

The Increase of Mother's Knowledge and Attitudes After Education with Audio Visual Media About the Prevention of Acute Hepatitis of Unknown Aetiology

Usnal Aini¹, Joserizal Serudji², Nur Afrainin Syah³, Rima Semiarty⁴,
Malinda Meinapuri⁵, Rozi Sastra Purna⁶

¹Master Student of Midwifery Study Program, Faculty of Medicine, Universitas Andalas, Padang, Indonesia

²Department of Obstetrics and Gynecology, Faculty of Medicine, Universitas Andalas, Padang, Indonesia

³Department of Medical Education, Faculty of Medicine, Universitas Andalas, Padang, Indonesia

⁴Public Health Sciences, Faculty of Medicine, Universitas Andalas, Padang, Indonesia

⁵Department of Histology, Faculty of Medicine, Universitas Andalas, Padang, Indonesia

⁶Psychology Study Program, Faculty of Medicine, Universitas Andalas, Padang, Indonesia

Corresponding Author: Joserizal Serudji

DOI: <https://doi.org/10.52403/ijrr.20231022>

ABSTRACT

Background: In Indonesia, 18 suspected cases of acute hepatitis of unknown aetiology were found on May 11th, 2022. Vigilance efforts were needed by providing education to the public regarding how to prevent the disease. This study aims to determine the increase in mother's knowledge and attitudes after education with audio visual media about the prevention of acute hepatitis of unknown aetiology.

Methods: This study is an analytic descriptive study that was conducted in Ulak Karang Selatan Area of Padang City in April 2023. The study population was all mothers of children under-five in Ulak Karang Selatan Area of Padang City. Sample selection was carried out using consecutive sampling technique consist of 35 people in each group.

Results: The results showed that the average percentage of mothers who answered correctly increased from 51.7% to 88.4% after education with audio visual media. In the positive attitude statement, the average percentage of mothers who answered strongly agree increased from 34.0% to 66.6% after education with audio visual media. In the negative attitude statement, the average percentage of mothers who answered strongly disagree increased from 15.7% to 46.6% after education with audio visual media. In the control group, the average percentage of mother's knowledge and attitudes

were not much different between post-test and pre-test.

Conclusion: The increase in mother's knowledge and attitudes regarding the prevention of acute hepatitis of unknown aetiology was higher in intervention group that had been given education with audio visual media than the control group.

Keywords: [Knowledge, Attitudes, Audio Visual, Acute Hepatitis]

INTRODUCTION

Hepatitis is an inflammation of the liver. Hepatitis infection is usually caused by the hepatitis virus. The virus has five main types called types A, B, C, D and E. They transmit in different ways and cause different types of disease. Cases of acute hepatitis of unknown aetiology cause refer to hepatitis that is not caused by any of these five types of viruses.¹ The CDC is working with health departments and clinicians to identify and investigate the cause of this acute hepatitis in children.² Data from the UK Health Security Agency suggests that the causes of acute hepatitis include common adenovirus, new variant adenovirus, SARS-CoV-2 post-infection syndrome, drug, environmental or toxin

exposure, new pathogens, and new variant SARS-CoV-2, but this is still under further study.³

The World Health Organization (WHO) received a report on April 5th, 2022 from the United Kingdom about 10 cases of acute hepatitis of unknown aetiology. It occurred in children aged 11 months to 5 years in the period January to March 2022 in Central Scotland. On April 15th, 2022, WHO officially published acute hepatitis of unknown aetiology as an extraordinary event. Meanwhile, in Indonesia on May 11th, 2022, 18 suspected cases of acute hepatitis of unknown aetiology were found.⁴ The Health Ministry of Indonesian Republic said that vigilance efforts were needed by educating the public on how to prevent hepatitis. Some suggested prevention efforts include: 1) be aware of the initial symptoms that occur in patients with acute hepatitis, starting from symptoms such as diarrhea, vomiting, abdominal pain, and also the presence of low-grade fever that accompanies the symptoms; 2) implement preventive measures such as frequent handwashing with soap and hygiene food processing; 3) take the first treatment of the patient by bringing them to the nearest health service if the initial symptoms appear; 4) do not wait until further symptoms occur in the patient to bring them to the nearest health service. Some of the symptoms include yellow skin and eyes. Late treatment will worsen the patient's condition. Patients who experience a decrease in consciousness can be immediately followed up to the hospital to get ICU facilities.^{4,5}

