

TRANSFORMATION OF HEALTH EDUCATION THROUGH AUDIOVISUAL MEDIA: ITS IMPACT ON FAMILY KNOWLEDGE IN SUPPORTING EXCLUSIVE BREASTFEEDING

Sapna Nur Safitri^{1*}, Abbasiah^{1,2}, Ervon Veriza^{1,2}

¹Health Promotion Department, Health Polytechnic of Jambi, Jambi, Indonesia

²PUI-PK, Politeknik Kesehatan Kementerian Kesehatan Jambi

Corresponding author: sapnasafitri2003@gmail.com

ABSTRAK

Background: Breast milk is an important source of primary nutrition for infants as it contains complete nutrients and natural antibodies. Exclusive breastfeeding reduces infant morbidity and mortality, and provides long-term benefits for both mother and child. Economically, breastfeeding reduces household expenses because it does not require the cost of formula milk. However, exclusive breastfeeding coverage is still not optimal. WHO data for 2023 shows that global coverage has only reached 38%, Indonesia 55.5%, and Jambi Province 72.68%. In the Aur Duri Health Center working area, exclusive breastfeeding coverage in 2024 was only 51%, below the national target of 80%. One of the factors that influence the success of exclusive breastfeeding is family support. Increasing family knowledge can be done through video-based health education. **Methods:** This research employed a quantitative method with a quasi-experimental design involving a pretest-posttest setup across two groups. A total of 62 participants were chosen through purposive sampling. Data were analyzed using the Wilcoxon test and the Mann-Whitney test.

Results: There was a significant increase in family knowledge scores after the educational video intervention, with a $p=0.000$ value. The average post-test score of the intervention group (8.61) was higher than the control group (7.16).

Conclusion: Delivering health education through video media has proven effective in enhancing family knowledge regarding support for exclusive breastfeeding within the Aur Duri Health Center service area.

Keywords: Exclusive breastfeeding, health education, video media, knowledge

INTRODUCTION

Breast milk is a very important first food for newborns. Breast milk provides all the essential nutrients required for the optimal growth and development of infants, and has immune substances that protect babies from various diseases. Adequate and quality breastfeeding can help reduce morbidity and mortality rates, protect children from various infectious diseases, play a role in child growth and development, increase mother-child bonding and reduce the risk of maternal cancer. Optimal breastfeeding for children aged 0-23 months has the potential to save more than 820,000 children under the age of five each year. (WHO, 2020).

According to data from the World Health Organization (WHO) in 2020, the global exclusive breastfeeding rate has increased, but is still below the 50% target. In the 2015-2020 period, around 44% of infants aged 0-1 years received exclusive breastfeeding. This figure dropped to 38% in 2023, despite the global target of increasing exclusive breastfeeding to 50% by 2025 (Fitria, 2024).

Exclusive breastfeeding coverage in Indonesia in 2021 decreased to 56.9%, when compared to exclusive breastfeeding coverage in 2020, which was 66.06%. However, this achievement has exceeded the 2020 Strategic Plan (Renstra) target of 40% (Ministry of Health, 2021). Then, in 2022, the coverage of exclusively breastfed 6-month-old infants was

61.5% (Ministry of Health, 2022). However, in 2023, the figure decreased to 55.5%.

According to the Jambi province health profile in 2022, exclusive breastfeeding coverage in Jambi province was only 27.14%, which is still far from the target of 50%. However, in 2023, there was an increase of 74.14%, although it was still below the Sustainable Development Goals (SDGs) target of 80%. (Jambi Province Health Profile, 2023). Based on an initial survey conducted by researchers, the coverage of exclusive breastfeeding at the Aur Duri Health Center in 2024, only reached 51%, which is still far from the Jambi City achievement target of 85%.

In addition to its nutritional content and health benefits, breast milk also has economic advantages. In the midst of many Indonesians who are still in the middle to lower economic groups, breast milk is an economical choice to meet the nutritional needs of babies. Without the need for additional costs such as formula milk, breast milk can also reduce family expenses, including health costs. Fitriani & Wardani (2020) mentioned that exclusive breastfeeding supports household economic efficiency and the fulfillment of optimal nutrition, especially in families with financial limitations.

