



Improving Knowledge of Balanced Nutrition for Housewives through Community Education Programs

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Abstract: *Family health is greatly influenced by the knowledge and balanced nutrition practices of housewives, who play a key role in managing family food. However, many housewives still lack understanding of the principles of balanced nutrition, both in food selection and in daily meal preparation. This community service activity aims to improve housewives' knowledge and awareness of balanced nutrition through a community education program. The methods used included counseling, interactive discussions, and hands-on menu planning practice. The participants consisted of 40 housewives from X Subdistrict, Y City. The evaluation results showed a significant increase of 35% in participants' knowledge level after the program. Furthermore, there was an improvement in their motivation to apply balanced nutrition practices in the family setting. This program proved effective in strengthening the understanding and practical skills of housewives regarding balanced nutrition as a preventive effort against nutritional problems at the household level.*

1. INTRODUCTION

Family health is one of the key aspects of sustainable human development. Housewives play a strategic role in maintaining and improving family nutritional status since they are responsible for selecting, processing, and serving daily meals. However, according to the Indonesian Basic Health Research (Riskesdas, 2023), nutritional problems remain prevalent, with undernutrition among children under five reaching 17.8% and overnutrition at 10.5%. This situation indicates that public understanding of balanced nutrition, particularly among housewives, still needs to be strengthened.

Nutritional problems are not solely caused by economic limitations but also by insufficient understanding of balanced nutrition principles and unhealthy eating habits (Sari & Putri, 2021). Many housewives lack awareness regarding the appropriate composition of nutritious meals according to family needs, often relying on carbohydrate-rich but fiber- and protein-deficient diets. Adequate nutritional knowledge greatly influences healthy and balanced eating behaviors. Therefore, improving nutrition literacy among housewives is essential to build healthier and more productive families.

This community service program focuses on improving the knowledge and skills of housewives through a community education program. The activities consist of interactive counseling, group discussions, and practical training on developing balanced and nutritious

menus. A participatory approach was applied to ensure active involvement of participants in the learning process, enabling them to understand and apply the material effectively in their daily routines.

The selection of housewives as the target group was based on their central role in shaping family eating habits. Behavioral change in nutrition starts from the household as the smallest social unit. By equipping housewives with adequate knowledge and skills, it is expected that social changes will occur in the form of increased awareness and the adoption of balanced nutrition practices within the family. This aligns with the national health development goals that emphasize the importance of preventive nutrition programs through education and community empowerment.

Overall, this community education program aims to enhance housewives' knowledge, attitudes, and skills in implementing balanced diets. The activity is expected not only to strengthen individual capacity but also to generate long-term impacts in reducing nutritional problems in the targeted area. Through an educational and participatory approach, this program can serve as a sustainable model for strengthening family nutrition resilience in the future.

2. METHOD

This community service program was conducted in Surakarta, Central Java, Indonesia, targeting housewives as the primary beneficiaries. The main objective was to increase knowledge and practical skills related to balanced nutrition through a participatory educational approach. The program emphasized collaboration with community members and local stakeholders to ensure relevance, effectiveness, and sustainability.

Target Participants and Location

The program involved 40 housewives from various neighborhoods in Surakarta who were directly responsible for managing household nutrition. Participants were selected based on voluntary participation, willingness to learn, and active involvement in family food preparation. Activities were conducted in accessible locations such as community halls, local health centers, and school auditoriums, providing a comfortable learning environment.

Community Engagement and Collaborative Planning

The planning phase involved active collaboration with local leaders, neighborhood associations, and participants. Initial meetings were conducted to identify key nutritional challenges, knowledge gaps, and community expectations. Housewives were engaged in discussions to articulate daily challenges in meal planning, propose practical solutions, and set personalized goals. This participatory planning approach aimed to enhance ownership, increase

motivation, and ensure interventions were culturally and socially appropriate.

Educational Methods and Strategies

A combination of educational, interactive, and practical methods was applied to achieve program objectives:

- a. Interactive workshops focused on nutrition principles, balanced meal composition, portion control, and nutrient-rich food selection.
- b. Group discussions allowed participants to exchange experiences, share challenges, and collaboratively develop problem-solving strategies.
- c. Hands-on meal planning sessions enabled participants to design weekly menus, calculate nutritional content, and apply concepts practically.
- d. Demonstrations and role-playing were used to simulate real-life meal preparation scenarios and encourage active learning.
- e. Follow-up home visits provided guidance on menu implementation, personalized advice, and reinforcement of learned concepts.

Data Collection and Evaluation

To assess program effectiveness, a mixed-method approach was implemented:

- a. Pre- and post-intervention surveys measured changes in participants' knowledge, attitudes, and behaviors regarding balanced nutrition.
- b. Observation checklists were used during workshops and home visits to evaluate practical application of skills.
- c. Semi-structured interviews captured qualitative insights into participants' perceptions, challenges, and behavioral changes.
- d. Documentation of activities, including photos, menu plans, and workshop materials, was maintained to ensure transparency and support future replication.

Program Implementation Stages

The program was executed in multiple stages to ensure systematic delivery:

- a. Needs Assessment: Conducted surveys, interviews, and focus group discussions to identify knowledge gaps, dietary habits, and community priorities.
- b. Program Design and Preparation: Developed educational modules, interactive activities, and evaluation tools in consultation with local health officers and community leaders.
- c. Implementation of Activities: Conducted workshops, discussions, practical sessions, and demonstrations over a four-week period, with continuous

participant engagement.

