



## Differences in Counseling Using Leaflets with Videos On Perineal Wound Treatment

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### Article Info

*Article History:*

Submitted 12 Agustus 2020

Accepted 10 Agustus 2021

Published 30 September 2021

*Keywords:*

Counseling; Leaflets; Videos; Perineal Wound Care.

**DOI:**

<https://doi.org/10.15294/jhe.v6i2.40146>

### Abstract

**Background:** Perineal wound needs to be treated to prevent infection, so postpartum needs counseling about perineal wound care. The perineal wound healing can be identified if the wound is dry, skin has been fused, not palpable and painless. This research aims to determine the different of counseling using leaflet with video toward perineal wound care behavior in primipara postpartum

**Methods:** Quasi experiment with pre test and post test control group design. Pre test was conducted on the first day of the post partum, post test on the 7th day when the respondent controls the perineum wound. Instrument in this research used questionnaire regarding the behavior of perineal wound care. Samples in the research of a number of 30 people were taken in purposive sampling. Data analysis used the independent T test.

**Results:** There were significant difference in counseling using leaflets and videos about the behavior of perineum wound care. The group that received perineal wound care counseling using video was better ( $p=0.015$ ) than the leaflet group ( $p=0.034$ ).

**Conclusions:** Counseling about perineal wound care used videos more effective than leaflets.

### How to Cited

Astutik, R. Y., Purwandari, E. S. (2021). Differences In Counseling Using Leaflets With Videos On Perineal Wound Treatment . *JHE (Journal of Health Education)*, 6(2), 88-93

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## Introduction

The postpartum period is one of the most important transition periods in a woman's life. One of the discomforts experienced during the puerperium is the presence of a perineal tear due to childbirth (Astutik, 2015). The incidence of perineal tears often occurs in the first delivery, but some cases also show that the incident occurred in the second labor and so on (Navidian et al., 2017)

In Indonesia, perineal wounds experienced by 57% of women giving birth, with details of 28% due to episiotomy and 29% due to spontaneous tears (Rohmin et al., 2017). Perineal wounds consist of 4 degrees, the first degree if the wound only involves the perineal skin or vagina without perineal muscle damage; second degree if the wound occurs on the posterior vaginal wall, perineal skin and perineal muscles; third degree if the wound extends to the anal sphincter and lastly if the injury occurs to the rectal muscle. Midwives can provide care for first and second degree perineal wounds (Bose B. et al., 2018).

Perineal wounds require treatment, but if the perineal wound is not properly cared, it can lead to infection (Chang et al., 2019) (Rumini & Julita, 2020). In addition, if the perineum in the moist condition it will increase the proliferation of bacteria that cause perineal infection so that the wound healing process will be hampered and will even increase the size and depth of the wound (Tulas et al., 2017) (Herlina et al., 2018). If the perineal infection is not treated, it can lead to bladder and uterine infections. Perineal wound healing can be seen if the wound is dry, the skin is fused, not palpable and painless. In perineal wounds, the normal wound healing process will occur on days 6 to 7 (Herlina et al., 2018), so in the early postpartum period it is necessary to get counseling about perineal wound treatment by maintaining perineal hygiene (Ari et al., 2019). The clean perineal area accelerates wound healing process and prevents infection (Wiseman et al., 2019). Hygiene factors determine whether an infection occurs in the wound healing process (Raman, 2015)

The interviews results in a preliminary study conducted by researchers on 10 postpartum mothers on the first day found that 8 people (80%) never received information

related to wound treatment, dared to touch the perineal wound for fear of loose threads, and a total of 2 people (20%) perform vulvar hygiene after urinating. This perception causes perineal wounds are not treated properly so that the perineal area is not kept clean which in turn can lead to infection. In fact, the existence of a good perception and knowledge related to perineal wound care will be able to increase the mother's understanding so that she can perform perineal wound care properly (Losu et al., 2018).

Postpartum counseling is one of the programs that can improve postpartum health. Counseling is the provision of advice and recommendations given by trained and experienced mentors to individuals that need (LeFevre et al., 2018). The existence of counseling allows the postpartum period to make the right decisions regarding perineal wound care (Diaz et al., 2021). Counseling will be successful if there is a good relationship between the counselor and the client, in this case the counselor must be able to establish a good relationship with the client for the purpose of counseling can be achieved (Navidian, et al., 2017) (Karimlou et al., 2019). Counseling can be done with various media to grow one's perception. Currently counseling is getting easier with sophisticated facilities in the field of technology, for example by providing counseling using leaflets and videos through the WhatsApp application (Navidian, et al., 2017; Laranjo, et al., 2015). Messages in health promotion media will make people, groups or individuals gain better health knowledge (Siregar et al., 2021). Media or properties are correct and on target, then the material or message that needs to be communicated in health promotion will be easily accepted, digested and absorbed by the target (Baitipur & Widraswara, 2018).

