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How Psychoeducation and Local Wisdom are Shaping Positive Parenting in the Samin Community in Indonesia

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Abstract: Stunting remains a persistent public health challenge in Indonesia, with national prevalence still far from the government's target. While nutritional interventions have been widely implemented, growing evidence suggests that parenting practices—including stimulation, affection, and feeding styles—play a significant role in child growth. This community service program aimed to strengthen positive parenting practices to prevent stunting in the Samin community (*Sedulur Sikep*) of Dusun Jepang, Desa Margomulyo, Bojonegoro. Recognizing the community's strong cultural traditions, the program was designed to be culturally grounded, involving traditional elders in adapting the materials. A one-day psychoeducation session was held on November 28, 2025, attended by 40 participants, including mothers of toddlers, pregnant women, and local health cadres. The session addressed three core topics: positive parenting, early stimulation through play, and digital literacy for mothers. A pocketbook (*Buku Saku*) was developed and distributed as a take-home reference. Evaluation relied on facilitator observation and participant feedback, which indicated that the material was relevant, accessible, and well-received. The program demonstrates that culturally adapted psychoeducation can effectively engage communities in stunting prevention efforts.

***Keywords**: Stunting Prevention, Positive Parenting, Psychoeducation, Cultural Safety, Samin Community*.

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I. INTRODUCTION

Stunting remains one of Indonesia's most persistent public health challenges. According to the 2023 Indonesian Health Survey (*Survei Kesehatan Indonesia*), the national prevalence of stunting stood at 21.5%, a figure that has barely moved from 21.6% in the previous year and remains far from the government's target of 14% (Kementerian Kesehatan Republik Indonesia, 2024). This means that roughly one in five Indonesian toddlers is still experiencing impaired growth, with the highest burden falling on children aged 24 to 35 months (Sari et al., 2025). While various nutritional interventions have been implemented—ranging from iron supplementation to supplementary feeding programs—progress has been slow, and regional disparities remain stark (Badan Kebijakan Pembangunan Kesehatan, 2023).

One reason for this limited progress is that stunting has often been approached as a purely nutritional problem. Yet a growing body of psychological research suggests otherwise. Stunting is shaped not only by what a child eats, but also by how a child is cared for. Studies consistently show that parenting practices—specifically the quality of stimulation (*asah*), affection (*asuh*), and feeding styles (*asih*)—are significantly associated with stunting incidence (Sari et al., 2025). Children who receive inadequate psychosocial stimulation, emotional warmth, or responsive feeding face a substantially higher risk of growth faltering, even when food is available (Sari et al., 2025). In other words, preventing stunting requires attention to the caregiver-child relationship, not just the plate.

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This psychological dimension becomes even more critical in communities with strong cultural traditions. Culture can serve as either a barrier or a bridge in health interventions: beliefs about child growth, feeding taboos, and communication styles between health workers and mothers can either undermine or strengthen prevention efforts (Hisyam et al., 2026; Meiyenti et al., 2025). When modern health messages clash with local values, they are often ignored; when they are integrated respectfully, they can become genuinely transformative (Meiyenti et al., 2025). This is particularly relevant for the Samin community (*Sedulur Sikep*) in Dusun Jepang, Desa Margomulyo, Bojonegoro—a group known for holding fast to ancestral wisdom and traditional ways of life.

Recognizing this, a team from the Faculty of Psychology, Universitas Airlangga, designed a community service program that approached stunting prevention through psychoeducation. Rather than simply distributing information, the program aimed to strengthen positive parenting practices, introduce early stimulation through play, and equip mothers with digital literacy skills to navigate online health information (Nikmah & Handayani, 2024; Surjaningrum et al., 2025). Prior research has demonstrated that psychoeducation can effectively improve parenting knowledge and practices in community settings (Putri et al., 2024; Sujiwo, 2026). By grounding the intervention in the local cultural context and engaging traditional elders as partners, the program sought to bridge the gap between modern psychology and Samin wisdom—working not to replace tradition, but to build upon it (Relawannews, 2026).

