THE EFFECT OF EDUCATION WITH ANIMATED VIDEOS ON KNOWLEDGE ABOUT PREVENTION OF SORE NIPPLES IN POSTPARTUM MOTHERS AT INDEPENDENT MIDWIFE PRACTICE OF SUSIANI BANYUWANGI 2025

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Abstract

Background: Blistered nipples are a common problem faced by breastfeeding mothers, characterized by cracked, red, and sometimes bleeding nipples. This study aims to analyze the influence of education with animated videos on knowledge about the prevention of nipple abrasions in postpartum mothers. **Method:** This study used quasi-experimental pre-test and post-test design with control group. The subjects of the study of 60 postpartum mothers were divided into two groups each consisting of 30 mothers in the intervention group and 30 mothers in the control group selected by consecutive sampling. The tool used is a questionnaire. The duration of the animation video is seven days, with three sessions. The results of the analysis of the data normality test using Shapiro-Wilk with a value of ≥0.05 showed that the data was distributed normally. Data analysis using the T test is not paired with SPSS 25 for Windows**. Result:** Before starting the help for the intervention group showed they had an average score of 70.3. Meanwhile, the control group had an average score of 68.2. The average outcome of knowledge after intervention was given in the intervention group was 96.8 and in the control group 69.7. The results of statistical tests using unpaired T tests showed Asymp. Sig (2-tailed) ≤0.000, which indicates a significant effect of this therapy, there was a noticeable difference in how much the two groups knew about preventing sick nipples. **Conclusion:** Animated videos can be an alternative to increase postpartum mothers' knowledge about the prevention of putting blisters.

Keyword : Postpartum mom, blisters, animated video

INTRODUCTION

Sore nipples are one of the problems that occur during breastfeeding, characterized by cracked on the nipples, redness, cracked nipples and burning. Sore Nipples are trauma to the nipple characterized by blisters or cracks and even bleeding on the nipple. One of the factors that affect breastfeeding is improper breastfeeding methods, such as removing the areola from the baby's mouth in the wrong way and improper breast care. Babies with

short tongues can also affect breastfeeding. This is often experienced by breastfeeding mothers and is one of the causes of not optimal breastfeeding for babies. This condition is experienced by around 57% of breastfeeding mothers If not addressed immediately, sore nipples can develop into mastitis if infection occurs by Staphylococcus aureus bacteria (Amalia et al., 2023; Sulymbona et al., 2021; Amiruddin et al., 2023; Fatmala et al., 2025; Wahyuni et al., 2019)

According to the World Health Organization (WHO), in 2021, data showed that approximately 17,230,142 mothers faced breastfeeding problems, consisting of sore nipples (56.4%), breast engorgement (36.12%), and mastitis (7.5%) (WHO, 2022). Based on the Indonesian Demographic Health Survey (IDHS) in 2022, the number of postpartum mothers who breastfed their babies was (17.3%), mothers who did not breastfeed their babies at all was (20.7%), and mothers who stopped breastfeeding their babies was (62%) . From this information, the number of postpartum mothers who breastfeeding their babies before the end of the postpartum period,most of the postpartum mothers experienced sore nipples (79.3%), breast milk retention (5.8%), breast milk not flowing (12.5%), and (2.4%) of postpartum mothers experienced breast problems or mastitis again (SDKI, 2021). According to the Indonesian Ministry of Health (2021), mothers who neglect to selectively breastfeed their babies are the result of improper breastfeeding procedures, so they often experience adverse effects such as nipple pain and mastitis (Astria, 2021).

According to early research done in November 2024 at Susiani's Independent Practice Midwife, the midwife employed there states that, the cause of sore nipples is due to lack of knowledge about how to breastfeed properly, lack of experience in breastfeeding which is common among primiparous mothers. From the results of the questionnaire distributed to 10 postpartum women, the results obtained (48.64%) wrong answers and (51.36%) correct answers. Most of the postpartum women answered the wrong questions related to correct breastfeeding techniques and breast care.

The low knowledge of breastfeeding mothers is reflected in the fact that many mothers still do not understand the correct breastfeeding techniques, namely how to breastfeed properly and correctly, how to keep their nipples from chafing during breastfeeding, and other breastfeeding techniques. This is inseparable from the low level of maternal education, because many mothers with low knowledge are mothers with low education so they cannot understand the information obtained correctly (Afrianty et al., 2023) Maternal knowledge is not only obtained from formal education, but can be obtained from non-formal education, for example through

counseling activities, training courses, seminars, and various teaching and learning activities outside the formal school environment (Zahra, 2024; Rangga et al., 2020).

