



The Effectiveness of Health Education through Animation Videos on Mothers' Knowledge of Breast Milk Management

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ABSTRACT

Background: The percentage of breastfeeding to babies directly breastfeeding to mothers has decreased, for reasons that breast milk does not come out, separate from mothers, and other medical reasons. This results in the mother's breasts feeling full, so the mother is uncomfortable. To avoid giving formula milk to the baby, mothers can express and store breast milk. Therefore, health education related to the management of breast milk is very important to be given to mothers to provide knowledge and awareness to mothers to be able to provide exclusive breastfeeding to their babies. **Methods:** This study used a pretest-posttest one group design on 60 breastfeeding mothers who had babies aged 0-6 months in August 2025. In the study, health education was provided through an animated video about the management of breast milk. The analysis used frequency distribution, *Paired Sample T-Test* statistical test and effectiveness test. **Results:** The average increase in mothers' knowledge about the management of breast milk with a difference of 3.55. The correlation value was 0.555 ($>r$ table 0.254), p -value was 0.000 (<0.05), the effectiveness value of the animated video was 67.62% and was included in the effective category ($>66.6\%$). **Conclusion:** Influential animated videos are significantly and effectively used as a health education.



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INTRODUCTION

Breast milk contains nutrients that best suit the baby's needs, containing protective substances to fight disease (Kartini et al., 2022). The lactose, carbohydrates, and protein content in breast milk is easily absorbed, useful for the growth and development of babies, so that in the first six months of a baby's life, breast milk is the best food (Lindawati, 2019). The coverage of six-month-old babies who received exclusive breastfeeding in 2023 was 63.9% (exceeding the 2023 target by 50%). There are fourteen out of thirty-eight provinces in Indonesia that have not reached the target, the highest percentage is 81.1%, and the lowest is 10.9% in 2023 (Kementerian Kesehatan Republik Indonesia, 2024).

Some of the results of the study explain that several factors such as education, parity, age, pregnancy distance, supportive husbands, low knowledge and working mothers have an effect on exclusive breastfeeding. Mother's work is associated with exclusive breastfeeding (Feriyal et al., 2024; Mudrikah & Jusmawati, 2025; Prihatini et al., 2023). Efforts to increase exclusive breastfeeding by breastfeeding mothers are still

lacking. It is known from the SKI report (2023) that the percentage of breastfeeding mothers have decreased which affects the percentage of children who do not receive breast milk, with the reason that breast milk does not come out (66.1%), separation (6.4%), children are separated from their mothers (5.3%), children do not breastfeed (4.2%), children's medical reasons (4.1%), mother's medical reasons (3.7%) and others (10.2%). Formula feeding increased (27.5%) (BKPK Kemenkes RI, 2023), to avoid avoiding formula feeding, mothers can breastfeed by expressing breast milk.

According to Kementerian Kesehatan Republik Indonesia (2022), breast milk is breast milk that is squeezed, stored, and given to babies according to their needs. Breast milk is an effective way for breastfeeding mothers who have a busy time outside the home (Herien, 2024). The results of the study showed that in working mothers, the success of exclusive breastfeeding was related to breast milk management (Rosida et al., 2020). Breast milk management health education increases understanding and awareness of mothers in breastfeeding process. Research conducted by Endra *et al.* concludes that health education can improve the implementation of extortion and breastfeeding for working mothers (Amalia et al., 2020). Community service activities carried out by Lilis *et al.* Concludes that the success of breastfeeding is determined by the mother's knowledge of Exclusive Breastfeeding, breastfeeding techniques, and breastfeeding management (Mamuroh et al., 2024).

Mothers' knowledge can be improved through health education using appropriate media (Hajifah et al., 2022). For maximum results stimulating the senses of sight and hearing, videos are used in health education (Safitri, 2022). Research conducted by Sari *et al.* shows that there is an influence of providing health education with audiovisual media on breastfeeding mothers' knowledge about exclusive breastfeeding (Sari, visti, 2023). This research was carried out in the working area of the Nosarra Health Center, Palu city. From preliminary data, it is known that the coverage of babies less than six months old at the Sangurara Health Center who receive breast milk is the lowest coverage in 2023 at 25.64%, this coverage has decreased from 2022, which is 46.89%. From the results of the interview, it is known that health education in breast milk management has never been carried out using animated video media. Although education using video has been done a lot, videos that use animation in conveying information are still lacking. Thus, the purpose of this study is not only to find out the influence of animated videos, but also to find out the effectiveness of animated videos used as a health education medium to increase mothers' knowledge about breast milk management.