➢ *Objectives*

This community service program aimed to strengthen the capacity of the Samin community in Dusun Jepang to prevent stunting through improved caregiving practices. Rather than treating stunting as a purely nutritional issue, the program was designed to address the psychosocial dimensions of child growth. Specifically, the program had three objectives:

- To strengthen positive parenting practices, particularly responsive feeding and emotional warmth, given that parenting styles are significantly correlated with stunting risk (Sari et al., 2025).
- To promote early stimulation through play, recognizing that nutrition alone is insufficient without psychosocial stimulation to support cognitive and motor development (Yousafzai et al., 2013).
- To equip mothers with digital literacy skills, enabling them to identify trustworthy health information and avoid hoaxes (Nikmah & Handayani, 2024).

A cross-cutting principle throughout the program was cultural safety. All materials and activities were adapted in consultation with local leaders and traditional elders (*sesepuh*), ensuring that modern psychological concepts were integrated with—rather than imposed upon—Samin values (Loihala et al., 2026; Miswaty et al., 2026).

➢ *The Psychology Behind it*

- *Positive Parenting and Stunting*

Stunting is not only a matter of what a child eats, but also of how a child is fed, held, and responded to. Research consistently shows that parenting quality—including warmth, responsiveness, and feeding styles—is significantly associated with stunting incidence (Sari et al., 2025). A qualitative study in Java found that mothers of stunted toddlers often had shorter interaction times with their children and were less responsive to their cues compared to mothers of non-stunted children (Azzahra et al., 2024). In contrast, democratic parenting—characterized by warmth combined with clear boundaries—has been linked to better stunting prevention behaviors (Ningsih et al., 2024).

Positive parenting is not about being permissive. It is about being *responsive*: offering food without force, respecting a child's hunger and fullness cues, and creating a predictable, emotionally safe environment. This approach directly supports healthy growth because it reduces mealtime stress and encourages children to eat willingly rather than under pressure.

- *Stimulation Through Play*

The first 1,000 days of life are a critical window for brain development. During this period, nutrition provides the building blocks, but stimulation shapes the architecture. The *Lancet* series on early childhood development emphasizes that nutrition interventions alone are insufficient to support healthy development; combined approaches that integrate nutrition with psychosocial stimulation are far more effective at promoting protective factors and mitigating risks for poor cognitive and motor development (Yousafzai et al., 2013).

Play is the most natural form of stimulation for young children. Talking, singing, reading, and simple games with locally available materials can strengthen neural connections and support language, motor, and social-emotional development. In the Samin context, traditional games and daily routines provided an accessible entry point for introducing stimulation without requiring expensive toys or technology.

- *Digital Literacy for Mothers*

In an era of abundant online health information, digital literacy has become an essential parenting skill. A study on millennial mothers found that digital literacy significantly influences their health information-seeking behavior, including their ability to identify credible sources and avoid hoaxes (Nikmah & Handayani, 2024). However, mothers in rural and traditional communities often have limited guidance on how to navigate this landscape.

The program addressed this gap by introducing simple, practical strategies: checking official sources such as the Ministry of Health or IDAI, recognizing common signs of misinformation, and using search techniques to find evidence-based information. This was not about replacing traditional knowledge, but about equipping mothers with tools to make informed decisions in a digital world.

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- *Culture as a Bridge, Not a Barrier*

Culture is often framed as an obstacle to modern health interventions, but recent research suggests a more nuanced picture. Cultural beliefs and rituals can play a *dual role* in stunting prevention: some traditions support healthy practices, while others may hinder them (Hisyam et al., 2026). The key is not to dismiss culture, but to engage with it respectfully.

This principle has been demonstrated in community programs across Indonesia. In Sorong, health education that incorporated the local Kokoda culture and involved traditional leaders significantly improved knowledge about stunting prevention (Loihala et al., 2026). In Lombok, empowering health cadres through Sasak local wisdom—integrating nutrition education into traditional ceremonies and utilizing local food resources—led to measurable improvements in cadre knowledge and family adoption of healthier practices (Miswaty et al., 2026).

