International Journal of Nursing and Midwifery Science (IJNMS)

http://ijnms.net/index.php/ijnms
ORIGINAL RESEARCH

e- ISSN: 2686-2123
p- ISSN: 2686-0538

THE EFFECT OF HEALTH EDUCATION WITH AUDIOVISUAL METHODS ON KNOWLEDGE FIRST AID FOR BURN ON HOUSEWIVES IN GENERAL POLY ROOM PKM PURI MOJOKERTO REGENCY

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ABSTRACT

Burns are a form of trauma that occurs as a result of human activities in the household, industry, or natural disasters. Lack of knowledge makes many people still believe that using toothpaste, ice, raw egg white, soy sauce can heal burns, after doing research on kitchen ingredients it will worsen burns because they will expand and not stop the spread of burns. The purpose of this study was to determine the effect of health education with audiovisual methods on knowledge of burn wound first aid among housewives in General Poly Room PKM Puri Mojokerto Regency. The population in this study were housewives in General Poly Room PKM Puri Mojokerto Regency. as many as 60 people. Sampling in this study using purposive sampling. The sample in this study were all housewives as many as 50 people. Before being given health education on first aid burns, the level of knowledge was less than 28 people (56%). After being given health education about first aid for burns using the audiovisual method, some of the respondents had good posttest scores with a total of 33 respondents (66%). Atatistic test using the Wilcoxon signed ranks test with the help of SPSS obtained a significance level of a = 0.05 and the results were p = 0.000 which means p <0.05, namely H0 is rejected and H1 is accepted, which means that there is an effect of health education with audiovisual methods on aid knowledge. The first is burns to housewives in General Poly Room PKM Puri Mojokerto Regency.

Keywords

Health Education, Audiovisual, Burns, Knowledge Level

INTRODUCTION

1.1 BACKGROUND

Burns are a form of trauma that occurs as a result of human activities in the household, industry, and natural disasters. As technology advances, much inaccurate information is available, so family members need to receive accurate information about first aid for burns. Housewives are the most vulnerable to burns, as they play a key role in the family and are frequently exposed to fire and electricity (Ramdani, 2022). This lack of knowledge leads many people to believe that using toothpaste, ice, raw egg whites, and soy sauce can heal burns. Research has shown that these kitchen ingredients can worsen burns by widening the wound and not stopping its spread (Muthohharoh, 2022). Factors influencing the level of knowledge include knowledge, information, education, social and cultural factors, and age. The World Health Organization (WHO) estimated in 2021 that 265,000 deaths occur annually worldwide due to burns. The results (Riskesdas, 2023) stated that the proportion of accidents causing injuries that can disrupt daily activities in Indonesia has increased, namely by 9.2%. Places where injuries often occur are at home and the environment by 44.7%. (Ministry of Health of the Republic of Indonesia, 2022). Data on the prevalence of burn cases in East Java is around 0.7%, the number of deaths due to burns is around 26.41% of all burn sufferers who are treated, deaths generally occur in burns with an area of more than 50% or in burns accompanied by injuries to the respiratory tract. Based on the results of a preliminary study carried out on September 10, 2025 at the PKM Puri General Polyclinic Room.

Interviews with 10 respondents, including housewives, revealed that burns frequently occur in the home, such as from cooking oil, hot water, electric irons, and exhaust pipes. Six housewives reported inappropriate initial treatment, including using toothpaste; two using soy sauce; and two fanning the wound or ignoring the wound.Implementing health education on first aid for burns is deemed essential to improve practice and knowledge, and to correct ancient traditions still widely believed in by the community (Murti, 2023). To improve housewives' knowledge of first aid for burns, a health education method is necessary. To achieve this, the study included an audiovisual method, namely a video demonstrating first aid for burns. The goal is to improve mothers' understanding and not simply guesswork. Based on the above background and a preliminary study of incorrect first aid for burns performed in the area, the researcher is interested in conducting a study on "The Effect of Health Education Using Audiovisual Methods on First Aid Knowledge for Burns Among Housewives at the General Polyclinic of PKM Puri, Mojokerto Regency."

