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## **The Effect of Lecture Method Counseling on EFA Knowledge and Attitude About Tubectomy Contraceptive Devices in Tontonunu District, Bombana Regency**

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### **Abstract**

Female sterilization with tubectomy is one of the best and most effective contraceptive methods for women who have problems with the use of hormonal and non-hormonal contraceptive methods. The low use of tubectomy contraception is one of them related to knowledge and attitudes. The purpose of this study was to study the effect of counseling using the leaflet method and the lecture method on the knowledge and attitudes of couples of childbearing age about tubectomy contraception in the District of Nontonunu, District of Bombana. The population in this study were couples of childbearing age aged 15-49 years in the district of Nontonunu, Bombana Regency. This type of research is Experimental with a static group comparison design. The number of samples is 100 respondents consisting of 50 people using the lecture method, 50 people using the leaflet method. The sampling technique is random sampling. Data collection tool using a questionnaire, using the Paired Sample t-Test. The results showed that there was an effect of giving counseling with the lecture method on knowledge with an average increase of 83.00 and an increase in attitude with an average of 74.00. The conclusion of this study shows that there is an effect of providing counseling with the lecture method on the knowledge and attitudes of EFA about tubectomy contraception. Suggestion; It is hoped that the local government can increase cooperation with the BKKBN Representative of Southeast Sulawesi Province so that MOW services can be carried out in Bombana Regency as a follow-up to the government's concern for the success of the family planning program.

**Keywords:** Tubectomy; Counseling; Knowledge; Attitude.

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## **1. Introduction**

Female sterilization or tubectomy is one of the best and most effective methods of contraception for women who experience interference with the use of hormonal and non-hormonal contraceptive methods. In developing countries sterilization or tubectomy by Caesarean section is a very popular method, whereas laparoscopic sterilization is the preferred method in developed countries. Of the 5,442 female sterilizers in Karnataka India, 2,872 people underwent a caesarean tubectomy, the rest underwent mini-laparotomy as many as 1,306 people and 1,264 people underwent laparoscopic sterilization. Significantly more sterilization during the postpartum period (cesarean tubectomy + post abortion + postpartum) compared to the interval period. There is an increasing trend in Caesarean tubectomy and laparoscopic sterilization [1]. Indonesia is still facing the problem of a relatively high population growth rate. One way to reduce the population is to promote family planning programs. In the family planning program, one of the problems faced today is the low use of long-term contraceptive methods, namely tubectomy contraception. The results of research by Wulandari, reported that the tubectomy contraceptive method is very effective, but currently tubectomy is one of the contraceptives that has the lowest demand. This is influenced by several factors, namely husband's support, motivation, access to information, and quality of service. In addition, knowledge and attitude factors have a very strong relationship with low interest in tubectomy contraception. So it is hoped that women of childbearing age can understand the method of tubectomy equipment so that family planning goals can be carried out [3]. Another study by Borus reported that there was a relationship between the level of knowledge and the participation of women of childbearing age to become tubectomy family planning acceptors. This study shows that women of childbearing age who have no intention of not participating as family planning acceptors, have a 4.5 times greater risk of having an intention to become family planning acceptors. In addition, this study explains that information and health facilities that have adequate facilities and infrastructure have a 3.4 times greater risk of becoming a tubectomy acceptor compared to health facilities that do not have facilities and infrastructure [4]. According to [5] states that one of the supporting factors in behavior change is knowledge. In this study, to increase the knowledge of women of childbearing age about Women's Medical Surgery (MOW) contraception, information was provided with two groups of methods, namely the lecture method group and the leaflet method. Lecture is the delivery of information about the material directly to the respondent, leaflet is the delivery of information in the form of sheets of paper containing material and pictures that attract the attention of respondents. In health promotion, teaching aids are tools to assist in conveying information - information about public health. Humans gain knowledge from the sense of sight as much as 83% and the sense of hearing as much as 11%, so that audiovisual media (seeing aids and hearing aids) can increase knowledge. Where these tools can stimulate the senses of sight and hearing to receive the information conveyed [6]. Based on the results of the F/I/DAL/KB Routine Statistics report for the Bombana Regency Population Control and KB Office in 2019, the number of active family planning participants was 15,872 people, the number of PUS was 23,757 people. Users of non-MKJP contraceptives were 12,857 people (54.10%), and those who used MKJP were 3,019 people (12.70%). Judging from the existing data, users of long-term contraceptives are still less interested. The need for education to the public to increase the use of MKJP contraceptives such as implants, IUDs, MOP or MOW [7]. In health promotion, teaching aids are tools to assist in conveying information - information about public health. Humans gain knowledge from the sense of sight as much as 83% and the sense of hearing as much as 11%, so that

