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THE EFFECT OF COUNSELING AND ECONOMIC STATUS ON PATIENT KNOWLEDGE ABOUT DRUGS

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ABSTRACT

Counselling and economic status affect patients' knowledge of drugs. The purpose of this study was to identify the effect of counselling using audio-visual media and economic status on patients' knowledge of drugs at the Pharmacy Installation of Langsa Hospital. This research was a true experiment with a 2x2 by level design. The population included the outpatients at the Pharmacy Installation at Langsa Hospital. A total of 28 outpatients served as research samples; consisting of the experimental group (n=14) and the control group (n=14). Consecutive sampling was employed as sampling technique. The results showed that there was a significant difference in the average knowledge between the patients who received counselling using audio-visual media and those using leaflets (p-value = 0.005). There was a significant difference in the mean scores of knowledges about drugs based on the economic status in the experimental group (p-value = 0.008) and in the control group (p-value = 0.005). There was no interaction between counselling using media and economic status on patients' knowledge about drugs (p-value = 0.504). There was a significant difference in the mean scores of knowledges between patients received counselling using audio-visual media and those using leaflet and with high economic status (p-value = 0.004) and in patients with low economic status (p-value = 0,011). This study concludes that giving counselling to patients using audio visual media increased patient knowledge on both patients with high economic and low economic status. It is suggested that the management of Langsa Hospital regularly organizes health promotion through counselling using audio-visual media in the waiting room or the pharmacy installation to increase patients' knowledge of drugs.

Keywords: *audio visual, knowledge of drugs, leaflet*

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1. INTRODUCTION

Pharmaceutical services in hospitals are part of the hospital health care system. Pharmaceutical services include identifying, preventing, and solving drug-related problems. The goal of improving pharmaceutical services is to ensure that patients get treatment as needed and at the right dosage (Saiful, Nugraheni, & Medisa, 2019). Inappropriate drug use can be in the form of overuse, underuse and inappropriate drug use, indication, dosage, method and duration of use and so on. others (misuses). Improper use of drugs can also be caused by inadequate drugs or drug services, and lack of knowledge about the drugs patients receive. This affects the outcome of patient treatment.

Based on Basic Health Research in 2013, it was found that 32.1% of households kept medicines that were being used and 47.0% of households kept leftover medicines which were leftovers from previous drug use that were not used up. Meanwhile, ideally leftover prescription drugs should not be stored because they can lead to misuse. Inadequate knowledge about drug information and lack of communication skills in drug information services requires an educational effort to optimize community communication skills related to drug information services to support optimal treatment and form empowered and understanding communities, drug information and treatment (Pratiwi et al., 2016).

Knowledge, attitudes and actions towards drug information are part of health behavior. Every health behavior can be seen as a function of the overall influence of (a) predisposing factors, including knowledge, attitudes and perceptions, (b) supporting factors, including facilities and infrastructure, and (c) the need for reinforcement to support social and legal regulations. The need for drug information is an important aspect to increase the knowledge of drug users.

According to Pratiwi et al. (2016), increasing patient knowledge of drugs can be done by exposing patients to various health information. Health information can be delivered through printed media, electronic media and other kinds of media. One can gain knowledge through the detection of the five senses, namely the senses of sight, hearing, smell, taste and touch. Therefore, audio-visual media is an educational medium that combines audio and visualization of educational information.

Langsa Hospital data for 2021 showed that the pharmaceutical services were carried out by the Pharmacy Installation. Most of the drug prescriptions that had been completed at the Outpatient Pharmacy Depot, Langsa General Hospital, are mostly taken by patients in the afternoon after the service was finished. This is because patients can't wait for the prescription to be completed. This also causes the provision of drug information to be less than optimal. To get an explanation regarding medication, patients usually ask the doctor or nurse at the polyclinic where they are treated.

When there is a shortage of drugs prescribed by doctors, pharmacists at the Langsa General Hospital Outpatient Pharmacy Depot make substitutions with the doctor's approval. This causes complaints from patients because the drugs prescribed by doctors are drugs with trade names but due to a shortage issue, they are replaced with generic drugs that have the same active

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substance. Complaints from patients are due to the assumption that generic drugs are cheap drugs that are not of good quality.

