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Research Article

Comparison of the Application of the Brainstorming and Buzz Group Methods to the Knowledge Level of Pregnant Women's Husbands About the Danger Signs of Pregnancy

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Abstract

Aims: Maternal mortality in Indonesia is estimated to occur in 20 thousand out of five million births. Health education about danger signs of pregnancy, childbirth and childbirth is important information to be given to husbands of pregnant women. So that this information can be received easily, this information is provided with relaxed techniques and methods, namely brainstorming and buzz groups.

Methods: The study was analyzed by unvariate and bivariate dependent t test (Pair test), and displayed in tabular form the husband's knowledge about the dangers of pregnancy before and after being given the Brain Storming Method and the Buzz Group Method as well as the dependent pair test t test

Results: Frequency distribution of husbands' knowledge about the dangers of pregnancy after being given the Brain Storming Method at Posyandu Mawar 1-4 in Luhurjaya Village, Lebak Regency with good knowledge is 17 people (56.7%) and those with poor knowledge are 13 people (46.%)). Frequency distribution of husbands' knowledge about the dangers of pregnancy after being given the Buzz Group Method at Posyandu Mawar 5 – 8 (RW 5 – 8) in Luhurjaya Village, Lebak Regency, there were 22 people (73.3%) who had good knowledge and 8 who had poor knowledge people (26.7%).

Conclusion: there is a significant difference between the husband's knowledge about the dangers of pregnancy before the Brain Storming Method and the Buzz Group Method, but statistically the results of the Buzz Group method are better than the Brain Storming Method because the p value is smaller $0.0001 < 0.001$.

Keywords : brainstorming, buzz group, danger sign pregnancy, pregnant

INTRODUCTION

The maternal mortality rate is an indicator that shows the health status of women in a country. The maternal mortality rate in Indonesia is still quite high when compared to other Association South East Asian Nations (ASEAN) countries such as Malaysia. Maternal mortality in Indonesia is estimated to occur in 20 thousand out of five million births each year, the risk of maternal death in childbirth in Indonesia is 1 in 65 compared to 1 in 1,100 mothers in Thailand. A follow-up study of the 2010 Population Census (SP) conducted by the Research and Development Agency of the Ministry of Health of the Republic of Indonesia showed that the MMR increased compared to 2007,

namely from 228 per 100,000 live births (KH) to 278 per 100,000 KH in 2010 (1,2).

Data from the 2012 Indonesian Demographic Health Survey (SDKI) show that the MMR in Indonesia has increased to 359 per 100,000 live births (KH) (3). One of the indirect causes of maternal death in Indonesia is the "3 late" situation. namely late in making decisions, late in referring, and late in getting help. Delay in making decisions is caused by mothers and families not recognizing danger signs in pregnancy, childbirth and postpartum (4). Activities in an effort to reduce MMR as a result of the "3 late" situation are carried out by empowering the community, targets, and families to recognize and refer high-risk cases in a timely manner through Health Education and Counseling (5).

The husband has a very important role in efforts to protect the health of his wife and children. The husband as the head of the household must be able to make good decisions for the health of mothers and children, namely good decisions supported by sufficient knowledge of the problem. The important knowledge a husband must have is knowledge of the danger signs of pregnancy, childbirth and childbirth so that he can prevent being late in recognizing danger signs and making decisions to refer if necessary (6).

The profile of the Lebak District Health Office shows that the coverage of obstetric complications handled by health workers in more complete facilities such as Community Health Centers and Hospitals only reached 53.91% (District target of 70%). This can occur due to delays in referring cases of complications. The Cipanas Inpatient Health Center had 88 pregnant women who experienced obstetric complications, but only 86 cases or 20.3% could be handled by health workers. Delay in recognizing danger signs by pregnant women and their families causes delays in making decisions to refer and receive help (7)

Based on a simple survey conducted by the Poltekkes Kemenkes Jakarta III Midwifery Department in early 2012 in Sukasirna Village, Bogor Regency, out of 133 pregnant women, 50 planned to give birth at paraji because their husbands asked for reasons, and 81.20% of these pregnant women said they did not know about danger signs in pregnancy, childbirth and the puerperium even though they already have a MCH book (Report on Community Midwifery Practice of the JKT Health Polytechnic III, 2012) (8).

Much research has been conducted showing the role of husbands and families in decision-making regarding maternal and child health, one of which is research on evaluating the implementation of the Jampersal program conducted by the Research and Development Agency of the Ministry of Health of the Republic of Indonesia in 2012. Jampersal is one of the Government's programs in an effort to reduce MMR, but in practice there are still many pregnant and giving birth women who do not take advantage of the program for reasons prohibited by their husbands by 29% (9). The brainstorming and buzz group methods are Health Education methods that help participants combine their old knowledge with new knowledge because participants are given the opportunity to ask questions or statements to connect new information with previously owned information. This method can help discussion participants develop a better understanding. An increase in knowledge is an indicator of the success of Health Education with the method used (10).

