

Educational Video Media to Increased Knowledge and Attitude of the Elderly about Gout

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Abstract. Gout is caused by a high intake of protein-containing purines. Therefore, it is necessary to do prevention by way of health education using interesting media and can achieve outputs such as video media. The study was conducted to determine the effect of health promotion using video media on increasing knowledge and changing attitudes of the elderly about gout in the working area of the Rukun Lima Health Center, Ende Regency in 2021. The research design used was a pre-experimental method with the one-group pretest-posttest design method. The study population was all elderly people with gout with the category of secondary gout aged 55-90 years, totaling 75 people. The results showed that there was a significant effect of health promotion using video media with increasing knowledge and changing attitudes of the elderly about gout (p -value = 0.000). Video media can be used in health promotion efforts for the community.

Keywords: Gout, Video, Elderly, Knowledge, Attitude

Abstrak. Asam urat disebabkan oleh asupan protein yang mengandung purin terlalu tinggi. Sebab itu perlu dilakukan pencegahan dengan cara penyuluhan kesehatan menggunakan media yang menarik dan dapat mencapai output seperti media video. Penelitian dilakukan untuk mengetahui pengaruh penyuluhan menggunakan media video terhadap peningkatan pengetahuan dan perubahan sikap lansia tentang asam urat di wilayah kerja Puskesmas Rukun Lima Kabupaten Ende tahun 2021. Desain penelitian yang digunakan adalah pre-eksperimen dengan metode *one group pretest posttest design*. Populasi penelitian adalah semua lansia penderita asam urat dengan kategori asam urat sekunder yang berusia 55-90 tahun berjumlah 75 orang. Hasil penelitian menunjukkan bahwa ada pengaruh yang signifikan penyuluhan menggunakan media video dengan peningkatan pengetahuan dan perubahan sikap lansia tentang asam urat (p -value = 0,000). Media video dapat digunakan dalam upaya promosi kesehatan bagi masyarakat.

Kata kunci: Asam Urat, Video, Lansia, Pengetahuan, Sikap

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Introduction

The results of Riskesdas 2018 show that the elderly suffer from non-communicable diseases such as gout with a prevalence based on a doctor's diagnosis in the characteristics of the 55-64 years age group of 15.55%, 65-74 years of 18.63%, and 75 years and over by 18.95%. The prevalence of joint disease based on a doctor's diagnosis in the population aged 15 years for the province of East Nusa Tenggara (NTT) is 5.13% (Riskesdas, 2018). Although the prevalence is only 5.13%, *gout* is still one of the main problems in the world of health. This disease is not a deadly disease, but if it is not treated properly it can become chronic gout where the sufferer will often suffer from joint pain (Damayanti, 2012).

Data on gout cases in the elderly at the Rukun Lima Health Center in 2019 were 205 people and in 2020 as many as 298 people. This shows an increase in gout cases in the working area of the Rukun Lima Health Center in the last two years, both old patients and new patients. At the beginning of 2021 in January-February, it was known that the number of elderly people with gout was 75 people (*Data Dinkes Kabupaten Ende*, 2020).

Public knowledge about foods that have the potential to cause gout is still low. People in general only know that certain foods such as cassava leaves and coconut milk can cause gout, without realizing that consumption of food sourced from animal protein, such as beef, *seafood* excessive, etc., can also cause gout (Lestari dkk, 2015).

Health education about a healthy and balanced diet is important to prevent and minimize the risk of gout in at-risk groups, including the elderly. Health promotion must be able to attract the attention of the community, especially the elderly who hear it (Murni and Ismaniar, 2019). The selection and use of health promotion media are considered important to be able to attract interest and achieve the expected output. Based on this description, the author feels the need to conduct research entitled "The Effect of Counseling Using Video Media on Increasing

Knowledge and Changes in Elderly Attitudes About Gout in the Work Area of the Rukun Lima Health Center, Ende Regency in 2021".

