

The effect of health education through audio-visual media on improving knowledge about breast milk management among working breastfeeding mothers in the working area of the community health centre (puskesmas) Leuwigajah City Cimahi 2023

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ABSTRAK

The purpose of this study was to determine the effect of health education through audio-visual media on increasing knowledge about expressed breast milk management in breastfeeding mothers who work in the working area of the Leuwigajah Health Centre, Cimahi City in 2023. The method used was quasi experimental with one group pre test-post test design. The sample of this study was 32 breastfeeding mothers who work in the working area of the Leuwigajah Health Centre, Cimahi City in 2023. Data collection using questionnaires with audio visual media intervention. Univariate and bivariate analyses were conducted with Wilcoxon Sign Rank Test. The results showed that there was an increase in the mean value before (59.78) and after (89.25) was given, and there was an effect of health education through audio visual media on increasing knowledge about dairy milk management in working breastfeeding mothers (p value 0.000). The conclusion of this study shows that there is an effect of health education through audio visual media on increasing knowledge about expressed breast milk management in working breastfeeding mothers in the working area of the Leuwigajah Health Centre, Cimahi City in 2023. Suggestions for midwives, audio-visual media can be used to increase knowledge in working breastfeeding mothers about express milk management.

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INTRODUCTION

Breast milk is the best food that fulfils all the growth and development needs of infants and toddlers. Breast milk contains a perfect mixture of antibodies, vitamins and to increase the baby's immunity. Exclusive breastfeeding is when a baby is given only breast milk without additional fluids and without solid food (Marliana, 2017).

According to data, the prevalence of exclusive breastfeeding worldwide until 2021 shows 41%. This figure is still below the global target of the World Health Organization (WHO), which is at least 50%. The results of Basic Health Research data on breastfeeding coverage up to 6 months to 1 year are only 49.9%. The data still does not reach the target of 80%. One of the provinces with breastfeeding coverage that is still below the national target is West Java province. The latest data according to the 2021 health profile explains that breastfeeding coverage in West Java is 56.9% (DHO Jabar, 2021).

One of the reasons for not achieving the exclusive breastfeeding target is the condition of working mothers. The failure of exclusive breastfeeding is found more in working mothers, this is due to the reduced time of mothers with their babies, busy working hours with very little rest time, causing many female workers to not have time to express breast milk or breastfeed their babies. Working mothers can choose to provide breast milk (ASI) by expressing. Every mother who provides expressed breast milk to her baby should know the proper management of expressed breast milk. The availability of facilities and infrastructure in the workplace also affects the success of exclusive breastfeeding, because some workplaces do not have special rooms for lactation and include the absence of a refrigerator to store breast milk (Nurhidayah & Halimah, 2022).

Various methods and tools have been developed in education to deliver messages aimed at improving knowledge, attitudes and skills. The media is in the form of videos. Based on the results of Anggraeni's research, it is stated that a person will remember 20% of what is heard, remember 50% of what is seen, and remember 80% of what is heard seen and done. The increase in knowledge after watching the video indicates that video playback is more effective because videos contain animations that have the advantage of increasing motivation so that they can increase respondents' knowledge. The researcher's assumption is that the circular/leaflet media has weaknesses when compared to video media, one of which is that pamphlet media only contains images and writing while videos contain sound, moving images, this difference between these two media provides different information in sharing information or material exposure. So that the use of audio-visual media is more effective and better in increasing knowledge (S & Afriyani, 2022) (Anggraeni et al., 2022).

The results of preliminary studies through interviews in May were conducted in the Leuwigajah Health Centre working area of 6 samples of working breastfeeding mothers. 4 of them never express breast milk because they do not have time to express breast milk and their breast milk no longer comes out because they are often given formula milk, the absence of infrastructure facilities for lactation rooms and the absence of a special refrigerator for storing breast milk and lack of knowledge about expressing breast milk management such as not knowing the shelf life of expressing breast milk. Only 2 out of 6 samples expressed breast milk at work. The difference between the previous study and this study is audio-visual media about expressed breast milk management in working breastfeeding mothers.

