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Impact of Emo Demo on Maternal Knowledge and Attitudes Towards Infant Feeding

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ABSTRACT

Children under two years old are a critical period in child development, characterized by rapid growth and development. One nutritional issue, stunting, can arise from inappropriate feeding practices and leads to impaired brain development, intelligence, physical growth, and metabolic function. To address this, we implemented Emotional Demonstration education on baby and child feeding schedules for young mothers. This study aimed to analyze the impact of Emotional Demonstration education on mothers' knowledge and attitudes regarding toddler feeding practices at Dahlia Posyandu, Pabuaran Village, Bogor Regency. A Pre-Experimental One Group Pre-Test Post-Test design was employed involving 32 young women from the Bojonggede Community Health Center. Data were collected through pre-test and post-test questionnaires, analyzed using the Wilcoxon test. Results indicate a significant improvement in mothers' knowledge following Emotional Demonstration education. However, no significant change was observed in their attitudes. In conclusion, Emotional Demonstration education effectively enhances maternal knowledge about baby and child feeding schedules but does not influence their attitudes.

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Key Messages:

- Emotional Demonstration education significantly improves mothers' knowledge about baby and child feeding schedules. This indicates that providing practical demonstrations on proper feeding practices can effectively educate mothers and empower them to make informed decisions about their children's nutrition.
- While Emotional Demonstration education enhances knowledge, it does not significantly influence mothers' attitudes toward feeding practices. This suggests that changing attitudes may require additional interventions beyond knowledge-based education, such as addressing cultural beliefs, social norms, or personal experiences that may influence feeding behaviors.

Introduction

Children under two years old (Under Two Years Old) are in their early childhood, a period known as the golden age in a child's life. The golden age ranges from 0 to 6 years old. During this time, physical, motor, intellectual, emotional, language, and social development occur rapidly, and this development only happens once in a person's lifetime (1). This period is critical for children as they require appropriate stimuli for their growth and development (2). Nutrition is one of the essential needs in the process of infant and child growth, preventing diseases due to malnutrition, serving as a source of building substances, and regulating the body (3).

The problem of stunting in children can occur due to inappropriate feeding patterns. Feeding patterns provide an overview of nutritional intake, including the type, quantity, and meal schedule to meet nutritional needs (4). One study mentioned that children with improper feeding patterns have a 7.6 times higher risk of being underweight compared to children with proper feeding patterns (5). Another study also shows that if the feeding pattern is not well achieved, the child's growth will be

disrupted, leading to malnutrition (6).

Based on the results of the 2022 Indonesian Nutrition Status Survey (SSGI) in West Java Province, the percentage of stunted toddlers according to height-for-age is 20.2% (7). In the 2022 SSGI, Bogor Regency shows a percentage of stunted toddlers according to height-for-age is 18.7% (7). Data from the Bojonggede Health Center in the technical implementation unit of Bogor Regency in February 2022 showed 122 stunted toddlers with a prevalence of 21.5% (8). Many mothers are still unaware of the importance of feeding patterns for child growth and development to prevent stunting in West Java Province, particularly in Bojonggede Health Center, Pabuaran Sub-district. Data from the Bogor Regency Health Office, especially in Bojonggede Health Center, Pabuaran Sub-district, shows a percentage of stunted toddlers of 2.6%, which is high compared to other villages in Bojonggede Health Center (9).

Infants and children who do not have a good meal schedule or feeding pattern are impacted by stunting, which in the short term can disrupt brain development, intelligence, physical growth, and body metabolism. In the long term, stunting causes non-communicable disease risks, poor health, cognitive issues, and educational achievements in children. The high risk of stunting includes disabilities in old age, the emergence of diseases, and death (4). Infectious diseases are a direct cause of stunting. Common diseases in children such as worms, Upper Respiratory Tract Infections (URTI), diarrhea, and other infections are closely related to immunization, environmental quality, and healthy behavior (10).

One effort to improve feeding patterns or schedules for infants and children is to provide education to mothers, especially mothers with children aged 0-5 years. There are various types of nutrition education such as lectures, counseling, discussions, demonstrations, role-playing, simulations, animated videos, storybooks, and more. In the demonstration method, one of the media used is the Emotional Demonstration (Emo-Demo) Baby and Child Feeding Schedule media. Emotional Demonstration (Emo-Demo) is an interactive health education medium that uses emotional efforts to drive changes in knowledge, attitudes, and behavior for the better (11,12). One study showed an increase in knowledge and attitudes of mothers of under-two children about exclusive breastfeeding and child meal portions through Emo-Demo education (13).