The main target in this prevention effort is the mother of children under-five. Midwives as health workers who interact directly with mothers play an important role in providing information to increase mother's knowledge and attitudes. Knowledge is an important domain in shaping one's behavior. Behavior based on good knowledge will result in good behavior. A person's behavior that is not based on knowledge is difficult to act

and implement a healthy lifestyle, including for the prevention of acute hepatitis.⁶⁻⁸

This study uses audio visual media as a tool in providing direct education to mothers about acute hepatitis of unknown aetiology. Audio visual media has many advantages over ordinary counseling without using media, including: 1) Messages and information are more interesting with audio and images/animation; 2) Train individuals to develop abstract imagination; 3) Stimulate active participation of individuals after viewing the video; 4) Messages and information can be shared more easily; 5) Overcoming space and time limitations.⁹

The purpose of this study was to determine the increase in mother's knowledge and attitudes after education with audio visual media about the prevention of acute hepatitis of unknown aetiology.

MATERIALS & METHODS

This study is an analytic descriptive study, which is a method that serves to describe or provide an overview of the variables studied through data or samples that have been collected as they are without conducting analysis to make conclusions that apply to the population. In this study there were two groups, namely the intervention group and the control group. Mother's knowledge and attitudes in the intervention group were compared with control group. It study was conducted at Posyandu Cinta Sehat 11 and Posyandu Cinta Sehat 16 in Ulak Karang Selatan Area of Padang City in April 2023.

The study population was all mothers of children under-five in Ulak Karang Selatan Area of Padang City. The study sample in the intervention group was mothers of children under-five who visited Posyandu Cinta Sehat 11 and were given education with audio visual media. The study sample in the control group was mothers of children under-five who visited Posyandu Cinta Sehat 16 and were not given education with audio visual media. Selection of Posyandu using simple random sampling technique for each intervention group and control group. Then the selection of samples at the

Posyandu was carried out using consecutive sampling technique. The inclusion criteria in this study were mothers with children (0-59 months) who visited the Posyandu and had never been given education about acute hepatitis of unknown aetiology. Meanwhile, the exclusion criteria in this study were mothers who were not willing to be respondents and could not read/write. The total sample taken in this study was 35 people in each group.

RESULT

The average percentage of mothers who answered correctly was much higher after education with audio visual media (88.4%) than before education with audio visual media (51.7%). Meanwhile in the control group, the average percentage of mothers who answered correctly was not much different between post-test (50.3%) and pre-test (49.6%) (Table 1).

Table 1: Percentage of Respondents Who Answered Correctly in Intervention Group and Control Group

