

Emotional demonstration (EMO DEMO) to improve exclusive breastfeeding: literature review

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ABSTRACT

Background: Suboptimal breastfeeding practices cause 823,000 deaths in children under 5 years of age and 20,000 deaths in women due to breast cancer in the world every year. The Government's program to increase coverage of exclusive breastfeeding is contained in the 10 Steps Towards Successful Breastfeeding (LMKM) which states that health workers are required to provide exclusive breastfeeding education to mothers from the antenatal period. An Emo Demo is a way to convey nutritional messages with a behavior change communication strategy that uses Behavior Centered Design (BCD).

Objectives: This literature review aims to analyze the effect of exclusive breastfeeding education using the emotional demonstration method (EMO DEMO) on exclusive breastfeeding.

Methods: This research method is a literature review using PRISMA analysis with the PUBMED, Science Direct, Proquest, Springer, and Google Scholar databases from 2019-2023. The inclusion criteria in this Literature Review are using a period from 2019-2023. the type of article is original research. The exclusion criteria in this literature review are research subjects other than pregnant women, mothers who have children under 2 years old, and health cadres.

Results: Exclusive breastfeeding education using the emo demo method increases knowledge, attitudes, self-efficacy, and exclusive breastfeeding. Emotional demonstration training increases cadres' knowledge and skills in providing exclusive breastfeeding education.

Conclusions: Exclusive breastfeeding education innovations with emotional demonstration methods will help the government accelerate optimal breastfeeding practices to improve maternal and child health in Indonesia. It is hoped that health workers can apply the emo demo method in providing exclusive breastfeeding education.

KEYWORD: emotional demonstration (EMO DEMO); exclusive breastfeeding

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INTRODUCTION

One of the SDGs (Sustainable Development Goals) targets by 2030 is to end all forms of malnutrition, including by 2025 achieving the target of stunting and wasting in children under 5 years of age, meeting the nutritional needs of adolescent girls, pregnant and breastfeeding women, and the elderly. The prevalence of stunting worldwide based on WHO (World Health Organization) data in 2022 is 22.3% (1). One of the causes of stunting is the lack of exclusive breastfeeding (breast milk). Exclusive breastfeeding is included in efforts to fulfill nutrition in the first 1000 days of life(2). WHO recommends proper feeding of infants and young children (IYCF) including early initiation of breastfeeding immediately after birth for at least 1 hour, exclusive breastfeeding until the age of 6 months, providing complementary foods starting at the age of 6 months, and continuing breastfeeding until the age of 2 years(3). Internationally, the impact of sub-optimal breast-feeding practices is estimated at 823,000 deaths in children under 5 years of age and 20,000 deaths in women due to breast cancer every year (4). The percentage of exclusive breastfeeding for six months worldwide is 48%. Based on the 2021 Indonesian Health Profile report, the coverage of babies receiving exclusive breast milk in 2021 nationally is 56.9% (5). Several factors related to breastfeeding practices are intention to breastfeed, mother's age, mother's education, smoking status, economic status, knowledge about breastfeeding,

advice from health workers, problems faced when breastfeeding, and newborn baby's weight (6). Prasitwattana-seree stated that the low level of exclusive breastfeeding was caused by a lack of self-efficacy, knowledge, perception of insufficient breast milk, lack of support, working mothers, short duration of maternity leave, and stress at work (7).

The Republic of Indonesia Government Regulation Number 33 of 2012 states that to achieve optimal use of exclusive breastfeeding, health workers are required to provide exclusive breastfeeding information and education to mothers and families from the time of pregnancy check-up until the period of exclusive breastfeeding is completed(8). This is in line with the government's efforts to support exclusive breastfeeding through the 10 LMKM (ten steps to successful breastfeeding) program. Various methods of promoting exclusive breastfeeding including educational programs have been studied to support the trend of increasing the duration of exclusive breastfeeding. It is generally believed that by increasing maternal knowledge during antenatal care about exclusive breastfeeding, the rate and duration of exclusive breastfeeding will increase(9). Providing education to increase mothers' knowledge and skills in exclusive breastfeeding is usually carried out through conventional counseling and counseling using MCH books. This method is not optimal in increasing the knowledge and skills of mothers (10). This is in line with research in South Asia which shows that programs that

