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Implementasi emotional demonstration (Emo-Demo) untuk meningkatkan pengetahuan dan praktik menyusui pada ibu menyusui di Kelurahan Sumbersari

Implementation of emotional demonstration (Emo-Demo) to improve breastfeeding knowledge and practices among breastfeeding mothers in Sumbersari Village

Gregorius Sandy Budiarso Widigdo[1], Tiara Widya Parahita[2], Anindya Putri Maharani[3], Bintang Kejora Rudhiraningtyas[4], Elita Kusuma Dewi[5], Farida Wahyu Ningtyias[6*], Dhuha Itsnanisa Adi[7]

[1,2,3,4,5,6,7] Faculty of public health, Universitas Jember, Jl. Kalimantan 37 Jember, East Java 68100, Indonesia

***Corresponding author:** farida.fkm@unej.ac.id*

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ABSTRACT

Exclusive breastfeeding during the first six months of life is essential for supporting optimal infant growth and development and reducing the risk of infectious diseases. However, exclusive breastfeeding coverage in Indonesia remains below the national target. Limited knowledge and inadequate emotional support for breastfeeding mothers are among the factors that may hinder successful exclusive breastfeeding. This community engagement program aimed to improve breastfeeding knowledge and practices through the implementation of the emotional demonstration (Emo-Demo) method, an educational approach that integrates emotional engagement with interactive demonstrations. The program was conducted in Sumbersari Village, Jember Regency, Indonesia, and involved mothers of children under five years of age. Pre-test and post-test evaluations revealed an increase in participants' mean knowledge scores from 72.3 to 75.3. Additionally, participants demonstrated active engagement in discussions and educational games throughout the program. These findings suggest that the Emo-Demo method has the potential to serve as a health education approach for improving maternal knowledge and supporting exclusive breastfeeding practices within the community.

Kata Kunci
ASI eksklusif; edukasi kesehatan; Emo-Demo; ibu menyusui.

Pemberian air susu ibu (ASI) eksklusif selama enam bulan pertama kehidupan merupakan salah satu upaya penting untuk mendukung pertumbuhan dan perkembangan bayi secara optimal serta mengurangi risiko penyakit infeksi. Namun, cakupan pemberian ASI eksklusif di Indonesia masih belum mencapai target nasional. Rendahnya pengetahuan dan terbatasnya dukungan emosional bagi ibu menyusui menjadi salah satu faktor yang dapat memengaruhi keberhasilan pemberian ASI eksklusif. Kegiatan pengabdian kepada masyarakat ini bertujuan untuk meningkatkan pengetahuan dan praktik menyusui melalui penerapan metode *emotional demonstration* (Emo-Demo), yaitu pendekatan edukasi yang mengintegrasikan keterlibatan emosional dengan kegiatan demonstratif. Kegiatan dilaksanakan di Kelurahan Sumbersari, Kabupaten Jember, dengan melibatkan ibu yang memiliki anak balita. Evaluasi melalui *pre-test* dan *post-test* menunjukkan peningkatan skor rata-rata pengetahuan peserta dari 72,3 menjadi 75,3. Selain itu, peserta menunjukkan keterlibatan aktif dalam diskusi dan permainan edukatif selama kegiatan berlangsung. Temuan ini menunjukkan bahwa metode Emo-Demo berpotensi menjadi pendekatan edukasi kesehatan yang dapat meningkatkan pengetahuan ibu dan mendukung praktik pemberian ASI eksklusif di masyarakat.

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INTRODUCTION

Exclusive breastfeeding during the first six months of life is essential for promoting optimal infant growth and development and protecting infants against various infectious diseases. Beyond its nutritional and immunological benefits, exclusive breastfeeding also strengthens the emotional bond between mothers and infants, contributing to children's emotional development. Maternal interactions and stimulation during breastfeeding further reinforce this bond, highlighting the importance of breastfeeding not only as a source of nutrition but also as a means of providing

