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The Effectiveness of Animation Video and Flipchart for Increasing Level of Knowledge about Family Planning

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ABSTRACT

Background: The postpartum family planning coverage at Prambanan Hospital, Yogyakarta from 2019 to 2021 was below the BKKBN target of 70%. Increasing knowledge and supporting informed decision-making through effective educational media is essential.

Purpose: To examine the effect of counseling using animated video media on knowledge and planning for postpartum family planning decision-making.

Methods: This quasi-experimental study was conducted from October 2022 to May 2023 with 60 third-trimester pregnant women as participants. The intervention group received counseling through animated video media, while the control group received flipchart-based counseling. Data were collected using a validated knowledge questionnaire and analyzed using paired t-tests, independent sample t-tests, and McNemar tests.

Results: Animated video media significantly increased postpartum family planning knowledge ($p = 0.000$) and influenced decision-making regarding contraceptive type ($p = 0.000$) and timing ($p = 0.002$). In the flipchart group, only timing showed a significant change ($p = 0.001$), while contraceptive type did not ($p = 0.219$).

Conclusion: Counseling with animated video media is effective in enhancing knowledge and decision-making about postpartum family planning. This approach supports nursing practice through innovative, accessible, and evidence-based education strategies.

Keywords: *Animated video; knowledge; planning; postpartum birth control.*



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BACKGROUND

The increase in population in Indonesia is still high. Based on the data, there was an increase in the population in Indonesia. In 2020, the population will range from 270.2 million people to 272.6 million people in 2021 (BPS, 2022). An uncontrolled increase in population can affect the emergence of several problems, such as unfulfilled health services (BKKBN, 2020). Therefore, the government seeks to control the population through postpartum family planning programs (Nabhan et al., 2023).

Postpartum birth control is an effort to prevent pregnancy by using contraceptive methods, devices, or drugs immediately after giving birth up to 42 days or 6 weeks after giving birth (BKKBN, 2020). The government, through the National Population and Family Planning Board (BKKBN), implements postpartum family planning programs. The postpartum birth control usage rate is still below the target set by BKKBN of 70%. The use of postpartum family planning in the DIY provincial area in 2021 is based on the district or city area: Sleman (3.6%), Bantul (10.9%), Gunungkidul (20.6%), Yogyakarta City (22.7%), and Kulonprogo (33.8%) (Dinkes, 2021).

The use of postpartum birth control is still low due to a lack of knowledge about postpartum birth control (Chandrawati et al., 2025) Knowledge is included in the predisposing factors that can facilitate the occurrence of one's behavior (Setiyawati et al., 2022). According to Muharomah & Zimmerman research in 2025, birth control planning is important before entering labor so that mothers have time to discuss it (Muharomah & Zimmerman, 2025). Other research conducted by Robinet and Pardosi stated that there were factors that influence knowledge, namely education, parity, occupation, and age (Pardosi et al., 2021; Robinet et al., 2023). One of the programs related to population control is aimed at increasing knowledge, especially in the third trimester of pregnant women, by providing information about the benefits of postpartum birth control, the types of postpartum birth control, and the advantages and disadvantages of using postpartum birth control.

Improvements in knowledge and postpartum contraceptive planning can be achieved through the provision of effective counseling. At Prambanan Hospital, postpartum family planning counseling still uses flipcharts, which have limitations such as being impractical to carry, lacking audio capabilities, and having high printing costs. A study by Nurcahyani et al., (2023) shows that the use of the "Si KB Pintar" app in counseling increases the likelihood of mothers using postpartum contraception by up to 2.4 times compared to the use of flipcharts, indicating the need for more interactive and efficient educational media innovations in reproductive health services.

The use of animated video media can be used as an alternative medium for providing postpartum birth control counseling. Video is one of the technology-based educational literacy media that is easy to create but has a big role. Video information about health is



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also an effective health promotion strategy (Susanti et al., 2020) Various types of applications can be used to make animated videos, one of which is the Powtoon application (Purnami et al., 2022). The Powtoon application has the advantage of having interesting animation features, can add sound effects, and can add videos (Jasa et al., 2021)The purpose of this study was to determine the effect of counseling with animated video media on knowledge and decision-making planning in postpartum birth control.