Health education is a consciously planned process to create opportunities for individuals to always increase awareness (literacy) and increase knowledge and skills (life skills) towards health. Health education is provided to the local community using health promotion media that is attractive and easily understood by the local community (Oliveira et al., 2020).

Effective education on sore nipples prevention is essential to reduce the prevalence of this problem. However, conventional education methods are often ineffective in delivering complex and technical information to postpartum mothers. The selection of health education media can be done through various media, and effective media allows respondents to receive the information delivered quickly (Romadhona et al., 2024; Ayu et al., 2021).

In this digital era, the use of audiovisual media such as animated videos is one alternative that can improve understanding and retention of health information. The use of media is expected to be a tool for the information provider, so that the information conveyed can be well received by participants/communities, which in turn can increase the knowledge received and change behavior in the expected direction (Rochani et al., 2022; Pendidikan et al., 2020)

3D animation media is a media that contains a collection of images that are managed in such a way as to create or produce movements and is equipped with audio so that it has a real or live impression and has and stores learning messages in it (Marlina et al., 2023). One of the health education provided to postpartum mothers is the correct breastfeeding technique. Many mothers experience failure in breastfeeding, one of which is due to the lack or absence of experience and knowledge on how to breastfeed properly. One of the causes of sore nipples is the mother's ignorance and inability to breastfeed. Efforts that can be made include providing health education through video media (Aritonang et al., 2023)

Several studies have shown that the use of visual media, including animated videos, can improve understanding and application of health information. A study by Yeni Marlina (2023) found that there was a significant difference in skills after breastfeeding technique education, so video media was more influential than leaflet media. With better skills, mothers can avoid common mistakes when breastfeeding which can reduce the risk of sore nipples (Aritonang et al., 2023).

In addition, research by Juneris Aritonang (2023) showed that education using animated videos can significantly improve mothers'

attitudes towards exclusive breastfeeding, which is important for infant growth and development (Widyawati et al., 2020). So far, education on proper breastfeeding has been provided at Independent Midwife Practice of Susiani every time postpartum mothers go home. However, the delivery is still conventional without any attractive educational media.

Based on this background, this study aims to assess the effect of education through animated videos on knowledge about prevention of sore nipples in postpartum mothers. The results of this study are expected to contribute significantly to the development of effective educational strategies to improve maternal and infant health during the postpartum period.

METHOD

This type of research uses quantitative methods. The design used in this study is Quasi Experimental, with pre-test post-test and control group design, namely observations performed after the treatment is given to the respondents. The population in this study is based on labor bags in January - February 2025, with a total of 105 pregnant women at Independent Midwife Practice of Susiani. The sample size in this study was 30 respondents in intervention group and 30 respondents in control group, to ensure accurate analysis. The research location has been carried out at Independent Midwife Practice of Susiani, Banyuwangi Regency. This research was conducted on February 10 - March 26, 2025. The main factor we are looking at in this study is Education that uses Animated Video. The thing we are looking at in this study is how much people know about preventing sore nipples.

Instrument for educational variable used animated video. The research instrument used in this variable is the SOP of education with animated videos. Instrument for knowledge about prevention of sore nipples variable. The research used a questionnaire and observation sheet. Data analysis consists of univariate and bivariate analysis with the Non Paired T-Test and The Man Whitney.

RESULT AND DISCUSSION

A. Characteristik Of Survey Respondents

Tabel 1. Frequency distribution of respondent characteristic in Independent Midwife Practice Of Susiani

Characteristics	Intervention n: 30 (%)	Control n: 30 (%)
Age		
< 20 y.o	0 (0)	0 (0)
20-35 y.o	28 (93,3%)	26 (86,6%)
>35 y.o	2 (6,6%)	4 (13,3%)
Jobs		
House wife	25 (83,3%)	24 (80%)
Government employee/civil servant	0 (0)	0 (0)
Teacher/employee	2 (6,6%)	4 (13,3%)
Merchant/entrepreneur/private/self-employed	3 (10%)	2 (6,6%)
Farmer/laborer	0 (0)	0 (0)
Parity		
Primiparous	10 (33,3%)	8 (26,6 %)
Multiparous	20 (66,3%)	22 (73,3%)
Grande multiparous	0 (0)	0 (0)
Education		
Elementary school	4 (13,3%)	4 (13,3%)
Junior high school	5 (16,6 %)	5 (16,6%)
Senior high school	20 (66,6%)	18 (60%)
Bachelor	2 (6,6%)	3 (10%)

