



THE EFFECT OF BUZZ GROUP DISCUSSION ON INCREASING KNOWLEDGE OF PREGNANT WOMEN HUSBANDS ABOUT DANGER SIGN OF PREGNANCY IN SINDANG BARANG, BOGOR

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Abstract. Background : Maternal death can be caused by complications of pregnancy or complications aggravated by pregnancy, or something that occurs throughout the course of the management of pregnancy. In carrying out its role, as a decision maker in the family, the husband of a pregnant mother needs a good knowledge about mother and child health. Husband health education aims to increase knowledge about the possibility of complications during pregnancy and childbirth. Efforts to improve the community's activity in health education activities can be done by using an appropriate method to convey a material about the danger sign of pregnancy. Buzz Group discussion method is one method that refers to the principle that the knowledge possessed by everyone is accepted by the five senses.

Methods : This study aims to determine the effect of buzz group discussion on the increasing knowledge of husbands about danger sign of pregnancy, using pre-experimental one group pre-test post-test, and conducted in Sindang Barang Puskesmas Kota Bogor area. Sampling was done by purposive sampling as much as 32 respondents. The variables were measured using the pre-test post-test instrument before and after the buzz group discussion was given regarding the pregnancy alarm. Statistical test using one sample t-test.

Result : The results showed that there is an increase in the average score of knowledge of husband of pregnant women is from 47.56 ± 19.717 to 89.10 ± 13.911 with a value of $p < 0.01$.

Conclusion : Health education with buzz group discussion method improves husbands' knowledge of pregnant women about the danger sign of pregnancy.

Keywords: buzz group, knowledge, husband of pregnant women, danger sign

Bibliography : 15 item (2007-2016)

Introduction

The Maternal Mortality Rate in Indonesia is still high, even increasing from previous times.¹ Maternal mortality can be caused by complications of pregnancy or complications that are aggravated by pregnancy, or something that occurs along the way of managing pregnancy, in other words if the mother is not pregnant, then death will not occur.² Husband's support in making helper selection decisions and place of delivery can not be separated from the planning of labor carried out during pregnancy. Sindang Barang Health Center is one of the health centers in the Bogor City area. Achieving K4 coverage and deliveries by health workers in 2015 in the puskesmas area had reached the target of 96.5% and 98.6%. However, there were still births assisted by non-health workers of 1.1% and there were 3 maternal deaths

with causes of death due to hypertension for 2 people and 1 person due to other causes.³

Decisions in the selection of helper and place of delivery can not be separated from the involvement and support of the husband. Knowledge of husband and family about the Maternity Planning and Complication Prevention Program (P4K) is still low. In addition, decision makers in choosing the place of delivery and transportation used are husband, as decision makers when the wife's condition is in an emergency.⁴ Husband's knowledge about the danger signs of pregnancy, childbirth, postpartum and neonatal in Garut Regency only reached a score of 28 from the total score knowledge 104. This low knowledge is one indicator of the low degree of maternal health in the region.⁵

In carrying out its role, husbands of pregnant women need good knowledge about mother and

child health. Therefore, it is very necessary for activities to provide and or improve the knowledge, attitudes and practices of husbands.

in maintaining and improving the health of wives and children conceived through health education. Health education for husbands aims to increase knowledge about possible complications during pregnancy and childbirth. Efforts to increase community activity in health education activities can be done by using an appropriate method to deliver a material about the danger signs of pregnancy.⁶ The discussion method Buzz Group is one method of small group health education that refers to the principle that the knowledge possessed by everyone accepted by the five senses.⁷

The results of the Winancy study (2015) state that increasing knowledge in the buzz group group is better than brainstorming.⁸ Similarly, the results of Riska's research (2016) state that the buzz group method is better than the lecture method.⁹ The method of participatory health education is better in increasing knowledge compared to the lecture method.¹⁰

Method

The research design used was pre-experimental design, namely one group pre-test post-test. The study was conducted in the Sindang Barang Community Health Center area in Bogor City from April to August 2017. The selection of samples was done by purposive sampling. The size of the sample based on the hypothesis testing formula is different from the average of two groups in pairs so that there are 32 people.

Before the intervention is carried out pre-test first, then respondents are given health education with the buzz group discussion method, namely by dividing the large group into 3 small groups (each group of 4 people) to discuss cases of danger signs of pregnancy. Researchers as facilitators provide different cases of danger signs of pregnancy and guide the course of discussions in small groups for 5-10 minutes. Then the results of the discussion were presented to a large group and clarified and concluded. This intervention activity is carried out for 45–60 minutes. Post test is given after participating in buzz group discussions. The analysis uses one sample test for the average (one sample t-test) to determine whether there is an influence between the average value of the pre-test and post-test.

Results and Discussion

The description of the frequency distribution of research subject characteristics can be seen in the following table:

Table 1 Distribution of Frequency Characteristics of Respondents

Characteristics	Value	%
n=32		
Age		
>35 years old	15	46.9
20- 35 years old	17	53.1
Education		
Basic Ed.	15	46.9
Middle and Upper Ed.	17	53.1
Work		
Laborer	10	31.3
Driver	3	9.4
Entrepreneur	10	31.3
Private Employees.	9	28.1

The results of the study showed that the greatest frequency of the age of husbands of pregnant women who were respondents in this study was the age of 20-35 years as many as 17 people (53.1%). The data shows that the majority of respondents in the age of reproductive health. The age of 20-35 years is a productive age for someone to be able to motivate themselves to get as much knowledge as possible otherwise the older a person is, the more constructive he is in dealing with problems faced.¹¹ Age is one of the factors that influence one's knowledge about health. Husbands with more mature ages tend to have better knowledge and abilities in terms of decision making, rational thinking, controlling emotions, tolerating other people's views and being responsible when compared to husbands with young age.¹²

