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## ALTERNATIVE EDUCATION FOR SOCIAL CHANGE: CURRICULUM INNOVATION IN SEKOLAH BALITA TO ADDRESS NUTRITIONAL ISSUES IN KENJERAN, SURABAYA

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### Abstract

*Child malnutrition, particularly stunting, remains a persistent public health problem in low-income urban areas such as Kenjeran, Surabaya. Conventional nutrition education programs that rely on one-way communication have proven ineffective in changing community behavior. This study aims to develop an alternative educational model through curriculum innovation in Sekolah Balita (Toddler School) as a form of community-based social transformation. The research employed a Participatory Action Research (PAR) approach, involving mothers of toddlers, health cadres, local health workers, and community leaders throughout the research cycle from problem mapping and curriculum design to collective reflection. Data were collected through semi-structured interviews, participatory observation, social mapping, and focus group discussions (FGDs), and analyzed using Miles, Huberman, and Saldaña's interactive qualitative model. The findings show that Sekolah Balita successfully created a transformative learning space for mothers to develop critical awareness regarding nutrition, parenting, and environmental health. The participatory curriculum developed consists of six main themes: understanding child nutrition, nurturing parenting, healthy and creative kitchen, clean and healthy environment, family economy, and community solidarity. Learning activities based on reflection and hands-on practice encouraged behavioral changes among mothers, including preparing nutritious meals, reducing instant food consumption, and maintaining household hygiene. Furthermore, Sekolah Balita emerged as a platform for women's empowerment and sustainable community organizing. This study concludes that alternative education rooted in participation and critical consciousness can serve as an effective instrument for addressing child malnutrition while fostering social change in low-income urban communities.*

### Keywords

*alternative education; women's empowerment; child nutrition; Sekolah Balita, social change; community participation.*



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## 1. INTRODUCTION

Nutrition is a multidimensional issue that remains a major challenge to human development in Indonesia. Unbalanced nutritional conditions, both deficient and excessive, seriously impact the quality of human resources and national development.

One of the most widely recognized forms of chronic nutritional problems is stunting, a condition characterized by failure to thrive in children due to chronic malnutrition, particularly during the first 1,000 days of life from pregnancy to age two (Ministry of Health, 2023). Children who experience stunting are shorter than their peers, and are at risk of impaired cognitive development, decreased immunity, and reduced productivity in adulthood (WHO, 2022).

Globally, the Global Nutrition Report indicates that approximately 149 million children under five worldwide are stunted, and more than 45 million children are wasted in 2022 (WHO, 2022). Indonesia still has a relatively high prevalence of stunting in Southeast Asia. Based on data from the 2023 Indonesian Nutritional Status Survey (SSGI), the national stunting rate reached 21.5%, while in East Java Province it was around 23.8% (Ministry of Health, 2023). This figure is still far from the national stunting reduction target of 14% by 2024 as stipulated in the National Medium-Term Development Plan (RPJMN, 2025-2030).

At the city level, Surabaya, as a metropolitan city, also faces complex nutritional challenges. According to research by Anwar, Asih, and Lara (2023), the prevalence of underweight in the Jagir Community Health Center (Puskesmas) area reached 7.5%, and the prevalence of wasting was 6.1%. Although these figures are below the provincial average, regional disparities indicate that districts with lower socioeconomic characteristics tend to have higher rates of malnutrition. One such area is Kenjeran District, known as a coastal area with high population density, low education levels, and a tendency toward slum areas.

Data from the Surabaya City Health Office (2024) shows that several sub-districts in Kenjeran, such as Bulak Banteng, Tambak Wedi, and Sidotopo Wetan, are among the areas with the highest stunting prevalence in the city. Research by Oktiva and Adriani (2017) noted that in Tambak Wedi Sub-district, 43.8% of children aged 12–24 months experienced stunting, while another study in the Kenjeran Community Health Center (Puskesmas) area found that of 92 toddlers, 17.4% were stunted and 8.7% were severely stunted (Proceeding Series UM Surabaya, 2023). This situation indicates that the nutritional problem in East Surabaya is not only caused by economic factors, but also by

a lack of nutritional knowledge, poor sanitation quality, and parenting patterns that do not adhere to the principles of balanced nutrition (Ayu Rahmadani et al., 2025).

