The Influence Of Health Education Using Focus Group Discussion (Fgd) Method On The Level Of Pregnant Women's Knowledge About Complementary Herbal Therapy In Reducing Discomfort During Pregnancy In Kebonagung Village, Sumowono District, Semarang District

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Abstract. Women during pregnancy experience many changes in themselves, both physically and psychologically. Physical discomfort can be felt from the start during pregnancy. In the first trimester, a mother usually experiences nausea, vomiting, fatigue and tiredness. Nausea and vomiting occur in 60-80% of primigravidas and 40-60% of multigravidas. The aim of the research is to determine the effect of health education using the FGD *(Focus Group Discussion) method* on the level of knowledge about herbal complementary therapy among pregnant women in Kebonagung Village, Sumowono Health Center Working Area**.** The design uses a *non- randomized quasi-experiment design , one group pretest posttest design* with the FGD (*Focus Group Discussion*) method. The population consists of pregnant women in the posyandu in Kebonagung Village, Sumowono District The sample used was 5 pregnant women who complained of nausea, vomiting and low back pain . The analysis technique used is *the Paired t-test.* The results showed that of the 5 respondents before being given health education, 40% of the respondents had sufficient knowledge and 40% had insufficient knowledge. After health education, all respondents were 100% well-informed, which means there was an increase in respondents' knowledge. This increase is significant with a value of $p = 0.002$ ($p < 0.05$). Complementary therapy is traditional medicine that has been recognized and can be used as a companion to conventional medical therapy. Health education really helps pregnant women in increasing their knowledge of complementary therapies and it is hoped that this can be applied to their lives.

Keywords: [Herbal Complementary Therapy, FGD]

INTRODUCTION

Physical and psychological changes in pregnant women can cause discomfort or complaints starting from the first to third trimester. Nausea, vomiting and weakness will be felt in young pregnant women. Apart from physical changes, pregnant women also experience emotional changes, including feelings of fear, sadness and happiness even if only for a few minutes, tending to be sensitive, easily jealous, asking for more attention, ambivalent feelings and insomnia (Nik Yusof Fuad et al., 2020).

Women during pregnancy experience many changes in themselves, both physically and psychologically. Physical discomfort can be felt from the start during pregnancy. In the first trimester, a mother usually experiences nausea, vomiting, fatigue and tiredness. Nausea and vomiting occur in 60-80% of primigravidas and 40-60% of multigravidas. The response to hormonal changes in each pregnant woman will be different, so not everyone experiences nausea and vomiting during pregnancy (A. Putri et al., 2016).

Nausea and vomiting in early pregnancy experienced by pregnant women is a physiological thing which is usually called emesis garvidarum, where if this is not handled properly it will become a problem in pregnancy, namely a pregnancy pathology called Hyperemesis gravidarum.

The complementary therapy services in pregnancy include herbs (ginger) in dealing with nausea (Ani Nurdiana, 2018). Overcoming discomfort such as nausea and vomiting during pregnancy can be done using non-pharmacological methods, namely consuming herbal preparations such as ginger, mint, relaxation techniques and aromatherapy (Oktaviani, 2022).

The aim of the research was to determine the effect of health education using the FGD *(Focus Group Discussion) method* on the level of knowledge about herbal complementary therapy among pregnant women in Kebonagung Village, Sumowono Health Center Working Area.

METHODS

A. Research Location and Time

mini research was carried out in Kebonagung village, the working area of the Sumowono Community Health Center, Semarang Regency in March 2024 with a *non- randomized quasi-experiment design , one group pretest posttest design* using the FGD (*Focus Group Discussion*) method.

B. Population and Sample

Population The research subjects were pregnant women in the posyandu in Kebonagung Village, Sumowono District The sample used was 5 pregnant women consisting of 1 pregnant woman in the 2nd trimester, 2 pregnant women in the 1st trimester and 2 pregnant women in the 3rd trimester who complained of nausea, vomiting and low back pain .

C. Research Design and Variables

In this *mini research,* herbal complementary therapy health education was determined as the independent variable and *knowledge of pregnant women as the* dependent *variable*

D. Research Instrument

The instrument or measuring tool used in this research is a questionnaire. A questionnaire is a data collection technique that is carried out by giving respondents several questions or written statements to answer (Sugiyono, 2019). This questionnaire uses a closed or structured questionnaire, which is made in such a way that respondents can easily fill in or answer them (Notoatmodjo, 2018)

E. Data Processing and Collection Techniques

1. Data collection technique

   The data collection technique is carried out using the following steps :

   a. Researchers coordinated with the Coordinating Midwife to collect data in Kebonagung Village.
   b. Researchers coordinated with the Kebonagung Village Midwife to attend classes for pregnant women at the posyandu and collect data.
   c. Post test data was collected using a questionnaire measuring the level of knowledge of pregnant women about herbal complementary therapy according to the instructions that have been explained.
   d. Providing health education to respondents directly using the FGD (*Focus Group Discussion*) method with the topics of physiological changes in pregnant women, discomfort in pregnant women and complementary herbal therapy in pregnant women.
   e. Evaluation by collecting data again after giving the material using the same questionnaire.