Method

The research design used was a pre-experiment with the one-group pretest-posttest design method, where the pretest was carried out to determine the level of knowledge and attitudes of the elderly about gout before being given health promotion using video media. After that, the health promotion video was played and ended with giving a *posttest* to find out the increase in knowledge and changes in elderly attitudes about gout after being given treatment with health promotion using video media. This research was conducted in March 2021 with the research location in the working area of the Rukun Lima Health Center, Ende Regency. The population used is the total population, namely all elderly people with gout who are categorized as secondary gout sufferers with an age range of 55-90 years with a total sample of 75 people. The data collection instrument used a questionnaire. Data analysis used the *Wilcoxon test* with a 95% confidence level ($\alpha = 0.05$).

Result

The level of knowledge and attitudes of the elderly in the working area of the Rukun Lima Health Center, South Ende District before and after being treated using video media about gout is presented in table 1.

Table 1.

Frequency Distribution of Respondents Knowledge Level with Video Extension Media

| Level | Pretest | % | Posttest | % |
|-------------------------|----------------|----------|-----------------|----------|
| Knowledge | | | | |
| Good (≥ 76 -100%) | 49 | 65,33 | 65 | 86,67 |
| Enough (61-75%) | 18 | 24,00 | 7 | 9,33 |
| Less (≤ 60 %) | 8 | 10,67 | 3 | 4,00 |
| Total | 75 | 100,00 | 75 | 100,00 |

Table 1 shows that the elderly in the working area of the Rukun Lima Health Center before being given treatment (*Pretest*) used video media about gout which had lack of knowledge ($\leq 60\%$) as many as 8 people (10.67%), respondents with sufficient knowledge (61-75%) as 18 people (24.00%) and respondents with good knowledge ($\geq 76\%$ -100%) as many as 49 people (65.33%). After being given treatment (*Posttest*), respondents who have less knowledge ($\leq 60\%$) are reduced to as many as 3 people (4.00%), respondents with sufficient knowledge (61-75%) are reduced to as many as 7 people (9.33%) and respondents with good knowledge ($\geq 76\%$ -100%) increased to 65 people (86.67%).

Table 2.

Frequency Distribution of Respondents' Attitude Levels with Video Extension Media

| Levels of Attitude | Pretest | % | Posttest | % |
|--|----------------|----------|-----------------|----------|
| Positive Attitudes (Total Score 78-130) | 71 | 94,67 | 74 | 98,67 |
| Negative Attitudes (Total Score 26-77) | 4 | 5,33 | 1 | 1,33 |
| Total | 75 | 100,00 | 75 | 100,00 |

Based on table 2 it is known that the elderly in the working area of the Rukun Lima Health Center before being given treatment (*Pretest*) used video media about gout having a negative attitude (total score 26-77) as many as 4 people (5.33%), respondents with a positive attitude (total score 78-130) as many as 71 people (94.67%). After being given treatment (*Posttest*) respondents who had a negative attitude decreased to 1 person (1.33%), respondents with a positive attitude increased to 74 people (98.67%).

Table 3.

Distribution of pretest and posttest results for the Elderly Knowledge Using Media Video

| | | Knowledge Variable | | Mean | Sig. (2-tailed) |
|--------------------|------------------|--------------------|-------|-------|-----------------|
| | Description | N | % | | |
| Pretest Knowledge | Descending Score | 0 | 0 | 18,71 | 0,000 |
| | Ascending Score | 73 | 97,33 | | |
| Posttest Knowledge | Unchanged Score | 2 | 2,67 | 22,40 | |
| | Total | 75 | 100 | | |

Based on table 3 it can be seen that there is an increase in knowledge of the elderly in the working area of the Rukun Lima Health Center who were given treatment or intervention using video media. This can be seen from the average (*mean*) value of *pretest* the knowledge variable that is 18.71 increased to 22.40.