For the Samin community, this meant working with traditional elders to adapt the material, using appropriate language, and framing positive parenting as an extension of Samin values rather than a replacement for them. The goal was not to change who they are, but to build upon what they already hold dear.

II. METHOD

The community service program was conducted in Dusun Jepang, Desa Margomulyo, Kabupaten Bojonegoro, over several months in 2025. The method was designed to be participatory and culturally grounded, ensuring that the intervention was developed *with* the community rather than simply delivered *to* them.

➢ *Program Timeline*

The program unfolded in three phases: preparation, implementation, and evaluation. Table 1 summarizes the key activities in each phase.

Table 1 Program Timeline and Key Activities

Phase	Timeline	Key Activities
Preparation	September – October 2025	Coordination with village head; discussions with traditional elders (*sesepuh*) and health cadres; development of the Buku Saku
Implementation	November 28, 2025	Psychoeducation session at Kantor Desa Margomulyo with 40 participants
Evaluation & Follow-up	August – November 2026	Facilitator observation; qualitative feedback; distribution of *Buku Saku*

The preparation phase prioritized relationship-building with local stakeholders, the implementation phase focused on delivering the psychoeducation session, and the evaluation phase relied on facilitator observation and participant feedback to assess the program's reception and impact.

➢ *Preparation and Cultural Adaptation*

The preparatory phase focused on building trust and understanding the local context. Key activities included:

- Coordination with village authorities: The team formally communicated with the Head of Desa Margomulyo to obtain permission and coordinate logistics.
- Discussions with local stakeholders: The team held meetings with community leaders, health cadres, and traditional elders (*sesepuh*) to understand existing beliefs and practices around child-rearing.
- Development of educational materials: The team created a pocketbook (*Buku Saku*) titled *Pengasuhan Balita untuk Meningkatkan Tumbuh Kembang Balita sebagai Upaya Penanganan dan Pencegahan Stunting*. The content was adapted to align with Samin values, ensuring that concepts like positive parenting and stimulation were framed as extensions of local wisdom rather than replacements for it (Loihala et al., 2026; Miswaty et al., 2026).

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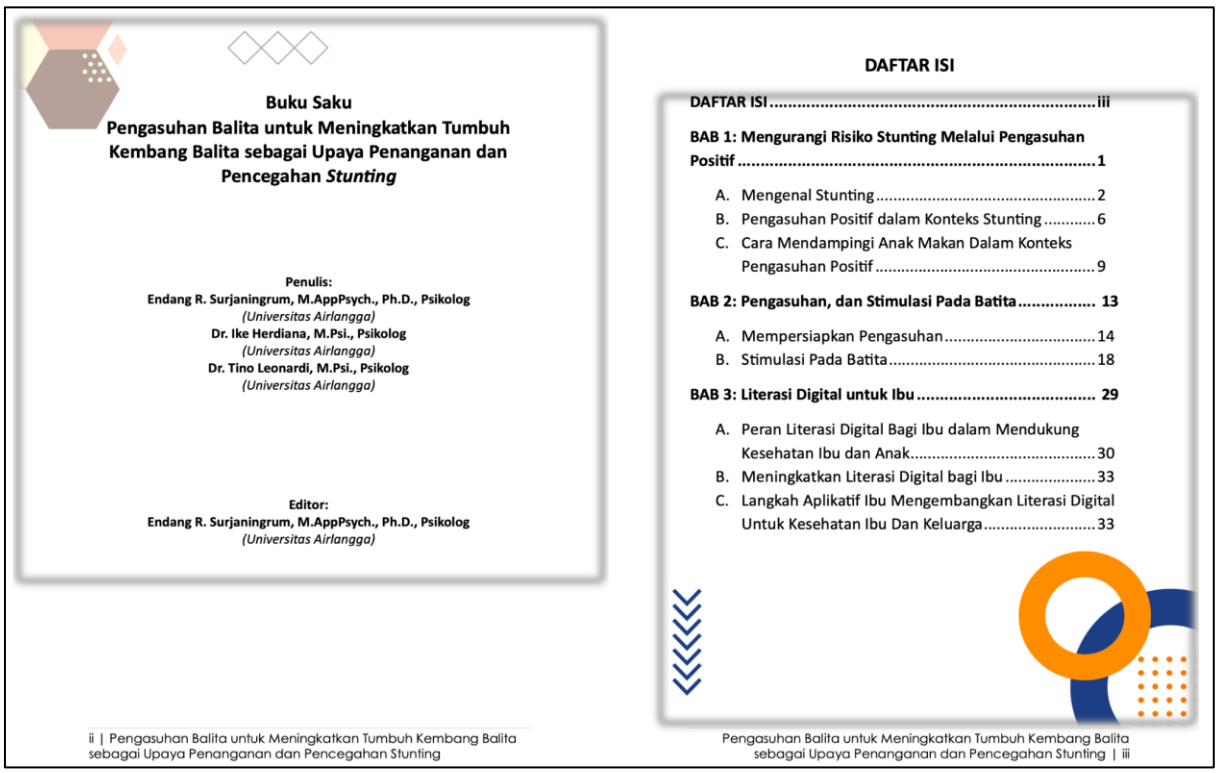


