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THE INFLUENCE OF HUSBAND'S ASSISTANCE USING AUDIO VISUAL METHODS ON FAMILY PLANNING PARTICIPATION IN LONG-TERM CONTRACEPTIVE METHODS IN WOMEN OF CHILDBEARING AGE IN KUTUK VILLAGE, UNDAAN DISTRICT, KUDUS REGENCY

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ABSTRACT

Introduction: *Long-term contraceptive methods have a high target on couples of childbearing age. A couple of childbearing age is a husband and wife who currently live together, whether they live officially or not, where the wife's age is between 20 years and 45 years. MKJP is used because it has high effectiveness with a low failure rate, as well as fewer complications and side effects compared to other contraceptive methods in preventing pregnancy*
Objectives: *Analyzing the Influence of Husband's Assistance Using Audio Visual Methods on Family Planning Participation in Long-Term Contraceptive Methods in Women of Childbearing Age.*
Methods: *This research is quantitative using a quasi experimental study method with control group design. The sample used 15 respondents in the intervention group using audio-visual and 15 respondents in the control group using leaflets. Data analysis used the Paired Sample T-test statistical test, the independent T-test, namely the paired T-test, using the Wilcoxon Test.*
Results: *Based on the Significant Difference Test using the Mann-Whitney test, the category of husband's knowledge and support for MKJP family planning participation above can be seen as a p-value of 0.000, which means there is a significant difference between before giving the intervention and after giving the intervention. With the results of this test, the data Ho is rejected and Ha is accepted, which means that the use of the audio-visual method influences the level of knowledge which influences the husband's support for family planning for long-term contraceptive methods.*
Conclusions: *The use of audio-visual methods affects the level of knowledge which influences husband's support which causes an increase in family planning participation in long-term contraceptive methods.*

Introduction

The Central Statistics Agency (BPS) stated that the population in Indonesia had reached 278.69 million people in July 2023. This figure increased 1.05% from the previous year (year-on-year/yoy), namely the population in Indonesia was 275 .77 million people in 2022. To control population growth, the government has created programs, one of which is the family planning program. (Badan Pusat Statistik, 2023). Long-term birth control is a birth control method that uses contraception to delay or space out pregnancies over a longer period of time. This long-term contraceptive has high efficiency so it is very good for use to delay or space out pregnancies (BKKBN, 2021). Types of MKJP include implants that are installed once for 3 years of use, IUDs for 5 years of use, and MOW/MOP for life. (BKKBN, 2021).

Based on data from the Central Java Province Central Bureau of Statistics (BPS), the number of MKJP acceptors in 2021 decreased from 2020, namely IUDs in 2020 were 447,567 acceptors, decreased in 2021 with the number of acceptors being 419,097, Implants in 2020 numbered 22,465 acceptors and decreased in 2021 17,913 acceptors, MOW in 2020 was 9,998 acceptors and in 2022 there were 7,388 acceptors, and MOP in 2020 was 1561 acceptors, in 2021 there were 1,128 acceptors.

In Kudus Regency, the number of MKJP IUD and Implant users in 2022 is the lowest in Central Java province, with the number of IUD acceptors being 2,846 / 128,838 PUS (2.2%) and implant acceptors being 1,089 (2.7%) while for MOW it is 2569 (1.99%) acceptors and KB MOP 84 (0.06) acceptors. This states that there are only 6.95% of all couples of childbearing age who live in Kudus Regency who use long-term contraceptive methods. Based on the results of studies conducted, Undaan District is a district with a total of 90 (0.4%) IUD acceptors, 216 (1.8%) MOW acceptors, 6 (0.05%) MOP acceptors and 431 (3.6%) implants.) acceptors from the number of couples of childbearing age 11,712. (BKKBN Kabupaten Kudus, 2023).

Long-term contraceptive methods have a high target on couples of childbearing age. A couple of childbearing age is a husband and wife who currently live together, whether they live officially or not, where the wife's age is between 20 years and 45 years. For couples of childbearing age, the age limit used here is 20-45 years. Couples of childbearing age range from 20-45 years of age, where the couple (male and female) are mature enough in all respects, especially their reproductive organs are functioning well. MKJP is used because it has high effectiveness with a low failure rate, as well as fewer complications and side effects compared to other contraceptive methods in preventing pregnancy. (Aldi, 2021).

