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The effect of education using the emo-demo method on parents' knowledge and skills in preventing stunting

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ABSTRACT

Stunting is a severe nutritional health problem in Indonesia, caused by an inadequate diet that interferes with a child's nutritional intake, resulting in significant impairment of growth and development. In Mangliawan Village, the prevalence of stunting is 3.8%, with 33 under-fives affected. Efforts to address this problem require effective interventions, one of which is through education aimed at parents. This study aims to analyze the effect of education using the emo-demo method on increasing parents' knowledge and skills in preventing stunting. The emo-demo method was chosen because of its participatory and interactive approach, making the material presented easier to remember and apply to participants. This study used a quantitative pre-experimental approach with a One Group Pretest Posttest design, involving 44 respondents selected by purposive sampling in Mangliawan Village during the period March-April 2024. Data were collected through a questionnaire consisting of 10 knowledge questions and 10 skill questions, then analyzed using the Wilcoxon Signed Rank Test. The statistical analysis showed a significant increase in parents' knowledge and skills after the education. The knowledge score improved with a Z value = -5.126 and P = 0.000, while the skill score also enhanced with a Z value = -5.400 and P = 0.000. These results show that the P value is <0.05, indicating a significant difference before and after the intervention. This finding confirms that the emo-demo education method effectively increases parents' understanding and ability to prevent stunting and is more impactful than other conventional education methods. This study is expected to be an effective alternative in public health education programs, especially in stunting prevention at the community level.

1. Introduction

Stunting remains one of the severe nutritional health problems in Indonesia. It is a chronic nutritional issue caused by prolonged insufficient dietary intake, often due to consuming food that does not meet necessary nutritional needs. This problem begins during pregnancy and usually becomes significantly identifiable when the child ages two [1]. According to the World Health Organization (WHO) data on the prevalence of stunting in children under five from 2019, the Southeast Asian region has the second highest stunting prevalence rate in the world after Africa, with a rate of 31.9%. Indonesia ranks sixth in Southeast Asia, following Bhutan, Timor Leste, Maldives, Bangladesh, and India, with a stunting prevalence of 36.4% [2].

Based on RISKESDAS 2018 data, the stunting rate in Indonesia reached 30.8%, down from 37.2% in RISKESDAS 2013. Even so, this figure is still high compared to the stunting prevalence limit set by WHO. According to the Ministry of Health, the results of the Indonesia Nutrition Status Survey (SSGI) presented at the 2023 BKKBN National Working Meeting showed that the prevalence of stunting in Indonesia dropped to 21.6% in 2022 from 24.4% in 2021. Based on the Indonesia Nutrition Status Survey (SSGI), it was recorded that the percentage of short toddlers in Malang Regency decreased from 25.7% in 2021 to 23% in 2022. However, this figure still does not meet the stunting reduction target set in Indonesia, which is 14%. The Health Center is located in a sub-district area consisting of 15 villages. According to the August 2023 weigh-in month results, the number of stunted toddlers (concise and short based on TB/U indicators) is 260 (2.9%). According to stunting prevalence data in the Health Center work area, Mangliawan Village has the highest number of stunting cases, with 33 cases, representing 3.8% [3].

Based on the results of Nutritional Status Monitoring (PSG) over the last three years, among other nutritional problems such as thinness, obesity, and undernourishment, children with short stature have the highest percentage. Stunting harms children, as the short-term effects include impaired brain growth, decreased intelligence, stunted physical development, and metabolic disorders. In the long term, stunting can lead to decreased cognitive abilities, reduced learning efficiency, a weakened immune system, an increased risk of being overweight (obesity), susceptibility to non-communicable diseases, and other degenerative diseases such as diabetes, cardiovascular diseases, cancer, stroke, and disability, as well as decreased productivity in adulthood [4].

A mother's knowledge about nutrition significantly impacts the nutritional status of toddlers. As many as 48.2% of toddlers were born to mothers with a low understanding of nutrition. This low understanding of stunting prevention increases the risk of stunting by up to 3.27 times compared to mothers with good knowledge. Therefore, it is essential to provide special education for mothers of children under five years old [5]. One of the steps to prevent stunting is changing health behaviors through nutrition education. Nutrition education for parents, especially mothers, is very important because mothers play a vital role in meeting children's nutritional needs. Mothers need to have sufficient knowledge and skills to fulfill their children's dietary requirements. Parents must be able to shape their children's diets, create a pleasant eating environment, and serve attractive foods to meet their children's nutritional needs [6].

One of the methods in health education is the emo-demo technique. This participatory technique aims to convey the message simply and engagingly, which can touch the emotions so that the message is easier to remember. Therefore, this strategy has great potential as an educational medium. The results of previous research stated that the EMO demo was more effective than other educational methods. [7] However, its influence in improving parental knowledge and skills in stunting prevention is not yet known and understood. This study aims to analyze the Influence of Education Using the Emo-Demo Method on Parents' Knowledge and Skills in Stunting Prevention.