OBJECTIVE

To determine the effect of counseling using animated video media on third-trimester pregnant women's knowledge and decision-making regarding postpartum family planning.

METHODS

This research had a quasi-experimental design (pretest-posttest with a control group). The respondents were divided into 2 treatment groups: the first group was given counseling with animated video media, and the second group was given counseling with a flipchart. The animated video was created with the app Powtoon, and the duration of the video is 12 minutes. The flipchart was created by the Indonesian Ministry of Health. The material from the animated video and flipchart is about the understanding, benefits, types of birth control, advantages and disadvantages, and side effects of birth control.

The independent variable in this research was counseling with animated video media. The dependent variable in this research is knowledge and decision-making planning in postpartum birth control. The type of data needed in this study was primary data. Data were obtained from respondents by filling out the same questionnaire during the pretest and posttest. The one who provides education is the midwife. The questionnaire has been tested for validity and reliability. The study was conducted from October 2022 to May 2023. The population is all third-trimester pregnant women at Prambanan Regional Hospital in Yogyakarta. The sampling technique uses an accidental sampling technique. The sample size of this study was 30 respondents in each experimental group and control group.

Data analysis is carried out with statistical test software. Analysis of knowledge data using paired t-tests and independent sample t-tests and family planning using McNemar. The Ethics Committee of the Poltekkes of the Ministry of Health Yogyakarta, number No. DP.04.03/e-KEPK.2/226/2023, dated February 22, 2023, granted ethical approval for this research.



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RESULTS

Characteristics of the respondents

The respondents to this study were third-trimester pregnant women at Prambanan Regional Hospital. The sample of pregnant women is 60 respondents. The characteristics of respondents based on education, age, parity, and occupation are described in Table 1.

Table 1. Characteristics of respondents.

Characteristics of respondents	Respondent group				p-value
	Experimental group		Control group		
	n	%	n	%	
Recent Education					
Primary education	5	16,7	5	16,7	0,368
Secondary education	18	60,0	22	73,3	
Higher education	7	23,3	3	10,0	
Age					
Mother's age <20 years and >35 years	6	20,0	5	16,7	0,739
Mother's age 20-35 years	24	80,0	25	83,3	
Parity					
Nullipara	9	30,0	16	53,3	0,186
Primipara	15	50,0	10	33,3	
Multipara	6	20,0	4	13,3	
Work					
Work	10	33,3	12	40,0	0,592
Does not work	20	66,7	18	60,0	

The education level of respondents in the experimental group and the control group showed that most respondents graduated from secondary education, as many as 60.0 percent and 73.3%, respectively. The age range in both groups is most likely 20–35 years. The highest parity of respondents in the experimental group was primiparous (50%). In the control group, most respondents were nullipara (53%). Meanwhile, from the employment data in the experimental group and control group, most mothers were not working.

The effect of counseling with animated video media and flipchart decision-making tool on increasing knowledge



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The effect of counseling with animated videos and flipchart on increasing knowledge was tested at the bivariate analysis stage. Data normality tests were performed on pretest and posttest values with the Kolmogorov-Smirnov one-sample test. While the data homogeneity test is carried out with a statistical Levene test. The normality test and homogeneity test were described in Table 2.

Table 2. Data normality

Measured variables	P Value	Conclusion
Experimental group knowledge	0,164	Normal
Control group knowledge	0,065	Normal

Increased knowledge about postpartum birth control after counseling with animated video media and was tested with a paired t-test. The results of statistical tests are described in Table 3.

Table 3. Postpartum birth control knowledge score

		Pretest	Posttest	p-value	t	df	95% Confidence Interval of the Difference	
							lower	upper
Experimental group	Mean	66,26	83,46	0,000	-7,200	29	-22,085	-12,314
	Median	68,00	84,00					
	Maximum	88,00	92,00					
	Minimum	48,00	72,00					
Control group	Mean	64,40	75,46	0,000	-6,722	29	-14,433	-7,699
	Median	66,00	74,00					
	Maximum	84,00	96,00					
	Minimum	40,00	56,00					

In Table 3, it can be seen that the mean knowledge score in the experimental group before treatment was 66.26, while after treatment it was 83.46. In the control group, the mean knowledge score before treatment was 64.40, while it was 75.46 after treatment. The results of statistical tests in the experimental group and the control group obtained a p-value of 0.000, which showed that there was a significant difference in the mean knowledge score of third-trimester pregnant women about postpartum birth control between before and after treatment with animated video media and flipchart.