use repeated exposure for counseling and education on breastfeeding practices during pregnancy and postpartum are more effective in increasing breastfeeding rates. Short programs containing irregular exposure, inappropriate timing, and inadequate coverage of the target population did not affect breastfeeding (11,12). Interactive communication strategies are needed in education that involve mothers' thoughts, feelings, and emotions so that there is a change in health behavior. More intense face-to-face and interpersonal education will help mothers understand breastfeeding knowledge and techniques in depth. Nutrition education interventions using behavior change theory are developed and used in research for Health behavior change. This form of intervention is known as Emotional Demonstration (Emo Demo). Emo Demo is a method for conveying nutrition messages with a behavior change communication strategy that uses Behavior Centered Design (BCD). Emo Demo activities are active activities based on changing behavior in target community groups (pregnant women and breastfeeding mothers) developed by the Global Alliance for Improved Nutrition (GAIN). The Emo Demo method uses imaginative and provocative methods to achieve behavior change in the field of public health (13). Based on these data and descriptions, the background for researchers is to find out how the Exclusive Breastfeeding Emo Demo Education influences exclusive breastfeeding.

MATERIALS AND METHODS

The design of this article is a literature review concerning Preferred Reporting Items for Literature Review and Meta-Analyses (PRISMA). The author formulated PICO to look for Literature in the web portal.

Search Strategy

The article search uses electronic databases such as PROQUEST, Science Direct, Pubmed, Springer, and Google Scholar. Search for articles using predetermined keywords. Keywords in the search for evidence-based research in this Literature review are emotional demonstration, emo demo, and exclusive breastfeeding.

Eligibility

Literature review processes included inclusion and exclusion criteria. The inclusion criteria in this Literature Review are using a period from 2019-2023. the type of article is randomiza control trial (RCT), quasi-eksperimental and cohort study. The exclusion criteria in this literature review are research subjects other than pregnant women, mothers who have children under 2 years old, and health cadres.

Data Extraction

Data extraction includes checking for duplicate titles, the same title is eliminated from the article search process. The search continues by eliminating articles that have titles that are not relevant to the topic to be reviewed.

The selection is then followed by screening abstracts according to predetermined inclusion criteria and inappropriate articles will be eliminated from the search process. Furthermore, articles that have been filtered to this stage will be filtered again through full-text screening where articles that have met the inclusion criteria and there are no problems in terms of research methodology will be involved in the review process for further article assessment.

Quality appraisal

Articles that have been selected are then assessed to see the quality of the article. Assessment of article quality is carried out using the JBI method. It was found that the article is valid, important, and applicable. So it can be concluded that the article can be used as a reference in Literature reviews.

Data Synthesis

Article search sources use electronic databases such as PROQUEST, Science

Direct, Pubmed, Springer, and Google Scholar. Search for articles using predetermined keywords.

Keywords in the search for evidence-based research in this Literature review are “emotional demonstration”, “emo demo” and “exclusive breastfeeding”. Articles were obtained from electronic searches through a database of 575 articles. 188 articles were excluded for irrelevance and 3 articles were duplicated. Articles were screened for eligibility and obtained a total of 14 articles and those that did not match the inclusion criteria were 3 articles so the selected articles were 11 articles.

RESULTS AND DISCUSSION

RESULTS

Based on the results of a literature review of 11 articles with a total of 6,975 respondents, pregnant women and mothers who have children under 2 years old and 156 health cadres. The following are the results of the reviewed article.