Table 1 showed that almost all respondents given the intervention were 20-35 years old as many as 28 respondents (93.3%), the minimum age in the small section of the intervention group was 20 years, and the people who were older than 35 years made up 2 respondents (6.6%), namely 37 and 39 years old. In the control group, nearly all the people surveyed were between the ages of 20-35 years as many as 26 respondents (86.6%) and the youngest age in the control group was 21 years as many as 2 respondents. The small part number of respondents aged >35 years were 4 respondents (13.3%) and the respondent with the oldest age was 38 years. The data

above showed that none of the two groups were <20 years old.

The findings indicated that nearly all participants in the treatment group were homemakers, with 25 individuals (83. 3%). In the control group, 24 participants (80%) were likewise homemakers, while the remainder were either employed or running their own businesses.

The findings indicated that nearly all participants in the intervention group were mothers of multiple children, with 20 individuals (66. 3%) having two kids, 16 individuals with three kids, and 3 individuals with four kids. On the other hand, in the control group, 22 individuals (73. 3%) were also mothers of multiple children, with 14 individuals having two kids.

The educational background of respondents who were given the intervention more than half were high school with a total of 20 respondents (66.6%). The educational background of respondents who were not given the intervention more than half were high school as many as 18 respondents (60%).

B. Specialized Data

a) Knowledge of postpartum mothers before given animated video on prevention of sore nipples at Independent Midwife Practice of Susiani

Tabel 2. Knowledge of postpartum mothers before giving animated videos on prevention of sore nipples at Independent Midwife Practice of Susiani

Pre test	**Intervention n: 30**	**Control n: 30**
Mean	70.3	68.2
Median	68.4	68.4
SD	8.9	10.6
Range (min-max)	31.6 (52.6 - 84,2)	42.1 (42.1 – 84.2)

Source: SPSS, 2025

In this table, respondents in the intervention group before being given an animated video had an average knowledge value of 70.3, median of 68.4, SD value of 8.9, and the range value (min-max) of 31.6 (52.6-84.2). People in the control group scored an average of 68.2 for knowledge, and their middle score was 68.4, SD value of 10.6, and for the range value (min-max) of 42.1 (42.1-84.2).

b) Knowledge of postpartum mothers after given animated video on prevention of sore nipples at Independent Midwife Practice of Susiani

Tabel 3. Knowledge of postpartum mothers after given animated videos on prevention of sore nipples at Independent Midwife Practice of Susiani

Post test	**Intervention**	**Control**
	n: 30	**n: 30**
Mean	96.8	69.7
Median	94.7	71
SD	2.9	11.6
Range (min-max)	10.6 (89.4-100)	52.6 (42.1-94.7)

Source: SPSS, 2025

In this table, The people in the group that watched the animated video saw their average knowledge score go up to 96.8, the median value to 94.7, the SD value to 2.9, and the range (min-max) value to 10.6 (89.4-100). Meanwhile, People in the control group had an average score for knowledge of 69.7, with a median score of 71., an SD value of 11.6, and the range value (min-max) was 52.6 (42.1-94.7).

c) Analysis The Effect of Education with Animated Videos on Knowledge About Prevention of Sore Nipples in Postpartum Mothers

Tabel 4. Data Normality Test Results

	Statistic	**Df**	**Sig**
Shapiro-Wilk	0.942	30	0.106
Kolmogrov-smirnov	0.139	30	0.146

From the results of the normality test, the data obtained was 0.106 ($p>0.05$). In other words, the data was normally distributed, so this study was tested statistically using the non-paired T test.

Tabel 5. Analysis of the effect of education with animated videos on knowledge about prevention of sore nipples in postpartum mothers using paired T test in the intervention group

	Paired Difference	95% Confidence			
	Lower	Uppear	t	df	Sig
Pre-Post	-29,80472	-2322861	-16,4	29	,000

The chart above indicated that the findings from the paired T test were significant with a value of 0.000 ($p < 0.05$). Statistically, there was a big change that happened before and after the animated video was displayed. The calculated t-value is -16.494, and the t-table shows a result of 7.54, indicating that there is a significant difference before and after the intervention.

