



Research Article

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# The audio-Visual (video) Media's Concern for the knowledge and Attitudes of Adolescents about Abortion in the Southern Konawe Coastal Area

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## Abstract

The phenomenon of abortion is familiar among the people of Indonesia. Many unsafe abortions are performed in Indonesia. Overall, nearly half of all women seek abortion services in Indonesia. Early health education is considered the best solution in dealing with the problem of high abortion rates in adolescents. One of the learning media that can be used is audio visual media (video). The use of audio visual media in the learning process is one of the plans prepared to make the learning process more interesting and can motivate students in learning. The study used a pre-experimental design of one group pre-posttest. The sample in this study was 51 girls of class XII at Sma 6 Konawe Selatan. Sampling technique with proportional stratified random sampling. The instruments used are knowledge and attitude questionnaires. The data was analyzed with the Wilcoxon test using SPSS version 26. The results showed the influence of health education using audio visual media (video) on the knowledge and attitudes of adolescent girls about unsafe abortion with P value = 0.000 ( $P < 0.05$ ) for the knowledge and attitude of young women about unsafe abortions at SMA 6 South Konawe. Researchers suggest the need to use audio-visual media as a means of health promotion and KIE in adolescent girls and parents about adolescent reproductive health, especially the prevention of unwanted pregnancies and the impact of unsafe abortion practices.

**Keywords:** Media; Audio visual; knowledge; Attitude; Adolescent; Aborts

## Introduction

Unwanted pregnancy (KTD) in adolescents will have a negative impact both in terms of physical, psychological, social, and spiritual. Physical impact will harm the mother and fetus it contains, or the mother will try to have an abortion that can lead to death. In terms of psychology, the mother will try to escape from responsibility, or continue her pregnancy with compulsion. While judging from the social impact, the community will ridicule and isolate [1].

Women who experience KTD can take action decisions towards their pregnancy. Some decide to continue their pregnancy, abort it intentionally, or have a miscarriage after deciding to continue the pregnancy [2].

The last decision of action taken by women who experience KTD is to abort the womb (abortion intentionally). The phenomenon of abortion is familiar among the people of Indonesia. Many unsafe



abortion services in Indonesia. Overall, nearly half of all women seeking abortion services in Indonesia run away from maternity shamans, traditional shamans or massage experts who use massage methods to abort. Meanwhile, nearly half of women who choose abortion attempts at health clinics first perform their own abortion attempts by taking herbs and medicines without a prescription [3].

Abortion is a reproductive health problem that needs attention and is the cause of suffering of women around the world. The issue of abortion received important attention in public health because it affected maternal morbidity and mortality. Every year, an estimated 79 million unintended pregnancies occur. More than half of these pregnancies end in abortion [4].

The term abortifacient is used to indicate the production of pregnancy results before the fetus can live outside the womb. Until now the smallest fetus, and reportedly able to live outside the womb, weighed 297 grams at birth. However, because rarely fetuses born weighing less than 500 grams can live continuously, abortion is considered an end to pregnancy before the fetus reaches a weight of 500 grams or gestational age less than 20 weeks. Abortion can take place naturally and artificially. Natural abortion is where the womb of a pregnant woman spontaneously falls off, while an artificial abortion or provocation is to deliberately end the life of the fetus in the womb of a pregnant woman [5].

Abortion is one of the danger signs of disorders during pregnancy which is characterized by bleeding in young pregnancy. Maternal mortality in Indonesia is still quite high even though there has been a decline and one of the causes of maternal death is bleeding [6].

According to the *World Health Organization* (WHO) estimates that 15%-50% of maternal deaths are related to abortion. Complications of abortion in the form of bleeding or infection can cause death. That is why maternal deaths caused by abortion often do not appear in death reports, but are reported as bleeding or sepsis. An estimated 4.2 million abortions occur each year in Southeast Asia, with a breakdown of 1.3 million in Vietnam and Singapore, between 750,000 and 1.5 million in Indonesia, 155,000 to 750,000 in the Philippines and 300,000 to 900,000 in Thailand [7].

There are no exact numbers of unsafe abortions performed in Indonesia, but Guttmacher's research estimates that 4/5 of abortions performed in Indonesia are performed in maternity shamans, who are untrained individuals to perform abortions. The method used is still a lot of foreign objects inserted into the vagina / uterus (8%), other herbs / herbs inserted into the vagina / uterus (5%), acupuncture (4%), and psychics (8%) [8].

