

## Strengthening the Role of PKK Mothers in Maintaining Family Health in Jomblangan Village

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### Abstract

The role of PKK mothers is crucial in promoting health at the family and community levels in Indonesia. This community service project aimed to strengthen the role of 17 PKK mothers in Jomblangan Village through structured health education and empowerment training. Utilizing a participatory action approach, the program focused on five thematic areas: balanced nutrition, stunting prevention, hygiene and sanitation, maternal and child health, and home-based first aid. Data were collected through pre- and post-tests, observation, and focus group discussions. The average knowledge score increased by 29%, and participants demonstrated behavioral changes such as improved dietary practices, regular growth monitoring, and proper hygiene habits. Qualitative data also revealed enhanced motivation and willingness to share knowledge within the community. The findings confirm that PKK mothers, when equipped with appropriate knowledge and skills, can become effective grassroots health promoters. The program proved effective, acceptable, and replicable, providing a scalable model for similar communities. Continuous mentoring and digital engagement are recommended for long-term sustainability.

**Keywords:** PKK mothers, Family health, Community empowerment, Nutrition education, Health behavior, Indonesia.

### INTRODUCTION

In Indonesia, the role of women—especially mothers—is central in maintaining family health and well-being. Within this context, the PKK (Pembinaan Kesejahteraan Keluarga or Family Welfare Movement) is one of the most vital community-based organizations aimed at empowering women to actively participate in the improvement of household quality, particularly in health, education, and economy (Suharno, 2018). PKK mothers are positioned as grassroots health advocates, serving as mediators of health knowledge and behavior change within the family unit (Kementerian Dalam Negeri, 2022). The family is the smallest unit in society but plays a pivotal role in determining public health outcomes. Healthy families contribute to healthy communities, which in turn contribute to the productivity and resilience of the nation. However, many families, particularly in rural and semi-urban areas like Jomblangan Village, still face limitations in accessing accurate health information, proper nutrition, and health services (World Health Organization, 2021).

Maternal knowledge, attitudes, and behaviors significantly influence the health of all family members, especially children and the elderly. A mother's role in planning meals, maintaining sanitation, and seeking preventive care directly affects family health outcomes. Studies show that when mothers are educated about basic health principles, there is a marked improvement in child nutrition, reduced incidence of communicable diseases, and improved maternal health (Damayanti, Sari, & Lestari, 2020). PKK groups are expected to fill this educational role, but in practice, their functions are often hampered by lack of capacity, limited exposure to current health trends, and minimal access to structured training programs (Widayati et al., 2019). For instance, many PKK mothers are unfamiliar with updated stunting prevention strategies, the importance of balanced nutrition using the "My Plate" model, or early childhood stimulation. This knowledge gap can delay preventive actions and perpetuate poor health practices in families.

Strengthening the role of PKK mothers through community empowerment programs has become a strategic intervention in many national and local development agendas. According to Wallerstein (2006), community empowerment through health education fosters sustainable behavior change because it builds capacity, confidence, and community ownership of health issues. In line with Indonesia's National Medium-Term Development Plan (RPJMN) 2020–2024, community-based health promotion is prioritized to reduce maternal and child mortality and to improve the overall quality of life (Bappenas, 2020). Furthermore, in the context of post-pandemic recovery, there is a renewed urgency to reactivate grassroots health education efforts, especially as many communities experienced setbacks in health behaviors, school participation, and immunization coverage due to COVID-19 disruptions (UNICEF Indonesia, 2022). PKK groups, with their established networks and social trust, are ideal agents for reintroducing healthy living practices.

In this light, the present community service initiative aims to strengthen the role of PKK mothers in Jomblangan Village in maintaining family health. By equipping them with updated health knowledge and practical skills, the program intends to empower them as health promoters in their households and communities. The intervention will focus on key topics including balanced nutrition, prevention of stunting and communicable diseases, personal and environmental hygiene, maternal and child health, and simple home-based first aid. This article presents the background, method, results, and impact of the community service program conducted in Jomblangan Village, with the goal of providing a scalable model for health-focused PKK empowerment.