Tabel 6. Analysis the effect of education with animated videos on knowledge about prevention of sore nipples in postpartum mothers using non paired ttest in intervention and control groups

Independent Samples Test

		Levene's Test for Equality of Variances				
		F	Sig.	t	df	Sig. (2-tailed)
post	Equal variances assumed	23,974	,000	12,327	58	,000
	Equal variances not assumed			12,327	32,800	,000

The table above showed that the result of sig (2-tailed) was 0.000 ($p<0.05$). Statistically, There was a notable variation in the average score regarding the understanding of sore nipple prevention between those receiving the intervention and those in the control group. The calculated t-value was 12,327, and the t-table shows a result of 1.03, showing that a notable distinction exists between the group receiving the intervention and the group that serves as the control.

According to the findings regarding the understanding of postpartum mothers in the intervention group prior to watching the animated video, the average score was 70, the median value was 68.4, the SD result was 8.9, and the range value (min-max) was 31.6 (52.6-84.1). In the control group, the information value for women afte r childbirth was found to be as follows, with an average value of 68. 2, the median value was 68.4, the SD value was 10.6, and the range value was 42.1 (42.1-84.2).

Knowledge refers to a person's capacity to remember or identify names, terms, ideas, equations, and similar information (Pakpahan et al., 2021). Knowledge is the result of knowing and will occur when sensing a particular object. Understanding comes from perceiving through the senses of seeing, hearing, smelling, tasting, and feeling (Notoatmojo, 2014). Factors that influence knowledge from internal factors are education, work, and age. While factors that affect knowledge from external factors, namely, environment, and socio-culture (Prijanti et al., 2023). This is in line with the research of Chindy K.A (2023) which stated that low maternal knowledge about proper breastfeeding techniques, lack of education, and being a primiparous mother were some of the factors that greatly influence the lack of breastfeeding behavior (Astari., 2020).

According to the findings concerning the awareness of participants in the intervention group prior to receiving treatment, many respondents did not understand statement number 15 about the breast care, and in statement number 3 many respondents also did not understand well about the sore nipples. Meanwhile, many respondents already understand statements number 6 and number 8 about breastfeeding techniques, statements number 11 and 12 about position and attachment, then statements number 17 and 19 about breast care.

This study also revealed the u nderstanding of participants in the control group. Many respondents didn't understand that statement number 15 and 18 about breast care. Meanwhile, many the respondents in control group understood statement number 19 about breast care.

The occurrence of sore nipples usually occurs in first-time mothers who have babies due to lack of knowledge about proper breast care, how to breastfeed properly and how important breastfeeding is for the health of mothers and babies, resulting in maternal infection (Budiman, 2014). Based on the factors, behavior can be influenced from within the mothers, they are in the form of age, gender, income, occupation, knowledge, attitudes, beliefs, values, and so on [28]. Sore nipples can be prevented with proper breastfeeding techniques. To achieve successful breastfeeding, knowledge of the correct breastfeeding technique is needed, by providing health education on how to breastfeed (Amiruddin et al., 2023).

This research showed that almost all respondents given the intervention were 20-35 years old as many as 28 respondents (93.3%), and those aged> 35 years old were 2 respondents (6.6%), namely 37 and 39 years old. Whereas in the control group,
nearly all participants were between the ages of 20 and 35, totaling 26 respondents (86.6%), the small part number of respondents aged >35 years were 4 respondents (13.3%) and the respondent with the oldest age was 38 years. Age influences an individual's capacity to focus and their way of thinking. The greater a person's age, the more advanced their capacity for comprehension and reasoning, and the more extensive the knowledge they gather. Individuals in middle age will play a more active role in society and social life, and more towards old age (Andrasari et al., 2022). Age is the level of maturity and strength of individuals in thinking and working (Maymunah et al., 2021). During the research, the respondents tended to be more able to understand what the researcher had said because there were no respondents under the age of 20 years old.