Ayuningtya & Panggabean (2010) found that many people still consider generic drugs to be middle-lower class drugs because they are relatively cheap. This is because general knowledge about generic drugs is currently relatively low. Sitindaon (2010) also found that public generally thinks that price is always directly conforming to quality and that the quality of generic drugs is not as good as patent drugs. However, this perception is likely misleading since the pharmaceutical industry is one of the industries with the most stringent regulations. The government implements a strict national manufacturing standard known as GMP (Good Manufacturing Practice) or c-GMP (Current Good Manufacturing Practice). (Ika, Maharani, & Rahmayani, 2019).

Apart from misperceptions about generic drugs, patients' low knowledge of drugs is also shown by the large number of patients who complain that the inhalers given are not enough, even though the pharmacist has counted the sausages according to the doctor's prescription. This complaint can be caused by the inaccuracy of the drug administration technique, which causes a small amount of drug to enter the lungs. According to Pratiwi et al. (2016), this happens because people do not involve an understanding of techniques and the correct time to use them.

Museum and Fossil (2019) state that economic conditions in a family can affect knowledge. Families that are sufficient in meeting their needs tend to provide the possibility for their family members to grow and develop physically well. Therefore, good economic status in a family will have an influence on physical growth and development, including the growth of intelligence, talent, interest, health, readiness, maturity and so on. In a previous study conducted at the Bhakti Mulia Sukoharjo Polytechnic, Raharjo, Mulyoto, & Suryani (2016) found that there was a statistically significant influence between the provision of counseling and the economic status of students.

A person's economic level is closely related to various health problems. People with a low economic level will concentrate more on meeting basic needs that support their lives and family life, whereas people with a high economic level will have a greater opportunity to pursue education. People with a high economic level will more easily receive information so that they have more knowledge, this has an impact on attention to the health of themselves and their families. Economic status has an impact on meeting the primary, secondary and tertiary needs of the family (Haryani, Purwati & Satrianingsih, 2017).

To strengthen temporary suspicions about patient knowledge related to drugs, researchers conducted an initial survey at the Langsa Hospital Pharmacy Installation. The results of the initial survey showed that of the 30 patients who bought drugs at the outpatient pharmacy, 10 (33.33%) of them had good knowledge about drugs, but 20 (66.67%) had poor knowledge. This initial survey was conducted randomly on patients at the Pharmacy Installation of Langsa Hospital using a survey method using a questionnaire containing questions about

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drug classification, drug use rules, how to take medicine, how to store medicine, how to destroy drugs and generic drugs.

Diverse economic status can provide a variety of one's understanding of certain objects (Vincentia, 2010). The fact that is happening at this time is that not all patients understand and are aware of what to do about the drugs they are using so as to prevent abuse, and unwanted drug interactions and low understanding of the community consisting of various statuses, counseling regarding drugs is needed. to support optimal treatment. Health education is expected to be able to change the behavior of people and society from unhealthy behavior to healthy behavior in this case related to proper and rational drug use techniques so as to increase patient knowledge of pharmaceutical services. Leading to the potential of audio-visual media as an educational medium that has high potential in increasing patient knowledge about drugs. For this reason, researchers are interested in conducting research on the effect of counselling and economic status on outpatient knowledge about drugs at Langsa Hospital in 2022.

2. RESEARCH METHOD

This was a true experiment with a treatment design by level 2x2. This type of study gives treatment to one or more experimental groups and compares them with one or more control groups. This present study used two groups of research subjects, namely: 1) experimental group, namely patients in the Pharmacy Installation of Langsa Hospital who were given counseling using Audio Visual (Video) Media; and 2) control group, namely patients in the Pharmacy Installation of Langsa Hospital who were given counseling using leaflets. The target population in this study were Langsa Hospital outpatients who took medication at the Pharmacy Installation. The sample in this study were some of the outpatients who received services at the Langsa Hospital Pharmacy Installation who were given counseling using audio-visual media (video) and counseling using leaflets based on high economic status and low economic status with predetermined inclusion and exclusion criteria. The research sample consisted of 28 people consisting of the experimental group (n = 14) and the control group (n = 14) people. The sampling technique in this study was carried out by consecutive sampling.