## METHODOLOGY

This community service activity was designed using a participatory action model, which emphasizes the involvement of community mothers—in this case, PKK mothers—in both the planning and implementation of the program (Kemmis, McTaggart, & Nixon, 2014). The goal was to empower participants not only as recipients of knowledge but also as active contributors to the process of improving family health practices in Jomblangan Village.

### Location and Participants

The activity was conducted in Jomblangan Village, located in Banguntapan Subdistrict, Bantul Regency, Yogyakarta Special Region, Indonesia. This village was selected based on preliminary observations indicating limited access to structured health education for housewives and PKK mothers. A total of 17 PKK mothers participated voluntarily. These individuals were selected purposively based on their active involvement in routine PKK meetings and their roles as household managers.

### Preliminary Needs Assessment

Before the intervention began, a preliminary needs assessment was carried out using a combination of structured questionnaires and informal interviews. This assessment aimed to identify gaps in knowledge, attitudes, and behaviors related to family health management, such as nutrition, sanitation, and maternal-child care. The data collected informed the development of relevant training materials tailored to the local context (Notoatmodjo, 2019).

### Training and Empowerment Model

The program was delivered in a training-of-trainers format using a combination of interactive lectures, group discussions, demonstrations, and simulations. This approach ensured that the learning process was not only cognitive but also practical and reflective. The material was divided into five thematic modules: Balanced Nutrition and Food Safety: Including the "Isi Piringku" (My Plate) model and basic nutrition for children and adults; Stunting Prevention and Growth Monitoring: Emphasizing early detection, growth charts, and nutritional interventions; Environmental Hygiene and Sanitation: Focused on clean water, waste management, and disease prevention. Maternal and Child Health (MCH): Addressing antenatal care, immunization, breastfeeding, and reproductive health. Home-based First Aid and Health Seeking Behavior: Covering fever management, wound care, and health service utilization. The sessions were

facilitated by a team consisting of a public health educator, a nutritionist, and a community health nurse, supported by village health cadres.

**Learning Activities and Media**

Various participatory learning methods were employed, such as Brainstorming and problem-solving sessions, Role-plays and simulations to practice scenarios (e.g., treating a child with diarrhea), Food demonstration: Preparing healthy meals with local ingredients, Handwashing practice using WHO's 7-step technique. Educational materials included posters, flipcharts, and short video animations. All materials were adapted to the local language and cultural context for better comprehension.

**Evaluation and Monitoring**

To assess the effectiveness of the program, both quantitative and qualitative evaluations were employed: Pre- and post-tests were administered to measure changes in knowledge. The test included 20 multiple-choice questions covering all modules; Observation checklists were used during practical activities to monitor behavioral changes and active participation; Focus Group Discussion (FGD) was held at the end of the training to gather feedback and reflections from participants. Evaluation results were analyzed descriptively to assess learning outcomes and satisfaction levels. The facilitators also conducted a follow-up mentoring session via WhatsApp to provide ongoing support and answer health-related questions for two weeks after training completion.

**Ethical Consideration**

All participants were informed about the purpose of the activity and gave informed consent to participate. Privacy and confidentiality were maintained throughout the process. The activity aligned with ethical standards for community-based public health interventions (Beauchamp & Childress, 2019).

**RESULTS AND DISCUSSION**

The implementation of the community service program aimed at strengthening the role of PKK mothers in Jomblangan Village yielded significant outcomes across cognitive, behavioral, and motivational domains. Data were collected using pre- and post-tests, observations, and focus group discussions (FGDs) involving all 17 participants.

**Knowledge Improvement**

One of the key indicators of program success was the increase in knowledge among PKK mothers regarding family health management. A pre-test was administered before the intervention, followed by a post-test after the training. The test consisted of 20 multiple-choice questions covering five major topics: nutrition, stunting, hygiene and sanitation, maternal and child health, and basic first aid.

**Table 1. Comparison of Pre- and Post-Test Results**

Topic	Pre-Test (%)	Post-Test (%)	Increase (%)
Balanced Nutrition	54.1	85.3	+31.2
Stunting Prevention	52.5	84.7	+32.2
Hygiene and Sanitation	56.0	87.6	+31.6
Maternal and Child Health	59.4	83.5	+24.1
Home-based First Aid	55.9	81.8	+25.9
Average Score	55.6	84.6	+29.0

The data show a consistent and statistically significant improvement across all domains of knowledge. These findings are consistent with previous studies demonstrating the efficacy of community-based health education programs in increasing maternal health literacy (Damayanti et al., 2020; Notoatmodjo, 2019).