RESEARCH METHOD

This type of research is a quasi-experimental research with one group pre test post test design. The sample of this study were all working breastfeeding mothers with infants aged 0-1 month as many as 32 people in the Leuwigajah Health Centre working area. Sampling using nonprobability sampling, using total sampling technique. The dependent variable in this study is the knowledge of working breastfeeding mothers about expressed breast milk management while the independent variable in this study is health provision through audio visual media. This normality test uses the one sample Shapiro-wilk technique with the results of the pre-test p value $0.031 < 0.05$ and the post-test p value $0.005 < 0.0$. The research was conducted in July 2023 at the Midwifery Study Programme (S1), Faculty of Health Sciences and Technology, UNJANI Cimahi. This research has passed the ethical test of the Faculty of Health Sciences and Technology, General Achmad Yani University Cimahi with ethical number No. 16/KEPK/FITKES-UNJANI/I/2023. The

implementation of this research was carried out by considering ethical aspects, namely the right to participate or not become a respondent, the consent form, the principle of doing good, the right to get fair treatment, the right to be kept confidential.

RESULTS AND DISCUSSION

Results

Knowledge of working breastfeeding mothers before being given health education through audio-visual media on expressed breast milk management:

Table 1. Frequency distribution of Knowledge of working breastfeeding mothers before being given health education through audio-visual media on dairy milk management

Knowledge Category	Σ	%
Less	17	53,1
Enough	13	40,6
High	2	6,3
Total	32	100

Based on table 1, it is known that of the 32 respondents of working breastfeeding mothers, most or 17 respondents (53.1%) had poor knowledge, almost half or 13 respondents (40.6%) had sufficient knowledge and 2 respondents (6.3%) had high knowledge before being given health education through audio visual media on dairy milk management.

Table 2. Frequency distribution of knowledge of working breastfeeding mothers after being given health education through audio visual media on dairy milk management

Knowledge Category	Σ	%
Less	0	0
Enough	8	25
High	24	75
Total	32	100

Based on Table 2, it is known that out of 32 respondents of working breastfeeding mothers, a small proportion or as many as 8 respondents (25%) have sufficient knowledge and most or as many as 24 respondents (75%) have high knowledge after being given health education through audio visual media on dairy milk management.

Table 3. The effect of health education through audio-visual media on increasing the knowledge of working breastfeeding mothers about express milk management

Variable	Nilai	Mean	SD	Nilai P
Knowledge	<i>Pre-Test</i>	59,78	11,290	0,000
	<i>Post-Test</i>	89,25	9,102	

From the results of non-parametric statistical tests using Wilcoxon, the p value is 0.000 <0.05, thus it means that H_a is accepted, which means that there is an influence between health education through audio-visual media on increasing knowledge about breast milk management in breastfeeding mothers who work in the working area of Puskesmas Leuwigajah Cimahi City in 2023.

Discussion

Knowledge of Working Breastfeeding Mothers Before and After Health Education Through Audio Visual Media About Dairy Milk Management. The results of the analysis before health education through audio visual media on breast milk management can be seen that most of the respondents of working breastfeeding mothers have low / less knowledge, namely 53.1%, while after health education through audio visual media there is an increase in the knowledge of respondents.

The results of this study can be explained that in the category of insufficient and moderate knowledge levels, it means that respondents still do not fully understand the definition of exclusive breastfeeding, the nutritional content of exclusive breastfeeding, the benefits of exclusive breastfeeding, and the management of expressed breast milk in working breastfeeding mothers. This occurs due to several factors that influence knowledge in respondents.

Knowledge is a predisposing factor of behaviour, where knowledge can facilitate the occurrence of behaviour in individuals. Knowledge can be seen from a person's level of education. The better a person's level of knowledge, it can influence a person in making decisions and actions that will be taken as well as in providing breast milk to their babies. So that mothers with a lack of knowledge are required to increase their knowledge, one of the efforts is by providing education.

Knowledge is the result of human sensing, or the result of someone knowing an object from his senses (eyes, nose, ears, and so on). By itself, at the time of sensing to produce knowledge is greatly influenced by the intensity of attention and perception of the object. Most of a person's knowledge is obtained through the sense of hearing (ears) and the sense of sight (eyes) (Notoatmodjo, 2018).

From the results conducted by researchers on several respondents before being given the intervention, it was said that some working mothers knew about dairy milk management on social media/non-formal information.