2. Method

This quantitative study uses pre-experimental research and the One Group Pre-test and Post-test Design research design. The design of this study was carried out to test whether there were changes before and after the implementation of the intervention on the respondents. The research location was conducted in Mangliawan Village, Puskesmas Working Area, Malang Regency, and the research period was from March to April 2024. The population of the study was parents in Mangliawan Village who had toddlers, which was around 1200 people, and the sample taken was parents in

Mangliawan Village, Malang Regency, who had toddlers 0-24 months, a total of 44 respondents, selected using the purposive sampling technique.

The educational variables using the emo-demo method were measured using a nominal data scale, while the knowledge and skills variables were measured by the ordinal data scale. Data is collected through questionnaires that have been verified for validity and reliability. This questionnaire consists of ten knowledge questions and ten skill questions related to the portion of infant and child food to prevent stunting. Meanwhile, the research material was taken from the emotional demonstration module of module 9 with media in the form of dinner plates, picture guessing cards, and question cards tested on media experts and declared suitable for use. The pre-test and post-test are provided in a span of two days.

The analysis methods in this study include univariate analysis to explain the characteristics of each research variable and bivariate analysis to assess the relationship between variables. Bivariate analysis was carried out by testing the normality of the data using the Shapiro-Wilk test. The results showed that the significance value for maternal knowledge was pretest (0.010) and post-test (0.003) data, while the significance value of maternal skills showed pretest (0.007) and post-test (0.042) values. This indicates that the data was <0.05, so the data was not distributed normally. Therefore, the bivariate analysis uses the Wilcoxon Signed Rank Test with a P value of < 0.05.

3. Results and Discussion

3.1. Results

This section presents data in the form of respondent characteristics, namely about the age of the mother of the toddler, the level of education of the mother of the toddler, the occupation of the mother of the toddler, the age of the toddler, and the gender of the toddler. The data can be shown in Tabwl 1 below.

Table 1. Frequency distribution of respondent characteristics

Characteristic		Frequency (F)	Percentage (%)
Age of mothers of toddlers	20-30 Years	26	59.1
	31-40 Years	15	34.1
	>40 Years	3	6.8
Education of mothers under five	Elementary school	4	9.1
	Junior high school	7	15.9
	Senior high school	27	61.4
	Diploma	2	4.5
	Bachelor	4	9.1
Toddler mother's job	Housewives	40	90.9
	Private employees	4	9.1
Toddler age	0-12 months	26	59.1
	13-24 months	18	40.9
Gender of toddlers	Boy	21	47.7
	Girl	23	52.3

Based on the data displayed in the table above, which includes various characteristics of respondents, it can be seen that most respondents are in the range of 20-30 years, with a significant percentage of 59.1%. Meanwhile, the age range of respondents was the least, under 40 years old, with only 6.8% of the total respondents involved in the study. Furthermore, based on the last level of education, most respondents were at the senior high school level as many as 61.4 with the lowest level of education of the respondents being elementary school as much as 9.1% and the highest education of the S1/D4 respondents as much as 9.1%. In addition, many mothers under five are housewives at 90.9% and work as private employees at 9.1%.

Based on the data presented, it is known that the frequency of age characteristics of toddlers with the highest age range is 0-12 months at 59.1%. The frequency of the highest gender of toddlers was 52.3% for girls and 47.7% for boys After obtaining data on the characteristics of the respondents, an analysis of the frequency distribution of knowledge and skills before and after the respondents was carried out with the categories of good, sufficient and poor.

Table 2. Analyze the level of knowledge and skills of respondents before being educated using emo-demo

Variable		Frequency (F)	Percent (%)
Knowledge	Less	8	18.2
	Enough	29	65.9
Skills	Enough	21	47.7
	Good	23	52.3

Referring to the analysis of the data in the table above, the knowledge variable shows the category of mother's knowledge before being given education, namely the category of lack of 18.2%, the category of sufficient as much as 65.9%, and the category of sound as much as 15.9%. Meanwhile, the skill category shows that the category is fair at 47.7% and good at 52.3%.

Table 3. Analysis of respondents' level of knowledge and skills after being given using emo-demos

Variable		Frequency (F)	Percent (%)
Knowledge	Enough	19	43.2
	Good	25	56.8
Skills	Enough	4	9.1
	Good	40	90.9

Referring to the analysis of the data in the table above shows that the knowledge of mothers after being given education using emo-demo is 43.2% quite knowledgeable, and 56.8% are knowledgeable, while the mother's skills increase after being provided education, which is 9.1% enough and 90.9% good.