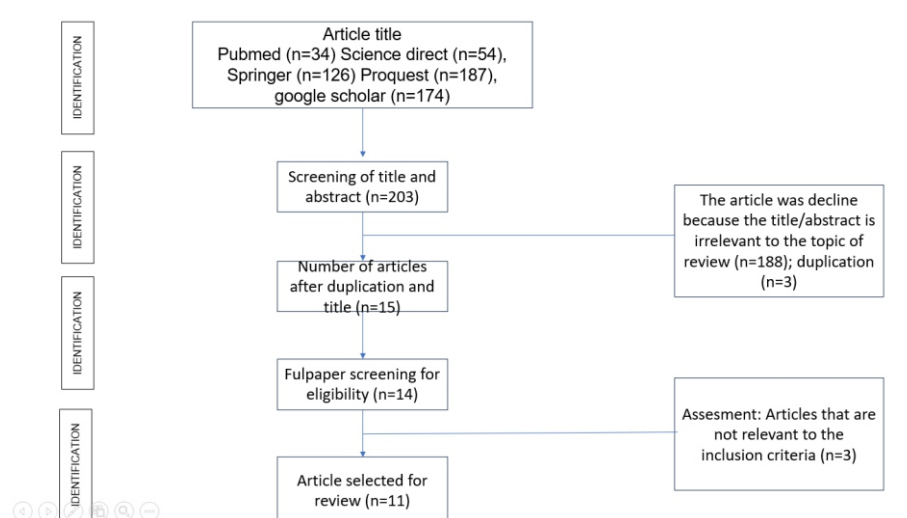


Figure 1. Article processing analysis

Table 1. Article analysis result

Year	Author	Aims	Population and sample	Method	Result
2019	Armini, <i>et al</i>	To determine the effect of education using the emo-demo method on the knowledge and attitudes of third-trimester pregnant women towards exclusive breastfeeding at the Denpasar City Health Center.	The study population was all pregnant women. The technique uses purposive sampling with a sample size of 40 respondents in both treatment groups using the emo-demo method and the control group using the conventional counseling method with Maternal and Child Health books	This research was a quasi-experimental research with a non-equivalent group design	Education using the emo-demo method can increase the knowledge and attitudes of third-trimester pregnant women regarding exclusive breastfeeding compared to education using conventional counseling according to MCH book standards.
2020	Supriyadi, <i>et al</i>	The purpose of this study was to determine the effectiveness of Emo-Demo exclusive breastfeeding to increase the knowledge and attitudes of mothers who do not exclusively breastfeed in the working area of the Cisadea Public Health Center.	The population in this study were 27 mothers who did not provide exclusive breastfeeding and were taken by purposive sampling technique. Mothers who do not provide exclusive breastfeeding are given an Emotional Demonstration (Emo Demo) intervention.	The study used a pre-experimental research with a one-group pre-post-test design.	Data from the Wilcoxon signed rank test on maternal knowledge obtained an Asymp Sig (2-tailed) value of 0.011 and maternal attitude of 0.000. The Emo-Demo method is effective in increasing the knowledge and attitude of mothers towards exclusive breastfeeding.
2020	Sinaga and Siahaan	The purpose of this study was to analyze the effectiveness of the emotional demonstration method as an effort to increase the implementation of early breastfeeding initiation and exclusive breastfeeding for breastfeeding mothers	The population was 45 pregnant women in the 3rd trimester of Tanjung Tengah and the entire population that met the inclusion and exclusion criteria were used as the study sample.	Method of quasi-experimental studies with pre-test and post-test approaches. The intervention group. Data collection through questionnaires	The results showed that there were differences in the mean knowledge of respondents about early initiation of breastfeeding and exclusive breastfeeding before and after the emo demo and $p < 0,00$. There is a relationship between knowledge of the initiation of early breastfeeding

		in Tanjung Tongah village, P.siantar.		and observation sheets. Data analysis used by t-test and chi-square.	and exclusive breast milk and exclusive breast milk.
2020	Nurmawati and Nurfadhilah	To find out the difference in mothers' attitudes about exclusive breastfeeding before and after being given emotional demonstration education	The respondents were pregnant women who visited the hospital and were divided into 2 sessions, each with 20 people.	This study used a one-group pretest and posttest study design.	there were differences in the attitudes of mothers before and after the intervention. This means that the Emo-Demo program has succeeded in changing the intentions and attitudes of mothers to give their babies exclusive breastfeeding.
2020	Fahmida <i>et al</i>	to evaluate the Baduta project's effectiveness on growth among children under 2 years of age in two districts (Sidoarjo and Malang Districts) in East Java.	We recruited 340 pregnant women per treatment group during the third trimester of pregnancy and followed up until 18 months postpartum.	Cohort study	there were no differences in breastfeeding practices between the intervention and comparison group
2020	Yuliana and Hakim	This study aims to determine the effect of the Emodemo Method of Breastfeeding Modules alone on the implementation of exclusive breastfeeding for 1-3 days.	The population is third-trimester pregnant women in the working area of the Kraksaan Health Center. The sampling technique used was purposive sampling.	This study used a quasi-experimental research design. The sample in this study consisted of 60 respondents	The analysis used was the chi-square statistical test with a significance level of 95% (alpha 0.05). The results of statistical tests using SPSS obtained p value of 0.000

