

EMO DEMO EDUCATION ON IMPROVING MATERNAL KNOWLEDGE

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ABSTRACT

Introduction: Breast milk is food that is first given to babies after birth, given naturally by the mother through the process of breastfeeding. Breast milk has many nutritional contents such as minerals and vitamins that will be needed by newborns. The WHO says that, every year, 800,000 children's lives can be saved with breast milk. In East Java Province the exclusive breastfeeding in 2018 was 77.51%, whereas in the city of Surabaya, the achievement of exclusive breastfeeding in 2018 only reached 71.62%. At the location of the study of 85 mothers with the baby, only 3 people provided exclusive breastfeeding. Supplementary breastfeeding before six months of age is one of the reasons for the low coverage of exclusive breastfeeding in Indonesia. The emo demo is a health education that uses an interactive demonstration to add insight and knowledge. The purpose of this paper is to determine the differences in maternal knowledge in the pre-test and post-test about exclusive breastfeeding and the provision of MP-ASI. **Methods:** This study uses quantitative research with the One Group Experiment Pre-Test Post-Test approach. This research was conducted in the working area of the Sawah Pulo Puskesmas, precisely at Baduta mothers in the RW IX area of Kelurahan Ujung with a population of 85 people and a total sample of 20 people. **Conclusion:** The sampling technique in this study is random sampling. The average knowledge of mothers about Exclusive ASI and MP-ASI has increased after being given education according to the Wilcoxon test results

Keywords: Knowledge, ASI, MP-ASI, Emo Demo

INTRODUCTION

Breast milk is the first food given to a baby after birth, given naturally by the mother by breastfeeding the baby. Breast milk has much nutritional content such as minerals, vitamins, and other substances needed by newborns. Given that the baby's digestive devices are still not working, breast milk is the best choice for newborn food. Breast milk is given exclusively to infants ranging from newborns to even infants aged six months without being given any other additional food, then continued from the age of six months until the age of two years by providing additional food as various breast milk complements according to the age of the infant and toddler. According to WHO, providing breast milk is the best way to provide nutrition for babies (Oktora, 2013;

Safitri, 2014; Ulfah, 2014; Iswati et al., 2019).

Exclusive Breastfeeding arrangements are contained in Government Regulation no. 33 of 2012 on Exculcication of Mother's Milk Regulation Article 2 which aims to "ensure the fulfillment of the right of the baby to obtain exclusive breast milk from birth up to the age of six months taking into account growth and development, providing protecting the mother in providing exclusive breast milk to the baby and increasing the role and support of the family, communities, local governments, and governments against exclusive breastfeeding" (PP No.33/2009, 2012).

In addition to exclusive breastfeeding, breastfeeding assistance also needs to be considered. Breast milk complementary food or commonly called MP-ASI is food given to

Cite this as: Larissa, U., & Rachmayanti, R.D. (2022). Emo Demo Education on Improving Maternal Knowledge. The Indonesian Journal of Public Health, 17(3), 451-461. <https://doi.org/10.20473/ijph.v17i3.2022.451-461>

©2022 IJPH. Open access under CC BY NC-SA. License doi: 10.20473/ijph.v17i3.2022.451-461 Received 21 March 2020, received in revised form 29 August 2020, Accepted 31 August 2020, Published online: December 2022. Publisher by Universitas Airlangga

infants ranging in age from more than six months to the age of two. The purpose of MP-ASI is to provide additional nutrients other than breast milk to children in fulfilling the nutrition for growth. This is related to the baby's digestive process and the size of the baby's stomach which begins to increase as it grows and develops (Lestari, Lubis and Pertiwi, 2014).

In Regulation of the Minister of Health of the Republic of Indonesia No. 25 of 2014 concerning children's health efforts Article 21 concerning the health services of infants, toddlers, and preschoolers that "to improve the survival and quality of life of infants, toddlers and preschool one of them through the provision of breastfeeding companion food from the age of six months to the age of two" (Menteri Kesehatan, 2014).