The results showed that almost all respondents in the intervention group were multiparous with a frequency of 20 respondents (66.3%), and less than half of the

respondents were postpartum women with primiparous parity, as many as 10 respondents (33.3%). Whereas in the control group, almost all respondents were multiparous with a frequency of 22 respondents (73.3%), slightly more than the intervention group, and respondents with primiparous parity were 8 respondents (26.6%). Experience as a source of knowledge is a way to obtain the truth of knowledge by repeating the knowledge gained in solving problems encountered in the past (Andrasari et al., 2022). On average postpartum mothers' knowledge about sore nipples is moderate. Because of previous breastfeeding experience, mothers get more information about sore nipples, thus they already had understood about the sore nipples. Knowledge can also be influenced by several characteristics, namely age, parity, and education.

The educational background of respondents who were given the intervention more than half were high school with a total of 20 respondents (66.6%). More than half of respondents' educational background, who were not given the intervention, were high school as many as 18 respondents (60%). Education affects the learning process. The higher a person's education, the easier it is for that person to receive information. With higher education, a person will tend to get information, both from other people and from the mass media. The more information that enters, the more knowledge is obtained about health (Andrasari et al., 2022). As the researcher found when giving an explanation regarding how to fill out the questionnaire, respondents tended to be able to understand what was conveyed by the researcher.

According to the findings regarding the understanding of postpartum women in the group that received the intervention after viewing an animated video, the average score was 96.8, a median value of 94.7, an SD result of 2.9, and a range (min-max) value of 52.6 (89.4-100). These results indicated that there was a significant increase in respondents' knowledge about the prevention of sore nipples from before the intervention.

Animated educational video c ontent is a type of instructional media that consists of a series of visuals that create animations and include audio. It aims to create a sense of life and store learning messages. Animated videos can also be used as learning media that are ready to be used at any time to convey the intent of learning objectives (Maymunah et al., 2021).

To address the low level of knowledge among postpartum mothers, education can be provided, one of which is through animated videos. Video is a format that can create visuals and audio at the same time. Video is created by capturing, saving, and arranging static pictures to make them look like they're in motion. Learning video

is one of the media that has elements of audio (sound) and visual motion (moving images) (Frisda, 2022). This animated video shows the material related to the prevention of sore nipples including, breastfeeding techniques, correct breastfeeding position, and breast care. This video only shown to postpartum mothers without indication due to inclusion criteria.

The benefits of animated videos as media in providing health education are that they can attract attention, are considered more fun and make respondents not bored. Animated videos have the ability to explain something that is complicated to explain only with words and pictures, besides that the presentation can be controlled and can be repeated and the reach is wider, animated videos serve as engaging forms
of media that can transcend the const raints of both physical space and time (Khasrisma, 2023).

From the results of the questionnaire after the intervention, the knowledge of respondents in the intervention group increased significantly in scores. In statement number 3, there was an increase, which previously only 11 respondents answered correctly increased to 29 participants who provided the right answers. Furthermore, statement number 9 which was previously only 14 respondents who answered correctly, after being given the intervention increased to 27 respondents who answered correctly. In statement number 10, before being given the intervention the respondents who answered correctly were 11 respondents and after being given the intervention increased to 26 respondents who answered correctly. In statement number 13, there were 16 respondents who answered the statement correctly and after the intervention 27 respondents answered correctly. Meanwhile, in statement number 15, before the intervention there were only 3 respondents who answered correctly and after the intervention the respondents who answered correctly increased to 28 respondents.

In this study, it shows that the average quesionnaire results increased, and the results of the questionnaire from several statements were correct. It happened because some of the knowledge that mothers need to know about preventing sore nipples had been shown in the animated video. So, the more often mothers watch the videos and are given education, the more they will understand about sore nipples, how to prevent sore nipples, how to overcome the sore nipples.

This study
revealed the outcomes of the participants' understanding in the control group following the post-assessment, which has a mean knowledge value of 69.7, a median value of 71, an SD value of 11.6, and the range value (min-max) of 52.6 (42.1-94.7). Table 5.3 showed that there are several statements that get the same results as in statement

number 3, number 4, number 9, and number 10. In addition, there are also statements that increase insignificantly. Increased knowledge is not only obtained from formal education, but can also be obtained from non-formal education, for example through counseling activities, training, seminars, and various teaching and learning activities outside the formal school environment. Kharisma Kusumaningtyas, (2023) said that there are three categories of educational approaches based on the objectives to be achieved, namely: techniques centered on unique strategies, educational approaches based on the mass approach, and educational approaches based on the group approach (Kemenkes RI, 2020).