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3. RESULTS

Univariate Analysis

a. Respondents' Characteristics

Table 1. Respondents' Characteristics in Experimental and Control Groups

No.	Respondents' Characteristics	Experimental Group		Control Group	
		N	%	N	%
1.	**Sex**				
	Male	5	35,7	9	64,3
	Female	9	64,3	5	35,7
	Total	**14**	**100,0**	**14**	**100,0**
2.	**Age**				
	32 – 40 years	4	28,6	6	42,9
	41 - 49 years	7	50,0	6	42,9
	50 – 59 years	3	21,4	2	14,2
	Total	**14**	**100,0**	**14**	**100,0**
3.	**Education**				
	Low (primary - secondary)	7	50,0	6	42,9
	Moderate (senior high)	2	14,3	3	21,4
	High (D3/bachelor/post graduate)	5	35,5	5	35,7
	Total	**14**	**100,0**	**14**	**100,0**
4.	**Occupation**				
	Government officer IV A	3	21,4	4	28,6
	State corporate officer	1	7,1	0	0,0
	Enterpreneur	3	21,4	3	21,4
	Farmer	0	0,0	3	21,4
	Labor	2	14,3	4	28,6
	Retailer	5	35,8	0	0,0
	Total	**14**	**100,0**	**14**	**100,0**
5.	**Earnings**				
	Rp <1,5 jt/month	5	35,7	4	28,6
	Rp 1,5 – 2,5 jt/month	2	14,3	3	21,4
	Rp ≥ 3,5 jt/month	7	50,0	7	50,0
	Total	**14**	**100,0**	**14**	**100,0**
6.	**Size of households**				
	≤2 people	6	42,9	5	35,7
	>2 people	8	57,1	9	64,3
	Total	**14**	**100,0**	**14**	**100,0**
7	**Economic status**				
	high	7	50,0	7	50,0
	low	7	50,0	7	50,0
	Total	**14**	**100,0**	**14**	**100,0**

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Table 1. shows that the majority of the experimental group were women, as many as 9 people (64.3%), while in the control group the majority were men, namely as many as 9 people (64.3%). Based on age, it was found that half of the experimental group were aged 41-49 years, namely 7 people (50%), while in the control group, both aged 32-40 years and 41-49 years, the number was the same, namely 6 people (42.9 %). Based on education, half of the experimental group had low education, namely 7 people (50%) while in the control group, more people had low education, namely 6 people (42.9%). Based on occupation, the experimental group mostly worked as small traders/entrepreneurs, namely 5 people (35.8%), while in the control group, both those who worked as active civil servants for class IVA and worked as laborers were the same number, namely 4 people (28.6 %). Based on income, half of the experimental group and the control group each have an average income of > Rp. 3,500,000 per month, that is 7 people (50%). Based on the number of dependents, both the experimental group and the control group had a majority of >2 people, namely 8 people (57.1%) in the experimental group and 9 people (64.3%) in the control group. Based on economic status, both the experimental group and the control group consisted of 50% high socioeconomic status and 50% low socioeconomic status respectively.

Furthermore, before carrying out bivariate analysis, normality tests and homogeneity tests were carried out. The normality test used in this study is the Shapiro Wilk Test (with sample conditions <50). Based on the results of the normality test, p-values were obtained > 0.05 in all study groups. This shows that in all study groups, patient knowledge data about drugs before the intervention and after the intervention were normally distributed.

Bivariate Analysis

Bivariate analysis was used to test the hypothesis that counseling with audio-visual media (video) has more effect on increasing patient knowledge about drugs than counseling with leaflets by analyzing the results of differences in pre-test and post-test increases after counseling using videos and leaflets on each group.

The statistical test used to see the average difference in patient knowledge about drugs before and after being given counseling using leaflets with counseling using audio-visual media (video) in this study was the paired t-test. An independent t-test was used to compare patient knowledge about drugs after being given counseling using leaflets and after being given counseling using audio-visual media (video). To test the effect of the interaction (interaction effect) between educational media and economic status on patient knowledge about drugs, the Two Ways ANOVA test was used.

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Table 3. Differences in Patient Knowledge About Drugs in the Pharmacy Installation of Langsa Hospital in Patients After Being Counseled Using Audio Visual (Video) Media and After Being Given Counseling Using Leaflets.

Group	**Mean**	**SD**	**SE**	***p-value***	**N**
Audio visual media	8,71	2,492	0,667	0,005	14
Leaflet	6,29	1,490	0,398		14

From the results of the independent t-test analysis, it was found that the patient's knowledge of drugs in the experimental group (counseling using audio-visual media) and in the control group (counseling using leaflets) showed a significant difference in terms of the difference in total scores (p-value = 0.005). These results indicate that the increase in patient knowledge in the group that was given counseling using audio-visual media was greater than in the group that was given counseling using leaflets. This is indicated by the mean difference in the audio-visual media group, which is 8.71, while in the leaflet group it is only 6.29.