psychological and emotional support to infants (Putri et al., 2021). The World Health Organization (WHO) and UNICEF recommend exclusive breastfeeding for the first six months of life because it provides infants with safe and nutritionally adequate nourishment while reducing the risk of infections associated with the premature introduction of complementary foods (Pratiwi, 2024). Despite various initiatives to promote exclusive breastfeeding, achieving the recommended coverage remains a significant challenge in Indonesia. The national target of 80% has yet to be achieved. In 2023, exclusive breastfeeding coverage reached 71.58%, representing an improvement over previous years but remaining below the national target (Nurapipah, 2024). According to the March 2025 National Socioeconomic Survey (Susenas), 72.3% of Indonesian infants aged 0–5 months were exclusively breastfed. Although this figure indicates relatively encouraging progress, disparities in breastfeeding practices persist, highlighting the need for sustained educational initiatives and breastfeeding support. Earlier data also revealed a declining trend, with exclusive breastfeeding coverage decreasing from 64.5% in 2019 to 52.5% in 2021, reflecting the challenges of maintaining and strengthening exclusive breastfeeding practices within communities (Tabelak, 2024).

Several factors contribute to suboptimal exclusive breastfeeding practices in Indonesia, particularly limited maternal knowledge of the benefits of breastfeeding. Inadequate knowledge may lead some mothers to choose formula feeding, as they may not fully understand the importance of exclusive breastfeeding and may be more susceptible to inaccurate or misleading information (Madur, 2024). In addition to knowledge-related barriers, breastfeeding mothers frequently encounter emotional and psychological challenges that may compromise breastfeeding success. Anxiety, low self-confidence, and emotional distress can cause mothers to question whether their milk supply is sufficient, potentially affecting breastfeeding duration and continuity. Limited support from family members and the surrounding community may further exacerbate these psychological challenges. Maternal age and educational attainment also influence breastfeeding knowledge and the adoption of appropriate breastfeeding practices. Therefore, comprehensive education and ongoing support are needed to help mothers overcome these barriers and maintain exclusive breastfeeding for the recommended duration (Pratiwi et al., 2024). Furthermore, sociodemographic factors, including maternal age, educational attainment, employment status, and social support, particularly from husbands, play important roles in maternal decisions regarding exclusive breastfeeding (Septiani, 2024).

Social support and continuous education are essential for promoting successful exclusive breastfeeding, particularly in addressing the psychological challenges experienced by breastfeeding mothers (Khotimah et al., 2024). Emotional Demonstration (Emo-Demo) is an innovative health education approach that integrates emotional engagement with interactive demonstrations, educational materials, and games to communicate the importance of exclusive breastfeeding in an accessible and engaging manner. By fostering a supportive and emotionally engaging learning environment, this approach encourages active participation and facilitates the understanding and retention of health-related information (Pratama et al., 2024). Previous findings suggest that Emo-Demo-based education can improve maternal knowledge of appropriate breastfeeding positions and exclusive breastfeeding practices. Following educational sessions, mothers have demonstrated greater confidence and motivation to adopt recommended breastfeeding techniques. These improvements may extend beyond knowledge acquisition by encouraging positive behavioral changes in daily breastfeeding practices (Laili et al., 2022). Furthermore, promoting exclusive breastfeeding through Emo-Demo education may contribute to stunting prevention among infants and young children. By strengthening maternal understanding of exclusive breastfeeding as an essential source of early-life nutrition, this educational approach may support healthy growth and development, reduce the risk of growth faltering, and contribute to broader community nutrition improvement efforts (Pratama et al., 2024).

This community engagement program also aligns with the United Nations Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-being) and SDG 2 (Zero Hunger). Promoting exclusive breastfeeding through community-based education can contribute to efforts to improve maternal and child health, consistent with SDG Target 3.2, while supporting appropriate infant nutrition in line with SDG Target 2.2. By integrating interactive breastfeeding education with the involvement of community health volunteers, the Emo-Demo approach seeks to strengthen maternal knowledge and promote sustainable breastfeeding education at the community level.

METHODS

A community engagement team consisting of students from the Faculty of Public Health, Universitas Jember, conducted an educational intervention using the Emotional Demonstration (Emo-Demo) method. The program involved 13 breastfeeding mothers aged 21–40 years and three community health volunteers (kader). The activity was held at Jl.

Brantas II No. 67, Sumbersari District, Jember Regency, East Java Province, Indonesia, in the courtyard of a community health volunteer's residence. The educational session took place from 3:30 p.m. to 5:00 p.m. Western Indonesia Time (WIB).

