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APPLICATION OF "HATI" (REPRODUCTIVE HEALTH) VIDEO TO INCREASE KNOWLEDGE AND ATTITUDES ON REPRODUCTIVE HEALTH IN PROSPECTIVE BRIDE AND GROOM

Indah Dewi Ridawati, Kiki Sulaningsi
Poltekkes Kemenkes Palembang, Indonesia
Email: indahdewi@poltekkespalembang.ac.id, kiki.sulaningsi@gmail.com

Abstract

The Maternal Mortality Rate in Musi Rawas has increased. This is still a serious problem because the initial rate of the strategic plan (in 2010) was 102 per 100,000 live births and the final rate during the strategic plan period (2015) was 169 per 100,000 live births. The purpose of the study was to determine the effect of the HATI video on reproductive health knowledge and attitudes in prospective brides. This research is a quasi-experimental research with pre-post without a control group. The sample used is an accidental sampling of as many as 60 people. The Wilcoxon test showed that there was a difference in the value of reproductive health knowledge and attitude (p=0.000). The conclusion there was a significant increase in reproductive health knowledge and attitudes before and after being given the video. Suggestions to KUA to be able to use the 'HATI' video as a method of promoting reproductive health.

Keywords: *Videos, Reproduction Health, Knowledge, Attitude.*

Introduction

The number of maternal deaths collected from family health program records at the Ministry of Health increases every year. In 2021 there were 7,389 deaths in Indonesia. This number shows an increase compared to 2020 of 4,627 deaths (Ministry of Health Republic of Indonesia, 2021). The maternal mortality rate (MMR) in Musi Rawas Regency has increased. This is still a serious problem because between the initial rate of the strategic plan (in 2010) it was 102 per 100,000 live births and the final rate during the strategic plan period (2015) was 169 per 100,000 births live. Not only has the maternal mortality rate increased, but the infant mortality rate in Musi Rawas Regency is also the first highest in South Sumatra Province at 70 cases (South Sumatra Provincial Health Office, 2021).

The causes of maternal and neonatal death come from direct and indirect causes, all of which require effective interventions to improve survival and health, including reproductive, maternal, and neonatal health services (WHO, 2019). The cause of the high number of cases of death is also due to program management that has been implemented according to a good management system, including the implementation of

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Maternal Perinatal audits, so that all maternal and neonatal deaths can be tracked and the recording and reporting system is already running well (Ryan et al., 2021). Several other causes of death are due to early detection of risk factors by health workers who are not careful, handling of childbirth that is inadequate / not according to procedures (not assisted by competent personnel), a referral system that is not in accordance with manual referral network procedures, limited maternal health services including personnel and facilities, private involvement is not optimal, and community empowerment is not optimal: gender inequality, preparation for childbirth and in dealing with emergency conditions (independently) at the village level (Erfina et al., 2022).

One of the priorities that will still be carried out to reduce the number of maternal deaths is to increase the participation of women, families, and communities in increasing knowledge about danger signs, preventing delays and providing MCH books; readiness of families and communities in dealing with childbirth and emergencies; prevention 4 too; provision and utilization of maternal and infant health services (Indrio et al., 2022). Knowledge about reproductive health will be better if given when couples of childbearing age are about to get married, namely when the bride and groom receive pre-marital course guidance at the KUA (Religious Affairs Office).

Based on a preliminary study at the KUA of Tugumulyo District that the KUA of Tugumulyo District has carried out pre-marital course guidance to prospective brides since before the issuance of instructions from the Director General of Islamic Community Guidance (BIMAS) of the Ministry of Religion No. 373 of 2017. These instructions contain every man and woman . Those who are going to get married must follow marriage guidance or pre-marriage courses organized by the Ministry of Religion. The guidance materials for pre-marital courses include marriage and religion law, provisions in the marriage that aim to enhance the quality of marriage by creating a sakinah family.

In 2015 the Ministry of Health through the Directorate General of Nutrition and Maternal and Child Health launched a national guideline on the Implementation Guidelines for Information Communication and Education on Sexual and Reproductive Health for Bride and Groom (Kementerian Kesehatan RI, 2015). The Musi Rawas District Health Office has provided reproductive health knowledge to prospective brides at KUA Tugumulyo District through counseling and providing material in the form of books. However, the use of video as a medium for promoting reproductive health to prospective brides and grooms has never been done.

