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Original Article

The Effect of Health Education Through Animated Video Media and Leaflets About Breastfeeding Techniques on the Level of Knowledge and Skills of Breastfeeding Mothers

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Abstract

Background: The breastfeeding technique is a way to give milk to babies by paying attention to the position of the mother, baby, and attachment. 67.5% of mothers fail to exclusively breastfeed due to their lack of understanding of breastfeeding techniques; if the breastfeeding technique is incorrect, the baby will find it difficult to breastfeed with swollen breasts, chafed nipples, and breast inflammation. **Objective:** To determine the Effect of animated video media and *leaflets* on knowledge and skills about breastfeeding. **Method:** *Experimental queasy* with *pretest-posttest* with control design The instruments used were questionnaires and observations. Sampling using *total sampling,* consisting of 35 respondents for each control and intervention group, Statistical tests using *dependent* t-test and *independent t-test.* **Results:** A significant difference in average knowledge and skill scores in the control group before Education was 43.50 and 37.68, and after education it was 57.10 and 56.34. The intervention group before teaching was 47.01 and 54.33; after teaching it was 64.33 and 74.69, with *a p-value of* 0.000. The results of statistical tests showed a significant difference in the average score after Education in the two groups, with *a p-value* of 0.014 for knowledge and 0.000 for skills. **Conclusion:** This Research showed that Education with animated video media and leaflets can improve mothers' knowledge and skills about breastfeeding techniques.

Keywords: Animated Video Media and Leaflets, Breastfeeding Techniques, Health Education

Introduction

Breast Milk (ASI) is the primary source of nutritional needs for infants because it contains white blood cells, immunoglobins, enzymes, and other hormones and proteins needed for optimal child growth and development. *Nations Children Fund* (UNICEF) and *World Health Organization* (WHO) said that exclusive breastfeeding is an effort to reduce the Infant Mortality Rate (IMR). Therefore, children should be given exclusive breastfeeding for at least six months to 2 years (Harfiandri *et al.*, 2018).

Based on data from the Indonesian Health Profile in 2020, nationally, the percentage of babies receiving exclusive breastfeeding in Indonesia is 66.06% (Kemenkes RI, 2020). In 2021, nationally, the rate of babies receiving exclusive breastfeeding in Indonesia was 56.9% (Kemenkes RI, 2021). In West Java province, the coverage of babies receiving exclusive breastfeeding in 2020 was 68.09% and decreased in 2021 to 59.04% (Dinkes Jawa Barat, 2021). According to data obtained from the Tasikmalaya City Health Office in 2022, the number of infants who received exclusive breastfeeding was 4,379, with the lowest number in the Kawalu community Health Center area, as many as 172, and a percentage of infants receiving breast milk of 54.6% (Profil Kesehatan Kota Tasikmalaya 2022).

Based on primary health research data (Riskesdas), it is explained that many factors influence the failure of mothers to breastfeed exclusively, one of which is knowledge. There is a 67.5% failure of mothers to provide exclusive breastfeeding to their babies, which is caused by mothers' lack of understanding about proper breastfeeding techniques as well as a lack of skills in breastfeeding, so that mothers often suffer from cracked nipples and milk not coming out (Dewi *et al.*, 2021). The impact

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of a lack of knowledge and skills if the breastfeeding technique is not correct is that it becomes difficult for the baby to breastfeed, the breasts become swollen or complete, the nipples feel chafed and painful, and the milk ducts become blocked. They can result in breast inflammation or mastitis (Masruroh, 2022). One way to prevent these problems from occurring so that mothers can achieve breastfeeding success is to start by increasing the mother's knowledge and skills by improving the correct breastfeeding techniques that can be provided by health workers (Setyarini & Suprapti, 2019). Nurses have a role as educators so that they can increase knowledge by providing information through health education (Astuti & Anggarawati, 2021).

