



THE EFFECT OF MOMSITE EDUCATION ON WOUND HEALING POST-CAESAREA SECITON IN POSTPARTUM MOTHER

Ivanda Eka Damayanti*, Rukmaini, Lisa Trina Arlym, Retno Widowati

Master of Midwifery, Faculty of Health Science, Universitas Nasional, Jl Sawo Manila, Pejaten, Pasar Minggu, Jakarta Selatan 12520, Indonesia

*zha.nvari.v@gmail.com

ABSTRACT

Post-caesarean wound healing is influenced by the mother's knowledge and behavior in wound care. Conventional education often fails to provide adequate information on self-care after childbirth. Digital education through a Momsite allows for interactive, flexible, and repeated access to health materials, potentially improving health literacy, wound care behavior, and optimal wound healing. To examine the effect of Momsite education on post-caesarean wound healing in postpartum mothers at Banten Hospital. A quasi-experimental pretest-posttest control group design was used. The sample included 66 postpartum mothers following caesarean sections, divided into 33 respondents in the intervention group and 33 in the control group, selected by purposive sampling. Instruments included validated and reliable questionnaires on knowledge and wound care behavior (Cronbach's $\alpha = 0.934-0.973$), as well as wound healing assessment using the REEDA scale. Data analysis involved Paired t-test, Independent t-test, and Hotelling's T^2 with significance set at $p < 0.05$. Momsite education significantly influenced knowledge, wound care behavior compliance, and post-caesarean wound healing ($p < 0.05$). The largest effect was on wound care behavior (Partial $\eta^2 = 0.827$), followed by knowledge (Partial $\eta^2 = 0.630$) and wound healing (Partial $\eta^2 = 0.518$). Momsite education is effective in enhancing post-caesarean wound healing in postpartum mothers.

Keywords: digital education; healing of post-caesarean section; momsites; postpartum mother; wound care behaviors

How to cite (in APA style)

Damayanti, I. E., Rukmaini, R., Arlym, L. trina, & Widowati, R. (2026). The Effect of Momsite Education on Wound Healing Post-Caesarea Seciton in Postpartum Mother. *Indonesian Journal of Global Health Research*, 8(4), 1069–1078. Retrieved from <https://jurnal2.globalhealthsciencegroup.com/index.php/IJGHR/article/view/2047>.

INTRODUCTION

Caesarean section delivery is increasing worldwide, including in Indonesia, where significant increases have been recorded over the past two decades. Data shows that the rate of Caesarean section deliveries in Indonesia reaches 20% of all deliveries, while in Banten., in 2018, approximately 44.1% of deliveries were performed by this method (Ministry of Health of the Republic of Indonesia, 2018; Banten Health Office., 2018). Although Caesarean section is a crucial medical procedure that saves mothers and babies in high-risk pregnancies, the recovery process is more complex than vaginal delivery. One of the main risks is surgical wound complications or infection at the surgical site, with an incidence of 5–13% in mothers who are not given prophylactic antibiotics (Wilson et al., 2020). These wound complications can prolong hospitalization, increase medical costs, and delay maternal recovery. They also negatively impact the mother's quality of life and disrupt bonding with the baby (Santos et al., 2020; WHO., 2022).

Therefore, optimal wound healing after a cesarean section is crucial, not only to prevent medical complications but also to support the mother's physical, psychological, and social health during the postpartum period. The wound healing process is influenced by factors such as pain management, early mobilization, proper wound care, and adequate nutrition and sleep (Syahida et al., 2025; Cahyawati & Wahyuni., 2023; Rangkuti et al., 2023). Furthermore, the mother's level of knowledge about proper self-care also influences successful wound healing. However, mothers' lack of understanding regarding post-caesarean section care, due to limited access to comprehensive and ongoing information, increases the risk of infection and slows the recovery process (Rohani et al.,

2021; Simamora et al., 2022). Conventional education provided in hospitals is often ineffective due to time and space constraints, and the lack of opportunities for mothers to review the material or learn the information independently after discharge (Utami et al., 2023; Fitriana & Mardiyah., 2021).

