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THE INFLUENCE OF EDUCATION THROUGH BOOKLET MEDIA ON KNOWLEDGE ABOUT LONG TERM CONTRACEPTION METHODS IN WOMEN

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Article Info ABSTRACT

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The long-term contraceptive method is the most effective contraceptive method for reducing birth rates but its users are only 20.3%. The National Family Planning Program prioritizes the use of Long-Term Contraception Methods, but the scope of long-term contraception is still low. This study aims to analyze the effect of education through media booklets on knowledge of long-term contraceptive methods in women of childbearing age in the village of Kajoran Klaten Selatan.

The type of research is a quantitative research, with the Without Control Design pretest-post approach with the research sample is a woman of fertile age in Kajoran Village, amounting to 52 women of childbearing age. The study was conducted in May 2024. Statistic test using descriptive statistics and Wilcoxon test.

The results showed that there was there an increase in the average knowledge value of respondents before and after being given education through booklets. From 73.8 to 84.3 with an increase in score of 10,5. the effect of providing education through booklets on the knowledge of women of childbearing age about the long -term contraceptive method with p value 0,000 (<0.05).

Keywords:

Booklets, Knowledge, long-term contraceptive

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1. INTRODUCTION

In order to reduce population growth, a program that can control population growth through efforts to reduce birth rates is Family Planning. According to the World Health Organization, family planning is planning the number and spacing of pregnancies using contraception. The aim of using contraception is to regulate the spacing of pregnancies and to delay pregnancy in young women with an increased risk of health problems and death due to early childbirth (Devi et al., 2022).

Efforts to reduce maternal mortality need to be supported to achieve Universal Health Coverage for reproductive health services, including family planning services with the vision of creating quality families (Anggriani et al., 2019). One of the basic strategies for reducing maternal mortality is that all pregnancies should be planned pregnancies. Around 98% of postpartum women do not want to get pregnant within 2 years, this means that every postpartum woman is given protection from pregnancy for at least 2 years by using contraception (Jateng, 2021).

The number of couples of childbearing age in Central Java on 2021 is 6,408,024. Meanwhile, there were 419,097 IUD type long-term contraceptive users, and 617,177 implant users. Klaten Regency has a total of 197,321 couples of childbearing age, with 13,061 users of long-term contraception in the form of IUDs and 25,469 users of contraceptive implants (Jateng, 2021). South Klaten District in 2022 includes the East Klaten clinic based on the results of a preliminary study of contraceptive users consisting of 380 IUD acceptors, 117 implant acceptors, 95 acceptor pills, 199 acceptor condoms, 232 acceptor injections, and 84 acceptor MOW.

The results of research Triyanto did conducted states that the factors that influence the choice of long-term contraceptive methods are age, education and socio-economics (Triyanto, 2019). The results of research conducted by Indrawati states that the factors that influence the choice of long-term contraceptive methods are level of education, knowledge, husband's support, culture, level of welfare, Communication, Information and Education on family planning (Sulistyorini, 2016). Results of further analysis of the 2012 Indonesian health demographic survey conducted by triyanto stated that age, education level, occupation, source of family planning services, and residential area influence long-term contraceptive use (Triyanto, 2019) (Prastyoningsih et al., 2019).

The ratio of non-long-term contraceptive use is greater than long-term contraceptive use. The aim of this research is to determine and analyze the influence of education through booklet media on knowledge about long-term contraceptive methods among women of childbearing age in Kajoran Village, South Klaten. Booklet media was chosen because it has the advantage that this media contains pictures and explanations. Apart from that, the booklet is also simple to understand and can be carried by the target.

2. METHOD

In this research, a quasi experimental method was used using a pretestposttest without control design, namely taking measurements before and after administering the action. Instrument Validity test was carried out on 35 acceptors with the calculated r > 0.349. reliability test Cronbach's Alpha value (α) $\alpha > 0.6$. This research was conducted in Kajoran village, South Klaten District, Klaten Regency. When the research was carried out in May 2024, the sample was taken using a non-random sampling technique using inclusion and exclusion criteria in accordance with the research objectives so that it could answer the research problems. To obtain the sample size in this study, quota sampling was used, namely the researcher determined the sample size to be 52 respondents. The inclusion criteria in this study were: Women of childbearing age who were willing to be respondents, Women of childbearing age who already had children, Women of childbearing age aged <55 years. The instrument used for data collection was a questionnaire. Analysis To use Wilcoxon because based on the results of the normality test with Kolmogorof Smirnove the data is not normally distributed (p value < 0.05). Ethical clearance in this research has been submitted and has passed ethical eligibility to the research ethics committee at the research provider Kusuma Husada University, Surakarta with number EC 1745/UKH.L 02/EC/I/2024.