| Questionnaire Items | Intervention | | | | Control | | | |
|---------------------|--------------|-------------|-----------|-------------|----------|-------------|-----------|-------------|
| | Pre-test | | Post-test | | Pre-test | | Post-test | |
| | n | % | n | % | n | % | n | % |
| 1 | 8 | 22.9 | 35 | 100 | 6 | 17.1 | 10 | 28.6 |
| 2 | 29 | 82.9 | 35 | 100 | 12 | 34.3 | 23 | 65.7 |
| 3 | 25 | 71.4 | 32 | 91.4 | 27 | 77.1 | 31 | 88.6 |
| 4 | 19 | 54.3 | 34 | 97.1 | 15 | 42.9 | 14 | 40.0 |
| 5 | 21 | 60.0 | 32 | 91.4 | 19 | 54.3 | 20 | 57.1 |
| 6 | 21 | 60.0 | 33 | 94.3 | 20 | 57.1 | 22 | 62.9 |
| 7 | 5 | 14.3 | 31 | 88.6 | 4 | 11.4 | 3 | 8.6 |
| 8 | 7 | 20.0 | 25 | 71.4 | 4 | 11.4 | 4 | 11.4 |
| 9 | 8 | 22.9 | 22 | 62.9 | 5 | 14.3 | 5 | 14.3 |
| 10 | 5 | 14.3 | 22 | 62.9 | 5 | 14.3 | 4 | 11.4 |
| 11 | 6 | 17.1 | 23 | 65.7 | 5 | 14.3 | 5 | 14.3 |
| 12 | 9 | 25.7 | 28 | 80.0 | 13 | 37.1 | 11 | 31.4 |
| 13 | 20 | 57.1 | 34 | 97.1 | 29 | 82.9 | 26 | 74.3 |
| 14 | 17 | 48.6 | 33 | 94.3 | 27 | 77.1 | 23 | 65.7 |
| 15 | 23 | 65.7 | 32 | 91.4 | 21 | 60.0 | 19 | 54.3 |
| 16 | 25 | 71.4 | 29 | 82.9 | 18 | 51.4 | 16 | 45.7 |
| 17 | 23 | 65.7 | 34 | 97.1 | 23 | 65.7 | 19 | 54.3 |
| 18 | 32 | 91.4 | 35 | 100 | 34 | 97.1 | 32 | 91.4 |
| 19 | 33 | 94.3 | 35 | 100 | 33 | 94.3 | 34 | 97.1 |
| 20 | 26 | 74.3 | 35 | 100 | 27 | 77.1 | 31 | 88.6 |
| Average | | 51.7 | | 88.4 | | 49.6 | | 50.3 |

In the positive attitude statement, the average percentage of mothers who answered strongly agree was higher after education with audio visual media (66.6%) than before education with audio visual media (34.0%). There were no mothers who answered strongly disagree after education

with audio visual media (Table 2). In the negative attitude statement, the average percentage of mothers who answered strongly disagree was higher after education with audio visual media (46.6%) than before education with audio visual media (15.7%) (Table 3).

Table 2: Percentage of Respondents based on Answer about Positive Attitudes in Intervention Group

| Questionnaire Items | Pre-test | | | | | Post-test | | | | |
|---|----------|------|------|------|-----|-----------|------|------|-----|-----|
| | SA | A | N | D | SD | SA | A | N | D | SD |
| 1. I need to be vigilant if my child has acute hepatitis symptoms | 51.4 | 42.9 | 2.9 | 2.9 | 0.0 | 71.4 | 28.6 | 0.0 | 0.0 | 0.0 |
| 2. I think hepatitis can be prevented by regularly washing hands with soap. | 25.7 | 60.0 | 11.4 | 2.9 | 0.0 | 37.1 | 60.0 | 2.9 | 0.0 | 0.0 |
| 3. I need to provide clean and boiled water for my child. | 42.9 | 37.1 | 14.3 | 5.7 | 0.0 | 68.6 | 31.4 | 0.0 | 0.0 | 0.0 |
| 4. I need to wash my hands with soap properly before serving food. | 42.9 | 28.6 | 17.1 | 11.4 | 0.0 | 80.0 | 20.0 | 0.0 | 0.0 | 0.0 |
| 5. I need to wash my hands with soap properly before breastfeeding. | 31.4 | 42.9 | 17.1 | 8.6 | 0.0 | 65.7 | 34.3 | 0.0 | 0.0 | 0.0 |
| 6. I need to clean the stove and kitchen regularly. | 8.6 | 48.6 | 28.6 | 14.3 | 0.0 | 22.9 | 57.1 | 11.4 | 8.6 | 0.0 |
| 7. I need to wash my hands with soap properly before feeding my child. | 42.9 | 25.7 | 20.0 | 11.4 | 0.0 | 85.7 | 14.3 | 0.0 | 0.0 | 0.0 |
| 8. If symptoms appear, I do not need to panic, I | 17.1 | 34.3 | 31.4 | 8.6 | 8.6 | 65.7 | 34.3 | 0.0 | 0.0 | 0.0 |