Children under two years old, known as the golden age, experience rapid development requiring appropriate nutrition to prevent stunting, which affects cognitive and physical growth. Inappropriate feeding patterns significantly increase the risk of stunting. In West Java, 20.2% of toddlers are stunted. This study aims to evaluate the impact of Emo Demo education on mothers' knowledge and attitudes towards infant feeding at Posyandu Dahlia, Bogor District.

Methods

This study uses a Pre-Experimental One Group Pre-Test Post-Test design. The research is conducted at Posyandu Dahlia, Pabuaran Sub-district, Bogor Regency, for eight months, from September 2023 to April 2024. In this study, respondents are selected based on criteria determined by the researchers. The selection criteria are divided into inclusion and exclusion criteria. The population of this study is mothers of children under two years old (baduta) who are registered at Posyandu Dahlia, actively participate in Posyandu immunization activities, and are willing to participate in the study. The exclusion criteria are mothers who are not present during the study and those not active in Posyandu immunization activities. Respondent characteristics data include social, economic, and nutritional status of mothers of children under two years old, obtained through a provided questionnaire. Data collection is carried out at two different times. Respondents are selected using purposive sampling. The sample size is determined using the Cross-Sectional formula with a known population. Based on the calculations, 32 respondents are needed for this study.

The preparation for data collection includes recording the number of respondents willing to participate in the study and obtaining permissions. Before data collection, researchers obtain permission from Posyandu Dahlia, Pabuaran Sub-district, to collect data in the area. Data collection before and after the intervention on the knowledge and attitude variables is done on the same day after the intervention is provided. Data collection is assisted by three students from the Nutrition Study Program at Al-Azhar University Indonesia as enumerators, who have been trained on the questionnaire used and how to fill it out. Respondent identity data collection is assisted by enumerators to complete weight and height measurements. Children's weight is measured using a baby scale, and body length is measured using a measuring tape. For respondents, weight is measured using a digital scale, and height is measured using a microtoise. The questionnaire is then given to respondents to complete the pre-test and post-test sections. Before filling out the questionnaire, the researchers and team explain the data collection process and its purpose to the respondents. After completing the pre-test, an intervention using the Emo Demo Baby and Child Feeding Schedule is conducted, followed by the post-test.

Data processing in this study is done using the Statistical Package for Social Sciences (SPSS)

version 24.0. The data is analyzed descriptively and inferentially. Secondary data in this study includes the population number of mothers of children under two years old at Posyandu Dahlia, Pabuaran Sub-district, supported by primary data from questionnaires and measurements. Data normality is tested using the Kolmogorov-Smirnov test. The impact of Emo Demo education on knowledge and attitude is analyzed using the Wilcoxon test. Questionnaire questions are in the form of Multiple-Choice Questions (MCQ) for knowledge and attitude statements on a Likert scale.

Ethical Clearance

Chair of the Health Research Ethics Committee, Faculty of Health Sciences, Syarif Hidayatullah State Islamic University Jakarta with number: Un.01/F.10/KP.01.1/KE.SP/02.08.004/2024

Results

In the conducted research, this analysis aims to determine the frequency distribution of various respondent characteristics, including mother's age, child's age, occupation, education, income, mother's nutritional status, and child's nutritional status. The following is an overview of the social, economic, and nutritional status characteristics of the respondents.

Table 1 shows the majority of respondents in this study are within the age range of 20-35 years (68.8%). Most respondents have a high school education, accounting for 53.1% (17). The majority of mothers of children under two years old in this study are housewives, accounting for 96.9%. Most respondents have a monthly family income in the range of 1,000,000 – 3,500,000, amounting to 40.6%. Furthermore, the majority of mothers have a normal nutritional status, accounting for 43.8%. The average age of the respondents' children is within the range of 2 – 22 months. Lastly, the majority of children have a normal nutritional status, accounting for 71.9%.

Table 1. Respondent Characteristics

Characteristic	n	%
Mother Age (Years)		
<20	1	3,1
20-35	22	68,8
>35	9	28,1
Education		
No Svhooling	1	3,1
Elementary School Graduate	5	15,6
Junior High School Graduate	8	25
High School Graduate	17	53,1
College Graduate	1	3,1
Pekerjaan		
Housewife	31	96,9
Employee	1	3,1
Family Income		
<1.000.000	11	34,4
1.000.000 – 3.500.000	13	40,6
>3.500.000	8	25
Mother's Nutritional Status		
Severely Underweight	1	3,1
Midly Underweight	4	12,5
Normal	14	43,8
Midly Overweight	5	15,6
Severely Overweight	8	25
Child's Nutritional Status		
Severely Stunted	7	21,9
Stunted	2	6,3
Normal	23	71,9
Total	32	100

Based on the results in Table 2, it is known that the respondents' knowledge level was in the moderate category at 53.1% before the education and improved to the good category at 65.6% after

receiving Emo Demo education. The majority of respondents had a positive attitude category at 100% before the education and 96.9% after receiving Emo Demo education.