After the frequency distribution analysis of the knowledge and skills of mothers under five before and after education was carried out, a bivariate analysis was carried out using the Wilcoxon Sign rank test because of the results of the data normality test with the test Shapiro-wilk Explain that the data is not distributed normally. Therefore, the ordinal data scale is used to test the Wilcoxon Sign rank test. It aims to analyze the influence of education using the emo-demo method on parents' knowledge and skills in stunting prevention. The following are the results of data processing of pretest-post-test data on the knowledge and skills of mothers under five:

Table 4. Wilcoxon signs rating test results for comparison of knowledge levels of pretest and post-test respondents

Knowledge	N	Min	Max	Mean	Std. Deviation	P value
Pretest	44	4	9	6.52	1.19	0.000
Postest	44	6	10	7.80	1.17	

Data analysis using the Wilcoxon Signed Rank Test showed that the average knowledge score of mothers under five increased from 6.52 (SD = 1.19) in the pretest to 7.80 (SD = 1.17) in the posttest. The decrease in standard deviation indicates a more uniform distribution of values after the intervention. The p-value shows = 0.000 < 0.05, which means that the smaller the p-value, the higher the significance level. then it is concluded that "Ha is accepted."

Table 5. wilcoxon signs ranking test results for comparison of pretest and posttest respondents' skill levels

Skills	N	Min	Max	Mean	Std. Deviation	P value
Pretest	44	33	46	37.80	2.86	0.000
Postest	44	36	46	40.43	2.65	

Analysis using the Wilcoxon Signed Rank Test showed that the average skill score of mothers under five increased from 37.80 (SD = 2.86) in the pretest to 40.43 (SD = 2.65) in the posttest, indicating a decrease in standard deviation indicating a more uniform distribution of scores after the intervention. The p-value shows = 0.000 < 0.05, which means that the smaller the p-value, the higher the significance level. then it is concluded that "Ha is accepted". According to these results, the influence of education using the emo-demo method on parents' knowledge and skills in stunting prevention is found.

3.2. Discussion

Parents' knowledge and skills before providing education related to stunting prevention with the emo-demo method

Based on the results of the study with *the Wilcoxon Signed Rank Test*, it was found that the majority of respondents, before being given education using emo-demo techniques, the majority of mothers under five had sufficient knowledge, while most of their thinking skills were adequate, with a small number of good. Referring to the theory expressed by Notoatmodjo, some variables affect the knowledge of respondents, including education level, mass media/information, socio-cultural and economic aspects, environment, experience, and age. Notoatmodjo also stated that a higher level of education makes it easier for a person to receive information better [8]. While skill is the application of knowledge, a person's skill level is related to his level of knowledge. Some factors affect skills, namely the level of education, experience, and age [9].

The data on the characteristics of the respondents shows that most of the respondents are at the senior high school level. Still, some only have primary education, and those are highly educated. Parents' increasing level of education, as well as their knowledge and experience in serving food, especially related to how to provide the right food. The right quality of food is due to the mother's level of education and proper understanding of feeding the child [10].

Based on the pretest data, the results also showed that most of the respondents in this study were between 20 - 30 years old, and a person's psychological condition as they age can affect their level of maturity in assuming and working. This is closely related to the knowledge and experience gained throughout his life [11]. Age plays a role in a person's cognitive abilities and mindset. A person's cognitive skills and mindset tend to increase with age, so it also has an impact on increasing the knowledge obtained [12].

According to the research results, most mothers work as housewives. This is in line with previous research in which the majority of mothers do not work or are housewives, which causes much time to be utilized to give maximum attention to meeting the needs of their children [11]. In addition, referring to Picauly's research in Prakoso Bd emphasized that working mothers have a higher risk of their children experiencing stunting than non-working mothers. The stunting rate increased by 3,623 in working mothers because the intensity of parenting time given by biological mothers to their children is less because part of the day is spent working [7]. However, this is inversely proportional to previous studies showing that mothers who do not work tend to have stunted children, while working mothers have children who are not stunted [13].

According to the researchers, the lack of information about how to feed infants and children, along with the influence of cultural practices or beliefs, can contribute to respondents' low level of

knowledge and skills in caring for children. For example, some respondents believe that feeding children whenever they want to eat or simply ensuring they are full is sufficient, without considering the texture, nutrients, and portions that toddlers should receive [14] .

Knowledge and skills of parents after providing education related to stunting prevention with the emo-demo method

Following instruction employing the emo-demo approach, the study findings indicated a notable enhancement in knowledge and skills. Significant growth was observed in the proportion of women with high knowledge, as well as in their cognitive processing capacity. The emo-demo technique employs several cognitive elements to acquire knowledge, including emotions, olfactory perception, cognitive competence, and information processing. This methodology is executed by incorporating input from participants and employing props, demonstrations, and exercises [15].