The use of MKJP is strongly influenced by individual factors, because the decision to use this type of contraception or not remains at the individual level. Cognitive factors in the form of knowledge, attitudes, conversations with partners about using MKJP. Reproductive factors such as number of living children, history of abortion, age at first birth, women with more than 4 children are 5.8 times more likely than women without children. Sociodemographic and socio-economic factors such as age, education level, income level and employment status. External factors outside the individual, such as family planning services, can also influence the use of MKJP (Greenberg et al, 2013). To increase the use of MKJP, a better communication strategy is needed to bring KB clients closer to the MKJP option. Research conducted by Handayani perceives that contraceptives are 'easier to use' and 'easier to obtain' (Handayani, 2018). In carrying out health education, effective educational methods are needed to influence public knowledge. Using video tools has an effective influence on increasing public knowledge (Wulandari, dkk, 2014).

Marizi (2019) stated that there was a significant increase in aspects of knowledge before and after receiving health education through audio-visual media and it was considered more interesting, saves time and can be played repeatedly. Meanwhile, research from (Martiana et al., 2022), there were changes in the aspects of knowledge and meaningful interest before and after providing information about Long-Term Contraceptive Methods (MKJP) through animated video media to help understand the material and information. This can be interpreted as if there is an influence of audio-visual media on increasing the knowledge of couples of childbearing age in choosing the MKJP contraception method.

Rahmi (2018) dan Syarifah (2018) stated that there was a relationship between the level of knowledge and interest in selecting MKJP p-value (0.024) in his research stated that knowledge was a factor related to selecting MKJP. This is because information can influence a person in the decision-making process, where good knowledge about MKJP helps in making the right decision.

Partner support in using contraceptives is a reinforcing factor that can influence human behavior, where every medical action carried out must have the support or participation of both

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men and women, because it concerns both reproductive organs (BKKBN, 2014). Based on research conducted by Puspitarini (2023) and Choiriyah (2020) in their research using Chi Square Test analysis, it shows that there is a relationship between level of knowledge (p=0.048), mother's attitude (p=0.002), and husband's support (p=0.001) with the election of MKJP. The use of MKJP is influenced by the husband's role in decision making and husband's support. This research found support provided by husbands in the form of transportation, information and joint discussions. Apart from that, MKJP is also considered superior for delaying or preventing unwanted pregnancy and is safe for health.

Based on the description above, the researcher is interested in conducting research on "The Effect of Husband's Assistance Using Audio Visual Methods on Family Planning Participation in Long-Term Contraceptive Methods in Women of Childbearing Age in Kutuk Village, Undaan District, Kudus Regency.

Methods

This research is quantitative using a quasi experimental study method with control group design. This research began on May 1 2024 until May 15 2024. The sample used 15 respondents in the intervention group using audio-visual and 15 respondents in the control group using leaflets. Inclusion criteria are couples of reproductive age (20-35 years, couples who are not currently using MKJP, women who have > 2 children, wish to use long-term contraception and couples of childbearing age who are willing to be respondents. Data analysis uses the Paired Sample T-test statistical test , independent T test, namely paired T test, using the Wilcoxon test.

Results

1. Univariate Analysis of Respondent Characteristics

Table 1 Distribution of Respondents Based on Respondent Characteristics

Respondent Characteristics	Frekuensi	Presentase
Age		
20-25	0	0 %
26-30	12	40 %
31-35	18	60 %
	30	100 %
Study		
SMA	17	56,7 %
D3	3	10 %
S1	10	33,3 %
	30	100 %
Work		
Pedagang	9	30 %
Wiraswasta	18	60 %
Guru	3	10 %
	30	100 %

Tabel 4.1 distribution of respondents based on age with the highest number being 12 men of childbearing age aged 31-35 years (60%) and the lowest number of respondents being 0 men of childbearing age aged 20-25 years (0%). Based on education level, it is

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dominated by SMA, numbering 17 people (56.7%) and the smallest is D3, numbering 3 people (10%). Based on work, it is dominated by entrepreneurs, totaling 18 people (60%).

