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The Effect of Education Using Video Learning Multimedia on Increasing Knowledge of Early Breastfeeding Initiation and Breastfeeding Techniques in Postpartum Sectio Caesarean Mothers at the Hospital

Pengaruh Edukasi Mengunakan Media Video Learning Multimedia terhadap Peningkatan Pengetahuan Inisiasi Menyusu Dini dan Teknik Menyusui pada Ibu Postpartum Sectio Caesarea di Rumah Sakit

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Early initiation of breastfeeding; knowledge; breastfeeding techniques; media video.

Abstract

Introduction: Exclusive breastfeeding begins as early as possible from birth through the implementation of maternal, compassionate care, and joint care. However, due to the impact of the COVID-19 pandemic, there is no joint care between babies and mothers after normal or section cesarean deliveries in hospitals. It is important to increase the knowledge of early breastfeeding initiation and breastfeeding techniques to mothers, especially mothers giving birth by section cesarean, to prevent babies from not being breastfed early. **Purpose:** This study is to evaluate the effect of education using video learning multimedia on increasing knowledge about early breastfeeding initiation and breastfeeding techniques in mothers who give birth through caesarean. **Methods:** One group pretest-posttest quasi-experiment design was chosen as the research design. The study involved 58 participants selected using consecutive sampling techniques. The treatment group was given an educational intervention on lactation management utilizing multimedia videos that had been developed with eligible validity and reliability. Statistical analysis to test the hypothesis used the Wilcoxon test with a significance level (α) of 0.05. **Results:** A total of 57 out of 58 participants showed an increase in knowledge about early breastfeeding initiation and breastfeeding techniques, with an average score of 67.97 (pretest), increasing to 82.34 (post-test). There was an effect on the level of knowledge before and after being given education using multimedia video learning media on participants (p=0.0001). **Conclusion:** The use of multimedia video learning media as education can improve knowledge about early breastfeeding initiation and breastfeeding techniques in postpartum SC mothers during the COVID-19 pandemic. Video media can be an option for clinical midwives and health service supervisors to increase the knowledge of postpartum mothers about early breastfeeding initiation and breastfeeding techniques.

Keywords:
Inisiasi menyusui dini; pengetahuan; teknik menyusui; media video.

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Abstrak

Latar Belakang: Pemberian ASI ekskusif dimulai sedini mungkin sejak lahir melalui implementasi asuhan sayang ibu dan rawat gabung. Namun, dampak pandemi COVID-19 tidak dilakukan rawat gabung antara bayi dan ibu pasca bersalin normal maupun section secaria di rumah sakit. Pentingnya peningkatan pengetahuan teknik menyusui kepada ibu, khususnya ibu melahirkan secara section secaria untuk mencegah bayi tidak diberikan ASI sejak dini. **Tujuan:** Penelitian ini bertujuan mengevaluasi pengaruh edukasi menggunakan video learning multimedia terhadap peningkatan pengetahuan tentang inisiasi menyusu dini dan teknik menyusui pada ibu bersalin sectio secaria. **Metode:** Studi quasi experiment design one group pretest posttest dipilih sebagai rancangan penelitian. Penelitian melibatkan 58 partispan diseleksi menggunakan teknik consecutive sampling. Kelompok perlakuan diberikan intervensi edukasi menggunakan video multimedia dan yang telah diuji validitas dan reabilitasnya *eligible*. Analisis statistic untuk menguji hipotesis menggunakan wilcoxon test dengan tingkat kemaknaan (α) 0,05. **Hasil:** Sebanyak 98,28% dari 58 partisipan menunjukkan peningkatan pengetahuan mengenai pemberian ASI dan teknik menyusui dengan skor rata-rata 67,97 (pretest) meningkat menjadi 82,34 (posttest). Ada pengaruh level pengetahuan sebelum dan sesudah diberikan edukai menggunakan media video learning multimedia pada partisipan (p=0.0001). **Simpulan:** Pemanfaatan media video learning multimedia Sebagai edukasi mampu meningkatkan pengetahuan mengenai inisiasi menyusu dini dan teknik menyusui pada ibu pascabersalin SC pada masa pandemic COVID-19. Media video dapat menjadi pilihan bagi Bidan klinik maupun Penyelia pelayanan kesehatan untuk meningkatkan pengetahuan ibu postpartum tentang inisiasi menyusu dini dan Teknik menyusui.

