

Effectiveness of Emotional Demonstration Counseling on Knowledge, Attitudes and Behavior of Mothers of Stunting Toddlers in Sukaresmi Village

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Abstract

Introduction: Stunting among toddlers is a pressing concern associated with increased mortality and morbidity risks. Sukabumi Regency in West Java has the second-highest stunting prevalence rate at 37.6% in 2020, as reported by the West Java Health Office. In 2022, Sukaresmi Village, Cisaat District, was identified with the highest stunting prevalence at 20.2%. **Objective:** This study aims to evaluate the effectiveness of counseling, employing the emotional demonstration method, on knowledge, attitudes, and behaviors of mothers with stunted toddlers in Cisaat Public Health Center's jurisdiction. **Method:** This research uses a quantitative approach with a pre-experimental pre-post-test design, involving 60 mothers with stunted toddlers. **Result and Discussion:** The study shows significant positive changes in knowledge, attitudes, and behaviors among mothers who received counseling using the emo-demo method, lecture method, or a combination, as indicated by a p-value of <0.05 . Notably, the combined emo-demo and lecture method outperforms either method individually. **Conclusion:** Based on these results, it is recommended that Cisaat Public Health Center implements health counseling using the emo-demo method combined with lectures, using tailored materials for target groups in stunting prevention. Future research should explore alternative methodologies and larger sample sizes to enhance findings' validity and generalizability in this crucial public health domain

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Introduction

Nutritional problems in Indonesia are still the government's top priority in realizing the Sustainable Development Goals (SDGs) 2030. Stunting is one of the targets of the Sustainable Development Goals (SDGs) which is included in the 2nd sustainable development goal, namely eliminating hunger and all forms of malnutrition by 2030 and achieving food security. Stunting is important to resolve, because it has the potential to disrupt human resource potential and is related to health and mortality rates in children. According to Presidential Regulation No. 72 of 2021, stunting is a disorder of growth and development in children due to chronic malnutrition and repeated infections, which is characterized by a length or height that is below the established standard (Bappenas, 2019).

According to the Ministry of Health, the incidence of stunting in toddlers is indicated by a z-score value of less than -2.00 SD/standard deviation (stunted) and less than -3.00 SD (severely stunted) (Kemenkes RI, 2020). The causes of stunting are quite diverse and complex, but are generally categorized into three factors, including root causes (basic causes), namely economic, social, and political factors. Furthermore, indirect causes (underlying causes) consisting of food availability, parenting patterns, and health services; and finally, direct causes (immediate causes), namely nutrient intake and infectious diseases. Stunting can also occur due to inadequate nutrition, especially in the First 1000 Days of Life (HPK) (Rahmawati et al., 2020).

The First 1000 Days of Life (HPK) is a golden period for growth and development starting from pregnancy until the child is 2 years old. The first 1000 days of life (HPK) is also included in the critical node as the beginning of stunting, which will have a long-term impact that will recur in the life cycle. Stunting not only affects health from an early age, but can also hinder the development of children in the future (The Power of Nutrition, 2020).

Based on the results of the Basic Health Research (2018), it shows a decrease in the prevalence of stunting at the national level by 6.4% over a five-year period, namely from 37.2% (2013) with details of very short 18.0% and short 19.2% to 30.8% (2018) with details of very short 11.5% and short 19.3%. Although Indonesia has experienced a decrease in the prevalence of stunted children, this is still below the recommendations of the World Health Organization, where Stunting cases based on the targets set by WHO parameters must have a prevalence of less than 20%. Among countries in Southeast Asia, Indonesia still ranks second highest in the prevalence of toddlers experiencing stunting (Asia Development Bank, 2022)

According to the West Java Health Office, 2020 the highest prevalence of stunting was in Sukabumi Regency with a prevalence of 37.6%. Meanwhile, according to the Toddler Weighing Month (BPB) report at the Village locus of Sukabumi Regency in 2022, the highest prevalence of stunting was in Sukaresmi Village, Cisaat District at 20.2%.