Health education is an effort to invite groups, communities, and individuals to carry out activities and actions to improve and maintain health levels by delivering health-related material (Masruroh, 2022). The health education media used in this research is the media *leaflet. The leaflet is a medium for conveying information, filled with solid writing and simple pictures that can be easily understood by a reader (Ismawati & Abdulrahman, 2018).* Another health education medium is using animated videos. Animated videos can attract someone's attention because they use elements of images and sounds that present objects in detail; Because animated videos that are made can be received through the five senses, knowledge will be more precise if many of the five senses are used to receive information (Sari &Fajri, 2021).

This aligns with research conducted by Ismawati and Abdulrahman (2018), where there was an increase in knowledge about breastfeeding techniques using leaflet media before and after being given health education about breastfeeding techniques. The same research results by Idris and Gobel (2019) suggest that there is an influence because the video media used shows pictures and sound so that mothers can easily understand it correctly.

The breastfeeding technique involves giving milk to babies by paying attention to the mother's position, the baby's position, and the correct attachment position. Knowledge and skills are needed regarding good and correct breastfeeding techniques to achieve breastfeeding success (Manalu, 2022).

In this study, researchers wanted to see the Effect of health education on knowledge and skills by using educational media in animated videos combined with *a leaflet* intended for breastfeeding mothers.

Method

This research used *Quasy Experimental* method with a plan-*pretest-posttest with a control design* to see the Effect of health education using animated video media combined with leaflet media on the level of knowledge and skills of breastfeeding mothers. This research was conducted in the Working Area of Kawalu Community Public Health Center. The research was carried out on 10-13 May 2023 with 2 (two) meetings, with the first being *a pretest* and the third being a *posttest*. Researchers coordinated with local midwives and cadres to collect data on the population of breastfeeding mothers (0-6 months) in the working area of the Kawalu Community Health Center. Sampling in this study us*ed total sampling,* namely as many as 70 respondent*s,* consisting of 35 respondents for the control group and 35 respondents for the intervention group from a total of 15 Posyandu. Cemara, Flamboyan, Orchid, Cambodia, Cempaka Putih, Edelwis, and Kemuning Posyandu are the Control Group, and the Tulip, Sakura, Delima, Melati, CempakaLigar, Dahlia, Amarilis, Cempaka Posyandu are the Intervention Group—statistical test using *dependent t-test* and *independent t-test.* The instruments used were questionnaire sheets and observation sheets.

The researcher gave informed consent to the respondent. If they were willing, the researcher distributed questionnaire sheets to the respondent to do the pretest and carried out an assessment using the observation sheet with the help of a breast phantom. After that, researchers provided health education about breastfeeding techniques using animated videos and *leaflet*s in the intervention and a media group *leaflet* for the control group. After completion, the researcher made a time contract for the next meeting to provide the same intervention and carry out a *posttest* on day 3. At the second meeting, the researchers conducted health education again as at the first meeting for the control and intervention groups, and after that, they carried out an assessment with questionnaire sheets and observation sheets to provide a posttest.

Results

Table 1. Distribution of Respondents' Characteristics Based on Last Education of Breastfeeding Mothers in the Working Area of Kawalu Community Health Center

Group	Last Education	Frequency (f)	Percentage (%)
Control	SD	11	31,4
	JUNIOR HIGH SCHOOL	4	11,4
	SMA	20	57,1
Total		**35**	**100,0**
Intervention	SD	12	34,3
	JUNIOR HIGH SCHOOL	7	20,0
	SMA	16	45,7
Total		**35**	**100,0**

Each control group and the highest recent educational intervention, namely high school, with 20 respondents (57.1%) in the control group and 16 respondents (45.7%) in the intervention group Table 1).

Table 2. Distribution of Respondent Characteristics by Age in Breastfeeding Mothers in the Work Area of the Kawalu Community Health Center

Group	Age	Frequency (f)	Percentage (%)
Control	< 20 Years	1	2,9
	20-35 Years	34	97,1
Total		**35**	**100,0**
Intervention	< 20 Years	1	2,9
	20-35 Years	34	97,1
Total		**35**	**100,0**

The control and intervention groups were the most aged, namely at the age of 20-35 years, with the control and intervention groups being 34 respondents (97.1%) (Table 2).

