



Proceeding Paper

The Effect Of Video Education On Breastfeeding Self Efficacy In Thrid Trimester Pregant Women In The Independent Praticice Of Midwives in Bengkulu City In 2023

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Abstract

Breast milk is the most ideal food source for babies or neonate. Breast milk is easily digested by babies Breast smilk contains a mixture of various food ingredients that are right for babies. Breastfeeding Self-efficacy (BSE) is defined as a mother's confidence in her ability to breastfeed a baby. The purpose of the study was to determine "the effect of education through videos on breastfeeding self-efficacy during III trimester pregnancy. This study used an experimental method with a quasi experiment study, with a pre-post test design with control group design. The population is all 3rd trimester pregnant women who carry out ANC in BPM H and BPM S followed by children born at 3 days of age. Sampling using consecutive sampling technique. The number of respondents was 36 people consisting of 18 respondents for each intervention and control group. The intervention provided was video education while the control group was given a booklet. Data collection is done by means of Consecutive sampling. Data analysis through univariate and bivariate analysis with the Mann whitney test and T-test. The results showed that the p value of 0.012 (p value <0.05) means that there is a difference in the average value of breastfeeding self efficacy scores between groups. This shows that there is an influence of education through videos on breastfeeding self efficacy in III trimester mothers. Video education can be used as an effort to increase the confidence of mothers to provide exclusive breastfeeding.

Keywords: Self efficacy, breastfeeding mothers, education, video

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INTRODUCTION

Breast milk (ASI) is the most ideal food source for babies including neonates because breast milk is easily digested by babies and breast milk contains a mixture of various food ingredients that are very appropriate to support their growth and development. In addition, breast milk is known for containing high immunoglobulins to build the immune system as a fortress to avoid viruses and various diseases (Poorshaban, 2017)

Based on World Health organization (WHO), (2021) recommends exclusive breastfeeding for infants up to six months of age, namely infants are only breastfed without other additional foods until 6 (six) months old. After 6 months in addition to breast milk, babies can be given additional food and breastfeeding is continued until the baby is 2 (two) years old, However, based on WHO data, in 2020 out of 50% of the breastfeeding target for infants aged 0-6 months, globally it only reached 44% (WHO, 2021) . Data form from Basic Health Research (Rikesdas, 2018) shows that nationally the percentage of exclusive breastfeeding coverage is 37. Babies who received exclusive breastfeeding in Bengkulu City in 2021 were 47.3%. There are 50% of babies who have been given solid food as complementary foods for breast milk or formula milk liquid (Bengkulu City Health Office, 2021). The data shows that the achievement of exclusive breastfeeding is still low compared to the Millennium Development Goals (MDGs) target of exclusive breastfeeding by 80% (SMERU Research Institute, 2017).

The cause of low coverage of breastfeeding is due to many factors. In the first week of birth, often the mother says the milk has not come out / not enough. Mothers feel less confident to breastfeed, especially in primigravida mothers, lack of support from family so that when the baby cries / family considers still hungry given formula milk (Prabasiwi et al., 2015). Breastfeeding self efficacy (BSE) is defined as a mother's confidence in her ability to breastfeed a baby. BSE is positively associated with the duration and exclusivity of breastfeeding in different cultures and age groups to support successful lactation management so as to meet the adequacy of breast milk in infants (Otsuka *et al.*, 2014). Maternal BSE should have been formed from pregnancy to breastfeeding, so that mothers carry out lactation management to support breastfeeding success (Prastyoningsih *et al.*, 2021).

According to Handayani, *dkk* (2013) that many factors include one of them losing confidence to breastfeed. Breastfeeding self-efficacy was measured using the Breastfeeding Self-Efficacy Scale Short-Form (BSES-SF) which is an appropriate instrument to assess self-confidence in breastfeeding mothers in Indonesia. Efforts can be made to increase self-efficacy in order to increase breast milk production through appropriate nursing interventions in the form of education. Education is one way that can be used to increase the knowledge of individuals, groups, and communities that will affect healthy behavior (Saputra *et al.*, 2019). BSE education can be done using various video media, considered more interesting because it involves two senses, namely the sense of sight and the sense of hearing which can maximize

the reception of information (Saputra *et al.*, 2019). The more senses used, the easier the entry of information will be (Listyarini & Sri, 2017). Video media to increase BSE is useful for changing maternal behavior in breastfeeding and can increase maternal motivation in providing exclusive breastfeeding to their babies will feel happy with this support (Rahmadani *dkk*, 2022).

Based on the results of an initial survey on October 3, 2022 conducted by researchers on independent practice midwives in the Betungan and Pasar Minggu areas with the highest number of pregnancy visits, during January-September 2022 there were 450 visits to pregnant women. Of the 4 mothers who failed to breastfeed, the mother said the milk did not come out so the mother gave formula milk. Two mothers said they were not confident to breastfeed and 1 mother experienced anxiety when breastfeeding her baby in the first week of breastfeeding so that milk did not come out much.

