

## ***Emo Demo vs Lecture: A Comparative Study of Counseling Methods on Mothers' Attitudes Toward Stunting In Porong Public Health Center***

**Aqilah Rahma Pritana Widiyanto<sup>1</sup>, Ani Intiyati<sup>2</sup>, Mujayanto<sup>3</sup>, Inne Soesanti<sup>4</sup>**

<sup>1,2,3,4</sup>Department of Nutrition, Politeknik Kesehatan Kemenkes Surabaya, Surabaya, Indonesia

Email: [ani\\_gizi@poltekkesdepkes-sby.ac.id](mailto:ani_gizi@poltekkesdepkes-sby.ac.id)

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### **ABSTRACT**

Stunting is a chronic nutritional issue that adversely affects children's growth and development, and remains a significant public health challenge in Indonesia, including in the Porong Health Center area, Sidoarjo. This study aimed to compare the effectiveness of two counseling methods—Emo Demo and lectures—on improving the attitudes of mothers with stunted children under five. A pre-experimental design with one-group pretest–posttest was used, involving 20 respondents who were divided evenly into two groups. Each group received nutrition counseling using either the Emo Demo or lecture method. Data were analyzed using the Paired Sample T-Test and the Independent T-Test/Mann-Whitney to measure changes and compare attitudes before and after the intervention. The results showed a significant improvement in maternal attitudes within both groups: Emo Demo ( $p = 0.001$ ) and lecture ( $p = 0.045$ ). However, there was no statistically significant difference between the two methods ( $p = 0.121$ ). Despite this, the average increase in attitude scores was higher in the Emo Demo group (27%) compared to the lecture group (13%). These findings suggest that while both methods are effective in improving attitudes toward balanced nutrition, the Emo Demo method may offer greater practical impact in supporting behavior change among mothers.

### **INTRODUCTION**

Stunting is a chronic nutritional problem due to a lack of nutrient intake in the long term, characterized by child growth disorders. Based on Permenkes No. 20 of 2020, stunting occurs when children aged 0–59 months have a body weight according to age below  $-2$  SD<sup>1</sup>. Stunting in toddlers is caused by various factors, one of which is low maternal knowledge about nutrition and parenting. Mothers' lack of understanding of nutritional intake, exclusive breastfeeding, and a balanced diet, coupled with factors such as poor sanitation, low education, and limited access to health services, can increase the risk of stunting<sup>2–4</sup>.

According to the World Health Organization (WHO), Indonesia ranks third with the highest stunting prevalence in the South-East Asia Region (SEAR), with an average stunting prevalence of 36.4% under five in 2015–2017 (WHO, 2018)<sup>5</sup>. Based on Riskesdas 2018, the figure was reported at 30.8%<sup>6</sup>. According to the 2021 Indonesian Nutrition Status Survey (SSGI), the prevalence of stunting in Indonesia decreased to 24.4%. In East Java Province, the prevalence of stunting was recorded at 23.5%, and in Sidoarjo Regency it was 14.8%. As for the working area of the Porong Health Center, the prevalence of stunting in 2021 was recorded at 10%<sup>7,8</sup>.

Stunting has a significant impact on children's growth and development, both physical and cognitive. Its short-term impacts include an increased risk of disease, death, and impaired cognitive and motor development. In the long term, stunting can lead to short posture, decreased learning capacity, low productivity, and an increased risk of chronic diseases<sup>9-12</sup>.

Good nutrition knowledge plays an important role in preventing stunting through family nutrition management. One of the factors that cause stunting is the mother's inappropriate attitude and parenting<sup>13,14</sup>. Nutrition counseling is an educational effort that can shape a mother's attitude, with various methods such as interactive Emo Demo and one-way lecture methods<sup>15</sup>. Because the effectiveness of both is not known for sure, research is needed to compare the influence of each method on the attitude of stunted mothers under five.

Emo Demo is a behavior change communication method that combines the Behavior Change Communication (BCC) approach through interaction between individuals, groups, or communities to encourage positive behavior change. Meanwhile, the lecture method is a form of one-way counseling that is delivered orally by the extension worker to the participants. Research by Nafilah (2021) shows that nutrition counseling using the Emo Demo method, lectures, and booklets significantly increases cadres' knowledge about hypertension ( $p < 0.05$ )<sup>16,17</sup>.

Background, this study was conducted to compare the effectiveness of the Emo Demo counseling method and lectures on changes in attitudes of stunting mothers under five at the Porong Health Center, Sidoarjo.