Complications associated with death in unsafe abortions include bleeding, infection, sepsis, genital trauma, and intestinal necrosis. Documented non-fatal abortion-related complications include poor wound healing, infertility, urinary incontinence or rectal due to version vaginal fistula or recto vaginal fistula, as well as intestinal resection [9].

The incidence of abortion in Indonesia is highest in Southeast Asia, which is two million out of 4.2 million cases. The incidence of abortion in Indonesia every year occurs 2 million cases. This means that there are 43 cases of abortion per 100 live births [10]. Cases of abortion in adolescents, obtained 2.6 million people per year and out of the number of 27% or 700,000 adolescents have abortions. In Indonesia 15% - 50% of maternal deaths are caused by unsafe abortions, especially mostly by adolescents [11]. Maternal deaths due to abortion also occurred in Southeast Sulawesi Province, this can be seen from data from the Southeast Sulawesi Health Office which recorded the number of maternal abortion deaths in 2017 as many as 15 cases [12].

The National Commission for Child Protection (Komnas PA) noted that from 2008 to 2010, cases of deprivation of the right to life through abortion continued to increase. During that two-year period, the increase in abortion cases reached 15 percent every year. In 2008, two million children were found to have been affected by abortions. The following year it rose by 300 thousand people, while in 2010 the number rose again by 200 thousand people. The total from 2008 to 2010 amounted to 2.5 million cases, but astonishingly, based on data owned by the National Commission for Child Protection, of the 2.5 million abortion cases, as many as 62.6 percent were carried out by minors. The average age of the perpetrator is under 18 years old [13].

After 15-19 years is a period of temptation and prophet hood or the most critical transition period for adolescents. If at this critical time they get a negative attitude, then it will be a big driver in the occurrence of sexual behavior deviations among adolescents. On the other hand, the flow of information is getting stronger today, making teenagers able to access all information easily, without filtering which information is correct and which information is wrong. One of them is promiscuity that results in pregnancy outside marriage [14].

Adolescents are a vulnerable group about the act of abortion, so there is a need for education related to the act of abortion itself. Negative influences can be avoided if students (teenagers) have been confirmed to have sufficient knowledge. This is felt to prevent teenagers from negative things. In order to reduce the high number of abortions, there is a need for health education related to abortion. Early health education is considered the best solution in dealing with the problem of high abortion rates in adolescents [15].

Learning media has a role as an educator tool in the process of conveying a material, science and knowledge to students. Media selection must also be adjusted to what material to deliver, what goals to achieve, characteristics of learners, characteristics of the selected media, Creation and viewing time, cost, and class atmosphere. This aims to achieve learning goals [16].

One of the learning media that can be used is audio visual media. Audio visual media is a medium that can present moving images, colors and accompanied by explanations in the form of writing and sound. The use of audio visual media in the learning process is one of the plans prepared to make the learning process more interesting and can motivate students in learning [16].

This Audio-Visual Media relies on 2 human senses at once, namely hearing (Audio) and Vision (Visual). This tool is also a tool used in learning situations to help words and writing can transmit knowledge, ideas and attitudes of students [16].

Audio-Visual Media consists of: Silent Audio Visual Media and Motion Audio Visual Media Silent Audio Visual Media i.e. media that displays sound and still images, for example Sound slides (Sound frame films). Meanwhile, motion audio visual media is a medium that displays sound and moving images, such as movies, television and others [16].

SMA 6 Konsel is a high school located in Andoolo Subdistrict, and is a high school that has more interest than other high schools located in Kecamatan. Andoolo. High School 6 consists of classes X, XI and XII and each class consists of several classes. According to the results of the interview on students about abortion using Questioner there are 2 students who know about abortion, 4 students who do not know and 4 students who do not know at all about abortion.

Based on the background above, the author is interested in raising research with the title "The Influence of Health Education Using Audio Visual (Video) on Adolescent Knowledge and Attitudes about Unsafe Abortion".

## Method of research

Pre-experimental research or *pre-experimental designs* is a research design that has not been categorized as a pseudo-experiment. This is because in this design has not been done random or *random* sampling and not enough control of the connoisseur variables that can affect the bound variables. The study used a research design with *One Group Pretest-Posttest*, where researchers previously gave pre-tests to the group to be treated. Then the researcher performs treatment or *treatment*. After completion of treatment, the researchers gave a *post-test*. The magnitude of the

effect of treatment can be known more accurately by comparing *pre-test* results with *post-test*.