3. RESULTS

a. Respondent Characteristics

The characteristics of the respondents in this study are shown in table 5.1 below:

Table 5.1 Characteristics of respondents

Age : 0 0 20-35 years 17 32,7 >35 Years 35 67,3 Education 0 0 Base 11 21,2 Intermediate 33 63,5 High 8 15,4 Work IRT 39 75 Employee 6 11,5 Self-employed 5 9,6 Civil servants 2 3,8 Parity Primipara 9 17,3 Skundipara 34 65,4 Multiparous 9 17,3 Use of contraception Ves 34 65,4	Characteristics	N	(%)
20-35 years 17 32,7 >35 Years 35 67,3 Education Base 11 21,2 Intermediate 33 63,5 High 8 15,4 Work IRT 39 75 Employee 6 11,5 Self-employed 5 9,6 Civil servants 2 3,8 Parity Primipara 9 17,3 Skundipara 34 65,4 Multiparous 9 17,3 Use of contraception 17,3	Age:		
>35 Years 35 67,3 Education 38 21,2 Intermediate 33 63,5 High 8 15,4 Work IRT 39 75 Employee 6 11,5 Self-employed 5 9,6 Civil servants 2 3,8 Parity Primipara 9 17,3 Skundipara 34 65,4 Multiparous 9 17,3 Use of contraception 17,3	< 20 years	0	0
Education Base 11 21,2 Intermediate 33 63,5 High 8 15,4 Work IRT 39 75 Employee 6 11,5 Self-employed 5 9,6 Civil servants 2 3,8 Parity Primipara 9 17,3 Skundipara 34 65,4 Multiparous 9 17,3 Use of contraception 17,3	20–35 years	17	32,7
Base 11 21,2 Intermediate 33 63,5 High 8 15,4 Work IRT 39 75 Employee 6 11,5 Self-employed 5 9,6 Civil servants 2 3,8 Parity Primipara 9 17,3 Skundipara 34 65,4 Multiparous 9 17,3 Use of contraception 17,3	>35 Years	35	67,3
Intermediate 33 63,5 High 8 15,4 Work IRT 39 75 Employee 6 11,5 Self-employed 5 9,6 Civil servants 2 3,8 Parity Primipara 9 17,3 Skundipara 34 65,4 Multiparous 9 17,3 Use of contraception 17,3	Education		
High 8 15,4 Work IRT 39 75 Employee 6 11,5 Self-employed 5 9,6 Civil servants 2 3,8 Parity Primipara 9 17,3 Skundipara 34 65,4 Multiparous 9 17,3 Use of contraception 17,3	Base	11	21,2
Work 39 75 Employee 6 11,5 Self-employed 5 9,6 Civil servants 2 3,8 Parity 77 77 Primipara 9 17,3 Skundipara 34 65,4 Multiparous 9 17,3 Use of contraception 17,3	Intermediate	33	63,5
IRT 39 75 Employee 6 11,5 Self-employed 5 9,6 Civil servants 2 3,8 Parity Primipara 9 Primipara 9 17,3 Skundipara 34 65,4 Multiparous 9 17,3 Use of contraception 17,3	High	8	15,4
Employee 6 11,5 Self-employed 5 9,6 Civil servants 2 3,8 Parity Primipara 9 17,3 Skundipara 34 65,4 Multiparous 9 17,3 Use of contraception 17,3	Work		
Self-employed 5 9,6 Civil servants 2 3,8 Parity Primipara 9 17,3 Skundipara 34 65,4 Multiparous 9 17,3 Use of contraception 17,3	IRT	39	75
Civil servants23,8Parity7Primipara917,3Skundipara3465,4Multiparous917,3Use of contraception	Employee	6	11,5
Parity Primipara 9 17,3 Skundipara 34 65,4 Multiparous 9 17,3 Use of contraception	Self-employed	5	9,6
Primipara 9 17,3 Skundipara 34 65,4 Multiparous 9 17,3 Use of contraception	Civil servants	2	3,8
Skundipara 34 65,4 Multiparous 9 17,3 Use of contraception	Parity		
Multiparous 9 17,3 Use of contraception	Primipara	9	17,3
Use of contraception	Skundipara	34	65,4
•	Multiparous	9	17,3
Yes 34 65 4	Use of contraception		
37 03,7	Yes	34	65,4
No 18 34,6	No	18	34,6

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N: 52, primary data source 2024

Based on the table above, it shows that based on age, the majority of respondents are >35 years old, 35 respondents (67.3%), based on education, the majority have secondary education, 33 respondents (63.5%), based on their occupation, the majority are housewives, 39 respondents (75 %), based on parity, the majority were scundiparas, 34 respondents (65.4%), and based on contraceptive use, the majority used contraception, 34 respondents (65.4%).

