



IMPROVING PREGNANT WOMEN'S KNOWLEDGE OF PERINEAL MASSAGE THROUGH AUDIOVISUAL HEALTH MEDIA AND HUSBAND SUPPORT

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ABSTRACT

Efforts to increase pregnant women's knowledge about preventing ruptures include providing health education. To minimize the incidence of perineal rupture, namely by perineal massage. To determine the effect of health education using audio-visual media on husbands' knowledge and support for third-trimester pregnant women regarding perineal massage. Pre-Experimental type of research with a one-group pretest and posttest design. The sample of this research was pregnant women in the third trimester in the Kalampangan Health Center working area, Palangka Raya City, totaling 39 respondents who met the inclusion criteria. Obtained from data analysis using the Paired sample t-test, the sig value of knowledge and husbands' support is <0.0001. there is an influence of health education using audio-visual media on husbands' knowledge and support for pregnant women in the third trimester.

Keywords: Perineal Massage, Health Education, Audio Visual, Knowledge, Husbands Support.

INTRODUCTION

From 2016 to 2020, it was estimated at 287,000 deaths per 100,000 live births. Then in 2020, the MMR is estimated at 223 deaths per 100,000 live births. MMR in the Southeast Asia region 2016-2020 was around less than 5%, and in 2020 MMR is estimated to be less than 2% in the Southeast Asia Region (World Health Organization, 2023).

Based on data from the family health program at the Ministry of Health. The Maternal Mortality Rate (MMR) in Indonesia increases every year. 4,627 maternal deaths occurred in 2020 and increased to 7,389 in 2021. The most common causes of maternal deaths in 2021 were COVID-19, namely 2,982 cases, bleeding 1,330 cases, and hypertension in pregnancy amounting to 1,077 cases (Ministry of Health of the Republic of Indonesia, 2022).

In Central Kalimantan, 121 cases of maternal death were reported in 2017, in 2018 it increased to 165 cases, and in 2019 it increased to 166 cases. Then in 2020 the maternal mortality rate fell to 141 per 100,000 live births and rose in 2021 to 212 per 100,000 live births. The most common causes are complications during childbirth such as bleeding (32%), hypertension (15%), circulatory disorders (6%), infection (1%), metabolic disorders (1%),

and others (41%) (Kalimantan Provincial Health Office Central, 2022).

The Maternal Mortality Rate (MMR) in Palangka Raya City in 2022 is 46 per 100,000 live births. This figure has decreased compared to 2021, namely 69 per 100,000 live births. In 2022 in Palangka Raya City, 2 (two) mothers will die, with the causes of death being bleeding and infection. On the map of Maternal Mortality Rates in Palangka Raya City in 2022, cases of maternal death are in two sub-districts, namely Pahandut sub-district and Jekan Raya sub-district (Palangka Raya City Health Office, 2021).

Perineal rupture needs attention because it can cause dysfunction of the female reproductive organs, as a source of bleeding, and as a source or outlet for infection which can then cause death due to bleeding or sepsis (Apryanti, n.d.).

Perineal rupture is one of the causes of bleeding during childbirth. To minimize the incidence of perineal rupture, namely perineal massage which can be done regularly will reduce the incidence of perineal rupture. Perineal massage can increase the flexibility of the perineal muscles, thereby reducing muscle resistance, and causing the perineum to stretch during labor without perineal tears and no need for an episiotomy (Pangesti et, al, 2022).

Efforts to increase pregnant women's knowledge about the importance of preventing ruptures include health education, where this activity is an effort to convey health messages aimed at increasing knowledge and changing individual behavior (Pangesti et al., 2022). Research results from Munikasari in 2018, a sample of 38 third-trimester pregnant women. It was obtained from 38 respondents that 24 pregnant women did not do perineal massage (63.2%) 14 people who did perineal massage (36.8%), 21 people who had poor knowledge (55.3%), and 17 people (44.7%) had good knowledge, 16 mothers (42.1%) had a negative attitude and 22 people (63.2%) had a positive attitude. There is a significant relationship between the knowledge and attitudes of pregnant women towards perineal massage in the Temindung Samarinda Community Health Center working area.