Fig 1 Cover of the Buku Saku Distributed to Participants.

The pocketbook served as a take-home reference for participants, covering the three core topics of positive parenting, stimulation, and digital literacy. Its design and language were intentionally simple and visually engaging to accommodate varying literacy levels among caregivers.

➢ *The Psychoeducation Session*

The main intervention was a one-day psychoeducation session held at the Kantor Desa Margomulyo on November 28, 2025. The event was attended by 40 participants, consisting of mothers of toddlers, pregnant women, and local health cadres from the TPK or *Tim Pendamping Keluarga (*Family Support Team) and PKK or *Pemberdayaan dan Kesejahteraan Keluarga* (Family Empowerment and Welfare) groups.

The session was structured around three core topics, each representing a pillar of the intervention. Figure 2 illustrates this structure.

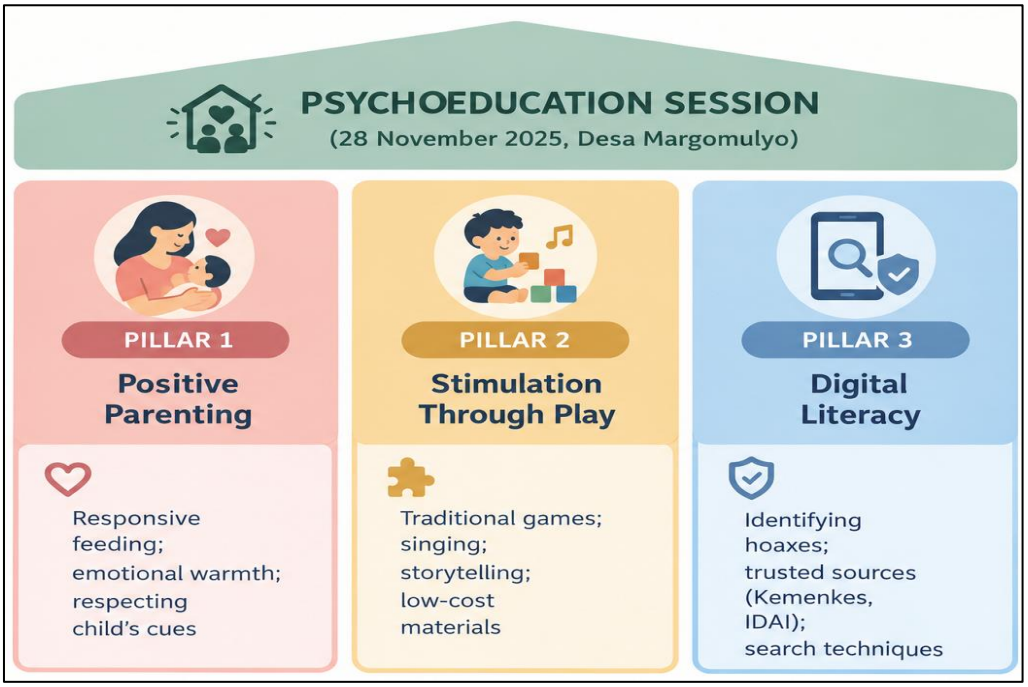


Fig 2 The Three Pillars of the Psychoeducation Session

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Each pillar addressed a distinct but interconnected dimension of caregiving: the emotional quality of feeding interactions, the cognitive stimulation provided through play, and the modern challenge of navigating digital health information. Together, these pillars formed a holistic approach to stunting prevention that went beyond nutrition alone.