The Emo-Demo intervention incorporated two interactive educational games, “Jam Menyusui Bayi” (Baby Breastfeeding Schedule) and “Volume Perut Bayi” (Infant Stomach Capacity), to facilitate participants' understanding of breastfeeding frequency and infant stomach capacity. Individual Emo-Demo activities can be delivered within approximately 15–30 minutes, making them suitable for breastfeeding mothers without substantially disrupting infant care routines. This relatively short duration may help maintain maternal comfort, concentration, and active participation throughout the educational activities (Pratama et al., 2024). Accordingly, Emo-Demo was selected as an interactive educational approach intended to strengthen breastfeeding knowledge and motivation and ultimately support exclusive breastfeeding practices.

The evaluation primarily focused on changes in participants' knowledge, assessed using pre-test and post-test questionnaires. Breastfeeding-related practical understanding was also evaluated qualitatively through direct observation by facilitators during the “Baby Breastfeeding Schedule” and “Infant Stomach Capacity” games. The observations focused on participants' ability to identify appropriate breastfeeding frequency and understand infant stomach capacity. However, these observations were unstructured and did not employ a validated or standardized assessment instrument. Therefore, the observational findings were reported descriptively based on facilitators' field observations rather than as quantitative measures of breastfeeding practices. This methodological limitation should be addressed in future community engagement programs through the development and implementation of standardized instruments for assessing breastfeeding-related knowledge and practical skills.

RESULTS AND DISCUSSION

The community engagement program was conducted at Jl. Brantas II No. 67, Sumbersari Subdistrict, Sumbersari District, Jember Regency, East Java, Indonesia, involving breastfeeding mothers aged 21–40 years and three community health volunteers. The program began with a pre-test to assess participants' baseline knowledge of breastfeeding frequency and duration. This was followed by an educational intervention using the Emotional Demonstration (Emo-Demo) method, which incorporated educational presentations, interactive discussions, and two educational games: "Jam Menyusui Bayi" (Baby Breastfeeding Schedule) and "Volume Perut Bayi" (Infant Stomach Capacity). The program concluded with a post-test to evaluate changes in participants' knowledge following the intervention (Figure 1, 2).



Figure 1. Emo-Demo Module: Breastfeeding with the Rhythm of Love



Figure 2. Emo-Demo Steps

The pre-test and post-test results revealed a modest increase in participants' mean knowledge scores, from 72.3 before the intervention to 75.3 afterward, representing an improvement of 3.0 points (Table 1). Although the average score increased, the magnitude of improvement was relatively small. One possible explanation is that participants had relatively high baseline knowledge scores, leaving limited room for further improvement following the educational

intervention. Furthermore, individual scores demonstrated considerable variation. While some participants achieved higher post-test scores and others maintained their initial scores, three participants experienced a decrease of 10 points.

The decreases observed among these three participants do not necessarily indicate a deterioration in their breastfeeding knowledge following the intervention. Several contextual factors may have influenced their post-test performance, including fluctuations in concentration, fatigue after completing the educational activities, time constraints during questionnaire completion, and potential difficulties in understanding certain questions. Environmental conditions during the activity, including unfavorable weather, may also have affected participants' concentration and ability to respond accurately. However, these factors were not systematically assessed during the program and therefore cannot be established as explanations for the observed decreases in scores. Consequently, variations in individual performance should be interpreted cautiously as differences in participants' responses to the educational activities rather than as definitive evidence of intervention failure.

Table 1. Descriptive statistics of breastfeeding knowledge scores before and after the Emo-Demo intervention

Assessment	n	Mean	SD	Min–max
Pre-test	13	72.3	15.9	30–90
Post-test	13	75.4	13.9	50–100
Change (post-test – pre-test)	13	+3.1	10.3	−10 to +20

Despite the relatively small increase in the mean knowledge score, improvements among several participants suggest that the educational activities may have contributed positively to their understanding of breastfeeding. Throughout the program, participants demonstrated considerable enthusiasm and actively engaged in the educational sessions. Their involvement was evident during group discussions, exchanges of personal breastfeeding experiences, and responses to questions posed by the facilitators. During the "Baby Breastfeeding Schedule" and "Infant Stomach Capacity" games, participants also collaborated within their groups to discuss and identify appropriate answers. These interactive activities appeared to encourage engagement and maintain participants' attention throughout the learning process. Nevertheless, because no direct comparison with conventional lecture-based education was conducted, the relative effectiveness of the Emo-Demo approach cannot be established. Overall, although the improvement in mean knowledge scores was modest and individual responses varied, the program demonstrated encouraging levels of participant engagement, suggesting that Emo-Demo may serve as a promising interactive approach to community-based breastfeeding education.