Form the description that has been described, the researcher is interested in researching about “The Effect of Video Education on Breastfeeding Self-Efficacy in third Trimester Pregnant Women”.

MATERIAL AND METHODS

This type of research is quantitative research with quasi-experimental design using pre-post test design with control. The study was conducted at the Independent Practice Midwife Clinic (BPM) in Bengkulu City from April to June 2023 of Bengkulu City.

The research phase began with a pre-test Breastfeeding Self Efficacy Scale (BSES) for both intervention and control groups about breastfeeding. The intervention was carried out in the intervention group by providing education through breastfeeding videos that had been made by researchers that lasted for ± 7 minutes, which were watched 2 times a week each intervention. Education watching videos watched by individuals sent a link on the mother's personal whatsapp watching independently and monitoring through personal screenhoot whatsapp to ensure that they have watched the educational video. Furthermore, a BSES measurement post test was carried out to see the mother's skills in breastfeeding which was carried out on day 3 after the mother gave birth.

Implementation of research in the control group by conducting education and providing booklets about breastfeeding that have been made by researchers. The next intervention the mother was asked to study the booklet given. After that, monitoring is carried out through the log book in the booklet so that the mother fills in the summary read. On day third, a post test is carried out after giving birth.

RESULTS AND DISCUSSION

Table 1: Characteristic Description of Third Trimester Pregnant Women including Age, Parity, Education, and family support

Variable	Group		P value
	Intervention (N=18)	Control (N=18)	
Age			
Mean	26,17	25,22	0,443*
Min	26,50	25	
Max	21	22	
SD	3.536	2.264	
CI 95%	24.41;27,92	24,10 ; 26,35	
Parity			
Mean	1.39	1	0,688*
Median	1.00	6	
Min	1	9	
Max	3	2	
SD	0,608	1.707	
CI 95%	1.09;1.69	150;1.85	
Education			
SD	3(16,7%)	1 (5,6%)	0,436**
Junior	3 (16,7%)	6 (33,3%)	
SMA	8 (44,4%)	9 (50%)	
College	8 (22,2%)	3 (16,7%)	
Family Support			
Support	13 (72,2%)	15 (83,3%)	0,688**
Not Supported	5 (27,8%)	3 (16,7%)	

Whitney Mann TestChi-Square Test*

As seen in table 1 illustrates the age characteristics of respondents in the intervention group in the age range of 21-34 years. The results of this study showed that based on the age group of pregnant women, most respondents in the intervention group had an average age of 26.17 and the control group had an average age of 25.22. These ranges are early adulthood and reproductive age. According to Wirta's research (2015), this age is a productive age and is included in the low-risk pregnancy category, which is 20-34 years. This study is in line with the results of Diah's (2022) research on the relationship between maternal age and BSES, statistically obtained no significant relationship between maternal age and self-efficacy of breastfeeding mothers. The results of this study stated that the age below 35 years BSES is low. Younger mothers can produce enough milk compared to mothers over the age of 35 years. Age over 35 years is an age with a high risk of pregnancy and childbirth so it is considered that the ability to breastfeed has also decreased along with the aging of organ systems. The age of 20 – 35 years is a period of healthy production, where the mother's physical and mental state is at its best, the development of

reproductive organs is perfect and mature so that it is ready to exclusively breastfeed (Rahmawati *dkk*, 2020).

Based on parity characteristics, pregnant women in the intervention group were mostly primiparous, namely 16 people (80%) in the intervention group and 11 people in the control group (55%). Arma (2015) said, primiparous is a woman who has given birth to a fetus once, while for multipara is a woman who has twice or more given birth to a fetus. This research is in line with what was done by Sari *et all* (2019) said that a multiparous mother tends to be better than a primiparous mother. Multipara mothers already have experience in breastfeeding so that the mother's self-efficacy is high so that she is better able to face the obstacles felt because she has previously encountered the same obstacle to provide exclusive breastfeeding.

Based on educational characteristics, the most pregnant women in this study in the intervention group and control group were at the senior secondary education (SMA) level, which was 8 people (44%) and the control group was upper secondary education (SMA), which was 9 people (50%). According to Riyanti (2019), the higher the level of education, the higher the knowledge and awareness of breastfeeding mothers so that they have high self-efficacy. It can be understood that the education that mothers have makes it easy to understand exclusive breastfeeding, and mothers easily access information about breastfeeding both through the internet so that maternal confidence exists since pregnancy.