The brainstorming and buzz group educational methods are modifications of the small group discussion method. Discussion participants can exchange information and experiences about the danger signs of pregnancy, childbirth and childbirth so that they do not cause boredom, can attract attention, and cause stimulation to be followed with the aim that the participants' knowledge can be more thorough (10).

Comparative Method of Application of the Brainstroming and Buzz Group Methods. The learning method used refers to the

principle that the knowledge possessed by each person is received by the five senses. The more the five senses are used to receive knowledge, the clearer the understanding will be. Group discussion is an educational method that involves more than one participant's five senses. The results of research by Norhajati, et al 2010 showed that there were differences in the knowledge of respondents who were given health education using lecture methods and participatory methods with a value of p = 0.046, which means that participatory methods are better than lectures (11).

METHODS

This research was carried out as a quantitative research using an analytic descriptive design, namely looking at the relationship between the independent variables and the dependent variable. This study uses a cross-sectional method which is a form of research design by making observations or measurements at the same time (at one time) between the independent variables and the dependent variable (12).

Sampling with extradental sampling (husband of pregnant women who came to Posyandu Mawar 1-8). The time of this research was carried out in the period November - December 2022, and the place of this research was carried out at Posyandu Mawar 1 - Mawar 8, Luhurjaya Village, Cipanas sub-district, Lebak Regency. The population is the entire research object or object to be studied (13). The population in this study were all husbands whose wives were pregnant during the study. and husbands of pregnant women who live permanently at the study site during the data collection period. Period November - December 2022 as many as 60 people. The sample is part of the population, the number and characteristics possessed by the population in taking this research sample use certain methods or techniques (14). The entire existing population was taken as a sample (total sampling), where the sample was divided into 2 groups where in group I there were 30 respondents who used the Brain Storming method and in group II there were 30 respondents who used the Buzz group method.

RESULTS

Table 1. Frequency Distribution of Husbands' Knowledge About the Dangers of Pregnancy Before Being Given the Brain Storming Method at Posyandu Mawar 1 - 4 (RW 1 - 4)

No	Husband's Knowledge	Frequency	Percentage
1	Good	8	26,7%
2	Not Good	23	73,3%
	Total	30	100%

Based on table 1 above, it can be seen that the frequency distribution of husbands' knowledge about the dangers of pregnancy before being given the Brain Storming Method at Posyandu Mawar 1 -4 in Lahhurjaya Village, Lebak Regency, there were 8 people (26.7%) who had good knowledge and 23 people who had poor knowledge. (73.3,%).

Husband's knowledge about the dangers of pregnancy after being given the Brain Storming Method

Table 2. Frequency Distribution of Husbands' Knowledge About the Dangers of Pregnancy After Being Given the Brain Storming Method at Posyandu Mawar 1 - 4 (RW 1 - 4) in Luhurjaya Village, Lebak Regency in 2022

No	Husband's Knowledge	Frequency	Percentage
1	Good	17	56,7%
2	Not Good	13	46,3%
	Total	30	100%

Based on table 2 above, it can be seen that the distribution of the frequency of husbands' knowledge about the dangers of pregnancy after being given the Brain Storming Method at Posyandu Mawar 1 -4 in Lahhurjaya Village, Lebak Regency, there were 17 people (56.7%) who had good knowledge and 13 people who had poor knowledge. (46.3,%). It can be concluded that there is an improvement in the husband's knowledge about the dangers of pregnancy after being given the Brain Storming Method at Posyandu Mawar 1 -4.

Table 3. Frequency Distribution of Husbands' Knowledge About the Dangers of Pregnancy Before Given the Buzz Group Method at Posyandu Mawar 5 - 8 (RW 5 - 8) in Luhurjaya Village, Lebak Regency in 2022.

No	Husband's Knowledge	Frequency	Percentage
1	Good	4	13,3%
2	Not Good	26	86,7%
	Total	30	100%

Based on table 3 above, it can be seen that the frequency distribution of husbands' knowledge about the dangers of pregnancy before being given the Buzz Group Method at Posyandu Mawar 5 - 8 (RW 5 - 8) in Lahhurjaya Village, Lebak Regency, there were 4 people (13.3%) who had good knowledge the less good there are 26 people (86.7,%).

