OPEN ACCESS *Mando Care Jurnal (MCJ): Dari Mandar untuk Indonesia, 2025; 4 (2): 175 – 189*

Mando Care Journal (MCJ): Dari Mandar untuk Indonesia is licensed under a **Creative Commons Attribution-ShareAlike 4.0 International License**, (**p-ISSN: 2809-3429, e-ISSN 2827-7902**), **https://doi.org/10.55110/mcj.v4i2.255**

Artikel

Impact of Emo-Demo IYCF Education on Dietary Intake and Growth Indicators in Children Under Two in Rural Area

Irdat Mukaromah[1], Pramesthi W. Hapsari[2]✉, Izka S. Wahyurin[3], Katri A. Surijati[4], Aisyah A. Aryani[5], Atikah Proverawati[6], Nurbaya[7]

[1,2,3,4,6]Nutrition Science Study Program, Faculty of Health Sciences, Universitas Jenderal Soedirman, Indonesia
[2]Research Centre of Rural Health, Institute for Research and Community Service, Universitas Jenderal Soedirman, Indonesia
[5]Public Health Study Program, Faculty of Health Sciences, Universitas Jenderal Soedirman, Indonesia
[7]Department of Nutrition, Mamuju Health Polytechnic, West Sulawesi, Indonesia

Article History
Submit 16 September 2025
Revised 02 Oktober 2025
Accepted 13 Oktober 2025

Kata kunci
Asupan energi;
Emo-demo;
Pemberian makan bayi dan anak;
Status gizi

Abstrak

Pengetahuan ibu yang terbatas tentang praktik pemberian makanan bayi dan anak (PMBA) berkontribusi terhadap asupan gizi yang tidak memadai dan status gizi buruk pada anak di bawah dua tahun. Demonstrasi Emosional (Emo-Demo), metode edukasi yang memadukan demonstrasi praktis dengan keterlibatan emosional, terbukti efektif meningkatkan perilaku pemberian makan. Penelitian ini menilai dampak pendidikan PMBA dengan metode Emo-Demo terhadap asupan energi dan status gizi anak. Desain penelitian kuasi-eksperimental pretest-posttest satu kelompok dilakukan di Puskesmas Purwokerto Timur I antara Mei dan Agustus 2024. Intervensi terdiri dari tujuh sesi pendidikan. Asupan energi diukur menggunakan satu ingatan makanan 24 jam, dan status gizi dinilai menggunakan z-skor berat badan untuk usia (BB/U) yang diperoleh dengan timbangan bayi digital. Sebanyak 18 ibu dari anak di bawah usia dua tahun direkrut menggunakan purposive sampling. Uji-t berpasangan digunakan untuk analisis data. Sebagian besar ibu berusia 20–35 tahun (77,8%) dan merupakan ibu rumah tangga. Intervensi Emo-Demo secara signifikan meningkatkan asupan energi rata-rata (+239,6 ± 239,9 kkal/hari, p<0,001, d=0,72) dan memperbaiki skor WAZ (+0,23 ± 0,27, p=0,002, d=0,23), yang menunjukkan efek positif pada asupan makanan dan status gizi.

Keywords
Energy intake;
Emo-demo;
Infant young child feeding;
Nutritional status

Abstract

Limited maternal knowledge of infant and young child feeding (IYCF) practices contributes to inadequate dietary intake and poor nutritional status among children under two years old. Emotional-Demonstration (Emo-Demo), an educational approach that combines practical demonstrations with emotional engagement, has shown promise in improving feeding behaviors. This study aimed to assess the effect of IYCF education using the Emo-Demo method on children's energy intake and nutritional status. A quasi-experimental study with a one-group pretest–posttest design was conducted at the East Purwokerto I Health Center between May and August 2024. The intervention consisted of seven educational sessions. Energy intake was measured using a single 24-hour food recall, and nutritional status was assessed using weight-for-age z-scores (WAZ) obtained with a digital baby scale. A total of 18 mothers of children under two were recruited using purposive sampling. Paired t-tests were used for data analysis. Most mothers were aged 20–35 years (77.8%) and were housewives. The Emo-Demo intervention significantly increased mean energy intake (+239.6 ± 239.9 kcal/day, p<0.001, d=0.72) and improved WAZ scores (+0.23 ± 0.27, p=0.002, d=0.23), indicating positive effects on both dietary intake and nutritional status.