Table 3. Distribution of Respondent Characteristics Based on Parity Status in Breastfeeding Mothers in the Work Area of the Kawalu Community Health Center

Group	Is this your child	Frequency (f)	Percentage (%)
Control	Primipara	32	91,4
	Multipara	3	8,6
Total		**35**	**100,0**
Intervention	Primipara	31	88,6
	Multipara	4	11,4
Total		**35**	**100,0**

The results obtained from 35 respondents in the control group (leaflet) were mothers with primipara parity totaling 32 respondents (91.4%), and for 35 respondents in the intervention group (Animation Video and Leaflet), the results were obtained for mothers with primipara parity totaling 31 respondents (88.6%) (Table 3,).

Table 4. Distribution of mean scores of knowledge and skills before and after Education in the control group in the Kawalu Community Health Center Work Area in 2023 (n=35)

Variable	Mean	SD	Min-Max	95% CI
Knowledge				
Pretest	43,50	12,12	20-67	39,02-47,01
Posttest	57,10	9,60	33,3-73,3	53,67-59,77
Skills				
Pretest	37,68	9,10	19-56	34,60-40,50
Posttest	56,34	9,59	38-75	52,96-59,24

Based on Table 4 shows the mean score of knowledge before and after being given Education in the control group. The average score before being given Education was 43.50, and after being given Education was 57.10. The results of interval estimation show that 95% believed that the mean score of knowledge before being given Education was between 39.02-47.01 and the mean score of knowledge after Education was between 53.67-59.77.

The mean score of skills before being given Education was 37.68, and after being given Education, it had increased56,34. The results of interval estimation show that 95% believed that the mean score of skills before being given Education was between 34.60-40.50, and the average score of skills after being given Education was between 52.96-59.24.

Table 5. Distribution of the mean scores of knowledge and skills before and after Education in the Intervention group in the KawaluCommunity Health Center Work Area in 2023 (n=35)

Variable	Mean	SD	Min-Max	95% CI
Knowledge				
Pretest	47,01	11,08	26,6-73,3	43,38-50,63
Posttest	64,33	13,78	40-93,3	59,77-69,28
Skills				
Pretest	54,33	8,10	37,5-68,7	51,83-57,08
Posttest	74,69	9,65	56,2-93,7	71,86-78,25

Table 5 shows the average value of knowledge scores before and after being given Education in the Intervention group. The average score before being given Education was 47.01, and after being given Education was 64.33. The results of interval estimation show that 95% believed that the mean score of knowledge before being given Education was between 43.38-50.63, and the average score of knowledge after being given Education was between 59.77-69.28.

The mean score of skills before being given Education was 54.33, and after being given Education, it had an increase of 74.69. The results of interval estimation show that 95% believed that the mean score of skills before being given Education was between 51.83-57.08, and the average score of skills after being given Education was between 71.86-78.25.

Table 6. Data Normality Test

Variable	Treatment	N	P.Value	Conclusion
Control Group				
Knowledge	Pretest	35	0.356	Normal
	Posttest	35	0.055	Normal
Skills	Pretest	35	0.088	Normal
	Posttest	35	0.152	Normal
Intervention Group				
Knowledge	Pretest	35	0,092	Normal
	Posttest	35	0,121	Normal
Skills	Pretest	35	0,066	Normal
	Posttest	35	0.240	Normal

The normality test uses *sapphiro Wilk* in the control group was obtained-*value* for the pretest and posttest knowledge variables respectively 0.356 and 0.055 > α (0.05), then for-*value* the skills pretest and posttest were respectively 0.088 and 0.152 > α (0.05), so it was concluded that all data was declared normally distributed (Table 6).

In the intervention group, obtained-*value* for the pretest and posttest knowledge variables were respectively 0.092 and 0.121 > α (0.05). The for-*value* for the skills pretest and post-test were respectively 0.066 and 0.240 > α (0.05), so it was concluded that all data was declared normally distributed. Then the tests were carried out on both groups using the independent t-test and the dependent t-test.