This highlights the need for a more effective and sustainable educational approach. One potential solution is digital technology-based education, such as Momsite, which allows mothers to access information flexibly and interactively. Momsite can provide comprehensive education on post-cesarean section care, including pain management, early mobilization, wound care, complication prevention, nutritional support, and sleep quality, all of which support the wound healing process (Elsaba et al., 2023; Declercq et al., 2006; Nurvitriana et al., 2023). Therefore, education through Momsite is expected to improve postpartum mothers' knowledge and self-care practices and accelerate the post-cesarean section recovery process. This study aims to evaluate the effectiveness of Momsite education on post-cesarean section wound healing in postpartum mothers at Banten Regional General Hospital. Specifically, to determine the characteristics of postpartum mothers who received Momsite education, differences in mothers' knowledge and behavior before and after education, and to determine the effectiveness of Momsite education on post-cesarean section wound healing in Banten Regional General Hospital.

METHOD

This study used a quasi-experimental design with a pretest-posttest control group to evaluate the effectiveness of Momsite education on changes in clinical and subjective conditions, specifically in improving knowledge, behavior, and wound healing after cesarean section. Two groups were compared: the intervention group receiving Momsite education and the control group receiving standard hospital education. The study involved 66 post-cesarean mothers at General Hospital from October to December 2025 using total sampling with inclusion and exclusion criteria. Both groups were measured before (pretest) and after (posttest) the intervention. This design was chosen to assess the direct effect of the intervention on clinical outcomes despite not using full randomization. Data were collected through questionnaires assessing knowledge and behavior, as well as observation sheets used by healthcare professionals to evaluate wound healing before and after the intervention. The intervention group received Momsite education, while the control group received standard hospital education.

Data analysis was performed using univariate analysis to describe the characteristics of the subjects and the distribution of the research variables. Second, bivariate analysis used the Paired t-test to see the differences in pretest and posttest scores in the intervention and control groups, and the Independent t-test to determine differences between groups. If the data were not normally distributed, the Wilcoxon and Mann-Whitney tests were used. Furthermore, multivariate analysis used the Hotelling's T^2 test to assess the effect of the intervention on several dependent variables simultaneously, with a p-value ≤ 0.05 indicating a significant effect. This research has obtained ethical approval from the Health Research Ethics Committee of the Faculty of Health Sciences, National University with letter number 102/e-KEPK/FIKES/X/2025, which is valid from October 20, 2025 to October 20, 2026.

RESULT

Univariate Analysis

Respondent Characteristics

Based on Table 1, most respondents in both groups were aged ≤ 29 years, employed, and had higher education levels (D3–S2). In the intervention group, 69.7% were not at-risk age, 57.6% were employed, and 51.5% had higher education. Similarly, in the control group, 51.5% were not at-risk age, 57.6% were employed, and 60.6% had higher education.

Table 1.
Respondent Characteristics

Respondent Characteristics	Intervention Group (Momsite Education)		Control Group (Conventional Education)	
	f	%	F	%
Age				
Non-risk	23	69,7	17	51,5
Risk	10	30,3	16	48,5
Occupation				
Not working	14	42,4	14	42,4
Working	19	57,6	19	57,6
Education				
Low education	6	18,2	3	9,1
Middle education	10	30,3	10	30,3
Higher education	17	51,5	20	60,6

Bivariate Analysis

Table 2.
Results of Normality Test Based on Skewness and Kurtosis

Variable	Group	Skewness	Kurtosis	Conclusion
Pre-test Knowledge Score	Intervention	-0.325	0.073	Normal
	Control	-0.416	1.509	Normal
Post-test Knowledge Score	Intervention	0.021	-0.880	Normal
	Control	-1.139	2.482	Normal
Behavior Score	Intervention	0.907	0.016	Normal
	Control	0.349	-0.235	Normal
Wound Healing Score	Intervention	0.684	1.214	Normal
	Control	0.740	0.692	Normal

Table 2. After conducting a normality test using skewness and kurtosis tests, the skewness and kurtosis values were within the range of ± 3 , indicating that the data were normally distributed. Therefore, the analysis tests used were parametric tests, namely the Paired T-test and the Independent T-test.

Table 3.