RESULTS AND DISCUSSION

A. Univariate Analysis

Knowledge about herbal complementary therapy before and after being given health education.

Table 4.1 Knowledge scores of pregnant women about complementary therapies before and after health education

Variables	N	Range	Minimum	Maximum	Mean
Pretest	5	2	5	7	6.2
Posttest	5	2	8	10	9

Based on the table above, the data obtained before being given health education intervention about complementary therapy to pregnant women, the median value was 6 with a minimum-maximum value of 5-7 and a range of 2. After being given health education intervention about

complementary therapy to pregnant women, there was an increase in the median value to 9, the minimum-maximum value is 8-10 with a range of 2.

Based on data from the questionnaire given to respondents , the respondents' knowledge data will be classified into three categories, namely good, sufficient and poor. Good category if the percentage result is 64% - 100% with a score of 6.4-10, fair if the percentage result is 54% - 64% with a score of 54-63, and Poor if the presentation result is <54% with a score <54.

Tabulation of knowledge data about herbal complementary therapy before and after being given health education is obtained as follows:

Table 4.2 Frequency distribution of knowledge about herbal complementary therapy before and after being given health education as follows:

Criteria	**Pretest**		**Posttest**	
	F	**Percentage**	**F**	**Percentage**
Good	1	20	5	100
Enough	2	40	0	0
Not enough	2	40	0	0
Amount	5	100	5	100

The frequency distribution of knowledge about herbal complementary therapy in table 4.2 shows that of the 5 respondents before being given health education, 40% of the respondents had sufficient knowledge and 40% had insufficient knowledge. After health education, all respondents were 100% well-informed, which means there was an increase in respondents' knowledge.

The distribution of scores for each knowledge questionnaire item about herbal complementary therapy before and after health education is as follows:

Table 4.3 Answers to the Knowledge Questionnaire about before and after health education Herbal complementary therapy

Knowledge questions about herbal complementary therapies		Before		After	
		Correct (%)	Wrong (%)	Correct (%)	Wrong (%)
1	Herbal complementary therapy is a conventional medical treatment (P)	5 (100%)	0	5 (100%)	0
2	Complementary herbal therapy cannot help pharmacological therapy in reducing the discomfort of pregnant women (N)	3 (60%)	2 (40%)	5 (100%)	0
3	nausea, vomiting, pain and stomach problems can be relieved using herbs (P)	4 (80%)	1 (20%)	5 (100%)	0
4	Lime is not an example of a type of herbal that is generally used as complementary therapy for pregnant women (N).	0	5 (100%)	4 (80%)	1 (20%)
5	Ginger decoction can relieve nausea and vomiting in pregnant women (P)	5 (100%)	0	5 (100%)	0
6	Pregnant women's pain can be relieved with lavender aromatherapy (P)	3 (60%)	2 (40%)	5 (100%)	0
7	A reliable source of information regarding herbal complementary therapy can only be obtained from doctors or medical personnel (P).	5 (100%)	0	5 (100%)	0
8	Complementary herbal therapy must be carried out by experienced personnel (N)	3 (60%)	2 (40%)	5 (100%)	0

9	Ginger pieces wrapped in cloth cannot reduce back pain without aromatherapy (N)	1 (20%)	4 (80%)	2 (40%)	3 (60%)
10	Ginger is not a type of herb that can relieve low back pain (N)	1 (20%)	4 (80%)	4 (80%)	1 (20%)

Based on table 4.3, distribution of questionnaire answers before being given health education, there are several items with a high percentage of wrong answers in the Unfavourable question, namely number 4 (Lime is not an example of a type of herbal that is generally used as a complementary therapy for pregnant women), number 9 (Slices of ginger are wrapped in cloth cannot reduce low back pain without aromatherapy), and number 10 (Ginger is not a type of herb that can relieve low back pain). After being given health education showing the presentation of answering correctly all items experienced an increase. The percentage in the Unfavorable question is number 4 (100% to 20%). This shows a change in knowledge for each questionnaire question number.

B. Bivariate Analysis

The influence of health education on the level of knowledge about herbal complementary therapy

Before carrying out a comparative analysis before and after treatment on the knowledge variable, a normality test is carried out first. The normality test used was the Shapiro-Wilk test because the number of samples was <50. After carrying out a normality test using the Shapiro-Wilk test shows that the pretest and posttest data show normal distribution data (0.314) on the pretest and posttest data (0.119) where p>0.05. So, in testing the comparison of pretest and posttest knowledge, we use a parametric test, namely the Paired T-Test.