Korespondensi: **Pramesthi W. Hapsari**
✉ pramesthi.widya@unsoed.ac.id

INTRODUCTION

Malnutrition among children under two years old remains a major public health issue in many developing countries, including Indonesia (Kistiana et al., 2023). Underweight, one form of malnutrition in this age group, is defined as body weight that falls below the standard for a child's age (Badan Penelitian dan Pengembangan Kesehatan, 2018). It serves as a key indicator of child malnutrition, with significant implications for both physiological and psychological health (Acquah et al., 2019). Based on the Indonesian Nutrition Status Survey (SSGI), the national prevalence of underweight fluctuated between 17.0% and 17.1% from 2021 to 2022, and slightly declined to 16.8% in 2024 (Kemenkes RI, 2023; Kementerian Kesehatan Republik Indonesia, 2021; Kementerian Kesehatan RI, 2024). A similar trend was observed in Central Java, where the prevalence was 15% in 2021, rose to 17.6% in 2022, and returned to 15% in 2024 (Kemenkes RI, 2023; Kementerian Kesehatan Republik Indonesia, 2021; Kementerian Kesehatan RI, 2024). Although a decline was noted in 2024 at both the national and provincial levels, the prevalence of underweight still exceeded the WHO threshold of 10%.

Underweight is caused by direct and indirect factors. Direct factors causing underweight are infectious diseases and lack of nutritional intake, while indirect factors are the health service accessibility, poor environmental sanitation, inappropriate parenting style, and low household food security (Ria et al., 2015). Nutritional intake is heavily influenced by parental feeding behaviors; however, infant and young child feeding (IYCF) practices still fall short of recommended standards (Haryono et al., 2023; Kemenkes RI, 2023; Ningtiyas et al., 2022). Inappropriate IYCF practices are still commonly observed in the community. These include the lack of exclusive breastfeeding, improper timing for introducing solid, semi-solid, or soft foods, and insufficient dietary diversity (Haryono et al., 2023). According to the 2022 SSGI, 47.6% of mothers introduced complementary foods before the age of 6 months, and only 41.7% achieved adequate dietary diversity for their children (Kemenkes RI, 2023). Research (Ningtiyas et al., 2022) shows that 59% of mothers of under-two children do not follow the WHO's eight recommended indicators for appropriate IYCF practices. These indicators include exclusive breastfeeding, continued breastfeeding, timely introduction of

complementary foods, dietary diversity, feeding frequency, food acceptance, responsive feeding, and adequate intake of iron and vitamin A-rich foods (Ningtiyas et al., 2022).

Providing education and counseling related to IYCF is one way the government improves mothers' ability to provide optimal IYCF (Strategi Nasional Percepatan Stunting Periode 2018-2024, 2018). However, providing information alone is not enough to change mothers' behavior; caregivers need other approaches to achieve good IYCF practices. Conventional type of education such as lecture method is often used to increase maternal knowledge, but they often fail to engage people emotions (Haryono et al., 2023). To address this limitation, the emotional-demonstration (Emo-Demo) method is used as an alternative educational approach. This method not only improves knowledge but also aims to influence maternal behaviors related to IYCF then will improve children nutritional status (Kirana Ayu Palupi et al., 2024; Septiani & Ardiansyah, 2022).

Emotional-Demonstration (Emo-Demo) is a Behavior-Centered Design (BCD) approach that aims not only to provide information but also to be a highly participatory activity in a fun and/or emotionally engaging manner. This makes it memorable and impactful compared to other conventional behavior change strategies (Bidari & Ruhana, 2022; GAIN, 2018; Nopitasari, 2022; Zakiyyah et al., 2020). This method not only improves knowledge but also aims to influence maternal behaviors related to IYCF. Emo-Demo delivers educational messages in a simple, engaging, and emotionally resonant way, making them easier to remember and more likely to result in behavioral chang (Ningtiyas et al., 2022). Each Emo-Demo game is conducted by creating surprising moments, making people reconsider their behavior and increasing the target's emotions related to the desired behavior (GAIN, 2018). Various studies in various countries show that the Emo-Demo approach has a positive influence on knowledge, attitudes, practices, and nutritional status (International Bank for Reconstruction and Development, 2021; Septiani & Ardiansyah, 2022; United Nations Development Programme, 2016).

Under-two-year-old is a critical window for a child’s growth and development. Malnutrition during this stage can hinder brain tissue development (Fuada, 2017). Based on the 2022 Banyumas Health Profile, the prevalence of *underweight* at the *Purwokerto Timur I* Health Center was 11.2%, exceeding both the WHO's underweight threshold of 10% and the

overall prevalence in Banyumas Regency, which stands at 9.7%. In light of these findings, this study aims to examine the impact of Infant and Young Child Feeding (IYCF) education using the Emotional-Demonstration (Emo-Demo) method on the energy intake and nutritional status of mothers with under-two children aged 6 – 24 months at the Purwokerto Timur I Health Center.

METHODS

A quasi-experiment with a one group pretest-posttest design, education was carried out for 7 meetings once a week based on previous study in NTB province that also conducted Emo-Demo session (Septiani & Ardiansyah, 2022). The study was conducted among underweight children that showed the improvement on weight for age z-score (WAZ score) (Septiani & Ardiansyah, 2022). Each meeting lasted about 20 minutes which consisted of introduction, explanation of the meeting's purpose, Emo-Demo session, and drawing meeting's conclusion. In the Emo-Demo session, participants were involved in the role play games which lasted around 15 minutes.