| | | | | | | | | | | | |
|----------------|--|-------------|-------------|-------------|------------|------------|-------------|-------------|------------|------------|------------|
| | immediately check my child to the nearest health facility. | | | | | | | | | | |
| 9. | I need to feed my child with clean and well-cooked food. | 37.1 | 28.6 | 20.0 | 11.4 | 2.9 | 80.0 | 20.0 | 0.0 | 0.0 | 0.0 |
| 10 | I need to dispose of my child's stool or diapers in the right place. | 40.0 | 48.6 | 5.7 | 5.7 | 0.0 | 88.6 | 11.4 | 0.0 | 0.0 | 0.0 |
| Average | | 34.0 | 39.7 | 16.9 | 8.3 | 1.1 | 66.6 | 31.1 | 1.4 | 0.9 | 0.0 |

SA=Strongly Agree, A=Agree, N=Neutral, D=Disagree, SD=Strongly Disagree

Table 3: Percentage of Respondents based on Answer about Negative Attitudes in Intervention Group

| Questionnaire Items | | Pre-test | | | | | Post-test | | | | |
|---------------------|---|-------------|-------------|-------------|-------------|------------|-------------|-------------|------------|------------|------------|
| | | SA | A | N | D | SD | SA | A | N | D | SD |
| 1. | I do not need to wash cooking utensils in the kitchen regularly. | 45.7 | 14.3 | 11.4 | 25.7 | 2.9 | 57.1 | 25.7 | 2.9 | 14.3 | 0.0 |
| 2. | I can self-check my child if there are symptoms of acute hepatitis. | 22.9 | 14.3 | 25.7 | 37.1 | 0.0 | 48.6 | 48.6 | 0.0 | 2.9 | 0.0 |
| 3. | I do not need to reduce my mobility or keep my distance. | 0.0 | 40.0 | 31.4 | 20.0 | 8.6 | 5.7 | 77.1 | 8.6 | 5.7 | 2.9 |
| 4. | I don't think acute hepatitis is a dangerous disease so I don't need to be vigilant. | 5.7 | 37.1 | 28.6 | 14.3 | 14.3 | 48.6 | 48.6 | 2.9 | 0.0 | 0.0 |
| 5. | I think it is okay for my child to use the same cutlery as everyone else. | 5.7 | 48.6 | 14.3 | 14.3 | 17.1 | 40.0 | 60.0 | 0.0 | 0.0 | 0.0 |
| 6. | I do not need to keep my house and environment clean regularly. | 22.9 | 37.1 | 20.0 | 8.6 | 11.4 | 45.7 | 40.0 | 2.9 | 5.7 | 5.7 |
| 7 | There is no need for me or my child to wear a mask. | 0.0 | 28.6 | 28.6 | 37.1 | 5.7 | 8.6 | 65.7 | 22.9 | 0.0 | 2.9 |
| 8. | I do not think it is necessary for children to wash their hands after handling animals/poultry. | 22.9 | 45.7 | 20.0 | 8.6 | 2.9 | 82.9 | 17.1 | 0.0 | 0.0 | 0.0 |
| 9. | I think washing hands with water is enough. | 8.6 | 48.6 | 14.3 | 28.6 | 0.0 | 51.4 | 45.7 | 0.0 | 2.9 | 0.0 |
| 10. | I do not need to wash my hands with soap after defecating. | 22.9 | 37.1 | 17.1 | 5.7 | 17.1 | 77.1 | 22.9 | 0.0 | 0.0 | 0.0 |
| Average | | 15.7 | 35.1 | 21.1 | 20.0 | 8.0 | 46.6 | 45.1 | 4.0 | 3.1 | 1.1 |