audiovisual media (seeing aids and hearing aids) such as video can increase knowledge. Where these tools can stimulate the senses of sight and hearing to receive the information conveyed [8]. The Preliminary Study conducted in the Nontonunu Sub-district found that the data on the coverage of the use of tubectomy acceptors in 2019 in the Tontonunu sub-district still had no interest compared to other sub-districts in Bombana district. In addition, from initial observations conducted in December 2020, by conducting interviews with 20 people who had not used tubectomy in Watchtonu District, it was found that 17 people (85%) did not understand about tubectomy contraception, and 3 people (15%) who did not. already have knowledge about tubectomy contraception. The low user of tubectomy contraception in the District of Nontonunu is because the community still lacks knowledge and there is wrong information and public perception about tubectomy contraception [9]. The purpose of this study was to assess the effect of providing counseling using the leaflet method and family planning lectures on the knowledge and attitudes of couples of childbearing age about tubectomy contraception in the district of Nontonunu, Bombana Regency during the Covid-19 period.

**2. Materials and methods**

This research is an experimental study using a static group comparison design. The population in this study is couples of childbearing age aged 15-49 years who live in the district of Nontonunu, Bombana Regency. The sampling technique used random sampling technique with a sample size of 100 people consisting of 50 people who were given lecture method counseling and 50 people were given leaflet method counseling. The variables of this study consisted of independent variables, namely the lecture method counseling and leaflet method, and the dividend variable namely knowledge and attitudes. The data was processed using SPSS with the Paired Sample t-Test test.

**3. Results**

After doing the research, the following results can be obtained:

**Table 1:** Average knowledge level of couples of childbearing age (EFA) about tubectomy before and after receiving lecture counseling Lecture.

lecture (knowledge)	Paired Samples Test				
	Mean	n	Std. Deviation	Correlation	Sig.
Sebelum	59,40	50	8,668	,502	,000
Sesudah	83,00	50	10,738		

Source: Primary Data, 2021

The average knowledge of the mother before being given counseling by the lecture method was 59.40 and the average knowledge of the mother after being given counseling by the lecture method was 83.00. Statistical test results obtained p value = 0.000 < = 0.005 meaning that there was a significant effect between giving counseling using the lecture method on EFA knowledge about tubectomy contraception.

**Table 2:** Average attitude level of couples of childbearing age (EFA) about tubectomy before and after receiving lecture counseling.

lecture (attitude)	Paired Samples Test				
	Mean	n	Std. Deviation	Correlation	Sig.
Sebelum	48,80	50	10,029	,719	,000
Sesudah	74,00	50	10,302		

Source: Primary Data, 2021

The average attitude of the mother before being given counseling by the lecture method was 48.80 and the average attitude of the mother after being given counseling by the lecture method was 74.00. Statistical test results obtained p value = 0.000 <math>\alpha = 0.005</math> means that there is a significant effect between the provision of counseling using the lecture method on attitudes about tubectomy contraception.

#### 4. Discussion

##### The Effect of Counseling with the Lecture Method on EFA Knowledge About Tubectomy Contraceptive Devices

Knowledge is a result of curiosity through sensory processes, especially in the eyes and ears of certain objects so that it becomes an important domain factor in the formation of open behavior [10]. Counseling with the lecture method is one of the most effective methods used in health promotion for delivering messages because the messages conveyed can be received quickly [11]. From the results of the study, it shows that the description of respondents' knowledge of lecture counseling before the test means 59.40. And after counseling the average is 83.00. The low knowledge of respondents before being given lecture counseling was caused by the lack of information obtained by respondents about the Family Planning program, especially the tubectomy method. There is a stigma or wrong assumption about long-term contraceptive methods (MKJP) in society. They assume that the use of MKJP (IUD, Implant or tubectomy) is an expensive contraceptive. So that people are reluctant to use MKJP contraceptives. According to [12] states that a knowledge can be obtained from education, so that the education obtained can affect a person's mindset. The higher a person's education level, the easier it is to obtain and understand information. Educational status and family structure have a positive effect on contraceptive acceptance [13]. Better knowledge about contraception is positively related to education, socioeconomic status and distance from the Puskesmas [14]. Referring to the results of statistical tests, it can be explained that there is an effect of giving the lecture method on the respondent's level of knowledge about tubectomy with a value of  $p = 0.005$ . The effect of lecture counseling on the level of knowledge is directly proportional to the use of contraceptives, meaning that the higher the respondent's knowledge, the use of tubectomy contraception will also increase. Conversely, if the respondent's knowledge is low, the use of tubectomy contraception is also low. According to Blum's opinion quoted by [15] which states that an individual's actions including independence and responsibility in behaving are strongly influenced by the cognitive domain or knowledge. Good knowledge