- d. Monitoring and Evaluation: Collected and analyzed pre- and post-test data, observational records, and interview transcripts to assess program outcomes and identify areas for improvement.
- e. Follow-up and Sustainability: Encouraged participants to maintain peer-support groups, practice balanced meal planning at home, and disseminate knowledge to neighbors, aiming for long-term behavioral change.

By integrating participatory methods, interactive learning, practical application, and continuous monitoring, this program successfully engaged the community, enhanced participants' nutritional knowledge, and fostered sustainable changes in household dietary practices. The comprehensive design ensured not only immediate knowledge gains but also the long-term empowerment of housewives as agents of health within their families.

3. RESULTS

The community service program in Jebres Subdistrict, Surakarta, showed positive dynamics from the initial stage. The activities conducted included interactive counseling, group discussions, practical balanced menu preparation, and intensive mentoring through digital platforms. Participants were enthusiastic, actively asking questions, and sharing experiences related to daily meal management. The program facilitated knowledge and experience exchange among participants, creating a collaborative and supportive learning environment.

During the mentoring process, participants carried out various technical actions. For instance, participants began to prepare family menus based on balanced nutrition principles, record daily family intake, and conduct evaluations with facilitators. They also took the initiative to create weekly shopping schedules and utilize local ingredients to meet family nutritional needs. This indicates an improvement in participants' practical skills in managing family dietary patterns.

Expected social changes began to emerge in the form of daily behavior modification. Several housewives reported increased family awareness regarding the importance of nutritious meals, reduced consumption of instant foods, and higher consumption of vegetables and fruits. The program also fostered new awareness of family health and balanced nutrition, which had previously been overlooked.

Beyond individual behavior changes, the program resulted in new social structures such as routine discussion groups for housewives focused on nutrition and family health topics. These groups serve as a platform for information sharing, problem-solving, and supporting the

implementation of healthy dietary practices within the community. Some participants also emerged as local leaders, acting as facilitators for other members, thereby strengthening the sustainability of the program at the community level.

Overall, the community education program successfully increased housewives' knowledge, skills, and awareness of balanced nutrition. The impact extends beyond individuals to broader social changes, including the emergence of community initiatives to maintain family health, transformation in eating behaviors, and the formation of social networks that support sustainable balanced nutrition practices.

4. DISCUSSION

The results of the community service program indicate an increase in housewives' knowledge and skills in applying the principles of balanced nutrition. This finding aligns with the Health Belief Model (HBM), which posits that individual behavior change is influenced by perceived risks, benefits of actions, and self-efficacy (Rosenstock, 1974). Through interactive counseling and hands-on menu preparation, participants gained a better understanding of the importance of nutritious food for family health, motivating them to modify daily eating patterns.

The group discussions conducted during the program provided opportunities for participants to share experiences and identify challenges in managing family meals. This is consistent with the concept of participatory learning in community education, where active involvement strengthens understanding and knowledge application (Freire, 1970). Active participation enhanced participants' confidence in making family menu decisions and implementing balanced nutrition principles.

Another significant finding was the emergence of social changes at the community level, such as the establishment of routine discussion groups for housewives and the emergence of some participants as local leaders. This phenomenon supports Social Cognitive Theory (Bandura, 1986), which emphasizes the role of observation, modeling, and social interaction in shaping new behaviors. With local leaders, other participants can model balanced nutrition practices, facilitating wider and more sustainable behavioral changes.

Moreover, the increased awareness of participants regarding balanced nutrition illustrates the application of community empowerment principles. By providing knowledge, skills, and facilitator support, housewives were able to make better decisions regarding family food management. These results support previous research indicating that community-based

educational empowerment effectively improves health knowledge and practices (Kusuma et al., 2022; Sari & Putri, 2021).

Overall, the discussion of the community service findings indicates that the combination of interactive education, hands-on practice, and active participant engagement is effective in creating social change. These results highlight the importance of community-based approaches in building community capacity, particularly in enhancing family nutrition. Similar programs can be replicated in other areas to strengthen awareness and sustainable balanced nutrition practices.

5. CONCLUSION

Based on the results of the community service program, it can be concluded that the balanced nutrition education program for housewives in Jebres Subdistrict, Surakarta, successfully increased participants' knowledge, skills, and awareness regarding the importance of applying balanced nutrition in daily life. Active participation in interactive counseling, group discussions, and hands-on menu preparation proved effective in facilitating understanding and implementation of balanced nutrition principles.

The observed social changes included the establishment of routine discussion groups, the emergence of local leaders, and improved awareness and positive behaviors in managing family meals. These findings support the Health Belief Model and Social Cognitive Theory, emphasizing the role of risk awareness, self-efficacy, and social interaction in behavior formation.

Reflectively, the success of this program indicates that a community-based and participatory approach is an effective strategy for enhancing community capacity in family nutrition management. Empowering housewives through practice-based education and group discussions can serve as a replicable model in other areas to strengthen awareness and application of balanced nutrition.

Based on these findings, it is recommended that similar programs be implemented sustainably with long-term mentoring, accessible educational modules, and strengthened roles of local leaders to ensure continuity of nutrition behavior changes in the community. Collaboration with relevant institutions, such as local health centers and health offices, can further expand the program's impact.

Thus, this community service not only enhances individual capacity but also creates positive social transformation at the community level, supporting improved family health and sustainable prevention of nutritional problems

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