

Community Knowledge and Experience in the First Aid of Burns: A **Qualitative Study**

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ABSTRACT

Keywords:

Burns, Knowledge, Experience, Community

Burns are still a very serious concern so they require immediate treatment. This research is a qualitative research with phenomenological design. Participants in this study amounted to 10 people. The selection of informants for this study used the Purposive Sampling technique. Data collection in this study was carried out through in-depth interview methods, and observation or observation. In-depth interviews use semistructured questions. The interview is equipped with field notes that serve to identify non-verbal responses and situations during the interview process with informants. The results of this study obtained two themes, namely public knowledge about burns with sub-categories, and knowledge and first treatment of burns. Public knowledge about burns is still general. Society defines burns as injuries caused by fire, hot water, electrical short circuits and skin blisters. The handling of burns carried out by the community is using traditional methods obtained from their respective experiences. The first treatment carried out by the community was by giving toothpaste, honey, aloe vera (aloe vera), and running

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1. **INTRODUCTION**

Burns are still a very serious concern so they require immediate treatment, burns not treated immediately can cause disruption to many organs [1]. Burns have a negative impact if not treated quickly [2]. Burn injuries are trauma that can happen to anyone, anytime and anywhere. Injuries can be caused by friction, cold, heat, radiation, chemical or electrical sources, but most burn injuries are caused by heat from hot liquids and fire. Physical changes in appearance due to burns can have significant psychological consequences [3]. Burn victims often require long-term care. Patients prefer to be at home while receiving care services but there are some disadvantages in doing care at home

First aid given in cases of burns is to stop the fire process and cool the burned area. Cooling will be effectively administered within no more than 3 hours after the incident. First aid for burns carried out by the community is not entirely appropriate, this can be seen from almost 50% of people have not used water to stop burns. As for what was done, namely removing clothes and accessories (72.1%), using water using cold water (88.6%) and using running water for 15 minutes (57.86%), wrapping the burned part (33.9%), as many as (63.5%) seeking medical help and still used traditional medicines such as honey (69.9%) and toothpaste (53.7%) [5]. There are also people who use raw eggs (12.5%), lavage water (29.2%), pap in (9.5%) and other ingredients (48.8%) [6]. In addition, there are those who use honey, a mixture of gums and goat hair, and tannic acid spray [7]. People's



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understanding of burns first aid is lacking. First aid carried out by people tends to still use traditional methods [8]. Effective treatment of burns by stopping the fire process and cooling the burned area.

2. METHOD

This study be Qualitative Research with Phenomenological Design [9]. In this process, the researcher sets aside his own experience to understand the experience of the research subject [10]. This research was conducted in South Mangga Dua Village, Sawah Besar District, Central of Jakarta, DKI Jakarta Province in July – October 2023. Participants in this study amounted to 10 people. In qualitative research with phenomenological design, 10 interviews were recommended [10]. The selection of informants for this research uses techniques Purposive Sampling namely the selection of informants carried out based on special criteria so that the participants taken are in accordance with the research objectives [11]. According to [12] Purposive Sampling It is more suitable for qualitative research or research that does not generalize. If qualitative research intends to explore health behavior and adolescent behavior in one community, then research informants will be selected from that community [13].

Data collection in this study was carried out through in-depth interview methods, and observation or observation. In-depth interviews use semi-structured questions. In addition, interviews with this technique were selected so that participants could use their own words [14]. The interview is equipped with field notes that serve to identify non-verbal responses and situations during the interview process with informants.