SA=Strongly Agree, A=Agree, N=Neutral, D=Disagree, SD=Strongly Disagree

Table 4: Percentage of Respondents based on Answer about Positive Attitudes in Control Group

| Questionnaire Items | | Pre-test | | | | | Post-test | | | | |
|---------------------|--|------------|-------------|-------------|------------|------------|------------|-------------|-------------|-------------|------------|
| | | SA | A | N | D | SD | SA | A | N | D | SD |
| 1. | I need to be vigilant if my child has acute hepatitis symptoms | 8.6 | 85.7 | 2.9 | 2.9 | 0.0 | 2.9 | 54.3 | 28.6 | 11.4 | 2.9 |
| 2. | I think hepatitis can be prevented by regularly washing hands with soap. | 0.0 | 62.9 | 34.3 | 2.9 | 0.0 | 2.9 | 51.4 | 28.6 | 17.1 | 0.0 |
| 3. | I need to provide clean and boiled water for my child. | 5.7 | 77.1 | 11.4 | 5.7 | 0.0 | 2.9 | 22.9 | 60.0 | 11.4 | 2.9 |
| 4. | I need to wash my hands with soap properly before serving food. | 5.7 | 62.9 | 28.6 | 2.9 | 0.0 | 8.6 | 31.4 | 34.3 | 22.9 | 2.9 |
| 5. | I need to wash my hands with soap properly before breastfeeding. | 8.6 | 62.9 | 22.9 | 2.9 | 2.9 | 5.7 | 42.9 | 20.0 | 28.6 | 2.9 |
| 6. | I need to clean the stove and kitchen regularly. | 0.0 | 51.4 | 40.0 | 8.6 | 0.0 | 0.0 | 45.7 | 37.1 | 11.4 | 5.7 |
| 7 | I need to wash my hands with soap properly before feeding my child. | 11.4 | 74.3 | 8.6 | 5.7 | 0.0 | 2.9 | 11.4 | 65.7 | 11.4 | 8.6 |
| 8. | If symptoms appear, I do not need to panic, I immediately check my child to the nearest health facility. | 8.6 | 80.0 | 5.7 | 2.9 | 2.9 | 22.9 | 74.3 | 0.0 | 2.9 | 0.0 |
| 9. | I need to feed my child with clean and well-cooked food. | 17.1 | 68.6 | 5.7 | 5.7 | 2.9 | 5.7 | 57.1 | 20.0 | 17.1 | 0.0 |
| 10. | I need to dispose of my child's stool or diapers in the right place. | 2.9 | 97.1 | 0.0 | 0.0 | 0.0 | 14.3 | 62.9 | 8.6 | 5.7 | 8.6 |
| Average | | 6.9 | 72.3 | 16.0 | 4.0 | 0.9 | 6.9 | 45.4 | 30.3 | 14.0 | 3.4 |

SA=Strongly Agree, A=Agree, N=Neutral, D=Disagree, SD=Strongly Disagree

Table 5: Percentage of Respondents based on Answer about Negative Attitudes in Control Group

| Questionnaire Items | | Pre-test | | | | | Post-test | | | | |
|---------------------|--|----------|------|------|-----|-----|-----------|------|------|------|-----|
| | | SA | A | N | D | SD | SA | A | N | D | SD |
| 1. | I do not need to wash cooking utensils in the kitchen regularly. | 22.9 | 77.1 | 0.0 | 0.0 | 0.0 | 2.9 | 45.7 | 40.0 | 11.4 | 0.0 |
| 2. | I can self-check my child if there are symptoms of acute hepatitis. | 2.9 | 60.0 | 37.1 | 0.0 | 0.0 | 5.7 | 57.1 | 25.7 | 11.4 | 0.0 |
| 3. | I do not need to reduce my mobility or keep my distance. | 11.4 | 77.1 | 8.6 | 2.9 | 0.0 | 0.0 | 34.3 | 51.4 | 11.4 | 2.9 |
| 4. | I don't think acute hepatitis is a dangerous disease so I don't need to be vigilant. | 8.6 | 68.6 | 14.3 | 8.6 | 0.0 | 2.9 | 45.7 | 31.4 | 20.0 | 0.0 |
| 5. | I think it is okay for my child to use the same | 0.0 | 62.9 | 28.6 | 8.6 | 0.0 | 5.7 | 42.9 | 20.0 | 28.6 | 2.9 |

