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Research Article

The Effect of the Emotional Demonstration Method of Mealing Schedule on the Knowledge of Mothers to Children in Posyandu V Mulyorejo Surabaya

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ABSTRACT

Background of research on mother's knowledge of toddlers in providing feeding schedules, especially snacks. Giving snacks that are not right on schedule will have an influence on the growth and development of infants. Through the Emotional Demontration method, eating schedule for snacking can be controlled. Emotional Demonstration is the provision of education not only through lectures but also through games so that the key messages conveyed can be remembered by mothers of toddlers in Posyandu V Mulyorejo Surabaya. The Emo Demo method is one solution to reduce the stunting rate. In 2017 the stunting rate in Indonesia reached 22.2%. Based on the results of the survey conducted through interviews with nutritionists, it was explained that there were 16 stunting toddlers in Posyandu V Surabaya. Quantitative Research Methodology, a quasi-experimental research design method with one group pretest posttest approach. The population in this study were all mothers of children under five in Posyandu V Mulyorejo Surabaya as many as 36 people, samples as many as 36 mothers of toddlers. With a total sampling technique. Analyze data with Paired T-test. The results showed the mean value of the pre test was 6.06, the mean value after the post test reached 8.16. While the significance value of p value = 0,000 with α = 0.05 through the Paired T-test. The conclusion is that there are differences in the knowledge of pre and post test among mothers of children under five in Posyandu V Mulyorejo Surabaya, p value = 0,000 with α = 0.05. Suggestions for health workers to continue to make improvements in practicing emotional demonstration to participants because it is very useful in increasing knowledge to prevent increased stunting rates.

Keywords: Effect, Knowledge, Emotional Demonstration, Children, Schedule

Introduction

Toddlers have an important period in the cycle of growth and development. The growth

and development of toddlers is one of the indicators of success factors by a country in the future [1, 2]. Toddlers have a very important

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golden age. This affects their physical growth and development. Children's brain cells at this time are 90% developing, so nutritional adequacy is very influential at this time. [3]

Toddlers who are not cared for will cause problems now and in the future [4, 5] In fact, the growth and development of toddlers cannot be separated from obstacles in growth and development. Stunting is one of these barriers. Stunting is a condition of failure to thrive in children under five caused by chronic malnutrition. Toddlers become short and very short which can be observed through z-score values of less than -2 SD and less than -3 SD [6].

The occurrence of stunting is triggered by more than one factor, not only limited to nutrition. Factors that trigger the incidence of stunting include: mother's education, family income, mother's knowledge about child nutrition, breastfeeding, early PMT giving, iron adequacy in children, history of infection, and family genetics [7, 8] Children who are diagnosed with stunting will have a less than optimal level of intelligence. The child will be vulnerable to disease, which in turn will affect the productivity of community resources in the future [9, 10].

The Stunting Bulletin, 2018 reports that the incidence of stunting or stunted toddlers in 2017 reached 22.2% or approximately 150.8 million children under five worldwide were stunted [11]. The average incidence of children under five diagnosed with stunting in Indonesia between 2015 - 2017 reached 36.4%. Indonesia itself is the fifth largest country in contributing to the prevalence of stunting [2].

The most effective intervention in reducing the prevalence of stunting is 1000 HPK. Nutritional fulfillment is specifically for toddlers with an emphasis on pregnant women, breastfeeding, and children 0-23 months [11]. In addition to intervention efforts in terms of nutrition, education is also carried out to the community. A lot of education has been carried out but the end result is less than optimal in changing behavior.

Increased knowledge of mothers under five, is one solution, namely providing health education about nutrition that can help everyone and the community in implementing healthy living behavior through providing information on how to overcome the influence of individual factors, environment and existing policies in determining healthy food for tod-dlers [12, 8].