3. RESULTS AND DISCUSSION

Result Participant

Table 1. Participants Characteristics

Code Participants	Gender	Education Last	Length of Stay
P1	Male	Senior High School	≥20 Years
P2	Male	Bachelor	≥20 Years
P3	Male	Senior High School	≥20 Years
P4	Female	Senior High School	≥20 Years
P5	Male	Bachelor	≥20 Years
P6	Female	Senior High School	≥20 Years
P7	Male	Bachelor	≥20 Years
P8	Male	Associate's Degree	≥20 Years
P9	Male	Bachelor	≥20 Years
P10	Male	Senior High School	≥20 Years
	2		

Source: Primary Data 2023

Based on table 1, it is known that the participants in this study amounted to 10 (ten people) people. Participants were 7 men and 3 women. The last high school education was 5 people, S1 as many as 4 people, and D3 1 person. All participants live in Magga Dua Selatan Village, Central Jakarta with a stay of \geq 20 years.

Thematic Analysis

Public Knowledge about Burns

Community knowledge about burns obtained 2 sub-themes, namely burns and burn classification. The burn sub-theme obtained 4 sub-categories, including caused by fire, due to hot water, electrical short circuit, and blistered skin, while the burn classification sub-theme obtained 2 sub-themes, including limited to wounds and wound area. See table 2.

Table 2. Public Knowledge of Burns

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Theme	Sub themes	Category		
Community knowledge	Burns	Fire Hot water Electric short circuit Skin blisters		



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Theme	Sub themes	Category
	Classification of burns	Limited to wounds
		Wound area

Source: Primary Data 2023

Excerpts from the statement of table 2 of people's knowledge about burns are as follows:

1) Burns sub theme

Category statement excerpts caused by fire

- "...... If it's a burn, it's usually because of fire, huh..." (P2)
- "........... Yes, it's generally because of the fire. That's why I said the burn was due to fire......."

Category statement quotes due to hot water

- "..... Usually scalded so his hands turn red,... Usually after blushing, water spots continue to *appear..."* (P4)
- '....... The water boils with the hands must be hot and sometimes it also blisters." (P5)

Electrical short circuit category statement excerpt

- "....... yes electric short circuit, electric shock...." (P8)
- "..... fire due to electrical short circuit..." (P9)

Excerpts of skin blister category statements

- '...... heat and sometimes skin blisters." (P5)
- "...... If the heat is excessive, there must be skin blisters..." (P7)

2) Burn classification sub-theme

Category statement excerpts are limited to wounds

- '...... Yes, the most burns are just that, that's... just hurt.." (P1)
- "..... If asked about the depth, we only know the wound, don't pay attention to the depth..." (P3)
- "..... Yes, according to kite-kite, just burns, just wounds... ordinary injuries....there are no other categories...." (P4)
- "...... According to Gur, it's just a wound...... yes ordinary injuries aje....." (P5)
- "..... It's just an ordinary wound, it's an ordinary injury, at most the difference is only because it was hit by a fire..." (P7)

Excerpts of broad wound statements

- "..... At most, only the extent of the wound is... It's like in the hand, we know which hand and to what extent, that's it....." (P2)
- "....... We see only the breadth, the breadth of which one,... Which part....." (P4)
- "..... Just the extent of the wound... no one laen mah...." (P6)
- "...... If it's from me,... The classification of burns is one of them seen from the extent of the wound...." (P8)

Community Knowledge and Experience on First Treatment of Burns

Public knowledge and experience about the first treatment of burns obtained 1 sub-theme, namely the first treatment with 4 categories, namely toothpaste, honey, aloe vera and water. See table 3.

Table 3. Community Knowledge and Experience on First Response to Burns

Theme	Sub themes	Category
Community knowledge and experience	First handling	Toothpaste Honey Aloe vera Water

Source: Primary Data 2023

Excerpts from the statement table 3 of public knowledge and experience about the first treatment of burns with one sub-theme of first treatment are as follows:

Toothpaste statement quotes

- "..... yes, if we have wounds, we handle them in the usual ways.... most toothpaste...." (P6)
- ".... toothpaste is usually mah, right people on a lot of tuh make gituan..." (P8)