Steps to handle and prevent stunting still need to be taken even though the stunting rate shows a decline. Some steps to prevent stunting that need to be taken are education, health education and counseling with the theme of preventing stunting (WHO, 2018). One approach method in providing education and health education is to use the emo demo method. Emo demo is a participatory activity guide that aims to convey simple messages in a more enjoyable and emotional way. So that it makes it easy to remember and has an impact compared to other conventional behavior change strategies (GAIN, 2023).

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Referring to the theory of behavioral change in psychology, emo demos are carried out briefly, concisely, and effectively to change maternal behavior through several props that are played. Many studies have been conducted on stunting in toddlers, but studies that have been specifically conducted using the emo-demo method are still few. Based on the results of a preliminary survey at the Cisaat District Health Center, health counseling using the lecture method was also carried out for mothers of toddlers and the results did not show any significant changes in the knowledge, attitudes and behavior of mothers of toddlers regarding stunting. And in the health promotion program at the Cisaat District Health Center, counseling using the emo-demo method has never been provided.

Based on the description above, the researcher is interested in conducting a study entitled "Effectiveness of Counseling Using the Emo Demo Method on the Knowledge, Attitudes, and Behavior of Mothers of Stunting Toddlers in Sukaresmi Village, Cisaat District, Sukabumi Regency".

Method

Quantitative research type with quasi-experimental method. The research location was conducted in the working area of Cisaat District Health Center, precisely at Cesim, Selada, and Katuk Integrated Health Posts, Sukaresmi Village. The population in this study were all mothers who had toddlers with stunting in Sukaresmi Village totaling 190 toddlers. The sampling technique used purposive sampling based on considerations and a minimum sample of simple experimental research of 60 respondents, 20 respondents each for 3 groups. The quantitative data collection method was carried out by distributing questionnaires that had previously been tested for validity and reliability.

This research has gone through an ethical review procedure and was declared feasible to be implemented by the research ethics commission of Respati Indonesia University. Data processing using SPSS. The data analysis used was univariate analysis, bivariate with paired sample t-test and multivariate analysis using the LSD (Least Significant Difference) test.

Result and Discussion

1. Results

The Cisaat District Health Center covers 6 villages, namely Cisaat Village, Sukamanah Village, Cibatuh Village, Sukasari Village, Nagrak Village, and Sukaresmi Village. Geographically, the Cisaat District Health Center UPTD is located in Sukabumi Regency, Cisaat District, precisely on Jl. Gelanggang Pemuda, Sukamanah, postal code 43152 with a working area of 927,830 hectares. The highest incidence of stunting in toddlers aged 0-5 years is in Sukaresmi Village, as much as 34% of toddlers. While the second highest incidence of stunting is in Sukasari Village at 18%. The lowest incidence of stunting is in Nagrak Village and Cisaat Village at 11% of toddlers. This indicates that there is a need to prevent stunting in toddlers so that stunting cases do not increase and the community is able to implement a clean and healthy lifestyle in their families.

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Table 1
Frequency Distribution of Education and Occupation of Mothers of Toddlers

Variable	F	(%)
Emo Demo Group		
Education		
ES	5	25%
JHS	6	30%
SHS	9	45%
Occupation		
Work	2	10%
Doesn't work	18	90%
Lecture Group		
Education		
ES	4	20%
JHS	6	30%
SHS	10	50%
Occupation		
Work	2	10%
Doesn't work	18	90%
Emo Group Demo and Lecture		
Education		
ES	5	25%
JHS	5	25%
SHS	10	50%
Occupation		
Work	3	15%
Doesn't work	17	85%

Source: Primary Data 2023

Based on the table above, it shows that the frequency distribution of the education variable for the emo demo group is the most, 45% of mothers have a high school education. In the lecture group, the most is 50% of mothers have a high school education. As for the combined group, namely emo demo and lecture, there are the most, 50% of mothers who have a high school education. In addition to the age and education variables, there is also a distribution of employment variables.