1.2 RESEARCH OBJECTIVE

To determine the effect of health education using audiovisual methods on first aid knowledge for burns among housewives at the General Polyclinic of PKM Puri, Mojokerto Regency.

1.3 Research Benefits

1.3.1 For Educational Institutions

The research results are expected to provide insight or information for readers, especially students, regarding first aid knowledge for burns among housewives.

1.3.2 For Respondents

To provide knowledge in providing first aid for burns and to increase the knowledge of housewives.

LITERATURE REVIEW

2.1 HEALTH EDUCATION CONCEPT

2.1.1 Definition of Health Education

Health education is an educational process to achieve health goals (Notoatmodjo, 2010). Health education is an educational concept applied in the health sector. This activity is carried out by disseminating messages and instilling confidence in the community to better understand health-related issues, aiming to change unhealthy individual and community behaviors to healthy ones (Sari et al., 2018). According to Jurisa (2014), education from health workers is providing support by providing information related to current health problems.

2.1.2 Goals of Health Education

According to Hidayat (2015), the goals of health education are to change

public beliefs and behaviors regarding health, establish health as something valued within society, provide people with knowledge to prevent the development of illness independently, and encourage visits to health care facilities.

2.1.3 Targets of Health Education

According to (Siregar, 2018), the targets of health education in Indonesia, based on the Indonesian development program, are:

a. The general public, with a focus on rural communities.

b. The general public, with a focus on specific groups, such as women, youth, and adolescents.

c. Targeting specific groups such as educational institutions ranging from kindergarten to private and public universities.

c. Targeting individuals using individual health education techniques.

2.1.4 Health Education Methods

According to Notoatmodjo (2012), health education methods are divided into three types:

a. Individual Method

This method is divided into two forms:

1) Guidance and Counseling

2) Interviews

b. Group Method

This group method must take into account whether the group is large or small, as the method used will differ. The effectiveness of the method will also depend on the size of the educational target.

Large Group

a) Lecture

This method is suitable for both high and low-educated individuals. b) Seminar

This method is suitable for large groups with high school education. A seminar is a presentation by an expert or several experts on a specific topic.

2) Small Group a) Small Discussion

In this group, the group leader positions themselves between the groups. Each group positions themselves among the other groups. Each group has the freedom to express their opinion. The leader usually directs the discussion to ensure there is no dominance between groups.

b) Brainstorming

This is a modified form of group discussion. Each group presents its opinion, which is written on the board. While giving opinions, no one is allowed to comment on anyone's opinion until everyone has expressed their opinion. Then, each member comments, and a discussion ensues.

c) Snowballing

Everyone is divided into pairs, with two people per pair. Then, a question is given, and approximately

5 minutes are given. Two pairs of four people join together to discuss the question. Then, the two pairs of four join another group, and so on until a whole class is formed, and a discussion ensues.

d) Buzz Groups

The group is divided into small groups, then a question is posed. Each group discusses the problem, and then draws conclusions from the group.

e) Role Play

Some group members are assigned to play a role, such as a doctor, nurse, or midwife, while others play the role of a patient or member of the public.

f) Simulation Game

This method combines role play with group discussion. Health messages are presented in various forms, such as Monopoly, with some people playing roles and others acting as resource persons.

3) Mass Method

This approach is generally carried out indirectly or through mass media. 2.1.5 Definition of Audiovisual

Audiovisual is a medium that is absorbed through sight and hearing, thus creating conditions that enable a person to acquire knowledge, skills, or attitudes that are used to help achieve learning objectives (Harianto, 2017). Audiovisual is media that contains visual and audio elements, such as video recordings, slides, audio, and so on (Sanjaya,

2010). Audiovisual is a combination of audio and visual media created independently, such as slides combined with audio cassettes (Joni Purwono, 2014).