The WHO says that every year, some 800,000 children's lives can be saved by breast milk. In the results of the 2017 survey, exclusive breastfeeding decreased but breastfeeding and food fluctuated. The achievement of exclusive breastfeeding alone only reached 68.74% in Indonesia in 2018. In East Java Province exclusive breast milk in 2018 amounted to 77.51%. Meanwhile, in Surabaya, the achievement of exclusive breastfeeding in 2018 only reached 71.62%. For breast milk complementary food, East Java Province only reached 46.6% for the proportion of food variety for infants aged 6-23 months. At the location of Ujung Village, Semampir Sub-District, Surabaya of 85 Baduta mothers who have children, there are three people giving exclusive breast milk and the rest provide breast milk plus formula milk and other foods such as bananas and rice team (Riskasdas, 2018; East Java Province Health Office, 2019).

Breast milk has many benefits for babies as well as mothers, including immunity for babies, protecting babies from gastrointestinal infections, providing complete nutrition, protecting against

indigestion, and can lower infant mortality rates. The benefits for the mother herself are as a natural contraceptive to delay pregnancy, reduce the risk of developing cancer, and help the process of smoothing the milk.

The effect that of not giving breast milk exclusively to the baby can cause growth and developmental disorders for the baby due to unmet nutritional needs, susceptible to infectious diseases due to immune system without breast milk, the possibility of stunting, or malnutrition in the child. Most mothers provide additional food to meet the needs of babies less than six months old or replace it with formula milk, in fact providing complementary food or formula milk to infants less than six months old also adversely impacts the baby. Indonesia has a practice of administering MP-ASI before the age of six months, which can have an impact on the health of babies such as diarrhea, airway infections, and allergies (Fitriana et al., 2016).

Child (cited in Iswati, 2019), explains the additional feeding before the age of even six months is one of the causes of low exclusive breast milk coverage in Indonesia. These causes are also supported by other causes, namely low maternal knowledge, the influence of the family environment as well as the social environment, the promotion in the mass media about formula milk, as well as the demands of work for working mothers (Iswati et al., 2019).

The problem that occurs at the research site is there are still mothers who provide additional food to the child before the right age even some who gives formula milk to a child who is not even one year old. Most of the mothers who provide extra food too early because many mothers work, tradition and culture in the residential and family environment, and the influence of the environment that makes the mother prestige to breast milk her child.

An emo demo is one of the interactive educations usually used to add insight and

knowledge of emo demo participants. The emo demo uses a kind of game between individuals, groups, or communities by developing communication to achieve the ultimate goal of positive behavior change that participants are expected to be able to change behavior in exclusive breastfeeding and breast milk complementary food according to the age of the child.

The methods used are intended to achieve changes in public behavior, especially in the field of health. Emotional Demonstrasi (Emo Demo) was first developed by the Global Alliance for Improved Nutrition (GAIN) with Behavior Centered Design (BCD) theory. BCD was founded by the London School of Hygiene and Tropical Medicine. BCD was developed on the principle that behavior can be transformed into a new behavior as a form of positive response resulting from challenging, surprising or interesting things. As well as a form of change as a way to ensure an intervention in changing behavior (Amareta and Ardianto, 2017).

Mothers who have babies in the area of RW IX Ujung Village have never received an education like this emo demo, and the problem found in the area is that there are still mothers who do not breast milk exclusively to their children and many mothers who give MP-ASI prematurely. To solve the problem faced by the mother, providing education through this emo demo model is one of the ways that can be used to improve the mother's insight and knowledge about exclusive breast milk and MP-ASI properly.

Based on the above description, breastfeeding is not exclusive and the provision of MP-ASI at a not appropriate age is still a problem in RW IX Kelurahan Ujung. This is the basis for the author to conduct an emo demo program to mothers to improve their knowledge. The purpose of this writing is to find out the difference in maternal knowledge in the pre-test and post-test about

exclusive breast milk and MP-ASI administration.

METHODS

This research uses quantitative research with the One Group Experiment Pre-Test Post-Test approach. This research was used to determine the difference in the treatment of experimental activities in a homogeneous group. This research was conducted in the working area of Puskesmas Sawah Pulo, precisely Ibu Baduta, in the area of RW IX Ujung Village with the number of maternal population that has clowns as many as 85 people and a sample number of 20 people.

The sampling technique is purposive sampling by taking random awareness in the group. Members of the group are mothers who have toddlers accounting for five people from four Posyandus. The study was conducted in January 2020. The mother was given emo demo intervention on Exclusive Breast Milk and MP-ASI using a questionnaire instrument. Before the emo demo, participants were given pre-tests on Exclusive Breast Milk and MP-ASI.