Table 7. Homogeneity Test

Variable	Treatment	N	P.Value	Conclusion
knowledge	Posttest	35	0.096	Homogeneous
Skills	Posttest	35	0.827	Homogeneous

The data homogeneity test in the control group and the intervention group was obtained-*value* for the posttest knowledge variable obtained 0.096 > α (0.05), then for-*value* skill posttest 0.827 > α (0.05), so it can be concluded that all data is homogeneous (Table 7).

Table 8. Differences in Average Knowledge and Skills scores before and after being given Education in the control group in the Kawalu Community Health Center Work Area in 2023

Variable	Mean	SD	SE	P.Value	n
Knowledge					
Pretest	43,50	12,12	1,16	0.000	35
Posttest	57,10	9,60			
Skills					
Pretest	37,68	9,10	1,63	0.000	35
Posttest	56,34	9,59			

Table 8 shows that of the 35 respondents in the control group, the mean score of knowledge before Education was 43.50, and after Education was 57.10. Meanwhile, the average skill score before Education was 37.68, and after Education was 56.34. The results of the analysis obtained the value of each-*value* 0.000, which means < α (0.05), meaning that at 5% negligence, there is a significant difference between the mean scores of knowledge and skills before and after being given Education in the control group in the Work Area of the Kawalu Health Center.

Table 9. Differences in Average Knowledge and Skills scores before and after Education in the Intervention Group in the Working Area of the KawaluCommunity Health Center in 2023

Variable	Mean	SD	SE	P.Value	n
Knowledge					
Pretest	47,01	11,08	1,28	0.000	35
Posttest	64,33	13,78			
Skills					
Pretest	54,33	8,10	1,38	0.000	35
Posttest	74,69	9,65			

Table 9 shows that of the 35 respondents in the intervention group, the mean score of knowledge before Education was 47.01, and after Education was 64.33. Meanwhile, the average skill score before Education was 54.33, and after Education was 74.69. Analysis results *in* each value are obtained-*value* 0.000, which means < α (0.05), meaning that at 5% negligence, there is a significant difference between the mean scores of knowledge and skills before and after being given Education in the intervention group in the Work Area of the Kawalu Health Center.

Table 10. Distribution of Differences in Scores after Knowledge and Skills After Education in the Control and Intervention Groups in the Work Area of the Kawalu Community Health Center in 2023

Variable	Group	Mean After Education	SD	P.Value	N
Knowledge	Control	57,10	9,60	0,014	35
	Intervention	64,33	13,78		
Skills	Control	56,34	9,61	0,000	35
	Intervention	74,69	9,65		

Based on Table 10, the mean increase in knowledge and skills scores after being given Education in the control group was 57.10 and 56.34. Whereas for the intervention group, after being given Education, the mean increase in knowledge and skills scores were 64.33 and 74.69.

Based on statistical test results obtained-*value* 0.014 and 0.000 (< α 0.05), meaning that at 5% negligence, there is a significant difference in the mean knowledge and skills scores between the control group and the intervention group after being given Education.

Table 11. Comparison of Changes in Average Levels of Knowledge and Skills Before and After Education in the Control and Intervention Groups in the Work Area of the Kawalu Community Health Center in 2023

Variable	Group	Mean Before Education	Mean After Education	Change	Meaning
Knowledge	Control	43,50	57,10	13,6	Increased
	Intervention	47,01	64,33	17,32	Knowledge
Skills	Control	37,68	56,34	18,66	Improved Skills
	Intervention	54,33	74,69	20,36	

Based on Table 11 shows that the average knowledge in the control group before being given Education was 43.50; after being given Education, it was 57.10; and the average value of Skills before being given Education was 37.68; after being given Education, it was 56.34 which meant that there is a change in the value of 13.6 for knowledge and 18.66 for skills after being given Education using Media Leaflets.

Whereas for the Intervention group, the average knowledge before being given Education was 47.01; after being given Education, it was 64.33, and the skills score before being given Education was 54.33; after being given Education, it was 74.69, which means there was a change in the value of 17.32 for knowledge and 20.36 for skills after being given Education using animated video media modified with leaflets.