2.1.6 Types of Audiovisual

Audiovisual media is divided into two types:

1. Still audiovisual, which is media that displays sound and images, such as sound frames (sound slides).
2. Moving audiovisual, which is media that can display sound and moving images, such as film and video.
Both types of media are generally used for entertainment, documentation, and education.
2.1.7 Advantages and Disadvantages of Audiovisual Media
Audiovisual media has several advantages and uses, including:
1) Clarifying the presentation of messages so they are not too verbalistic
(in the form of words, written or spoken).
) Overcoming limitations of space, time, and sensory capacity, such as replacing overly large objects with reality, images, film frames, films, or models.
3) Audio-visual media can play a role in tutorial learning.
2.1.8 Educational Media
According to (Aeni & Yuhandini, 2018), health educational media is a communication channel used to convey health messages. Media is divided into three categories: print, electronic, and billboards.
a. Print Media
1) Booklets: to convey messages in the form of written or visual messages, usually targeting people who can read.
2) Leaflets: conveying messages through folded sheets, usually containing images or writing, or usually both.
3) Flyers (leaflets) are similar to leaflets but are not folded.
4) Flip charts (flip charts) provide health information in the form of flip charts and booklets. For example, there are pictures with captions on the reverse side.
5) Rubik's cubes or articles in newspapers or magazines regarding health-related matters.
6) Posters: Printed media containing health messages, usually posted on walls.
7) Photos: Information about health issues.

b. Electronic Media
1) Television: In the form of TV lectures, soap operas, dramas, Q&A discussion forums, and so on.
2) Radio: Radio lectures, sports radio, Q&A chats, and so on.
3) Video Compact Discs (VCDs)
4) Slides: Slides can also be used as information media.
5) Film strips can also be used to convey health messages.

c. Billboards
Boards installed in public places can be used and filled with health messages.
2.2 Knowledge
2.2.1 Definition of Knowledge
Knowledge or cognitive skills are the result of "knowing" after a person senses a particular object (Nugraha, 2018). Knowledge is the result of knowing, and this occurs after sensing a particular object. Sensing occurs through the five human senses, namely sight, smell, hearing, touch, and taste (Samuel, 2018).
2.2.3 Factors Influencing Knowledge
According to (Gontor, 2016), the factors influencing knowledge are as follows:
1) Knowledge

Knowledge is closely related to education, where it is expected that someone with higher education will have broader knowledge. However, it should be emphasized that a person with less education does not necessarily have less knowledge. Increased knowledge is not necessarily obtained through formal education; it can also be obtained through non-formal education. A person's knowledge about an object also contains two aspects: positive and negative. These two aspects ultimately determine a person's attitude toward that particular object.
2) Information/Mass Media

Information obtained from both formal and non-formal education can have a short-term impact, resulting in changes or increases in knowledge. Technological developments will provide a variety of mass media that can influence public knowledge about new innovations.
) Environment
The environment is everything surrounding an individual, including the physical, biological, and social environment. The environment influences the process of knowledge acquisition within individuals within that environment. This occurs due to reciprocal or indirect interactions, which are

then responded to as knowledge by each individual.

4) Social, Cultural, and Economic

Customs and traditions are practices that people practice without considering whether they are good or bad. Thus, a person's knowledge increases even without engaging in them. A person's economic status also determines the availability of necessary facilities for certain activities, thus socioeconomic status influences a person's knowledge.

5) Experience

Learning experiences in the workplace provide professional knowledge and skills, and learning experiences during work can develop decision-making skills, which are a manifestation of the integration of scientific and ethical reasoning based on real-world problems in the field of work.

6) Age

Age influences a person's comprehension and thought patterns. As age increases, comprehension and thought patterns develop, resulting in improved knowledge acquisition. 2.2.4 Knowledge Level Criteria

According to (Nursallam, 2016), a person's knowledge can be interpreted using a qualitative scale, namely:

1. Good Knowledge: 76%-100%
2. Sufficient Knowledge: 56%-75%
3. Poor Knowledge: <55%

2.3 Concept of First Aid

2.3.1 Definition of First Aid

First aid is the provision of immediate assistance to a sick or injured person requiring basic medical treatment. This first aid is administered by the first responder on the scene who is competent and trained in medical care (Hamidie, 2017).