Several studies have identified the main causes of stunting in impoverished urban areas like Kenjeran. These factors are not isolated but interconnected within a cycle of poverty, low knowledge, and limited access to healthcare. Several key factors contributing to the high prevalence of malnutrition and stunting in this region include inadequate nutritional intake. The quality and quantity of children's nutritional intake are fundamental factors in determining nutritional status and growth and development. Many families in the Kenjeran area still rely on unbalanced daily diets, which tend to be high in carbohydrates but low in protein and micronutrients. Research by Fidhelia, Indahwati, and Windari (2022) found that breastfeeding mothers in coastal areas of Surabaya had total protein and calorie intakes below the recommended dietary allowance (RDA), thus affecting the quality of breast milk and the nutritional status of exclusively breastfed infants. Insufficient intake of animal protein, such as eggs, fish, and meat, inhibits tissue formation and brain development in children.

Research by Oktiva and Adriani (2017) in Tambak Wedi Village, Kenjeran, showed that hair zinc levels in stunted children were significantly lower than in non-stunted children. Zinc and iron play important roles in metabolism, tissue growth, and the immune system. Deficiencies in these two nutrients can lead to loss of appetite, susceptibility to illness, and delayed growth. The consumption patterns of poor urban families, who rely on processed foods and cheap snacks, also exacerbate micronutrient deficiencies. Thus, despite relatively high food availability in urban areas, the nutritional quality consumed by the urban poor is actually very low.

The second factor is the mother's nutritional status during pregnancy. A pregnant woman's nutritional status is directly related to the condition of the fetus and the baby's birth weight. Malnutrition during pregnancy can lead to low birth weight (LBW), a major risk factor for stunting later in life. Arini, Ernawati, and Berlian (2023) found that in the Kenjeran Community Health Center (Puskesmas) work area, pregnant women with poor nutritional status were twice as likely to give birth to stunted babies as mothers with good nutrition. Contributing factors include low consumption of

nutritious food during pregnancy, iron-deficiency anemia, and limited access to prenatal care. Low family socioeconomic conditions also often cause pregnant women to neglect their own nutritional needs. Many mothers continue to work hard in the informal sector, such as laundry workers, street vendors, or fish processors, without a balanced nutritional intake. As a result, energy and protein intake are insufficient to support fetal growth. The lack of nutrition education during pregnancy exacerbates this situation.

Pregnancy is a crucial phase in the First 1,000 Days of Life (HPK), where even minor nutritional deficiencies can have long-term impacts on a child's growth. The third factor is inadequate environmental hygiene and sanitation. Environmental aspects also significantly contribute to children's nutritional status. In many densely populated areas, such as Bulak Banteng and Tambak Wedi, cramped housing conditions, poor drainage systems, and limited access to clean water are sources of various infectious diseases. Research by Arini and Faradilah (2024) showed that in the Kenjeran Community Health Center (Puskesmas) area, recurrent diarrhea is a significant risk factor for stunting in toddlers. Toddlers who experience diarrhea more than three times a month are three times more likely to experience growth retardation than children who never experience diarrhea. The link between nutrition and sanitation is recognized in the concept of Environmental Enteric Dysfunction (EED), which is impaired nutrient absorption due to exposure to intestinal pathogens from an unclean environment. This condition often occurs in slum areas with poor sanitation. When children are frequently infected, the nutrients they consume are not optimally absorbed, resulting in weight and height that are not appropriate for their age. Therefore, nutritional interventions must go hand in hand with improving environmental quality and promoting clean and healthy living behaviors (PHBS).

The fourth factor is low public education and awareness of child nutrition. Education and nutritional knowledge are at the root of most of the problems mentioned above. Parental education, especially maternal education, has been shown to significantly influence feeding practices, hygiene, and child care. Sugianti et al. (2023) in their study in urban areas found that mothers with primary education had a higher risk of having stunted children than mothers with secondary or higher education. Limited

knowledge leads many mothers to lack understanding of the importance of exclusive breastfeeding, age-appropriate complementary foods (MP-ASI), and a variety of nutritious food sources. Furthermore, low public awareness of child health is often influenced by cultural factors and inherited habits. For example, the assumption that a chubby child is healthy, or that protein-rich foods like fish and eggs are considered "expensive" and only for adults.