The Emo-Demo modules used were (1) MP-ASI texture; (2) care for my stomach; (3) baby and child meal portions; (4) baby and child meal schedules; (5) random snacks and (6) main meals before snacks. The seventh session was repetition of the conclusion of each emo-demo session. This study was conducted at the Purwokerto Timur I Health Center from May to August 2024. The sample in this study was under-two children aged 6 – 24 months at the Purwokerto Timur I Health Center, and the main respondents were the biological mothers of the under-two children.

As much as 41 respondent who met inclusion criteria in the beginning of the study signed informed consent and participated in pre-test. The inclusion criteria for children under two were 6-24 months old at Purwokerto Timur I Health Center with a nutritional status of BB/U ≤ 1 SD. The exclusion criteria for toddlers were diagnosed with chronic diseases such as tuberculosis in the last 2 weeks.

The inclusion criteria for mothers were domiciled in the Purwokerto Timur I Health Center area, had toddlers aged 6-24 months with a nutritional status of BB/U ≤ 1 SD, and were willing to be respondents and sign informed consent. The exclusion criteria for mothers were

having disabilities and having psychological disorders. Of the 41 respondents, 9 respondents only took the pre-test and 1 respondent were loss to follow up after pre-test.

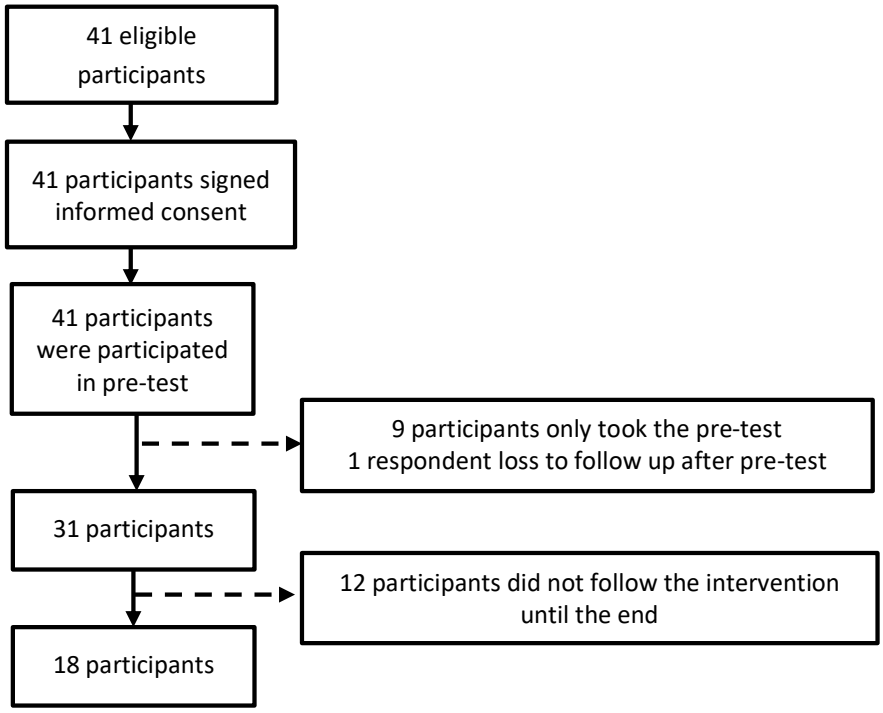

Figure 1. The Study and Participants flow

A total of 12 respondents only took the education until the 5th meeting. Based on these data, 23 respondents met the drop-out criteria because they only took the pre-test, failed independently, and did not attend the education meeting until completion. So that the total number of respondents who took part in the series of studies until the end was 18 people. The flow of respondent involvement is more clearly explained in Figure 1.

The research instruments used were respondent characteristics questionnaire, 1x24-hour food recall form to see mean energy intake, baby scales to see nutritional status, and Emo-Demo of IYCF module for education. Both pre and post energy intake data were collected using 1x24-hours food recall either weekend or weekday according to participants' time availability at home. Because only one recall was collected, the data reflect intake on that specific day rather than usual intake.

To minimize bias, differences in mean energy intake between weekday and weekend recalls at baseline were examined, and no significant differences were found. In addition, child illness history was collected to allow adjustment in energy intake analysis. Energy intake was

calculated using Nutrisurvey software, while nutritional status was calculated using WHO Anthro software. The results of the Shapiro Wilk test showed that energy intake and nutritional status data were normally distributed with a significance value (p) > 0.05 therefore bivariate analysis was performed using the Paired Sample T Test T-Test with effect size for mean energy intake was 0,72 nutritional status was 0.23.

This research has been reviewed and approved by Health Research Ethics Committee (KEPK), Faculty of Health Sciences, Jenderal Soedirman University (UNSOED) No. 1442/EC/KEPK/V/2024. This research can be carried out through the cooperation and participation of Nutritionists, Cadres and under-two years children' mothers in the working area of the Purwokerto Timur 2 Health Center. The research received research funds from BLU UNSOED in the 2024 Competency Improvement Research scheme.