2.3.2 Purpose of First Aid

The purpose of first aid for burns is to stop the burning process, cool the burn, and reduce pain. The success or failure of burn treatment is influenced by each person's level of knowledge (Killing, 2018). According to Hamidie (2017), the goals of first aid are:

a. To save the life of the patient. Prevent permanent disability

c. Provide a sense of safety and comfort to the victim

2.3.3 First Aid Guidelines

The principles that must be adhered to by first aid providers (Ministry of Health of the Republic of Indonesia 2011) are as follows:

a. Rescuers must protect themselves first before acting.

b. Secure the victim from any disturbance at the scene so that they are free from danger.

c. Mark the scene so that others are aware that an accident has occurred.

d. Try to contact an ambulance, doctor, hospital, or the authorities. e. Provide first aid to the victim in the correct order.

2.3.4 First Aid for Burns

The goal of first aid for burns is to reduce pain, prevent infection, and prevent and manage shock that may be experienced by the victim (Atikah Fatmawati, 2020). The following is first aid for burns according to degree:

a. First-degree or minor burns

First aid for first- and second-degree burns involves stopping or eliminating the source of the burn, then immediately removing jewelry or clothing around the burned skin (American Burn Association, 2016). Next, cool the burned area by running water under it for 10 minutes (Kuldeep S et al, 2017). The benefit of running water under the burn for approximately 10 minutes is to lower the temperature of the skin tissue, thereby minimizing damage. First-, second-, and third-degree burns can be treated with proper first aid (Sjamsuhidajat & de Jong, 2010).

b. Second-degree or moderate burns

Second-degree (superficial) burns require topical antibiotics on the first day to prevent infection. Antibiotic administration has undesirable effects, including toxicity, selection of pathogenic organisms, and resistance (MRSA) due to inappropriate antibiotic selection, dosage, route, and duration of administration (Supia & Yuniartika, 2020).

c. Third-degree or severe burns

Call an ambulance or go to the emergency room immediately for all cases of severe burns. While waiting for medical assistance to arrive, you can:

1. Ensure the cause of the burn has been removed. Do not remove burning clothing that is stuck to the skin, but ensure the victim is no longer in contact with hot or glowing material.

2. Ensure the victim is still breathing. If breathing has stopped, perform mouth-to-mouth rescue breathing. If the victim's airway is suspected to be blocked, try to clear it first.
3. Cover the burn with a dry, sterile bandage or clean cloth.
4. Avoid using blankets or towels because they are dangerous and tend to stick to the burn. A sheet can be used if the burn area is extensive.

5. Do not apply ointment or pop burn blisters.
(Stevan Wedi Kurniawan, 2017).
According to Tiong (2012), treating burns by running cold water at 2-15°C for approximately 20 minutes can promote healing, limit the depth of the burn, and reduce pain. Cold water can progressively reduce tissue damage. Treating burns with ice water is not recommended because it can cause further damage to the skin tissue. Toothpaste, butter, cooking oil, and other household ingredients are also not recommended for treating burns because they can damage skin tissue and increase the risk of infection. Therefore, the correct and appropriate method for treating first- and second-degree burns is to run water for approximately 10 minutes, and cover the wound with sterile gauze, or clean gauze. (Risqiana, 2019)
2.4.3 Burn Classification
The duration of tissue contact with the heat source determines the extent and depth of tissue damage. The longer the contact time with the heat source, the more extensive and deeper the tissue damage (Rahayuningsih, 2017):
a. First-degree burns or minor burns
First-degree burns are characterized by superficial burns with damage to the epidermis, or outermost layer. They are generally not accompanied by blisters, redness at the burned area, mild swelling, pain, but the skin is not torn due to blistering, and no blisters. The pain is due to irritation of sensory nerve endings. The pain subsides after 24 hours.
b. Second-degree burns or moderate burns
Second-degree burns occur in the epidermis and part of the underlying dermis. Symptoms generally include redness, blisters, swelling that persists for several days, moist, painful skin, and pink spots called bullae. These blisters heal through re-epithelialization.
c. Third-degree burns or severe burns
Third-degree burns affect the entire dermis, or the deepest layer of skin. All secondary skin organs are damaged, and the ability to regenerate spontaneously or re-epithelialize is lost. Symptoms generally include a white or blackish-brown, dry, crushed area with minimal pain due to damaged nerve endings. It usually does not blister and heals with scarring.
2.4.4 Burn Assessment
Various methods for determining burn extent (Clevo, 2017)
a) Rule of Nines
The Rule of Nines is a quick way to calculate the burned area using multiples of nine as a percentage. Measuring the surface area of a burn is important in estimating fluid resuscitation needs, as patients with severe burns will become dehydrated due to the removal of the skin barrier. This tool can be used for second- and third-degree burns (also referred to as partial-thickness and full-thickness burns) and assists providers in rapidly assessing the severity and need for intravenous fluids.
Changes to the Rule of Nines can be made based on body mass index (BMI) and age (Moore & Burns, 2018).