More than 31.6% of respondents have low knowledge of premarital reproductive health and mentioned the low knowledge of the bride and groom (70%) and unsupportive attitudes related to reproductive health (30%) (Susanti et al., 2018). There is an influence of reproductive health education on the knowledge of the prospective bride and groom at the KUA (Nugraheni et al., 2020), and there is an effectiveness between the media and knowledge of reproductive health for prospective brides who

were given reproductive health education through cellular had a significant increase in knowledge (Mayasari et al., 2020).

Video is an audiovisual media that contains moving images accompanied by sound. The ability of video to depict live images and sound gives its own charm. Video presents information, describes processes, explains complex concepts, teaches skills, shortens or lengthens time, and influences attitudes. This media can increase the interest of the bride and groom in learning because the bride and groom can listen as well as see the picture.

Research Methods

The research used is quantitative research with quasi-experimental method. This method was chosen with the consideration that researchers wanted to see differences in knowledge and attitudes before and after getting the "HATI" video. Researchers want to compare the effect of the video "HATI" on knowledge and attitudes of reproductive health. The research design used was pretest posttest without control group design. Changes that were observed/measured were the values of knowledge and attitudes on reproductive health before and after being given the "HATI" video. The research location is the KUA of Tugumulyo District, Musi Rawas Regency and the bride's house registered at the KUA of Tugumulyo District, Musi Rawas Regency. The number of samples taken was 60 people who were taken for 5 months. Inclusion criteria: willing to participate in the activity from beginning to end, willing to sign an informed consent form, able to communicate well, have good hearing and have a mobile phone. Exclusion criteria: respondents did not watch videos for 4 weeks. The sampling technique used is accidental sampling. The type of data used is primary data using questionnaires and check lists. Data analysis used the Wilcoxon test with an error rate of 0.05. Where p value > 0.05 then Ho is accepted or Ha is rejected, meaning that there is no relationship between the "HATI" video with knowledge and attitudes of reproductive health. And p value <0.05, then Ho is rejected or Ha is accepted, meaning that there is a relationship between the "HATI" video with knowledge and attitudes of reproductive health.

Results and Discussion

A. Results

1. Characteristics of Respondents

Table 1.
Frequency Distribution of Respondents

Variable		Frequency	%	Max	Min	Mean
Age	Male	30	50	-	-	-
	Female	30	50			
Gender	17-25 years old	35	58.3	40 years old	16 years old	26 years old
	26-35 years old	23	38.3			
	36-45 years old	2	3.3			

Education	Primary School	3	5	Primary School	Bachelor	Senior High School
	Junior High School	18	30			
	Senior High School	27	45			
	College	12	20			
Profession	Unemployment	11	18.3	Unemployment	Employee	Entrepreneur
	Entrepreneur	33	55.0			
	Employee	16	26.7			

Source: Primary Data, 2022

The results of the study in the table explain that the average age is 26 years, the youngest age is 16 years and the maximum age is 40 years. The largest age group is 17-25 years, namely 35 people (58.3%). The 17-25 year age group includes late teens. The age group of 36-45 years is the final adult age group of 2 people (3.3%). The group of early adults (26-35 years) occupied the second position as many as 23 people (38.3%). The results of the study in the table explained that the number of men and women were 30 men (50%) and 30 women (50%). The results of the study in the table are explained that most of the respondents have high school education as many as 27 people (45%) and a small proportion of respondents have elementary education as many as 3 people (5%). people (20%). The results of the study in the table are explained that the majority of respondents work as entrepreneurs as many as 33 people (55%) and a small proportion of respondents do not work as many as 11 people (18.3%). Respondents with the category of working as employees as many as 16 people (26.7%).

2. Knowledge Level Distribution

Table 2.
Distribution of Respondents' Knowledge Level

Knowledge Level	N	%	Max	Min	Mean	Med	Mod	Std. Dev.	Var.
PreTest									
Low	6	8	95	40	67	65	60	11	119
Enough	45	60							
Well	9	12							
Post Test 1									
Low	3	4	90	45	73	73	70	9	55
Enough	39	52							
Well	18	24							
Post Test 2									
Enough	7	9,3							

Well	53	70,7	100	65	89	90	90	7	55

Source: Primary Data, 2022

Based on the table above, the general picture before being given the "HATI" video, most of the respondents had sufficient knowledge, namely 45 people (60%). A small proportion of respondents have good knowledge as many as 9 people (12%) and 6 people (8%) have low knowledge. The highest knowledge value is 95, the lowest knowledge value is 40, the average knowledge value of the respondents is 67, the median value is 65, the value that appears the most is 60, the standard deviation is 11 and the variance of the knowledge value before being given the "HATI" video is 119.