Delivering education to the general population is highly efficient in enhancing public consciousness of impaired growth. Educational interventions employing the emo-demo approach can facilitate mothers' comprehension of the allocation of food portions for their children [16]. The emo-demo technique has the dual purpose of delivering visual and spoken health explanations and stimulating a person's emotions to modify their behavior. By integrating the artistry of the guide with scientific expertise, the emo-demo approach can improve the delivery of pertinent and precise health information [17]. Emo demo education related to exclusive breastfeeding has the potential to increase the knowledge, attitude, motivation, and success of pregnant women to provide exclusive breastfeeding. Emo educational demos can also encourage the knowledge and skills of health cadres to understand better and help pregnant women in sharing information and support in providing exclusive breastfeeding [15].

Researchers have shown that delivering education through visual and verbal emo-demo techniques can enhance understanding and facilitate the comprehension and application of material. The rise in scores can be attributed to the participatory nature of the emo-demo approach, which created an engaging and enjoyable environment, facilitating the participants' absorption and retention of knowledge. This problem suggests that this approach is effective not just in expanding knowledge but also in augmenting the cognitive performance of the respondents. In line with the research of Amareta and Ardianto, who stated that the emo-demo method, as one of the educational methods that can be applied to the community, has succeeded in encouraging changes in people’s knowledge [18]. The results of the research conducted by Andriana et al. show that activities using the emo-demo method can help posyandu cadres gain the knowledge and skills needed to carry out breastfeeding counseling effectively [17].

The influence of education using the emo-demo method on parents' knowledge and skills in stunting prevention efforts

Based on the average results of *the pre-test* and *post-test*, knowledge and skills were obtained, and there was a change in maternal knowledge and skills related to infant and child feeding as a stunting prevention measure. It also indicated a statistically significant improvement in the knowledge of mothers under five following instruction on stunting prevention utilizing emo-demo approaches. According to Suhartiningsih's study, there was a significant difference in maternal knowledge before and after receiving health education using a demonstration method on maternal skills in controlling dietary patterns associated with stunting in the Widodaren Health Center Working Area, Ngawi Regency. The correlation coefficient was less than 0.000 [19]. Previous research has also shown similar results, where education with emo-demos has successfully promoted changes in mothers’ knowledge about infant and child feeding [20].

Amareta and Nopitasari's theory, along with Liza et al., highlighted the effectiveness of emo-demo education strategies in increasing maternal knowledge about specific health topics. Specifically, counseling with emo-demos can significantly change respondents' knowledge [11].

The advantage of the emo-demo method is that people tend to believe what they see more efficiently than what they read. Additionally, this method allows for the direct use of props, which can increase engagement with the material. Emo-demos also create a pleasant environment for participants, in contrast to other conventional behavior change strategies [18]. These findings are supported by research by Prakoso, B.D. et al., showing that the emo-demo method is more effective in increasing knowledge than the ice-breaking method [7]. However, the weakness of the emo-demo method is the need for careful preparation related to teaching aids. Limited media materials can prevent some people from practicing directly, and the funds needed for creating tailored teaching aids are relatively large [18].

According to the researchers, the emo-demo approach in education significantly enhances the knowledge of mothers with children under five to communicate information about stunting prevention effectively. This approach incorporates the logical component of learning, utilizes emotions, and integrates all three senses, enhancing its efficacy in engaging the audience's auditory and mnemonic faculties. Prior research has demonstrated that the emo-demo approach has effectively improved the abilities of cadres to address issues related to stunting. Implementing this strategy has resulted in a rise in public consciousness regarding the significance of stunting prevention, as well as an enhancement in the ability to address stunting issues. Consideration should be given to this strategy in endeavors to mitigate stunting within the community [22].

In researching the influence of education using the emo-demo method on parents' knowledge and skills in stunting prevention, this study still has several limitations in its implementation. Namely, educational activities are not conducive because some toddlers walk in and out of the room, thus interfering with the concentration of mothers with children under five receiving education. The impact of this condition is the disruption of educational reception and a decrease in the effectiveness of academic programs.

4. Conclusion

The conclusion of the study related to the influence of education using the emo-demo method on parents' knowledge and skills in stunting prevention showed that before education, the average knowledge and skills were lower. In contrast, after being given an education, the average knowledge and skills improved. Based on the results of the Wilcoxon test, the pretest-post-test values related to the knowledge and skills of the respondents indicate that the alternative hypothesis was accepted. This proves that education with the emo-demo method effectively improves parents' knowledge and skills in stunting prevention. However, in terms of implementation, this research requires careful preparation, including media, teaching aids, and adequate funding. This research is expected to be an alternative method of health education for conveying information related to stunting.

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Conflict of Interest

The authors stated that there was no conflict of interest in this study.

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