b. Knowledge level of women of childbearing age before and after receiving education with booklets

Table 5.2 Knowledge level of women of childbearing age before and after receiving education with booklet

Good Fair Poor Information f % f % % Pre-Test 25 48,1 26 50 1 1.9 Post-Test 46 88,5 6 11,5 0 0

N: 52, primary data source 2024

Based on table 5.2, it is known that before being given education with booklets, 25 respondents (48.1%) had good knowledge and 1 respondent (1.9%) had less knowledge. Meanwhile, after being given education with booklets, there was an increase in respondents' knowledge, becoming well-informed, as many as 46 respondents (88.5%)

c. Cross table of respondent characteristics and knowledge before being given education with the booklet

Table 5.3 Cross table of respondent characteristics and knowledge before being given education with booklets

Good Fair Poor Caracteristics f % f % f % Age: < 20 years 7 13,4 10 19,2 0 0 20-35 years 18 34,6 16 30,7 1 1,9 >35 Years Education Base 4 7,6 6 11,5 1 1,9 Intermediate 17 32,6 16 30,7 0 0 High 9,6 3 5,7 0 0 5 Work

IRT	17	32,6	21	40,4	1	1,9
Employee	4	7,6	2	3,8	0	0
Self-employed	4	7,6	1	1,9	0	0
Civil servants	0	0	2	3,8	0	0
<u>Parity</u>						
Primipara	3	5,7	6	11,5	0	0
Skundipara	19	36,5	14	26,9	1	1,9
Multiparous	3	5,7	6	11,5	0	0
Use of contraception						
Yes	18	34,6	15	28,8	1	1,9
No	7	13,4	11	21,2	0	0

Based on cross table 5.3, it is known that before receiving booklet education, the respondents with good knowledge in the age group >35 years were 18 respondents (34.6%), based on education, the most knowledge was sufficient, 17 respondents (32.6%) in the education group. middle class, based on occupational knowledge, the most knowledge was sufficient in the housewife occupational group, namely 21 respondents (40.4%), based on educational purity, the highest knowledge was good in the scundiparous parity group, 19 respondents (36.5%), and based on contraceptive use the highest there is a lot of good education in the group that uses contraception as many as 18 respondents (34.6%).

d. Cross table of respondents' characteristics and knowledge after being given education using booklets

Table 5.4 Cross table of respondents' characteristics and knowledge after being given education using booklets

Caracteristics	Good		Fair		Poor	
Caracteristics	f	%	f	%	f	%
Age:						
< 20 years	16	20.7	1	1.0	0	Λ
20–35 years	16	30,7	1	1,9	-	0
>35 Years	30	57,7	5	9,6	0	U
Education						
Base	9	17,3	2	3,8	0	0
Intermediate	30	57,7	3	5,7	0	0
High	7	13,4	1	1,9	0	0
Work						
IRT	35	67,3	4	7,6	0	0
Employee	6	11,6	0	0	0	0
Self-employed	4	7,6	1	1,9	0	0
Civil servants	1	1,9	1	1,9	0	0

<u>Parity</u>						
Primipara	8	15,4	1	1,9	0	0
Skundipara	30	57,7	4	7,6	0	0
Multiparous	8	15,4	1	1,9	0	0
Use of contraception						
Yes	30	57,7	4	7,6	0	0
No	16	30,7	2	3,8	0	0

Based on cross table 5.4, it is known that after receiving the education booklet, the respondents with good knowledge in the age group >35 years were 30 respondents (57.7%), based on education, the most knowledge was good, 30 respondents (57.7%) in the education group. middle class, based on occupational knowledge, the most knowledge was good in the housewife occupational group, namely 35 respondents (67.3%), based on educational purity, the highest knowledge was good in the scundipara parity group, namely 30 respondents (57.7%), and based on the use of contraception the highest there was a lot of good education in the group that used contraception, 30 respondents (57.7%).

e. The effect of providing education with booklets on knowledge about longterm contraception in women of childbearing age

Table 5.4 Data Normality Test

	Table 5.1 Bata 1101manty 1est					
Information	statistic	df	P value			
Pre-Test	0,201	52	0,000			
Post-Test	0,145	52	0,008			

Based on the results of the normality test, it shows that the data is not normally distributed, with a p value of 0.000 and 0.008 (<005), so the difference test used is the Wilcoxon test.