Based on the table above, the general picture on the first day immediately after the "HATI" video was given, most of the respondents had sufficient knowledge of 39 people (52%). A small proportion of respondents have good knowledge as many as 18 people (24%) and 3 people (4%) have low knowledge. The highest knowledge value is 90, the lowest knowledge value is 45, the average knowledge value of the respondents is 73, the median value is 73, the value that appears the most is 70, the standard deviation is 9 and the variance of the knowledge value immediately after being given the "HATI" video is 55.

Based on the table above, the general picture in the 4th week after being given the "HATI" video, most of the respondents had good knowledge as many as 53 people (70.7%). A small proportion of respondents have sufficient knowledge as many as 7 people (9.3%). The highest knowledge value is 100, the lowest knowledge value is 65, the average knowledge value of the respondents is 89, the median value is 90, the most frequent value is 90, the standard deviation is 7 and the knowledge value variance is 55.

Based on Table, it can be concluded that there was an increase in respondents' knowledge before being given the "HATI" video, immediately after being given the "HATI" video and 4 weeks after being given the "HATI" video. If it is seen from the respondents with good knowledge before being given the "HATI" video, there were 9 people, immediately after being given the "HATI" video it rose to 18 people and increased again to 53 people in the 4th week after being given the "HATI"video. If you pay attention, there is a decrease in the number of respondents in the low level of knowledge category, starting from 6 people down to 3 people and there are no respondents in the low category four weeks after being given the "HATI" video.

3. Distribution of Respondents' Attitudes

Table 3.
Distribution of Respondents' Attitudes

Respondents' Attitudes	N	%	Max	Min	Mean	Med	Mod	Std. Dev.	Var.
PreTest									
Positive	33	44	10	3	8	8	8	2	5
Negative	27	36							
Post Test 1									
Positive	42	56	10	4	8	9	8	2	3
Negative	18	24							
Post Test 2									
Positive	48	64	10	6	9	9	8	1	1
Negative	12	16							

Source: Primary Data, 2022

Based on table 3 above, the number of respondents who have a positive attitude is 33 people (44%) and respondents who have a negative attitude are 27 people (36%) before being given the "HATI" video. The attitude of the respondents immediately after being given the "HATI" video had more positive attitudes than negative attitudes. A total of 42 people (56%) had a positive attitude and 18 people (24%) had a negative attitude. Based on table 11, information is obtained in the 4th week after being given the "HATI" video, most of the respondents' attitudes were positive, namely 48 people (64%) and a small number of respondents as many as 12 people (16%) were negative.

Most of the respondents had a positive attitude towards their health both before being given the "HATI" video, immediately after being given the "HATI" video and four weeks after being given the "HATI" video. There is a change in the increase in the number of respondents who have a positive attitude. Before being given the video "HATI" the number of respondents with a positive attitude was 33 people (44%) then increased to 42 people (56%) immediately after being given the video "HATI" and increased again to 48 people (64%) four weeks after being given the video "HATI". Respondents who have a negative attitude have decreased starting from 27 people (36%) to 18 people (24%) and finally to 12 people (16%).

4. The Effect of "HATI" Video on Respondents' Knowledge

The analysis used in this study is the Wilcoxon test with the aim of finding out about the effect of the "HATI" video on the knowledge of respondents to prospective brides at the KUA (Religious Affairs Office) Tugumulyo District in 2022. The conditions for the Wilcoxon test are the data is not normally distributed. The results of the normality test using the Kolmorgov-Smirnov Test were not normally distributed, so it was continued with the Wilcoxon test. Based on the results of the tests that have been carried out, it shows that the p Value

<0.05 means that there is an effect of the "HATI" video on respondents' knowledge on the first day after being given the "HATI" video and 4 weeks after being given the "HATI" video. "HATI" to the respondent's knowledge. Based on test results shows that there is an effect of "HATI" Video on Respondents' Attitudes. This can be seen through the following table.

