
**The Effect of Lecture Method Counseling on Knowledge
and Attitudes of Couples of Childbearing Age (EFA)
About Tubectomy Contraceptive Devices in Tontonunu
District, Bombana Regency**

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Abstract

Tubectomy is one of the best and most effective methods of contraception 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 determine the effect of counseling with the lecture method on the knowledge and attitudes of couples of childbearing age about tubectomy contraception in the District of Tontonunu, District of Bombana. This type of research is Experimental with a static group comparison design. The research population is couples of childbearing age aged 15-49 years. The number of samples is 50 respondents. Sampling technique with random sampling system. Collecting data by using a questionnaire. Data analysis using Paired Sample t-Test. The results showed that there was an effect of giving counseling using the lecture method on knowledge (average increase of 83.00) and attitude (average increase of 74.00). Conclusion; there is an effect of providing counseling with the lecture method on the knowledge and attitudes of EFA about tubectomy contraception. Suggestion; The need for health education by using other methods to determine whether there is an effect of these methods.

Keywords: Tubectomy; Counseling; Knowledge; Attitude; lecture method.

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1. Introduction

In health promotion, teaching aids are tools to assist in conveying informations 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 such as video can increase knowledge. Where these tools can stimulate the senses of sight and hearing to receive the information conveyed [1] One of the supporting factors in behavior change is knowledge. To increase the knowledge of women of childbearing age about Women's Medical Surgical 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 images that attract the attention of respondents [1] Contraceptive use is increasing, especially in Asia, Latin America and in Sub-Saharan Africa. In 2014 globally, modern contraceptive users increased significantly from 54% to 57.4% with the proportion of couples aged 15-49 years using modern contraceptive methods. In Africa from 23.6% to 27.6%, in Asia 60.9% to 61.6%, while Latin America and the Caribbean rose slightly from 66.7% to 67.0%. An estimated 225 million women in developing countries wish to delay or discontinue fertility but do not use any contraceptive method due to limited choice of contraceptive methods and experience of side effects [2]. The global population currently stands at 7.7 billion and is expected to reach 9 billion by 2045. Along with the increasing maternal mortality rate. The World Health Organization recommends that the use of contraception can prevent at least 25% of all maternal deaths by preventing unwanted pregnancies including unsafe abortions [3] Tubectomy is one of the best and most effective methods of contraception for women who have problems 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 women sterilized in Karnataka, India, 2,872 people underwent caesarean tubectomy, the rest underwent minilaparotomy as many as 1,306 people and 1,264 people underwent laparoscopic sterilization. Significantly more sterilization during the postpartum period compared to the interval period. There is an increasing trend in cesarean tubectomy and laparoscopic sterilization [4] Indonesia is still facing the problem of a relatively high population growth rate. One way to reduce the population is to promote the Family Planning (FP) program. In the family planning program, one of the problems faced today is the low use of long-term contraceptive methods, namely tubectomy contraception. Based on the Indonesian Health Demographic Survey in 2001, only 3% of tubectomy family planning participants [5]. Data on active family planning participants in Southeast Sulawesi in 2018 amounted to 333,401 people and a total of 454,256 people of childbearing age. Realization of active family planning participants who use the IUD contraceptive as many as 12,002 people, Medical Operations for Women as many as 7,217 people, Medical Operations for Men as many as 1,644 people, condoms as many as 7,262 people, implants 56,831 people, injections as many as 150,745 people, pills as many as 97,700 people [6]. Data from Bombana Regency active family planning participants in 2019 as many as 15,872 people and couples of childbearing age as many as 23,757 people. Realization of active family planning participants who use the IUD contraceptive device as many as 438 people, Medical Operations for Women as many as 277 people, Medical Operations for Men as many as 15 people, condoms as many as 82 people, implants as many as 3,740 people, injections as many as 9,031 people and pills as many as 4,334 people. While the data on the use of long-term contraceptive methods (tubectomy) are spread