The research results of Nurun Ayati Khasanah, et.al, showed that the respondents in this study were 27 pregnant women in the third trimester. The results of knowledge regarding perineal massage showed that (44.4%) of pregnant women in the third trimester had good knowledge of doing perineal massage, while motivation was obtained (40.7%) with positive motivation for pregnant women in

the third trimester of doing perineal massage.

Basic research from Ambika Kurnia Mustikawati, et.al in 2020. A sample of 30 pregnant women was taken randomly. The results of the research showed that all respondents, the majority of mothers (57%) were quite capable of practicing correct perineal massage techniques before the counseling was given, after being given the counseling there was an increase in almost all of the 27 third trimester pregnant women (90%) who were good at practicing perineal massage techniques. Correct.

The role of health workers is as an educator where midwives can provide knowledge about perineal massage to pregnant women aged 35 weeks, teach mothers how to massage the perineum, and motivate mothers to do perineal massage. As a counselor in her role here, midwives can help clients to share about perineal massage during pregnancy to avoid perineal tears (Haryanti, 2021)

Based on research by Citra Meisheilla et al., (2022), shows that carrying out health education using audio-visual media for husband support during pregnancy, is classified as effective with the post-test mean results, there is a difference in the pretest mean of 53.55 while the post-test mean is 58.36, where there is 13 respondents were in the support category

and 9 respondents were in the less support category. This is related because after the health education was carried out there was a change in the posttest score regarding the husband's support which increased, so it can be interpreted that as the husband's knowledge increases, the support that the husband can provide to his wife will be more optimal. This happens because the husband understands that he has an important role in maintaining his wife's health during pregnancy.

Based on a preliminary survey at the Kalampangan Community Health Center, 15 respondents completed the knowledge questionnaire. The results showed that 80% of mothers had poor knowledge about perineal massage and only 20% had good knowledge about perineal massage. When completing the second questionnaire regarding husband's support, the results showed that 70% of mothers received their husband's support in the supportive category and 30% of mothers received the unsupportive category. Therefore, the author is interested in conducting this research to find out the effect of health education using audio-visual media on the knowledge and support of husbands in third-trimester pregnant women.

METHOD

Pre-Experimental research design, one-group pretest, and post-test research design. The population in this study was

39 pregnant women in the third trimester of the pregnant women class in the Kalampangan Health Center, Palangka Raya City, for the period October-December 2023. The sampling technique used a purposive sampling technique with inclusion criteria, namely pregnant women in the third trimester who were accompanied by their husbands and lived in the work area of the Kalampangan Health Center, Palangka Raya City. A pretest was carried out on respondents by giving a questionnaire to determine the level of knowledge and support of husbands for pregnant women in the third trimester before being given health education to be filled in and answered by participants by answering as honestly as possible. Then provide health education using audio-visual media about perineal massage to participants. After being given health education, a posttest was carried out using the same questionnaire to determine the husband's level of knowledge and support. Data analysis used univariate and bivariate analysis using the paired sample t-test. Organize the data then arrange it in the form of a frequency distribution table.

Data from this bivariate test analysis this research includes tests for normality of variables and paired tests on husbands' knowledge and support for third-trimester pregnant women in the Puskesmas work

area Kalamangan. Shapiro Wilk The normality test is used with a sample size of 39 respondents

a. Normality test

The normality test is used to find out whether the data is normally distributed or not. normal distribution conditions

data is a requirement of searching for a t-test used. Data analysis result normality test on the husbands' level of knowledge and support before and after being given audio-visual with Shapiro Wilk is presented below table:

Table 1. Data Normality Test Result in Audio-Visual

Variable	Measurement	Shapiro-Wilk		
		Statistic	Df	Sig.
Knowledge	Pre Test	.954	39	.113
	Post Test	.956	39	.128
Husbands	Pre Test	.957	39	.137
Support	Post Test	.975	39	.524

Source : (Master research data of Selma Resina 2024)

Table 4 above shows the data results of normality test analysis at the level of the husband’s knowledge and support before and after giving audio-visual. Based on the results Shapiro Wilk analyzed normality with a sample the knowledge sig value in the pretest was 0.113 and the posttest 0.128 and the sig value of husband support was obtained at the pretest 0.137

and posttest 0.524, which mean >0,05 so the data on all variables was tested using the paired t-test.

RESULTS AND DISCUSSIONS

Result

The characteristics of the sample

Data describing the characteristics of the sample in this study includes data on the ge, education, occupation, and source of information of the respondent.

Data in frequency distribution result of the table of respondents based on age, education, occupation, and source of information are present in the following table :

Table 2. Frequency Distribution of Respondent Characteristics

Karakteristik	Total	
	N	%
Age		
<20	2	5,1
20-35	31	79,5
>35	6	15,4
Education		
Primary School	8	20,5
Secondary School	26	66,6
Higher Education	5	12,9
Job		
Housewife	36	92,3
Private	3	7,7
Source Information		
Friends	1	2,6
Print Media Information	14	35,9
Counseling by health workes	24	61,5

Source: (Master data reserch Selma Resina; 2024)

Table 1 shows that of the 39 respondents, the age of pregnant women was between 20-35, 31 people (79.5%), the majority of education was secondary education, 26 people (66.6%), with the majority of jobs being housewives, 36 people (92.3%) and the source of information with the largest majority was counseling by health workers as many as 24 people (61.5%).

Average Health Education on Knowledge of Pregnant Women in the Third Trimester Before and After Health Education

Data from univariate analysis in this study including frequency distribution data on the husband's level of knowledge and support

before and after being given audiovisuals to third-trimester pregnant women in the Kalam Community Health Center working area food, namely:

- a. Level of knowledge before and after giving audio-visual to pregnant women in the third trimester

Table 2 below shows the distribution knowledge of respondents in the research It can be seen that the average (mean) knowledge of pregnant women before the intervention was 42.56, with the highest score of knowledge being 73 and the lowest 20. However, after the intervention, the average (mean) knowledge of mothers was 78.77 with the highest knowledge being 100 and the lowest 60.

Table 3. Average Health Education on Knowledge and Supports Husband's of Pregnant Women in the Third Trimester Before and After Health Education

Variable	N	Min	Max	Mean	Standard Deviation
Pre Test Knowledge	39	20	73	42.56	13.512
Post Test Knowledge	39	60	100	78.77	8.653
Pre Test Husbands Support	39	25	49	34.44	6.003
Post Test Husband support	39	42	98	73.38	13.072

- b. Level of husband support before and after giving audio-visual to pregnant women in the third trimester

Based on Table 3, it can be seen that the average husband support value for pregnant women before the intervention was 34.44 with the highest husband

support value being 49 and the lowest husband support value 25. However, the average husband support value for pregnant women after the intervention was 73.38 with a value The highest husband support value was 98 and the lowest husband support value was 42.

2. Biivariate Analysis

- 1) The influence of Health Education using Audio Visual Media on the Knowledge of Third Trimester Pregnant Women about Perineal Massage is presented in the following table :

Table 5. The Influence of Health Education with Audio Visual Media on the Knowledge and husband's Support of Third-Trimester Pregnant Women About Perineal Massage

Knowledge	N	Mean	Standard Deviation	Standard Error of the Mean	95% CI		P- Value
					Lower	Upper	
Pre Test	39	42.56	13.512	2.164	39.595	32.816	.000
Post Test	39	78.77	8.653	1.386			
Pre Test	39	33.44	5.385	.862	43.580	35.753	.000
Post Test	39	73.38	13.072	2.093			

Paired t-test signed ranks test (p-value 0.000<0,05)

It is known that there is a difference in the average (Mean) sig value. (2-Tailed) is $0.000 < 0.05$, so it can be concluded that there is an influence of Health Education with Audio Visual Media on the Knowledge of Trimester Pregnant Women about Perineal Massage.