Several factors affect the success of exclusive breastfeeding, including the mother's knowledge, cultural myths or beliefs, the promotion of formula milk, and most significantly, the support provided by the family. To produce sufficient and quality breast milk, mothers need support from various parties. Support from others and those closest to them is very influential on the success of breastfeeding. This aligns with the findings of Lestari (2021), which indicate that a mother's ability to practice exclusive breastfeeding is greatly shaped by the support she receives from her family.

To increase family understanding of the importance of breastfeeding, one of the effective approaches that can be taken is

through the delivery of appropriate health information. Audiovisual media is considered capable of conveying the content of messages in the media effectively to the audience (Rini, 2020). According to research conducted by Safitri et al. in 2021, shows that education through video media has an effect on increasing the knowledge and attitude of mothers in providing exclusive breastfeeding. Video media has more effect on increasing knowledge and attitudes in counseling about exclusive breastfeeding compared to leaflet media (Maulida, 2020).

The educational video used in this study is a video made by presenting real images, thus providing a real and contextual picture of the importance of family support in exclusive breastfeeding. Respondents not only receive audio material, but also witness the important steps that need to be understood, so that information can be conveyed more thoroughly and effectively. (Yulyana, 2017). This study aims to determine the effectiveness of health education through audiovisual media on family knowledge in supporting exclusive breastfeeding.

METHODS

The target population of this study consisted of families of breastfeeding mothers who practiced exclusive breastfeeding within the Aur Duri Health Center's service area. The population of breastfeeding mothers in the area was 90 people. The sample size in this study was 31 people. Where, 31 for the intervention group and 31 for the control group. In this study, researchers used video media and instruments in the form of questionnaires. To measure the level of knowledge of respondents, a questionnaire consisting of 10 questions with true or false answer options was used.

The data used in this study included primary and secondary data. Primary data was obtained directly from respondents through

filling out questionnaires. Meanwhile, secondary data were obtained from various sources such as the Indonesian Ministry of Health, SKI, Jambi City Health Office, books, journals, literature, internet sites, previous research, and other related agencies.

The data in this study were analyzed univariately to see the characteristics and average knowledge before and after the intervention. Furthermore, bivariate analysis was carried out starting with a normality test to determine whether the data had a normal distribution or not. Based on the results of the normality test which showed that the data were not normally distributed ($p < 0.05$), the analysis of differences before and after the intervention using video media was carried out with the Wilcoxon Signed Ranks Test. To compare the control and intervention groups, a Mann-Whitney test was performed. Ethical approval for this study was granted by the Ethics Committee of the Jambi Ministry of Health Polytechnic under reference number LB.02.06/2/138/2025.

RESULTS AND DISCUSSION

3.1 Respondent Characteristics

Based on Table 1, the majority of respondents in the intervention and control groups were in the age range of 41-50 years, 35.5% and 38.7% respectively. In terms of gender, respondents were predominantly female in both groups, 71.0% in the intervention group and 74.2% in the control group. Based on education level, most respondents in both groups had a senior high school education (intervention: 45.2%, control: 41.9%). Meanwhile, the majority of respondents worked as housewives, 38.7% in the intervention group and 54.8% in the control group.

Respondents in this study consisted of family members of breastfeeding mothers,

namely husbands, parents, in-laws and relatives.