across 22 sub-districts in Bombana Regency, where Poleang District uses tubectomy contraceptives as many as 21 people, East Poleang District as many as 20 people, Rarowatu District as many as 27 people, Rumbia District as many as 22 people, Kabaena District as many as 7 people, East Kabaena District as many as 7 people, West Poleang District as many as 17 people, Mata Oleo District as many as 6 people, North Rarowatu District as many as 21 people, North Poleang District as many as 22 people, South Poleang District as many as 7 people, District Southeast Poleang as many as 6 people, South Kabaena District as many as 9 people, West Kabaena District as many as 8 people, North Kabaena District as many as 6 people, Central Kabaena District as many as 24 people, Masaloka Raya District as many as 2 people, Central Rumbia District as many as 10 people, Poleang District Middle as many as 5 people, Tontonunu District as many as 0 o Rang, Lantari Jaya District as many as 28 people and Matausu District as many as 2 people. From the data above, it shows that the sub-district which is still very low for the use of long-term contraceptive methods is the Tontonunu District which does not have users or users of tubectomy contraception [7]. Although the tubectomy family planning program in Bombana Regency has been included in various government programs, the achievement rate of family planning acceptors who use tubectomy contraceptives is still very low. The use of contraceptive methods is still dominated by contraceptive pills, injections and condoms. From the data above, the proportion of acceptors who use the tubectomy contraceptive method is still low compared to other methods. One of the direct targets of the family planning program is EFA, which *unmet need for family* planning on the grounds that they do not want to have more children. This target is the target in the use of tubectomy contraception. The Preliminary Study conducted in the Tontonunu 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 Tontonunu District, it was found that 17 people (85%) did not understand tubectomy contraception, and 3 people (15%) who did not. already have knowledge about tubectomy contraception. There are several factors that become a problem so that tubectomy is still not in demand. The factors of knowledge and understanding of the community are still lacking about the tubectomy contraceptive method, inadequate health facilities, and the high cost of tubectomy contraceptive services. The low number of users of tubectomy contraception in Tontonunu District is because the community still lacks knowledge and there is wrong information and public perception about tubectomy contraception [7]. Based on the above problems, an effort was made to provide counseling about tubectomy contraception, especially to couples of childbearing age aged 15 to 49 years as research subjects. This strategy is expected to be more effective in facilitating understanding and can provoke imagination in interpreting information messages for informants so that they can easily receive information [1]. In conducting outreach activities in the midst of the COVID-19 pandemic, of course, continue to follow and pay attention to health protocols, namely washing hands with soap, always wearing masks and keeping a distance. Limiting the number of participants is an important thing in conducting counseling. The number of participants is limited to 20 participants while maintaining a distance. The purpose of the study was to determine the effect of counseling using the lecture method on the knowledge and attitudes of couples of childbearing age about tubectomy contraception in Tontonunu District, Bombana Regency.

2. Materials and Methods

This type of research is *Experimental* with a *static group comparison* design. The research population is couples

of childbearing age aged 15-49 years. The number of samples is 50 respondents. Sampling technique system with *random sampling*. Collecting data by using a questionnaire. Analysis of the data by using the test *Paired samples t-test*. The research variables consist of independent variables, namely lecture method counseling, dependent variables, namely knowledge and attitudes of respondents.

3. Results

The effect of providing counseling using the lecture method on EFA knowledge

Table 1: Average knowledge level of couples of childbearing age about tubectomy before and after receiving counseling using the lecture method

Lecture (Knowledge)	Paired Samples Test				
	mean	n	Std. Deviation	Correlation	Sig.
Before	59,40	50	8,668	,502	,000
After	83.00	50	10,738		

Source; Primary Data, 2021

The average knowledge of mothers before being given counseling with the lecture method was 59.40 and the average knowledge of mothers after being given counseling with the lecture method was 83.00. Statistical test results obtained p value = $0.000 < \leq 0.005$ means that there is a significant effect between the provision of counseling using the lecture method on the knowledge of EFA about tubectomy contraception.

The effect of providing counseling using the lecture method on EFA attitudes

Table 2: The average level of attitudes of couples of childbearing age about tubectomy before and after receiving counseling using the lecture method

Lecture (Attitude)	Paired Samples Test				
	mean	n	Std. Deviation	Correlation	Sig.
Before	48,80	50	10,029	,719	,000
After	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 = $0.000 < \alpha = 0.005$ means that there is a significant effect between the provision of counseling using the lecture method on the attitude of EFA about tubectomy contraception.