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Introduction

Women who deliver by cesarean section (SC) have a direct influence on delayed initiation of early breastfeeding (Lian et al., 2022; Masitoh et al., 2021). They are less likely to initiate breastfeeding and more likely to delay the process, which can negatively impact their chances of continuing to breastfeed (Chen et al., 2018; Zhang et al., 2019). In addition, the mother gave birth by cesarean section, which is the reason why the mother is still recovering, and there are post-surgical complications, so the baby is admitted to the neonatal intensive care unit. As a result, early initiation of breastfeeding was not carried out on the infant (Nasution & Oktamianti, 2023b). Previous studies reported from the 2017 Indonesian Health Survey data that infants who did not perform early initiation of breastfeeding were 82.75% of mothers who gave birth by cesarean section, while mothers who gave birth normally were 62.75% (Masitoh et al., 2021).

Globally, only 57.6% of infants initiate breastfeeding within the first hour after birth, which is still far from the WHO target of 70% (Takahashi et al., 2017). WHO and UNICEF report that only 42% or less than half of mothers worldwide initiate breastfeeding within the first hour and continue to exclusively breastfeed (Organization, 2019; UNICEF & WHO, 2018). The low rate of early breastfeeding initiation to date is partly due to women's lack of knowledge. (Nasution & Oktamianti, 2023a; Ulfa et al., 2023), health care provider support (Ulfa et al., 2023), and women giving birth by SC (Lian et al., 2022; Masitoh et al., 2021). In addition, low early initiation of breastfeeding was associated with no joint care, as women delivered by SC (Nasution & Oktamianti, 2023b). However, when facing the COVID-19 pandemic, joint care has become a national program that needs to be avoided and not implemented in vaginal and SC delivery mothers to prevent the spread of the virus (PD IBI, 2021). Although some regulations have begun to be allowed, hospitalization in the hospital has not been carried out, especially for SC mothers who find it difficult to provide early breastfeeding.

Therefore, in order to reduce the effect of not having combined care, this study focuses on the educational treatment of early breastfeeding initiation and breastfeeding techniques for mothers who give birth by sectio caesarea by utilizing multimedia video learning media. This media is considered easier to understand than just hearing explanations from health care providers, such as midwives or reading printed media, such as leaflets (Nurak et al., 2021). Correct breastfeeding technique is a factor that affects milk production. If when breastfeeding does not use the correct breastfeeding technique, it can cause nipple blisters, the mother avoids giving breast milk, and the baby rarely suckles, which has an impact on milk production (Rusyantia, 2019). The selection of video media for health education programs because it has been proven as an effective tool for participants in hospitals and in the community (Cetinkaya Eren et al., 2022; Gomathi, 2014; Özdemir et al., 2023; Sroiwatana & Puapornpong, 2018; Syabariyah et al). Even repeated video playback can increase exclusive breastfeeding rates (Adhisivam et al., 2017). This study aims to assess the effect of education using video learning multimedia on improving knowledge about early breastfeeding initiation and breastfeeding techniques in the postpartum room of the General Hospital of Bandung City, Indonesia. It is hoped that women who have undergone SC delivery will be motivated to breastfeed early after delivery despite the problems caused by SC surgery.

Methods

This study used a quasi-experimental study design with a one-group pre-test and post-test design conducted at Hospital General of Bandung City, West Java Province, Indonesia. This design was used to answer the effect of utilizing video learning multimedia on increasing knowledge about early

breastfeeding initiation and breastfeeding techniques in SC delivery mothers who were hospitalized. Participants were selected from 33 SC laboring mothers using an accidental sampling technique; that is, every SC laboring mother who met the research requirements was included as a participant in May-June 2022. The inclusion criteria of the study were postpartum women with SC 24-48 hours who were admitted to the postpartum room of the Hospital General of Bandung City and did not experience bleeding complications or decreased consciousness. Exclusion criteria if the newborn died. Participants were selected using accidental sampling technique. Data collection obtained 58 eligible SC delivery mothers, while 11 mothers did not meet the research requirements.

The research instrument used two sets of questionnaires. Questionnaire one was to obtain demographic data information, including name, age, occupation, education, and parity. The second questionnaire to measure the level of knowledge contained 21 questions with sub-indicators: breast and breast milk amounted to 1 question, early initiation of breastfeeding and colostrum: 3 questions; correct breastfeeding technique: 15 questions, benefits and problems of breastfeeding: 2 questions, and signs of an adequately breastfed baby: 2 with multiple choice questions. Each correct answer was given a score of 1, so the highest score was 21, the lowest 0, and converted into a score of 0-100. In addition to being measured by a numerical scale, knowledge was categorized into 3, namely a score value ≤ 50 as poor knowledge, a score value of 50-75 as sufficient knowledge, and a score value ≥ 76 as good knowledge (Wawan, 2019). The questionnaire has been tested for validity using the Product Moment correlation test obtained the results of 21 questions declared valid (r value> 0.05); there are 5 invalid questions, and reliability with the Cronbach Alpha test obtained a correlation coefficient of 0.823 (r value> 0.05). Thus, 21 questionnaires can be used as an instrument to measure knowledge. Another instrument used was a set of educational media using multimedia videos.