Table 4. Differences in Knowledge about Drugs in Outpatient Patients at the Pharmacy Installation of Langsa Hospital with High Economic Status and Patients with Low Economic Status

Economic Status	Experimental Group (Counseling using audio visual media)			Control Group (Counseling using leaflet)			N
	Mean	SD	*p-value*	Mean	SD	*p-value*	
High economic status	9,71	0,756	0,008	7,71	2,059	0,005	14
Low economic status	7,71	1,380		4,86	2,116		14

The average level of knowledge of patients with high economic status after being given counseling using audio-visual media was 9.71 with a standard deviation of 0.756, while the average level of knowledge of patients with low economic status was 7.71 with a standard deviation of 1.380. The statistical test results obtained p-value = 0.008, which means that at 5% alpha it can be seen that there is a significant difference in the average patient's knowledge of drugs after being given counseling using audio-visual media based on high economic status and low economic status.

The average level of knowledge of patients with high economic status after being given counseling using leaflets was 7.71 with a standard deviation of 2.059, while the average level of knowledge of patients with low economic status was 4.86 with a standard deviation of 2.116. The statistical test results obtained p-value = 0.005, which means that

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at alpha 5% it can be seen that there is a significant difference in the average knowledge of patients about drugs after being given counseling using leaflets based on high economic status and low economic status.

The Interaction Between Counseling Media and Economic Status on Patient Knowledge About Drugs in the Pharmacy Installation of Langsa Hospital

Two-way ANOVA is used to test the main effect, interaction effect, and simple effect between the media and economic status on patient knowledge about drugs. In Table 5 below, you can see the results of Two-way ANOVA.

Table 5. Statistical Results of Two Way ANOVA

Source	Type III Sum Of Squares	Df	Mean Square	F	*p-value*
Corrected Model	83.857[a]	3	27.952	9.991	0.000
Intercept	1575.000	1	1575.000	562.979	0.000
Media	41.286	1	41.286	14.757	0.001
Economic status	41.286	1	41.286	14.757	0.001
Media*Economic status	1.286	1	1.286	0.460	0.504
R^2=0,555					
Adjusted R^2=0,500					

Based on the results of the two-way Anova test in Table 5, it shows a p-value = 0.504 at a significant level of $\alpha = 0.05$ ($p > 0.05$), meaning that there is no interaction between providing counseling using certain media (videos and leaflets) and economic status by increasing patient knowledge about drugs at the Langsa Hospital Pharmacy Installation.

Table 6. Differences in Patient Knowledge About Drugs by Providing Counseling Using Audio Visual Media and Counseling Using Leaflets in Patients with High Economic Status

Economic Status		Experimental Group (Counseling using audio visual media)		Control Group (Counseling using leaflet)		*p-value*	N
		Mean	SD	Mean	SD		
High status	Economic	9,71	0,756	7,71	2,059	0,004	14

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The average level of patient knowledge about drugs in patients with high economic status after being given counseling using audio-visual media is 9.71 with a standard deviation of 0.756, while the average patient's knowledge about drugs after being given counseling using leaflets is 7.71 with a standard deviation 2,059. The statistical test results obtained p-value = 0.004, which means that at alpha 5% it can be seen that there is a significant difference in the average patient's knowledge of drugs after being given counseling using audio-visual media and counseling using leaflets in patients with high economic status.

Table 7. Differences in Patient Knowledge About Drugs by Providing Counseling Using Audio Visual Media and Counseling Using Leaflets in Patients with High Economic Status

Economic Status	Experimental Group (Counseling using audio visual media)		Control Group (Counseling using leaflet)		*p-value*	N
	Mean	SD	Mean	SD		
Low economic status	7,71	1,380	4,86	2,116	0,011	14

The average level of patient knowledge about drugs in patients with low economic status after being given counseling using audio-visual media is 7.71 with a standard deviation of 1.380, while the average patient's knowledge about drugs after being given counseling using leaflets is 4.86 with a standard deviation 2,116. The statistical test results obtained p-value = 0.011, which means that at 5% alpha it can be seen that there is a significant difference in the average patient's knowledge of drugs after being given counseling using audio-visual media and counseling using leaflets in patients with low economic status.