4. Discussion

4.1 The Effect of Counseling with the Lecture Method on EFA Knowledge

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 [8]. According to [9], Counseling with the lecture method is one of the most effective methods used in health promotion for message delivery because the message conveyed can be received quickly. A lecture is a speech delivered by a speaker in front of a group of visitors. Lecture is essentially a process of transferring information from the teacher to the learning target. In the process of transferring information there are three important elements, namely teachers, materials and learning objectives. The lecture method is effectively used to increase one's knowledge [1]. Knowledge of contraception is needed to support the accuracy in using these contraceptives. The choice of contraception can be influenced by several characteristics of family planning acceptors such as knowledge, distance of health services, contraceptive costs, and husband's support. The impact that will be caused by acceptors with a lack of knowledge about contraception will be ineffectiveness which greatly affects the use of contraception on acceptors. Therefore, health workers are expected to be able to provide effective communication, information, and education to prospective acceptors, and also to provide health care and advocacy to prospective acceptors on the use of contraceptives [1]. The results of the study show that the average knowledge of respondents before the test is 59.40 and after counseling the average is 83.00, this shows that there is a change in the average knowledge received by respondents before and after counseling using the lecture method. In other words, it can be concluded that there is an effect of providing counseling with the lecture method on increasing respondents' knowledge. 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. Research 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 [10]. Furthermore, the same research states that counseling using the lecture method without media or using leaflets and videos can increase the knowledge of the respondents being studied as evidenced by the $p\text{-value} = 0.000$ [11]. Furthermore, the same study by [12] 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 [13] 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. The same statement by [14] also stated that there was an increase in respondents' knowledge about knowledge of MOW contraception before and after being given counseling. Another study conducted by [15] stated that there was an effect of counseling on Mother's Knowledge about Tubectomy for Couples of Childbearing Age in RW XI, Wirobrajan Village, Yogyakarta before and after counseling with a value of $p = 0.000$. Research [16] reported that there was a relationship between the level of knowledge and the participation of women of childbearing age as 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 participate as 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. 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 misconception about long-term contraceptive methods in society. They assume that the use of Long Term Contraceptive Media (LTCM) is an expensive contraceptive. So that people are reluctant to use LTCM contraceptives. According to [1] state that a knowledge can be gained from education, so that education obtained can affect one's mindset. The higher a person's education level, the easier it is to obtain and understand information. According to [1] states that one of the supporting factors in behavior change is knowledge. In order to increase the knowledge of women of childbearing age regarding Women's Medical Surgical contraception, information was provided with two groups of methods, namely the lecture method group and the leaflet method group with the audiovisual method group. 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 images that attract the attention of respondents while audiovisual is the delivery of material to respondents in the form of video recordings or image recordings. The results of the study by [17], showed that there was a relationship between knowledge and husband's support for the choice of tubectomy contraception. To increase the use of tubectomy contraception, it is hoped that the health society center will increase promotion, counseling and health education in order to increase the knowledge of mothers and husbands about 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 [18]. 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 participate as 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 [16]. 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 p value = 0.005. The influence of lecture counseling on the level of knowledge is directly proportional to the use of contraceptives, meaning that the higher the knowledge of the respondents, the use of tubectomy contraception will also increase. Conversely, if the respondent's knowledge is low, the use of tubectomy contraception is also low. This study is in line with the results of research [19] which said that there was an effect of counseling on knowledge about Clean and Healthy Life Behavior. There is an effect of counseling on the knowledge of pregnant women about HIV/AIDS [20]. There is a difference in the average score of knowledge before and after counseling, counseling is considered effective in increasing adolescent knowledge related to reproductive health [21]. There is a significant effect on knowledge of caring for reproductive organs before and after with the average value before counseling 9.66 and after counseling increasing to 15.55 [22]. There is a significant difference in knowledge of nutrition and health before and after the intervention [23]. Counseling health can

increase public knowledge about mental patients [24]. There is a significant effect of counseling on mother's knowledge before and after being given counseling [25]. There is a significant effect between counseling and changes in respondents' knowledge [26]. The knowledge of the respondents after being given treatment showed that almost all (95%) of the respondents belonged to the category of good knowledge, a small proportion (5%) belonged to the category of sufficient knowledge [27]. The results of a study by [18] 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, the factors that have been studied have a very strong relationship with the low interest in tubectomy contraception. So it is hoped that women of childbearing age can understand the method of tubectomy so that family planning goals can be implemented. Extension as an activity to educate something to individuals or groups, providing knowledge, information and various abilities in order to form attitudes and behavior in life that should be. Extension essentially a non-formal activities in order to change society towards a better state as aspired - aspire [1]. Counseling in the health sector is usually done by means of health promotion or health education. According to WHO, health promotion is the process of enabling people to increase control over and improve their health. This includes efforts to improve, promote, encourage, and place health above the needs of individuals or society in general. Furthermore, this aspect of health promotion aims to empower people so that people have concern for their behavior patterns or lifestyles that affect health [1] According to Blum's opinion quoted by [1] which states that an individual's actions, including independence and responsibility in behavior, 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 LTCM and non-LTCM, 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 where the community lives . In health promotion, teaching aids are tools to assist in conveying 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 can increase knowledge. Where these tools can stimulate the senses of sight and hearing to receive the information conveyed [28]