On the other hand, fast food and colorful, low-nutrition snacks are often preferred by children because they are easily accessible and affordable. In the social context of the Kenjeran coastal community, the majority of whom work as fishermen or daily laborers, attention to child nutrition is often not a priority due to economic pressures and time constraints. Low nutritional literacy is also exacerbated by the lack of ongoing educational activities at the community level. Counseling programs from community health centers (Puskesmas) or integrated health posts (Posyandu) are often one-way, unsustainable, and unadapted to the community's social conditions. This results in people not truly understanding the essence of balanced nutrition, but rather memorizing health slogans without changing their daily behavior.

On the other hand, although the government has implemented various programs such as Posyandu (Integrated Health Posts), supplementary feeding (PMT), and health education, most interventions are top-down and oriented toward distributing aid, rather than shaping community behavior and awareness (Anwar et al., 2023). Such programs often stop after the intervention is completed, without sustainability at the community level. However, changing nutritional behavior is not sufficient through short-term education; it requires a contextual, participatory, and ongoing learning process.

In this context, the Toddler School initiative emerged, a form of community-based alternative education aimed at raising parental awareness, particularly mothers, regarding child care and ensuring balanced nutrition. The Toddler School serves not only as a place of learning for children but also as a space for family empowerment, a venue for the exchange of local knowledge, and a platform for behavioral change. Through a participatory approach, communities become not merely recipients of the program but also key actors in the process of social change.

The concept of alternative education itself is rooted in Paulo Freire's (1970) idea of education for liberation, where education should be a tool to free people from social, economic, and cultural backwardness. Education is understood not simply as the transfer of knowledge, but as a dialogical process that enables communities to understand their social realities and take action to change them. In the context of nutritional issues, the Toddler School serves as a means of building critical consciousness regarding the importance of nutrition, parenting, hygiene, and family health.

Recent research shows that alternative education-based approaches can have a significant impact on changing health behaviors. For example, Ayu Rahmadani et al. (2025) found that community-based nutrition education can improve the practice of providing appropriate complementary feeding and reduce the risk of stunting. This approach is effective because it uses participatory learning methods and adapts the curriculum to the local socio-cultural context.

Beyond the educational aspect, the Toddler School also creates new spaces for social interaction in previously marginalized communities. In Kenjeran, where the majority of the population are migrants from Madura and work in the informal sector, the Toddler School serves as an inclusive platform that brings together mothers from various social backgrounds to learn together. The learning process does not take place formally in the classroom, but rather through play, cooking, group discussions, child feeding simulations, and environmental cleaning activities. This learning model strengthens social solidarity and increases community ownership of child nutrition programs.

Thus, the alternative educational approach through curriculum innovation at the Toddler School can be understood as a strategy for social change (Muchlashin, A. 2024). It focuses not only on increasing nutritional knowledge but also on building social capacity, self-confidence, and family independence. When communities understand the root causes of nutrition problems in their environment, they can create solutions tailored to local needs and resources. This is a concrete form of community-based education for social change.

Conceptually, the article titled "Alternative Education for Social Change:

Curriculum Innovation in Toddler Schools to Address Nutritional Issues in Kenjeran, Surabaya" is important because it combines two domains that have previously been viewed separately: education and public health. Efforts to reduce stunting rates are not sufficient through medical interventions, but need to be integrated with education that can shape collective awareness and change social practices. Through participatory curriculum innovation, it is hoped that Toddler Schools can become a model of community education that not only saves generations from the threat of malnutrition but also encourages the birth of sustainable social change in poor urban areas such as Kenjeran, Surabaya. Ikhwan, 2019; Madjid, 2002) or (Miller & Josephs, 2009, p. 12) or Rakhmat (1989). See the end of the document for further details on references. Technical terms should be defined. Symbols, abbreviations, and acronyms should be defined the first time they are used. All tables and figures should be cited in numerical order.

## **2. METHODS**

This research uses a Participatory Action Research (PAR) approach, oriented toward social change and collective community learning. This approach was chosen because it aligns with the research objective, which is to develop an innovative alternative curriculum for Toddler Schools based on community participation to address child nutrition issues in the Kenjeran area of Surabaya. In the PAR approach, the community is not only the object of research but also plays an active role as a subject, formulating problems, designing solutions, and implementing change actions. According to Kemmis and McTaggart (2014), PAR is a collaborative, reflective approach that combines social action with the research process to produce meaningful and contextual change. Hall (2014) also emphasized that PAR has strong ethical and political dimensions because it involves the community in constructing their own knowledge.