RESULT

The participants in this study were 18 mothers with children aged 6 – 24 months. Most participants (77.8%) were aged 20 – 35 years, and 61.1% had a family income below the Banyumas district minimum wage. In terms of education, 61.1% had completed only elementary or junior high school, indicating a generally low educational level. Regarding child characteristics, 72.2% of participants had children aged ≤2 years, with 62.5% of these children in the 13 – 24-month age range. Among underweight children, 75% were male. Additionally, 55.6% of children had experienced acute respiratory infection (ARI) in the two weeks prior to data collection. Detailed characteristics of mothers and children under two years old are presented in Table 1.

Table 1. Characteristics of Mothers and Under-two Children

Respondents Characteristics	n	%
Characteristics of Mother		
Mothers' age		
20 – 35 years	14	77.8
36 – 45 years	4	22.2
Mothers' occupation		
Unemployed	17	94.4
Employed	1	5.6
Income Level		

Table 1. Characteristics of Mothers and Under-two Children

Respondents Characteristics	n	%
< District minimum wage of Banyumas	11	61.1
≥ District minimum wage of Banyumas	7	38.9
Mothers' education		
Elementary school level	3	16.7
Junior high school level	8	44.4
Senior high school level	7	38.9
Number of children		
≤ 2 children	13	72.2
> 2 children	5	27.8
Characteristics of Under-two children		
Under-two children' age		
6 – 12 months	5	27.8
13 – 24 months	13	72.2
Gender		
Male	9	50.0
Female	9	50.0
Medical History		
Acute Respiratory Infection (ARI)	10	55.6
No ARI	8	44.4

The result of single 24-hour food recall showed that mean energy intake among children under two age 6 – 12 months in range of 430.3 kcal/day and among children aged 7 – 24 months was around 699.8 kcal/day. After intervention, both mean energy intake among children 6 – 12 months and 7-24 months showed increasing trend. The detailed on mean energy intake in age category are presented in Table 2.

Table 2. Profile of Mean Energy Intake

Age	Mean Energy Intake (kcal/day)		
	Pre-Test	Post-test	Δ mean
6 – 11 months	430.3 ± 219.9	618.5 ± 211.1	157.3 ± 131.6
12 – 24 months	699.8 ± 313.5	962.9 ± 372.0	263 ± 261.9

The research data were tested first for normality using Shapiro Wilk which showed that energy intake and nutritional status were normally distributed ($p>0.05$) then bivariate analysis using the Paired t-test. The results showed a significant difference in energy intake (p-value <0.001) and nutritional status (p value: 0.002) before and after education was given to

mothers of under-two children. The average difference in energy intake between pretest and posttest was 239.57 ± 239.95 kcal, which means there was an increase in energy intake. Based on the distribution of changes in energy intake data, the average difference in weight for age z-score (WAZ) was 0.23 ± 0.27, which showed an increase in the WAZ before and after Emo-Demo.

Table 3. Analysis of Differences in Energy Intake Before and After Education

Variables	n	Mean ± SD	Δ mean (95% CI)	*p value*
Intake energy (kcal/day)				
Pretest	18	639.9 ± 311.5	239.6±239.9 (128.82-364.03)	<0.001
Posttest	18	886.4 ± 368.0		
Nutritional status (WAZ score)				
Pretest	18	-1.42 ± 1.05	0.23±0.27 (-0.37- (-0.09)	0.002
Posttest	18	-1.19 ± 0.94		

PEMBAHASAN

The majority of participants were women aged 20 – 35 years, housewives with household incomes below the district minimum wage, and had fewer than two children. This age range is generally considered optimal for parenting, as very young or older mothers may face challenges in fulfilling parenting roles effectively (Mulqiah et al., 2017). The predominance of unemployed mothers in this study may have supported the positive outcomes observed, as having more time for direct childcare can allow for more focused attention (Maynarti, 2021). However, the low level of maternal education and limited household income remain important risk factors for child malnutrition, as both can restrict access to diverse and nutritious foods (Djogo et al., 2021; Hapsari & Ichsan, 2021). Smaller family size may also have contributed positively to nutritional improvements, as fewer children allow for more individualized care (Arisman & Hayanti, 2022).

Most children were aged 13 – 24 months, a critical developmental stage when nutrient requirements increase substantially after the first year of life (Kementerian Kesehatan RI, 2013; Sugianti & Devianti Putri, 2022). Without adequate dietary intake, children in this age group are particularly susceptible to growth faltering. Nearly half of the children had

experienced acute respiratory infections (ARIs), and among those who remained underweight after the intervention, several also had ARIs. Illness during this period can hinder weight gain through increased metabolic demands and reduced appetite (Pane et al., 2022), potentially limiting the impact of nutrition education alone.