Figure 2.4 The Rule of Nines in burns

RESEARCH METHODS

1. Research Design
This research uses a "Pre-Experimental" design with a plan to use a One-Group

Pretest-Posttest. This begins with a pretest, and after the audiovisual materials are provided, a posttest will be conducted (Polit 2012).

1.1 Population

The population in this study was 60 housewives at the PKM Puri General Polyclinic, Mojokerto Regency.

1.2 Sampling

This study used purposive sampling, a sampling technique that uses specific criteria.

The sample criteria used by this study are:

1.2.1 Inclusion Criteria

Inclusion criteria are criteria that filter population members into samples that meet theoretical criteria that are appropriate and related to the research topic and conditions. The inclusion criteria in this study are:

a. Housewives who own an Android phone.

b. Ages 20-40 years.

c. Housewives who agreed to be respondents

1.2.2 Exclusion Criteria

Exclusion criteria are criteria that can be used to exclude sample members from the inclusion criteria, or in other words, characteristics of population members that cannot be taken as samples.

a. Housewives who suddenly become ill while becoming respondents

2. Identification of Research Variables and Operational Definitions

The independent variable is the variable that causes changes or the emergence of the dependent variable (Hidayat, 2012). In this study, the independent variable is health education using audiovisual methods.

The dependent variable is the variable that is influenced by or results from the independent variable (Hidayat, 2012). In this study, the dependent variable is the knowledge of first aid for burns among housewives.

3. Statistical Test Analysis

The analysis of the influence of health education using audiovisual methods on first aid knowledge for burns among housewives was conducted using the Wilcoxon signed-rank test.

RESULTS AND DISCUSSION

1. GENERAL DATA

Table 1. Frequency Distribution of Respondents by Age at the PKM Puri General Clinic, Mojokerto Regency, September 2025.

NO	RESPONDENT CRITERIA		FREQUENSI	PRECENTAGE
1	AGE	20-27 Year	22	44
		28- 35 Year	11	22
		36-43 Year	15	30
		44-51 Year	2	4
	Total		50	100
2	EDUCATION	Elementary school	2	4
		Junior High School	9	18
		Senior High School	22	44
		College	17	34
	Total		50	100
3	Work	Housewife	20	44
		Swasta	8	16
		Enterpreuner	9	18
		Farmer	10	4
		Other	11	22
			50	100

Table 1 shows that the majority of respondents (20 respondents or 40.0%) are housewives. Learning experiences during work will develop decision-making skills, which are a manifestation of the integration of scientific and ethical reasoning based on real-world problems in their field of work.

2. SPECIFIC DATA

Respondent Characteristics Based on housewives' knowledge before receiving health education on first aid for burns using audiovisual methods.

Table 2. Frequency distribution of respondents based on their prior education on first aid for burns using audiovisual methods at the PKM Puri General Polyclinic, Mojokerto Regency.

No.	Pretest	Frekuensi	Presentase
1.	Less	28	56,0
2.	Enaugh	19	38,0
3.	Good	3	6,0
	TOTAL	50	100

Table 2 shows that before receiving health education on first aid for burns using the audiovisual method, some respondents (56%) had low pretest scores.