4.2 The Effect of Counseling with the Lecture Method on EFA's Attitude

Attitude is also a person's closed response to a particular stimulus or object, which already involves the factors of opinion and emotion concerned. So it is clear, here it is said that attitude is a syndrome or collection of symptoms in response to a stimulus or object, so that attitude involves thoughts, feelings, attention, and other psychological symptoms. Like knowledge, attitudes also have levels based on their intensity, as follows [1]. Attitude is an expression of a person's feelings that reflect his likes or dislikes towards an object [29]. Attitude is an expression of consumer feelings about an object whether liked or not, and attitudes also describe consumer confidence in various attributes and benefits of the object [30]. Attitude is a reaction or response of someone 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 [31]. 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 LTCM 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 LTCM 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 LTCM contraceptives. The knowledge and perceptions it produces usually form beliefs, meaning consumers' beliefs that certain attitude objects have several attributes and that certain behaviors will lead to certain outcomes. This feeling reflects the consumer's overall evaluation of an object, which is a state of how far consumers feel about the object. Consumer evaluation of a brand can be measured by rating the brand from "very bad" to "very good" or from "very dissatisfied". like" to really like [29] Respondents' disapproval of the LTCM FP can be seen from the responses given by the respondents themselves. There is no public desire to use family planning is a problem that must be resolved, and a solution is sought. From the routine statistical reports of the Bombana Regency Population Control and Family Planning Service in 2020, there are still 81 EFA that have not had family planning. The ones who have not had family planning are those who want their children to be postponed and do not use contraception and women who do not want more children but do not use contraceptives. Research by [32] describes several factors that shape attitudes 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 [1] 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. From the research results obtained, there has been an increase in the level of respondent's attitude towards counseling with the lecture method, it 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 was obtained, meaning that there was an effect of providing counseling with the lecture method on the level of EFA attitudes about tubectomy contraception. The results of this study are in line with research by [34] 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. There is a significant effect on the attitude of caring for reproductive organs with an average value of 49.77 before counseling and increasing to 60.11 after counseling [22]. The results of the statistical test of attitude variables showed a significant relationship ($p < 0.005$) where there was a significant effect between counseling and changes in respondents' attitudes, while

between counseling and behavior or actions did not show a significant effect ($p > 0.05$) but there was an increase in behavior. positive society [26]. This study is also in line with the results of research [19] which says that there is an effect of counseling on attitudes about Clean and Healthy Living Behavior in household settings with p -value = 0.000. There is an effect of reproductive health counseling on the level of knowledge of adolescents about premarital sexual relations in students of SMA Negeri 6 Malang City [33]. The results showed that the attitude of the respondents before being given counseling was in the supportive category of 67.5%, after being given counseling there was an increase in attitudes in the good category to 50.00% [25]. Health education can improve people's attitudes towards mental patients [24]. 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 the behavior and attitudes of the community, it can bring up a thought of liking and wanting to participate in family planning. With the lecture counseling, it is hoped that it can increase knowledge and can help reduce confusion in choosing or determining attitudes to use safe and suitable contraceptives. Researchers look at their previous experiences, where their time is limited and their busyness in earning a living, so they don't have time to come to health services, both posyandu and Public health center. They prefer to be visited than to have to visit. This is a factor that causes discontinuation of use of contraceptives. The role of field line officers in providing education to use contraception. Limitations in this study are the high busyness of the respondents in their daily work so that they do not have sufficient time to collect data/information, and transportation problems, distance to location and access to research locations are difficult.

5. Conclusion

Conclusion ; there is an effect of providing counseling with the lecture method on the knowledge and attitudes of EFA about tubectomy contraception. Suggestion; It is necessary to conduct health education using other methods to determine whether there is an effect of these methods.

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