## **METHOD**

This study is a pre-experimental study with a One-Group Pretest–Posttest Design, which was carried out in the working area of the Porong Health Center, Sidoarjo, East Java, from November 2021 to May 2022. A total of 20 stunted mothers under five were selected from a total of 115 populations based on inclusion criteria, namely 18-40 years old, not illiterate, at least elementary education, and willing to become respondents by signing informed consent (6). This research has obtained ethical permission from the authorities.

Respondents were then evenly divided into two groups: the first group was given nutritional counseling using the Emo Demo method, and the second group used the lecture method. Data was collected through pretest and posttest questionnaires to assess changes in attitudes of each group. The analysis was carried out using the Paired Sample T-Test to determine the differences in attitudes before and after counseling in each group, as well as the Independent T-Test or Mann-Whitney U Test to compare the effectiveness of the two methods. The results are presented in the form of frequency and percentage distribution tables.

## RESULT

### Age

The distribution of respondent frequencies based on the age of stunted mothers under five can be classified as follows:

**Tabel 1. Distribusi Frekuensi Umur Ibu Balita Stunting**

Age	n	%
21-25	4	20
26-30	8	40
31-35	5	25
36-40	3	15
<b>Total</b>	<b>20</b>	<b>100</b>

Source : Primary Data 2022

Based on table 1 above, it is known that most of the respondents are between 26-30 years old, namely 8 respondents with a percentage of 40%. And respondents aged 36-40 years have the lowest frequency, namely 3 respondents with a percentage of 15%. This shows that most of the respondents are of active reproductive age, which should be a group with a good understanding of nutrition, but still need further education related to care and balanced nutrition for stunting prevention.

### Education Level

The distribution of respondent frequencies based on the level of education of stunted mothers under five can be classified as follows:

**Table 2. Frequency Distribution of Education Level of Stunting Mothers Under Five**

Educational	n	%
Elementary school	0	0
Junior high school	5	25
High school	15	75
Diploma/Bachelor	0	0
<b>Total</b>	<b>20</b>	<b>100</b>

Source : Primary Data 2022

Based on table 5.2, it is known that most of the respondents have a high school education level/equivalent, which is 15 people with a percentage of 75% and none of the respondents have an elementary education level and a diploma/bachelor's degree. This shows that most of the respondents have secondary education, which can be a capital in receiving nutritional information, but still require an appropriate educational approach so that the counseling message is easier to understand and implement.

## Employment Status

The distribution of respondent frequencies based on the employment status of stunted mothers under five is classified as follows:

**Table 3. Frequency Distribution of Employment Status of Stunting Mothers of Toddlers**

Work	n	%
Work	5	25
Not Working	15	75
<b>Total</b>	<b>20</b>	<b>100</b>

Source : Primary Data 2022

Based on Table 5.3, it is known that most of the respondents are not working, namely 15 respondents with a percentage of 75%. And those who work as many as 5 respondents with a percentage of 25%. This shows that the majority of respondents have more time at home, so they have greater potential to participate in counseling and implement better parenting and nutrition practices, provided they are accompanied by adequate knowledge.

## Mother's Attitude Score Based on Emo Demo Counseling Method

The frequency distribution of respondents based on the attitude category of stunting mothers under five after being given demo emo counseling from *the pretest* and *posttest* results can be defined as follows:

**Table 4. Frequency Distribution of Attitude Score Based on the Emo Demo Method**

Category	Pretest	%	Posttest	%	P
	n		n		
Good	2	20	9	90	0,001
Enough	7	70	1	10	
Less	1	1	0	0	
<b>Total</b>	<b>10</b>	<b>100</b>	<b>10</b>	<b>100</b>	

Source : Primary Data 2022

Based on table 5.4, before counseling using the Emo Demo method, most of the stunted mothers under five were in the category of adequate attitude (70%), only 20% were in the good category, and 10% were not. After counseling, there was a significant increase, where 90% of respondents were in the good category and 10% in the fair category, without any being categorized as lacking. The results of the statistical test showed a value of  $p = 0.001$  ( $p < 0.05$ ), which means that there is a significant difference between the pretest and posttest scores, so the Emo Demo method has been proven to be effective in improving the mother's attitude towards balanced nutrition.