**Behavioral Change and Application in Daily Life**

Beyond knowledge gain, participants reported positive changes in behavior, which were verified through interviews and observational data collected during and after the training. Key behavioral outcomes observed: 88% of mothers (15 out of 17) began regularly preparing balanced meals using the "Isi Piringku" concept, 76% (13 mothers) reported checking their children's height

and weight monthly using growth charts distributed during the training, 82% (14 mothers) implemented proper handwashing techniques in the household, 70% (12 mothers) began tracking immunization schedules and prenatal care services for themselves or relatives.

These results reflect that knowledge gained was effectively translated into practical action—a critical step in sustainable health promotion (Wallerstein, 2006). Mothers also became more confident in discussing health issues within PKK forums and expressed a willingness to share the knowledge with other families.

#### Motivation and Empowerment

Motivational indicators were assessed qualitatively through FGDs. The discussions revealed that participants felt more empowered and confident after attending the sessions. They appreciated the participatory method, culturally relevant materials, and practical demonstrations. Several mothers expressed interest in becoming informal "health ambassadors" in their RT/RW areas. According to Widayati et al. (2019), empowerment of PKK cadres and mothers is strongly correlated with improvements in community-level health behaviors. The social trust that PKK mothers hold within their neighborhoods makes them effective intermediaries between formal health services and the public.



**Figure 1. training atmosphere**

#### Program Acceptability and Feedback

Feedback from participants was overwhelmingly positive. In the final evaluation session: 100% rated the training as very useful, 94% stated that the content was easy to understand, 88% recommended the program be repeated for other groups in the village. Challenges noted included time constraints and difficulty changing the habits of older family mothers. This highlights the importance of expanding future interventions to include the whole family, not just mothers.

#### Sustainability and Follow-up

After the training, a WhatsApp group was created for continuous consultation. In the two weeks following the training, 65 messages were exchanged in the group, mostly questions about child nutrition and minor illnesses. This initiative reflects the importance of digital platforms in maintaining post-training support and motivation, especially in semi-urban areas with good internet access (UNICEF Indonesia, 2022). The success of this intervention aligns with WHO's recommendations that community-based health education delivered by peer leaders can have a powerful and sustainable impact on family health behaviors (WHO, 2020). The results of this PKM project affirm the hypothesis that equipping PKK mothers with relevant health knowledge and skills leads to measurable improvements in family health awareness, behavior, and confidence. The increase in test scores and self-reported application of good practices demonstrates the potential of PKK structures as sustainable grassroots health promotion agents.



**Figure 2. training materials related to family health, especially heart disease and diabetes**

While the scope of this intervention was limited to 17 participants in one village, the results suggest that with proper adaptation and institutional support, the model can be scaled up for broader application in other rural or suburban communities across Indonesia.

## CONCLUSION

This community service initiative successfully demonstrated that empowering PKK mothers with health education significantly improves their knowledge, attitudes, and behaviors regarding family health. Through a participatory training model, mothers gained practical skills in balanced nutrition, disease prevention, sanitation, and maternal-child health care. The increase in knowledge scores, adoption of healthy behaviors, and the active engagement observed during and after the training indicate that PKK mothers are strategic agents in promoting health at the grassroots level. Moreover, the intervention fostered a sense of empowerment and motivation among participants, reinforcing their roles as key influencers within their households and communities. The program not only enhanced their individual capacity but also strengthened the existing social support system for family health promotion in Jomblangan Village. These findings support the potential scalability of the model to other similar villages in Indonesia. However, for sustained impact, continuous mentoring, involvement of local health authorities, and integration of digital platforms are recommended. Future initiatives should consider involving entire family units and providing refresher programs to ensure lasting behavioral change.

## SUGGESTION

Ongoing mentoring and digital engagement are recommended for long-term sustainability.

## THANK-YOU NOTE

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