The treatment procedure was carried out with the following steps: (1) explaining the purpose of the study and obtaining participants' informed consent; (2) conducting a pretest of knowledge level using manual questions written on A4 paper in the postpartum room for about 30 minutes; (3) conducting interventions with education using multimedia video learning media. Participants watched the video played by the enumerator and learned the material on early breastfeeding initiation and breastfeeding techniques for 20 minutes; (4) re-measuring knowledge (posttests) by filling out the same questionnaire at posttest; (5) ensuring all participants filled in all questions according to the instructions by editing; and (6) processing data by coding, editing, and cleaning for statistical analysis. The implementation of the study was carried out by the researcher and assisted by one research assistant with the qualifications of the midwife profession who had been previously trained.

Statistical analysis was conducted in stages with univariate analysis to describe demographic data in the form of age, education, occupation, and knowledge in the form of frequency distribution and mean. Bivariate analysis was used to prove the effect or mean difference before and after the intervention. Bivariate analysis used the Wilcoxon signed test with a significance level (α) of 5% or 0.05. The study was implemented after passing the research protocol and permission from the Bandung City Hospital with the following number: B/PP.06.02/3446-RSUD/VI/2022. All participants completed and agreed to the informed consent.

Results

Participant Characteristics

Table 1 shows the characteristics of participants' knowledge levels according to age, education, and parity. The variables of low education (p-value 0.53) and primiparous parity (0.048) showed an

association with the participant's knowledge level after treatment with education using multimedia video learning media.

Table 1.
Distribution of respondents' characteristics according to age, education, parity, and knowledge after treatment (n=58)

Variables	Lack of Knowledge F (Percentage)	Sufficient Knowledge F (Percentage)	Good Knowledge F (Percentage)	P-value*)
Age				
< 20/ 35 years	2 (9.5%)	5 (23.8%)	14 (66.7%)	0.411
20-30 years	2 (5.4%)	15 (40.5%)	20 (54.1%)	
Education				
Low (Elementary-Middle School)	0 (0.0%)	8 (61.5%)	5 (38.5%)	0.053
Higher (SMA-PT)	4 (8.9%)	12 (26.7%)	19 (64.4%)	
Parity				
Primiparous	2 (6.7%)	6 (20.0%)	22 (73.3%)	0.048
Multiparous	4 (6.9%)	20 (34.5%)	34 (58.6%)	

*) Chi-square test

Research Results

The participant's knowledge level about early breastfeeding initiation and breastfeeding techniques according to the sub-indicators before treatment was the lowest, with an average score of 67.24 (low knowledge) and the benefits and problems of breastfeeding with a score of 67.24 (moderate knowledge) (Table 2). Table 3 shows that before the treatment, the level of knowledge was 15.5% and decreased to 6.9% after the treatment, while the level of good knowledge increased from 36.2% to 57.6%.

Table 4 shows that before treatment, the mean knowledge score was 67.37, which increased to 82.34 after treatment. Analysis in Table 5 using the Wilcoxon signed ranks test shows that there is an effect of education using multimedia video learning media on increasing knowledge about early breastfeeding initiation and breastfeeding techniques in SC delivery mothers in hospitals, with a significance value of 0.0001 (α = 0.05). 57 (98.28%) of 58 participants and 1 participant did not experience an increase in knowledge.

Table 2.
Level of knowledge of early initiation of breastfeeding and breastfeeding techniques according to sub-indicators in participants before treatment

Knowledge Sub Indicators	Mean Participant Answer		Knowledge Level
	Correct	Wrong	
Breasts and breast milk	84,48	15,52	Good
Early initiation of breastfeeding and colostrum	86,78	13,22	Good
Correct breastfeeding technique	63,21	36,79	Simply
Advantages and problems of breastfeeding	67,24	32,76	Simply
Signs of an adequate baby	94,83	15,17	Good

Table 3.
Frequency distribution of mean knowledge level of participants before (pretest) and after (posttest) treatment (n=58)

Knowledge	Before Treatment (n=58)		After Treatment (n=58)	
	Frequency	Percentage (%)	Frequency	Percentage (%)
Less	9	15.5	4	6.9
Simply	28	48.3	20	34.5
Good	21	36.2	34	58.6

Table 4.
Increase in Average Knowledge Score of Participants Before (Pretest) and After (Posttest) Treatment (n=48)

Variables	n	Mean	SD	Minimum	Maximum	Mean Improvement
Knowledge Score before	58	67.97	12.77	47.6	90.5	14,37
Knowledge Score after	58	82.34	16.12	52.4	100.0	