Discussion

Characteristics Based on Last Education in the Control and Intervention Groups

Characteristics based on the last Education of the average respondent, namely high school education, included as many as 20 respondents in the control group and 16 respondents in the intervention group. The level of Education will affect a person's ability and knowledge.

Someone with higher Education will have broader experience and insight, which can affect one's knowledge level and cognitive abilities (Notoatmodjo, 2014). This is in line with research conducted by Widyasari and Syaifudin (2020); with higher Education, it is more accessible and more open for a person to receive information, so that one's knowledge increases and the mother's skills are good in breastfeeding babies.

Characteristics Based on Age in the Control and Intervention Groups

Another factor that affects a person's knowledge is their age. Characteristics Based on the average age of the respondents in this study, namely the age of 20–35 years, there were 34 respondents in each of the control and intervention groups.

Age < 20 years is considered a young pregnancy; at such a young age, it is possible to have a very large risk of complications for the mother and the baby she contains, such as the occurrence of anemia, eclampsia, premature parturition, and increased perinatal mortality (Hindiarti & Rahmah, 2019).

The age of 20–35 years is a psychologically and biologically mature age following the reproductive period because it is very safe for pregnancy and supports breastfeeding. There can be a risk to the baby during pregnancy, and at over 35 years of age, hormone production is relatively reduced, affecting milk production (Harismayanti *et al.,* 2018). This is in line with research. According to Sakinah (2020), good knowledge is obtained at the age of the mother, 20–35 years (24%), compared to age> 35 years (10%). This could be due to a higher willingness to breastfeed and mothers' concerns about the baby's health status. The age range of 25–35 is the most active and has good cognitive abilities.

According to Notoatmodjo's theory (2014), increasing a person's age can affect the knowledge he acquires. However, the ability to remember or accept knowledge will decrease at a certain age or old age.

Characteristics Based on Maternal Parity in the Control and Intervention Groups

The following characteristic is the mother's parity, or what is meant by what the respondent experiences when given Education. The results showed that most of the respondents gave birth to their first child, with 32 respondents in the control group and 31 respondents in the intervention group.

According to research conducted by Handayani (2020), most mothers who have given birth >2 times have good knowledge about how to breastfeed, compared to mothers who have only given birth once. This is because mothers who breastfeed for the first time do not have experience compared to mothers who have experienced breastfeeding children before (Septianingtyas, 2018). Magdalena (2021), suggests experience is a way to solve problems encountered in the past by repeating the knowledge gained to solve problems.

Differences in Average Knowledge and Skills Scores Before and After Being Given Education in the Control Group in the Work Area of the Kawalu Community Health Centre

The results of the study showed that there was a difference in the average score of knowledge and skills in Breastfeeding Techniques before and after being given Education in the control group. Before being given knowledge and skills education, the respondents were in the less category (<55%), and after being given Education, they were in the sufficient category (>56%), which means that there was an increase in the average score of knowledge and skills after Education using Leaflet media in the control group.

The results of this study are in line with research conducted by Virgian and Setiawan (2022), where the results of the analysis were obtained-*value* = 0.001 (α<0.05); this shows that there is a significant difference between knowledge and skills before and after carrying out health education using leaflets.

Leaflets are used to make it easier to convey information to readers with the material in it, namely the understanding of breastfeeding techniques, benefits, and breastfeeding techniques. The advantages of this media are that it can be carried and stored easily, the costs incurred are cheaper, the writing used uses language that is easy to understand, and there is a combination of pictures and writing that can attract the attention of readers (Magdalena, 2021).

The results of this study are also supported by Robby's research (2021); the results showed the average value of knowledge and skills *value* = 0.000, which means that there is a difference between before and after being given health education through leaflet media in the Working Area of the Sukaraja Health Center, that is, most have good knowledge of 93.33%.

Differences in Mean Scores of Knowledge and Skills Before and After Given Education in Intervention Groups in the Work Area of the Kawalu Community Health Centre

The results showed differences in the average score of knowledge and skills of Breastfeeding Techniques obtained-*Value* = 0.000; this value indicates a significant difference between knowledge and skills before and after being given Education in the intervention group, which means that there is an increase in the average score of knowledge and skills after Education in the intervention group.