### Mother's Attitude Score Based on Lecture Counseling Method

The distribution of respondent frequencies based on the attitude category of stunting mothers under five after being given lecture counseling from *the results of the pretest and posttest* can be defined as follows:

<b>Table 5. Frequency Distribution of Attitude Scores Based on Lecture Method</b>					
<b>Category</b>	<b>Pretest n</b>	<b>%</b>	<b>Posttest n</b>	<b>%</b>	<b>P</b>
Good	2	20	5	50	0,045
Enough	8	80	5	50	
Less	0	0	0	0	
<b>Total</b>	<b>10</b>	<b>100</b>	<b>10</b>	<b>100</b>	

Source : Primary Data 2022

Based on table 5, counseling with the lecture method shows an increase in the attitude of stunting mothers under five after the intervention. Before counseling, only 2 people (20%) had a good attitude and 8 people (80%) were in the sufficient category. After counseling, the number of mothers with good attitudes increased to 5 people (50%), while the rest were in the sufficient category (50%), and none were in the poor category. The results of the statistical test showed a value of  $p = 0.045$  ( $p < 0.05$ ), which means that there is a significant difference between the pretest and the posttest. This shows that the lecture method is quite effective in improving the mother's attitude, although the improvement is not as large as the Emo Demo method.

### Category Attitude

The distribution of respondent frequencies based on the attitude category of stunting mothers under five after being given counseling, emo demos and lectures from *the results of the pretest and posttest* can be defined as follows:

<b>Table 6. Frequency Distribution of Stunting Toddler Attitude Categories</b>				
<b>Category</b>	<b>Pretest n</b>	<b>%</b>	<b>Posttest n</b>	<b>%</b>
Good	4	20	14	70
Enough	15	75	6	30
Less	1	5	0	0
<b>Total</b>	<b>20</b>	<b>100</b>	<b>20</b>	<b>100</b>

Source : Primary Data 2022

Based on a table of 6, there was a significant increase in the attitude of stunted mothers under five after being given counseling. Before the intervention, only 4 people (20%) had a good attitude, while the majority were in the moderate category (75%) and 1 person (5%) in the poor category. After counseling, the number of mothers with good attitudes increased to 14 people (70%), the rest were in the sufficient category (30%), and no longer had a lack of attitude. This data shows that counseling, both with the Emo Demo method and lectures, is overall effective in improving maternal attitudes towards balanced nutrition in efforts to prevent stunting.

## Comparison of the Use of the Demo Emo Method and the Lecture Method on the Attitude of Stunting Toddler Mothers

The following are the results of a comparative analysis of the use of the emo demo counseling method and the lecture counseling method to find out the difference in attitudes of stunting mothers under five.

**Table 7. Comparison of Average Attitude Scores Against Emo Demo and Lecture Methods**

Counseling Methods	Average Pretest Score	Average-Average Posttest Score	Average DifferenceScore %	P
Emo Demo	58	85	27	0,121
Lecture	60	73	13	0,121

Source : Primary Data 2022

From tabel 7 the Emo Demo method showed a higher increase in attitude scores compared to the lecture method. The average pretest score in the Emo Demo group was 58 and increased to 85 in the posttest, with a difference of 27 points. Meanwhile, in the lecture group, the average score increased from 60 to 73, with a difference of 13 points. Although the score increase in the Emo Demo group was larger, the results of the statistical test showed a value of  $p = 0.121$ , which means that there was no statistically significant difference between the two methods ( $p > 0.05$ ). Thus, although practically the Emo Demo method appears to be more effective in improving maternal attitudes, the difference is not statistically strong enough.

## DISCUSSION

### Age

From the results of the above study, it is known that respondents aged 26-30 years have the highest frequency. Age is related to the maturity of the mind in accepting and responding to something. As we age, the maturity of the mind will grow strongly. According to Ramdhani (2008), a person's knowledge and attitude can be influenced by social factors, one of which is the age factor<sup>18</sup>.

However, in this study, the age of the respondents did not affect the mother's attitude when given counseling on emo demonstrations or lectures. Although most mothers are 26-30 years old, before being given counseling, both emo demos and lectures, the mother's attitude score mostly shows a sufficient category, and when given counseling, it increases to be good.

### Education

Based on the results of the above research, it is known that the highest frequency of education level is in high school/equivalent education as many as 15 people with high school/equivalent education (75%). The level of education can affect the attitude of the mother in providing balanced nutrition for her children, the higher the level of education, the easier it is to receive knowledge. Mothers with higher education levels tend to seek information from various sources to improve

knowledge. In addition, when given counseling, mothers with higher education levels are easier to understand the material presented so that they know what is good given to their children.

According to Notoatmodjo (2010), education can affect a person's cognition in increasing knowledge<sup>19</sup>. Mothers with higher education levels are believed to be able to experience increased knowledge because they get information from people and the mass media.