The method used uses props and cards regarding breast milk and MP-ASI. The game is divided into four groups according to each Posyandu mother. The time given by each group is 10 minutes, each mother fills in the age column adjusted to the image of the shape of the food by hanging a card on the props and this will be assessed. After the emo demo, an explanation of the results of the game is given, then done again post-test after emo demo and explanation.

Analysis data using the Wilcoxon Test compared two observations derived from one sample presented in table and narrative form with $\alpha=0.05$. (The data have passed the ethics test with certificate number 1796-KEPK).

RESULT**Table 1.** Respondents' Characteristics

Characteristics	N	%
Age		
19-25	8	40%
26 – 35	8	40%
>35	4	20%
Education Level		
No School	1	5%
SD	10	50%
SMP	6	30%
SMA	3	15%
Job		
IRT	20	100%

As many as 20 participants, most participants were in a productive age range of 80%. The average participant has an elementary school education of 50%, the rest are middle school, high school, and some are not in school. All participants were housewives.

Table 2. Pre-Test and Post-test Results of Breast Milk

	Pre Test		Post Test	
	n	%	n	%
Less	15	75%	0	0%
Enough	5	5%	4	20%
Good	0	0%	16	80%
Total	20	100%	20	100%

The results showed that among Baduta mothers who knew exclusive breast milk by category before being educated, 75% had less knowledge and 25% enough knowledge. Meanwhile, the results of the study of mother's knowledge about breast milk exclusively after being given education

were 80% good knowledge and 20% enough knowledge.

Table 3. MP-ASI Pre-Test and Post-Test Results

	Pre Test		Post Test	
	n	%	n	%
Less	16	80%	0	0%
Enough	4	20%	8	40%
Good	0	0%	12	60%
Total	20	100%	20	100%

The results of the study targeted Baduta mothers who knew MP-ASI just before being educated with 80% less knowledge and 20% enough knowledge. And the results of research in Ibu Baduta showed MP-ASI right after being given education as 60% good knowledge and 40% know enough.

Table 4. Average Knowledge

Average	Pre-Test	Post-Test
ASI	1.25	2.80
MP-ASI	1.20	2.60

The results showed that the average value of the mother's knowledge of exclusive breast milk before getting an education was 1.25 and after getting an education 2.80 with an average difference of 1.55, which means there is a change in mother's level of knowledge about exclusive breast milk after the emo demo. The average maternal knowledge score about MP-ASI before getting was 1.20 and after getting an education of 2.60 with an average difference of 1.40, which means there is a change in the level of maternal knowledge about MP-ASI in age.

Table 6. Test Statistics

	Score Post-Test MP-ASI - Score Pre-Test MP-ASI	Score Post-Test MP-ASI- Score Pre-Test MP-ASI
Z	-3.963 ^b	-4.053 ^b
Sig. (2-Tailed)	.000	.000

Statistical test results for Exclusive Breast Milk have significance values (p=0.000) and MP-ASI has a significance value (p=0.000) smaller than $\alpha=0.05$. The results of the test showed the initial Hypothesis or H0 was rejected, which means there is a difference in the level of maternal knowledge before the emo demo with the knowledge of the mother after the emo demo.

DISCUSSION
Respondents' Characteristics

Of the 20 participants who participated in the emo demo, 10 participants had a level of elementary school education, six junior high school students, three high school students, and one person did not go to school. Ariningsih (cited in Ana and Fitria, 2019) mentions the supporting factors of exclusive breastfeeding and breastfeeding assistance, one of which is the low level of maternal education that makes the level of maternal knowledge to be limited as well as a culture that has traditionally become a habit that assumes breastfeeding alone is not enough for the child. So the call to provide breast milk exclusively for six months became difficult to implement as expected (Ana and Fitria, 2019).

Nababan and Widyaningsih (2018) explained that the education of respondents is one of the many factors that support in providing breast milk complementary food. They think that, if the mother has a low level of education, then they will have a low level

of understanding and absorption of information as well. This is also mentioned in a study conducted by Atik (2010 cited in Nababan and Widyaningsih, 2018), also explaining that the higher the level of education of respondents, the less likely it is to provide breast milk complementary food early. Education is one way in which a person receives knowledge and understands, especially about the growth and development of babies (Nababan and Widyaningsih, 2018). In the study conducted by researchers many of the respondents had a level of elementary school education, which can be assumed that the mother's knowledge and insights about exclusive breastfeeding and breastfeeding are still low, but it could be that the knowledge and insight of the mother is high but the awareness is low.