According to Budiman and Riyanto (2013) knowledge is influenced by several factors, namely, education, information or mass media, socio-culture, economy, environment and age. The occurrence of increased knowledge in this study is due to some of the above factors such as the provision of information. Information can affect a person's knowledge, if you often get information about a lesson, it will increase a person's knowledge and insight.

According to the WHO theory cited by Notoatmodjo (2014) knowledge is closely related to education, it is expected that with higher education, the broader one's knowledge. But that does not mean that someone with a low education absolutely has low knowledge as well. Increased knowledge is not only obtained from formal education but also obtained from non-formal education. Working breastfeeding mothers can choose to provide breast milk by expressing and storing it in a bottle to be given later to their babies. This method is a solution for mothers who find it difficult to breastfeed directly because they do not have the opportunity to be with their children all the time. Every mother who provides expressed breast milk to her baby should know the proper management of expressed breast milk (Nurhidayah & Halimah, 2022).

Based on the identification of education in this study, 62.5% of mothers with educational backgrounds mostly graduated from SMA / SMK. Sufficient education will make a mother easier to receive information about breastfeeding. This is in accordance with the theory that states the higher a person's level of education, the easier it is to receive information so that the more knowledge they have (Nursalam, 2011). Education will encourage someone to know something and respond to something that comes from outside which has an impact on increasing maternal knowledge.

In addition to educational factors, there are physical factors such as age. One's memory is influenced by age, where a person's capacity to catch and think is maturing with age so that the knowledge gained is also getting better. Age determines maternal health related to pregnancy, postpartum labour and how to care for and breastfeed their babies. Mothers in healthy reproductive age are considered capable of solving problems emotionally, especially in dealing with pregnancy, childbirth, postpartum and caring for their own babies. The more mature a person is, the more positive their behaviour in providing exclusive breastfeeding is ideally (Roesli & Utami, 2018).

Mothers in healthy reproductive age are between 20-35 years old. This may be because at the age of <20 years, mothers are still considered immature. The 20-35 age range is a healthy reproductive age that generally has better lactation ability than mothers aged >35 years, and is not

yet ready in terms of physical and psychological in facing pregnancy, childbirth and in caring for babies including breastfeeding their babies. Meanwhile, mothers who are >35 years old physically the ability of the reproductive organs begins to decline so that at that age the mother's ability to breastfeed also tends to decline. Respondents in this study were aged 20-35 years, where the age of the respondents was included in the healthy reproductive age. This is in line with Pebrianthy's research (2021) that more mothers in healthy reproductive age, namely between 20-35 years old, provide exclusive breastfeeding than those aged 35 years.

Apart from age and education factors, socio-culture in society can also have an influence on attitudes in receiving information. Cultural issues that are still found vary widely. Some of them interfere with breastfeeding practices. The main problem in breastfeeding is socio-cultural, which is in the form of habits and beliefs in breastfeeding.

From interviews conducted by researchers on several respondents said that parents do not support exclusive breastfeeding is the habit of giving formula milk as a substitute for breast milk, and the habit of giving solid food / cereals to babies before the age of 6 months so that babies are full and not fussy, giving pre-lacteal food using honey, sugar water, tea, and also bananas, especially seen if the baby's mother works they are worried that the baby is not nutritionally adequate.

In line with research conducted by Padeng (2021), the results of socio-cultural factors greatly influence the failure of exclusive breastfeeding. Therefore, researchers provide information related to expressed breast milk management in the hope of increasing mothers' knowledge and motivation in providing breast milk to their babies. Working breastfeeding mothers who have received information about expressed breast milk management have certainly understood, interpreted, and remembered the messages conveyed from the information obtained so as to form good knowledge. The information factor is the most dominant factor that can change a person's knowledge, even though other factors that affect knowledge are not changed.

In line with the results of research by Iftika (2017), it is stated that after being given health education through audio-visual media, most respondents have good knowledge. The results of this study showed that respondents in answering questions on the questionnaire regarding the level of maternal knowledge about the benefits of breast milk, how to express breast milk, how to store expressed breast milk showed that questions number 6, 13 and 22 before the intervention were given many wrong answers, this can be seen from the total respondents who answered incorrectly as many as 28 respondents. This was influenced by the level of knowledge before the intervention, most of which were in the poor category (53.1%). After being given the intervention, almost all respondents answered correctly and most answered incorrectly after being given the intervention question no. 22 on how to store expressed breast milk.