This research will be carried out at SMA 6 Konsel Kec. Andoolo South Konawe Regency. The time of this investigation will be held in July 2021. The population in this study was all teenagers putri class XI consisting of 6 classes and numbering 99 people. The sample in this study is a class XI girls consisting of 6 classes and will be taken using *random sampling* techniques totalling 51 people.

Data Analysis in this study is a univariate analysis that analyzes each variable from the results of each study to produce a distribution of frequencies and percentages of each variable. Univariate analysis is carried out on variables from the results of the study. This analysis results in the distribution and percentage of each variable studied. Bivariate analysis was conducted to find out the knowledge and attitudes of young women before and after counseling with audio visual media. If the data distribution is normal, then the paired t-test statistic is used, and the abnormally distributed data can use the Wilcoxon test. In this study the Wilcoxon test used SPSS version 26 with a confidence level of 95% ( $\alpha = 0.05$ ). Where is if  $p \leq 0.5$  statistically there is an influence and the value of  $p \geq 0.05$ . Then the result of the count has no effect.

## Result

### Univariate Analysis (Table 1)

Based on the results of the study, the age distribution of respondents showed that most were 16 years old as many as 25 people (49.02%), aged 17 years as many as 18 people (35.29%), and aged 18 years as many as 8 people (15.69%). As in the table was description above.

Age (Year)	Frequency	Presentation
16	25	49,02
17	18	35,29
18	8	15,69
Total	51	100

(Table 2) The results of a study conducted by researchers with the title of health education using audio visual media (video) about unsafe abortions at SMA 6 South Konawe, using questionnaire sheets, before counseling health education on respondents ( $n = 51$ ), obtained data that as many as 29 respondents belonged to the less category, and 5 respondents had knowledge in the good category.

After counseling there was a significant increase in knowledge changes with the data obtained as many as 39 respondents were in the good category, and 12 respondents were in the sufficient category.

**Table 2:** Knowledge of Young Women Before and After Was Given Health Education on Unsafe Abortion at Sma 6 South Konawe.

Knowledge	Category						p
	Good		Enough		Less		
	N	%	N	%	N	%	
pre	1	1,96	9	17,65	15	29,411	0,00
	2	3,92	5	9,80	11	21,57	
	2	3,92	3	5,88	3	5,88	
Post	19	37,25	6	11,77	-	-	-
	13	25,49	5	9,80	-	-	
	7	13,72	1	1,960	-	-	

Thus, the result obtained is the value of Sig. (2-tailed) is smaller than 0.05 so it can be concluded that Ha was received and H0 was rejected.

(Table 3) Based on the results of a study conducted by researchers with the title of health education using audio visual

media (video) about unsafe abortions at SMA 6 South Konawe, using questionnaire sheets, before counseling health education on respondents (n = 51), data was obtained that as many as 22 respondents belonged to the less category, and 6 respondents had knowledge in the good category.

**Table 3:** Attitudes of Young Women Before and After Being Given Health Education about Unsafe Abortions at SMA 6 Konawe Selatan.

Attitude	Category						p
	Good		Enough		Less		
	N	%	N	%	N	%	
pre	3	5,88	10	17,65	12	23,52	0,00
	3	5,88	8	9,80	7	13,72	
	3	5,88	2	3,92	3	5,88	
Post	18	36,29	7	13,72	-	-	-
	11	21,57	7	13,72	-	-	
	6	11,76	2	3,92	-	-	

Then after counseling there was a significant increase in knowledge changes with the data obtained as many as 35 respondents were in the good category, and 16 respondents were in the sufficient category.

Thus, the result obtained is the value of Sig. (2-tailed) is smaller than 0.05 so it can be concluded that Ha was received and H0 was rejected.

**Bivariate Analysis**

(Table 4) Based on table 4 results of the bivariate statistic test using the Wilcoxon test obtained the results of knowledge in adolescent girls before being given health education using audio visual media (video) mean rank value 34.00, median value 68.00 and knowledge in adolescent girls after being given health education using audio visual media (video) mean rank value 34.00, median value 75.00. based on the results of the bivariate statistic test, the p-value result is 0.00 (<0.05). So Ho was rejected and Ha was accepted which means that there is an influence of health

education using audio visual media (video) on the knowledge of young women about unsafe abortion at SMA 6 South Konawe.

**Table 4:** The Influence of Young Women's Knowledge before and After Being Given Health Education Using Audio Visual Media (Video) About Unsafe Abortion at SMA 6 South Konawe.