METHODS

The research was carried out in the work area of the Nosarara Health Center in August 2025, using pretest-posttest one group design on 60 breastfeeding mothers with a baby age of 0-6 months, with a sampling technique of purposive sampling that was in accordance with the inclusion criteria of the respondents (willing to be a respondent, only provide breast milk for the baby, physically and spiritually healthy, and able to read and write). The characteristics of the respondents in this study were taken from the characteristics of age, education level, occupation, history of parity, history of obtaining information about breast milk management, and sources of information.

This research was carried out after the researcher obtained a research permit from the Nosarara Health Center and research ethics commission of the Nani Hasanuddin College of Health Sciences number 6000/STIKES-NH/KEPK/VII/2025 before data collection, this study began with an explanation to the respondents about the research procedure, after which the respondents signed the researcher's consent sheet. Data

collection was carried out using a questionnaire with the following stages: first, respondents completed a pre-test questionnaire; after that, they received health education through a 10-±minute animated video on breast milk management; then, they completed a post-test questionnaire. Where Health Education is provided through animated videos and the content of pre-test and post-test questionnaires contains the definition of breast milk, the benefits of breast milk, when to express breast milk, how to express breast milk, how to store breast milk, and how to serve breast milk. Every respondent's identity data and information is guaranteed confidentiality, and there is no risk of filling out the questionnaire. A validity test of the research instrument's content was conducted using questionnaires and animated videos administered to respondents with characteristics similar to those of the study respondents ($p > 0.05$).

The animated video is approximately 10 minutes long, using sound, text, and animated images to make it easier for respondents to receive information. Laptops, projectors, and speakers are used as a medium for watching animated videos.

The collected data is then processed using statistical tests. The characteristics of the respondents were analyzed using a frequency distribution, and then an influence test was conducted *using the Paired Sample T-Test*. After that, an effectiveness test was carried out on the animation video of health education

RESULTS

The data is processed and analyzed statistically, and is described in the form of a table:

Table 1. Respondent Characteristics

Characteristics of Respondents	n	%
Mother's Age		
20-35 Years	50	83.3
> 35 Years Old	10	16.7
Level of Education		
Primary school	3	5.0
Secondary school	41	68.3
College	16	26.7
Work		
Work	12	20.0
Not Working	48	80.0
History of Parity		
Primipara	25	41.7
Multipara	33	55.0
Grande Multipara	2	3.3
History of Obtaining Information on Breast Milk Management		
Ever	37	61.7
Never	23	38.3
Resources		
Counseling	13	35.1
Social Media	24	64.9

Based on Table 1, It is known that the distribution of respondent characteristics in the most age characteristics is at the age of 20-35 years (83.3%), in the characteristics of the level of education is the most in the secondary school category (68.3%), the

characteristics of the most work in the non-working category (80%), the characteristics of the most parity history in the multipara category (55%), and for the characteristics of the history of obtaining information on the breast milk management in the category of ever (61.7%) with information sources Social Media (64.9%) and Counseling (35.1%).

Table 2. Frequency Distribution of Respondents' Knowledge of Statements on Dairy Milk Management

No	Statement	Pretest		Posttest	
		n	%	n	%
1.	Breast milk is breast milk that is expressed by the mother, stored, and can be given to the baby when the mother is outside the house	40	66.7	57	95.0
2.	Breast milk secretion can be eliminated by expressing breast milk	36	60.0	50	83.3
3.	Breast milk dams can occur when breast milk is milked	34	56.7	53	88.3
4.	Expressing breast milk can be done on swollen breasts	38	63.3	50	83.3
5.	Breast milk can be expressed by hand	42	70.0	51	85.0
6.	No need to wash your hands before expressing breast milk	36	60.0	50	83.3
7.	It is not allowed to use a breast pump in expressing breast milk	38	63.3	49	81.7
8.	Refrigerator/ freezer is not a place to store breast milk	40	66.7	52	86.7
9.	Dairy milk storage containers must be clean and sterile	40	66.7	51	85.0
10.	Breast milk is stored in glass or plastic bottles that are BPA-free	41	68.3	52	86.7
11.	The date and time of expressing breast milk need to be considered when serving breast milk	45	75.0	56	93.3
12.	Breast milk can be frozen, right?	44	73.3	58	96.7
13.	Breast milk mixed with water when thawed	44	73.3	55	91.7
14.	Dilute the expressed breast milk using boiling water	36	60.0	55	91.7
15.	Thaw frozen breast milk under tap water or running water	34	56.7	52	86.7