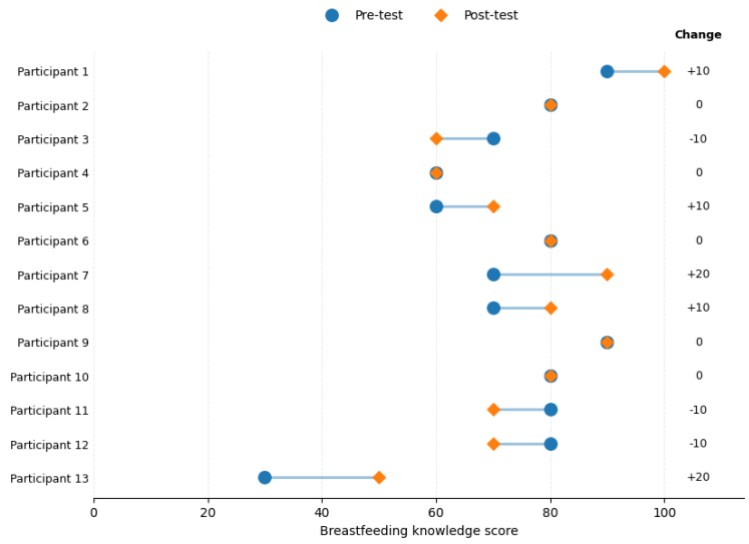


Figure 3. Individual changes in breastfeeding knowledge scores before and after the Emo-Demo intervention

The relatively modest improvement in participants' knowledge scores may have been influenced by several challenges encountered during the program (Figure 3). These included heavy rainfall, an unexpected change of venue, and inadequate lighting, which may have disrupted the learning environment and affected participants' concentration during the educational sessions. Nevertheless, participants remained actively engaged throughout the activities, as demonstrated by their willingness to ask questions, share personal breastfeeding experiences, and participate in group discussions.

The educational program began with a written pre-test to assess participants' baseline knowledge of exclusive breastfeeding (Figure 4). Following the initial assessment, participants received educational materials on breastfeeding frequency and duration, supported by visual aids in the form of posters. This session was followed by an interactive discussion in which participants demonstrated considerable enthusiasm by asking questions and sharing their breastfeeding experiences. Several questions concerned the recommended breastfeeding frequency for newborns, signs of adequate breast milk intake, and appropriate breastfeeding duration. The two-way discussion provided opportunities for participants not only to receive health information but also to clarify existing beliefs and address uncertainties about breastfeeding practices. Subsequently, participants engaged in two interactive educational games, "Baby Breastfeeding Schedule" (Jam Menyusui Bayi) and "Infant Stomach Capacity" (Volume Perut Bayi) (Figure 5). During these activities, participants actively followed the instructions, collaborated in small-group discussions, and confidently expressed their opinions when responding to facilitators' questions. The interactive learning environment appeared to facilitate participants' engagement with the educational content through practical experiences and simple simulations. The program concluded with a post-test to assess participants' knowledge following the educational intervention.



Figure 4. Participants Taking the Pre-Test



Figure 5. Baby Feeding Time Game

In addition to breastfeeding mothers, the program involved three local community health volunteers (posyandu cadres), who served as assistants and co-facilitators throughout the Emo-Demo activities. Before the program began, the cadres received a brief orientation covering the principles and implementation procedures of Emo-Demo, including instructions on facilitating the "Baby Breastfeeding Schedule" and "Infant Stomach Capacity" games. During the sessions, the cadres actively assisted in guiding participants, facilitating group discussions, and observing the educational games alongside the student team. This hands-on mentoring process, based on a learning-by-doing approach, provided opportunities for knowledge and skills transfer from the community engagement team to the cadres. Through their direct involvement, the cadres gained practical experience in facilitating Emo-Demo activities, which may strengthen their capacity to independently implement similar educational sessions during routine community health posts (posyandu) activities. This capacity-building component is particularly important for promoting program sustainability beyond the period of direct involvement by the university student team.