2. Long-Term Contraceptive Method Participation Variable

Tabel 2 Keikutsertaan KB MKJP Sebelum dan Setelah Diberikan Intervensi

Akseptor Long-Term Contraceptive Method	Intervention Group				Control Group			
	Pretest		Posttest		Pretest		Posttest	
	N	%	N	%	N	%	N	%
Using Long-Term Contraceptive Method	0	0 %	6	40%	0	0%	2	13,3 %
No Using Long-Term Contraceptive Method	15	100 %	9	60%	15	100 %	13	86,7%
Total	15	100 %	15	100 %	15	100%	15	100%

Based on table 4.2.1 above, it shows that in the intervention group and control group, before being given treatment, no one used MKJP family planning (0%) and after being given treatment, there were 6 people in the intervention group who used MKJP (40%) and 2 people in the control group (13 .3%).

3. Knowledge Level Variables Before and After Being Given the Intervention

Tabel 3 Level of Knowledge Before and After Being Given Intervention Based on Category

Knowledge	Intervention Group				Control Group			
	Pretest		Posttest		Pretest		Posttest	
	N	%	N	%	N	%	N	%
Good	1	6,7 %	6	40 %	1	6,7 %	2	13,3 %
Enough	5	33,3 %	6	40 %	5	33,3 %	7	46,7 %
Not enough	9	60 %	3	20 %	9	60 %	6	40 %
Total	15	100 %	15	100 %	15	100 %	15	100 %

Based on table 4.2.1 above, it shows that the intervention group before being given treatment was dominated by the level of knowledge in the poor category, numbering 9 people (66%) and in the control group there were 9 people (66%). In the intervention group after being given treatment, the category was dominated by good, good and fair, with 6 people in each category (40%) and the control group in the fair category had 9 people (60%).

Tabel 4 Differences in Average Levels of Husbands' Knowledge About Family Planning, Long-Term Contraceptive Methods

Knowledge	Mean (Rata-rata)		
	Pretest	Posttest	Differences
Intervention Group	11,2	17,2	6
Control Group	11,2	14,6	3,4

Based on the table above, it is known that there is a change in the average knowledge of husbands in the intervention group and control group. A big change occurred in the intervention group, namely the average pretest score was 11.2 and the average posttest score was 17.2 with a difference in score of 6. This shows that the use of audiovisual media in providing education has a greater influence in increasing husbands' knowledge.

4. Husband's support before and after intervention

Tabel 5 able of Husband's Support Before and After Intervention on Contraception with Long Term Contraception Methods

Husband's support	Intervention Group				Control Group			
	Pretest		Posttest		Pretest		Posttest	
	N	%	N	%	N	%	N	%
Support	8	53,3%	14	93,3 %	9	60 %	12	80 %
Does not support	7	46,7 %	1	6,7 %	6	40 %	3	20 %
Total	15	100 %	15	100 %	15	100 %	15	100 %

Based on the table above, it shows that in the intervention group before being given treatment, husband's support dominated, with the support category amounting to 8 people (53.3%) and in the control group there were 9 people (60%). in the intervention group after being given there was an increase in husband's support to (93.3%) and in the control group there were 12 people (80%).

Tabel 6 Difference in Average Support of Husbands Regarding Family Planning for Long-Term Contraceptive Methods

Husband's support	Mean (Rata-rata)		
	Pretest	Posttest	Differences
Intervention Group	15,07	17,93	2,86
Control Group	14,07	16,40	2,33

Based on the table above, changes in the average husband's support for the intervention group and control group are known. A large change occurred in the intervention group, namely the average pretest score was 15.07 and the average posttest score was 17.93 with a difference in score of 2.86. This shows that the use of audiovisual media in providing education has a greater influence on husband's support.

5. Uji Data Normality

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Tabel 7 Test Of Normality with Shapiro-Wilk

	P-value Shapiro-Wilk	Information
MKJP KB participation	.000	Not normally distributed
Husband's Level of Knowledge & Support	0004	Not normally distributed

Based on table 4.5, the knowledge level categories above can be seen from the Test of Normality Test using Shapiro-Wilk because the data sample is no more than 50 respondents, the results are Sig. 0.02, which means the data is not normally distributed because to determine normal distribution data must be > 0.05. Based on the MKJP KB participation category table, the SIg results were obtained. 0.000, which means the data is not normally distributed. In this case, to find out if there is a significant difference, a Mann-Whitney test is needed. Based on the table of husband's level of knowledge & support above, the results are Sig. 0.004, which means the data is not normally distributed. In this case, to determine the effectiveness of the intervention provided, the Wilcoxon test is used.

