

THE IMPACT OF HEALTH EDUCATION THROUGH VIDEO MEDIA ON PREGNANT WOMEN'S KNOWLEDGE OF EXCLUSIVE BREASTFEEDING IN THE THIRD TRIMESTER

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Abstract

Infants who are not exclusively breastfed are more susceptible to intestinal disorders, diarrhoea, upper respiratory tract infections (URTIs), and breast cancer in moms. Mother's understanding of exclusive breastfeeding is an important factor that influences it. Therefore, health education through videos for third trimester pregnant women can increase their knowledge and prepare them for childbirth and breastfeeding. The purpose of this study was to determine the effect of health education with video on the knowledge of third trimester pregnant women about Exclusive Breastfeeding. The design of this study was a quasi-experiment with a one group pretest-posttest design. The study was conducted from April to May 2024 at the Senen District Health Center with 59 pregnant women as respondents who were taken by purposive sampling. Data analysis used the Kolmogorov Smirnov and Wilcoxon Tests. According to the study's findings, one-third of the participants had inadequate knowledge of exclusive breastfeeding prior to receiving health education on the topic. Respondents' knowledge increased (sufficient and good) after exclusive breastfeeding education intervention. Health professionals can effectively educate the public and pregnant women about health issues by using media such as video.

Keywords: Exclusive Breastfeeding, Pregnancy, Video

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1. Introduction

According to the World Health Organisation (WHO), exclusive breastfeeding is when a baby is given exclusively breast milk from birth until they are six months old, with the exception of vitamins and medication. [1]. WHO and the United Nations International Children's Emergency Fund (UNICEF) are actively promoting breastfeeding as the best source of nutrition for infants and young children, and are working to increase the percentage of exclusive breastfeeding for the first 6 months to at least 50% by 2025[2]. Non-exclusive breastfeeding

increases the mother's and child's vulnerability to sickness. [3]. Since 2003, the Indonesian government has mandated breastfeeding for six months, as advised by UNICEF and WHO [4]. Breastfeeding rights for working women have been regulated in Law Number 13 of 2003, Protection of female workers in particular is regulated in Articles 76 to 84. In addition, it is also regulated in Article 83 of Law No. 13/2003, Law of the Republic of Indonesia No. 36 of 2009 concerning Health and Government Regulation of the Republic of Indonesia Number 33 of 2012 concerning Exclusive Breastfeeding and Decree of the Minister of Health Number

450/MENKES/SK/VI/2004 concerning Exclusive Breastfeeding in Indonesia. Since the implementation of Exclusive Breastfeeding in 2003 until 2022, there has been an increase and decrease in the achievement rate [5][6]. The obstacle is caused by the ongoing culture and myths that do not support the practice of providing exclusive breastfeeding.

Based on data from the Directorate General of Public Health of the Indonesian Ministry of Health in 2022, the achievement of the indicator for babies under 6 months who received exclusive breastfeeding was 67.96%. The province with the lowest achievement was Aceh Province (18.29%), while the highest achievement was DI Yogyakarta Province (147.91%). DKI Jakarta Province was placed 20th out of 34 provinces with a percentage achievement of 59.58% (7). According to data from the DKI Jakarta Provincial Health Office, the percentage of DKI Jakarta Province that achieved exclusive breastfeeding in 2022 was 50.11%, which was 21.2% lower than the percentage in 2021 (71.3%). The lowest coverage was below 50% in Central Jakarta (47.30%), North Jakarta (44.73%), and West Jakarta (41.72%), while the highest achievement in the Seribu Islands was over 100%, specifically 184.97%. Senen District has the lowest exclusive breastfeeding coverage in the Central Jakarta area (64.18).

Maternal parity, age, occupation, education, and knowledge are some of the factors that affect exclusive breastfeeding. The low number of moms who exclusively breastfeed their children is attributed to ignorance, claim Alam & Syahrir (2016). Concerns about producing enough breast milk are common among mothers who are unaware of the typical lactation process. Because they believe their quantity of breast milk is insufficient, many quit breastfeeding one or two months after giving birth [8]. According to research by Laila Putri et al. (2023), pregnant women's knowledge during the third

trimester is influenced by health education using audio-visual materials about exclusive breastfeeding. A person's ability to reason and receive motivation is based on having a sufficient degree of information, which also has repercussions for their behaviour and attitude when it comes to exclusive breastfeeding [9]. Therefore, to achieve success in the practice of Exclusive Breastfeeding, there needs to be an increase in knowledge and changes in the mother's attitude and behavior, starting from pregnancy. This effort can be realized through providing health education to pregnant women about the importance of Exclusive Breastfeeding [1].

One of the determining factors for the success of health education depends on the components of the learning media that are applied or delivered to the community, one of which is by using an audiovisual approach. The audiovisual education approach is a method that stimulates the senses of hearing and sight during the learning process so as to produce more optimal achievements. This achievement can occur because the most dominant sense in conveying knowledge to the brain is the eye, reaching around 75% to 87%, while 13% to 25% of knowledge is obtained through other senses [10].