4. DISCUSSION

1. Differences in patient knowledge about drugs after being given counseling using Audio Visual Media (Video) and after being given counseling using leaflets at the Pharmacy Installation of Langsa Hospital

From the results of the independent t-test analysis, it was found that patient knowledge about drugs in the experimental group and in the control group showed a significant difference in the total score between providing patient counseling about drugs using audio-visual media and counseling using leaflets in increasing patient knowledge about drugs (p-value = 0.005). The results above also show that the increase in patient knowledge in the group that was given counseling using audio-visual media was greater than in the group that was given counseling using leaflets. This is indicated by

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the mean difference in the audio-visual media group, which is 8.71, while in the leaflet group it is only 6.29.

This research is in line with previous research entitled the effectiveness of education with audio-visual-based media on family knowledge about drugs (Qaryati, 2021). The results showed that the respondents' knowledge increased after being given audio-visual media, seen from the average value after being given audio-visual media was higher than the average value of patients who were given counseling using leaflets. The results of this study are also in line with previous research which found that there was a difference in average knowledge after being given education in the video group and after giving health education using leaflets with a p-value = 0.008 (Aeni & Yuhandini, 2018).

According to the researchers, counseling using audio-visual media is more effective than counseling using leaflet media because in audio-visual media there are pictures, animations, and sounds that make counseling more interesting and make respondents more curious about this information than leaflet media that must be read again and is not supported by images, animations or sound so that it makes respondents lazy to read it. Moving pictures or animations as well as sound on audio-visual media provide stimulation that attracts the patient's attention when viewing the broadcast. According to Surani (2019), this will certainly increase the effectiveness of the media itself because the information conveyed through the use of audio-visual media is more interesting, provides real experience, and its use can be repeated.

Counseling using audio-visual media (video) in the process of conveying information aims to foster a sense of curiosity or interest so that respondents want to pay attention to every video that is played. The information presented is easy to understand and can be summarized in a short time but does not reduce the meaning of the information itself. In the end this information provides a new cognitive foundation for the formation of knowledge. Nurmala (2020) states that the use of video media in outreach is of course based on its attentional function, namely being able to attract attention and direct the audience's concentration on video material.

Health promotion as one of the services performed by pharmacists can be carried out in pharmacy installations through educating patients using interesting and easy-to-understand information media. Counseling can be done with counseling media in the form of audio visual in the Pharmacy Installation, in addition to making it easier for pharmacists to provide information to patients it can also save time. Pharmacy staff can conduct counseling or health promotion in primary prevention for patients. The availability of audio-visual media as an educational tool that can be watched by patients while waiting for drugs will certainly be able to increase patient knowledge about drugs, thereby reducing the risk of using the wrong drug.

There are many benefits of providing education about drugs. One of the benefits of providing education is increasing patient compliance in using drugs, so that mortality and losses (both costs and loss of productivity) can be reduced. Education

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about drugs will also reduce the incidence of patients taking medication incorrectly, not paying attention to medication schedules, not knowing the rules for using antibiotics, or taking drugs excessively, which of course will have a negative impact on patients. In addition, providing counseling about drug expiration, how to store drugs correctly and not carelessly so that drugs cannot be taken by anyone, including children, will prevent incidents of taking drugs without knowing the instructions and not following the instructions.

2. Differences in Knowledge about Drugs in Outpatient Patients at the Langsa Hospital Pharmacy Installation in Patients with High Economic Status and Patients with Low Economic Status

The average level of knowledge of patients with high economic status after being given counseling using audio-visual media was 9.71 with a standard deviation of 0.756, while the average level of knowledge of patients with low economic status was 7.71 with a standard deviation of 1.380. The statistical test results obtained p-value = 0.008, which means that at 5% alpha it can be seen that there is a significant difference in the average patient's knowledge of drugs after being given counseling using audio-visual media based on high economic status and low economic status. The average level of knowledge of patients with high economic status after being given counseling using leaflets was 7.71 with a standard deviation of 2.059, while the average level of knowledge of patients with low economic status was 4.86 with a standard deviation of 2.116. The statistical test results obtained p-value = 0.005, which means that at alpha 5% it can be seen that there is a significant difference in the average knowledge of patients about drugs after being given counseling using leaflets based on high economic status and low economic status.

From the results of the study it was found that there were differences in knowledge about drugs in respondents based on high economic status and low economic status. This is because respondents with high economic status have higher education, which makes it easier for respondents to receive and understand information about drugs they know, while most of the respondents with low economic status have low education, so this is what makes it difficult for respondents with low economic status to receive and understand information about drug.