This research was conducted in Bulak Banteng Village, Kenjeran District, Surabaya City, an area with a high prevalence of underweight and malnourished children under five. This location was selected based on data from the Surabaya City Health Office (2024), which indicates that Kenjeran is a priority zone for nutrition intervention due to the high number of underweight children under five. The research subjects included mothers of toddlers as the primary participants of the Toddler School, Posyandu

(Integrated Service Post) cadres and nutrition workers from the Bulak Banteng Community Health Center (Puskesmas) as field facilitators, and village officials and neighborhood associations (RT/RW) as supporting partners. This cross-actor participation was crucial to ensure the research process reflected the social and cultural context faced by the local community (Afandi, Sutisna, & Wibowo, 2014).

The research process lasted approximately seven months and followed a PAR cycle consisting of five main stages: social and health mapping to identify undernourished children and the factors causing malnutrition; formulating problems with the community; developing strategies for the Toddler School movement and curriculum; implementing change actions in the form of learning activities on nutrition and parenting; and participatory reflection to evaluate changes in children's behavior and nutritional status. At each stage, the community was involved through various activities such as group discussions, practicing complementary feeding (MP-ASI), healthy parenting simulations, and educational games for children. The principles of reflection and iterative action were applied so that communities could learn from their own experiences and adjust strategies based on the results (Mikkelsen, 2003; Kemmis & McTaggart, 2014).

Data were collected using a Participatory Rural Appraisal (PRA) approach, which emphasizes direct interaction and active community participation. Data collection techniques included semi-structured interviews with mothers of toddlers, community health workers, and health workers; participant observation in participants' neighborhoods; social and health mapping to illustrate the distribution of malnourished children; and focus group discussions to explore community perceptions about nutrition, diet, and parenting practices. Supporting quantitative data were obtained from toddler growth records at the Anggrek 2 Integrated Health Post (Posyandu) and the annual report of the Bulak Banteng Community Health Center (Puskesmas). This approach was chosen because it illustrates the relationship between individual behavior, social context, and environmental conditions that influence children's nutritional status (Miles, Huberman, & Saldaña, 2014).

Data analysis was conducted qualitatively and participatorily using the

interactive analysis model of Miles, Huberman, and Saldaña (2014), which includes three main steps: data reduction, data presentation, and conclusion drawing or verification. Data obtained from various sources were analyzed to identify patterns, causal relationships, and social meanings that emerged during the mentoring process. To ensure the validity and legitimacy of the findings, triangulation techniques were used across sources, methods, and researchers, aimed at checking the consistency of data between interviews, observations, and field notes (Mikkelsen, 2003). Furthermore, joint reflections between researchers, integrated health post (Posyandu) cadres, and mothers of toddlers were conducted periodically to confirm interpretations and ensure that the research findings aligned with the reality and experiences of the community.

This research also adhered to participatory ethical principles by ensuring the confidentiality of participant data and obtaining informed consent from all parties involved. The participatory process was designed not to create dependence on the researchers but rather to strengthen the community's capacity to manage nutrition issues independently. Through a contextual PAR approach, it is hoped that the innovative Toddler School curriculum can become a model of community education that not only improves families' nutritional knowledge, but also strengthens social awareness to create sustainable change in poor urban areas such as Kenjeran.

The research method should be included in the Introduction. The method contains an explanation of the research approach, subjects of the study, the conduct of the research procedure, the use of materials and instruments, data collection, and analysis techniques.

### 3. FINDINGS AND DISCUSSION

1. The results obtained from the research have to be supported by sufficient data. The research results and the discovery must be the answers, or the research hypothesis stated previously in the introduction part. **Social Context and Root Causes**

The Bulak Banteng area, Kenjeran, Surabaya, is a densely populated area inhabited by low-income communities, characterized by coastal villages with low levels of sanitation and child nutrition. Based on data collected from the Anggrek 2 Integrated Health Post (Posyandu), of the 157 toddlers registered, 10 were below the red line (BGM) and 20 were classified as malnourished. The main contributing factors include inappropriate parenting, irregular meal schedules, and slum conditions, which worsen children's health.

Furthermore, formal intervention programs such as nutrition counseling and PMT (Food and Nutritional Supplements) provided by the Community Health Center (Puskesmas) have been ineffective because they are often inactive and do not address the underlying awareness of toddler mothers. In many cases, milk and supplementary food aid is even resold to meet family needs.

This situation demonstrates that top-down health education is incapable of producing sustainable behavioral change. Therefore, a critical, participatory, and liberating educational approach is needed, in which the community becomes the primary subject of the learning process (Freire, 1970; Brookfield, 2017).