The difference mean of knowledge increase



The difference mean increase of knowledge after counseling with animated video media and flipchart decision-making tool can be seen in Table 4.

Table 4. The difference mean of knowledge scores

Group	t	n	Std Deviation	p- value	Mean	Mean difference	95% Confidence Interval of the Difference	
							Lower	Upper
Experimental group	3,739	30	5,531	0,000	83.466	8,000	3,717	12,282
Control group	3,739	30	10,331	0,000	75.466	8,000	3,717	12,282

In Table 4, it can be seen that the mean knowledge score in the experimental group was 83.466 and the control group was 75.466. Bivariate statistical tests were used with independent sample t-tests. The results of statistical tests showed a p-value of 0.000, which showed that there was a significant difference between the knowledge value in the experimental group and the control group. Both interventions can increase knowledge, but the provision of counseling using animated video media is more effective at increasing knowledge than the provision of counseling using a flipchart.

Planning postpartum family planning decision making before and after counseling with animated video media and flipchart decision-making tool

Contraceptive planning decision-making in postpartum labor is divided into two categories: type of contraception and time of contraceptive use. Bivariate statistical tests were used, such as the McNemar test. The results of the statistical tests can be seen in Table 5.

Table 5. Postpartum birth control decision-making planning

Decision making planning	Category	Pretest		Posttest		p-value
		n	%	n	%	
	Longterm contraceptive	15	50	23	76,7	0,008



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Decision making planning		Category	Pretest		Posttest		p-value
			n	%	n	%	
Experimental group	Types of Contraception	Not Longterm contraceptive	15	50	7	23,3	0,002
		Time of use					
		Postpartum birth control	16	53,3	27	90,0	
		Not postpartum birth control	14	46,7	3	10,0	
Control group	Types of Contraception	Longterm contraceptive	12	40	15	50	0,219
		Not Longterm contraceptive	18	60	15	50	
	Time of use	Postpartum birth control	15	50,0	26	86,7	0,001
		Not postpartum birth control	15	50,0	4	13,3	

Our findings in Table 5 show that there were differences in the type of contraception used in the experimental group. The results of statistical tests in the experimental group obtained a p-value of 0.008. The results of statistical tests in the control group obtained a p-value of 0.219, so it can be concluded that there is no difference in the type of contraception used. The results of statistical tests based on the time of use in the experimental group and the control group have known p-values of 0.002 and 0.001, so it can be concluded that there is a difference in the time of use of postpartum birth control before and after the intervention is given

DISCUSSION

Based on the result, this study showed that education is one of the factors that affect a person's knowledge and perception of something, including postpartum birth control. Highly educated mothers will have a broader view and be receptive to change or new things. In line with Tohir's research in 2019, most respondents had 20 (44.5%) secondary education and at least 6 (13.3%) higher education respondents (Tohir, 2020).

Women's reproductive age is divided into 3 groups: 20 years, 20–35 years, and >35 years. The safest age to get pregnant is 20–35 years old because the uterus and other parts of the body are completely ready to accept pregnancy to minimize the risk of pregnancy and childbirth. In line with Dewiyanti's research in 2020, the most respondents aged 20–35 years were as many as 59 (62.8%) (Dewiyanti, 2020).

