

The Effectiveness of Education With Video Media on The Knowledge and Attitudes of Family Planning Dropout Acceptors in The Work Area of The Central Kaliabang Health Center, Bekasi City

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Abstract

Population growth in Indonesia has increased, and the Indonesian Government has established a helpful program to emphasize the population, namely the Family Planning program. It is known that many family planning acceptors have dropped out. Family planning dropout is the event of stopping the use of previously used contraceptives. One factor that influences dropout is the need for more knowledge. This research aimed to determine the effectiveness of education using video media on the knowledge and attitudes of dropout family planning acceptors in the work area of the Central Kaliabang Community Health Center, Bekasi City. The method used in this research is a pre-post test. The results of this research are that there is educational effectiveness at the level of knowledge before and after education. In contrast, there is no educational effectiveness in attitudes before and after education. This research concludes that there is no effectiveness of education using video media on the knowledge of family planning acceptors who have dropped out, and there is no education using video media on the attitudes of family planning acceptors who have dropped out.

Keywords: *attitudes, dropout, education, family planning, knowledge, videos.*

Introduction

The Indonesian Government has established a helpful program to increase population size, namely the Family Planning. It is known that many family planning acceptors experience discontinuation or drop out. The large number of dropout incidents will result in an increase in the population, which will have an impact on community welfare. *Education* is an activity used to motivate increasing knowledge, changing attitudes, and changing behavior/actions correctly. Information will be provided during education on how couples choose which contraceptives to use according to their needs, assisting couples in using appropriate contraceptives, and explaining the advantages and disadvantages of the chosen contraceptives. This research aims to determine the effectiveness of education using video media on the knowledge and attitudes of family planning acceptors who have dropped out.

Methods

This research design was used to test the influence of health education on the knowledge and attitudes of dropout family planning acceptors in the work area of the Central Kaliabang Community Health Center, North Bekasi City. This research uses a quantitative method with an intervention study approach with pre-experimental and planning methods, namely, one group pre-test and one group post-test, by providing measurements before the intervention is carried out and comparing the measurements after the intervention. The incident group's knowledge level will be measured using a questionnaire before the intervention is carried out. The aim of the intervention is that it can influence or change the dropout event variable in the treatment group. After receiving treatment, the dropout event group will be measured again with a questionnaire.

Results and Discussions

Respondent Characteristics

The number of respondents in this study was 39 people. The following is the distribution of respondents based on the respondent's age, occupation, education, parity status/number of children, history of family planning use, type of family planning used previously, and partner support, which can be seen in **Table 1**.

Table 1. Characteristics of Research Respondents (N=39)

Variable	N	%
Age		
Late Teenagers (17-25)	3	7.7
Early Adulthood (26-35)	15	38.5
Late Adulthood (36-45)	16	41.0
Early Seniors (46-55)	5	12.8
Total	39	100.0
Work		
Doesn't work	32	82.1
Work	7	17.9
Total	39	100.0
Education		
Low (Not elementary school)	2	5.1
Intermediate (Junior High School)	33	84.6
Higher (Diploma-Bachelor)	4	10.3
Total	39	100.0
Parity Status		
Primipara (1)	10	25.6
Multiparous (2 or more)	29	74.4
Total	39	100.0
History of birth control use		
Yes	39	100
No	0	0
Total	39	100.0
Types of Contraception		
Family planning pills	8	20.5
KB injection	20	51.3
Implants/Implants	1	2.6
IUD/IUD	10	25.6
Total	39	100.0
Reasons for Dropping Out		
Weight Changes	8	20.5
Health problems	9	23.1
Menstrual Cycle Problems	22	56.4
Total	39	100.0
Spousal Support		
No	4	10.3
Yes	35	89.7
Total	39	100.0