## 2. Critical Educational Approach and Social Transformation

The establishment of the Toddler School at the Anggrek 2 Integrated Health Post (Posyandu) arose from a collective awareness of the need for an educational model based on lived experiences and real community problems. Education in the Toddler School is not aimed at simply transferring knowledge about nutrition, but rather at building critical awareness (*conscientização*) that nutritional poverty is not merely an individual issue, but rather the result of oppressive social and cultural structures (Freire, 1970; Giroux, 2011).

With this approach, mothers of toddlers are invited to reflect on their daily lives through discussions, hands-on practice, and participatory activities. They are no longer objects of education, but rather subjects who interpret and transform their realities. This critical education model allows for horizontal dialogue between cadres, mothers of toddlers, and health workers, blurring the boundaries between "teachers" and "beneficiaries" (hooks, 1994).

The Toddler School then developed into a social learning space that integrates health education, social awareness, and strengthening women's roles within the family. This program combines the values of community-based education and transformative pedagogy, where learning is not limited to the classroom but occurs in daily activities such as cooking, childcare, and environmental care (Mezirow, 2000; Illeris, 2018).

## Discussion

### 1. Toddler School Structure and Curriculum

The Toddler School curriculum is based on the participatory reflections of mothers of toddlers through the community-based community outreach (PAR) cycle. The material is tailored to the actual needs of the community, rather than based on formal government guidelines. This curriculum comprises three main domains: child nutrition and health, parenting and family roles, and environmental awareness and household economics.

The following is the structure of the participatory curriculum implemented in the Toddler School:

**Table 1 of Curriculum Sekolah Balita**

Learning Theme	Learning Objectives	Methods and Activities	Social and Cognitive Outcomes
Understanding the Body and Nutritional Needs of Children	Mothers understand the concept of balanced nutrition and children's energy needs.	Group discussions on daily experiences, educational games, and family menu analysis.	Improved nutritional literacy; mothers are able to create nutritious menus using local ingredients.
Loving, Caring, and Nurturing Parenting	Mothers recognize the importance of affection, stimulation, and emotional support in childcare.	Role-playing, simulation, and case study of family practices.	Behavioral change in parenting; mothers become more responsive to their children's needs.
Healthy and Creative Kitchen	Mothers learn how to prepare complementary feeding (MP-ASI) using affordable local food sources.	Hands-on practice, cooking competitions, and reflective group discussions.	Healthy local complementary foods become part of family eating habits.
Clean and Healthy Environment	Mothers and children understand the relationship between hygiene, environment, and health.	Field observations, making small composters, and community clean-up activities.	Increased environmental awareness; cleaner home and neighborhood environments.
Family Economy and Household Independence	Mothers understand the relationship between household economy and child nutrition.	Group discussion and simple household financial recording exercises.	Improved budgeting for nutritious food; families prioritize healthy meals.
Community Solidarity and Social Movement	Mothers build solidarity and collective awareness through Sekolah Balita activities.	Reflective group meetings and collective social activities.	Formation of sustainable "Nutrition-Conscious Mothers" groups as a social learning community.

Researcher Data Processing, 2025

This curriculum is designed flexibly and contextually, following the community's activity cycle and enabling mothers of toddlers to become key drivers. Thus, the Toddler School functions as a "school of life" where the learning process is directed at developing social agency and an individual's ability to act consciously to change their social conditions (Sen, 1999).

## 2. Dynamics of the Learning Process

Observations show that the dynamics of the Toddler School classes differ from conventional outreach programs. Each meeting begins with a reflection on a real-life problem, such as the habit of providing instant snacks or using unhygienic water. The facilitator then encourages participants to

analyze the causes and impacts through dialogue and role-playing. This approach fosters learning ownership, where participants feel ownership of the learning outcomes.

In each learning cycle, participants experience three important stages:

1. Self-awareness : understanding that malnutrition is not solely a result of "poverty," but rather a lifestyle that can be changed.
2. Critical reflection : connecting personal experiences with structural factors (access to food and health services).
3. Social action : applying learning outcomes in daily practice, such as forming nutritious cooking groups and cleaning the home environment.

As a result, after three months of program implementation, significant changes occurred in parenting behavior and family eating patterns. Ten of the 14 participating mothers regularly prepared nutritious meals, reduced their consumption of instant snacks, and actively participated in integrated health posts (Posyandu). Furthermore, the Toddler School successfully formed a new social network—a community of nutrition-aware mothers—which serves as a learning platform and advocacy platform for child health in slum areas (Afandi et al., 2014; Arini et al., 2023).