Health education is a consciously planned process to create opportunities for individuals to always increase awareness (literacy) and increase knowledge and skills (life skills) towards health. Health education is provided to the local community using health promotion media that is attractive and easily understood by the local community

In the control group, the respondents will still receive care in accordance with postpartum care standards such as counseling and education on newborn care including exclusive breastfeeding and danger signs in newborns (as listed in the (*KIA* book)). If danger signs are found in newborns mothers, immediately bring them to a health care facility. Especially for babies with low birth weight (LBW), if there are danger signs or problems, the mothers immediately take them to the hospital (Marlina et al., 2023).

The results of the average value of knowledge and the results of the questionnaire are mostly still settled, because the care obtained by respondents in the control group is still the general standard of postpartum care, there is no special assistance and no special media that makes postpartum mothers will continue to see and to be educated.

Based on the statistical test output, the parametric statistical test using the non-paired T test with SPSS obtained a Sig (2-tailed) value of 0.000 (<0.05). It can be concluded that Ha was accepted, which means that there was an effect of giving animated videos on knowledge in postpartum mothers at Independent Midwife Pratice of Susiani, Banyuwangi. In Table the calculated t-value is 12.327, and the t-table shows a result of 1.03, indicating a significant difference between the intervention group and the control group.

Based on parametric statistical tests using paired tests with SPSS, it was obtained a Sig (2-tailed) value of 0.000 (<0.05). It can be concluded that statistically there was a significant difference in the mean score of knowledge before and after giving animated videos to knowledge in postpartum mothers at TPMB Susiani, Banyuwangi.

In the calculated t-value is -16.494, and the t-table shows a result of 7.54, indicating that there is a significant difference before and after the intervention. In this study, the provision of animated videos on knowledge about preventing sore nipples in postpartum mothers was carried out for 7 days.

The findings of this research aligned with the work done by Yani Marlina and colleagues in (2023). which used a two group pre test post test quasi-experimental design with animated videos and leaflets. This study showed that the content and technicality of educational interventions with animated videos can improve the skills of postpartum mothers by 0.008 <0.05. In the research Marlina et, al used questionnaires and observation sheets. The duration of the animated video interventions and leaflets interventions, Marlina's research did not clearly write and only wrote that Yani Marlina's research took place from August to October (Aritonang et al., 2023).

A study carried out by Aritonang and colleagues in 2023 revealed comparable findings with a p-value of 0. 000 as well as this study with a p-value of 0.000. Previous research showed an increase in attitude scores by 13.0% from the previous score of 6.5%. Aritonang's research used animated videos about exclusive breastfeeding to see the changes on the attitudes of breastfeeding mothers, but Aritonang's research did not include the instruments used and the duration of his research (Nurjanah et al., 2022)

This research is also in line with research conducted by Nurjanah et al (2022). Nurjanah's research used a quasi-experimental research design with a nonequivalent control group design model. Nurjanah's research results showed the same results (p-value of 0.000 < (0.05)), with this study (p-value of 0.000< (0.05)). The research conducted by Nurjanah et al, provided animated videos about perceptions of breast milk production which was given for 2 weeks it used questionnaires as the instrument. The researcher assumed that although the two studies had differences in the technique and duration of breastfeeding, they were similar (Aritonang et al., 2023

A research conducted by Sulistiyowati et, al (2022), on the Effectiveness of Breastfeeding Education Through Video on Breastfeeding Behavior of Neonate Mothers, showed that education through video was more effective on the behavior changes of breastfeeding mothers with a p-value of 0.003. The research conducted by Ani lasted for 1 month and the duration of the intervention was not included. This study used the latch standard score found by Debora Jenson et al. [34].

CONCLUSION AND SUGGESTION

The provision of animated videos has an effect on knowledge about the prevention of nipple pain in

postpartum mothers at Susiani's Independent Midwifery Practice.

The advice from this study emphasizes that postpartum mothers should actively seek information to ease the breastfeeding process, while midwives are encouraged to provide more intensive support beyond routine checks, including the use of animated video interventions starting in the third trimester to prepare mothers for breastfeeding. Stikes Banyuwangi is advised to enrich learning resources on postpartum care and breastfeeding through diverse media and methods. For future researchers, it is recommended to develop qualitative studies with open-ended questions and additional variables, supported by a control system to ensure the validity of respondents' participation.

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