



Empowering Adolescent Girls with Disabilities to Prevent Stunting through Inclusive Nutrition Intervention: A Participatory Action Research Approach

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ABSTRACT

Background: One effective strategy for stunting prevention is implementing interventions during adolescence, specifically targeting adolescent girls who are prospective mothers. However, adolescent girls with disabilities frequently encounter barriers in accessing knowledge regarding nutrition, reproductive health, and general health rights due to communication limitations, social stigma, and inadequate community support. SLB-B Karya Mulia Surabaya holds significant potential as a strategic partner for stunting prevention through inclusive nutritional interventions.

Purpose of the Study: This community service activity aims to empower disabled adolescent girls at SLB-B Karya Mulia Surabaya through the RESTAYA (Surabaya Anti-Stunting Youth) community in preventing stunting through inclusive nutrition interventions.

Methods: The program employed a Participatory Action Research (PAR) approach consisting of five stages: participatory diagnosis (FGD), collaborative action planning, action implementation (inclusive nutrition education, healthy menu practice, peer support group, and RESTAYA community formation), joint reflection, and replanning. Twenty-three participants with hearing impairments were involved, with knowledge and attitude measured using pre-test and post-test questionnaires analyzed with Wilcoxon test.

Results: Based on FGD results, most disabled adolescent girls did not yet understand the relationship between nutrition, menstruation, and the risk of anemia or stunting. Educational results based on the Wilcoxon test showed significant increases in knowledge ($p=0.001$) and attitude ($p=0.001$) among 23 participants. Anthropometric measurements revealed 26.1% of participants had thin nutritional status (chronic energy deficiency). The program successfully established the RESTAYA peer support community and improved the nutritional literacy of disabled adolescent girls.

Keywords

Mentoring Adolescent Girls; Inclusive Nutrition; PAR; Disability; Deafness

Article History

Received: Nov 27th 2025

Revised: May 10th 2026

Accepted: August 17th 2026

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Introduction

Stunting is one of the chronic nutritional problems that affects children's growth and development and the future of the nation's generation. Stunting prevention should not only be carried out during the 1,000 Days of Life (HPK), but must start much earlier, specifically during adolescence, especially for adolescent girls as future mothers. Adolescence is an important transitional period that determines nutritional status and reproductive readiness, thus playing a key role in efforts to break the intergenerational cycle of stunting (Hume-Nixon & Kuper, 2018).

Based on the 2023 Indonesian Health Survey (SKI), the national prevalence of stunting among adolescents is still at 17.5% (SKI, 2023), which means nearly one in three adolescents experience growth disorders due to chronic malnutrition. Meanwhile, for adolescent girls, the stunting rate is at 18.4% (SSGI, 2024), indicating the importance of significant intervention for this stunting issue.

On the other hand, adolescent girls with disabilities or handicaps are included in the vulnerable group that is often marginalized in various health and nutrition programs. However, they have special needs in accessing information and services that have not yet been fully accommodated inclusively (Joko Sri Haryono et al., 2013). Many of them face barriers in obtaining knowledge about nutrition, reproductive health, and general health rights due to communication limitations, social stigma, and low awareness in their surroundings (Butarbutar et al., 2022).

This condition can increase the risk of nutritional problems, including anemia, malnutrition, and unpreparedness for future pregnancies, which can ultimately raise the risk of giving birth to stunted children. Therefore, disabled adolescent girls need to be empowered to have good nutritional literacy, be able to understand their own nutritional needs, and apply healthy living behaviors according to their abilities (W.M. Petronela et al., 2021). Based on the Final Report on the Demographic Profile of Surabaya City, the number of residents with disabilities in Surabaya City in 2023 is 6,144 individuals. The most common type of disability among the residents of Surabaya City is mental/psychosocial disability, accounting for 69.38%, followed by hearing/speech disability, at 10.29%. (Surabaya City Profile, 2024)

One effective strategy for preventing stunting is to intervene from adolescence, especially among adolescent girls who are future mothers. The adolescent period is a critical time that determines reproductive health status and the continuity of the next generation (Rahmanidar et al., 2021). However, they have the same rights to acquire knowledge and skills in maintaining health and preparing for a better future (Butarbutar et al., 2022).