### 3. The Toddler School as an Instrument for Social Change

Theoretically, the existence of the Toddler School reflects Paulo Freire's principle of critical pedagogy, where education becomes a process of humanization—a liberation from ignorance to critical awareness. Through dialogue and collective action, the mothers of toddlers recognize their position within the social structure and begin organizing themselves to change it (Freire, 1970). Thus, the Toddler School not only impacts children's nutritional status but also serves as a platform for women's empowerment and social transformation in impoverished urban environments (Giroux, 2011; hooks, 1994).

The resulting curriculum bridges education and empowerment. This research confirms that community-based critical education has significant potential as a social development strategy. This approach demonstrates that social change arises not solely from policies or medical interventions, but from community awareness and empowerment through reflective and dialogical education (Mezirow, 2000; Illeris, 2018).

## Conclusion

The establishment of *Sekolah Balita* (Toddler School) in Bulak Banteng, Kenjeran, Surabaya represents a concrete manifestation of alternative education for social transformation, addressing persistent issues of child malnutrition in urban poor communities. This initiative arose from a participatory process involving mothers, health cadres, and community facilitators, emphasizing critical reflection, participatory learning, and empowerment rather than one-way nutritional counseling.

The research findings indicate that *Sekolah Balita* has successfully become a transformative space for mothers to build critical awareness about nutrition, childcare, and environmental health. The program moves beyond the biomedical paradigm of nutrition intervention by integrating Freirean critical pedagogy treating mothers not as passive recipients of aid but as subjects capable of analyzing and transforming their own living conditions. Through reflective dialogue, collective learning, and hands-on practices such as healthy food preparation and community clean-ups, mothers have internalized the understanding that nutritional well-being is linked to broader socio-economic and environmental determinants.

The participatory curriculum designed based on real community needs—enabled mothers to contextualize nutrition education within their lived realities, leading to behavioral changes. As a result, improvements were observed in children’s weight gain, hygiene practices, and family dietary patterns. Importantly, *Sekolah Balita* has also strengthened community solidarity, as mothers formed “Nutrition-Conscious Groups” that continue to promote healthy practices beyond the research period. This aligns with Freire’s (1970) concept of *conscientização*, in which education fosters awareness and collective action for liberation.

In a broader sense, *Sekolah Balita* serves as a model of critical community education that redefines the relationship between education and social change. It demonstrates that addressing public health problems such as malnutrition requires social learning approaches that empower individuals to question, reflect, and act within their contexts (Giroux, 2011; Brookfield, 2017). This approach contrasts sharply with conventional “top-down” programs that often fail to sustain behavioral change due to lack of ownership and contextual relevance.

Furthermore, the success of *Sekolah Balita* illustrates that curriculum innovation rooted in participatory research can bridge gaps between health education and community empowerment. Its flexible, non-standardized curriculum allows adaptation to different localities, making it a scalable model for other regions facing similar nutritional challenges. The sustainability of the program depends on fostering local agency, trust, and reflexive learning processes rather than external dependency.

#### Policy and Practical Implications

1. Institutional Integration: Local governments and health institutions should recognize *Sekolah Balita* as a complementary model to Posyandu and ILP (Integrated Primary Health Services), particularly in urban poor areas.
2. Community-Based Curriculum Development: Future health education programs should adopt *contextual curriculum design* that aligns with community realities rather than universal standards.
3. Empowerment-Oriented Facilitation: Training for facilitators should emphasize dialogic methods, critical reflection, and participatory learning.
4. Sustainability through Local Leadership: Strengthening local women’s leadership and peer networks is key to maintaining the program’s long-term impact.

Ultimately, *Sekolah Balita* has proven that alternative education rooted in participation, reflection, and collective action can drive social transformation. By bridging education and

empowerment, it not only improves child nutrition but also redefines the role of women as agents of change in community health and development.

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mengenai cara melaksanakan terapi secara benar agar konsistensi dan efektivitas terapi tetap terjaga. Selain itu, disarankan untuk dilakukan penelitian lanjutan dengan jumlah responden yang lebih besar dan durasi terapi yang lebih panjang guna memperoleh hasil yang lebih representatif dan memperkuat bukti efektivitas terapi ini dalam meningkatkan kemampuan bicara pasien stroke.

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