The mean of energy intake among children under two showed that in both age category was still lower than the recommended dietary allowance (RDA). After Emo-Demo intervention the mean energy intake was increased but still lower than RDA. In the age of 6-11 months, the RDA is around 800 kcal/day while among age 1 – 3 years the RDA of energy is around 1350 kcal/day (Peraturan Menteri Kesehatan Republik Indonesia Nomor 28 Tahun 2019 Tentang Angka Kecukupan Gizi Yang Dianjurkan Untuk Masyarakat Indonesia, 2019). It is important to note that the observed increase in mean energy intake may partly reflect differences in the timing of 24-hour food recall collection. At baseline, dietary intake for 11 of the 18 children was recorded on weekends, whereas post-test data were collected on weekdays. Although no statistically significant differences in mean energy intake were found between weekday and weekend recalls, this potential source of variation should be considered when interpreting the results.

Bivariate analysis showed significant improvements in energy intake and WAZ after the intervention. Energy intake increased by approximately 37%, while WAZ improved by about 16%. These results suggest that nutrition education using the Emo-Demo approach effectively enhanced both dietary intake and nutritional status. Similar findings indicate that mothers who received Emo-Demo education were more likely to prepare appropriate complementary foods for their children (Nurvitriana & Andarwulan, 2021; Tati Nuryati et al., 2023; Zakiyyah et al., 2020) . Other studies also confirmed improvements in WAZ and HAZ using Emo-Demo interventions, even during the pandemic (Septiani & Ardiansyah, 2022).

The increase in energy intake is likely due to a rise in the frequency and quality of snack consumption, as well as higher intake of animal protein. As energy intake increased, so did the intake of essential macronutrients such as carbohydrates, fats, and proteins. When children receive adequate nutrients that are efficiently utilized, optimal growth, brain development, physical performance, and overall health can be achieved (Septiawati et al., 2021). After the education intervention, the average snack consumption among under-two children increased

from two to three times daily. Biscuits and fruit were the most commonly consumed snacks, with fruit intake increasing from 38.89% to 72.22%. The type of fruit most consumed was bananas. Bananas are a type of fruit that is easy to obtain every day and has a relatively cheap (Kusumawati et al., 2022). This change can be attributed to the fifth Emo-Demo session, which focused on healthy snacking.

Increased egg consumption, a key source of animal protein, aligned with the third Emo-Demo session on balanced food portions for babies and children. During this session, it was emphasized that meals should not consist solely of rice but should include staple foods, plant-based and animal-based side dishes, and vegetables (GAIN, 2018). The main food is recommended to consist of staple foods, vegetable side dishes, animal side dishes, and vegetables (GAIN, 2018). Eggs are a relatively affordable source of animal protein, making them a practical option for families with limited resources (Maherawati et al., 2023).

Children under two are dependent on their caregivers for food choices and intake, making it essential for mothers to provide nutritious and appropriate foods (Kusumaningtyas et al., 2017). Thus, it is crucial for mothers to make informed choices to ensure their children's nutritional needs are met and their bodies function properly (Susanti et al., 2014). The Emo-Demo method goes beyond conventional knowledge transfer by incorporating play-based, participatory activities that aim to change behavior (GAIN, 2018). This method supports mothers in better understanding IYCF practices and improving their caregiving behavior (Nurvitriana & Andarwulan, 2021; Septiani & Ardiansyah, 2022; Triana et al., 2023). Education of IYCF can help mothers improve their understanding and behavior in caring for their children (Septiani & Ardiansyah, 2022). As this study focuses on Seven of Emo-Demo modules which related appropriate feeding both texture, portions and meal schedules. The topic was selected specifically to address and reform common feeding habits that are inappropriate for children under two years old, such as the mistimed introduction of complementary foods. However, the extended duration of the intervention led to some participant attrition, as a few respondents were unwilling to complete the program.

Although the study demonstrates significant improvements in energy intake and WAZ scores, the generalizability of these findings is limited. The relatively small sample size (n = 18) reduces statistical power (Z1-β for mean energy intake = 63%; Z1-β for WAZ score = 70%) and

may not represent the broader population of mothers and children under two. Future studies should examine whether the Emo-Demo intervention produces similar effects among populations with comparable characteristics, such as mothers aged 25 – 35 years, unemployed, with low socioeconomic status, and having more than two children. Unlike other intervention studies that employed multiple 24-hour food recalls to capture habitual dietary intake (Abdillah et al., 2020; Ilmanisak et al., 2017; Mahmudiono et al., 2018), this study relied on a single 24-hour recall at each time point, which reflects only day-specific intake rather than usual patterns. Although no significant variation was found between weekday and weekend recalls, and child illness history was collected to allow adjustment in the analysis, potential sources of bias remain. These limitations suggest that the findings should be interpreted with caution and validated in larger studies using more robust dietary assessment methods.