Variable	Median	Mean Rank	p-value
Knowledge of young women before being given health education using audio visual media (Video)	68,00	34,00	
Knowledge of young women after being given health education using audio visual media (video)	75,00	34,00	0,00

(Table 5) Based on table 4.5 bivariate statistical test results using Wilcoxon test obtained the results of the attitude of young women before being given health education using audio visual media (video) mean rank value 34.00, median value 67.00 and attitude of adolescent girls after being given health education using audio visual media (video) mean rank value 34.00, median value 72.00. Based on the results of the bivariate statistic test, the

*p*-value result is 0.00 (<0.05). So  $H_0$  was rejected and  $H_a$  accepted which means there is an influence of health education using audio visual media (video) on the attitude of young women about unsafe abortion at SMA 6 South Konawe.

**Table 4:** Influence of Young Women's Attitudes before And After Being Given Health Education Using Audio Visual Media (Video) About Unsafe Abortion at SMA 6 South Konawe.

Variable	Median	Mean Rank	p-value
Attitude of young women before being given health education using audio visual media (Video)	67,00	34,00	0,00
Attitude of young women after being given health education using audio visual media (video)	72,00	34,00	

## Discussion

### Distribution of Respondents' Age Frequency

The results of research conducted on adolescents at SMA N 6 South Konawe found that most of the adolescent age is in the middle age category of adolescents, namely 16 years (49.2%). The stage of adolescent development can be divided into three early stages (11-14 years), intermediate stage adolescents (15-17 years), and late adolescent stages (18-20 years). Adolescents in middle age have characteristics related to their physical and sexual development [17].

After 15-19 years is a period of temptation and prophet hood or the most critical transition period for adolescents. If at this critical time they get a negative influence, then it will be a big driver in the occurrence of sexual behavior deviations among adolescents. On the other hand, the flow of information is getting stronger today, making teenagers able to access all information easily, without filtering which information is correct and which information is wrong. One of them is promiscuity that results in pregnancy outside marriage [14].

Adolescents have experienced full physical maturation, men have experienced wet dreams while women have experienced menstruation, and sexually adolescents at this time already have the courage to make physical contact with the opposite sex [18]. Teenage dating styles have begun to hold hands, cuddle up to risky sexual activity [19].

Age affects a person's level of knowledge. The age that is increasing, the experience will also be more and more diverse. The older a person is, the more mature a person's level of knowledge will be or better at thinking and acting [20].

It is further explained that adolescence is a period of transition both physically, psychically and socially from childhood to adulthood. At this time it is a combination of psychological age

development and biological age so that it is strongly influenced by multifactor that occur in various fields in society increasing cases of sexually transmitted diseases [21].

### Knowledge of Young Women before and After Being Given Health Education Using Audio Visual Media (Video) about Unsafe Abortion

The results showed that, the level of knowledge of young women about unsafe abortion in SMA 6 Konsel District Andoolo South Konawe Regency before being given health education using audio visual media (video), there were respondents with the age of 16 years in the good category as much as 3 (5.88%), quite as many as 10 (19.60%), less as much as 12 (23.52%), at the age of 17 years of good category as much as 3 (5.88%), less as much as 12 (23.52%), at the age of 17 years of good category as much as 3 (5.88%), less as much as 12 (23.52%), at the age of 17 years of good category as much as 3 (5.88%), quite as many as 10 (19.60%), less as much as 12 (23.52%), at the age of 17 years old category as much as 3 (5.88%), quite as many as 10 (19.60%), less as much as 12 (23.52%), at the age of 17 years of good category as much as 3 (5.88%), quite as many as 10 (19 enough as many as 8 (15.69%), less as much as 7 (13.72%), while respondents with the age of 18 years category both 3 (5.88%), enough as much as 2 (3.92%), and less 3 (5.88%).

This is in line with research conducted by [22] at SMAN 11 Pekanbaru on 10 students consisting of 4 men and 6 women, obtained 8 out of 10 students did not know about PMS, while 2 of them said they had heard of STDs, but they did not know how to prevent STDs.

After being given health education using audio visual media (video) about unsafe abortion there was a significant increase, based on table 4.2, namely respondents with the age of 16 years in the good category as many as 19 (37.25%), quite as many as 6 (11.77%), at the age of 17 years of good category as many as 13 (25.49%), enough as many as 5 (9.80%), while respondents with the age of 18 years of good category 7 (13.72), and enough as much as 1 (1.96%).