In the emo demo group and the lecture group, there are similarities in the percentage of work, namely that there are 90% of mothers who do not work and 10% of mothers who work. While in the combined emo demo and lecture group, there are 85% of mothers who do not work and 15% of mothers who work. An expert, (Notoatmodjo, 2018) once stated that education is a factor that can influence a person's knowledge. The higher the education, the better the level of a person's knowledge, this study is also in line with (Fauzi Muhamad, Wahyudin, 2020) which states that the level of education is one of the factors related to the incidence of stunting in toddlers. Several case studies have shown that when the mother's education level is low, it is likely that the mother does not know about the importance of good nutritional intake for toddlers and has behavior that is less supportive of her child's health.

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Table 2
Results of Univariate Analysis on Knowledge, Attitudes, and Behavior of Mothers of Toddlers

Variable	N	Mean	Median	SD	Min	Max
Emo Demo Group						
Knowledge before	20	8.65	9.00	1.565	6	11
Knowledge after		10.65	11.00	1.387	8	12
Attitude before	20	44.25	42.00	5.447	38	55
Attitude after		48.45	49.00	5.073	40	58
Behaviour before	20	33.15	33.00	2.621	30	38
Behaviour after		36.50	36.50	1.792	33	39
Lecture Group						
Knowledge before	20	9.55	9.50	1.959	7	12
Knowledge after		10.90	11.00	1.252	8	12
Attitude before	20	46.05	44.50	5.052	40	57
Attitude after		48.80	47.00	4.959	42	57
Behaviour before	20	35.80	36.00	2.016	31	39
Behaviour after		37.50	37.50	1.553	35	39
Emo Group Demo and Lecture						
Knowledge before	20	8.40	8.00	1.353	6	11
Knowledge after		9.45	10.00	1.669	6	12
Attitude before	20	43.70	43.50	4.001	37	51
Attitude after		46.65	45.50	3.703	41	54
Behaviour before	20	34.85	35.50	2.346	31	38
Behaviour after		35.70	36.00	2.677	31	39

Source: Primary Data 2023

The table above shows that the average score of the emo demo group for the knowledge variable before and after the intervention was 8.65 to 10.65 with a difference in increase of 2.0 and a standard deviation of 1,565 to 1,387, while the average score of the emo demo group on the attitude variable before and after the intervention was 44.25 to 48.45 with a difference in increase of 4.2 and a standard deviation of 5,447 to 5,037. The average score of the emo demo group on the behavior variable before and after the intervention was 33.15 to 36.50 with a difference in increase of 3.35 and a standard deviation of 2,621 to 1,792. In addition, the average score in the lecture group for the knowledge variable before and after the intervention was 9.55 to 10.90 with a difference in increase of 1.35 and a standard deviation of 1.959 to 1.252, while the average score of the lecture group on the attitude variable before and after the intervention was 46.05 to 48.80 with a difference in increase of 2.75 and a standard deviation of 5.052 to 4.959. The average score of the lecture group on the behavior variable before and after the intervention was 35.80 to 37.50 with a difference in increase of 1.70 and a standard deviation of 2.016 to 1.553.

Meanwhile, in the combined group, namely emo demo and lecture for the knowledge variable before and after the intervention was 8.40 to 9.45 with a difference in increase of 1.05 and a standard deviation of 1.353 to 1.669, while the average score of the combined group, namely emo demo and lecture on the attitude variable before and after the intervention was 43.70 to 46.65 with a difference in increase of 2.95 and a standard deviation of 4.001 to 3.703. The average score of the combined group, namely

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emo demo and lecture on the behavior variable before and after the intervention was 34.85 to 35.70 with a difference in increase of 0.85 and a standard deviation of 2.346 to 2.677.