Table 4
The Effect of "HEART" Video on Respondents' Knowledge and Attitudes

Variabel	p Value		
	PreTest-Post Test 1	***Post Test 1-Post Test 2***	***PreTest-Post Test 2***
Knowledge	0,000	0,000	0,000
Attitudes	0,001	0,000	0,000

Source: Primary Data, 2022

The results of the Wilcoxon test analysis above are known to have a p value of ($p < 0.05$), this indicates that Ha is accepted, meaning that there is a significant difference after being given the "HATI" video. From the table above, it can also be concluded that the "HATI" video is effective in increasing knowledge and attitudes of reproductive health in prospective brides at KUA Tugumulyo, Musi Rawas Regency in 2022.

B. Discussion

1. Changes In Reproductive Health Knowledge Before And After Giving Videos "HEART" To The Bride And Groom

Problems that often arise regarding reproductive health for women are the lack of support in the process of pregnancy, childbirth, postpartum and the selection of contraceptives (Palinggi et al., 2021). Health education using the "HATI" video is one of the efforts to support women's reproductive health. In the video "HATI" the bride and groom get knowledge about reproductive health. The bride and groom in question here are not only women but also their male partners. The results of the study on 60 prospective brides who were registered at KUA Tugumulyo Musi Rawas before and after the intervention, most of the respondents had good knowledge. This is in line with research that most of the bride and groom are knowledgeable about reproductive health both before and after the intervention (Pebrianti & Fajriah, 2022).

The level of knowledge of the prospective bride and groom at KUA Tugumulyo Musi Rawasse increased after being given the video "HATI". The highest knowledge value after the intervention was 100 and there were no respondents with low knowledge after four weeks of being given the "HATI" video. In the Wilcoxon test data analysis, it was found that the p value of 0.000 ($p <0.05$) indicated that there was a difference in knowledge after being given the "HATI" video. This is in line with research that health education can increase respondents' knowledge (Nugraheni et al., 2020).

Every individual needs to know about sexuality and reproductive issues during the pre-marital period, so that reproductive health education is important for prospective brides and grooms to provide. Technology-based education is an innovative pathway for providing health information (Mayasari et al., 2020). Providing accurate, comprehensive and up-to-date sexual health education materials can help increase awareness of risky sexual behavior and improve sexual and reproductive health outcomes (Kaimal & Norton, 2021). Influenced by the accuracy of media selection. The use of electronic media such as video is a good step because it attracts readers to understand reproductive health (Indah & Desmiwarti, 2019).

2. **Changes In Attitudes To Reproductive Health Before And After Giving The "HATI" Video**

The results of the study on 60 prospective brides who were registered at the KUA Tugumulyo Musi Rawas before and after the intervention, most of the respondents were positive. This is in line with research that most brides and grooms are positive about reproductive health both before and after the intervention (Susanti et al., 2018). The attitude of the bride and groom at KUA Tugumulyo Musi Rawas increased after being given the video "HATI". The highest attitude value after the intervention was 100 and there were no respondents with low knowledge after four weeks of being given the "HATI" video. In the Wilcoxon test data analysis, it was found that the p value of 0.000 ($p < 0.05$) indicated that there was a difference in knowledge after being given the "HATI" video. This is in line with research by (Sya'diyah et al., 2020) that health education can increase respondents' knowledge.

Conclusion

Based on the results of the discussion described previously, research conducted on prospective brides at the KUA, Tugumulyo District, Musi Rawas Regency, it can be concluded as follows: 1) There is a significant difference in knowledge and attitudes of reproductive health before and after being given the "HATI" video. 2) Most of the respondents are 17-25 years old, work as entrepreneurs and have a high school education. 3) The average knowledge of prospective brides at the KUA of Tugumulyo District regarding reproductive health before being given the "HATI" video was 67 then to 73 immediately after being given the "HATI" video and rose to 89 four weeks after being given the "HATI" video. 4) The average attitude of the bride and groom in the KUA of Tugumulyo District regarding reproductive health before being given the "HATI" video was 8 then it remained 8 immediately after being given the "HATI" video and rose to 9 four weeks after being given the "HATI" video.

BIBLIOGRAPHY

Erfina, E., Widyawati, W., Mckenna, L., Reisenhofer, S., & Ismail, D. (2022). Becoming an adolescent mother : The experiences of young Indonesian new mothers living with their extended families. *Midwifery*, *104*(September 2021), 103170. https://doi.org/10.1016/j.midw.2021.103170. Google Scholar

Indah, H. P., & Desmiwarti, D. (2019). Efektifitas Konseling Kesehatan Reproduksi Terhadap Peningkatan Pengetahuan Kesehatan Reproduksi Pasangan Calon Pengantin di KUA Kota Padang. *Journal Obgin Emas*, *2*(2), 74–77. https://doi.org/10.25077/aoj.2.2.74-77.2018.