It is known that there is a difference in the average (mean) sig value. (2-Tailed) is $0.000 < 0,05$, so it can be concluded that there is an influence of Health Education with Audi Visual Media on Husband's Support for Pregnant Women in The Third Trimester regarding Perineal Massage.

Discussion

The Influence of Health Education With Audio Visual Media on The Knowledge of Third Trimester Pregnant Women About Perineal Massage.

Based on research (Mudlikah, Siti; Safriana, 2020) 94 people (78%).

Pregnant women in the third trimester who have good knowledge about the danger signs of pregnancy and have positive behavior in understanding the danger signs. This is the largest presentation, namely 18 pregnant women (94.7%) (Zakaria & Kadir, 2021).

The results of 30 respondents After given Health Education, the average respondent of pregnant women who attended the mother class was 94.33 with a standard deviation value of 5.98. The highest score after being given Health Education was 100 and the lowest score was 80 (Dewi & Suwanti, 2021).

(Lupita & Meo, 2023) shows that the average pre-test is 2.8 and the average post-test is 9.6. This result shows that there

is a difference in the level of knowledge regarding perineal massage where the average knowledge before and after the promotion of perineal massage shows significant improvement.

This research is in line with research (Mokoginta et al., 2022) which shows that 18 respondents (47.7%) had insufficient knowledge, while 15 respondents (39.5%) had sufficient knowledge. Based on the results of this study, it can be seen that the perception of pregnant women is related to perineal massage with mothers receiving information and concluding information.

According to (Halimahi et al., 2022) as many as 8 people (80%) had good knowledge, and 2 people (20%) with sufficient knowledge. After being given information and education, there are no more mothers who lack knowledge.

Health education is an activity or effort to convey health messages to the community, groups, or individuals. With the hope that with this message, communities, groups or individuals can gain better knowledge about health. This knowledge is expected to influence their behavior. The aim of providing health education to pregnant women in the third trimester is to increase the mother's insight and knowledge about perineal massage, one of the benefits of which is to prevent perineal tears or episiotomy. Utami T.V, (2023).

The Influence of Health Education With Audio Visual Media on The Husband's Support of Third Trimester Pregnant Women About Perineal Massage.

This research is in line with Maulana's theory (2019) which states the husband's support is the support given by the husband to the wife, a form of support where the husband can provide assistance given by the husband to the wife, a form of support where the husband can provide psychological assistance in the form of motivation, attention, and acceptance. Husband's support is a helpful relationship that has special value for the wife as a sign of positive bonds.

According to research (Afiyah et al., 2020), it is known that almost all of the 44 respondents (86.4%) received good husband support. This shows that the husband's level of concern for the mother is well-considered. Shrestha et al. (2019) define support as a full responsibility in a family and the husband has an important role, where the husband is required not only as a breadwinner but as a provider of motivation or support in various policies that will be decided including family planning.

According to Khairunisya's research, Umi Daimah, (2022) said that the average support given by husbands was 72.21 ± 10.63 with a minimum value range of 53 and a maximum value reaching 91. The

support distributed by husbands to mothers showed a figure that significant. The husband's role in building self-confidence in his wife is very important; because this can provide the mental strength that mothers need. Husbands are also able to work together with family and closest friends to provide positive support. Therefore, the role of the husband's support is a crucial factor.

CONCLUSION

Based on the research results, it was found that there was an influence of health education using audio-visual media on husbands' knowledge and support for pregnant women in the third trimester regarding perineal massage. The results showed that there was a significant difference before and after the intervention via audio video visual.

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