The embodiment of health education is as informed by GAIN (Global Alliance for Improve Nutrition). This activity is called Emo Demo, which is in the form of counseling activities through demonstrations and giving messages or conclusions at the end of the session. [13]

Emo Demo or Emotional Demonstration is an active activity based on behavior change in groups in the target community (antenatal care and postpartum) developed by the Global Alliance for Improved Nutrition (GAIN), especially in terms of feeding schedules. Emo Demo becomes a strategy in communicating in changing behavior through the incorporation of Behavior Communication Change (BCC) in the form of interactive relationships between individuals, groups or communities in improving communication strategies in achieving a positive behavior, and Behavior Communication Definition (BCD) which is the process of Communication that uses directly the psychological construction of individuals by involving feelings, needs and thoughts is one method that is being widespread and gaining attention. The success and effectiveness of the use of Emo Demo which has been proven from the results of implementation evaluations in several areas in East Java, has prompted the need for the introduction of this method in the field of nutrition education. [14]

In Surabaya, there are 17 sub-districts that received GAIN intervention in the implementation of Emo-Demo. Outside of GAIN's intervention, there were 14 sub-districts that were not intervened, one of which was Posyandu V Mulyorejo Surabaya (Derapdesa. id). In Siwalankerto Village, there are a total of 10,1010 children under five with an annual projection of 1,219. Meanwhile, the number of toddlers with stunting cases is on average 144 with the number of BGM being 5 toddlers and 4 undernourished toddlers. Where the number of toddlers in RW 5 is 325 toddlers, in RW 6 there are 175 toddlers and in RW 2 there are 200 toddlers. With the highest number of stunting found in RW 2 as many as 16 toddlers. [3]

Materials and Methods

This study uses a quantitative research design with a quasi-experimental one group pre test post test. With a population that was carried out on mothers of children under five in Posyandu V, Siwalankerto sub-district in March 2020. The population of this study were all mothers of children under five who took part in emo demo activities at Posyandu V, Siwalankerto sub-district as many as 36 people. The sampling technique used in this research is total sampling. This is because the number of samples is less than 100 [15] Sampling was done by distributing questionnaires to the respondents, namely mothers of children under five. The previous questionnaire has been tested for validity and reliability. The validity test value of the questionnaire is 0.552 and the reliability test is 0.67, so the questionnaire is feasible to be used in measuring the knowledge of mothers of children under five. Before conducting the research, the researcher asked for informed consent from the mother of the toddler, regarding the willingness to be a respondent. Then the mother of each toddler was given a questionnaire about the eating schedule before and after the emo demo eating schedule was carried out. The questionnaire given the data that has been analyzed using the Paired Sample T test to find out the difference in scores before and after the test about knowledge of feeding schedules in children. And the last step is presented in tabular form.

Results and Discussion

Table 1. Pre test and Post test The different know

Pre Test		
Good	-	-
Enough	25	69,4
Lack	11	30,6
Total	36	100
Post Test		
Good	20	55,6
Enough	16	44,4
Lack	-	-
Total	36	100

Table 1 describes the results of the knowledge analysis between the results of the pre-test and post-test regarding knowledge, showing that before being given education or explanation about emotional demonstrations about eating schedules, there were 11 respondents who lacked knowledge (30.6%) and who had sufficient knowledge as many as 25 respondents (69.4%). Meanwhile, in the post test table, it can be seen that after the respondents were given education, 20 respondents (55.6%) had good knowledge and 16 respondents (44.4%) had sufficient knowledge.

Table 2. Correlation Paired T- Test Samples statistic

Criteria	Mean	N	Std. Dev	Std Error Mean
Pre test	6,06	36	0,826	0,138
Post test	8,16	36	0,843	0,141

From the first table, the paired samples statistic test describes that the mean of the pretest was 6.06, while the post-test was 8.16.

Table 3. Paired samples statistics between pre test and post test

Criteria	N	Correlation	Sig
Pre Test	36	-0,87	0,616
Post Test			

From the table Paired Samples Statistics describe that the significance value is 0.616, this indicates that there is no correlation either pretest or post-test.

Table 4. Paired Samples Correlations of knowlwdge

Knowledge	Mean	Std	Df.	Sig.
		Dev.		(2-tailed)
Pre Test	-1500	1.231	35	0,000
Post Test				

From the recommendation letter for research issued by research and community service institutions to conduct research at Adi Buana University Surabaya, the researchers conducted research with the title.

