

THE INFLUENCE OF VIDEO MEDIA EDUCATION ABOUT BREASTFEEDING TECHNIQUES ON BREASTFEEDING SKILLS IN MOTHERS IN THE POSTPARTMENT ROOM OF MANOKWARI HOSPITAL

Safira Wardiah¹, Bahrah², Melicha K Simanjuntak³, Pricilla Jessica Pihahay⁴

¹²³⁴Sorong Ministry of Health Polytechnic, Indonesia
Saviradiah2437@gmail.com

Abstract. The Effect of Video Media Training on Breastfeeding Techniques and Skills for Breastfeeding Mothers in the Postpartum Department of Manokwari Hospital. According to Basic Health Research (RISKESDAS) data for 2021, 52.5% or only half of the 2.3 million children under the age of six months are breastfed in Indonesia, down 12% compared to 2019 figures. To achieve success, breastfeeding for mothers are provided with health training aimed at improving appropriate parenting skills and techniques. In order for the health education provided to be effective and consistent with the aims and objectives, education is carried out using video media so that mothers can learn about correct breastfeeding techniques so that mothers understand more quickly. This research is an experimental research with an observational design. The survey was conducted in April-May 2023. The birth population includes mothers who breastfeed after giving birth. The sample size in this study was 12 people. Data analysis used univariate analysis in the frequency distribution model, bivariate analysis used the Wilcoxon test. On the results of the pre test and post test with $p\text{-value} = 0.002$ ($p\text{-value} < 0.05$). The conclusion of this study is that there is an effect of educational videos on the ability to breastfeed in mothers in the postpartum ward of Manokwari Hospital

Keywords: Keywords: Skills, Influence of Video Media, Breastfeeding Techniques

1 INTRODUCTIONS

Breastfeeding is the best way to provide important nutrients for the growth and development of babies. Breastfeeding is good for babies because breast milk (ASI) is easy to digest and provides sufficient nutrition to meet the baby's needs (Utami et al., 2021) (Yuniarti, W. et al., 2020). Breast milk is a natural fluid that comes from the mother's breasts and contains many nutrients which function to protect babies from various diseases (Dian Nirmala S & Umi Nur F, 2021) (Nikmatur, R. (2017). After giving birth, not all mothers can immediately express breast milk (Oktavia, N., 2015) (Putri et al., 2021). During pregnancy, the hormone prolactin in the placenta increases and often breast milk does not come out because estrogen is still high (Suhertusi and Binarni, 2020). When a baby is breastfed, the nipples are stimulated, so prolactin is produced by the pituitary gland and breast milk secretion becomes better (Ghunu et al., 2022) (Yustina, et al., 2023).

Breast milk has many benefits, both for babies and mothers, the right composition of breast milk is beneficial for babies, such as lactose, energy, protein and fat. Considering the benefits of breast milk, it is recommended that mothers exclusively breastfeed at the age of 0 to 6 months to 2 years, but there are still many babies who do not receive breast milk (Bloomfield, J. et al., 2010). The benefits of exclusive

breastfeeding can protect babies from various diseases and establish a loving relationship that supports all aspects of the baby's growth and development including health and intelligence, while the benefits of exclusive breastfeeding for mothers can reduce bleeding during labor and delays in delivery and reduce the burden on the economy. (Hasan, M. M. D. H. K. T, 2021) (Sustiyono, A, 2021).

According to the World Health Organization (WHO 2016), the rate of exclusive breastfeeding worldwide is around 38 percent. In Indonesia, the coverage of babies receiving exclusive breastfeeding is 61.33%, which reaches the 2017 Strategic Plan (Renstra) of 44%. The World Health Organization (WHO) recommends a special breastfeeding system, namely breastfeeding without complementary foods until six months of age (Maria Nafrida Ampu, 2021). Efforts to strengthen breastfeeding skills can be done through medical education on correct breastfeeding techniques, but it will not be successful if you study theory without application (Holland, A. et al., 2013) (Akgun, P., & Taştekin, A., 2020). This shows that pregnant women do not understand the breastfeeding process well because they have not practiced it. Therefore, it is important to support this campaign by using videos and correct breastfeeding techniques (Masturoh, I. and Anggita, N, 2018) (Supliyani et al.,2021).