Based on family support characteristics, in the intervention and control groups most families provided support for mothers to breastfeed, in the intervention group supporting 13 people (72%) and the control group supporting 15 people (83%). Royaningsih and Wahyuningsih (2018) said family support that motivates mothers to breastfeed until the age of 6 months, provides psychological support and prepares balanced nutrition so that maternal self-efficacy increases. Another basic family function is the affective function, which is the internal function of the family to meet psychosocial needs, nurture each other, and provide love and mutual acceptance and support. The results of this study are in line with those conducted by Irianto and Wathan (2020) saying that family and husband support has a significant relationship with maternal self-efficacy for the success of exclusive breastfeeding in infants.

Table 2: Differences in the average score of Breastfeeding Self Efficacy Before and After Intervention in the Intervention Group at BPM Bengkulu City in 2023 (n = 36)

Variable	N	Average IMT±SD	Difference Average MT±SD	CI 95%	t	P
Before Intervention	18	20.5±3,8	-33.1±6.9	-36.5 s/d - 29.6	-20.3	0.001***
After Intervention	18	53.6±4.5				

***Paired T-test

As seen in table 2 illustrates the average BSES in TM III pregnant women after the intervention in the intervention group was 53.6 which results in p values of $0.000 \leq \alpha 0.05$ which means there is a difference in the average BSES before and after the intervention.

Table 3 : *Average Differences in Breastfeeding Self Efficacy Before and After intervention*

Variable	Kelompok				P Value
	Intervention		control		
	N	Mean(SD)	N	Mean (SD)	
Before Intervention	18	20.50 (3.854)	18	16.11(3.324)	0.000
After Intervention	18	53.61(4.552)	18	42.72(8.4000)	0.000

As seen in table 3 illustrates that the mean BSES of TM III pregnant women before the action was given in the intervention group was 20.50 (the level of breastfeeding confidence was less). Likewise, the average self-efficacy before the intervention in the control group was 16.11 (confidence level was lacking). Both the intervention and control groups had relatively similar average levels of self-efficacy in the less category. This result shows that even now there has been intensive education and effort that by the community through social media. In this study most respondents were deficient. This condition illustrates the lack of confidence to give exclusive breastfeeding. This study is in line with Yuliani (2022) conducted on 23 postpartum mothers in the Sokaraja II and Kemranjen II health centers with multistage clusters, showing that most of the respondents' self-efficacy about breastfeeding was in the low category.

Table 4 : *The Effect of Video Education on Breastfeeding Self Efficacy in TM III Pregnant Women*

Variable	N	Mean	Mean Difference	SD	P Value
Intervention	18	33.11	6.500	2.435	0.012***
Control	18	26.61	6.500	2.435	

As seen in table 5.4 Illustrates that after the intervention, there was a difference or difference in the increase in the mean score in the intervention group of 33.11 with a standard deviation of 2.435, while the mean BSES in the control group was 26.61 with a standard deviation of 2.435. The results of statistical tests using independent t tests obtained a p value of 0.012 ($p \text{ value} \leq \alpha = 0.05$) so H_0 was

rejected and Ha was accepted which means that there was an influence of video education between groups before and after the intervention.

Video is an audio-visual medium, which is media that uses the senses of sight and hearing. The use of video media, allows participants to listen as well as see, so as to increase interest in the material presented. Some of the advantages of videos are attractive, save time, can be repeated at any time and the volume can be adjusted as needed. Efforts to build knowledge and skills of mothers in breastfeeding can be done through health education. Health education is one of the efforts to improve the knowledge and skills of mothers in breastfeeding.

The results of this study are in line with Riyanti's research (2019) conducted at Soedirman Hospital, Kebumen Regency, this study states that providing education about breastfeeding affects the level of self-efficacy of mothers to breastfeed their babies. So if someone is educated earlier, it will further increase self-efficacy. The recommendation is that education about breastfeeding is better done to pregnant women.

This study is also in line with Catur *et al* (2016) stating that lactation counseling The success of breastfeeding is influenced by the mother's level of self-confidence The important thing in this study is the media and educational providers. Good educational media is very helpful for the mother's learning process and can help apply correctly how to properly attach or breastfeed techniques. Communication skills are also very influential on the implementation of education with good communication skills.

CONCLUSIONS

Based on the results of the discussion, it can be concluded that the average age of respondents in the intervention group was 26.17 years and the control group was 25.22 years. The education in both the intervention and control groups was mostly high school education. parity in the intervention and control groups was mostly primiparaous.and the mother support exclusive breastfeeding. The mean difference of 6.5 between groupsbasedon BSES respondents of the intervention group was 33.11 and the control group was 26.61. with an increase in the breastfeeding self efficacy maka There was an effect of video education during pregnanc on thrid trimester pregant wombreast feeding self efficacy at the independent Praticce Of midwivesin Bengkulu City in 2023 (P Value 0,012)..

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