Table 1. Distribution of Respondent Characteristics

Characteristics	Intervention		Control	
	n	%	n	%
Age				
21-30 years	3	9.7	6	19.4
31-40 years	8	25.8	4	12.9
41-50 years	11	35.5	12	38.7
51-60 years	9	29.0	9	29.0
Total	31	100	31	100
Gender				
Male	9	29.0	8	25.8
Female	22	71.0	23	74.2
Total	31	100	31	100
Education				
Primary School	4	12.9	5	16.1
Junior High School	7	22.6	11	35.5
Senior High School	14	45.2	13	41.9
Bachelor's Degree	6	19.4	2	6.5
Total	31	100	31	100
Occupation				
Unemployed	5	16.1	3	9.7
Housewife	12	38.7	17	54.8
Laborer	3	9.7	4	12.9
Trader	1	3.2	3	9.7
Private Employee	7	22.6	2	6.5
Civil Servant	1	3.2	2	6.5
Others	2	6.5	-	-
Total	31	100	31	100

Most of the respondents in this study were from the 41-50 years' age group, which reflects a population that is in the middle adulthood stage, where individuals generally have experience in caring for children and play an important role in the family structure. According to Darmayanthi and Lestari (2019), individuals in the middle adult phase have generally completed childcare responsibilities and have more mature emotional readiness in supporting family members. Fibriyana (2018) asserts that family support is closely related to increasing mothers' self-efficacy in breastfeeding, where family members are more experienced. The middle adult phase, generally has more life experience and an important role in the family, so it can provide significant practical and emotional support to breastfeeding mothers (Arsil et al., 2023).

The gender of the respondents is also an important factor that can influence the success

of health education and exclusive breastfeeding practices. In this study, the majority of respondents were female. This condition reflects that women still have a central role in terms of childcare and decision making related to breastfeeding. The dominance of women in the respondent group shows that women not only act as primary caregivers, but also as a source of emotional and practical support for breastfeeding mothers. This is in line with research conducted by Mariska (2022), which states that family support, especially from women in the household such as mothers or in-laws, has a major influence on mothers' decisions to provide exclusive breastfeeding. This support includes providing motivation, assistance in caring for the baby, and creating an environment that supports mothers to continue breastfeeding. Therefore, the presence of women as a major part of the family support network is an important factor in the success of the exclusive breastfeeding program.

Most of the respondents had a high school education, 45.2% in the intervention group and 41.9% in the control group. The level of education plays a role in influencing an individual's ability to absorb information. The higher the level of education, the broader the mindset and perspective in responding to various things around him. Education is an important factor in the formation of health behavior because the higher a person's education, the easier it is for them to accept new innovations or knowledge, including the importance of exclusive breastfeeding (Notoatmodjo, 2012). Research by Royaningsih and Wahyuningsih (2020) showed that the level of family education affects support in exclusive breastfeeding, where higher education tends to increase understanding and support for breastfeeding practices.

Most respondents worked as housewives, 38.7% in the intervention group and 54.8% in the control group. The presence of physically available family members at home is very

important in assisting mothers in the breastfeeding process, both in terms of technical assistance and psychological support. Such support reflects the active involvement of husbands and family members in accompanying mothers during the breastfeeding period, thus contributing to the success of exclusive breastfeeding in infants aged 0-6 months (Laras et al., 2025).

3.2 Overview of Knowledge Before and After Education in the Control and Intervention Groups

Table 2. Overview of Family Knowledge Regarding Support for Exclusive Breastfeeding

Variable	Intervention Group (n-31)			Control Group (n-31)			P-Value
	Mean	SD	Min - Max	Mean	SD	Min- Max	
Pre-Test	5.87	1.204	3-8	5.29	0.902	3-7	0,000
Post-Test	8.61	0.844	7-10	7.16	0.735	5-9	0,000

Based on the table above, the mean score of family knowledge about exclusive breastfeeding in the intervention group increased from 5.87 to 8.61, with the standard deviation decreasing from 1.204 to 0.844 and the score range from 3-8 to 7-10. In the control group, the score also increased from 5.29 to 7.16, with a decrease in standard deviation from 0.902 to 0.735 and a range of scores from 3-7 to 5-9. Although there was an increase, the result was still lower than the intervention group.

Family Knowledge After the intervention, the Wilcoxon test results showed a significant increase in the family knowledge score in the intervention group, with a p value = 0.000. In contrast, in the control group that did not receive the video intervention, there was also an increase, although the increase was not as high as the intervention group.