Table 4

Distribution of Pretest and Posttest Results of Elderly Attitudes Using Video Media

| | | Attitude Variable | | Mean | Sig. (2-tailed) |
|-------------------|------------------|-------------------|------|-------|-----------------|
| | Description | N | % | | |
| Pretest Attitude | Descending Score | 2 | 2,67 | 88,95 | 0,000 |
| | Ascending Score | 72 | 96 | | |
| Posttest Attitude | Unchanged Score | 1 | 1,33 | 99,08 | |
| | Total | 75 | 100 | | |

Table 4 shows that there is a change in attitude in the elderly in the working area of the Rukun Lima Health Center after being given treatment or intervention using video media. This can be seen from the average value (*mean*) of the value of *pretest* the attitude variable, which is 88.95, increasing to 99.08.

Discussion

The Effect of Video Media on Increasing Elderly Knowledge About Gout in the Work Area of the Rukun Lima Health Center in 2021.

The results showed that there was an effect of counseling using video media on increasing the knowledge of the elderly about gout in the working area of the Rukun Lima Health Center, Ende Regency in 2021. Before providing counseling using video media, most of the respondents in this study did have a good level of knowledge. However, after providing counseling using video media, the percentage of respondents with a good level of knowledge increased. This increase is indicated by almost all respondents being well informed. On the other hand, the percentage of respondents who have fewer knowledge decreases.

The results of this study are supported by research by Saraswati (2017) which states that counseling with video media can increase knowledge and higher participation in knowledge about cervical cancer in the Surakarta area. The results of research conducted in the Assisted Village of the Faculty of Nursing, University of North Sumatra, showed that video media offered more interesting and not monotonous counseling by displaying motion, images, and sound so that extension participants were curious about the content of the video. Video presentations can re-show certain movements and can be repeated. Messages conveyed through video media can help counseling participants absorb information and implement these messages in daily behavior and lifestyle (Simamora, 2018).

The results of increasing the knowledge of the elderly affect behavioral changes to increase interest in active participation in the integrated healthcare center for the elderly. Thus, the use of audiovisual media in providing information will be very appropriate for the elderly who have decreased cognitive function, one of which is memory (Soetjningsih, 2014). The result of these studies confirms the effectiveness of using audiovisual media in health education to the elderly.

Effect of Video Media on Changes in Elderly Attitudes About Gout in the Work Area of the Rukun Lima Health Center in 2021.

The results showed that there was an effect of counseling using video media on changes in elderly attitudes about gout in the working area of the Rukun Lima Health Center, Ende Regency in 2021. After counseling using video media, the number of respondents who have a negative attitude decreases, and vice versa, the number of respondents who have a positive attitude increases.

The results of this study are in line with previous research (Wulan, 2021) which showed that there was an effect of using video media on the attitude of the elderly about preventing Covid-19. After providing counseling by playing videos about the impact of Covid-19 and how to prevent it, the elderly participants showed a positive change in attitude towards preventing Covid-19. Another study by Nurmayunita (2019) also showed that health education using audio-visual media affected changes in attitudes and behavior in treating hypertension in the elderly. Health education with audio-visual media looks more attractive and increases the enthusiasm of the elderly to pay attention to the information provided about hypertension.

Video media allows the involvement of two senses, where the elements of hearing (audio) and visual elements (visible) can be presented simultaneously (Riyana, 2007). The elderly are interested in taking part in counseling using video media because apart from listening, they can also see the pictures/illustrations that are shown. These conditions affect the psychomotor of the elderly and make information conveyed are easier to understand, remember, and ultimately can change the attitudes and behavior of the elderly (Asmarani, 2019).

Conclusion

The results of this study indicate that there is an effect of counseling using video media on increasing knowledge and changing attitudes of the elderly about gout in the working area of the Rukun Lima Health Center, Ende Regency in 2021 with a significance value of 0.000 ($p < 0.05$). Thus, audiovisual media can be used as a

choice of health media in various health education and promotion efforts for the community to overcome and control health problems, including controlling gout problems in the elderly.

Suggestion

Puskesmas can use the results of this study as a reference for using video media in counseling activities that can help optimize services for the elderly. Other researchers can conduct this research using pre-experimental methods but with a different design, namely *Static Group Comparison* which adds a control or comparison group that does not receive intervention, so that with this design some confounding variables can be controlled.

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