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" with the most toothpaste" (P9)
Honey statement quotes
" honey is usually when there is honey" (P5)
" sometimes-cage also with honey, But if we don't have mah, we usually make
something else" (P10)
Aloe vera statement quotes
" Because at home there are aloe vera plants, well sometimes we also use it" (P7)
" People say aloe vera is good" (P8)
Water statement excerpts
" directly plunged into the water usually" (P2)
" cleaned using aer usually mah, so that it is clean and not hot" (P3)

Discussion

Public Knowledge about Burns

In essence, knowledge is everything that is known about a particular object, whether it comes from sensory experience, reason, authority, intuition, belief or revelation as well as a treasure of mental wealth that can directly or indirectly prosper human life [15]. The knowledge possessed by humans is the result of efforts made by humans in seeking a truth or problem faced [16].

Injuries from burns, especially severe burns, are accompanied by immune and inflammatory responses, metabolic changes, and distributive shock that are difficult to treat and can lead to multiple organ failure. Burns by the community are defined as injuries caused by fire and hot water. According to [1] Although all burns involve tissue damage due to energy transfer, different causes can be attributed to different physiological and pathophysiological responses. For example, a flame or hot oil can directly cause deep burns, while wounds result from burns (i.e. from hot liquids or steam). The same thing was also stated by [17] that burns are a form of tissue damage resulting from contact with heat sources such as fire, chemicals, hot water, electricity and radiation. In addition, according to [18], burns occur when the surface of the body's skin is accidentally or intentionally in contact with fire, hot water, electricity so that the skin, capillaries and blood cells are damaged.

In addition, society also defines burns as a result of an electrical short circuit and thus causing blisters on the skin. This is supported by [19] that burns are a type of injury to the skin or other tissues caused by heat or other acute trauma, such as electricity, chemicals, friction, or radiation. Burns (combustio) are tissue damage, one of which is due to electricity or radiation [20]. The classification of burns understood by the public is limited to wounds and wound extent. The community did not specify the depth and extent of the wound. According to [21] Burns are divided into 3 degrees, namely degree I is limited to superficial, degree II covers the epidermis and the upper layer of the dermis, degree IIb covers the epidermis and the inner layer of the dermis, and degree III covers the entire layer of the epidermis and dermis.

Community Knowledge and Experience on First Treatment of Burns

The implementation of one's level of knowledge cognitively is by concrete actions. A person can connect the knowledge he has or learns with his actions in a real way [22]. First aid is to take the first action taken to reduce the occurrence of complications [23]. The first treatment of burns carried out by the community is the provision of toothpaste. The natural chemical content of toothpaste will cause severity in the wound and trigger infection to make the skin blister [1]; [24]). Disinformation received by the public occurs continuously and is believed to be indirectly recognized as true.

In addition, the first treatment in case of burns is carried out by giving honey and aloe. This is supported by research conducted by [25] that honey, Aloe vera, and MEBO can be used as alternative therapies in healing burns. Topical application of honey and MEBO to second-degree burns can increase collagen formation, thereby speeding up the wound healing process. According to [26], honey has main properties such as anti-inflammatory, antibacterial, antioxidant, debridement ability, odor neutralizer and moisture so that honey can be used as a healing material for burns. In addition, [27] fattened that aloe vera is effective for healing burns, especially grade I and grade II burns.

The community also fattened that first aid for burns was done by giving water. This is supported by [28] in [29] under the treatment of burns naturally can be done by washing them using running

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water. Running water also serves to relieve heat that occurs due to burns. First aid for minor burns can be done by cooling the burn with running water [30].

4. CONCLUSION

Identified public knowledge about burns. Public knowledge about burns is still general. Society defines burns as injuries caused by fire, hot water, electrical short circuits and skin blisters. The classification of burns described by the community is limited to wounds and the extent of wounds; and Identify community knowledge and experience about first treatment of burns. The handling of burns carried out by the community is using traditional methods obtained from their respective experiences. The first treatment carried out by the community was by giving toothpaste, honey, aloe vera (aloe vera), and running water.

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