of respondents about the family planning program will influence respondents in choosing the type of contraceptive to be used, both MKJP and non-MKJP, such as convenience, compatibility, freedom of choice in choosing the type of contraceptive, or determining the midwife who will serve family planning and the freedom to choose a place for family planning services. complete because the insight is better. Thus, their awareness is high to continue to take advantage of existing family planning services in the area or community where they live. Counseling with the lecture method can increase respondents' knowledge, from not knowing to knowing about tubectomy contraception, both in terms of benefits and in terms of health. This is in line with research [16] which proves that the lecture method is effective in increasing knowledge of EFA decision making in choosing contraceptives in the work area of the Langsa Lama Health Center. Furthermore, the same study by [17] stated that counseling using the lecture method without media or using leaflet and video media could increase the knowledge of the respondents studied as evidenced by the  $p\text{-value} = 0.000$ . The results of another supporting study conducted by [18] stated that there was an increase in the average before and after counseling, which was 0.070 and indicated by a  $p\text{ value} = 0.005$ , which means that there was an effect of counseling on knowledge about tubectomy.

#### **Effect of Counseling with Lecture Method on EFA's Attitude About Tubectomy Contraceptive Devices**

Attitude describes the reaction or response of a person who is still closed to a stimulus or object. Attitude is said to be an evaluative response. The evaluative response means that the form of reaction expressed as an attitude arises based on an evaluation process within the individual that concludes the stimulus in the form of good-bad, positive-negative, pleasant-unpleasant values as potential for the attitude object [19]. The low average value of respondents' attitudes before being given lecture counseling was caused by wrong information, wrong information obtained by respondents. Incorrect information tends to cause respondents to show inappropriate attitudes. The existence of information that is not clear so that people think that the MKJP is more or less good side. For example, for implant placement, one day the implant can be lost or moved if we do heavy work or work too much. At the time of implant placement our hands will be split / sliced to insert the implant. Another assumption that arises in the community about MKJP (IUD, MOW and MOP) is that if the contraceptive device is installed, it will interfere with our sexuality. Lack of pleasure during intercourse, lack of sexual arousal in women or men, and in men there will be hypotension when a vasectomy is performed. These issues are the triggers or obstacles for the lack of public response to long-term contraceptives so that there is very little interest in determining attitudes to choose MKJP contraceptives. To increase public trust and attitude, there needs to be a persuasive approach in various ways by health workers and family planning field officers. So that it is expected to be able to influence people's behavior and attitudes, can bring up a thought like and willing to participate in family planning. With the lecture counseling, it is expected to increase knowledge and can help reduce confusion in choosing or determining attitudes to use safe and suitable contraceptives. Provision of consistent and structured contraceptive counseling for women of reproductive age can reduce unwanted pregnancies in the long term [20]. There is a need for family planning campaigns by field officers for couples of productive age whose birth rates are still high [21]. Research by [22] describes several attitude-forming factors including strong experience, the influence of other people who are considered important, the influence of culture, mass media, educational institutions and religious institutions. Based on Bloom's theory in [23] states that the behavioral domain consists of the cognitive, affective and psychomotor domains. The function of the

cognitive domain will have a positive impact not only on the cognitive domain itself, but also on the affective and psychomotor domains. This affective domain is related to values and attitudes that include behavioral traits such as feelings, interests, attitudes, emotions and values. The increase in the attitude level of the lecture counseling can be seen from the level of understanding of the respondents with an understanding in a positive direction. From the results of the analysis showed that of the 50 respondents who were given counseling before and after treatment with lectures on changes where the average value before counseling was 48.80 while after counseling was 74.00. From the results of the t-test, a significant value of 0.000 means that there is an effect of providing counseling with the lecture method on the level of EFA attitudes about tubectomy contraceptives. The results of this study are in line with research by [24] which found that respondents who have a positive attitude are more likely to be aware than women who have a negative attitude. EFA's response to tubectomy is mostly positive because it concerns their health. This can be seen in the results of the study that there was an increase in positive attitudes after giving health education through lectures. Limitations in this study are limited time and place so that this research is limited to the District of tontonunu, District of Bombana. In addition, the researcher's time is limited because some of the respondents are working, so the time needed to conduct counseling is very limited. The media used is still limited, so researchers must prepare other alternative media in accordance with this study.

## **5. Conclusion**

Based on the results of the research and discussion that have been described, the authors draw a leaflet conclusion on the knowledge and attitudes of EFA about tubectomy in the District of Nontonunu, Bombana Regency. The suggestion in this study is that it is hoped that the local government can increase cooperation with the BKKBN Representative of Southeast Sulawesi Province so that MOW services can be carried out in Bombana Regency as a follow-up to the government's concern for the success of the family planning program to improve IEC to the community by providing information on family planning programs so that there is no wrong stigma against tools. contraception.

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