### **Work**

Based on the results of the above research, as many as 20 people who have been selected as respondents, it is known that as many as 5 (25%) mothers work, and 15 (75%) mothers do not work. Most of the mothers who were respondents in this study did not work.

Employment status affects changes in maternal attitudes. Because most of the respondents do not work, respondents have a lot of time with their children, so when given counseling, mothers tend to try to pay attention. This is in line with research conducted by Fadia (2013), mothers who do not work tend to have a lot of time to have a positive impact on their child's development<sup>20</sup>.

### **The Use of the Emo Demo Method on the Attitude of Stunting Toddler Mothers**

Based on the results of the study, after being given emo counseling on the *posttest results*, 7 respondents (70%) experienced an increase in attitude scores from adequate to good so that after being given counseling, 9 respondents (90%) had good knowledge, and 1 respondent (10%) experienced an increase in attitude scores from less to sufficient.

In the results of the pretest and posttest, a normality test was carried out and the results of the emo demo pretest  $p=0.2$  and the results of the posttest emo demo  $p=0.178$ , both data have a value of  $p>0.05$ , meaning that the data is normally distributed. after that, it is continued by conducting a Paired T-Test to find out the difference between the pretest score and Posttest on Emo Demo Counseling. From the test, the result was a value of  $p=0.001$ , meaning that there was a significant difference in value between the pretest and posttest scores of counseling using the emo demo method, because  $p<0.05$ . The increase in attitude score can occur because in counseling with the emo demo method, respondents feel close to the extension worker because the respondent is involved during the counseling.

This is in accordance with "research conducted by Mamonto, et al. (2019) on Emotional Demonstration education for child feeding on the level of knowledge and attitude of baduta mothers shows that there is an increase in mothers' knowledge about the portion of children's meals after being given emotional demonstration ( $p=0.000$ )"<sup>21</sup>.

### **The Use of the Lecture Method on the Attitude of Stunting Mothers of Toddlers**

In this study, the use of the lecture method can be found that before being given counseling with the lecture method, the pretest results showed that 2 respondents (20%) had good knowledge

and 8 respondents (80%) had poor knowledge. However, after being given counseling on the lecture method, the posttest results of 3 respondents (30%) experienced an increase in attitude scores from sufficient to good so that after being given counseling, 5 respondents (50%) had good knowledge and 5 respondents (50%) did not experience an improvement but were still categorized as sufficient. Similar to the emo demo, the results of the pretest and posttest of the lecture were carried out and the results of the lecture pretest  $p=0.2$  and the results of the posttest of the lecture  $p=0.089$  both data had a value of  $p>0.05$ , meaning that the data was distributed normally. After that, it was followed by conducting a Paired T-Test to find out the difference between pretest and posttest scores in the counseling method of lectures. From the test, a value of  $p=0.045$  was obtained, meaning that there was a significant difference in the score between the pretest and posttest scores of counseling using the lecture method, because  $p<0.05$ . So it can be known that lecture counseling can significantly increase the mother's attitude score.

However, in counseling with the lecture method, the increase in the attitude score of stunting mothers under five after being given counseling is not so great, this happens because when the counseling takes place, respondents tend to feel bored just looking at the writing on the *PPT slide* where the extension worker delivers the material in front of the respondent and communication is carried out only in one direction, as a result there can be another understanding if the respondent does not pay attention during counseling last.

This is in line with a study by Wulandari (2013) entitled "Differences in Health Counseling Lecture Methods and Discussion on Attitudes about SADARI Reviewed from Knowledge", which states that communication is carried out in the *one-way method* so that learning outcomes are less due to the absence of feedback<sup>16</sup>.

### Categories of Stunting Toddler Mothers

Based on the results of the research that has been conducted, it is known that the results of *the pretest* of the mother's attitude are in the good category of 4 respondents with a percentage (20%), in the category of 15 respondents (75%), and in the category of less than 1 respondent (5%). The highest percentage is in the sufficient category.

For *the posttest results* after being given 2 counseling methods, the maternal attitude category as many as 14 respondents were categorized as good with a percentage (70%), people were categorized as adequate with a percentage (30%), and none were categorized as lacking.

This shows that after being given two counseling, namely emo demos and lectures, there was an increase in the mother's attitude score. This means that counseling activities can help change a person's attitude, especially in this study is the attitude of stunted toddlers. According to Azwar (2013), one of the things that can affect attitudes is knowledge and information. Information can be obtained from a health counseling<sup>22</sup>.