Source: Primary Data, 2023

Table 1 shows that the highest percentage of respondents are late adults aged 36-45 years, namely 41.0%, and the lowest age group is the late teens aged 17-25 years, which amounted to 7.7%. Thirty-two respondents (82.1%) worked, and 7 (17.9%) did not. The educational level of the respondents varied. As many as 33 respondents (84.6%) had secondary education, and only 2 respondents (5.1%) had a low level of education. The parity status of respondents was dominated by multipara (74.4%). All respondents in this study had previously used contraception. Injection contraception is the highest type of contraception used, namely 51.3%, and only 1 respondent (2.5%) uses an implant. The most significant reason respondents experienced family planning dropout was menstrual cycle problems, with 22 respondents (56.4%) and 8 respondents experiencing weight changes (20.5%). The majority of respondents received support from their partners when using contraception, namely 89.7%, and only 10.3% of respondents did not receive support from their partners.

Respondent's Knowledge Level

The respondents' knowledge in this study was measured before and after video education. Data regarding the level of knowledge before and after education can be seen in table 2

Table 1. Level of Knowledge Before and After Education

Variable	Before		After		p value
	n	%	n	%	
Knowledge level					0,000*
Low (<60)	8	20.5%	0	0	
Medium (60-79)	17	43.6%	0	0	
High (80-100)	14	35.9%	39	100.0	
Total	39	100.0	39	100.0	

*Wilcoxon test

Based on the table above, the level of knowledge of respondents shows that there are differences before and after the intervention. Before being given health education, it was found that 17 respondents had moderate knowledge, 14 respondents had high knowledge, and 8 respondents had low knowledge. After being given education, none of the respondents experienced a decrease in their level of knowledge. A total of 35 respondents experienced increased knowledge, and 4 respondents had a constant level of knowledge. So, based on the results of statistical testing using the Wilcoxon test, a significant result of $p=0.000$ or a smaller value of $\alpha=0.005$ was obtained, so H_0 was rejected, and H_1 was accepted. This shows that there is effectiveness in education using video media on the knowledge of dropout family planning acceptors in the work area of the Central Kaliabang Community Health Center, Bekasi City.

Attitude

The respondents' attitudes in this study were measured before and after the video education. Data regarding attitudes before and after education can be seen in **table 3**.

Table 3. Respondents' Attitudes Before and After Education

Variable	Before		After		p value
	n	%	n	%	
Attitude					0.058*
Low (<60)	1	2.6%	0	0	
Medium (60-79)	32	82.1%	28	71.8%	
High (80-100)	6	15.4%	11	28.2%	
Total	39	100.0	39	100.0	

*Wilcoxon test

Based on the table above, it was found that there were differences in respondents' attitudes before and after the intervention. Before being given health education, 32 respondents had a medium attitude, 6 had a high attitude, and 1 had a low attitude. After health education, 29 respondents' attitudes remained unchanged, 8 respondents' attitudes improved after being given education, and 2 respondents experienced a decrease in attitudes. In statistical testing using the Wilcoxon test, significant results were obtained at $p=0.058$ or greater than the value $\alpha=0.005$, so H_0 was accepted, and H_1 was rejected. This shows that there is no effectiveness of education using video media on the attitude of family planning acceptors who drop out in the work area of the Central Kaliabang Community Health Center, Bekasi City.

Selected respondents are respondents who meet the inclusion and exclusion criteria. This study found that the highest percentage of respondents were late adults aged 36-45 years, namely 41.0%, and the lowest age group was the late teens aged 17-25 years, namely 7.7%. This is by the fertile age group, namely, 15-49 years old (Harahap, 2022). Results from the research Nurjannah & Susanti (2018) there is no relationship with the incidence of dropout of contraceptive users. Even though respondents were divided into working and non-working categories, this did not influence respondents in choosing not to use contraception or dropping out. In this modern era, a person can obtain

information through any means, including social media or the internet, which can be accessed via cell phone. Homemakers usually get information through experience and limited information compared to working mothers. Working mothers have a more comprehensive range of information so that they can exchange information or experiences with their co-workers. In the digital era, the internet allows anyone to access all information, including homemakers. Respondents who are not working also find it easy to obtain information through counseling delivered by the local health center (Lasmini *et al.*, 2021).