The Effect of Education on Knowledge of Post-Cesarean Section Postpartum Mothers in the Intervention and Control Groups at Banten Hospital

Knowledge	Pre-test				Post-test				t	P -Value
	Min	Max	Mean	SD	Min	Max	Mean	SD		
Intervention	5	15	10,24	2,55	13	20	16,42	1,89	-11,077	0,000
Control	5	15	10,55	1,89	5	15	11,48	1,96	-1,799	0,081

Based on Table 3, In the intervention group, postpartum mothers' knowledge of post-cesarean section significantly increased from 10.24 (pre-test) to 16.42 (post-test, $p = 0.000$), while in the control group, the increase was not significant ($p = 0.081$). Momsite education had a significant effect on increasing knowledge.

Table 4.

Differences in Behavior Scores of Post-Cesarean Postpartum Mothers After Intervention in the Intervention and Control Groups

Behavior	Intervention				Control				t	P -Value
	Min	Max	Mean	SD	Min	Max	Mean	SD		
Post Test	37	53	42,79	4,26	23	34	27,64	2,57	-17.505	0,000

Based on table 4, In the intervention group, the post-cesarean maternal behavior score increased significantly to 42.79, compared to only 27.64 in the control group ($p = 0.000$). Momsite education significantly impacted maternal behavior improvement.

Tabel 5.

Differences in Wound Healing Scores of Post-Cesarean Postpartum Mothers After Intervention in the Intervention and Control Groups

Wound Healing	Intervention				Control				t	P -Value
	Min	Max	Mean	SD	Min	Max	Mean	SD		
Post test	0	3	1,24	0,61	1	6	3,03	1,08	8.297	0,000

Based on table 5, in the intervention group, the average post-cesarean section postpartum wound healing score was 1.24, while in the control group it was 3.03 ($p = 0.000$). Momsite education had a significant effect on maternal wound healing.

Multivariate Analysis

Hotelling's T² Test

Table 6.

Covariance Homogeneity Test (Box's M)

Box's M	F	df1	df2	Sig.
17,595	2,783	6	29,676.679	0,010

Based on table 6, the Box's M test showed $p = 0.010$ (<0.05), indicating that the covariance matrix between groups was not homogeneous. However, multivariate analysis was continued using the Hotelling's T² test, which is relatively robust against violations of this assumption, especially with balanced samples.

Table 7.

Hotelling's T² Test

Test	Value	F	Sig. (p)
Hotelling's Trace	6.228	128.707	0,000

Based on table 7, the Hotelling's Trace test showed $p = 0.000$ (<0.05), indicating a significant difference between the Momsite and conventional education groups in knowledge, behavior, and wound healing variables. This indicates that Momsite education had a significant impact on all variables studied.

Table 8.

Tests of Between-Subjects Effects with Effect Size

Dependent Variable	F	Sig. (p)	Partial η^2	Effect Size	Description
Post-test Knowledge	109,029	$< 0,000$	0,630	Large	Significant
Behavior	306,419	$< 0,000$	0,827	Large	Significant
Wound Healing	68,845	$< 0,000$	0,518	Large	Significant

Description Effect Size (Partial η^2): 0,01 = small | 0,06 = medium | $\geq 0,14$ = large

Based on table 8, momsite education significantly influenced knowledge, behavior, and wound healing with a Partial η^2 value of ≥ 0.518 , indicating a large effect. This indicates that the Momsite education intervention had a significant influence both simultaneously and univariately on changes in the studied variables.

DISCUSSION

Univariate Analysis

Respondent Characteristic

Age

The majority of respondents in the intervention group were in the non-risk age category (≤ 29 years) at 69.7%, while the control group had a more balanced proportion, with 51.5% in the non-risk age group. Although there were differences in age distribution, both were quite balanced and did not potentially introduce bias. Age influences the wound healing process after a cesarean section, where younger mothers (<30 years) have better tissue regeneration capacity and tend to experience faster wound healing (Syahida et al., 2025; Rosyid., 2022). Furthermore, age is also associated with adherence to wound care, where younger mothers are in better physical condition and are more likely to follow wound care recommendations. Conversely, with older age, decreased skin elasticity and tissue perfusion are often found, which can hinder healing (Andrade et al., 2022; O'Reilly et al.,

2024). With a balanced age distribution between groups, differences in wound healing scores are more attributable to the Momsite educational intervention, rather than age.