Indrio, F., Dargenio, V. N., Marchese, F., Giardino, I., & Vural, M. (2022). The Importance of Strengthening Mother and Child Health Services during the First 1000 Days of Life: The Foundation of Optimum Health, Growth and Development. *The Journal of Pediatrics*, *245*, 254-256.e0. https://doi.org/10.1016/j.jpeds.2022.03.001. Google Scholar

Kaimal, A., & Norton, M. E. (2021). Society for Maternal-Fetal Medicine Consult Series #55: Counseling women at increased risk of maternal morbidity and mortality. *American Journal of Obstetrics and Gynecology*, *224*(4), B16–B23. https://doi.org/10.1016/j.ajog.2020.12.007. Google Scholar

Kementerian Kesehatan RI. (2015). *Kesehatan Reproduksi dan Seksual Bagi Calon Pengantin*. Kementerian Kesehatan RI. Google Scholar

Mayasari, A. T., Hakimi, M., Hani EN, U., & Setyonugroho, W. (2020). Efektivitas Pendidikan Kesehatan Reproduksi Berbasis Seluler pada Calon Pengantin terhadap Peningkatan Pengetahuan Kesehatan. *Jurnal Kesehatan Reproduksi*, *7*(1), 1. https://doi.org/10.22146/jkr.47128. Google Scholar

Ministry of Health Republic of Indonesia. (2021). Indonesian Health Profile. In *Pusdatin.Kemenkes.Go.Id*.

Nugraheni, A., Purnami, C. T., & Mawarni, A. (2020). Pre-Marriage Course Regarding Health Reproductive: Knowledge and Attitude of Bride and Groom Candidate in Preparing Health Status before Pregnant in Grobogan Regency. *Indian Journal of Public Health Research & Development*, *11*(03), 1150–1154. https://doi.org/10.37506/ijphrd.v11i3.1564. Google Scholar

Palinggi, R. S., Moedjiono, A. I., Suarayasa, K., Masni, Seweng, A., Amqam, H., Nur, R., & Syam, A. (2021). The effect of balanced counseling strategy family planning against attitude, subjective norm, and intentions on the use of modern contraception behavior in the Singgani Public Health Center work area of Palu city. *Gaceta Sanitaria*, *35*, S140–S144. https://doi.org/10.1016/j.gaceta.2021.10.013. Google Scholar

Pebrianti, R., & Fajriah, A. S. (2022). Analysis of Provision of Premarriage Health Counseling on the Interest of Delaying Risk Pregnancy in Prospective Couples Fertilizer Age Under 20 Years Old. *Journal for Quality in Women's Health*, *5*(2), 195–200. https://doi.org/10.30994/jqwh.v5i2.159. Google Scholar

Ryan, L. M., Mahmood, M. A., & Laurence, C. O. (2021). The Lancet Regional Health - Western Pacific Incidence of concomitant illnesses in pregnancy in Indonesia : Estimates from 1990 – 2019 , with projections to 2030. *The Lancet Regional Health - Western Pacific*, *10*, 100139. https://doi.org/10.1016/j.lanwpc.2021.100139. Google Scholar

South Sumatra Provincial Health Office. (2021). Health Profile of South Sumatra Province for 2020. *Dinas Kesehatan Provinsi Sumatera Selatan*, 251.

Susanti, D., Rustam, Y., & Doni, A. W. (2018). Pengaruh Pendidikan Kesehatan Pranikah Terhadap Pengetahuan dan Sikap Calon Pengantin di Lubuh Begalung Padang Tahun 2017. *Jurnal Sehat Mandiri*, *13*(2), 18–25. Google Scholar

Sya'diyah, H., Widayanti, D. M., Kertapati, Y., Anggoro, S. D., Ismail, A., Atik, T., & Gustayansyah, D. (2020). Penyuluhan Kesehatan Diabetes Melitus Penatalaksnaan dan Aplikasi Senam Kaki pada Lansia di Wilayah Pesisir Surabaya. *Jurnal Pengabdian Kesehatan*, *3*(1), 9–27. https://doi.org/10.31596/jpk.v3i1.64. Google Scholar

WHO. (2019). World Health Statistics Overview 2019. *World Health Statistics Overview 2019*, *44*(8), 5–10. https://doi.org/10.1088/1751-8113/44/8/085201. Google Scholar