The three pillars were delivered through interactive lectures, group discussions, and practical demonstrations:

- Pillar 1: Reducing Stunting Risk Through Positive Parenting. This session introduced responsive feeding, emotional warmth, and the importance of respecting a child's cues. Participants discussed real-life scenarios and practiced ways to create a positive mealtime environment without force or pressure.
- Pillar 2: Parenting and Stimulation for Toddlers. This session focused on the importance of play and early stimulation for cognitive, motor, and social-emotional development. Participants were introduced to simple, low-cost activities—such as singing, storytelling, and traditional games—that could be easily integrated into daily routines.
- Pillar 3: Digital Literacy for Mothers. This session addressed the challenge of navigating online health information. Participants learned how to identify trustworthy sources (such as the Ministry of Health and IDAI), recognize common signs of hoaxes, and use simple search techniques to find evidence-based information (Nikmah & Handayani, 2024).

Throughout the session, participants were encouraged to ask questions and share their own experiences. The atmosphere was intentionally informal and dialogic, avoiding the "lecturing" style that can create resistance in community health programs (Meiyenti et al., 2025).



Fig 3 Participants Attending the Psychoeducation Session at Kantor Desa Margomulyo.

The informal seating arrangement and active participation reflect the dialogic approach used throughout the day, where mothers and cadres were encouraged to share their experiences rather than simply listen to a lecture.

➢ *Evaluation and Follow-Up*

The program's effectiveness was assessed through qualitative observation and participant feedback. This approach is well-suited for community service programs, where the goal is to understand *how* the material was received rather than to produce statistical proof of knowledge change. The evaluation involved:

- Facilitator observation: Throughout the session, facilitators noted participants' engagement—the questions they asked, the discussions they initiated, and their willingness to practice the techniques demonstrated. This provided real-time insight into which topics resonated most and which areas needed further clarification.
- Participant reflections: At the end of the session, participants were invited to share brief verbal reflections on what they found most useful. Several mothers expressed surprise at learning that play and stimulation are as important as nutrition, while others appreciated the practical tips on identifying health hoaxes online.

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- Sustainability planning: The *Buku Saku* was distributed to all participants, and local cadres were encouraged to integrate the material into routine Posyandu and PKK activities. This approach aligns with best practices in community service, where the goal is to build local capacity for ongoing change (Sujiwo, 2026).

III. RESULTS AND DISCUSSION

The psychoeducation session at Kantor Desa Margomulyo was attended by 40 participants, consisting of mothers of toddlers, pregnant women, and local health cadres from the TPK and PKK groups. Rather than measuring success through quantitative scores, the program's impact was assessed through facilitator observation, participant engagement, and qualitative feedback. Table 2 summarizes the participant composition.

Table 2 Participant Composition

Category	Number	Role in the Community
Mothers of toddlers	~20	Primary caregivers; direct recipients of parenting knowledge
Pregnant women	~10	Future caregivers; preparing for early childhood care
Health cadres (TPK & PKK)	~10	Community multipliers; responsible for ongoing health education

Table 2 shows that the session reached a mix of direct caregivers and community multipliers. While mothers of toddlers were the primary target group, the inclusion of pregnant women ensured that the knowledge would be applied in the future, and the presence of cadres meant that the material could be reinforced through routine *Posyandu* and PKK activities long after the session ended.