Based on the description above, the researchers are interested in conducting research on the differences in leaflets and videos about perineal wound care on the behavior of perineal wound care in primiparous postpartum mothers at the clinic in Kalidawir, Tulungagung Regency.

## Method

The research design used a quasi-

experimental pre-test post-test group design. The population in this study were primiparous postpartum mothers on days 1-7 totaling 40 people. The sample in the study of 30 people was taken by purposive sampling because not all samples had criteria that were in accordance with the phenomenon under study.

The study was conducted in January - June 2019 at the Kalidawir maternity clinic, Tulungagung Regency. The inclusion criteria in this study were mothers who gave birth to term babies; mothers who breastfeed their babies; mothers who do not abstain from eating and have normal nutritional status; have grades 1 and 2 perineal wounds. Exclusion criteria in this study were mothers who refused to be respondents; mothers who gave birth by actions such as by cesarean section, vacuum extraction; have complications in pregnancy and childbirth such as premature rupture of membranes, bleeding; have comorbidities such as Diabetes Mellitus.

The instrument in this study used a questionnaire to ask general data and behavior of perineal wound care. The research questionnaire before being given to the respondents was tested for validity and reliability. The validity test used Pearson's product moment and it was found that 12 questions in the questionnaire were in the valid category. Reliability test using Cronbach's Alpha and obtained Cronbach's Alpha = 0.939.

Implementation the research on the first day of the postpartum period, a total of 30 respondents were given a lottery to determine the group of leaflets or videos. Furthermore, respondents were asked for a WhatsApp number which would later be used to provide counseling about perineal wound care. After that, a pre-test was carried out using a questionnaire containing the behavior of perineal wound care. Furthermore, every day the researcher made contact with the respondents and asked about the difficulties related to the counseling media that had been shared via WhatsApp. Counseling using a video with a duration of 7 minutes contains the importance of caring for perineal wounds

and the steps for treating perineal wounds which are explained at each step. While the leaflet in the color image contains the meaning, purpose of perineal wound care and the steps of perineal wound care accompanied by pictures and explanations. On the seventh day, the researcher conducted a post test using the same questionnaire as the pretest when the control respondent went to the midwife. The difference in pre-test and post-test scores was used to determine the average score of the leaflet and video groups.

Data analysis in this study used an independent t test with the reason that the researcher wanted to find out whether there was a difference in counseling using video with leaflets on the care of primiparous postpartum mothers' perineal wounds..

This study has been through an ethical worthy test because the respondents in this study were primiparous postpartum mothers on days 1-7 who gave birth normally/vaginally and experienced grades 1-2 perineal injuries belonging to the vulnerable group. The ethical feasibility test was carried out by the Karya Husada Kediri STIKES Ethics Committee in January 2019 and received the approval of the Husada Kediri STIKES Ethics Committee, reference number 366/EC/ LPPM/STIKES/ KH/V/2019. Result and Discussions

**Table 1.** Respondents Characteristic

Respondents Characteristic	Leaflet		Video	
	N	(%)	N	(%)
<b>Age</b>				
< 20 years old	1	6.7	2	13.3
20-35 years old	12	80	11	73.4
> 35 years old	2	13.3	2	13.3
<b>Education</b>				
Basic	8	53.3	8	53.3
Moderate	5	33.4	6	40
High	2	13.3	1	6.7
<b>Total</b>	<b>15</b>	<b>100</b>	<b>15</b>	<b>100</b>

Based on table 1, it can be explained that most of the respondents were 20-30 years old with a basic education level.

**Table 2.** Perineal Wound Care

Perineal Wound Care	Leaflet		Video	
	N	(%)	N	(%)
Perineal Wound Care Day-1 ( <i>pre test</i> )				
Good	2	13.7	2	13.7
Enough	3	20.0	2	13.7
Less	10	66.3	11	73.6
Perineal Wound Care Day -7 ( <i>post test</i> )				
Good	7	46.3	12	80
Enough	6	40.0	3	20
Less	2	13.7	0	0
Total	15	100	15	100

After giving counseling, the respondent's perineal wound care on day 7 (posttest) showed an increase in both the leaflet and video groups, but the good category was shown by most of the video groups.