Based on previous research on the relationship of working mothers with exclusive breastfeeding the biggest reason mothers do not breastfeed exclusively to their child is because of the limited time to breastfeed directly to their child, thus triggering the provision of additional food other than breast milk to the child before the age of six months. But, based on the above research data, all mothers who take emo demo activities of their work are housewives, so it cannot be relevant to the mother's work with exclusive breastfeeding because the mother who should be at home alone has more time and can directly feed breast milk her child at any time.

Based on the information provided by Posyandu cadres at the research site, the mothers have a hereditary habit of providing food other than breast milk and MP-ASI early, such as giving water or bananas and perceptions of mothers who feel the child is not full (Oktora, 2013).

Exclusive ASI

According to the WHO (2006), breast milk is exclusively food that is only accepted

by the baby from its mother by breastfeeding without being given additional food in both liquid and solid form. The WHO also argues that the administration of syrups containing vitamins, minerals, or medicines should still be given to children. While, according to the Ministry of Health (2003), babies only get breast milk without being given food and other drinks from birth until the age of six months except for medicine and vitamins.

UNICEF also mentioned that giving breast milk exclusively to children provides a survival chance of the first six months from birth 14 times greater than that of children who are not given exclusive breast milk. Some studies have proven that breastfeeding has a link to higher brain intelligence in children who get exclusive breast milk. What's more when the child gets physical closeness, skin to skin touch, and eye contact with the mother, it helps the bond between the mother and the baby (WHO, no date; Dwi sunar prasetyono, 2017; Dian, 2018).

Fikawati said the thing that affects the unsuccessful breastfeeding exclusively is the mother's inability to initialize early breastfeeding (IMD). The success of this IMD is in the helper of childbirth; if the mother is facilitated by the maternity helper to do IMD, then the mother will feel able and believe they can give breast milk to her child so that there is no need to provide additional food to her child because with breast milk alone the child already feels enough for the first six months.

Roesli (cited in Anggorowati, 2013) stated that the reason mothers do not give exclusive breast milk is working mothers. Prabasiwi (2015) said the reason the mother does not give exclusive breast milk to her child is the perception from the mother that giving breast milk alone is not enough for her child so that the mother gives additional food to the child at the age of six months.

Studies conducted in Karawang Regency, Tanjung Priok sub-district, and Cilandak sub-district show that the failure of

exclusive breastfeeding comes from breastfeeding mothers who fail to gain weight while pregnant so as not to have fat reserves and cause the mother to stop breastfeeding for six months (Thermometer, 2010; Anggorowati, 2013; Prabasiwi, Fikawati and Syafiq, 2015).

Notoatmodjo (2003) revealed that other factors that cause the mother not to give exclusive breast milk to her child are less information about the overall information ranging from the nutritional content, benefits, and advantages of breast milk, as well as the mother's ignorance of how to survive in giving breast milk for six months without being given additional food. Research conducted by Prabasiwi, Fikawati and Syafiq (2015) mentions variable knowledge is one of many factors that are very important to determine advanced attitudes in exclusive breastfeeding

As found in the known field problems, of mothers who do not breast milk exclusively most mothers do not work, only work side by side, i.e. trading in front of the house, have less maternal knowledge, the influence of the family environment and neighboring environment, community service advertisements about formula milk, and the culture that exists in the residence by giving bananas or sugar water to the child.

The emo demo method is one way to educate participants about knowledge by using interactive and interesting educational methods for participants. To add to the mother's knowledge, as already explained, about the cause of not being given exclusive breast milk, an emo demo can be done to add insight and knowledge of mothers in Ujung village.

Notoatmodjo (2012 cited in Iswati, 2019) used methods with imaginative emo demo education aimed at achieving behavioral change in society, especially in the field of health. This success is determined by the selection of methods that correspond to the characteristics of the community as well

as factors that will be influenced for the results of the education provided. The emo demo method is not only to improve the mother's knowledge of exclusive breast milk but also change the mother's attitude in giving breast milk to her child even though the mother works.