This research is in line with previous studies regarding the influence of patient knowledge, economic status with leaflet counseling at the Janti Health Center in Malang City (Syahib, 2021). The results of the study with the Wilcoxon test obtained p-value = 0.000 which means that there is an influence on the patient's knowledge of economic status by providing leaflet counseling at the Janti Health Center, Malang City.

Socioeconomic status on health is considered to have an influence on public health. Not only in terms of health services, but also in terms of access to health information. Economic status can affect a person's knowledge, because a person's economic status also determines the availability of the facilities needed for a

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particular activity. Furthermore, education affects a person's learning process; the higher a person's education, the easier it is to receive information and also affects if a person's education level is low, it will be different when receiving information from both other people and the mass media (Suliha & Resnayati, 2019).

Income which is an indicator of a person's economic status will also affect the health status of each individual because the level of income of a person can measure whether a person has good health status or not. This can be seen from the allocation of these revenues. Someone who has more income than others is more likely to invest in the health sector (Kurniasari & Nurhayati, 2017). This is done by investing part of their income to support their own health. Private (2020) also found that someone with a low income has poorer health knowledge compared to someone with a higher income. This happens because the lifestyle that someone with low-income and high-income leads is different. Someone with a high income tends to pay more attention to their health status so that they find out about health so that this makes people with high incomes know more about health, especially with medicine.

3. Interaction Between Audio Visual Media and Economic Status on Patient Knowledge About Drugs at Langsa Hospital Pharmacy Installation

Based on the results of the twoways Anova test in Table 4.8. showed a p-value = 0.504 at a significant level α = 0.05 (p> 0.05), meaning that there was no interaction between the provision of counseling using certain media (audio visual and leaflets) and economic status by increasing patient knowledge about drugs in the Pharmacy Installation of Langsa Hospital. This can also be seen based on the graph in Figure 4.1, it can be seen that the average knowledge score in each treatment through counseling using certain media with economic status does not intersect. This shows that there is no interaction between providing counseling using educational media (audio visual and leaflets) and economic status (high economic status and low economic status) on patient knowledge about drugs at the Pharmacy Installation of Langsa Hospital.

Statistically there is no interaction between the provision of counseling using certain media (audio visual and leaflets) and economic status by increasing patient knowledge about drugs, but if seen from the average value in the group consisting of high and low economic status who are given counseling using audio-visual and groups consisting of high and low economic status who are given counseling using leaflets, there is a significant difference in average knowledge about medicine both after being given counseling with audio media visually or after being given counseling with leaflets. This is because respondents with both high and low economic status are more interested in education using audio-visuals that can be seen and display pictures and sounds that make it easier for respondents to digest the information heard and seen than counseling using leaflets that must be read before respondents can understand. Even though the respondent has a high economic status, if the respondent is only given counseling

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using a leaflet, it does not increase the respondent's knowledge because the respondent has difficulty remembering what has been read.

There is no interaction between certain media and economic status on patient knowledge about drugs, which can also be due to an increase in knowledge that can occur in all people, both those with high economic status and low economic status, not only with audio-visual but in other media there can also be an increase in knowledge. If the respondent wants to accept the counseling that is given not only that which attracts attention such as audio-visual media but with other media will be able to increase knowledge as well if the respondent feels that the counseling given is beneficial to him/her.

4. Differences in Patient Knowledge About Drugs with Counseling Using Audio Visual Media and Counseling Using Leaflets in High Economic Status Patients

The average level of patient knowledge about drugs in patients with high economic status after being given counseling using audio-visual media was 9.71 with a standard deviation of 0.756, while the average knowledge of patients about drugs after being given counseling using leaflets was 7.71 with a standard deviation of 2.059. The statistical test results obtained p-value = 0.004, which means that at alpha 5% it can be seen that there is a significant difference in the average knowledge of patients about drugs after being given counseling using audio-visual media and counseling using leaflets in patients with high economic status.

Based on the results of the study, knowledge of respondents with high socioeconomic status after being given counseling is better than knowledge of respondents before being given counseling about drugs, especially using audio-visual media. This is because respondents with high socioeconomic status on average have higher education so they find it easier to find drug information they have obtained both from other people and by reading. Respondents with high economic status, after being given education using leaflets, increased their knowledge of respondents, this is because respondents with high economic status have a good memory so that just reading can increase their knowledge about drugs.