2021	Titaley <i>et al</i>	We used information from 1210 mothers of children aged < 6 months recruited in the BADUTA study conducted in 2015–2016 in Malang and Sidoarjo Districts	s to assess the determinants of low breastfeeding self-efficacy amongst a sample of women with children aged under 6 months in Malang and Sidoarjo Districts, East Java, Indonesia.	We used information from 1210 mothers of children aged < 6 months recruited in the BADUTA study conducted in 2015–2016 in Malang and Sidoarjo Districts	Multiple exclusive breastfeeding education, breastfeeding counseling, and support are needed to increase self-efficacy in breastfeeding so that it will accelerate appropriate breastfeeding practices. Training cadres to provide necessary counseling regarding breastfeeding will help provide ongoing support to women.
2021	Titaley <i>et al</i>	This analysis examined the impact of a package of behavior change interventions on breastfeeding practices in Malang and Sidoarjo Districts, East Java Province, Indonesia.	We conducted household surveys in 12 subdistricts from Malang and Sidoarjo. We collected information from 5175 mothers of children aged 0–23 months: 2435 mothers at baseline	a cluster - randomized controlled trial	After 2 years of implementation of interventions, these research findings confirmed the benefits of integrated, multilayer behavior change interventions to promote breastfeeding practices.
2022	Larissa and Rachmayanti	to determine the differences in maternal knowledge in the pre-test and post-test about exclusive breastfeeding and the provision of MP-ASI	The population of this study is 85 people and a total sample of 20 people. The sampling technique in this study is random sampling.	This study uses quantitative research with the One Group Experiment Pre-Test and Post-Test approach.	The average knowledge of mothers about Exclusive ASI and MP-ASI has increased after being given education according to the Wilcoxon test results
2022	Andriana, <i>et al</i>	The purpose of the study was to determine the effect of Emo-Demo training on the knowledge	Total sampling technique. The sample in this study consisted of 30 respondents	This research method is quasi-experimental with	There are differences in the knowledge of cadres about breastfeeding only before and after training, the value of

		posyandu cadres about breastfeeding in Sungai Kumango Village, Tambusai District.		a pretest-posttest design,	p = 0.000 (0.05) and there are differences in the skills of cadres in providing counseling about breastfeeding only before and after training, the value of p = 0.000 (0.05)
2023	Hanifah, <i>et al</i>	This evaluation aimed to assess the effectiveness of the Emotional Demonstration program for cadres in Bantul Regency using Easy Evaluation.	Data were collected from 126 cadres who participated in the Emotional Demonstration program.	Descriptive analysis approach	The Emotional Demonstration program was effectively done, feasible to be continued, and applied to all cadres in Bantul. However, the implementation of Emotional Demonstration needs to emphasize communication skills.

DISCUSSION

Emotional Demonstration

Emo demo (Emotional demonstration) is a way of delivering education using an interactive and interesting method. Emo demo is a participatory activity guide that aims to convey simple messages in a fun and emotionally engaging way. The emo demo method uses a behavioral-centered design approach where the psychological approach is an innovation to change individual behavior. This is in line with Komniou's opinion that a promotional strategy is needed in providing exclusive breastfeeding by prioritizing promotions that touch emotions. Although current breastfeeding promotion is designed to convey the benefits of exclusive breastfeeding, this approach may position breastfeeding as a "moral" and "responsible" mater-

nal choice. Mothers feel external pressure so that exclusive breastfeeding is considered a social obligation and a burden. This provides an opportunity to support breastfeeding women both emotionally and practically and limit postnatal mood problems, which have the potential to have adverse effects on mother and baby (14).

BCD was initiated by the Environmental Health Group from the London School of Hygiene and Tropical Medicine (LSHTM). BCD uses a design process with five steps: A (Assess), B (Build), C (Create) D, (Deliver), and E (Evaluate) (15). The five stages of the BCD program development process model were applied in the Emo demo trial intervention in Sidoarjo, East Java.