6. Test the Mean of Two Paired Samples Using the Wilcoxon Test

Tabel 8 Test the Mean of Two Paired Samples Using the Wilcoxon Test

	Mean Pretest	*Mean Postest*	*P-value Wilcoxon*	*information*
Husband's level of knowledge and support	11,2	17,2	.001	there are differences in averages

Based on the category of husband's level of knowledge & support above, it can be seen from the Wilcoxon test asymp.sig.(2-tailed) which shows a figure of 0.001, which means there is a significant difference in average and influence between before giving the intervention and after giving the intervention.

7. Significant Difference Using the Mann-Whitney Test

Tabel 9 Significant Difference Using the Mann-Whitney Test

	P-value Mann-Whitney	*Information*
Audiovisual Method Husband's Assistance in Participating in MKJ Family PlanningP	.000	there are differences in averages

Based on the Significant Difference Test using the Mann-Whitney test in the category of audiovisual method husband's assistance to MKJP family planning participation above, it

can be seen that the p-value shows <0.05, namely 0.000, which means there is a significant difference between before giving the intervention and after giving the intervention. With the results of this test, the Ho data was rejected and Ha was accepted, which means that the use of the audio-visual method has an effect on family planning for long-term contraceptive methods.

Discussion

1. Level of Knowledge Before and After the Intervention

Based on the research results, it shows that in the intervention group before being given treatment, the level of knowledge in the sufficient category was dominated by 8 people (53.3%) and in the control group there were 10 people (66.7%). The intervention group after being given treatment was dominated by the good category (93.3%) and the control group consisted of 10 people (66.7%).

Based on the table from the Wilcoxon asymp.sig.(2-tailed) test, it shows the number 0.001, which means there is a difference between before giving the intervention and after giving the intervention. With the results of this test, the Ho data was rejected and Ha was accepted, which means that the use of the audio-visual method affects the husband's level of knowledge about family planning for long-term contraceptive methods. This is in line with research conducted by Arjawa (2020) with a p value of <0.05 which shows that there is a relationship between the husband's level of knowledge and the mother's choice of contraception at TPMB Jro Wayan Lasmi in Bungkulan Village, Buleleng in 2022, respondents who have a good level of knowledge showed that 16 (66.7%) mothers chose appropriate contraception and 8 (33.3%) indicated inappropriate maternal contraception choices, while respondents who had a sufficient level of husband's knowledge showed 5 (17.9%) correct maternal contraceptive choices and 28 inappropriate ones (82.1%) and respondents who had a low level of husband's knowledge indicated that 2 (25.0%) of the mothers chose appropriate contraception and 6 (75.0%) respondents indicated that it was inappropriate. This is because information can influence a person in the decision-making process, where good knowledge about MKJP helps in making the right decision.

2. Husband's support before and after intervention

Based on the research results, it shows that in the intervention group before being given treatment, husband's support was dominated by the support category, numbering 8 people (53.3%) and in the control group there were 9 people (60%). in the intervention group after being given there was an increase in husband's support to (93.3%) and in the control group there were 12 people (80%).

Based on the Wilcoxon asymp.sig.(2-tailed) test, it shows a figure of 0.001, which means there is a difference between before giving the intervention and after giving the intervention. With the results of this test, the Ho data was rejected and Ha was accepted, which means that the use of the audio-visual method has an effect on the husband's support for family planning for long-term contraceptive methods. In making the decision to use contraception or family planning, a wife really needs social support from a husband as well as in solving problems that may arise related to the use of contraception. Husband's support is also a social resource that can be used to deal with pressure on individuals in need. The results of this research are in line with research conducted by Safitri in 2020, husband's support has a significant relationship with the use of Long Term Contraceptive Methods (MKJP) with p-value = 0.000. According to research conducted by Maawaddah in 2020, it was stated that "Husband's support has a very positive impact on the family, especially on their partner," having support

from the husband will create a feeling of confidence in determining what contraceptive method to use. This also makes the wife feel comfortable in using contraception without worry because she has received approval, motivation and support from her husband.

Research conducted by Budiarti, Nuryani and Hidayat in 2017 argued that couples must have sufficient knowledge about contraception, especially Long-Term Contraceptive Methods, or even more so that they can provide support in the form of permission, motivation, and even attention to their wife in choosing and using contraception. Based on this, husband's support is a very important aspect in influencing the behavior of family planning acceptors, especially in selecting and using long-term contraceptive methods to maintain their use.