## Comparison of the Use of the Demo Emo Method and the Lecture Method on the Attitude of Stunting Toddler Mothers

Based on the results of the above research, it was found that the difference between pretest and posttest was abnormally distributed. So the Man-Whitney test was carried out to find out the significant difference between the emo demo method and the lecture method. In the results of the Man-Whitney test, a pretest-posttest p-value for the emo demo and lecture counseling method was obtained of  $p=0.121$  ( $p>0.005$ ), it can be concluded that there is no significant difference between counseling and the emo demo and lecture methods. Both methods were equally influential in changing respondents' attitudes but there was no significant difference. This can happen because in the pretest scores of the emo demo method counseling respondents, most of the respondents are in the sufficient category so that after being given emo demo counseling, the posttest scores of respondents mostly increased, but the increase in pretest and posttest scores was not much. Meanwhile, in the lecture method, the respondents' pretest scores were mostly categorized as sufficient, and after being given counseling, the posttest lecture method of respondents tended to increase, but the increase was not as much as emo demos because the increase was still in the sufficient category.

However, for the average difference in counseling, the emo demo method and lecture were obtained, namely the emo demo method by 27% and lectures by 13%. The average difference in the counseling of the emo demo method is greater than that of the counseling method of the lecture method. This means that the counseling of the emo demo method has more influence on changes in the attitude of stunted mothers under five compared to the lecture method.

This shows that counseling with the emo demo method has more effect on changing the mother's attitude compared to the lecture method. In the emo demo method, the props are used more and cost quite a lot because the emo demo method carries the concept of a demonstration using props as a visualization and is very interactive where the respondents are also involved during the counseling.

Meanwhile, in counseling, the lecture method only occurs one-way communication between the extension workers and the respondents. The teaching aids used are in the form of *power points* where later the material presented can be structured and can also include a wide range of materials. However, the large amount of material presented can cause respondents to tend to get bored quickly and sometimes respondents do not pay attention to the counseling so that the acceptance of the material presented is less than optimal. Because of this, the opportunity for discussion is limited.

This research is in line with the research of Ardianto (2013), there is an influence of health education with the audiovisual method, because the message conveyed can be well received<sup>23</sup>. This means that the success of counseling is influenced by the media used because the media can

influence knowledge, attitudes, and emotions. This is also supported by the theory that the selection and use of media aids is an important thing that is done during research with the aim of helping the use of all senses<sup>24,25</sup>.

This study has several limitations, including the relatively small sample size, namely only 20 respondents divided into two groups, thus limiting the generalization of the results of the study to a wider population. In addition, the research location was only conducted in the working area of the Porong Health Center, so the local social and cultural context could influence the results. The study also used a pre-experimental design without a true control group, so it could not fully control for external variables that might influence changes in maternal attitudes.

Potential bias in this study includes selection bias, because the selection of respondents is carried out based on certain inclusion criteria that can affect the representativeness of the sample. In addition, there is a possibility of social-desirability bias, where respondents give answers that are considered "correct" or according to the expectations of the extension worker when filling out the posttest. Measurement bias can also occur because the instrument used is a closed questionnaire, which may not fully reflect the true attitude. The influence of interaction with extension workers during counseling also has the potential to create the Hawthorne effect, which is a temporary change in behavior because they feel cared for.

## **CONCLUSION**

Based on the results of the study, both the Emo Demo method and the lecture were effective in improving the attitude of stunted mothers under five towards balanced nutrition, which was shown by an increase in attitude scores in each group after counseling. The Emo Demo method resulted in a higher increase in attitude on average than the lecture, although the results of the statistical test showed that the difference between the two methods was not significant ( $p = 0.121$ ). Thus, both can be used as counseling methods, but the Emo Demo method has greater potential in influencing practical attitude change in stunting prevention efforts. It is recommended that further studies be conducted with larger sample numbers and use experimental designs with control groups to obtain stronger results and broader generalizations.

## **SUGGESTION**

Based on the results of the study, it is recommended that nutrition counseling to mothers under five be carried out in a more interactive method and involves the active participation of participants, such as the Emo Demo method. This method has been shown to be practically more effective in improving maternal attitudes towards balanced nutrition although the statistical difference is not significant. Therefore, health workers at Puskesmas and nutrition cadres in the community need to be given special training to apply the Emo Demo method appropriately in counseling sessions.

In addition, it is recommended to health institutions to provide adequate teaching aids and other supporting facilities so that the counseling process becomes more interesting and easy to understand by participants. Local governments are also expected to support nutrition education programs with a participatory approach to strengthen the role of families in stunting prevention.

For further studies, it is recommended to involve a larger sample count and use an experimental design with a control group to obtain stronger and broadly generalizable results.

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