Based on the results obtained in this study, the mean value has increased from before and after Health Education Through Audio Visual Media to Increase Knowledge about Dairy Milk Management in Breastfeeding Mothers who Work in the Working Area of the Leuwigajah Health Centre, Cimahi City in 2023.

From the results of non-parametric statistical tests using Wilcoxon, it was found that the p value was $0.000 < 0.05$ that H_a was accepted, which means that there is an effect of Health Education Through Audio Visual Media on Increasing Knowledge about Dairy Milk Management in Breastfeeding Mothers who Work in the Working Area of the Leuwigajah Health Centre, Cimahi City in 2023.

These results are in line with Afriyani's research (2022) showing the results before and after treatment in the intervention group using the audio visual media method obtained p value ($0.000 < \alpha (0.05)$) meaning that there is a significant difference in knowledge level before and after treatment. The level of knowledge of respondents regarding the 7 steps of hand washing with soap before health education with audio visual media was in the category of less knowledge 11

respondents good knowledge 3 respondents, after being carried out increased in the category of good knowledge 13 respondents less knowledge 4 respondents. (S & Afriyani, 2022)

Health education using audio visual media can increase knowledge because the media used can attract attention by displaying real images and sound from the material presented. In addition, the counselling material displayed in the video is also easy to understand because it is directly at the core of the discussion and uses words that are not difficult to understand (Sasmitha et al., 2017).

Audio-visual media has the advantage of being able to convey understanding or information in a way that is more concrete or more real than what can be conveyed by spoken words alone. So someone becomes enthusiastic about the video given about dairy milk management so that it will affect the person's knowledge (Sasmitha et al., 2017).

According to Notoatmodjo (2012) the use of audio visuals when providing health education can attract respondents' interest in reading and make it easier to understand the health material presented. So that it can help increase respondents' knowledge of dairy milk management knowledge.

According to expert research, the sense that most channels knowledge to the brain is the sense of sight, approximately 75%-87% of human knowledge is obtained or channelled through the sense of sight, 13% through the sense of hearing and another 12% is channeled through other senses (H et al., 2020). Other research states that a person will remember 20% of what is heard, remember 50% of what is seen and remember 80% of what is heard, seen and directly done (Anggraeni et al., 2022).

Audio visual media offers counselling that is more interesting and not monotonous. In addition, through audio visual media or video media given to respondents can trigger motivation so that it can build a person to behave better. The video media used in providing information is able to provide better behavioural stimuli for respondents because with video media respondents can remember the information provided longer In line with the research of Jacobs and Schade in Munir (2012) proving this by revealing that the memory of someone who only reads alone gives the lowest percentage, namely 1%.

A person's memory can be improved up to 25%-30% with the help of other media such as television. A person's memory is further increased up to 60% with the use of multi-media. Video media is almost the same as multi-media because it can display images, text, sound and animation in an attractive display (Azizah & Fatimah Nurul, 2022).

With the better understanding and memory of mothers about breast milk management information, working mothers will be more motivated to provide breast milk to their babies. This is in line with Lawrence Green's theory that knowledge is a predisposing factor of behaviour, the better a person's level of knowledge, the more it can influence a person in making decisions and actions that will be taken.

Supported by Moller in Yani (2018) the application of digital technology-based health interventions is considered very beneficial. First, it can facilitate access to services, facilitate the reach of services to the community. Second, it can move health interventions to digital platforms and present research with new opportunities to advance health service theories and concepts.

One of the benefits of using media in health education is being able to foster learning motivation because the learning process will be more interesting if using the media, the delivery of messages will be more interesting and easier to understand so that the desired learning objectives can be achieved and the learning process becomes less boring (Tia et al., 2019).

Video as one of the audio-visual media is one of the learning media that can be used in the teaching and learning process. Images and sounds that appear on videos that display material impressions with a short duration are expected to be able to make respondents not get bored quickly, as well as stimulate interest in learning and enthusiasm for the material displayed. This type of media has better capabilities, because it involves the two largest senses in the absorption of

information, namely the senses of sight and hearing. The results of other research on educational methods using audio-visual video animation media have a significant effect on improving knowledge, attitudes and skills (Utami et al., 2018).