Education

The majority of respondents in both groups had a higher education (D3-S2), which is an important factor in health literacy. Higher education is associated with an individual's ability to understand and apply medical information, including post-cesarean section wound care (National Library of Medicine, 2004; Afni., 2021). Individuals with higher education tend to be more active in seeking health information and are better able to integrate this knowledge into their daily health behaviors (Maharsi., 2024). In this study, the relatively balanced education levels between the intervention and control groups ensured that differences in wound healing outcomes were not influenced by variations in basic ability to understand educational materials. Therefore, differences in outcomes reflect the effects of the digital education intervention rather than the respondents' educational background.

Occupation

The distribution of occupations across both groups was relatively even, with 57.6% of respondents employed and 42.4% unemployed. Employment status serves as a predisposing factor influencing access to health information and the ability to implement self-care behaviors (WHO., 2025). Working mothers tend to have broader exposure to health information, which can increase knowledge and positive attitudes toward post-cesarean section wound care (Golshiri et al., 2025). Furthermore, working mothers are more physically active, which contributes to blood circulation and wound healing (Oktavianti et al., 2025). Given the similar occupational characteristics between the groups, the difference in the primary outcome can be more reliably attributed to the Momsite educational intervention, rather than other occupational or demographic factors. This enhances the internal validity of the study and strengthens the conclusion that the educational intervention is a key factor in post-cesarean section wound healing.

Bivariate Analysis

The Effect of Education on Knowledge of Post-Cesarean Postpartum Mothers in the Intervention and Control Groups

Paired t-test analysis results showed that Momsite education significantly improved post-cesarean section postpartum knowledge in the intervention group, with scores increasing from 10.24 to 16.42 ($p = 0.000$), while there was no significant change in the control group ($p = 0.081$). The success of this education can be explained by the structured digital-based educational media design, which utilized a multimedia approach with relevant text, video, and infographics, as well as flexible access that supported independent learning. The organized structure allowed postpartum mothers to access materials according to their needs, which in turn improved understanding and knowledge retention (Mayer, 2009; Knowles et al., 2015).

Theoretical concepts underlying the effectiveness of this education include Lawrence Green's Theory (Precede–Proceed Model), the Health Belief Model, and Multimedia Learning Theory, which suggest that structured education can influence health knowledge and behavior by strengthening perceived benefits of self-care and reducing cognitive load (Green & Kreuter, 2005; Mayer, 2021). This study also supports previous research findings showing that digital media-based health education is more effective in increasing knowledge than traditional methods, as reported by Nurlaelasari et al. (2023) and Sari et al. (2024). Furthermore, the flexibility of access to digital platforms allows for repetition of materials, which strengthens self-directed learning for postpartum mothers.

However, the effectiveness of this education is strongly influenced by the characteristics of the target audience and the design of the materials. Several previous studies have shown that low health literacy can affect the impact of digital education interventions (van der Vaart et al., 2023; Wang et al., 2025). In this study, the success of Momsite was supported by an approach tailored to the needs of postpartum mothers after cesarean sections, ensuring that the educational content was relevant and easily understood, significantly improving maternal knowledge and supporting optimal wound healing.

Differences in Behavioral Scores of Post-Cesarean Postpartum Mothers After the Intervention in the Intervention and Control Groups

Momsite's educational excellence lies in its interactive, contextual, and needs-based multimedia-based delivery, which facilitates the understanding and implementation of self-care behaviors. Theoretical models such as the Health Belief Model and the Theory of Planned Behavior explain that structured education in Momsite serves as cues to action and increases mothers' self-efficacy in self-care (Rosenstock et al., 1988; Ajzen., 1991). Furthermore, Roy's adaptation theory suggests that this education serves as a positive environmental stimulus that strengthens mothers' adaptive capacity to postoperative stressors (Roy, 2009).

Digital-based education, such as Momsite, also aligns with Adult Learning Theory and Multimedia Learning Theory, which prioritize material relevance, active participant engagement, and visual content presentation that facilitates real-life application (Mayer., 2021). This research supports previous findings that structured health education based on audiovisual media is more effective in improving health behaviors, as reported by (Nurlaelasari et al., 2023) and (Wati et al., 2024). Studies also show that digital education can increase maternal awareness of complication prevention and better self-care practices, as found by (Prisusanti et al., 2025) and (Chaudhary et al., 2023).