➢ *Participant Engagement and Responsiveness*

Throughout the session, participants demonstrated active engagement. Facilitators observed that:

- Participants asked substantive questions. Several mothers asked about practical challenges, such as how to handle a child who refuses vegetables or how to respond to a toddler who prefers snacks over meals. These questions indicated that the material resonated with their daily realities and that they were seeking solutions rather than simply listening passively.
- Participants shared personal experiences. One mother described feeling confused and overwhelmed by conflicting health advice she had encountered online. This opened a discussion about the importance of digital literacy and how to identify trustworthy sources—a moment that validated the inclusion of this module.
- Cadres took notes and requested additional copies of the *Buku Saku*. Several cadres mentioned that they wanted extra copies to share with mothers in their respective Posyandu groups, suggesting that they saw the material as valuable for their ongoing work.

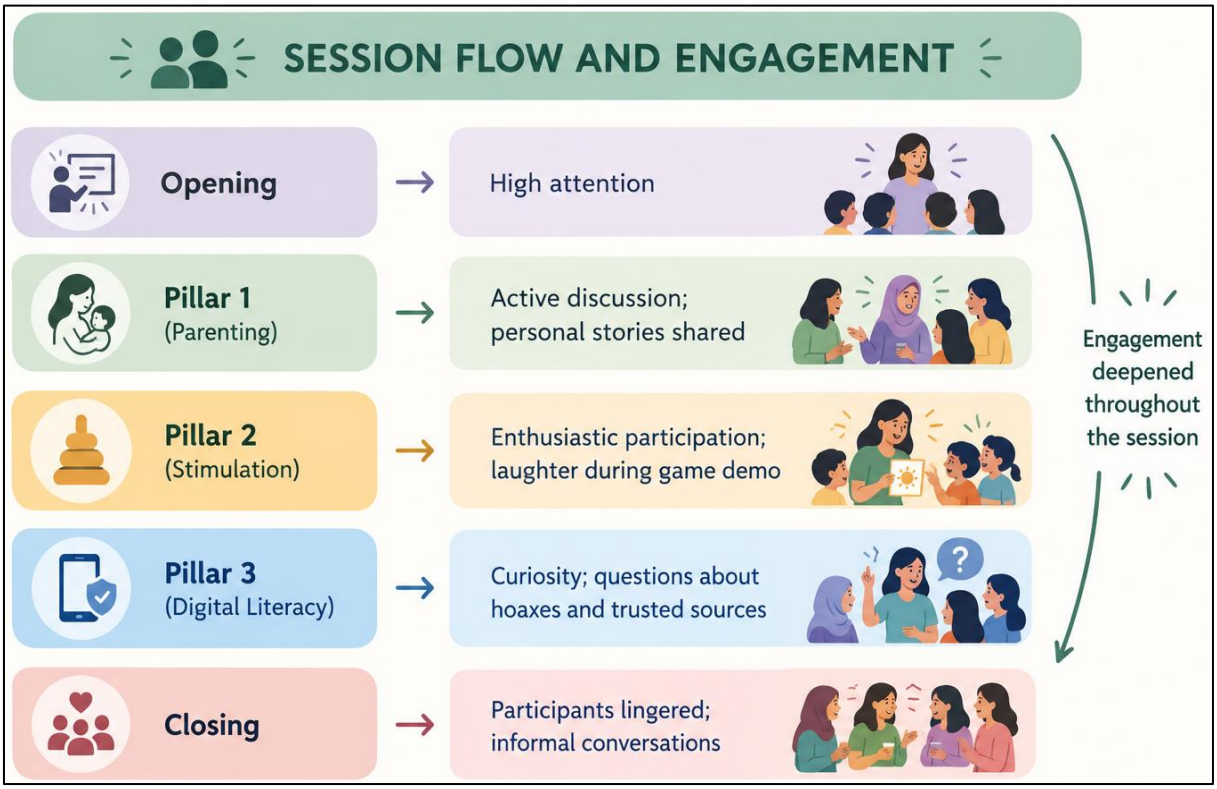


Fig 4 Observed Participant Engagement Across the Session

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Figure 4 visualizes how participant engagement evolved throughout the session. Attention was high from the opening, but it deepened during the practical demonstrations—particularly when participants were invited to try the stimulation activities and share their own experiences. The informal conversations after the closing session suggested that participants felt comfortable and connected, which is a positive indicator of a culturally safe learning environment.