There is an increase in knowledge about Unsafe Abortion before and after being given health education this is in accordance with [23] studies that say that there is an increase in the average value of respondents about HIV / AIDS in SMK Negeri 2 Makassar before and after Provided health education and that suggests that the knowledge of high school girls has improved well with the provision of health education.

Age affects a person's capture and mindset; the older the age will be the more developed the capture power and mindset, so that the knowledge gained is getting better [24].



Information obtained from both formal and non-formal education can provide short-term knowledge (Immediate Impact) so as to produce changes or increased knowledge. The more advanced technology will be available a variety of mass media that can affect people's knowledge of new innovations. As a means of communication, various forms of mass media such as television, radio, newspapers, magazines and others have a great influence on the formation of opinions and people's beliefs. In the delivery of information as its main task, the mass media also carries a message containing suggestions that can direct one's opinion. The existence of new information about something provides a new cognitive foundation for the formation of knowledge of it [24].

### **The Influence of Health Education Using Audio Visual Media (Video) on Young Women's Knowledge of Unsafe Abortion**

Based on the Wilcoxon test conducted by research, sig scores were obtained. (2-tailed) smaller than 0.05 can be assumed that there is a difference before treatment and after treatment (Ha received ho rejected) this indicates that there is an influence of health education using audio visual media (video) on the level of knowledge of young women about Unsafe Abortion in SMA 6 Andoolo District, South Konawe Regency before and after being given health education.

The goal of health education is to achieve changes in the behaviour of individuals, families and communities in fostering and maintaining healthy behaviours and a healthy environment and play an active role in efforts to realize optimal health degrees. Health education can be done with a variety of media, one of which is audio visual media. Audio visual media is a teaching aid that has the form of images and makes sounds. Audio visual media displays image and sound elements simultaneously when consuming messages or information.<sup>25</sup> The advantage of using audio visual media is that it provides a more real picture and increases memory retention because it is more interesting and easy to remember [26].

The use of video media in learning activities is not only as a tool, but as a carrier of information or messages that want to be conveyed. The use of videos about unsafe abortion can clarify the abstract picture of unsafe abortion, because in the process of giving it respondents not only hear the material being delivered, but also see directly and clearly about the steps to realize through the video. Thus in this study it can be concluded that health education using audio visual media affects the knowledge of young women at Sma 6 Konawe Selatan.

The results of this study in accordance with the results of research that has been conducted<sup>27</sup> obtained values  $p = 0.000$  or  $p < 0.05$  means there is a significant difference between the

level of knowledge of young women before and after being given counseling. This shows that the delivery of information about the impact of criminal abortus provocateurs with health counseling through video media can change the level of knowledge of young women in class X SMAN 2 Gowa.

These results are also in accordance with a study entitled "The Effect of Health Counseling Using Video in Breast Self-Examination (REALIZE) On Changes in Knowledge and Attitudes of Adolescent Girls in SMAN 9 Balikpapan in 2012", showing the average value of respondents' knowledge before counseling was 18.44. While the average knowledge after counseling is 39.14, with a p value of 0.000 or  $p < 0.05$  means that there is a significant difference in knowledge of respondents before and after health counseling activities using the SADAR video. Adolescents are a vulnerable group about the act of abortion, so there is a need for education related to the act of abortion itself. Negative influences can be avoided if students (teenagers) have been confirmed to have sufficient knowledge. This is felt to prevent teenagers from negative things. In order to reduce the high number of abortions, there is a need for health education related to abortion. Early health education is considered the best solution in dealing with the problem of high abortion rates in adolescents [15].

### **Attitudes of Young Women Before and After Being Given Health Education Using Audio Visual Media (Video) about Unsafe Abortion**

The results showed that, the attitude of young women about unsafe abortion in high school 6 Konsel District Andoolo South Konawe Regency before being given health education using audio visual media (video), there were respondents with the age of 16 years in the good category as much as 3 (5.88%), quite as many as 10 (19.60%), less as many as 12 (23.52%), at the age of 17 years of good category as much as 3 (5.88%), less as many as 12 (23.52%), at the age of 17 years of good category as much as 3 (5.88%), less than 12 (23.52%), at the age of 17 years of good category as much as 3 (5.88%), enough as many as 10 (19.60%), less as many as 12 (23.52%), at the age of 17 years old category as much as 3 (5.88%), enough as many as 10 (19.60%), less as many as 12 (23.52%), at the age of 17 years of good category as much as 3 (5.88%), enough as many as 10 (19 enough as many as 8 (15.69%), less as much as 7 (13.72%), while respondents with the age of 18 years category both 3 (5.88%), enough as much as 2 (3.92%), and less 3 (5.88%).