Table 5.
The effect of providing education with multimedia video learning media on knowledge about early breastfeeding initiation and breastfeeding techniques before and after treatment

Variables	N	Mean	Negative Rank	Positive Rank	Ties	Asymp. Sig. (2-tailed)
Knowledge pretest	58	67.97	0	57	1	0.0001*)
Knowledge posttest	58	82.34				

*) Wilcoxon test

Discussion

Video learning media is considered easier to understand because it not only hears explanations from health care providers but also reads printed media, such as leaflets (Nurak et al., 2021). This study aimed to evaluate the effect of multimedia video learning on knowledge about early breastfeeding initiation and breastfeeding techniques in SC birth mothers. The results showed that education using video learning multimedia had a significant effect on increasing the knowledge of women giving birth by SC in the postpartum room (p-value 0.0001).

The utilization of video as an educational media increases knowledge, in line with research by Faridah (2017), which shows that the use of audiovisual media can increase knowledge about stunting. In addition, this study is consistent with previous research, which shows that videovisual media has proven effective as a medium for health education in inpatient and community settings. (Adhisivam et al., 2017; Cetinkaya Eren et al., 2022; Gomathi, 2014; Özdemir et al., 2023; Sroiwatana & Puapornpong, 2018; Syabariyah et al., 2023).

Video media as learning media in this study can increase knowledge after being given treatment from a mean score of 67.97 (pretest) to 82.34 (posttest); out of 58, 57 participants also experienced an increase in knowledge, while 1 participant did not (Table 5). Video learning multimedia is a learning media that is designed by using various media simultaneously, thus providing a multiorgan effect. The results of the study found that the most dominant channel of knowledge into the brain is the eyes, approximately 75% - 87%, while the other 13% - 25% are channeled through other senses (Astuti et al., 2023). Visual media makes it easier to deliver and receive health information, and video learning multimedia can be the main educational media for providing health information. Furthermore, the results of another study by (Adhisivam et al., 2017) regarding a video-based health education program combined with routine lactation counseling increased knowledge about exclusive breastfeeding among primiparous postnatal mothers better than routine lactation counseling alone. Video media education is able to stimulate the senses of hearing and vision during the process of delivering material, and the more senses are used to receive information, the clearer or easier the information (knowledge) is received (Imran & Hasnah, 2017; Waryana et al., 2019).

The results of another analysis according to the level of knowledge showed that the category of poor knowledge was 15.5% (pretest) and decreased to 6.9% (posttest), and the category of good knowledge from 36.2% (pretest) increased to 57.6% (posttest) (Table 2). When viewed from the characteristics of participants in Table 1 show that there is a relationship between the level of knowledge of participants after treatment with education using multimedia video learning media with education factors (p-value 0.053) and parity factors (0.048) (Table 1). In accordance with research (Purwoko,

2018), the level of education is related to knowledge about ovarian cancer. The education level of the formal education pathway will equip a person with the basics of knowledge, theory and logic, general knowledge, and analytical skills. (Pakpahan et al., 2021). The more individuals have higher education, the easier it is to absorb and receive health information through education (Pakpahan et al., 2021). Likewise, parity influences the level of knowledge. This is in accordance with the results of research by (Kusumastuti, 2018), that parity is related to the level of knowledge of dangerous signs of pregnancy. Parity is related to personal experience. Personal experience can be used as an effort to gain knowledge. Mothers' knowledge of correct breastfeeding techniques based on the results of the analysis of Table 4 is the lowest (score 63.21 or sufficient category), the benefits and problems of breastfeeding with a sufficient level of knowledge (67.24) can be improved by taking into account educational factors and parity factors. The choice of educational media continues to use multimedia videos.

Multimedia video learning media indicated that it is effective and an option for health education programs in participants who are hospitalized, even in the infant community of health care providers. Increased knowledge about early breastfeeding initiation and breastfeeding techniques is a domain that can change the attitude and behavior factors of SC mothers (Astuti et al., 2023). Therefore, the behavior of SC deliveries is expected to be followed by early breastfeeding, even though there is no hospitalization and there may be complications. Because early breastfeeding initiation affects the continuation of exclusive breastfeeding, which is the provision of breast milk to infants for up to six months (Nasution & Oktamianti, 2023a). Therefore, the results of this study contribute to health promotion through the choice of early breastfeeding program education using multimedia video media.

Conclusion

SC delivery women need to be evaluated on their knowledge of early breastfeeding initiation and breastfeeding techniques. Multimedia video learning for education is proven to increase knowledge about breastfeeding and how to provide proper breastfeeding to mothers with SC delivery who were hospitalized during the COVID-19 pandemic. Thus, they realized the importance of early breastfeeding initiation. Therefore, healthcare providers need to improve health promotion in hospitals related to breastfeeding with multimedia video media education options.

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