The results of this study are supported by Dewi et al. (2021); the average pretest and posttest scores with video media have a *p-value* 0.000, so it can be concluded that there is a significant difference between before and after being given health education with video media.

Increased knowledge and skills of mothers due to increased knowledge of mothers where information can be obtained through various mass media, electronic media, and so on. One of the media used is video. Video is a medium for conveying messages or information that involves the senses (Febriyani, 2020).

Another study conducted by Yulyana (2017) stated that after being given counseling using Video Animation, the knowledge and attitudes of the respondents increased from 1 respondent who had high knowledge (4%) to 21 respondents who had high knowledge (87.5%).

Differences in mean scores of knowledge and skills after being given Education in the control and intervention groups in the working area of the Kawalu Community Health Centre

Based on the results of research using statistical tests carried out by the control group (media leaflet) and the intervention group (animated video media and leaflets) for knowledge obtained-*value* 0.013 (α <0.05) and skills acquired-*value* 0.000 (α<0.05), so it can be concluded that there is a significant difference in knowledge and skills between the two groups.

The data showed an increase in the level of knowledge and skills after being given Education in the intervention group was more significant than in the control group, with an average knowledge score of 57.10 and skills of 56.20 for the control group, while in the intervention group, the average score of knowledge was 64.33 and skills 74. ,69. So using animated video media modified with leaflets is more effective in increasing the knowledge and skills of breastfeeding mothers.

According to Herlinadiyaningsih (2021), a leaflet is a sheet of paper that contains writing with short, concise sentences and simple pictures. The drawback with this media is that it takes creativity to make it; the information presented needs to be more specific, and it must highlight the focus. - particular focus, difficulty in displaying movement on the page, and expensive costs to display colorful images or photos that give a limited impression or memory. This is the opinion of Ambarwati et al. (2018), using leaflet media is only able to provide short-term memory. Even so, generally, leaflets have effective results in Education, even if they are moderate.

The use of leaflet print media can be combined with other types of media, one of which is by combining animated video media to facilitate health education because video animation involves the senses of hearing and sight, so it will give a longer impression to remember when providing health education about breastfeeding techniques.

By using animated video media combined with leaflets, respondents can immediately imagine or see an overview of breastfeeding techniques and listen to the explanations contained in the video because the more senses are used, the more information will be obtained (Virgian & Setiawan, 2022). This is in accordance with Hilger's opinion that moving images such as films or videos in the learning process can improve long-term memory so that mothers can easily remember the correct position when breastfeeding (Yulyana, 2017)**.**

Conclusion

The characteristics of the respondents in the control and intervention groups were the majority at the last education level of high school, as many as 20 respondents (57.1%) and 16 respondents (45.7%), with the age group the majority being at 20–35, namely 34 respondents (97.1%) for each control and intervention group. The parity status of the majority of respondents had Primipara parity status, namely 32 respondents (91.4%) and 31 respondents (88.6%). The mean scores of knowledge and skills of breastfeeding mothers before being given Education in the control group were 43.50 and 37.68; after being given Education, they were 57.10 and 56.34. Whereas in the intervention group, the mean scores of knowledge and skills before being given Education were 47.01 and 54.33; after being given Education, they were 64.33 and 74.69. There are differences in the mean scores of knowledge and skills before and after being given Education in the control and intervention groups, with each result *value* of 0.000 (<α0.05). There was a difference in the mean scores of knowledge and skills after being given Education in the control and intervention groups; the results were obtained-*value* 014 and 0.000 (α < 0.05).

There is scope of further research by adding other variables or combining existing media in this study with other media, for example, with a media *booklet*, and the results of this study are expected to be an initial reference for further research. The results of this research can help and become an input for ideas and material when providing health education and seminars, especially about good breastfeeding techniques with animated video media combined with leaflets at the community health centers. The results of this study can be used as additional references and information for developing a library collection so as to add insight for students and make it easier for future researchers in the educational institution.

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Conflict of interest

The authors declare no conflict of interest.

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