Table 2 shows that there was an increase in maternal knowledge about the management of breast milk after being given health education using animated videos. Where in the pretest for each statement item, the respondents who answered according to the statement were around $\leq 75\%$, and in the posttest for each statement item was $> 80\%$.

Table 3. The Influence of Animated Videos as a Health Education Media on Mother's Knowledge

Knowledge	Mean	Correlation	P-Value
Pre-test	9.75	0.555	<0.001
Post-test	13.30		

Table 3 shows that, based on the Paired Sample T-Test, an average difference of 3.55 was obtained, indicating, in descriptive analysis, a difference in the average knowledge of mothers about breast milk management between *pretest* and *posttest*. The *correlation value* is 0.555 (positive direction) $> r$ table 0.254, which means that there is a correlation, the higher the *pretest value*, the more the *posttest value will increase*., and a p-value of < 0.001 (< 0.05) indicates a significant effect of health education through animated videos on mothers' knowledge of breast milk management in the working area of the Nosarara Health Center, Palu City.

Analysis of the Effectiveness of Animated Videos as a Health Education medium

The effectiveness test uses the formula:

$$EP = \Sigma \frac{PS-PR}{N t Q-PR} \times 100\%$$

A score of 67.62 was obtained, indicating it is in the effective category (> 66.6%).

DISCUSSION

Learning videos are media used to provide education, information and learning that uses audio and visuals in displaying movements and messages. The development of educational media with advanced technology has been carried out, such as animated videos, where animated videos not only have an attractive appearance, but also make the information provided memorable for longer, as well as make everyone who sees it happy (Aisah et al., 2021). Animated videos are educational media that have great potential in supporting health promotion efforts. Attractive colors, customized characters, simple but informative storyline, can increase attention and understanding of information in participants. Health messages become more interesting, so they are relevant as an alternative to delivering information that is more communicative and fun than conventional methods (Putri et al., 2025).

This study was conducted on mothers who have babies aged 0-6 months using an animated video with a duration of ± 10 minutes. The results of the *Paired Samples Test* statistical test in this study found that there was a difference in the average knowledge of mothers about the management of breast milk with a positive correlation between *pretest* and *posttest*. Most of the respondents in this study have received information related to the management of breast milk through social media and counseling. A person's knowledge depends on the information he receives, the provision of interventions in the form of health education should be given repeatedly (Suryati et al., 2023). In addition, a person's breastfeeding behavior can be influenced by their social networks. Education and interventions provided on social networks can increase breastfeeding activities, especially in primitive mothers (Carlin et al., 2019). Research conducted by Irodatul *et al* (2021) on the use of video as a counseling medium for nutritional knowledge in breastfeeding mothers, and research conducted by Tantri *et al* It was explained that providing education using audiovisual media had an impact on increasing the average knowledge of mothers and indirectly mothers obediently gave breast milk to their babies (Hana et al., 2021; Yuliana et al., 2024).

History of parity can affect knowledge, Most of the respondents in the study were multipara mothers. Mothers with a previous history of breastfeeding have a better breastfeeding experience Compared to primipara mothers (Hackman et al., 2015). Research conducted by Melike *et al* (2024) stated that video-based breastfeeding education to improve breastfeeding practices in primipara mothers did not have a significant difference between *pretest* and *posttest*, but had a positive impact on breastfeeding activities (Punduk Yilmaz et al., 2024). Education provided online through animated videos related to early breastfeeding in primipara mothers showed that there was a significant difference in the increase in breastfeeding effectiveness in the intervention group compared to the pre-education group and the control group (Metin & Baltacı, 2024).