However, some studies indicate that the effect of digital education on behavioral change is not always consistent, as it is influenced by contextual factors, social support, and digital literacy (Schnitman et al., 2022). Nevertheless, the findings of this study underscore that Momsite education, designed with the needs of postpartum mothers in mind, has proven effective in improving self-care behaviors. This education facilitates the transformation of knowledge into practical practice, ultimately supporting the healing process of postpartum mothers at Banten Regional General Hospital.

Differences in Wound Healing Scores of Post-Cesarean Postpartum Mothers After the Intervention in the Intervention and Control Groups

Independent t-test results indicate that education using Momsite significantly impacts post-cesarean section wound healing in postpartum mothers. Momsite's digital-based education, which can be flexibly accessed through digital devices, contains structured materials designed to support wound healing, including pain management, early mobilization, wound care, complication prevention, nutrition, and sleep quality. This educational content presents information in concise text, infographics, and educational videos to help postpartum mothers understand wound care and prevent postoperative complications.

The importance of pain management and early mobilization in supporting wound healing was highlighted in this study, as both play a role in increasing blood flow and tissue oxygenation, improving the healing process and preventing complications. Education regarding the stages of wound healing and the use of the REEDA scale to monitor wound condition have also been shown to increase maternal active involvement in wound care, which in turn accelerates the healing process (Gillespie et al., 2023). Furthermore, preventing complications and meeting nutritional and quality sleep needs also support optimal wound healing.

This research aligns with various studies showing that wound care education can accelerate postoperative healing (Ghafouri et al., 2020; Nurlaelasari et al., 2023). However, several studies have also shown that education alone does not necessarily have a significant impact on wound healing (Tambunan, 2025; Bossert et al., 2023). Within a precede-proceed framework, this study focused on an impact evaluation of the intervention to assess changes in wound healing resulting from increased knowledge and adherence to wound care behaviors. Thus, the results of this study indicate that Momsite education has proven effective in improving post-cesarean section wound healing in postpartum mothers at Banten Regional General Hospital. This digital-based education offers an efficient and applicable approach to midwifery care to support improved clinical outcomes of postoperative wound healing.

Multivariate Analysis

The study results indicate that Momsite education has a significant impact on improving knowledge, behavioral compliance, and wound healing in postpartum women after cesarean section. Based on Hotelling's T^2 analysis, significant differences were found between the intervention and control groups, showing that the Momsite intervention has a strong simultaneous effect on all the variables studied, including knowledge, wound care behavior, and wound healing. Multivariate analysis showed a significant improvement in all three variables, indicating that this intervention has a major impact on enhancing knowledge and behavior and accelerating the wound healing process (Cohen, 1988).

Momsite education is a Google Site-based platform specifically designed for postpartum women after cesarean section. It presents evidence-based content on pain management, early mobilization, wound care, complication prevention, nutrition, and sleep quality. The content is delivered through text, infographics, and interactive videos in under 30 minutes, enabling mothers to acquire knowledge and independently apply effective wound care.

From a theoretical perspective, the study results align with the precede-proceed model, where increased maternal knowledge serves as a predispositional factor for behavior change, which, in turn, contributes to improved wound conditions (Green & Kreuter., 2005). This education also strengthens postpartum mothers' adaptation to physiological and psychosocial changes after surgery, consistent with Roy's adaptation theory (Roy., 2009). The Momsite intervention also enhances mothers' perception of their vulnerability to complication risks and provides a sense of self-efficacy in performing wound care, which strengthens behavioral compliance, as explained by the Health Belief Model (Rosenstock., 1988).

Maternal behavioral compliance with wound care shows the greatest effect, reflecting that behavior change is the primary mediator between knowledge and clinical wound healing outcomes. Momsite education provides practical guides and video tutorials that facilitate consistent wound care behavior application (Widad et al., 2024). Knowledge also significantly increased, laying the foundation for more effective self-care behavior formation. Although wound healing showed a smaller effect size, it still indicates a significant contribution from education in accelerating wound recovery. Wound healing is influenced by various biological factors, such as inflammatory response and nutritional status, which are beyond the direct control of the education intervention (Ghafouri et al., 2020).