The implementation of Emotional Demonstration (Emo-Demo) in this program was supported by several educational components, including engaging visual materials, participatory discussions, interactive games, and emotionally relevant learning experiences reflecting the everyday challenges faced by breastfeeding mothers. These components appeared to encourage participants' attention, engagement, and motivation throughout the learning process. However, their contribution to knowledge improvement could not be independently established because the program did not assess the effects of individual educational components. A literature review by Meigasari and Damayanti (2023) reported that Emo-Demo-based education was effective in improving maternal knowledge, attitudes, motivation, and self-efficacy regarding exclusive breastfeeding, while also strengthening community health volunteers' educational skills. Similarly, Sembiring et al. (2025) reported significant improvements in participants' knowledge of exclusive breastfeeding following Emo-Demo-based education, attributing these improvements to the integration of visual materials, demonstrations, and emotional engagement. These findings suggest that interactive and emotionally engaging educational approaches may offer advantages for promoting active participation and facilitating understanding and retention of breastfeeding-related information. Nevertheless, the present program demonstrated only a modest descriptive improvement in knowledge scores, and its design did not permit conclusions regarding statistical significance, long-term knowledge retention, or comparative effectiveness against conventional lecture-based education.

CONCLUSION

The breastfeeding education program using the Emotional Demonstration (Emo-Demo) approach in Sumbersari Village demonstrated potential as an interactive educational strategy for improving maternal knowledge of exclusive breastfeeding. Although the mean knowledge score increased only modestly from pre-test to post-test, participants demonstrated active engagement through group discussions, question-and-answer sessions, and educational games, indicating that the approach provided an engaging and participatory learning environment. Technical challenges, including adverse weather conditions and inadequate learning facilities, may have affected the delivery of educational materials and participants' concentration. Nevertheless, the interactive and emotionally engaging nature of Emo-Demo appeared to encourage participants to share their experiences and engage with breastfeeding-related information. These findings suggest that Emo-Demo may serve as a promising complementary approach to community-based breastfeeding education. Future programs should incorporate standardized assessments of breastfeeding practices, longer-term follow-up, and improved implementation arrangements to evaluate the approach's effectiveness and potential contribution to exclusive breastfeeding practices.

From a broader public health perspective, this program has potential relevance to SDG 3 (Good Health and Well-being) and SDG 2 (Zero Hunger) by supporting community-based breastfeeding education and awareness of appropriate infant nutrition. However, its contribution to breastfeeding behavior, nutritional outcomes, and SDG-related health indicators requires further evaluation.

Ethical approval

This community engagement program involved non-invasive breastfeeding education using the Emotional Demonstration (Emo-Demo) approach, pre-test and post-test knowledge assessments, and observational evaluation of participants' engagement in educational activities. No clinical procedures or experimental treatments were performed. The program was conducted as a community education and service activity rather than a clinical investigation. Formal ethical approval was not required under the applicable institutional guidelines for routine community service activities.

Informed consent statement

All participants were informed about the objectives, procedures, and voluntary nature of the community engagement program before participation. Informed consent was obtained from the participating breastfeeding mothers and community health volunteers prior to the educational sessions and program evaluations. Participants' information and assessment results were handled confidentially and used solely for program evaluation and academic reporting.

Disclosure statement

The authors declare that they have no competing interests.

Author Contributions

Gregorius Sandy Budiarso Widigdo contributed to the conceptualization and coordination of the community engagement program, implementation of Emo-Demo activities, data collection, and preparation of the original manuscript draft. Tiara Widya Parahita contributed to the program design, preparation of educational materials, participant facilitation, and data collection. Anindya Putri Maharani participated in the development of educational activities, implementation of interactive demonstrations, data collection, and manuscript preparation. Bintang Kejora Rudhiraningtyas contributed to the preparation of educational materials, facilitation of group discussions and educational games, observational data collection, and manuscript revision. Elita Kusuma Dewi contributed to the implementation of the educational intervention, administration of pre-test and post-test assessments, descriptive data analysis, and manuscript preparation. Farida Wahyu Ningtyias, as the supervising lecturer and corresponding author, provided academic supervision, methodological guidance, interpretation of program evaluation findings, and critical review and revision of the manuscript. Dhuha Itsnanisa Adi contributed to the coordination and implementation of community engagement activities, participant facilitation, data documentation, and manuscript review. All authors reviewed and approved the final version of the manuscript and agreed to be accountable for their respective contributions.

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Data availability statement

The data supporting the findings of this community engagement program, including anonymized pre-test and post-test scores, are available from the corresponding author upon reasonable request, subject to participant confidentiality and applicable data protection requirements.

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