Despite these limitations, the findings provide important insights for nutrition policy and programming. The Emo-Demo method, which combines participatory and play-based learning, proved effective in improving energy intake and WAZ among children under two. Scaling up such approaches could strengthen existing IYCF conducted in community, by enhancing maternal engagement and promoting practical behavior change. At the policy level, integrating Emo-Demo modules into community-based health services, such as posyandu or maternal–child health programs, may improve feeding practices in resource-limited settings. As a program, future interventions should be tailored to vulnerable groups, particularly low-income, unemployed mothers, while also integrating strategies to overcome obstacles such as illness-related appetite loss and limited dietary diversity. Integrating and linking nutrition intervention between nutrition education, food assistance, and health services could further optimize impact and sustainability.

CONCLUSION AND RECOMMENDATION

This study shows that Emo-Demo education on IYCF influences energy intake and nutritional status of under-two children. Further researchers can combine the Emo-Demo method with the provision of supplementary feeding so that the research time can be shorter so that it is easier to strengthen the respondent's commitment and can persist in following the entire series of interventions until the end.

DAFTAR PUSTAKA

Abdillah, F. M., Sulistiyawati, S., & Paramashanti, B. A. (2020). Edukasi gizi pada ibu oleh kader terlatih meningkatkan asupan energi dan protein pada balita. *AcTion: Aceh Nutrition Journal*, *5*(2), 156. https://doi.org/10.30867/action.v5i2.313

Acquah, E., Darteh, E. K. M., Amu, H., & Adjei, D. K. A. (2019). Predictors of underweight in children under-five years in Ghana. *Ghana Medical Journal*, *53*(1), 71. https://doi.org/10.4314/gmj.v53i1.11

Arisman, Y., & Hayanti, S. (2022). The Relationship Between The Number of Children and The Distance of Pregnancy With The Nutritional Status of Toddlers In Lestari Dadi Village, Pegajahan District, Serdang Bedagai Regency Year 2022. *JURNAL KEBIDANAN KESTRA (JKK)*, *5*(1), 154–160. https://doi.org/10.35451/jkk.v5i1.1366

Badan Penelitian dan Pengembangan Kesehatan. (2018). *Laporan Nasional Riskesdas 2018*. https://repository.badankebijakan.kemkes.go.id/id/eprint/3514/

Bidari, G. I., & Ruhana, A. (2022). Perbandingan Hasil Edukasi MP-ASI Antara Metode Emotional Demonstration dan Team Game Tournament Pada Ibu Baduta Kabupaten Trenggalek. *Jurnal Kesehatan Masyarakat & Gizi*, *5*(1), 147–155. https://ejournal.medistra.ac.id/index.php/JKG

Djogo, H. M. A., Betan, Y., & Dion, Y. (2021). Hubungan Pekerjaan Ibu Dan Praktik Asi Ekslusif Dengan Kejadian Stunting Pada Balita Di Kabupaten Timor Tengah Selatan. *Jurnal Kesehatan*, *8*(2), 89–97. https://doi.org/10.35913/jk.v8i2.200

Fuada, N. (2017). Nutrition Status Of Children Under 23 Months In Indonesia. *Jurnal Litbang Provinsi Jawa Tengah*, *15*(1), 51–64. https://ejournal.jatengprov.go.id/index.php/jurnaljateng/article/view/402

GAIN. (2018). *Modul III Pengenalan Metode Emo-Demo*. https://www.emodemo.org/public/docs/training-material/5df987b793d1303e53d11ee5f23ee9c96d1179aaf4ada.pdf

Hapsari, W., & Ichsan, B. (2021). Hubungan Pendapatan Keluarga, Pengetahuan Ibu Tentang Gizi, Tinggi Badan Orang Tua , Dan Tingkat Pendidikan Ayah Dengan Kejadian Stunting Pada Anak Umur 12-59 Bulan. *URECOL University Research Colloqium 2021*, 119–127. https://repository.urecol.org/index.php/proceeding/article/view/1312

Haryono, S. G., Maulida, N. R., & Ashari, C. R. (2023). Pengaruh Emo-Demo terhadap Pengetahuan dan Sikap Ibu serta Keragaman Makan Balita di Desa Langensari, Banten. *Jurnal Gizi Dan Pangan Soedirman*, *7*(2), 164. https://doi.org/10.20884/1.jgipas.2023.7.2.8933

Ilmanisak, R., Pudjirahaju, A., & Aswin, A. A. (2017). Edukasi MP ASI, Sikap Ibu dan Tingkat Konsumsi Energi Protein Baduta Stunting Usia 7 sampai 24 Bulan. *Jurnal Pendidikan Kesehatan*, *6*(1), 16. https://doi.org/10.31290/jpk.v(6)i(1)y(2017).page:16-26

International Bank for Reconstruction and Development. (2021). *Moving Forward : How Indonesia's Districts Reduce Stunting*. https://stunting.go.id/wp-content/uploads/2022/05/Moving-Forward-How-Indonesias-Districts-Reduce-Stunting-EN.pdf