But for behavioral changes, it requires individual awareness itself. Research on exclusive breastfeeding by working mothers conducted by Sihombing states that the work done by mothers outside the home triggers not to feed breast milk exclusively to their child. Research conducted by Wulansari et al. with the same method proved effective in improving the knowledge of respondents before and after education. Research also conducted by Waroh et al. also succeeded in improving knowledge and improving exclusive breast milk coverage (Sihombing, 2018; Buana, 2020; Wulansari, 2020).

Wilcoxon test results showing post-test scores on Exclusive Breast Milk are greater than pre-test scores on Exclusive Breast Milk with a significance score ($p=0.000$) smaller than $\alpha=0.05$ which means that there are differences in maternal knowledge levels before and after education about exclusive breast milk. This research shows that the average increase in mothers' knowledge of exclusive breast milk is significant because most mothers have been counseled about exclusive breast milk by cadres and health workers during Posyandu activities.

The successful implementation of the emo demo method on Exclusive Breast Milk was also successfully conducted in research by Iswati (2019), showing there was an increase in knowledge before and after being given education on lactation management with this emo demo method. In research by Astuti (2017), statistical test results show there is a difference in cadre knowledge between before and after being given emo demo training on lactation management

(Astuti, 2017; Dewi Mamonto, Syam and Indriasari, 2019; Iswati et al., 2019).

Similar research conducted by Amareta, compared respondents' knowledge before and after the activity using the emo demo method on the effectiveness of improving CTPS practice, which showed the difference after being given intervention on handwashing using soap means successfully improving the respondent's knowledge.

MP-ASI

Age six months is the time when the baby needs more energy and nutrition than breast milk. Breast milk complementary food is needed by children in the age of growth starting from six months old. At this age, the baby is developmentally also preparing to receive other foods. Good food is a food that meets the needs of calories and energy such as protein, iron, zinc, calcium, vitamin A, vitamin C, and folate while keeping in account the cleanliness and safety of the food, quality, and quantity for the child's stomach (Nunik, 2017).

The problem with breastfeeding is that the mother feels that the child is hungry when the child starts to fuss and this makes the mother anxious, the thing that causes problems feeding the complementary food in addition to the anxious mother is to feed before breast milk comes out, colostrum is not given to the baby, MP-breastfeeding too fast in the child at the age of less than six months or late (more than 24 months), breast milk complementary foods do not meet nutritional needs, inappropriate MP-ASI frequency, and incorrect nutritional fulfillment in families (Buku, 2013).

The influential factors in giving MP-ASI too quickly can be caused by the mother's ignorance of breast milk or MP-ASI, the condition of the mother's breasts that are not good, such as blistered nipples, swollen breasts, or flat nipples, can also be caused by less family support to the mother to give

exclusive breast milk to the child, the influence of rampant formula milk advertising everywhere, and health workers who are less keen in providing education on the importance of exclusive breastmilk (Juliatin, 2015).

Nutrisiani (cited in Ana and Fitria, 2019) also explained that administering MP-ASI too quickly can interfere with the digestive mechanism process in infants, resulting in such as diarrhea. Riskesdas data in 2008 also explained that premature breast milk complementary feeding meant babies were more affected by diarrhea, constipation, cough, colds, and heat than babies who received exclusive breast milk without being given other additional foods (Ana and Fitria, 2019).

Notoatmodjo (cited in Artini et al., 2018) found further knowledge after conducting activities against an object or news. The knowledge can be from the eyes and ears through the media or hearing and seeing in person. Research conducted by Artini et al. (2018) found high or low knowledge does not guarantee that a mother will provide early complementary food or not, and explained that among mothers who have a history of high school education level, most of them still provide breast milk complementary food prematurely to the child. Artini et al. (2018) also mentioned mothers with high knowledge they tend to provide breast milk companion food before time because the mother factor pays more attention to appearance. Another opinion on the knowledge of early breast milk companion feeding, Notoatmodjo (cited in Ana and Fitria, 2019) mentions that the higher one's knowledge then one will be more sensitive to health problems for themselves and also the family. So the higher the knowledge of the mother, the less chance to provide breast milk complementary food too early. One's knowledge will affect one's mindset and attitude and ultimately affect behavior change (Ana and Fitria, 2019).

Age-appropriate feeding of breast milk is influenced by knowledge, habits, and culture in the area. Heryanto explained that factors that support mothers to provide breast milk complementary food too quickly in addition to knowledge are also influenced by next of kin, such as husband/parent.