Table 4.4 Analysis of the influence of health education on the level of knowledge about Herbal Complementary Therapy.

Change in Knowledge Level	Mean	Std. Deviation	P. Value
Pre Test - Post Test	-2.80000	.83666	0.002

Based on table 4.4 above, the results show that the p value is < 0.05 with a p.value of 0.002. In this way, significant changes were obtained in increasing the knowledge of pregnant women between before and after being given complementary herbal therapy health education. This shows that there is a significant influence on the provision of health education interventions to pregnant women.

Discussion

A. Level of knowledge of complementary herbal therapy in pregnant women before being given health education using the FGD *(Focus Group Discussion) method*

Based on research results, the mean value of the level of knowledge of complementary herbal therapy in pregnant women using the FGD *(Focus Group Discussion) method* is 6.2 , the minimum-maximum value is 5-7 and the range is 2. In the frequency distribution of knowledge before being given health education, 20% of mothers Pregnant women have a good level of knowledge, 40% have sufficient knowledge and 40% have poor knowledge.

Knowledge is the result of knowing or the result of someone sensing a particular object. Sensing occurs through the five human senses (Notoatmodjo, 2014).

Health information and information media can influence preventive behavior. The more health information a person obtains, the more permanent changes in behavior will occur. Individuals can obtain information through people closest to them or through the media, both print and electronic (Triwijayanti & Septiyani, 2023). This is in accordance

with Notoatmodjo (2010) who states that the presence or absence of information about health or health facilities will influence a person's behavior towards health facilities. The more frequently information is provided, the more permanent changes in behavior will occur.

B. Level of knowledge of complementary herbal therapy in pregnant women after being given health education using the FGD *(Focus Group Discussion) method*

Based on research results, it shows that the level of knowledge of complementary herbal therapy among pregnant women after being given health education using the FGD *(Focus Group Discussion) method* has increased, there is an increase in the median value to 9, the minimum-maximum value is 8-10 with a range of 2. In the frequency distribution of knowledge after being given health education, 100% of pregnant women have a good level of knowledge.

An increase in knowledge scores among pregnant women regarding herbal complementary therapy shows that there has been a learning process, which means there is a process of growth and development or change for the better in individuals, groups and society in education. Irma's research (2017) states that there is an influence of health education on increasing knowledge (Indriyani, 2017).

C. The influence of health education using the FGD *(Focus Group Discussion) method* on the level of knowledge of complementary herbal therapies in pregnant women

The research results showed that the median knowledge value before being given health education was 6.2, while after being given health education it increased to 9.0. The total difference in the median value of respondents' knowledge before (pretest) and knowledge after (posttest) was 3. The frequency distribution of knowledge about herbal complementary therapy was mostly sufficient knowledge and less knowledge (40%), after being given health education it was 100% for pregnant women

Based on the results of the Paired T-Test, a p value <0.05 was obtained with a p value of 0.002. In this way, significant changes were obtained in increasing the knowledge of pregnant women between before and after being given complementary herbal therapy health education. have good knowledge. The use of complementary therapies, especially medicines and herbal plants, is now an important part of the pregnancy process. The results of this research show that the sources of information about the use of medicines and herbal plants are mostly passed down from generation to generation, so there is no definite information about the use of medicines and herbal plants, especially for pregnant women and postpartum women. This is serious because uncertainty in information will have an impact on errors in the use of medicines and herbal plants. The information obtained is usually obtained from the woman's parents, mother-in-law and grandmother or older and more experienced family members (Larisa AJ Barnes, Lesley Barclay, Kirsten McCaffery, 2019).

Complementary therapy is traditional medicine that has been recognized and can be used as a companion to conventional medical therapy. In practice, complementary therapy can be carried out simultaneously with medical therapy. Pregnant women generally experience several complaints and discomforts during pregnancy, which can be overcome with complementary therapies (Triwijayanti & Septiyani, 2023). Herbs appear in various dosage forms, such as Aromatherapy Peppermint and Lemon to reduce nausea and vomiting in pregnant women (Ani & Machfudloh, 2021). Herbs are safe for use in pregnant women. The use of herbs during pregnancy has a 3.14 times higher chance of mothers who have experience using complementary herbal therapies compared to those who have never used them (Komang et al., 2023).

CONCLUSION

Complementary therapy in health services is non-conventional treatment aimed at improving people's health status. This therapy includes promotive, preventive, curative and rehabilitative efforts that have been tested for their quality, safety and effectiveness based on research and science. In this research, it was found that there was a significant change in the increase in knowledge of pregnant women between before and after being given complementary herbal therapy health education. This shows that there is a significant influence on the provision of health education interventions to pregnant women.

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