2 METHODS

This type of research uses a quasi-experimental design with the design used in this study is the one-group pre-test post-test. Researchers conducted prenatal assessments of breastfeeding mothers in an effort to find out how well breastfeeding mothers know about proper breastfeeding techniques. After that, breastfeeding mothers receive assistance in the form of education through videos about breastfeeding techniques, and receive another assessment test after receiving the video.

3 RESULTS

This research uses human research subjects, namely postpartum maternal patients at the Regional General Hospital. A total of 15 respondents will be given intervention by providing video media as an educational medium to determine the respondent's skills before and after being given video educational media about breastfeeding techniques. In the final stage of providing the intervention, there were 3 research samples who dropped out due to lost contact at the post-test stage of the research. The data collection or intervention stage was carried out for 7 days which was divided into 2 stages, namely the pre-test skills measurement stage before being given video media about breastfeeding techniques and the second stage, namely the post-test measurement stage after being given video media about breastfeeding techniques by measuring the respondents' skills again on day 7.

Table 1. Respondent Distribution by Age

NO	AGE	RESPONDER (%)	AMOUNT
1	21 YEARS - 35 YEARS	91,3%	11
2	OVER 35 YEARS	8,3%	1

Tabel 1 Based on the Frequency Distribution table of respondent characteristics, it is interpreted that respondents aged 21 years to 35 years were 11 respondents (91.3%) and aged over 35 years were 1 respondent (8.3%).

Table 2. Respondent Distribution by level of education

NO	EDUCATION	RESPONDER (%)	AMOUNT
1	Elementary school	0%	11
2	Junior high school	8,3%	1
3	Senior High School	75%	9
4	College	16,6%	2
Total Number		100%	23

Tabel 2 Based on the Frequency Distribution table of respondent characteristics, it is interpreted that respondents at the elementary education level amounted to 0 respondents (0%), junior high school amounted to 1 respondent (8.3%), high school amounted to 9 respondents (75%), and tertiary education amounted to 2 respondents (16.6%).

Table 3. Respondent Distribution by Work

NO	EMPLOYMENT	RESPONDER (%)	AMOUNT
1	Worker	75%	9
2	Housewives	25%	3
3	Civil servants	0%	0
Total Number		100%	12

Tabel 3 Based on the Frequency Distribution table of respondent characteristics, it is interpreted that respondents at the employment level are 9 respondents (75%), housewives (25%), 3 respondents (25%), 0 respondents (0%), 0 respondents (0%), and civil servants (0%).

A. Before Being Given Video Media (6 Respondents)

Table 4. Respondent Distribution by Skills

NO	VARIABLE/TREATMENT	FREQUENCY (%)	AMOUNT
1	Level Before Being Given Video Media	50%	3
2	Had Good Skill Levels	50%	3
Total Number		100%	6

B. After Being Given Video (7 Respondents)

Table 5. Respondent Distribution by Skills

NO	VARIABLE/TREATMENT	FREQUENCY (%)	AMOUNT
1	Level Before Being Given Video Media	58.3%	7
2	Had Good Skill Levels	41.6%	5

Total Number	100%	12
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Tabel 4 and Tabel 4 Respondents who had less skill level before being given video media were 6 respondents (50%) and respondents who had good skill levels were 6 respondents (50%). While respondents who had less skills after being given video media were 7 people (58.3%) and respondents with good skill levels were 5 people (41.6%).

Table 6. Univariate Analysis of Normality Test Results

NO	VARIABLE/TREATMENT	MEAN	MAX	P VALUE
1	Skills Pre	5,17	3 +7	12 0,018
2	Skills Post	8,50	7+10	12 0,060
p-Value				<0.05

Tabel 6 The results of the normality test for the pre- and post-test skills variables using the Shapiro-Wilk showed that the skill level of the respondents showed that the results before and after the intervention were given were not normally distributed, with a p-value <0.05. Then the statistical test uses the Wilcoxon test.