Table 3

Test Results for Differences in Knowledge, Attitudes, Behavior
Before and After Intervention in the Emo Demo Group

Variable	Mean	SD	95% CI		T	N	Sig. (2-tailed)
			Lower	Upper			
Emo Demo Group							
			Knowledge				
Before	8.65	1.565	-2.712	-1.288	-5.878	20	0.000
After	10.65	1.387					
			Attitude				
Before	44.25	5.447	-5.708	-2.692	-5.830	20	0.000
After	48.45	5.073					
			Behaviour				
Before	33.15	2.621	-4.479	-2.221	-6.211	20	0.000
After	36.50	1.792					
Lecture Group							
			Knowledge				
Before	9.55	1.959	-2.289	-0.411	-3.008	20	0.007
After	10.90	1.252					
			Attitude				
Before	46.05	5.052	-4.356	-1.144	-3.584	20	0.002
After	48.80	4.959					
			Behaviour				
Before	35.80	2.016	-1.981	-0.619	-3.997	20	0.001
After	37.10	1.553					
Emo Demo Group and Lecture							
			Knowledge				
Before	8.40	1.353	-1.860	-0.240	-2.712	20	0.014
After	9.45	1.669					
			Attitude				
Before	43.70	4.001	-4.081	-1.819	-5.459	20	0.000
After	46.65	3.703					
			Behaviour				
Before	34.85	2.621	-1.643	-0.057	-2.243	20	0.037
After	35.70	2.677					

Source: Primary Data 2023

Based on the table above, it shows that the average knowledge value of mothers of toddlers before being given counseling using the emo demo method was 8.65 with a standard deviation of 1.565, while the average knowledge of mothers after being given counseling was 10.65 with a standard deviation of 1.387. It is also known that the significance value is 0.000 (less than 0.05), so H_0 is rejected. This means that there is an influence of counseling using the emo-demo method regarding stunting on the knowledge of mothers of toddlers.

The average attitude value of mothers of toddlers before being given counseling using the emo demo method was 44.25 with a standard deviation of 5,447, while the average attitude of mothers after being given counseling was 48.45 with a standard

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deviation of 5,073. The significance value is 0.000 (less than 0.05), then H_0 is rejected. This means that there is an influence of counseling using the emo-demo method regarding stunting on the attitudes of mothers of toddlers. Apart from that, there is also an average value of the behavior variable for mothers of toddlers before being given counseling using the emo demo method which is seen at 33.15 with a standard deviation of 2,621. Meanwhile, the average behavior of mothers after being given counseling was 36.50 with a standard deviation of 1,792. As for the significance value of 0.000 (less than 0.05), H_0 is rejected. This means that there is an influence of education with demonstrations regarding stunting on the behavior of mothers of toddlers.

The table above also shows the average knowledge value of mothers of toddlers before being given counseling with lectures was 9.55 with a standard deviation of 1,959. Meanwhile, the average knowledge of mothers after being given counseling was 10.90 with a standard deviation of 1,252. The significance value is 0.007 (less than 0.05), so H_0 is rejected. This means that there is an influence of counseling using the lecture method regarding stunting on the knowledge of mothers of toddlers.

The average value of the attitude variable for mothers of toddlers before being given counseling using the lecture method was found to be 46.05 with a standard deviation of 5,052. Meanwhile, the average attitude of mothers after being given counseling was 48.80 with a standard deviation of 4,959. The significance value was 0.002 (less than 0.05), so H_0 was rejected. This means that there is an influence of counseling using the lecture method regarding stunting on the attitudes of mothers of toddlers.

It is known in the table above that the average value of the behavior of mothers of toddlers before being given counseling using the lecture method was 35.80 with a standard deviation of 2.016. Meanwhile, the average behavior of mothers after being given counseling was 37.10 with a standard deviation of 1,553. The significance value is 0.001 (less than 0.05), then H_0 is rejected. This means that there is an influence of counseling with lectures about stunting on the behavior of mothers of toddlers.