Based on this phenomenon, the researcher will conduct a study related to the provision of health education with audiovisual media in the form of videos which aims to increase the knowledge of pregnant women in the third trimester in providing exclusive breastfeeding to their babies in a study entitled "The Effect of Health Education with Video Media on the Knowledge of Pregnant Women in the Third Trimester about Exclusive Breastfeeding at the Senen District Health Center, Central Jakarta".

2. Method

The design of this study was quasi-experimental with the one-group pretest-posttest design. The study was conducted from April to May 2024 at the Senen District Health Center with 59 pregnant

women as respondents. The study employed purposive sampling, and the inclusion criteria included pregnant women in the Senen District Health Center's working area who were between 28 and 42 weeks pregnant, had a smartphone and internet access, and had at least one more scheduled ANC visit. Data analysis used the Kolmogorov-Smirnov and Wilcoxon tests.

3. Results and Discussion

Table 1. Frequency distribution based on respondent characteristics according to Age, Education, Occupation and Parity

Variable	Frequency (n)	Percentage (%)
Age		
Not at risk	49	83.1
At risk	10	16.9
Education		
Primary Education	10	16.9
Secondary Education	32	54.2
Higher Education	17	28.8
Occupation		
Working	20	33.9
Not Working	39	66.1
Parity		
Primigravida	26	44.1
Multigravida	33	55.9

Table 1 shows the characteristics of respondents in this study. Most respondents were aged 20-35 years, which was 49 respondents (83.1%) and those aged <20 years and >35 years were 10 respondents (16.9%). Furthermore, the characteristics based on education obtained the results of respondents with secondary education as many as 32 respondents (54.2%), higher education 17 respondents (28.8%) and low education as many as 10 respondents (16.9%). Then for the characteristics of work, the results obtained were that most were not working, namely 39

respondents (66.1%) and those who were working were 20 respondents (33.9%). Characteristics based on parity obtained multigravida as many as 33 people (55.9%) and primigravida as many as 26 respondents (44.1%).

Based on Table 1, the results show that the majority of respondents are of reproductive age, between 20 and 35 years. Mothers aged 20 are considered not yet physically and psychologically mature, so it is feared that it will disrupt psychological balance, which will later affect breast milk production. Mothers aged >35 years will have decreased physical and reproductive abilities and are at risk of experiencing complications. Anemia, which closely affects the production of breast milk, puts women over 35 years at high risk [11]. The majority of respondents in this study, 54.2%, had secondary-level education. The level of education of a mother will affect breastfeeding practices; the higher the education of the mother, the better the knowledge about exclusive breastfeeding. Low education is related to intelligence, where it will affect the reaction power or adjustment of respondents who are less quick and precise, both physically and mentally, to new experiences and situations that will become knowledge that will be used in new conditions [12]. In this study, 66.1% of respondents were unemployed mothers. Working mothers are likely not to provide exclusive breastfeeding because most working mothers have less time to care for their babies, while unemployed mothers are more likely to provide exclusive breastfeeding so that moms can provide exclusive breastfeeding to their babies [13]. The most characteristic of maternal parity in this study was multigravida with a percentage of 55.9%. A mother's previous life experiences shape her parity and influence her future behavior.

Table 2. The frequency distribution of respondents' knowledge before and after receiving health education about exclusive breastfeeding.

Tingkat Pengetahuan	Frekuensi	Persentase (%)	Mean	Median	SD	Minimum	Maximum
Pre			62.71	63.33	12.24	43.33	80.00
Kurang	22	37.3					
Cukup	22	37.3					
Baik	15	25.4					
Total	59	100					
Post			82.93	80.00	7.63	66.67	100.00
Kurang	0	0					
Cukup	10	16.9					
Baik	49	83.1					
Total	59	100					

Table 2 shows that out of 59 respondents who answered the pretest questions, 22 people had less knowledge (37.3%), 22 people had sufficient knowledge (37.3%), and 15 people had good knowledge (25.4%). Then, out of 59 respondents who answered the posttest questions, 10 people had sufficient knowledge (16.9%) and 49 people had good knowledge (83.1%). In addition, the average knowledge score before the intervention was 62.71 with a median of 63.33 and a standard deviation of 12.24. Furthermore, there was an increase in the average knowledge score after the intervention to 82.93 with a median of 80.00 and a standard deviation of 7.63. Before receiving education through video media, the respondent's lowest knowledge score was 43.33, while the highest score was 80. Meanwhile, after being educated via video, the respondent's lowest score was 66.67 (an increase from the minimum score during the pretest), and the highest score was 100 (an increase from the maximum score during the pretest).