| | | | | | | | | | | | |
|----------------|---|------------|-------------|-------------|------------|------------|------------|-------------|-------------|-------------|------------|
| | cutlery as everyone else. | | | | | | | | | | |
| 6. | I do not need to keep my house and environment clean regularly. | 0.0 | 54.3 | 31.4 | 14.3 | 0.0 | 2.9 | 45.7 | 34.3 | 11.4 | 5.7 |
| 7 | There is no need for me or my child to wear a mask. | 8.6 | 57.1 | 17.1 | 17.1 | 0.0 | 0.0 | 20.0 | 48.6 | 25.7 | 5.7 |
| 8. | I do not think it is necessary for children to wash their hands after handling animals/poultry. | 5.7 | 74.3 | 11.4 | 8.6 | 0.0 | 5.7 | 74.3 | 8.6 | 11.4 | 0.0 |
| 9. | I think washing hands with water is enough. | 17.1 | 71.4 | 11.4 | 0.0 | 0.0 | 2.9 | 68.6 | 17.1 | 11.4 | 0.0 |
| 10. | I do not need to wash my hands with soap after defecating. | 20.0 | 77.1 | 0.0 | 2.9 | 0.0 | 8.6 | 68.6 | 5.7 | 8.6 | 8.6 |
| Average | | 9.7 | 68.0 | 16.0 | 6.3 | 0.0 | 3.7 | 50.3 | 28.3 | 15.1 | 2.6 |

SA=Strongly Agree, A=Agree, N=Neutral, D=Disagree, SD=Strongly Disagree

Meanwhile in the control group, in the positive attitude statement, the average percentage of mothers who answered strongly agree was the same between post-test (6.9%) and pre-test (6.9%). If compared to the intervention group, the average percentage of mothers who answered strongly agree was much lower in the control group both post-test and pre-test. Likewise, in the negative attitude statement, the average percentage of mothers who answered strongly disagree decreased between pre-test (9.7%) and post-test (3.7%). If compared to the intervention group, the average percentage of mothers who answered strongly disagree was much lower in the control group both post-test and pre-test.

DISCUSSION

Mother's Knowledge

The results of this study showed that the average percentage of mothers who answered correctly increased from 51.7% to 88.4% after education with audio visual media. Meanwhile, in the control group, the average percentage of mothers who answered correctly was not much different between post-test (50.3%) and pre-test (49.6%). The increase in mother's knowledge about the prevention of acute hepatitis of unknown aetiology was higher in the intervention group that had been given education with audio visual media than the control group. This was in line with the research of Qalsum et al. (2023) which found that the percentage of mothers with good knowledge increased from 46.3% to 85.4% after education with audio visual media in the working area of the Melak Health Center.¹⁰ Research by Astuti et al.

(2021) also found that the percentage of mothers with good knowledge increased from 18.5% to 33.3% after education with video media at the Blora Health Center.¹¹ According to Notoatmodjo (2017), the process of forming new behavior in a person starts from the cognitive domain, in the sense that the subject knows in advance about the stimulus in the form of material or objects outside it. Then it causes new knowledge in the subject. Knowledge possessed by individuals is one of the determining factors for seeking and requesting health service. It is also stated that the higher the individual's knowledge of the consequences caused by a disease, the higher the prevention efforts made.^{12,13} The educational media developed in this study was audio visual media in the form of videos. Video media is one type of audio-visual media because video media utilizes the sense of sight and also the sense of hearing. The use of media that utilizes more senses will further increase understanding of information, so the use of audio visual media will make it easier for someone to understand the information provided.¹⁴ This is in line with the theory from Sadiman (2018) which states that video can provide stimulation to vision and hearing based on psychomotor, behavioristic, and cognitive, therefore respondents are able to obtain information through the sense of hearing (ears) and the sense of vision (eyes), so that the information conveyed can be obtained with maximum results.¹⁵ According to experts, the eyes are the senses that channel the most knowledge to the brain, which is around 75% to 87%, while the rest is channelled by other senses, which is around 13-25%.¹⁶ Video media helps clarify

learning messages. Information conveyed verbally is sometimes not fully understood, especially if it is insufficient in explaining the material. This is the advantage of video media, as a tool to clarify learning messages with a short duration and concise and clear educational material that is more easily accepted by respondents.¹⁷