Table 5.5 The effect of providing education with booklets on knowledge about long-term contraceptive methods in women of childbearing age

Information	Min	max	Mean	Std. Dev	P value	Z score
Pre-Test	48	87	73,8	8,6	0,000	6,116
Post-Test	65	100	84.3	7,9		

Based on table 5.5, it can be seen that there was an increase in the average knowledge value of respondents before and after being given education

through booklets. From 73.8 to 84.3 with an increase in score of 10.5. Based on the Wilcoxon test, it shows that the p value is 0.000, which means that there is an effect of providing education through booklets on increasing the

knowledge of women of reproductive age about long-term contraceptive

methods.

4. DISCUSSION

a. Characteristics of respondents regarding knowledge

Age is one of the factors that can influence knowledge, where as age increases, a person's ability to think and grasp also develops (Devi et al., 2022).

In general, adulthood is grouped into three parts, namely: early adulthood

(early adulthood) with an age limit of 21-35 years, middle adulthood (middle

adulthood) aged 36-45 years, and late adulthood (late adulthood) aged 46-65

years (Deviana, 2023).

A person's level of education is one thing that influences their knowledge

and ability to seek and receive information (Siti Qomariah et al., 2020). This is

also in line with research Azizah, et al (2021), that the higher the level of

education, the broader the experience and insight, so this will have an impact

on a person's cognitive aspects (Aningsih & Irawan, 2019). One of the goals of

contraception is to space pregnancies, so women who want to control the

desired family size or want to have fewer pregnancies so that the number of

children in the family matches their wishes use contraception (Nur Mahmudah,

2015). A woman's number of children can influence whether a method is

medically suitable (Afrida DS et al., 2023).

b. Respondent's knowledge before and after receiving education through

booklets

Based on table 5.2, it is known that before being given education with

booklets, 25 respondents (48.1%) had good knowledge and 1 respondent

(1.9%) had less knowledge. Meanwhile, after being given education with

booklets, there was an increase in respondents' knowledge, becoming well-

informed, as many as 46 respondents (88.5%). According to Ewles booklet

media has advantages, namely that clients can adapt from independent

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learning, users can view the contents at their leisure, information can be shared with family and friends, easy to make, reduces the need to take notes, can be made simply at a low cost. relatively cheap, durable, wider tamping power, can be directed at certain segments (Nur Mahmudah, 2015).

Apart from the advantages it has, booklets also have weaknesses, namely that it is difficult to display movement on the booklet page, if the information presented is too long it makes the reader bored, without good care it will easily be lost or damaged (Apriyanti & Syahda, 2022). Parwiyati, et al (2014) states that booklet media is suitable for use as a means of conveying information and Khotimah, et al (2015) found that booklets are suitable for use in improving understanding of a material or subject (Panjang et al., 2023).

c. The effect of booklet education on knowledge of women of childbearing age about long-term contraceptive methods

Based on table 5.5, it can be seen that there was an increase in the average knowledge value of respondents before and after being given education through booklets. From 73.8 to 84.3 with an increase in score of 10.5. Based on the Wilcoxon test, it shows that the p value is 0.000, which means that there is an effect of providing education through booklets on increasing the knowledge of women of reproductive age about long-term contraceptive methods (Devi et al., 2022)(Budiarti et al., 2017).

Media is a tool used by instructors to transfer information so that the material or message is expected to be well received by the audience. Extension media can be of various types, one of which is booklets (Afrida DS et al., 2023) (Venesia Manek et al., 2024). Booklet media is a counseling tool that has the advantage of being able to increase a person's understanding because it contains detailed information/material, besides that it is small, making it easy to carry and read repeatedly (Indahwati et al., 2017). Knowledge is an important factor in forming a complete behavior. The better a person's knowledge, the better the behavior that will be formed to create good actions (Sulistyorini, 2016).

Other research also supports this, namely research conducted by Mintasih, there are differences in health education given using booklets and posters (Kurniawan et al., 2023), both of which are able to increase knowledge, but the media that is most meaningful in influencing the increase in knowledge statistically is booklets (Siti Qomariah et al., 2020)

Booklet media provides informative, comprehensive and detailed explanations about long-term contraception, while audio-visual media provides an interactive learning experience for family planning acceptors, because the audio-visual design was developed to convey messages in an interesting way and involves the use of images, text and sound. Researchers assume that respondents in this study receive and pay attention to the information presented through booklets and audio-visual media. This assumption is based on the voluntary participation of respondents and the expectation that they are actively involved in the process of learning and acquiring knowledge (Cucu Supriatin et al., 2024).

5. CONCLUSION

There is an effect of providing education through booklets on increasing the knowledge of women of reproductive age about long-term contraceptive methods with a p value 0,000 (<0,05). For further research, it is hoped that further research can be carried out by developing more interesting information media to increase knowledge

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