Kemenkes RI. (2023). *Materi Hasil Survei Status Gizi Indonesia (SSGI) 2022*. Diakses Pada Tanggal 26 Desember 2023. https://ayosehat.kemkes.go.id/materi-hasil-survei-status-gizi-indonesia-ssgi-2022

Kementerian Kesehatan Republik Indonesia. (2021). *Buku Saku Hasil Studi Status Gizi Indonesia (SSGI) Tingkat Nasional, Provinsi, Kabupaten/Kota Tahun 2021*. https://repository.badankebijakan.kemkes.go.id/id/eprint/4899/

Kementerian Kesehatan RI. (2013). Angka Kecukupan Gizi 2013. *Kementerian Kesehatan*, *2013*, 2–4. https://www.scribd.com/doc/263873105/Angka-Kecukupan-Gizi-2013

Peraturan Menteri Kesehatan Republik Indonesia Nomor 28 Tahun 2019 Tentang Angka Kecukupan Gizi yang Dianjurkan untuk Masyarakat Indonesia, No 28 1 (2019). https://stunting.go.id/wp-content/uploads/2021/02/Permenkes-No-28-Tahun-2019-Angka-Kecukupan-Gizi-yang-Dianjurkan.pdf

Kementerian Kesehatan RI. (2024). *"Survei Status Gizi Indonesia (SSGI) 2024 dalam Angka* (Vol. 17). https://www.badankebijakan.kemkes.go.id/survei-status-gizi-indonesia-ssgi-2024/

Kirana Ayu Palupi, Irawan, A. M. A., Yusuf, A. M., Rahmawati, L. A., & Umami, Z. (2024). The Influence of Emo Demo on Mother's Knowledge and Attitudes in Providing Infant Feeding. *Journal of Health and Nutrition Research*, *3*(2), 121–127. https://doi.org/10.56303/jhnresearch.v3i2.259

Kistiana, S., Fajarningtiyas, D. N., & Lukman, S. (2023). Differentials in Reproductive Health Knowledge among Adolescents in Indonesia. *Media Kesehatan Masyarakat Indonesia*, *19*(1), 19–29. https://doi.org/10.30597/mkmi.v19i1.23641

Kusumaningtyas, D. E., Soesanto, S., & Deliana, S. M. (2017). Pola Pemberian Makanan Terhadap Status Gizi Usia 12-24 Bulan pada Ibu Bekerja. *Public Health Perspective Journal*, *2*(89), 155–167. https://journal.unnes.ac.id/nju/index.php/phpj/article/view/13586

Kusumawati, D. E., Sari, D. R., Candriasih, P., Nurjaya, Ansar, Bahja, Hafid, F., & Faisal, E. (2022). Pola Makan Anak Baduta Stunting Usia 6-23 Bulan di Wilayah Kerja Puskesmas Sangurara Kota Palu. *Svasta Harena: Jurnal Ilmiah Gizi*, *2*(2), 36–43. https://doi.org/10.33860/shjig.v2i2.900

Maherawati, M., Suswati, D., Dolorosa, E., Hartanti, L., & Fadly, D. (2023). Sosialisasi Gizi Telur Sebagai Protein Hewani Murah Untuk Pencegahan Stunting. *JMM (Jurnal Masyarakat Mandiri)*, *7*(4), 3312. https://doi.org/10.31764/jmm.v7i4.15823

Mahmudiono, T., Mamun, A. Al, Nindya, T. S., Andrias, D. R., Megatsari, H., & Rosenkranz, R. R. (2018). The Effectiveness of Nutrition Education for Overweight/Obese Mother with Stunted Children (NEO-MOM) in Reducing the Double Burden of Malnutrition. *Nutrients*, *10*(12), 1910. https://doi.org/10.3390/nu10121910

Maynarti, S. (2021). Hubungan Pendidikan, Pekerjaan Ibu dan Riwayat Pemberian ASI Dengan Kejadian Stunting Pada Anak Sekolah Dasar The Relationship Between Education, Maternal Occupation, History Of Breastfeeding, And Stunting Events Of Elementary School Students. *Jurnal Kesehatan Saelmakers Perdana*, *4*(1), 71–78. https://www.semanticscholar.org/paper/Hubungan-Pendidikan%2C-Pekerjaan-Ibu-dan-Riwayat-ASI-Maynarti/9a15f837452f3318e08029ab2b39c41cae4ea867

Mulqiah, Z., Santi, E., & Lestari, D. R. (2017). Pola Asuh Orang Tua Dengan Perkembangan Bahasa Anak Prasekolah (Usia 3-6 Tahun). *Dunia Keperawatan*, *5*(1), 61. https://doi.org/10.20527/dk.v5i1.3643