Mother's Attitude

The results showed that in the positive attitude statement, the average percentage of mothers who answered strongly agree increased from 34.0% to 66.6% after education with audio visual media. In the negative attitude statement, the average percentage of mothers who answered strongly disagree increased from 15.7% to 46.6% after education with audio visual media. Meanwhile in the control group, the average percentage of mothers who answered strongly agree was the same between post-test (6.9%) and pre-test (6.9%) on positive attitude statements. Likewise, in the negative attitude statement, the average percentage of mothers who answered strongly disagree decreased between pre-test (9.7%) and post-test (3.7%) in the control group. This is in line with the research of Astuti et al. (2021) which found that the percentage of mothers who had a good attitude increased from 27.7% to 31.5% after education with video media at the Blora Health Center.¹¹ Jafar research (2020) also found that the percentage of mothers who had a positive attitude increased from 56% to 96% after being given counseling using video media at SMPN 3 Narmada, Narmada District, Lombok Bara Regency.¹⁸

The increase in mother's attitudes in this study was in accordance with the explanation of Notoadmojo (2017) that knowledge plays an important role for a person in determining attitudes.¹² According to the theory of behavior change, it can be seen that attitudes are influenced by several factors, namely knowledge and beliefs based on perceived needs and benefits.¹⁹ Attitude is a readiness or willingness to act.

The process of attitude change in individuals is influenced by the reception of a message, and how important and relevant the message is to the individual. In this study, it was found that the mother's knowledge increased after education with audio visual media so that this directly improved the mother's attitude. To realize an attitude into a real action, supporting factors or an enabling condition are needed, including facilities, support from other parties, for example from family, parents, peers and others.^{12,13}

CONCLUSION

The increase in mother's knowledge and attitudes regarding the prevention of acute hepatitis of unknown aetiology was higher in the intervention group who had been given education with audio visual media than the control group. The average percentage of mothers who answered correctly increased from 51.7% to 88.4% after education with audio visual media. In positive attitude statements, the average percentage of mothers who answered strongly agree increased from 34.0% to 66.6% after education with audio visual media. In the negative attitude statement, the average percentage of mothers who answered strongly disagree increased from 15.7% to 46.6% after education with audio visual media. Meanwhile, in the control group, the average percentage of mother's knowledge and attitudes were not much different between post-test and pre-test.

The prevention of acute hepatitis of unknown aetiology is the responsibility of all parties. It is important to prevent and overcome this disease so that the rate of spread of this disease can be controlled. With this health education for mothers, it is hoped that it can increase the knowledge and attitude regarding hepatitis disease. The increase in the level of early awareness, prevention and management of this disease can be carried out so that the number of cases in the community can be controlled.

Declaration by Authors

Ethical Approval: Approved

Acknowledgement: None

Source of Funding: None

Conflict of Interest: The authors declare no conflict of interest.