The effect of the emotional demonstration method on eating schedules on the knowledge of mothers of children under five at Posyandu V Mulyorejo Surabaya. The paired samples test table shows that the 2 tailed significance value is smaller at 0.000 < 0.05, this means that there is a significant difference between the pre test and post test. Thus, it can be concluded that there is a significant difference between before being given education and after being given about emotional demonstration of the feeding schedule of mothers and children. Based on the results of the study obtained from 36 respondents, having the mean or average level of knowledge during the pre-test at Posyandu V Siwalanketo Wonocolo Surabaya was 6.06 which was quite adequate and after education about emotional demonstrations was carried out, the mean increased to 8, 16 which is quite good. This is due to information in the form of education to mothers of toddlers about emotional demonstrations about feeding schedules for infants and children.

[16] States that knowledge is the result of knowing and this is obtained from sensing by the five senses on an object. The five senses include the senses of smell, taste, taste, sight and hearing. Knowledge itself is obtained by sight and hearing.

In the GAIN module, 2018 it is explained that emotional demonstration is a way of communicating with participants through a game and conveying key messages. So the material given to increase the knowledge of mothers is not only lectures but also combined with games. The emotional demonstration regarding the meal schedule has the aim of preventing mothers from giving snacks to babies or children 1 hour before mealtime, because it can cause fullness first.

The stage of implementing the feeding schedule itself is to divide the group into 3 groups, group 1 for babies aged 5 months, group 2 for babies aged 1 year, group 3 for babies aged 2 years.

Each group is given a card consisting of large meals, snacks and milk. Each group arranges the card and adjusts it according to the meal schedule. Then after the group is deemed to have finished sticking the cards, the trainer

will evaluate whether the arrangement of the meal schedule posted by the participants is correct, if it is deemed incorrect then it will be corrected followed by an explanation from the officer.

In group 1 about 5 months baby, the feeding schedule is only breast milk. In the first 6 months of breastfeeding can still meet the nutritional needs of infants, so that supplementary feeding for infants under 6 months is not deemed necessary. Then in group 2 regarding infants aged 1 year, the provision of additional food to infants aged over 6 months plays a very important role in meeting the nutritional adequacy of these infants. [14] Through the Emo Demo method which provides health information that is able to increase the knowledge of Toddler mothers regarding the correct feeding schedule, later it can encourage Toddler mothers to change the behavior of research subjects naturally to provide a sustainable and correct feeding schedule for infants and their children. The emo demo method uses imaginative and provocative methods to achieve changes in knowledge that make community behavior better in community health midwives. [4]

The results showed that there were differences in the value of knowledge. This can be seen from the calculation of the Paired Samples Test which shows a significance value of 2 tailed indicating that there is a significant difference in respondents' knowledge after being given an intervention about feeding schedules in infants and children, p value = 0.000 with = 0.05. This means that the provision of health education using the Emo Demo method of feeding schedules for infants and children has significantly increased the knowledge level of mothers of toddlers. Thus, the results of research conducted at Posyandu V Mulyorejo, proved that counseling using the Emo Demo method was successful [4].

This is also in line with the research conducted by Muthmainnah Zakiyyah who explained the effect of Emo Demo on the provision of MP ASI menu to Baduta with chi square statistical test obtaining p value = 0.003, which means that the emo demo method has an effect on giving MP ASI to Baduta.

Conclusion

Based on the results of the research conducted, it can be concluded that the knowledge of Toddler mothers at Posyandu V when the pre-test was carried out was 6.06 which was included in the sufficient category, then after education through Emo Demo the eating schedule and post-test was.

carried out the mean = 8.16 including in the good category. Knowledge of mothers under five shows that there is a difference between pre-test and post-test. This is indicated by the calculation value of the Paired Samples Test, namely the p value = 0.000 with = 0.05. This means that the provision of health education with the Emo Demo method of feeding schedules for infants and children has succeeded in significantly increasing the knowledge level of mothers under five. Emo Demo is the latest method of conducting counseling that is more effective in delivering key messages. With the delivery of key messages and increasing knowledge, it can change people's behavior in giving feeding schedules to infants and children. Thus it can help in reducing the stunting rate.

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