➢ *Key Moments and Participant Reflections*

Several moments stood out during the session, providing qualitative insight into how the material was received. The news article notes that participants engaged in discussions, asked questions, and shared experiences about the parenting challenges they face in their respective environments (Relawannews, 2026). The proposal also records that participants demonstrated positive responses and increased understanding of the material, particularly regarding the importance of positive parenting and developmental stimulation (Surjaningrum et al., 2025).

One notable area of discussion was the digital literacy module. The news article highlights that this session aimed to improve participants' ability to sort health and parenting information and avoid the spread of misinformation in digital media (Relawannews, 2026). This topic appeared to resonate with participants, as several engaged in discussion about the challenges of navigating online health information. The use of local terms and examples—such as referencing traditional games and familiar foods—also helped participants connect the material to their own lives, a point noted in the proposal's emphasis on culturally adapted content (Surjaningrum et al., 2025).

➢ *Discussion: What These Observations Tell Us*

While the program did not produce statistical data, the qualitative observations suggest several important points. First, the material was relevant and accessible. Participants' questions and reflections indicated that the content addressed real challenges they face daily, and the use of culturally familiar examples and language made the concepts easier to grasp. Second, the dialogic approach worked. Rather than lecturing, the facilitators created space for discussion and sharing, which is consistent with best practices in community health education emphasizing that messages are more likely to be accepted when delivered through dialogue rather than one-way instruction (Meiyenti et al., 2025).

Third, cultural safety was key. By involving traditional elders in the preparation phase and framing positive parenting as an extension of Samin values, the program avoided the resistance that often arises when modern health messages are perceived as imposing outside values. This aligns with recent community service evidence showing that culturally grounded interventions are more readily accepted (Loihala et al., 2026; Miswaty et al., 2026). Finally, the enthusiasm of the cadres—particularly their engagement during the session and their role as community multipliers—suggests that the material has the potential to reach beyond the 40 participants. If cadres integrate the content into routine Posyandu activities, the program's impact could be sustained and expanded.

➢ *Reflections from the Team*

Beyond the participants' responses, the team itself experienced a shift in perspective. Coming from an academic background in psychology, the team initially approached the community with a set of evidence-based concepts. But the experience of working with the Samin community—listening to their stories, adapting the material, and witnessing their engagement—reinforced the idea that psychology is not something brought *to* a community, but something that can be co-created *with* it.

The news article captures this sentiment through the words of the team leader, Prof. Endang Retno Surjaningrum, who emphasized that stunting prevention is not only about nutritional intake but also about how parents build positive interactions with their children from an early age, and expressed hope that cadres can become community partners in disseminating healthy, evidence-based parenting practices (Relawannews, 2026). Figure 7 provides a visual documentation of the session.



Fig 7 Moments from the Psychoeducation Session

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Figure 7 shows participants engaged in the session—listening to the facilitator, participating in group discussions, and interacting with the materials. The informal setting and active participation reflect the dialogic approach used throughout the day.

IV. CONCLUSION

This community service program demonstrated that psychoeducation on positive parenting, early stimulation, and digital literacy can be effectively delivered in a culturally grounded way. By involving traditional elders in adapting the materials, the program ensured that modern psychological concepts were framed as extensions of Samin values rather than replacements for them.

The session reached 40 participants, including mothers, pregnant women, and health cadres, who engaged actively in discussions and practical demonstrations. The *Buku Saku* distributed to participants provided a take-home reference that cadres can integrate into routine Posyandu and PKK activities.

While the program did not produce statistical data, qualitative observations suggest that the material was relevant, accessible, and well-received. Participants asked practical questions, shared experiences, and showed enthusiasm throughout the session. These findings align with growing evidence that culturally adapted interventions are more readily accepted than one-size-fits-all approaches.

Future programs should consider follow-up sessions and broader community engagement to sustain the benefits observed. Ultimately, preventing stunting requires not only nutritional interventions but also attention to the caregiver-child relationship—and psychology has a vital role to play in that effort.

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