Emo demo games are grouped into 6 categories based on the target behavior they

want to change. One of these target behaviors is exclusive breastfeeding. In this exclusive breastfeeding, there are 8 game modules, namely: Breast Milk is Enough, Ready to Travel, Mother and Child Bonding, Breastfeeding Positions and Attachment, Saving with Breast Milk, Enough Breast Milk for the First 6 Months, Breast Milk Production, Colostrum for My Baby. Each Emo Demo module focuses on one key message so that the target can effectively perceive, absorb, and be willing to try the behavior (16).

How Emo Demo Works

Some behavior change interventions focus only on providing information. This only touches a small part of the brain. This is in line with Yuliana's (2020) opinion that the use of new behavior change methods is very necessary because change does not only require additional knowledge. Methods that touch a lot of emotion will be quicker in the form of awareness in changing behavior. Emo demo involves several important parts of the brain. The Emo demo game was developed to involve smell so that people can learn behavior through the sense of smell. The Emo demo provides facts and information about health and nutrition behavior. The implementation of the Emo demo is participatory so it involves the listener's senses which stimulates the brain to learn from the sound. Emo demos are carried out using props. This makes the emo demo easy to remember and the message conveyed is real. The message is easier to

understand and the target is willing to try the new behavior. Emo demo allows the brain to learn through sight using the demonstration method. Behavior can become routine by involving other parts of the brain (17).

The emo demo method is carried out by involving emotions, triggering and connecting positive emotions to desired behavior as well as feelings of nurturing, and affection and connecting negative emotions to undesirable behavior. For example, feelings of disgust, fear, and so on. Emo demo uses a kind of game between individuals, groups, or communities by developing communication to achieve the ultimate goal of changing behavior. Participants are expected to be able to change their behavior by providing exclusive breastfeeding and complementary foods according to the child's age (18).

Emo Demo to Increase Exclusive Breastfeeding

Larisa's research shows that there is a difference in the level of mother's knowledge about exclusive breastfeeding before the emo demo and the mother's knowledge after the emo demo ($p=0.000$). The method uses props and cards regarding breast milk and MP-ASI. The game is divided into four groups. The time given for each group is 10 minutes, each mother fills in the age column according to the picture of the shape of the food by hanging the card on the props and this will be assessed. After the emo demo, an explanation of the game results was given, and then a post-test was carried out again

after the emo demo and explanation (18). Nurmawati and Nurfadilah's research shows that there is a significant difference between respondents' attitudes before and after the intervention with the emo demo ($p= 0,001$). Pregnant women before the emo demo intervention was given did not intend to breastfeed their babies because they had to work and were not sure they could provide exclusive breastfeeding. After the intervention, they gained an understanding of the importance of exclusive breastfeeding and the benefits of exclusive breastfeeding for babies and mothers. A woman's attitude towards breastfeeding and the way she chooses to breastfeed her baby is closely related to her knowledge(19).

Supriyadi's research (2021) shows the results that the emo demo method is effective in increasing mothers' knowledge (p -value 0.011) and attitudes (p -value 0.000) toward exclusive breastfeeding. Emo demo improves mothers' attitudes about exclusive breastfeeding. This is because mothers can imagine the difference in the amount of intake between babies who are given only breast milk compared to babies who are given breast milk and formula milk. Emo demo can change the habit of mothers giving water or bananas to babies. In this study, the baby's cry was also given to express the mother's feelings during counseling (20). This is in line with Larisa's opinion that the emo demo method is not only to increase mothers' knowledge about exclusive breastfeeding but also to change mothers' attitudes toward

giving breast milk to their children (18). The results of Sinaga's research showed that before being given the Emo demo, it was found that almost all respondents (71.7%) had poor knowledge about early initiation of breastfeeding (IMD), after being given the Emo demo, the results showed that almost all respondents (66.7%) had good knowledge of IMD (13).