**Table 3.** Differences in Perineal Wound Treatment Before and After Counseling

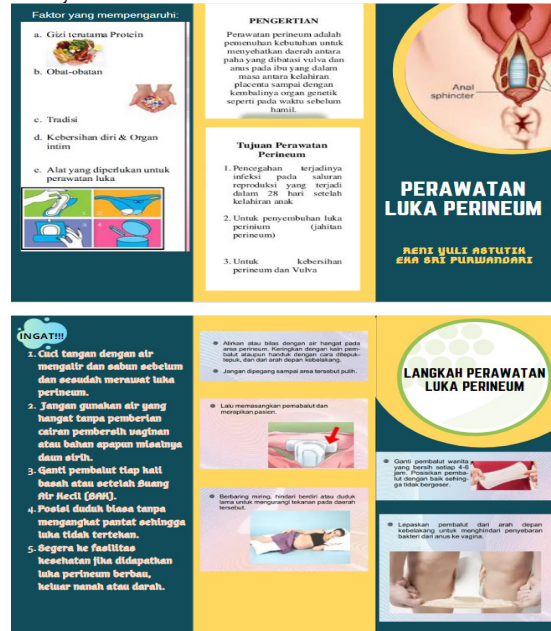
Variable	Mean	SD	Mean difference	P value
Leaflet				
Pretest	29.93	5.96		
Posttest	39.93	0.96	10.00	0.034
Video				
Pretest	30.86	5.38		
Posttest	54.83	1.32	14.03	0.015

The results of the pre-test and post-test analysis in table 3 showed that there were differences in the treatment of both perineal wounds in the given group. However, in this study it was found that there was a difference in perineal wound care before and after counseling with video ( $p=0.15$ ) was more effective than leaflets ( $p=0.034$ ).

In the leaflet group there was an increase in the average pre-test value compared to the post-test value, which was 10.00, this means that counseling using leaflets 10 times can improve the behavior of perineal wound care in primiparous postpartum mothers. Leaflets in this study were sent via Whatshap containing text and pictures about the importance of caring for perineal wounds and perineal wound care. Leaflets are very effective in conveying short, dense and systematic messages in the form of

text and images (Windarti & Dewi, 2018).

The use of leaflets to improve behavior in health education is in accordance with research which states that leaflets can influence maternal behavior before and after health education (Rahmad, dkk, 2018). The leaflet used in this study is as shown below:



In the video group, the results showed that there were differences in perineal wound care before and after counseling ( $p = 0.015$ ). This study also showed that the average difference between the pretest and the posttest on the video was 14.03, which means that the video could increase the behavior of perineal wound care in primiparous postpartum mothers by 14 times. Video is an effective audiovisual media that can be applied in perineal wound care counseling. The results of this study are in accordance with research conducted by (Yudianti et al., 2019) that health education using video is effective in improving breastfeeding abilities in postpartum mothers on days 3-10. Video can provide stimulation both for sight and hearing (Susanti & Anggriawan, 2020) while leaflets only provide stimulation for the sense of sight. The video in this study for 7 minutes via WhatsApp contains the understanding, goals of perineal wound care and the steps of perineal wound care which are explained at each step accompanied by pictures and explanations.

The group that received perineal wound care counseling using video understood



counseling better ( $p=0.015$ ) when compared to the leaflet group ( $p=0.034$ ). Video is considered more attractive because it combines audio, visual and even animation, making it easier for clients to understand the message conveyed. The use of video for health education can attract the attention of clients (Drozd, et.al, 2018). Counseling using videos can make it easier for postpartum mothers to imagine and understand every movement in perineal wound care actions that can affect perineal wound care behavior. This will indirectly affect the psychology, causing comfort and reducing anxiety in perineal wound care.

## Conclusion

There was a significant difference in counseling using leaflets and videos about the behavior of perineal wound care. Counseling about perineal wound care using videos was more effective than leaflets. It is recommended that midwives as service providers for postpartum mothers who have given birth for the first time can use a 7-minute video so that the purpose of counseling can be achieved. The results of this study can also be used by educational institutions for postpartum care learning so that students can provide counseling, especially for primiparous postpartum mothers by using perineal wound care videos. For further research, it is necessary to study the effectiveness using more varied media by considering the sociodemographic factors of the respondents.

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