Table 4. Frequency Distribution of Husbands' Knowledge About the Dangers of Pregnancy After Being Given the Buzz Group Method at Posyandu Mawar 5 - 8 (RW 5 - 8) in Luhurjaya Village, Lebak Regency in 2022

No	Husband's Knowledge	Frequency	Percentage
1	Good	22	73,3%
2	Not Good	8	26,7%
	Total	30	100%

Based on table 4 above, it can be seen that the frequency distribution of husbands' knowledge about the dangers of pregnancy after being given the Buzz Group Method at Posyandu Mawar 5 – 8 (RW 5 – 8) in Lahhurjaya Village, Lebak Regency, there were 22 people (73.3%) who had good knowledge the less good there are 8 people (26.7%). It can be concluded that there is an improvement in the husband's knowledge about the dangers of pregnancy after being given the Buzz Group Method at Posyandu Mawar 5 - 8 (RW 5).

Table 5. Table of differences in husband's knowledge about the dangers of pregnancy before being given the Brain Storming Method and after being given the Brain Storming Method at Posyandu Mawar 1 -4 (RW 1 - 4) Lahurjaya Village, Lebak Regency in 2022

Variabel	Mean	SD	SE	p value	N
Prior knowledge The Buzz Group method	1,87		0,63	0.0001	30
knowledge after The Buzz Group method	1,27		0.082		

From table 5, the average knowledge before the Brain Storming method = 1.73 with a Standard Deviation of 0.450, knowledge after the Brain Storming Method = 1.43 with a Standard Deviation of 0.504. It can be seen that the difference in the Mean value between before the Brain Storming Method and after the Brain Storming Method is 0.300 with a Standard Deviation of 0.504. The results of the Dependent T Pair Test Statistical Test obtained a p value = 0.001 so with an alpha of 5% it can be concluded that the hypothesis is Ha (Ho is rejected) there is a significant (significant) difference between the husband's knowledge about the dangers of pregnancy before the Brain Storming Method and the husband's knowledge about the dangers of pregnancy after being given the Brain Storming Method.

Table 6. Table of differences in husbands' knowledge about the dangers of pregnancy before being given the Buzz Group Method and after being given the Buzz Group Method at Posyandu Mawar 5 - 8 (RW 5 - 8) Lahurjaya Village, Lebak Regency in 2022

Variable	Mean	SD	SE	p value	N
Prior knowledge The Brain Storming Method	1,73	0,450	0,082		
				0.001	30
Knowledge after The Brain Storming Method	1,43	0,504	0.092		

From table 6 it is obtained that the average knowledge before the Buzz Group method = 1.87 with a Standard Deviation of 0.346, on knowledge after the Buzz Group Method = 1.27 with a Standard Deviation of 0.450. It can be seen that the difference in the Mean value between before the Buzz Group Method and after the Buzz Group Method is 0.600 with a Standard Deviation of 0.450. The results of the Dependent T Pair Test Statistical Test obtained a p value = 0.0001, so with an alpha of 5% it can be concluded that the hypothesis is Ha (Ho is rejected). the dangers of pregnancy after being given the Buzz Group Method. 4 and the Buzz Group Method at Posyandi Mawar 5 to 8, the results of the Buzz group research turned out to be better than the Brain Storming method, because the Buzz group method produces a p value = 0.0001 which is smaller than the Brain storming method produces a p value = 0.001. From the results of the analysis it was concluded that the Buzz Group method is better than the Brain Storming method where the value is 0.0001 <0.001.

DISCUSSION

Husband's knowledge about the dangers of pregnancy before being given the Brain Storming Method at Posyandu Mawar 1 -4 in Luhurjaya Village, Lebak Regency, there were 8 people (26.7%) who had good knowledge and 23 people who had poor knowledge (73.3), husband's knowledge

about the dangers pregnancy after being given the Brain Storming Method at Posyandu Mawar 1 -4 in Lahhurjaya Village, Lebak Regency, there were 17 people (56.7%) who had good knowledge about the dangers of pregnancy before being given the Buzz Group Method at Posyandu Mawar 5 - 8 (RW 5 - 8) In Lahhurjaya Village, Lebak Regency, there were 4 people (13.3%) who had good knowledge and 26 people who had poor knowledge (86.7%), there was a significant difference between the husband's knowledge about the dangers of pregnancy before the Brain Method Storming and the Buzz Group Method, but statistically the results of the Buzz Group method are better than the Brain Storming Method because the p value is smaller 0.0001 <0.001 (15,16).

CONCLUSION

The Brain Storming Method had a significant difference in husband's knowledge of the dangers of pregnancy, while the Buzz Group Method had a smaller p value. However, statistically, the results of the Buzz Group Method were better than the Brain Storming Method.

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