Respondent Characteristics Based on the knowledge of housewives after receiving health education on first aid for burns using the audiovisual method.

Table 3. Frequency distribution of respondents based on their prior education on first aid for burns using the audiovisual method at the General Polyclinic of PKM Puri, Mojokerto Regency.

No.	Postest	Frekuensi	Presentase
1.	Less	0	,0
2.	Enaugh	17	34,0
3.	Good	33	66,0
	TOTAL	50	100

Table 3 shows that after receiving health education on first aid for burns using the audiovisual method, some respondents (66%) scored well on the post-test.

The Effect of Health Education Using the Audiovisual Method on Knowledge of First Aid for Burns Among Housewives at the PKM Puri General Polyclinic, Mojokerto Regency

Table 4. The Effect of Health Education Using the Audiovisual Method on Knowledge of First Aid for Burns Among Housewives at the PKM Puri General Polyclinic, Mojokerto Regency

		BEFORE		AFTER		IMPROVEMENT
No	EDUCATION	F	%	F	%	%
1.	Kurang	28	56,0	0	0	
2.	Cukup	19	38,0	17	34	
3.	Baik	3	6,0	33	66	60%
	Jumlah	50	100	50	100	
	Uji Wilcoxon signed ranks test		MARK pvalue	=0,000		

Based on statistical testing using the Wilcoxon signed-ranks test with SPSS, a significance level of $\alpha = 0.05$ was obtained, with a p value of 0.000, meaning $p < 0.05$. This means that H0 is rejected and H1 is accepted. This indicates that there is an effect of audiovisual health education on first aid knowledge for burns among housewives at the PKM Puri General Polyclinic in Mojokerto Regency.

DISCUSSION

Table 3 shows that the majority of respondents (56%) had insufficient knowledge prior to receiving health education on first aid for burns.Based on age characteristics, 12 respondents were aged 20-27, 3 respondents were aged 28-35, 12 were aged 36-43, and 2 were aged 44-51. This is supported by the theory (Sari, 2022) that a person's age will influence their comprehension and mindset regarding the information provided.According to researchers, as a person ages, their comprehension and thought patterns develop. As they mature, their level of maturity and strength in thinking and understanding increases.

The results of the study indicate that the level of knowledge deficit based on education level is significantly higher among respondents, with 22 (44%) having a high school education. The characteristics are: 1 respondent with an elementary school degree, 3 respondents with a junior high school degree, 12 respondents with a senior high school degree, and 9 respondents with a bachelor's degree.

This is supported by the theory (Rizki, 2020) that individuals with higher education are more likely to obtain information, both from others and from the mass media. The more information they receive, the greater their knowledge about health (Budiman, 2013). Respondents with a high school education are considered to be able to receive a variety of information about first aid for burns. The availability of health information about first aid for burns can increase respondents' knowledge of first aid for burns.

According to researchers, respondents with basic education (elementary and junior high school) tend to exhibit more deficient behaviors than mothers with secondary and higher education. The higher a person's education level, the easier it is to receive information, thus increasing their knowledge.

The study found that the level of knowledge was lacking based on their occupation, with 20 respondents (40%)

working as housewives. Based on their characteristics, 13 respondents were housewives, 5 respondents were private sector employees, 4 respondents were self-employed, 1 respondent was farmer, and 5 respondents were others.

This is supported by the theory (Rizki, 2020) that economics is the activity of generating income in society to meet the needs of life, including financing the care of burn patients at home. According to the researchers, mothers with insufficient knowledge attributed this to their focus on housework and family, resulting in less time to seek information about first aid for burns compared to working mothers, who are usually equipped with sufficient knowledge at their workplace. According to the researchers, prior to health education on first aid for burns, the level of knowledge was lacking because respondents still lacked adequate knowledge n first aid for burns. Most respondents still used toothpaste, oil, and other kitchen ingredients.