The results of the *Paired Samples Test* statistical test obtained a *p-value* of < 0.05, so that there was a significant influence of health education through animated videos on mothers' knowledge about breast milk management in the working area of the Nosarara Health Center, Palu City. This research is in line with Fitri Nurhayati's research at the

Leuwigajah Health Center, Cimahi City in 2023, in 32 working breastfeeding mothers, health education using audio-visual media improves Knowledge about breastfeeding management (p -value 0.000), with an increase in the average *pretest-posttest* knowledge of 29.47 (Nurhayati, 2024).

A study on the effectiveness of educational videos on pregnant women's knowledge about lactation management in the coastal area of Pekanbaru, the results of a statistical test obtained a p -value of 0.000 which means that there is a difference in the average knowledge of lactation management in pregnant women in the coastal area of Pekanbaru before and after being given an educational video (Fazira et al., 2023). Work affects knowledge, where in this study most of the respondents were in the non-working category, in which case the researcher categorized housewives in the non-working category. According to research by Luluk and Utari (2018) on working mothers, it is stated that the positive attitude of mothers towards breastfeeding is due to the mother's high knowledge, and conversely, the low knowledge of the mother, the mother's attitude becomes negative (Hidayah & Setyaningrum, 2018).

In addition to employment status, maternal education also affects knowledge in managing breast milk. The level of education affects a person's level of knowledge, The higher the level of education, the higher the level of knowledge of the person. Where compared to mothers who have never gone to school, exclusive breastfeeding is 1,167 times for elementary school graduates, 1,203 times for junior high school graduates, high school graduates 1,177 times, and 1,203 times greater for college graduates (Laksono et al., 2021). In addition to work and education, the age of the respondents also affects a person's knowledge, in this study, most of the respondents are in the productive age category. A person's age affects a person's ability to catch a person. The age of 20-35 years is the mature age for a breastfeeding mother, can solve problems well, and has a mature level of thinking in seeking information and caring for her baby, especially in exclusive breastfeeding (Polwandari & Wulandari, 2021).

The results of the analysis of the effectiveness of animated videos as a medium of health education to provide mothers' knowledge about the management of breast milk in the work area were included in the effective category ($> 66.6\%$). The animation video used in this study explains information about breast milk management in an interesting way, the delivery of material using voices, writing, and animated images, so that mothers are interested and focus on getting information. A *systematic review* of the effectiveness of video animation as an information tool for patients and the general public showed that most of it has a positive impact on knowledge, especially in the short term, and some positive impacts on attitudes, cognition and behavior, compared to the delivery of information by other methods (Moe-Byrne et al., 2022). The use of animated videos has been shown to significantly increase the knowledge of patients with different diseases and ages. Respondents feel happy and easy to understand the information provided when educating using animated videos, because of the attractive look and sound (Aisah et al., 2021).

This study has not discussed whether the respondents have experience in managing breast milk, which can affect the respondents' knowledge of multipara and grande multipara mothers. In addition, there was no control group in this study. The researcher suggested that the next researcher can research related to health education through animated videos on mothers' knowledge about breast milk management with pregnant women respondents. So, since pregnancy, mothers have understood about breast milk management, and prepared mothers to be able to breastfeed exclusively. In addition, this

research can also be linked between knowledge and maternal attitudes about the management of breast milk.

CONCLUSION

Animated videos are effectively used as a medium for health education about breast milk management. Animated videos can be used as one of the educational media for maternal and child health. This research can be continued using experimental design, the number and characteristics of diverse respondents, for example pregnant women and looking at the history of maternal pregnancy.

Author's Contribution Statement: Yuni Kristiani Tumani performed Conceptualization; Methodology; Validation; Formal Analysis; Investigation; Resources; Writing - Original Draft; Writing - Review & Editing; Visualization; Supervision; and Project administration. Ni Luh Ayu Anggraeny performed Validation; Formal Analysis; Investigation; Resources; Writing - Original Draft; Writing - Review & Editing; and Visualization. Naswa Noverlita, Ni Luh Febi Dian Sari, dan Ofni Imanuela performed Investigation.

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