This study is in line with research conducted by [28] at SMP Negeri 6 Majene obtained by respondents who answered a good score of only 11 respondents (12.2%). Before being given counseling there are many teenagers who had a bad attitude about early marriage. There are several things that cause adolescent attitudes about early

marriage to be bad. Among them, there is no information about education or health counseling from health workers, schools or from families and adolescents themselves.

After being given health education using audio visual media (video) about unsafe abortion there was a significant increase, based on table 4.3, namely there were respondents with the age of 16 years in the good category as many as 18 (35.29%), quite as many as 7 (13.72%), at the age of 17 years of good category as many as 11 (21.57%), quite as many as 7 (13.72%), while respondents with the age of 18 years of good category 6 (11.76%), enough as many as 2 (3.92%) and respondents who have less attitudes do not exist.

The results of this study are in line with research conducted by [29] at PGRI Srengat High School in Blitar Regency which showed an increase in the value of respondents' attitudes after being given health education about abortion. From the results of data processing, there was an increase in respondents' attitudes from very good criteria which in the pre-test was 16% to 46% at the time of posttest. The results of the Wilcoxon Signed Rank Test statistical test have a meaning value of  $\alpha = 0.001$  which means that there is an influence of health education on the attitude of 1st and 2nd grade students about abortion.

Attitude is a process of assessment carried out by an individual towards an object. Objects addressed by 10 individuals can be objects, humans or information. The process of assessing an object can be both positive and negative assessments [30].

The older a person gets, the more experience and knowledge will increase. So that curiosity about something increases. Human attitudes are not formed since man was born. Human attitudes are formed through social processes that occur during their lives, where individuals gain information and experience. This process can take place in the family, school and community environment. When social processes occur, there is a mutual relationship between the individual and his surroundings. The existence of these interactions and relationships then forms a pattern of individual attitudes with their surroundings [31].

### **Influence of Health Education Using Audio Visual Media (Video) On Young Women's Attitudes About Unsafe Abortion**

Based on the results of the study, sig value was obtained. (2-tailed) smaller than 0.05 it can be assumed that there is a difference before treatment and after treatment ( $H_a$  Received  $H_0$  rejected), this indicates that there is an influence of health education using Audio Visual (Video) media on the attitude of young women about Unsafe Abortion in SMA 6 Andoolo District, South Konawe

Regency. Before and after being health is education.

The benefits of using audio visual media (video) are in accordance with the concept of learning according to the pyramid of experience, that people learn more than 50% of what has been seen and heard. 32 Argues that learning using double senses (audio and visual) i.e. the senses of hearing and vision will provide an advantage because students will learn more than if the subject matter is presented stimulation of view only or hearing only [33].

Some of the advantages of audiovisual media in the learning process are conveying learning to be more standard, learning becomes more interesting, learning becomes more interactive with the application of learning theory and psychological principles accepted in student participation, feedback and reinforcement, the length of learning time can be shortened, the quality of learning outcomes can be improved, learning can be given when and where desired, students' positive attitude towards what is desired. They learn and the learning process can be improved, and the role of teachers can change in a more positive direction. Thus in this study it can be concluded that health education using audio visual media affects the attitudes of young women at Sma 6 Konawe Selatan [33].

This study is in line with research conducted by 22,000 results, statistical tests obtained there is an influence before (pre-test) and after (posttest) the provision of health education by using audiovisual media to adolescent attitudes in the experimental group with p value ( $0.000 < \alpha (0.05)$ ). Test results in the control group obtained no influence before (pre-test) and after (posttest) without providing health education using audio media visaul to the knowledge of adolescents with a p value of  $0.062 > \alpha (0.05)$ .

This result is also in accordance with [34] studies, obtained the results of knowledge score analysis before and after the intervention showed a meaningful influence obtained p-value  $0.000 (p < 0.05)$  so it can be concluded that there is a significant influence of health education using audio visual media with the attitude of young women about personal hygiene during menstruation.

Learning media has a role as an educator tool in the process of conveying a material, science and knowledge to students. Media selection must also be adjusted to what material to deliver, what goals to achieve, characteristics of learners, characteristics of the selected media, Creation and viewing time, cost, and class atmosphere. This aims to achieve learning goals [16].

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## Conflict of interest

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