Similar research was also conducted by Septiani, who found the reason mothers prematurely gave complementary food was due to a long standing. Research by Lestari et al. mentioned that the effect that will occur if giving breast milk complementary food before the age of six months will influence the nutritional status of the child. It is also mentioned that children who are given MP-ASI at the right age have better nutritional status compared to children who have MP-breast milk from birth.

Research conducted by Rahmawati on feeding breast milk complements too early shows that 59.4% of mothers already have experience in giving MP-ASI to children before and according to the results of the test mothers have a good knowledge of MP-ASI. According to Mufida et al.'s research, knowledge of MP-ASI is very important because its role is not as a substitute for breast milk but in addition to supplementing breastfeeding. Therefore, knowledge is needed for providing age-appropriate breast milk complementary food.

Previous research on factors that influence breastfeeding too early shows one such is low maternal knowledge. Research conducted by Kursani found low maternal knowledge is potentially four times greater to provide breast milk complementary food too quickly than mothers who have high knowledge (Lestari, Lubis and Pertiwi, 2014; Rahmawati, 2014; Septiani, 2014; Heryanto, 2017).

Notoatmodjo (2012 cited in Iswati, 2019) explains using methods with imaginative emo demo education aimed at achieving behavioral changes in the community, especially in the field of health

This success is determined by the selection of methods that correspond to the characteristics of the community as well as factors that will be influenced for the results of the education given.

Wilcoxon test results showing post-test scores on MP-ASI is greater than the pre-test score of MP-ASI with a significance score ($p=0.000$) smaller than $\alpha=0.05$, which means that there is a difference in the level of knowledge of the mother before and after being educated about MP-ASI.

In research on breast milk complementary foods, the average increase in maternal knowledge is not very significant, there are still only 40% of mothers who only know enough about feeding breast milk complementary food appropriately. However, previous research conducted by Zakkiyah, Natalia and Ekasari (2020) found the emo demo method on feeding breast milk companions in Baduta mothers managed to increase knowledge significantly.

In addition to providing health information, the emo demo method also shakes the psychology of respondents so that respondents will be encouraged to make behavioral changes in positive ways. Curiosity, as well as a sense of wanting to get good benefits helps to encourage to perform and change behaviors that they previously were not willing to do. The emo demo method was conducted as an intervention using the Behavioral Centered Design approach.

This approach seeks to approach psychology as an innovation to change individual behavior. Combining knowledge with the creativity of the game makes this method interesting in conveying information so that it is easy to understand and convey messages well and easily to the target.

Behavioral Centered Design theory states that to intervene in changing a person's behavior, the key step to doing so lies in the delivery stage that researchers implement in the form of activities involving direct contact with individuals, which can be through an

expert or party or game media that can provide a new atmosphere for the individual so that the knowledge is well-received (Amareta and Ardianto, 2017).

CONCLUSION

There are many opinions in providing exclusive breast milk and breast milk complementary foods. Knowledge is not the only factor in the cause of the incident. In some studies, the causes of not providing exclusive breast milk and feeding of breast milk are not appropriate age including maternal knowledge, family environment, family economy, and cultural factors. In this study, researchers focused on maternal knowledge, because the fact in the field is that the mother's knowledge of breastfeeding is exclusively lacking, there are still many mothers who assume that exclusive breast milk not only providing breast milk but also additional foods such as sugar water, water or even some that give bananas.

The emo demo is one of many interactive educational methods that can be given and used to add insight and knowledge to participants with the hope that impact in the long term can change the behavior of participants after education. In the results of the Wilcoxon test, the results of the post-test score on Exclusive Breast Milk are greater than the pre-test score of Exclusive Breast Milk with a significance value ($p=0.000$) smaller than $\alpha=0.05$, which means that there is a difference in the level of knowledge of the mother before and after being educated about exclusive breast milk. The average level of maternal knowledge about exclusive breast milk has increased. And the post-test score results on MP-ASI are greater than the pre-test score of MP-ASI with a significance score ($p=0.000$) smaller than $\alpha=0.05$, which means that there is a difference in the level of knowledge of the mother before and after being educated about MP-ASI. The average mother's knowledge of MP-ASI also

increased before and after education. The researcher's advice for future researchers to do emo demo is not only to test the mother's knowledge but also to teach and educate through practice so as not only to know the increase in knowledge but also the skills and other variables associated with this study.

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