The characteristics of respondents in the form of education level indicate that most of the respondents with middle to upper education were as many as 17 people (53.1%). The level of education also determines a person's ability to understand the knowledge gained. A person's higher education level makes it easier for someone to receive information.¹³

Based on the job characteristics, most of the husbands of pregnant women who were respondents in this study were as laborers and entrepreneurs as many as 31.3%. Work can make someone gain experience both directly and indirectly.¹² Work is closely related to income. From an economic standpoint the husband has a role in providing nutritious food for his wife, so that his wife's nutritional intake during pregnancy, childbirth and childbirth is fulfilled. This can be fulfilled if the husband has good knowledge about the health of his wife.¹¹

Table 2 Average Knowledge and Attitudes of Respondents Before and After the Buzz Group Discussion was conducted

Variable	N	Rerata (s.b)	IK 95%	Median (Min-Max)
Knowledge				
Before	32	47.56 (19.717)	40.45- 54.67	43.50 (7 –93)
After	32	89.10 (13.911)	84.17- 94.20	93.00 (53-100)

Table 2 shows that the average knowledge of respondents before the buzz group discussion is 47.56 with a standard deviation of 19,717. After discussion of buzz group, the average knowledge of respondents increased, which was 89.10 with a standard deviation of 13,911.

The results of the analysis using the paired t test to see differences in knowledge before and after discussion of buzz groups are presented in the following table 3:

Table 3 Mean Knowledge Differences

Know	Average (s.b)	Difference (s.b)	IK95%
Before	47.56 (19.717)	41.84	34.78-48.91
After	89.10 (13.911)	(19.594)	

Description: p = paired t test, difference after and before

From table 3, it appears that there is a difference in the average knowledge of respondents before and after buzz group discussions, namely 41.84. The results of the test showed a significant value of 0.000 ($p < 0.001$), meaning that there was an increase in respondents' knowledge about the danger signs of pregnancy significantly after being given health education with the buzz group discussion method. This shows that discussion of buzz group has an effect on increasing knowledge of husbands of pregnant women.

The learning method used refers to the principle that the knowledge possessed by each person is accepted by the five senses. The more five senses are used to receive knowledge, the more clear the understanding will be obtained.⁷ Health education with the discussion method buzz group increases the understanding of husbands of pregnant women about the danger signs of pregnancy.

Knowledge of the danger signs of pregnancy is knowledge of the signs and symptoms experienced by pregnant women that can endanger the lives of mothers and their fetuses. The family becomes the closest person and is responsible for knowing, understanding, and paying attention to the danger

signs of pregnancy, childbirth, and childbirth, especially husbands who have a large role in determining the health status of their families and making decisions when their wives experience danger signs in pregnancy, childbirth and after childbirth.¹⁴ The husband acts as a facilitator for his family, namely facilitating, fulfilling needs, and accompanying his wife when going to have reproductive health checks. Low husband's knowledge about healthy pregnancy care and prevention of complications due to pregnancy, childbirth, and childbirth in his wife will contribute to maternal mortality.

The husband also acts as an educator, which is giving the wife proper information about reproductive health. The influence of the husband as the head of the household and the decision maker makes the husband as the party whom advice is more heard and followed by his wife, especially regarding pregnancy care and prevention of complications. Sufficient husband's knowledge about pregnancy, childbirth, and childbirth will increase the husband's awareness that the safety of mother and baby is a shared responsibility.

Health Education about the danger signs of pregnancy, childbirth, and after childbirth is an important information to be given to the husband of a pregnant woman. So that this information can be easily received, this information is provided with a relaxed method, namely buzz group discussion. The husband's knowledge of the danger signs of pregnancy, childbirth, and after childbirth is an important stimulation of positive actions in making the right decisions when the wife experiences danger signs. Behavior that is based on knowledge will be more lasting than behavior without knowledge. Knowledge is a very important domain in shaping one's actions

The results of the pretest showed that the level of knowledge of the respondents was mostly lack of knowledge, while the post test results increased to be good. Health education with the buzz group discussion method is a new method that is used as a health education technique in the Bogor City Community, especially to the fathers, in this case the husbands of pregnant women, so that with health education using these methods can provide a positive influence and provide special interest to respondents in each group, because this is a new way they have never had before.

The advantage of the buzz group method is that it can create a pleasant atmosphere and encourage participants who are shy to interact more actively because it gives more varied colors between participants. This is in accordance with the results of the study which shows that the buzz group discussion method is better than the lecture method.⁹ The results of other studies state that the level of knowledge of respondents increases to be good when given new knowledge using the buzz

group discussion method. The new knowledge and information supports the respondent's understanding.¹⁵

Research conducted by Winancy on the comparison of the application of brainstorming methods and buzz group discussions to the increase in knowledge of pregnant mothers about the danger signs of pregnancy, childbirth, and childbirth. The results showed that respondents' knowledge before and immediately after the health education process had increased. Health education methods with discussion of buzz groups have an influence on respondents' knowledge about the danger signs of pregnancy, childbirth, and childbirth.⁸ This is consistent with the results of Norhajati's research which concluded that participatory methods are better than lectures.¹⁰

The results showed that the husbands of pregnant women had good knowledge about the danger signs of pregnancy after following a buzz group discussion about the danger signs of pregnancy.

Conclusion

There is an increase in knowledge about the danger signs of pregnancy on husbands of pregnant women after being given health education with the buzz group discussion method. The discussion method of buzz group has an effect on increasing the knowledge of pregnant mothers about the danger signs of pregnancy.

Competing Interest

The author of this paper have no competing interest to report.

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