Ningtiyas, F. W., Itsnanisa A, D., Yuniarti, R., Yumna, A., Wakhida, N., Novi, H., Widowati, N., Debriani, A., Masyarakat, J. K., Masyarakat, K., & Jember, U. (2022). Edukasi Pentingnya Pemantauan Status Gizi Anak Melalui Metode Emotional Demonstration (Emo-demo). *Journal of Community Enggagement and Empowerment Edukasi Pentingnya*, *4*(2), 81–90. https://www.wiyata.iik.ac.id/index.php/JCEE/article/view/676

Nopitasari, L. (2022). *Efektivitas Metode Edukasi Emotional Demonstration Penurunan Kota Bengkulu Disusun Oleh : Liza Nopitasari Kementerian Kesehatan Republik Indonesia Politeknik Promosi Kesehatanprogram Sarjana Terapan Tahun 2022*. https://repository.poltekkesbengkulu.ac.id/2428/

Nurvitriana, N. C., & Andarwulan, S. (2021). The Effect of the Emotional Demonstration Method of Mealing Schedule on the Knowledge of Mothers to Children in Posyandu V Mulyorejo Surabaya. *Basic and Applied Nursing Research Journal*, *2*(1), 17–21. https://doi.org/10.11594/banrj.02.01.04

Pane, P. Y., Anaria, A., & Eveline, A. S. (2022). Perbedaan Status Gizi pada Balita Sebelum dan Sesudah Pandemi Covid-19. *Jurnal Penelitian Perawat Profesional*, *4*(1), 7–16. https://jurnal.globalhealthsciencegroup.com/index.php/JPPP/article/view/699

Ria, H. P., Suyatno, & Aruben, R. (2015). Faktor-Faktor Yang Berhubungan Dengan Berat-Kurang (Underweight) Pada Balita Di Perkotaan Dan Perdesaan Indonesia Berdasarkan Data Riskesdas Tahun 2013. *Jurnal Kesehatan Masyarakat*, *3*(2), 127–137. https://ejournal3.undip.ac.id/index.php/jkm/article/view/11878

Strategi Nasional Percepatan Stunting Periode 2018-2024, 95 (2018). https://www.scribd.com/document/679074910/Stranas-Percepatan-Pencegahan-Stunting-Periode-2018-2024

Septiani, B. D. S., & Ardiansyah, L. D. S. (2022). Nutrition Class Intervention Through Emotional Demonstration Approach to Underweight Toddler Nutritional Status During the

Covid_19 Pandemic in West Lombok Regency. *Amerta Nutrition*, *6*(1SP), 283–290. https://doi.org/10.20473/amnt.v6i1SP.2022.283-290

Septiawati, D., Indriani, Y., & Zuraida, R. (2021). Tingkat Konsumsi Energi dan Protein dengan Status Gizi Balita. *Jurnal Ilmiah Kesehatan Sandi Husada*, *10*(2), 598–604. https://doi.org/10.35816/jiskh.v10i2.660

Sugianti, E., & Devianti Putri, B. (2022). Pengaruh Intervensi Gizi Sensitif terhadap Kejadian Stunting pada Balita Usia 6-24 Bulan selama Pandemi Covid-19. *Amerta Nutrition*, *6*(1SP), 184–193. https://doi.org/10.20473/amnt.v6i1SP.2022.184-193

Susanti, R., Indriati, G., & Utomo, W. (2014). Hubungan Pengetahuan Ibu Tentang Gizi dengan Status Gizi Anaka Usia 1-3 Tahun. *Jurnal Online Mahasiswa Program Studi Ilmu Keperawatan Universitas Riau*, *1*(2), 1–7. https://media.neliti.com/media/publications/187452-ID-hubungan-pengetahuan-ibu-tentang-gizi-de.pdf

Tati Nuryati, Handayani, H., & Elyin Artha Karlina. (2023). Edukasi MP-ASI Cegah Stunting Dengan Metode Emo-Demo Cemilan Sembarangan Di Posyandu Balita. *J-ABDI: Jurnal Pengabdian Kepada Masyarakat*, *2*(10), 6779–6790. https://doi.org/10.53625/jabdi.v2i10.5217

Triana, V., Utami, M. W., Adiratna, P., Iskandar, N., Ismira, A., Febria, T., Febriani, V., Putri, A. A., Alhamda, N., & Febrina, A. (2023). Gerakan Pencegahan Stunting melalui Peningkatan Pengetahuan Ibu dengan Metode Emotional Demonstration di Wilayah Kerja Puskesmas Mungo. *Jurnal Abdimas Kesehatan (JAK)*, *5*(2), 276. https://doi.org/10.36565/jak.v5i2.505

United Nations Development Programme. (2016). *Transitioning from the MDGs to the SDGs*. UNDP World Bank Group. https://www.undp.org/publications/transitioning-mdgs-sdgs

Zakiyyah, M., Natalia, M. S., & Ekasari, T. (2020). Pengaruh Emo Demo Terhadap Pemberian Menu MP ASI Pada BADUTA. *Oksitosin : Jurnal Ilmiah Kebidanan*, *7*(1), 42–47. https://doi.org/10.35316/oksitosin.v7i1.536