Table 2. Overview of Mother's Knowledge Before and After Emo Demo Education

Mothers's Knowledege	Before		After	
	n	%	n	%
Good	14	43,8	21	65,6
Moderate	17	53,1	11	34,4
Poor	1	3,1	0	0
Mother's Attitude				
Positive	32	100	31	96,9
Negative	0	0	1	3,1
Total	32	100	32	100

Based on Table 3, the Wilcoxon test resulted in a p-value of <0.05, indicating that there is an effect of Emo Demo education on mothers' knowledge levels. The median for knowledge level before Emo Demo education was 80, and after Emo Demo education, it increased to 90. The Wilcoxon test resulted in a p-value of >0.05, indicating that there is no effect of Emo Demo education on mothers' attitude levels. The table also shows a decrease from 92.5 before education to 72.5 after education.

Table 3. Analysis of Differences in Knowledge Before and After Emo Demo Education

Variable	Before Education	After Education	*P value
	Median (min-max)	Median (min-max)	
Knowledge of Infant Feeding	80 (50 – 100)	90 (70 – 100)	0,000
Attitude towards Infant Feeding	92,5 (70 – 97,5)	72,5 (60 – 92,5)	0,231

*Wilcoxon test is significant at p < 0.05

Discussion

Mothers aged 20-35 years are considered within the healthy reproductive age group for having children, where they typically have good physical condition, problem-solving abilities, and greater mental maturity in managing pregnancy, childbirth, postpartum, and future child care (14,15). During this age range, mothers are also more inclined to practice exclusive breastfeeding compared to those younger than 20 or older than 35 (15). Educational level significantly influences how individuals receive information (16). The information received equips mothers to nurture their children effectively, thereby preventing stunting. According to a study, non-working mothers have more available time, allowing for longer interactions with their children, especially in food provision (11).

Income indirectly affects food choice both in terms of quality and quantity. Low family income restricts access to food, influencing family nutritional status by limiting food variety and quantity, particularly in protein, vitamin, and mineral sources (16). Mothers with adequate nutritional status accumulate nutritious food reserves in their bodies to meet breastfeeding demands and are more likely to introduce complementary feeding after 6 months (17). Previous research conducted at Puskesmas Umbulharjo 1 Yogyakarta showed that mothers with good nutritional status are motivated to practice exclusive breastfeeding and have increased confidence in doing so (18). This study is based on PMK Table No. 2 of 2020 concerning Child Anthropometric Standards PB/U 0-24 months. Nutritional status based on PB/U in infants is an indicator of stunting, providing a specific, sensitive depiction of proportional growth concerning height and age (19). Research conducted in Aceh indicates that a child's nutritional status is closely linked to maternal caregiving practices (20).

Mother's Knowledge in Feeding Infants

The findings of this study align with research conducted at STIKes Pertamedika, where mothers' knowledge levels were categorized as good (21). Similar studies also indicate that mothers' knowledge improved to a good category after education (22). Mothers' knowledge significantly influences early introduction of complementary feeding (MP-ASI). This is because mothers apply their knowledge in establishing healthy eating patterns for their children and selecting nutritious food and beverages daily (22,23).

Mother's Attitude in Feeding Infants

In terms of attitude categories, the results show that mothers are sufficiently aware of the importance of feeding children from the age of 6 months onwards (24). This study is consistent with research at Al-Azhar University Indonesia, where the majority of respondents exhibited a positive attitude towards feeding their children (25). Positive or supportive maternal attitudes increase the likelihood of better nutritional practices (23).

Impact of Emo Demo Education on Mother's Knowledge of Infant Feeding

Efforts to reduce the prevalence of stunting in this study involve providing education on correct Baby and Child Feeding Schedules, starting from breastfeeding, appropriate introduction of complementary feeding (MP-ASI) in terms of quantity and texture, and optimal meal timings for children. The results of this study are consistent with previous research indicating an improvement in mothers' knowledge through Emo Demo education (26). Mothers' knowledge about nutrition can be influenced by their education and family income. Mothers with good knowledge can affect the feeding patterns they provide to their children. The higher the education level of parents, the more aligned their knowledge and experience in childcare, including feeding practices. Previous research indicates that mothers with lower educational levels may gradually accept new knowledge (22). In this study, the majority of mothers had completed high school (SMA), yet the increase in maternal knowledge shows that mothers can gradually accept new knowledge about proper infant feeding practices.