Using the Emo demo method, health workers not only explain the theory of exclusive breastfeeding but also discuss facts that occur in everyday life related to breastfeeding. For example, respondents were asked to think about and choose the capacity of their baby's stomach when they were just born. Most respondents previously did not know what the stomach capacity of a newborn baby was. They assume that if a baby cries it must be because it is thirsty and lacks milk. However, when respondents were shown the size of the baby's stomach capacity, they realized and understood that babies don't always cry because they are thirsty and they don't always have to immediately give formula milk to fulfill the baby's thirst (21). This shows that the emo demo technique using games and demonstration illustrations can provide information that attracts attention and emotionally touches mothers so that mothers' knowledge about exclusive breastfeeding increases (13). Armini (2019) believes that the emo demo method involves all of the respondents' feelings, emotions, and beliefs to understand a phenomenon. Armini's research on

exclusive breastfeeding education using the emo demo method stated that in this case respondents were invited directly to imagine, check, and understand more deeply about how good breast milk is, the comparison of breast milk with formula milk, knowing the capacity of the baby's stomach, calculating the economic side of breast milk compared to formula milk. and demonstration of the comparison of the amount of breast milk production if babies are given formula milk and babies who are breastfed only. This method also invites the active participation of respondents to assess a situation that shows the use of travel preparation time in mothers who give formula milk compared to mothers who only give breast milk. Education using the emo demo method can touch respondents' feelings so that respondents have a better attitude about exclusive breastfeeding (10).

The results of Titaley's research (2021) concluded that multiple exclusive breastfeeding education, breastfeeding counseling, and support are needed to increase self-efficacy in breastfeeding so that it will accelerate appropriate breastfeeding practices. Training cadres to provide necessary counseling regarding breastfeeding will help provide ongoing support to women (6). This research is part of the BADUTA 2.0 program which implements emotional demonstrations from GAIN in Sidoarjo Regency.

Yuliana's research (2020) shows that the effect of the emo demonstration method is sufficient for the success of exclusive

breastfeeding on days 1-3 days postpartum (p-value 0.00). The first to the third day postpartum is a breastfeeding period with various challenges and determines the next lactation process. If people's minds are still not convinced through counseling that breastfeeding is enough at that time, then there is a need for game techniques to show the shape of the baby's stomach size so that they can see it more clearly and convince them to just give breast milk. This technique is only available in the emo demo in the breast milk module. Emodemo is an alternative method that is not only attractive but has an impact on the implementation of exclusive breastfeeding, especially during the most difficult times, namely days 1-3 postpartum (14). The emo demo method involves the psychology of the respondent so that the respondent is encouraged to make changes in behavior in a positive direction. Curiosity and the desire to get good benefits also encourage them to carry out and change behavior that they previously did not want to do.

Research by Titaley et al (2022) showed that after 2 years of implementing the intervention, there was an increase in the odds of exclusive breastfeeding under 6 months (adjusted odds ratio [aOR]=1.85; 95% confidence interval [CI]: 1.35– 2.53) and age-appropriate breastfeeding (aOR=1.39 ; 95% CI:1.07–1.79), as well as significantly lower odds of pre lactation feeding (aOR=0.52; 95% CI: 0.41–0.65) in the intervention compared to the comparison

group. The results of this study confirm the benefits of integrated and multi-layered behavior change interventions to promote breastfeeding practices (22).

A different study conducted by Fahmida et al (2020) showed that there was no difference in breastfeeding practices between the intervention group and the control group. The success of an education is also determined by choosing a method that is appropriate to the characteristics of the community and other factors that will influence the results of the education provided (23).

The results of research by Andriana et al (2020) show that there is an increase in the knowledge and skills of cadres in providing education about exclusive breastfeeding after receiving training on emotional demonstration (24). This is in line with research by Hanifah, et al (2023) which states that the emotional demonstration program has been effective and is worthy of being continued and implemented by all cadres in Bantul. However, implementing an Emotional Demonstration needs to emphasize communication skills (25).

Health cadres play a role in providing exclusive breastfeeding education to target communities, including pregnant and breastfeeding mothers. The emo-demo-ASI method will make health cadres more adept at providing outreach so that they can increase mothers' knowledge about exclusive breastfeeding and increase the coverage of exclusive breastfeeding.

CONCLUSION AND RECOMMENDATION

Emo demo method is effective in increasing knowledge, attitudes, self-efficacy, and exclusive breastfeeding. The novelty of the emo demo method compared to other conventional education methods is that emo demo involves three main components consisting of giving people the opportunity to learn directly through experiments; delivering information involves other parts of the brain and touching emotions.

Exclusive breastfeeding education innovations with emotional demonstration methods will help the government accelerate optimal breastfeeding practices to improve maternal and child health in Indonesia. It is hoped that health workers can apply the emo demo method in providing exclusive breastfeeding education.

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