The analysis test in this study on the knowledge of mothers of toddlers was a paired t test with an alpha error level of 0.05. The table above shows that the average knowledge of mothers of toddlers before being given counseling using the emo demo and lecture method was 8.40 with a standard deviation of 1.353, while the average knowledge after being given counseling was 9.45 with a standard deviation of 1.669. As for the significance value of 0.014 (less than 0.05), H_0 is rejected. This means that there is an influence of counseling on the knowledge of mothers of toddlers.

Based on the table above, it also shows that the average attitude value of mothers of toddlers before being given counseling using the emo demo and lecture method was 43.70 with a standard deviation of 4.001. Meanwhile, the average attitude of mothers after being given counseling was 46.65 with a standard deviation of 3,703. The significance value is also known to be 0.000 (less than 0.05), so H_0 is rejected. This means that there is an influence of counseling on the attitudes of mothers of toddlers. In the variable behavior of mothers of toddlers before being given counseling using the emo demo and lecture method, it was found that the average value was 34.85 with a standard deviation of 2,346. Meanwhile, the average mother's behavior after being given counseling was 35.70 with a standard deviation of 2,677 and a significance value of 0.037 (less than 0.05), so H_0 was rejected. This means that there is an influence of counseling with demonstrations on the behavior of mothers of toddlers.

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2. Discussion

According to Azwar, a person's attitude will be influenced by personal experience, the influence of others, the influence of culture, educational institutions, mass media, religion and emotional factors. The results of this study are also supported by research by (Intiyanti & Juliana, 2019) which states that intervention using the emo demo method has succeeded in increasing the aspect of maternal knowledge regarding the provision of complementary feeding (Amri, 2022). This is also in line with research conducted by Muyassaroh & Fatmayanti, 2021 which shows that there is an increase in maternal behavior in preventing anemia in pregnant women with the ATIKA (Liver, Eggs, Fish) emo demo module before and after the intervention. In this study, it was also found that the mothers of toddlers who were the targets had never received stunting counseling using the emo demo method, so this is a good start and can be applied by other health workers to improve the knowledge, attitudes, and behavior of mothers in preventing stunting in their toddlers.

Nopitasari, 2022 also stated that emo demo intervention is more effective than lectures and ice breaking because emo demo can increase mothers' knowledge about feeding babies and children. The results of the statistical test of the effectiveness of the emotional demonstration and ice breaking education methods on knowledge showed ($p = 0.007$) which means that there is a significant difference between the two intervention groups. From several theoretical explanations and the results above, the researcher's assumption is that the emo-demo method combined with lectures is more effective than the lecture method alone or the emo demo method alone. Because the emo-demo method when combined with lectures uses more two-way communication and respondents are also more involved in the games and education. So, it is easier to understand the material presented.

The target of health promotion or respondents find it easier to understand health information conveyed by facilitators using emo demos. The emo demo method makes respondents more active and interactive. Targets exposed to the emo demo method will be better able to receive the information conveyed because not only theory is given but there are also practices and cheers that are inspiring and fun (Wulansari et al., 2020). This emo demo method is not only about providing health information. However, there is a process that can increase positive emotions in mothers of toddlers and mothers of toddlers. These aroused emotions can cause mothers of toddlers and mothers of toddlers to be more motivated to carry out behavioral change efforts in preventing stunting.

Conclusion

Respondent characteristics based on age, education and occupation were obtained almost all respondents with an average age of 20-35 years for the mother's age, while the average age of the child was 2 years, and most mothers had a high school education and most did not work. It was also found that there were differences in knowledge, attitudes and behavior of mothers of toddlers before and after being given counseling using the emo demo method on stunting prevention in the Cisaat District Health Center area in 2023. The emotional demonstration method combined with lectures is more effective in increasing mothers' knowledge in stunting prevention.

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For the Cisaat District Health Center, it is recommended to hold health counseling using the emo demo method using modules other than module 9 combined with lectures on stunting prevention by developing media that is appropriate to the target. As for other researchers, it is recommended to conduct further research using other methods and have more samples so that validity can be guaranteed.

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