Table 4 shows that after receiving health education on first aid for burns using the audiovisual method, some respondents (66%) had good post-test scores. Based on age characteristics, 15 respondents (20-27 years old) scored well, 7 respondents (28-35 years old), 10 respondents (36-43 years old), and 1 respondent (44-51 years old) were in the good category. Supported by the theory that health education can improve the knowledge, attitudes, and skills of individuals or communities in the health sector (Maulana, 2020). After receiving health education using the audiovisual method, the level of knowledge improved because the 20-27 year olds were able to understand quickly, as evidenced by more than half of the 50 respondents (33 respondents, 66%).

Experience builds a person's ability to perform subsequent actions better due to past actions. Notoadmodjo (2007 in Erpan 2016) stated that experience can serve as a foundation for improving and as a source of knowledge for obtaining truth. After education using audiovisual methods was conducted, the data showed that respondents were able to absorb the information received through health education.

Table 5 shows that the level of knowledge of respondents before receiving audiovisual first aid education regarding burns was low, with 28 respondents (56%). After receiving audiovisual first aid education, 33 respondents (66%) received a good rating and 17 respondents (34%) received a fair rating. This data reflects the respondents' ability to absorb the information received through health education. Health education can improve the knowledge, attitudes, and skills of individuals or communities in the health sector (Sari, 2018). This activity is carried out by disseminating messages and instilling confidence in the community to improve understanding of health-related matters, with the aim of changing unhealthy individual and community behaviors to healthy ones (Sari et al., 2018). Providing health education using audiovisual media, which is absorbed through sight and hearing, creates conditions that enable individuals to acquire knowledge, skills, or attitudes that are used to help achieve learning objectives (Harianto, 2017).

Researchers analyzed the data using the Wilcoxon signed-ranks test with SPSS. The significance level was $\alpha = 0.05$, with a p value of 0.000, meaning $p < 0.05$. This means H0 is rejected and H1 is accepted. This means there is an effect of health education using audiovisual methods on first aid knowledge for burns among housewives at the PKM Puri General Polyclinic, Mojokerto Regency.

Based on the researchers' analysis over two days, they found an increase in first aid knowledge for burns, with the majority of respondents having good knowledge after the audiovisual health education.

CONCLUSIONS AND SUGGESTIONS

CONCLUSIONS

The knowledge of housewives at the PKM Puri General Polyclinic, Mojokerto Regency, before receiving health education using audiovisual methods, was found to be low. However, after receiving health education using audiovisual methods, most respondents had good knowledge. The analysis found that using audiovisual methods increased the knowledge of housewives at the PKM Puri General Polyclinic, Mojokerto Regency, because

health education can improve individual and community knowledge, attitudes, and skills in the health sector.

SUGGESTIONS

1. For housewives

a. Housewives should apply first aid for burns correctly.

b. Housewives should avoid using toothpaste, oil, and kitchen ingredients when exposed to burns.

2. For future researchers

Further researchers should expand this research using other methods, for example, by comparing the audiovisual method with other methods.

REFERENCE

Aeni, N., & Yuhandini, D. S. (2018). Pengaruh Pendidikan KesehatanDengan MediaVideo Dan Metode Demonstrasi Terhadap Pengetahuan SADARI Nurul, (2), 162–174.

Anggowarsito, J. L. (2021). LUKA BAKAR SUDUT PANDANG DERMATOLOGI,2(2), 115–120.

Atikah Fatmawati. (2020). Upaya Peningkatan Pengetahuan Masyarakat Tentang Pertolongan Pertama Pada Luka Bakar Melalui Pendekatan Focus Group Discussion Di Kelompok Dasa Wisma Perumahan Graha Majapahit Kabupaten mojokerto, 3, 430–436.

Drs. Syahrum. (2022). METODOLOGI PENELITIAN KUANTITATIF.pdf. (M. P.Rrusydi Ananda, Ed.).

Gabriel Audrey Wijaya, I Made Suka Adnyana, I. W. S. (2019). GAMBARAN TINGKAT PENGETAHUAN PEDAGANG GORENGAN TENTANG PENCEGAHAN DAN PENANGANAN PERTAMA LUKA BAKAR DI DENPASAR TAHUN 2017, 8(9).