Table 3. Results of the normality test of the pretest and posttest knowledge data

	Kolmogorov-Smirnov	Shapiro-Wilk

	Statistic	df	Sig.	Statistic	df	Sig.
Pretest	0.151	59	0.002	0.903	59	0.000
Posttest	0.158	59	0.001	0.951	59	0.009

Based on the data in table 3, in the normality test using the Kolmogorov-Smirnov method, the significance value is not normally distributed. Furthermore, the statistical test used for hypothesis testing is a non-parametric test, namely the Wilcoxon test.

Table 4. The influence of education with video media on the knowledge of pregnant women in the third trimester about exclusive breastfeeding

Pengetahuan	Intervensi	Mean	Std Deviation	P-value
	Sebelum	62.71	12.24	0.000
	Sesudah	82.93	7.63	

Based on the data in table 4, it can be seen that the p-value is 0.000 ($p < 0.05$), so it can be concluded that there is an influence of health education with videos on increasing the knowledge of

pregnant women in the third trimester about exclusive breastfeeding.

Before the health education intervention on exclusive breastfeeding, the basic knowledge of pregnant women regarding exclusive breastfeeding tended to be low. The data reveals that 37.3% of pregnant women lacked knowledge, while only 25.4% possessed good understanding. Both the lacking and sufficient categories accounted for 37.3% of the pregnant women's knowledge. This means that one third of the study population had a poor understanding, and the other third had a sufficient understanding of exclusive breastfeeding. The group of pregnant women who had poor knowledge about exclusive breastfeeding (22 out of 59) is considered the main target for education interventions because they are most in need of increased knowledge. With the right intervention, there is a tremendous opportunity to increase the knowledge of pregnant women from the category of lacking and sufficient to the category of good.

After being given an intervention in the form of health education about exclusive breastfeeding, the average score of respondents' knowledge increased to the category of less than none, the category of sufficient as much as 16.9%, and the category of good as much as 83.1%. If the frequency distribution of knowledge is described after being given an intervention in the form of health education about exclusive breastfeeding with video media, as many as 49 out of 59 pregnant women have a favorable category, 10 out of 59 pregnant women have a sufficient category, and no pregnant women are in the less category. The health education intervention effectively enhances the pregnant women's understanding of exclusive breastfeeding.

This is indicated by a significant increase in the number of pregnant women with good knowledge (from 25.4% to 83.1%) and a drastic decrease in the number of pregnant women with poor

knowledge (from 37.3% to 0%). Video as an intervention tool seems to be very effective. The majority of pregnant women (83.1%) managed to reach the good knowledge category after the intervention, which means that most respondents were able to absorb the information provided and significantly improve their understanding. Before the intervention, there was a significant gap in the knowledge of pregnant women, with many in the poor category. After the intervention, this gap decreased drastically, with all respondents moving from the poor category and most to the favorable category. Although the results were very positive, there were still 10 respondents (16.9%) who were still in the sufficient category. Based on the survey results from people who evaluated audiovisual media, some people who said they knew enough about the topic said that the video was too long and that they were doing other things while watching it. This causes the absorption of information conveyed through the video to be less than optimal. Furthermore, it might be because audiovisual media isn't perfect. For example, because it uses sound and is accompanied by language and expression, it might only be understandable by someone who is very good at understanding what they have seen and heard. Additionally, audiovisual media doesn't give enough information about an object. Therefore, follow-up or additional programs are needed to ensure that all pregnant women achieve optimal knowledge about exclusive breastfeeding.

This is in line with research conducted by Febriyeni (2020) entitled *The Influence of Health Education Using Audiovisual Media on the Knowledge and Attitudes of Breastfeeding Mothers regarding Exclusive Breastfeeding*, showing that the average knowledge before the intervention was 62.9% and increased to 87.5% after the intervention with an average difference of 24.58% and a p-value of 0.000 [14]. Similar research was also conducted by Epiphani

(2024) with the title The Influence of EDO (Video Media Education) on the Level of Knowledge and Attitudes of Breastfeeding Mothers About Exclusive Breastfeeding in the Gunung Pati Semarang Health Center area. As a result, the average score on knowledge before and after the intervention increased by 12.38. While the average score on attitudes before and after the intervention increased by 19.46. Statistical tests showed that providing education with video media had an effect on the level of knowledge and attitudes of mothers about exclusive breastfeeding (p -value = 0.000, namely <0.05) so it can be concluded that there is an influence of EDO (video media education) on knowledge and attitudes of mothers about exclusive breastfeeding [15].

4. Conclusion

The level of knowledge of pregnant women in the third trimester about exclusive breastfeeding before health education was given was that those who had less and sufficient knowledge were 22 people (37.3%), and 15 people had good knowledge (25.4%). The level of knowledge of pregnant women in the third trimester about exclusive breastfeeding after health education was given was dominated by respondents with good knowledge, 49 people (83.1%). The recapitulation of video evaluation by respondents stated that most respondents, namely 50 people (84.7%), liked the learning method using video media. Providing health education with video media has proven effective in increasing the knowledge of pregnant women about exclusive breastfeeding, with significant results (p -value = 0.000). The most understood topic by respondents was material on the benefits of exclusive breastfeeding.

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