The results of this study are in line with Safitri's research (2021), which shows that breastfeeding education through video media significantly affects the increase in mothers' knowledge and attitudes about exclusive breastfeeding. The results of research from Fazira & Sari (2023) also state that the use of

educational videos is effective in increasing the knowledge of pregnant women about lactation management. Strengthened again by research by Damayanti et al. (2023) corroborated that educational videos on exclusive breastfeeding were able to significantly increase maternal knowledge in the working area of UPTD Puskesmas Krueng Sabee.

This difference in knowledge improvement shows that education through video media is more effective than leaflets in increasing family knowledge related to support for exclusive breastfeeding, although both provide an increase in knowledge. This is because according to Notoatmodjo, 2018 leaflets also have the advantage of presenting information in the form of sentences that are short, concise, easy to understand, and equipped with pictures that attract the attention of readers. However, health education delivered through video media not only involves the respondent's sense of hearing, but also utilizes the important role of the sense of sight in strengthening memory of the material provided (Muslim et.al, 2023).

According to Notoadmodjo, the more senses used to receive information, the clearer the message delivered (Mariati et.al, 2017). Delivery of education through audiovisual media has been shown to be more effective in increasing cadre knowledge compared to the use of E-leaflet media (Kurniasari et al., 2023). Thus, the use of video media that involves two main senses (vision and hearing) is more effective in increasing understanding and knowledge.

A person's knowledge can be influenced by various factors, including personal experience, level of education, verbal instructions or directions from others, type of work, age, and information obtained through various media (Muslim et al., 2023). Family knowledge about the importance of exclusive breastfeeding greatly influences behavior in providing support to breastfeeding mothers. When family members understand the benefits of breast milk for infants, as well as the long-term effects of

not providing exclusive breastfeeding, the tendency to be actively involved in supporting the breastfeeding process will increase. In line with research conducted by Sari (2021), it was revealed that the increase in family knowledge, especially husbands and mothers of breastfeeding mothers, was directly proportional to the success of mothers in providing exclusive breastfeeding for the first six months of the baby's life.

Conversely, mothers who do not receive adequate support from their husbands, mothers, or other family members tend to switch to formula feeding more easily due to pressure or influence from the environment (Proverawati, 2019). Lack of support from the family can have an impact on maternal behavior (Wardiah et al., 2021). Research at Puskesmas Sumur Batu, Bandar Lampung, found that mothers who did not receive family support generally had a low level of self-efficacy in breastfeeding, thus affecting the success of exclusive breastfeeding (Anggraini, & Kartiningsih, 2020).

Research conducted by Wahyuni (2022) in Puskesmas Mamajang, Makassar City, confirmed that knowledge and family support play a crucial role in improving breastfeeding self-efficacy, especially in primiparous mothers. Sufficient knowledge helps mothers to be better prepared to face various challenges during the breastfeeding process, while family support provides emotional strength that strengthens the mother's confidence in carrying out her role as a breastfeeding mother. (Aniarti et al., 2025). Thus, the role of the family is very important in supporting the success of exclusive breastfeeding (Mirawat, 2021).

3.3 Effect of Health Education Using Audiovisual Video Media

Table 3. Effect of Health Education Using Audio Visual Video Media

Variable	Group		Mean	Min	Max	(Δ) Mean	P Value
Knowledge	Intervention	Post-Test	8.61	7	10	1,45	0,000
	Kontrol	Post-Test	7.16	5	9		

Based on the table, the average post-test knowledge score in the intervention group (8.61) is higher than the control group (7.16), with a difference of 1.45 points.

Table 4. Knowledge Score Improvement

Variable	Mean Rank		P-value
	Intervention Group	Control Group	
Increase in Knowledge Score	43.58	19.42	0,000

According to the results of the Mann-Whitney test, a significant difference was observed between the intervention and control groups in terms of increased knowledge and attitude scores, indicated by a p-value of 0.000. The average rank score for knowledge in the intervention group was substantially higher at 43.58, compared to 19.42 in the control group. These results indicate that education using video media has proven to be more effective in increasing family knowledge in supporting exclusive breastfeeding. This finding aligns with the study conducted by Meidiana et al. (2018), which demonstrated that video-based education can enhance knowledge and attitudes because it engages two primary sensory pathways—visual and auditory.