Overall, these findings affirm that Momsite education is an effective and comprehensive intervention for improving knowledge, behavior, and wound healing in postpartum women after cesarean section. These results support the development of digital-based education as an effective strategy for improving maternal health, with practical implications for midwifery practice, particularly in post-cesarean care at RSUD Banten.

CONCLUSION

This study shows that Momsite education significantly improves knowledge, behavioral adherence, and wound healing in post-cesarean section postpartum mothers. The intervention group receiving Momsite education showed significant improvements in knowledge ($p = 0.000$), adherence to wound care ($p = 0.000$), and wound healing ($p = 0.000$) compared to the control group. Multivariate analysis revealed that behavioral adherence had the greatest effect, supporting the importance of Momsite education in improving wound care behavior and accelerating the healing process.

REFERENCES

- Afni, N. (2021). Health literacy extends beyond acquiring information; it encompasses an individual's ability to comprehend, process, and apply health-related knowledge. *Journal of Health Literacy and Qualitative Research*.
- Andrade, A. M., Sun, M., Gasek, N. S., Hargis, G. R., & Sharafieh, R. (2022). Role of senescent cells in cutaneous wound healing. *Biology*, 12(12), 1731. <https://doi.org/10.3390/biology12121731>
- Cahyawati, F. E., & Wahyuni, A. (2023). Mobilisasi dini pada ibu postpartum dengan sectio caesarea terhadap penurunan intensitas nyeri luka operasi. *Jurnal Kesehatan Perintis*, 10(1), 44–52.
- Chaudhary, K., et al. (2023). Effect of a social media-based health education program on postnatal care knowledge among pregnant women: A randomized controlled trial.
- Declercq, E. R., Sakala, C., Corry, M. P., & Applebaum, S. (2006). *Listening to Mothers II: Report of the Second National U.S. Survey of Women's Childbearing Experiences*. Childbirth Connection.
- Elsaba, T. A., Hassan, H. E., & Mostafa, D. M. (2022). Effect of virtual education on pain and anxiety among post cesarean mothers. *International Journal of Nursing Didactics*, 12(5), 1–8.
- Fitriana, N., & Mardiyah, N. (2021). Edukasi post-sectio caesarea untuk mempercepat pemulihan ibu nifas. *Jurnal Kesehatan Ibu dan Anak*, 9(2), 77–85.
- Ghafouri, S., Ghaffari, F., & Salehi, R. (2020). Effect of educational interventions on wound healing in post-cesarean mothers: A randomized clinical trial. *BMC Nursing*, 19, 55. <https://doi.org/10.1186/s12912-020-00442-4>
- Gillespie, B. M., Kang, E., Roberts, S., Lin, F., & Morley, N. (2023). Postoperative patient education and wound healing outcomes: An integrative review. *Journal of Clinical Nursing*, 32(1–2), 45–57.
- Golshiri, P., Amini, S., & Najimi, A. (2025). Impact of health literacy educational intervention on medication adherence and knowledge in patients with ischemic heart disease. *Journal of Education and Health Promotion*, 14(1), 300.
- Green, L. W., & Kreuter, M. W. (2005). *Health program planning: An educational and ecological approach* (4th ed.). McGraw-Hill.
- Knowles, M. S., Holton, E. F., & Swanson, R. A. (2015). *The adult learner* (8th ed.). Routledge.
- Mayer, R. E. (2021). *Multimedia learning* (3rd ed.). Cambridge University Press.
- Ministry of Health of the Republic of Indonesia. (2018). *Indonesia Health Profile 2018*.
- National Library of Medicine. (2004). *Health literacy: A prescription to end confusion*. National Academies Press.
- Nurlaelasari, D., Herawati, I., & Ermanto, B. (2023). Perbedaan efektivitas edukasi media leaflet dan audiovisual terhadap pengetahuan perawatan luka operasi pada ibu nifas post sectio caesarea. *Jurnal Ilmiah Keperawatan*, 9(Suppl 1), 62–73.
- Nurvitriana, A., Wijayanti, D., & Arista, D. (2023). Edukasi mobilisasi dini terhadap kepatuhan ibu post sectio caesarea. *Jurnal Kebidanan Harapan Mulya*, 6(2), 112–119.
- Oktavianti, R. F., Fitriani, A., & Lismayanti, L. (2025). Implementation of wound care education in a diabetic ulcer patient with knowledge deficits. *KIAN Journal*, 4(1), 19–27.
- Prisusanti, R. D., Widiatrilupi, R. M. V., Sulistiyah, Kiswara, N., & Rosyidah, R. (2025). A technology-based interactive educational approach in increasing postpartum women's