3. **Significant Differences in Audiovisual Influence on Husbands' Knowledge and Support for MKJP Family Planning Participation**

Based on the Significant Difference Test using the Mann-Whitney test for the category of husband's knowledge and support for MKJP family planning participation above, it can be seen that the p-value shows a number <0.05, namely 0.000, which means there is a significant difference between before giving the intervention and after giving the intervention. With the results of this test, the data Ho is rejected and Ha is accepted, which means that the use of the audio-visual method influences the level of knowledge which influences the husband's support for family planning for long-term contraceptive methods.

Video media is anything that allows audio signals to be combined with moving images sequentially. Video programs can be utilized in learning programs, because they can provide unexpected experiences, besides that video programs can be combined with animation and speed settings to demonstrate changes over time. In this context, video media is a literacy media, so the video itself must be interactive and not just a viewing material for students, and a guide. (Ahmadi and Ibda, 2018).

Video media health education is a learning process to help individuals, groups or communities improve behavioral abilities, to achieve an optimal level of health by using audio-visual media in the form of videos containing learning messages including concepts, principles, procedures, theories, application to help understand learning material (Ahmadi and Ibda, 2018).

Use of print media, such as newspapers, magazines, leaflets, pamphlets, posters, leaflets, books and so on. The form of presentation of this media can be in the form of articles, comics, questions and answers, notifications and so on. Therefore, in order for the communication that we convey to prospective family acceptors of long-term contraceptive methods, a collaborative relationship is needed starting from the Village Government, the Community Health Center and the District Health Service so that what we convey is more optimal because of the support from the decision makers.

Based on the researcher's direct experience in this research process, there are several limitations experienced, there are several factors that future researchers need to pay more attention to in further perfecting their research because this research itself certainly has shortcomings that need to continue to be corrected in future research. Some of the limitations in this research were limited time to meet with respondents so that filling out the questionnaire was less than optimal and limited literature on the results of previous research which the researchers still lacked.

Conclusion

Based on the research that has been carried out, it can be concluded that:

1. It can be concluded that the distribution of respondents based on age with the largest number being 12 men of childbearing age aged 31-35 years (60%). The education level is dominated by high school, numbering 17 people (56.7%). The distribution of respondents based on occupation was dominated by entrepreneurs, totaling 18 people (60%).
2. It can be concluded that in the intervention group and control group, before being given treatment, no one used MKJP family planning (0%) and after being given treatment, there were 6 people in the intervention group who used MKJP (40%) and 2 people in the control group (13.3%).
3. It can be concluded that the level of knowledge in the intervention group before being given treatment was dominated by 9 people (66%) and in the control group there were 9 people (66%). In the intervention group after being given treatment, the category was dominated by good, good and fair, with 6 people in each category (40%) and the control group in the fair category had 9 people (60%). The difference in the average level of knowledge of husbands about family planning for long-term contraceptive methods. A large change occurred in the intervention group, namely the average pretest score was 11.2 and the average posttest score was 17.2 with a difference of 6. This shows that the use of audiovisual media Providing education has more influence in increasing the husband's knowledge.
4. It can be concluded that in the intervention group before being given treatment, husband's support dominated, with the support category amounting to 8 people (53.3%) and in the control group there were 9 people (60%). in the intervention group after being given there was an increase in husband's support to (93.3%) and in the control group there were 12 people (80%). A large change occurred in the intervention group, namely the average pretest score was 15.07 and the average posttest score was 17.93 with a difference in score of 2.86. This shows that the use of audiovisual media in providing education has a greater influence on husband's support.
5. Based on the Significant Difference Test using the Mann-Whitney test for the category of husband's knowledge and support for MKJP family planning participation above, it can be seen that the p-value shows <0.05, namely 0.000, which means there is a significant difference between before giving the intervention and after giving the intervention. With the results of this test, the data Ho is rejected and Ha is accepted, which means that the use of the audio-visual method influences the level of knowledge which influences the husband's support for family planning for long-term contraceptive methods.

Ethics approval and consent to participate

The research ethics test was carried out at the Yogyakarta STIKes Guna Bangsa Health Research Ethics Committee with ethical approval number: 025/KEPK/V/2024

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