretest and Posttest Frequency DistributionPracticeFirst Aid for Burns Control Group

| Category | Pretest | | Posttest | |
|---|---|---|---|---|
| | N | % | N | % |
| Less (1-2) | 14 | 70 | 11 | 55 |
| Enough (3-4) | 6 | 30 | 9 | 45 |
| Good (5-6) | 0 | 0 | 0 | 0 |
| Total | 20 | 100 | 20 | 100 |

Based on Table 4, the frequency distribution of first aid practices for burns in the control group found that the highest results were in the pretest, namely the Less category, 14 respondents (70%) and the results obtained in the posttest with the Enough category, 11 respondents (55%).

**3. Bivariate**

Table 5 Wilcoxon Signed Ranks Test
The Influence of Health Education by Demonstration Method on First Aid Practices for Burns in Housewives in Bubulak Village

| Burns First Aid Practice | | | Mean Ranks | *P-value* |
|---|---|---|---|---|
| K. Experiment | Negative ranks | 0 | 0.00 | 0.000 |
| | Positive | 20 | 10.50 | |

| | | | | |
|---|---|---|---|---|
| | Ranks | | | |
| K. Control | Negative ranks | 1 | 6.50 | 0.003 |
| | Positive Ranks | 12 | 7,4 | |

Based on the results of table 5, the results obtained using the Wilcoxon Signed Rank Test in the Experiment (Treatment) group showed a p value of 0.000 ≤ 0.05, for the Control group p value ≤ 0.003. P value <0.05 (Ho is rejected, Ha is accepted), so it can be concluded that the hypothesis is accepted, meaning that there is an effect of health education using the demonstration method on the practice of first aid for burns in housewives in the Bubulak Village.

## DISCUSSION

### 1. Experimental (Intervention) Group Burns First Aid Practice

Based on table 3 above, the results of the distribution of the frequency of first aid practices for burns in the experimental (intervention) group, namely the group that was given health education with the most demonstration methods, had a good distribution (5-6).*with*the number of respondents is 17 (85%) from the previous one with the Less distribution (1-2) with the number of respondents 15 (75%)with less results and after demonstration health education measures there was an increase in the experimental (treatment) group by 17 (85%) with good results.

This is in line with research conducted by Vinda Kuswana Murti 2019 "Effectmethoddemonstration health education using short education movie (SEM) media on wound care behavior in school-age children" which stated that before being given demonstration health education about first aid for burns in the experimental group (treatment) there were 20 respondents (100%) with less results and after the demonstration health education action there was an increase to 20 respondents in the Good category (100%)(11).

### 2. Control Group Burns First Aid Practice

Based on table 4 aboveresultsthe distribution of the frequency of first aid practices for burns in the control group who were not given health education by the demonstration method found that the highest results were less distributed (1-2) with 11 respondents (55%), previously the most distributed less (1-2) with 14 respondents (70%). From these data it can be concluded that there is no change or increase in first aid practice actions, because the results on the pretest and posttest mostly show the Less category.

This is in line with research conducted by Vinda Kuswana Murti 2019 "EffectmethodDemonstration of health education using short education movie (SEM) media on wound care behavioronschool age" which stated that before being given demonstration health education about first aid for burns in the experimental group (treatment) there were 20 respondents (100%) with poor results and after taking action. Meanwhile for the control group there were 18 respondents (90%) with less(11).

**3. The Influence of Health Education by Demonstration Method on First Aid Practices for Burns in Housewives in Bubulak Village**

Based ontable5 above it is known that the results of the Wilcoxon Non Parametic Signed Ranks Test Hypothesis Test are 0.000 so, the p value ≤0.005 (Ho is rejected and Ha is accepted) means that there is a significant influence between health education and demonstration methods on first aid practices for burns in housewives in Bubulak village.

## CONCLUSION

1. It is known that the results of the distribution of the frequency of first aid practices for burns in the experimental (intervention) group or the group given health education with the demonstration method of first aid for burns to housewives in Bubulak Village with the highest results, namely distribution with good results, 17 respondents (85%) and with enough results 3 respondents (15%).
2. It is known that the results of the distribution of the frequency of first aid practices for burns in the control group or groups that were not given health education with the demonstration method of first aid for burns to housewives in Bubulak Village with the highest results, namely 11 respondents (55%) Less and 9 respondents (45%) ) Enough.
3. It is known that the results of the Wilcoxon Signed Ranks Test Non-Parametric Hypothesis Test in the table above are seen from the sig (significant) value of 0.000. So, if P value ≤ 0.005 (Ho rejected, Ha accepted) it means that there is a significant influence between the effect of health education with the demonstration method on the practice of first aid for burns in housewives in Bubulak Village.

## SUGGESTION

1. For STIKes Wijaya Husada
   The results of this study are suggested to be input and used as reference material for emergency nursing for insight into the practice of first aid for burns in housewives.
2. For Respondents
   The results of this study are suggested to be input for housewives to pay more attention to first aid for burns and apply first aid practices for burns so as not to cause wider effects.

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