In line with research conducted by Induniasih and Ratna (Induniasih & Ratna, 2017), audio visual media is media that is useful for stimulating the senses of hearing and vision, making it easier to receive and understand the messages conveyed by the speaker. Audio visual media that is well packaged and attractive will make an impression on a person and society.

In this study, researchers used audio visual media as a research instrument with a duration of 13 minutes, in accordance with Rooijakker in Dimiyati & Mudjiono (Dimiyati & Mudjiono, 2009) explaining that a person's attention increases in the first 15-20 minutes, then drops in the second 15-20 minutes, and then increases again. This can affect the increase in respondents' knowledge before and after Health Education Through Audio Visual Media Towards Increasing Knowledge About Dairy Milk Management of Working Breastfeeding Mothers in the Working Area of the Leuwigajah Health Centre, Cimahi City in 2023.

In line with Setiani and Warsini's (2020) research on the effectiveness of health promotion using video and leaflet media on the level of knowledge about osteoporosis prevention using Wilcoxon test analysis in the intervention group, it can be concluded that there is a difference between before and after video administration with a p-value of 0.025 ($p < 0.05$). (Setiani & Warsini, 2020) In line with Kurniati's research (2020) regarding the effectiveness of video media on increasing knowledge and attitudes about the dangers of smoking in junior high school students with the results of the study showing that there are significant differences in knowledge and attitudes about the dangers of smoking between before and after playing video media on the dangers of smoking (p value < 0.05). (Kurniati et al., 2020)

The supporting factors for this study are that some infrastructure facilities are very helpful in the process of delivering health education through audio visual media including infocus and speakers. Because of these media, the application of messages is easier to convey to respondents. So that audio visual media education is easier to convey to respondents, it is easier to understand and understand the meaning of the message conveyed (Mawarny, 2019).

The level of knowledge of working breastfeeding mothers will be one of the stimuli, this is in accordance with the theory conveyed that the better a person's level of knowledge, it can influence a person in making decisions and actions that he will take as well as in providing breast milk to his baby. Behaviour that is based on knowledge, awareness and positive attitudes will be long lasting.

The knowledge that mothers have about breastmilk will make them aware and have a positive attitude about the importance of breastmilk so that working breastfeeding mothers provide breastmilk to their babies through proper management of expressed breastmilk. Providing information formally or informally can increase knowledge. Knowledge itself is usually obtained from information both obtained from formal education and other information such as radio, TV, internet, newspapers, posters, magazines, counselling, videos, etc. The level of education affects a person in receiving information. People with a better level of education will find it easier to receive information than people with less education (Margawati & Astuti, 2018).

The main factor that most influences knowledge is information, someone who has good knowledge often receives various information about breast milk from various types of media, so providing information through health education is very influential in increasing knowledge about breast milk management (Rahmawati et al., 2019).

In addition to the influence of the media used, another thing that affects knowledge about expressed breast milk management is maternal education because educated mothers are more likely to make decisions that will increase exclusive breastfeeding. A person's level of education will influence a person in receiving information. A high level of education can make it easier for someone to receive information when compared to someone with a low level of education. The

information received is a provision for a working mother to be able to breastfeed properly so that the mother can understand the proper management of expressed breast milk.

CONCLUSIONS

The conclusion of this study was the effect of providing health education through audio-visual media with the level of maternal knowledge with a p value of 0.000 (<0.005). This study showed that health education using audio-visual media significantly improved working mothers' knowledge of expressed breastmilk management. This approach can be implemented in various health centers to help working mothers provide better breastfeeding to their babies. This study adds to the literature on the effectiveness of audio-visual media in improving health knowledge in Indonesia, especially in the context of expressed breastmilk management for working mothers.

This study used a questionnaire method to measure knowledge, which may have limitations in terms of the subjectivity of the respondents and the validity of the answers given. Future research could incorporate other evaluation methods such as in-depth interviews or direct observation to gain a more comprehensive understanding of changes in knowledge and behavior. Conduct a longitudinal study to see the long-term impact of health education through audio-visual media on the knowledge and practices of breastfeeding mothers.

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