Gontor, U. D. (2021). PELINDUNG TELINGA DENGAN PENGGUNAANNYA PADA PEKERJA DI PT . X Ragil Retnaningsih RELATED KNOWLEDGE AND ATTITUDES OF EAR PROTECTIVE EQUIPMENT USAGE ON WORKERS OF PT . X Abstract belakang tersebut , > 90 dB , sedangkan Nilai Ambang Batas, 1(1).

Gunawan, I., & Palupi, A. R. (n.d.). TAKSONOMI BLOOM – REVISI RANAH KOGNITIF: KERANGKA LANDASAN UNTUK PEMBELAJARAN, PENGAJARAN, DAN PENILAIAN, (1), 98–117.

Herlianita, R., Huda, C., Husna, A., Ruhyanudin, F., Wahyuningsih, I., & Ubaidillah, Z. (2020). Pengaruh pendidikan kesehatan terhadap sikap dan praktik pada pertolongan pertama penanganan luka bakar, 14(2), 163–169.

Heryana, A., & Unggul, U. E. (2020). Hipotesis penelitian, (June). https://doi.org/10.13140/RG.2.2.11440.17927

Killing, M. M. (2020). PENGARUH PENDIDIKAN KESEHATAN PERAWATAN LUKA AKIBAT KECELAKAAN TERHADAP TINGKAT PENGETAHUAN DAN SIKAP PERTOLONGAN PERTAMA PADA SISWA KELAS X DI SMK NEGERI 6 MANADOl, 6.

Risqiana, O. (2019). LUKA TERHADAP KESIAPAN PERTOLONGAN PERTAMA LUKA PADA SISWA SMP N 1 DUKUN TAHUN 2019 LUKA TERHADAP KESIAPAN PERTOLONGAN PERTAMA.

Sari, S. I., Dwilestari, R., & Utami, P. (2018). PENGARUH PENDIDIKAN KESEHATAN DENGAN PERTOLONGAN PERTAMA LUKA BAKAR PADA.

Setiadi. (2023). Konsep Dan Praktik Penulisan Riset Keperawatan (2nd ed.). yogyakarta: Graha Ilmu.

Sirait, R. A., Lubis, I. J. V., Sudirman, J., Lubuk, N., Kab, P., Serdang, D., & Telp, S. U. (2021). PENGARUH KEPATUHAN DAN MOTIVASI PENDERITA TB PARU DI PUSKESMAS TANJUNG MORAWA KABUPATEN DELI SERDANG TAHUN 2017 Tuberculosis (TB) is one of the infectious disease remains a significant health problem for people the world till now , including Indonesia ., 1(1), 31–36.

Siregar, S. D. B. (2021). PENGARUH PENDIDIKAN KESEHATAN TERHADAP TINGKAT PENGETAHUAN

TENTANG MEMBALUT LUKA PADA SISWA DI SMP SWASTA DHARMA KECAMATAN BERINGIN, XI(2), 43–48.
Stevan Wedi Kurniawan, S. (2020). Luka Bakar Derajat II-III 90 % karena Api pada Laki-laki 22 Tahun di Bagian Bedah Rumah Sakit Umum Daerah Abdoel Moeloek Lampung Burns Degree II-III 90 % due to Fire in Male 22 Years in Surgery Division of Abdoel Moeloek General Hospital Lampung.
Supia, D. R., & Yuniartika, W. (2020). Studi Literatur : Perawatan Luka Bakar Grade II Dengan Delima (Pomegranate), 58=67.

Verawati. (2021). GAMBARAN PENGETAHUAN MASYARAKAT TENTANG PENANGANAN PERTAMA LUKA BAKAR DI KELURAHAN BAKTIJAYA KOTA DEPOK, 8.
Windiastuti, E., Gayatri, P., Sekartini, R., Indawati, W., & Idris, N. S. (n.d.). Kegawatan pada Bayi dan Anak.