The improvement in knowledge confirms the effectiveness of video media, as it stimulates both the visual and auditory senses. This is consistent with the opinion of Heri (2009), who stated that audiovisual media is effective in enhancing understanding, with vision playing a central role in the information absorption process. Additionally, the study by Fadilah et al. (2020) showed changes in knowledge and attitudes about waste disposal before and after the intervention using educational video media (Uptd & Singaraja, 2024).

Videos fall under the category of audiovisual media as they can depict real-life situations related to the conveyed information, which generates a strong impact (Lasmini et al., 2022). The use of video media as a tool to disseminate the outcomes of innovations

enables the integration of visual and audio elements, and can be developed in various formats, such as combining face-to-face communication with group communication, or integrating text, sound, and music (Nurwahidah et al., 2024). The use of a blended approach, including video screening, can strengthen understanding and more effectively enhance participants' knowledge (Rahmawati, 2024).

Daryanto, in his book "Learning Media", stated that video media is a highly effective tool in the learning process, as it clarifies complex information through the visualization of real situations or illustrations that reinforce understanding. In addition to accelerating the learning process, video media also contributes to increasing intelligence and encourages a shift in attitude from passive and static to more active and dynamic behavior (Lim et al., 2023). Video is considered an effective medium for delivering health education aimed at increasing knowledge.

Notoatmodjo (2010), in his book "*Health Promotion and Health Behavior*", stated that knowledge serves as the first step in changing attitudes. It provides individuals with sufficient information to understand the reasons or benefits behind a particular action. With this knowledge, individuals are more likely to develop attitudes that support positive behavioral changes. Knowledge itself is the result of recognizing something through sensory experiences; for instance, when a person watches and listens to a video, their understanding of the information can improve (Fuad et al., 2017).

Family knowledge plays a significant role in the success of exclusive breastfeeding. Mothers of breastfeeding women, mothers-in-law, older sisters, or other family members considered experienced in breastfeeding often serve as references in making decisions about breastfeeding. Rangkuti (2022) explained that many mothers begin giving foods other than breast milk to infants aged 0–6 months due to influence or recommendations from family

members. Therefore, the importance of exclusive breastfeeding for six months needs to be conveyed not only to mothers with infants but also to their family members, so they can provide the necessary support to the mother in practicing exclusive breastfeeding for the full six months (Rangkuti, 2022). Emotional support from husbands and family is a key factor in the success of exclusive breastfeeding, as it provides motivational encouragement to mothers during the breastfeeding process. This support contributes to increased breast milk production, longer duration of exclusive breastfeeding, and influences the mother's decision to continue breastfeeding (Nugraheni, 2024).

Based on the research findings, there was an increase in knowledge after providing education through audiovisual video media. This indicates that each element in this study is interconnected and mutually influential. Advances in information technology, particularly in the use of audiovisual media, have significantly contributed to the growing public demand for easily accessible and understandable information. The ease of internet access also supports the public in obtaining information in various formats, including text and video. In line with previous studies, the results of this research demonstrate that video media is not only effective in enhancing knowledge but also plays an important role in shaping positive family attitudes in supporting exclusive breastfeeding.

CONCLUSION

Health education delivered through audiovisual media has proven to be effective in increasing family knowledge regarding support for exclusive breastfeeding in the working area of Puskesmas Aur Duri, Jambi City. This is evidenced by a significant increase in the average knowledge score from 5.87 in the pre-test to 8.61 in the post-test, along with statistical

test results showing a significant difference between the intervention and control groups ($p = 0.000$), with the mean rank of the intervention group (43.58) being higher than that of the control group (19.42).

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CONFLICT OF INTEREST

All authors declare that there are no conflicts of interest.

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