- awareness of the prevention of postpartum complications. *JAMAS: Jurnal Abdi Masyarakat*, 3(1), 725–730.
- Rangkuti, N. A., Zein, Y., Batubara, N. S., & Harahap, M. A. (2023). Hubungan mobilisasi dini post sectio caesarea dengan proses penyembuhan luka operasi. *Jurnal Education and Development*, 11(1), 570–575.
- Rohani, R., Siregar, E. Y., & Sihombing, M. (2021). Analisis faktor yang mempengaruhi lama pemulihan ibu post sectio caesarea. *Jurnal Keperawatan*, 13(2), 104–110.
- Rosenstock, I. M., Strecher, V. J., & Becker, M. H. (1988). Social learning theory and the Health Belief Model. *Health Education Quarterly*, 15(2), 175–183.
- Roy, C. (2009). *The Roy adaptation model* (3rd ed.). Pearson.
- Santos, R. B., et al. (2020). Impact of early mobilization on pain and recovery after cesarean delivery: A systematic review. *International Journal of Obstetric Anesthesia*, 42, 40–46.
- Sari, Y., Kasjono, H. S., & Yuliantisari, Y. (2024). Pengaruh pendidikan kesehatan melalui video terhadap pengetahuan dan praktik mobilisasi dini pada pasien post sectio caesarea. *Jurnal SAGO Gizi dan Kesehatan*.
- Schnitman, G., Wang, T., Kundu, S., Turkdogan, S., Gotlieb, R., How, J., & Gotlieb, W. (2022). The role of digital patient education in maternal health: A systematic review. *Patient Education and Counseling*, 105(3), 586–593.
- Simamora, M. R., et al. (2022). Hubungan antara kualitas tidur dengan penyembuhan luka post sectio caesarea. *Jurnal Ilmiah Kebidanan*, 7(1), 20–27.
- Syahida, A., Mirani, M., & Hartimah, H. (2025). Hubungan usia dan mobilisasi dini dengan penyembuhan luka sectio caesarea. *Jurnal Promotif Preventif*, 8(1), 121–127.
- Tambunan, I. (2025). The effectiveness of wound care education on wound healing outcomes. *e-Jurnal MCHC*.
- Utami, N., Widodo, T. S., & Sulistyorini, L. (2023). Evaluasi efektivitas edukasi konvensional terhadap perawatan diri ibu post sectio caesarea. *Jurnal Ilmu Kesehatan*, 14(1), 45–52.
- van der Vaart, R., et al. (2023). Effectiveness of digital health literacy interventions: A meta-analysis. *Journal of Medical Internet Research*, 25, e48166.
- Wang, Y., Niu, Y., Xu, R., Jia, S., & Wang, A. (2025). eHealth literacy interventions: Scoping review. *Interactive Journal of Medical Research*, 14, e69640.
- Wati, R. D. N., Kamariyah, N., Afiah, R. K., & Ainiyah, N. (2024). Implementation of health education using audio-visual media on perineal wound care in postpartum mothers. *Nurse and Holistic Care*, 4(2), 94–102.
- Widad, Z., Kurniawati, N. D., & Kristiawati, K. (2024). A systematic review: Mobile application monitoring post operation caesarean section. *Placenta: Jurnal Ilmiah Kesehatan dan Aplikasinya*, 13(1), 49–58.
- Wilson, J., Wloch, C., Saei, A., McDougall, C., Harrington, P., Charlett, A., & Lamagni, T. (2020). Surgical site infection after caesarean section. *Journal of Hospital Infection*, 104(2), 178–186.
- World Health Organization. (2022). *Postnatal care for mothers and newborns: Highlights from WHO guidelines*. WHO.
- World Health Organization. (2025). *Health literacy and its impact on health outcomes*. WHO.