REFERENCES

1. UNICEF Indonesia. Severe acute hepatitis of unknown aetiology among children;2022. Accessed on September 8th, 2023 from <https://www.unicef.org/indonesia/id/hepatitis-akut-berat-yang-belum-diketahui-penyebabnya-di-kalangan-anak-anak>.
2. CDC. General Overview. Accessed on September 1th, 2023 from <https://www.cdc.gov/ncird/investigations/hepatitis-unknown-cause/overview-what-to-know.html>.
3. WHO. Acute hepatitis of unknown aetiology – the United Kingdom of Great Britain and Northern Ireland. Accessed on September 1th, 2023 from <https://www.who.int/emergencies/diseases/ou-tbreak-news/item/2022-DON368>.
4. Kemenkes. Emerging Infection: Acute Hepatitis of Unknown Aetiology. Accessed on September 5th, 2023 from <https://infeksiemerging.kemkes.go.id/situasi-infeksi-emerging/kasus-hepatitis-akut-yang-tidak-diketahui-etiloginya-acute-hepatitis-of-unknown-aetiology>.
5. Ferawati AL, Masrofi MD, Anggraeni NR. Literature Review: Acute Hepatitis. Jember: Public Health Faculty of Universitas Muhammadiyah Jember; 2022.
6. Farras ET. Analysis of Factors Affecting Interest in Reporting SPT through E-filling (at WPOP KPP Sukoharjo). *ADI Pengabdian Kepada Masyarakat*;2021; 2:8-18.
7. Moerdjoko S, et al. Environmental Health and Management in Joint School SMAN Cahaya Madani Banten Boarding School, Pandeglang Regency, Banten. *ADI Pengabdian Kepada Masyarakat*; 2021; 2(1):26-35.
8. Retnaningtyas E, et al. Efforts to Increase Pregnant Women's Knowledge through Education on the Nutritional Needs of Pregnant Women. *ADI Pengabdian Kepada Masyarakat*;2022;2(2):19-24.
9. Rahmayanti, N. Effect of Nutrition Education with Video and Booklet Methods on Changes in Fruit and Vegetable Consumption Behaviour among Students of MTsN 1 Padang City in 2018. Padang: Public Health Faculty of Andalas University; 2018
10. Qalsum, U. Noorma, N. Haloho, Cristinawati B/R. The Effect of Providing Health Education Using Video Media on Pregnant Women's Knowledge about Hepatitis B in the Mela Health Center Work Area. 2023. *Formosa Journal of Science and Technology (FJST)*;2023;2(2):597-616
11. Astuti, A. Anggraini, DD. The Effect of "VISIP - HB" Towards Changes in Knowledge and Attitudes of Hepatitis B Prevention in Pre-Conception Women. 2021. *Jurnal SMART Kebidanan*; 2021; 8(1):26-33
12. Notoadmodjo. Health Education and Behaviour. Jakarta: Rineka Cipta; 2017.
13. Pakpahan M, et al. Health Promotion and Health Behaviour. Medan: Yayasan Kita Menulis; 2021.
14. Harsismanto, J. Oktavidiati, E. Astuti, D. Effect of Video and Poster Media about Health Education on Children's Knowledge and Attitude in Preventing Diarrhoeal Diseases. *Jurnal Kesmas Asclepius*; 2019;1(1):75-85.
15. Sadiman, AS. Harjito. Haryono, A. Educational Media: Definition, Development and Utilisation. 18th ed. Depok: PT. Rajagrafindo Persada;2018
16. Amperatmoko, AS. Apriningsih, A. Makkiyah, FA. Wahyuningtyas, W. Differences in the Effectiveness of Educational Media on Anaemia on Knowledge, Attitude, Self-efficacy of Adolescent Girls in Sirnagalih Village. *Jurnal Kesehatan Komunitas*. 2022;8(1): 146-153.
17. Safitri VA, Pangestuti DR, Kartini A. The Effect of Educational Video on Mothers' Knowledge and Attitude in Exclusive Breastfeeding at Puskesmas Bulu Lor 2021. *Media Kesehatan Masyarakat Indonesia*; 2021;20(5):342-8.
18. Jafar, SR. Health Education for Adolescents on Risk Factors Associated with Hepatitis B Disease with Video Media. 2020. *Open Journal System*;2020; 14(7).
19. Astuti RD. The Effect of Animated Video Media Counseling about Stunting on Mother's Attitudes in Stunting Prevention in the Pademangan District Health Centre

Usnal Aini et.al. *The increase of mother's knowledge and attitudes after education with audio visual media about the prevention of acute hepatitis of unknown aetiology*

Area, North Jakarta. Jakarta: Universitas Islam Sultan Agung Semarang; 2023.

How to cite this article: Usnal Aini, Joserizal Serudji, Nur Afrainin Syah, Rima Semiarty, Malinda Meinapuri, Rozi Sastra Purna. The increase of mother's knowledge and attitudes after education with audio visual media about the prevention of acute hepatitis of unknown aetiology. *International Journal of Research and Review*. 2023; 10(10): 168-175. DOI: <https://doi.org/10.52403/ijrr.20231022>