Parity is the number of births experienced by a mother, including miscarriages or births of live and stillborn babies. Parity can also be interpreted as the status of a mother, which is related to the number of children born (Nurjannah & Susanti, 2018). Partner support is a form of emotional, informational, instrumental assistance and appreciation from partners for using contraception. Husband's support is provided with emotional support from the husband's participation in discussions related to family planning, informational support provided in the form of advice and opinions given by the husband to his partner can determine the use of the type of contraception, appreciation support given in the form of accompanying the wife to carry out routine control or reuse contraceptives, instrumental support provided in the form of materials or fees provided to obtain contraceptive services (Amraeni, 2022).

Success in implementing the Family Planning program depends on community participation. It is hoped that a high level of community participation in the Family Planning program will be achieved by its objectives. Community participation in family planning programs must be a driving force to increase women's empowerment to make decisions for themselves and their families (Amraeni, 2022). The media used to increase knowledge will be more effective if you use video rather than other educational media because video is a media that is attractive and does not make you bored; it contains audiovisuals, as well as pictures and direct explanations by educators so that education is accessible for the audience to understand in increasing knowledge (Nurrita, 2018).

Audiovisual media is a medium for conveying educational material through sight and hearing. Audiovisual media lets someone hear, see, observe something, and visualize what is on the audience's mind. Video media can be provided effectively because the material's content is accompanied by a method for installing family planning and an explanation of family planning with animation and sound. Video media has the advantage of attracting the audience's attention; the images displayed can provide messages indirectly but are accessible for the audience to understand. Conveying messages using images helps the audience concentrate more on delivering the material and develop imagination and motivation (Lasmini *et al.*, 2021).

In the research carried out by Kartikawati *et al.* (2021), The attitude of respondents who were given health education using video media increased by an average of 22.31, and the interest of respondents after being given the education was that several respondents intended to use the IUD. Video media is considered more effective in improving respondents' attitudes. The research carried out by Rokayah and Kurniawati (2015) showed that most respondents had a negative attitude, 59.2%, and a positive attitude, 40.8%. This negative attitude causes acceptors to drop out because they do not understand the information related to family planning program education. Attitude plays a vital role in everyday life; if a person's attitude has been formed, it must be accompanied by changes in behavior towards something. In determining the response of dropout acceptors, the more positive the attitude, the easier it will be to understand, accept, and return to using contraception. However, on the other hand, if the negative response is lower, it will be challenging to encourage acceptors to return to using contraception. (Ernita Amru, 2017).

In line with theory (2017), Health education is an effort to change a person's knowledge, attitudes, and habits to achieve health goals. Health education is provided to individuals, families, and communities to help them achieve healthy living behavior. With health education, individuals, families, and communities can change how they think and behave and change men's behavior to resolve health problems. Health education raises public awareness of lifestyle and habitual mistakes to influence people's desire to change to a healthy life. Health education plays a role in helping patients monitor their health condition by influencing and strengthening decisions about actions that suit them. The research by Martiana *et al.* (2022) shows that increasing knowledge does not always align with changing attitudes. This research showed an increase in attitudes after being given education compared to before. Positive attitudes have increased significantly, while negative attitudes have decreased, although not significantly. Factors that influence attitude change are only sometimes in line with increased knowledge. In this study, it is possible to change attitudes due to changes in knowledge. However, it cannot be ensured that attitude changes occur due to increased knowledge in the intervention group.

Conclusions

There is the effectiveness of education using video media on the knowledge of drop out family planning acceptors in the work area of the Central Kaliabang Community Health Center, Bekasi City. There is no effectiveness of education using video media on the attitude of family planning acceptors who drop out in the work area of the Central Kaliabang Community Health Center, Bekasi City.

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