Family income levels can influence dietary patterns and food choices in terms of quality and quantity (27). Low income restricts access to food, often prioritizing price over nutritional content. According to a survey conducted with respondents, food prices in Kelurahan Pabuaran are still relatively affordable. However, most respondents still struggle to meet balanced nutritional needs due to their low family income, especially with a large family size. The age range of respondents from 20 to 35 years represents a mature age for mothers, making it easier for them to comprehend and apply knowledge [30]. Both working and non-working mothers have access to the same information, but non-working mothers have more time to care for their children compared to working mothers (11).

Before the intervention, the majority of respondents in this study had not been exposed to information regarding breastfeeding and complementary feeding (MP-ASI), including the types, textures, quantities, and proper feeding frequencies according to the child's age. Mothers only knew that MP-ASI is food given to children while continuing breastfeeding, but were unaware of the specifics such as the types, textures, quantities, and feeding frequencies suitable for the child's age. The Emo Demo method involves demonstrations, discussions, and presentations designed to be enjoyable, engaging, and relaxed, making it easier for mothers to understand and apply the information in their daily lives (28). The results of this study are consistent with research conducted in Arjasa Village, Jember, where Emo Demo activities generated enthusiasm among respondents and led to an increase in maternal knowledge. Similar studies also show significant changes in mothers' knowledge levels after receiving Emo Demo education (25).

Impact of Emo Demo Education on Mother's Attitudes Toward Infant Feeding

Based on research conducted at PoltekKes Kemenkes Bengkulu, a p-value of 0.041 indicates that Emo Demo education significantly influences mothers' attitudes (26). This contrasts with the results shown in Table 5, which indicate that Emo Demo education did not affect mothers' attitudes toward infant feeding. There are biases in this study that may have influenced the results, such as an environment that was not conducive as respondents brought their children along. Some mothers were not responsive and considered their daily feeding practices to be correct. Additionally, some mothers cheated and chatted, making it difficult for them to pay attention to the messages conveyed. A small percentage of respondents still believe that it is not necessary to consume a balanced diet consisting of rice, side dishes, vegetables, and fruits. This could be due to limited family economic conditions (23).

In this study, respondents were educated on the quantity, texture, frequency, and timing of proper feeding for children. However, respondents still hesitate to implement this knowledge in their daily lives. One recommendation from the Ministry of Health in providing proper child feeding patterns is to continue breastfeeding until the child reaches 2 years of age (29). Most respondents no longer breastfeed their children after the child has received exclusive breastfeeding for 6 months. Reasons include pregnancy, discomfort during breastfeeding, and some mothers never breastfed their children from birth because breast milk did not come out. This is supported by previous research stating that some mothers have negative attitudes toward infant feeding, especially exclusive breastfeeding and breastfeeding up to 2 years of age (23). This indicates that mothers still lack adequate breastfeeding

practices for their children. In their daily lives, mothers still provide snacks 1 hour before main meals. Some mothers explain that their children do not like some main foods, resulting in inadequate portions and nutritional variety. While most mothers are aware of the appropriate variations and portions of MP-ASI, these guidelines are not consistently followed.

Decrease in median indicates that mothers' decision-making attitudes in choosing the type, texture, quantity, frequency, and timing of feeding are still not optimal. Previous research indicates that attitudes are closely related to knowledge, where good knowledge leads to positive attitudes toward feeding children (22). However, this study shows that respondents' knowledge does not align with their attitudes. Research conducted in Langensari Village, Banten, using a post-test conducted a week after Emo Demo education, found that long-term memory was formed, and the information provided was better retained (22). This contrasts with the current study, where the post-test on attitudes was conducted on the same day after education, possibly contributing to mothers still having inadequate attitudes toward feeding their children.

Conclusion

This study demonstrates that Emo Demo education significantly improves maternal knowledge about infant feeding but does not significantly alter attitudes. These findings suggest that while Emo Demo is effective for knowledge enhancement, additional strategies may be required to influence attitudes. Future research should explore long-term effects and additional factors influencing maternal attitudes towards infant feeding.

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Conflicts of Interest: The authors declare no conflict of interest.

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