This research is in line with previous research which examined the effect of health education using audiovisual media on patient knowledge about drugs at high and low economic status about drugs at Dr. R. Hardjanto Hospital, Balikpapan. Setiawati, Setyawati & Palin (2020) found differences in patient knowledge about drugs using audiovisual media to patient knowledge in patients with high and low economic status at Dr. R. Hospital. Hardjanto Balikpapan with p-value = 0.002 (p-value <0.05).

Hulu et al. (2020), stated that a person's income or socioeconomic status affects a person's level of awareness of sanitation, the environment, and housing. The household budget can also be fulfilled if you have sufficient economy. High socioeconomic status is easier to increase knowledge in health and high socioeconomic status also influences better behavior in health compared to lower middle socioeconomic status.

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The increased knowledge of patients with high socioeconomic status after being given better counseling can be caused by their reasoning power which tends to be better. This is of course related to the educational experience possessed by patients with higher economic status. Patients with higher economic status tend to have wider access to better quality education which will ultimately affect the comprehension and understanding of the health information obtained.

5. Differences in Knowledge about Drugs with Counseling Using Audio Visual Media and Counseling Using Leaflets in Patients with Low Economic Status

The average level of patient knowledge about drugs in patients with low economic status after being given counseling using audio-visual media was 7.71 with a standard deviation of 1.380, while the average knowledge of patients about drugs after being given counseling using leaflets was 4.86 with a standard deviation of 2.116. The statistical test results obtained p-value = 0.011, which means that at alpha 5% it can be seen that there is a significant difference in the average knowledge of patients about drugs after being given counseling using audio-visual media and counseling using leaflets in patients with low economic status.

This research is in line with Ullia's 2020 research entitled Effectiveness of Individual Health Education Using Audio Visual Media Message Applications on Increasing Knowledge about drugs which states that there can be differences in knowledge before and after being given health education using audio-visual media to patients at Sibela Surakarta Health Center with p-value = 0.000 (Ullia, 2020).

These results were also reinforced by previous research which suggested that there was an increase in the knowledge of mothers caring for newborns in the experimental group who were given health education with audio-visual media with a p-value = 0.000 (Hapitria & Padmawati, 2017).

According to the researchers' observations, this increase in knowledge was due to the audio-visual media used by the researchers containing clear enough image, animation and sound elements to attract the attention of respondents to listen to material about drugs delivered by the researchers. The material conveyed through this video is short, concise and clear in meaning so that it is easier for respondents to grasp the information conveyed. This also made the respondents more enthusiastic and enthusiastic in listening to counseling about drugs so that the information obtained could increase the patient's knowledge and understanding of drugs.

Audio visual as one of the media that presents audio and visual information or messages can be used as a means of health education, one of which is to change behavior in adherence to treatment programs. Information provided through audio-visual media is presented clearly and attentively by health workers in the pharmaceutical department which is very influential for patients, especially in terms of treatment, especially in patients with chronic diseases (Sabri, 2021). According to Yola (2022), real images displayed through motion animation and sound increase memory

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retention because they are more interesting and easier to remember. In addition, Setiawan (2016) also stated that education with audio-visual methods is also more interesting and more effective because it involves two senses, namely the senses of sight and hearing which can maximize the reception of information and give information faster because it is direct and can be repeated so that it makes patients more enthusiastic in getting information about drugs.

5. CONCLUSION

Based on the research results it can be concluded that:

1. Counseling using Audio Visual Media (Video) is more effective for increasing knowledge about medicine.
2. There is a significant difference in knowledge about drugs in outpatients at the Langsa Hospital Pharmacy Installation in patients with high economic status and patients with low economic status.
3. There was no interaction between providing counseling using certain media (audio visual media and leaflets) and economic status with increasing patient knowledge about drugs at the Pharmacy Installation of Langsa Hospital.
4. Increasing patient knowledge about drugs by using audio-visual media in outpatients at the Langsa Hospital Pharmacy Installation has an effect on both patients with high economic status and low economic status.
5. Increasing patient knowledge about drugs by using leaflet media in outpatients at the Langsa Hospital Pharmacy Installation has no effect on both patients from high economic status and patients with low economic status.
6. Increasing the knowledge of outpatients at the Langsa Hospital Pharmacy Installation can be increased by using audio-visual media with regard to economic status.

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