Table 7. Univariate Analysis of Homogeneity Test Results

NO	VARIABLE/TREATMENT	P VALUE
1	Skills pre test	22 0,001
2	Skills Post test	

Table 7 shows the results of the homogeneity test with a significant value of the pre-test and post-test data of more than 0.05 (sig > 0.05). It can be stated that the data in this study had an inhomogeneous variance.

3.1 Bivariate Data Analysis Presentation

Table 8. Wilcoxon Test Skills Effectiveness of Using Video as an Educational Media for Improvement

NO	VARIABLE/TREATMENT	MIN	MAX	MEAN+SD	P VALUE
1	Skills Pre test	12	3 +7	12 0,018	5,17 ± 1,64
2	Skills Post test	12	7+10	12 0,060	8,50 ± 0,90
p-Value					0,002

Tabel 8. The results of the Wilcoxon statistical test on skills obtained a p-value of 0.002 or a p-value <0.05, which means that there is an influence between the skills of the respondents before and after being given educational video media about breastfeeding techniques.

4 DISCUSSION

4.1 Skill level of breastfeeding mothers in the postpartum home at RSUD Manokwari before being given video media education about correct breastfeeding techniques

The skill level of breastfeeding mothers before being given video media about correct breastfeeding techniques was an average value or (mean) 5.17 with a standard deviation of 1.64, even breastfeeding mothers did not understand correct breastfeeding techniques.

4.2 Skill level of breastfeeding mothers in the postpartum room at Manokwari Regional Hospital after being given video media education about correct breastfeeding techniques

The skill level of breastfeeding mothers after being given health education using video media about correct breastfeeding techniques has an average value of 8.50 with a standard deviation of 0.90. The results of the Wilcoxon statistical test on skills obtained a p-value of 0.002 or a p-value <0.05 . Nursing mothers are even able to demonstrate correct breastfeeding techniques

4.3 The influence of video media on mothers' breastfeeding skills in the postpartum hospital room

The influence of video media on the skills of breastfeeding mothers at Manokwari Regional Hospital. The results of research on respondents before being given video media education were almost half of them lacking knowledge. After being given education, it showed that almost all respondents had good skills. The research results showed that a small number of respondents experienced a decline in skills after being given video media and it was found that the majority of respondents did not experience an increase or decrease in skills after being given video media (Adam, M et al., 2019) (Singletary, N et al., 2023). And most respondents experienced an increase in their skills after being given video media (Chang, C. Y et al., 2022). This is because the breastfeeding mother's previous skills were quite supportive and some were even good, where this is more influenced by the amount of life experience in carrying out her duties as a breastfeeding mother. Because experience can provide professional skills and can help in decision making (Forbes, H. at al., 2014) (Anita, A., & Ramli, N, 2021). The results of the Wilcoxon statistical test on the pre-test and post-test skills obtained p-value = $0.002 < 0.05$, this means that there is an influence of education using video media on skills before and after being given education to postpartum mothers at the Manokwari Regional Hospital.

Video media is audio-visual media that can display movement. The material displayed can be important facts/events or fictitious, informational, educational and instructional in nature (Coyne, E et al., 2018) (Duncan, I et al., 2013). Video media has advantages such as, video playback can display an object or process accurately, it can teach skills that can be demonstrated repeatedly. The advantage of video media is that it can be used as a tool in education widely. Video can manipulate space and time so that it can take participants to events at any time and to various objects.

5 CONCLUSION

From the results of the analysis of research data on 12 postpartum women respondents regarding the effect of providing video media on breastfeeding skills, videos can improve mothers' skills in breastfeeding techniques which are carried out for 7 days more effectively if additional time is given while watching educational videos about correct breastfeeding techniques. It is hoped that every mother will also receive education about breastfeeding techniques, especially for primipara mothers in the postpartum ward of Manokwari Hospital.

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