The amount of parity will affect the choice of contraceptive method. Research conducted by Dewiyanti, (2020), with the highest number of respondents being primiparous, as many as 53 (56.4%), found that there was a significant relationship between the number of children and parity and the use of contraceptive methods. A person who has more than one parity should be an acceptor of birth control to manage or minimize pregnancy, but today many birth control acceptors still have difficulty making their choice (Dewiyanti, 2020)



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Work can affect planning the use of postpartum birth control. Working mothers will be free to choose the type of birth control they use because they have their own income and do not only depend on their husband's income. In line with Jasa et al research in 2021, it is known that out of 194 respondents, 125 (64.4%) were third-trimester pregnant women who did not work. Respondents who worked as many as 69 respondents (36.6%) The results showed that there was a relationship between the selection of family planning and the mother's work. A woman who has an income will find it easier to make decisions about the contraceptive method to use (Jasa et al., 2021)

Providing contraceptive counseling can increase knowledge (Skogsdal et al., 2019). The use of animated video media can facilitate the delivery of counseling material that will increase knowledge. Fitto et al research in 2021 shows that counseling using audiovisual media is effective in increasing the knowledge of women of childbearing age about cervical cancer (Fitto et al., 2021). In line with Wati research in 2020, it showed an average increase in the value of knowledge before and after intervention using animated video media (Wati, 2020). The use of flipcharts can also facilitate the delivery of counseling material that will increase knowledge. In line with the results of research conducted by Ginting et al. in 2022, which showed a significant influence between knowledge before and after counseling with a decision-making tool flipchart (Ginting et al., 2022), Following the theory of behavior change of Lawrence Green, which states that health education can affect one of the predisposing factors, namely knowledge (Susanti et al., 2020).

Higher knowledge increases in counseling groups using animated video media. In line with the results of research conducted by Widyawati et al 2021, which showed an increase in knowledge about early detection of breast cancer in adolescent girls at SMAN 1 Sanden Bantul, with cartoon animation video media, knowledge was higher than using leaflet media (Widyawati et al., 2021). According to research, it showed the influence of counseling using animated video media with a p-value of 0.000 (Fadhilah et al., 2022).

Planning types of contraception are divided into two categories, namely MKJP and non-MKJP. MKJP consists of an IUD, an implant, a tubectomy, and a vasectomy. Non-MKJP consists of injections, pills, and condoms. The planning of birth control is divided into two categories: postpartum birth control and non-postpartum birth control. Our findings from Table 6 in the experimental group show that there were differences in the type of contraception before and after counseling with animated video media. In line with Karno et al research in 2022, it is known that family planning counseling using video can affect the choice of contraceptive type (Karno et al., 2022). Research in 2020 showed research results that showed the influence of health education with audio-visual media on MKJP's intuitive decision-making (Wardani, 2020). In the control group, it can be known that there is no difference in the type of contraception used before and after counseling.



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In the control group, it can be known that there is no difference in the type of contraception used before and after counseling. These results are contrary to research conducted by Nirwana et al in 2023, which showed that there was an influence of counseling using a flipchart on the choice of contraceptive methods (Nirwana et al., 2023).

The planning of birth control is divided into two categories: postpartum birth control and non-postpartum birth control. Postpartum birth control is an effort to prevent pregnancy by using contraceptive methods, devices, or drugs immediately after giving birth, up to 42 days or 6 weeks after giving birth (Karno et al., 2022). Non-postpartum birth control is birth control that is used more than 42 days or 6 weeks after giving birth. There were differences in the selection of time planning for the use of postpartum birth control before and after counseling using animated video media and a flipchart. In line with Mahardany et al 2023 research, it is known that birth control counseling influences the decision to use postpartum birth control (Mahardany et al., 2023). Nurwita dan Rani research in 2024 also showed that there was a significant influence between counseling pregnant women and ABPK on the use of postpartum contraception (Nurwita & Rani, 2024)

CONCLUSION

There is an increase in knowledge after counseling with animated video media. The mean knowledge in the group that was given counseling treatment using animated video media was higher than the group that was given counseling treatment using a flipchart. Counseling using animated videos is more effective for improving knowledge and planning postpartum birth control decisions. When planning the selection of contraceptive types in groups given counseling with animated video media, it is known that there are more respondents who choose to use the type of contraception MKJP, and the time of contraception use chosen is postpartum birth control. Videos can be used as an educational medium to increase knowledge about postpartum birth control in hospitals. However, the role of midwives in providing postpartum birth control counseling also supports increasing the knowledge of pregnant women. Our findings can be a reference material for future research development and improvement

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