The Special School for the Hearing Impaired (SLB-B) Karya Mulia Surabaya is one of the centers for special education activities in the Jalan A. Yani Surabaya area. Its strategic location in the city center facilitates access for partners, parents, and public services (Data Pendidikan Kemendikdasmen, 2025). SLB-B Karya Mulia Surabaya, like other regular schools, offers educational levels according to the age and educational needs of the students, namely, the Extraordinary Kindergarten (TKLB-B), Extraordinary Elementary School (SDLB-B), Extraordinary Junior High School (SMPLB-B), Extraordinary Senior High School (SMALB-B), and the double handicap Extraordinary School (SLB-G). Thus, it can be ensured that the number of students each year will increase significantly, making it a great potential as a PKM-supported school, where based on literature studies, no specific publications have been found that explicitly integrate inclusive nutrition education or stunting prevention for disabled teenage girls in this school.



Figure 1 Map and the Front View of Karya Mulia Special Needs School in Surabaya

In this community service activity, we involve all aspects of the school, primarily the junior high and senior high school students with disabilities, who will be accompanied by several teachers at their respective levels as the core of the mentoring. The concept of this mentoring is oriented toward strengthening the social capacity of disabled teenage girls thru nutrition education, reproductive health, practical skills training, and the formation of peer support groups that support the sustainability of behavioral change. This community service focuses on empowering disabled teenage girls in Surabaya City thru the RESTAYA (Anti-Stunting Youth Surabaya) community.

The focus of this community service is to enhance the understanding of disabled teenage girls in Surabaya regarding the importance of balanced nutrition and personal health thru inclusive nutrition education classes, empower disabled teenage girls to be able to create and practice easy and healthy menus, raise awareness in society and the community about the importance of preventing stunting in disabled teenage girls thru inclusive and participatory campaigns, build a strong social support network for disabled teenage girls thru the formation of peer support groups and experience-sharing sessions, and actively involve families and schools in supporting the sustainability of nutrition education and healthy lifestyles for disabled teenage girls.

Method

The approach used in this community service activity is Participatory Action Research (PAR), which is a collaborative research methodology that emphasizes the active involvement of participants in the research process. This is designed to empower the community by involving them in issue identification, solution development, and action implementation to address those issues (Ishaq et al., 2025). Participatory Action Research (PAR) is a participatory research approach that emphasizes the active involvement of the target community as subjects of change, not just objects of intervention. PAR combines real actions and collaborative joint reflections between the service team, disabled teenage girls, families, and schools to create contextual, sustainable, and empowering solutions. (Ansori Moh et al., 2021). This research method uses a quantitative design with a Participatory Action Research (PAR) approach, involving 23 female adolescents with type B disabilities (hearing impaired) who are enrolled as students at SMP-LB and SMA-LB Karya Mulia Surabaya.

Participatory Action Research (PAR) consisting of five stages (Effendy et al., 2022):

Identification and Understanding of Shared Problems (Participatory Diagnosis)

In this initial stage, the service team conducts Focus Group Discussion (FGD) activities involving female students, teachers, parents, and school management. The FGD activities are carried out to explore a shared understanding of the issues of stunting, vulnerability to anemia, and chronic energy deficiency (CED) among female adolescents with disabilities, as well as barriers to accessing nutrition and reproductive health education.

Collaborative Action Planning (Planning the Action)

Based on the results of problem mapping and community potential, the service team, together with the participants, developed an inclusive intervention action plan, namely:

- Preparation and development of RESTAYA modules that suit the needs of young women with disabilities (simple language, visual, audio, etc.).
- Schedule and technical implementation of educational classes, training, campaigns, peer support groups, and family involvement.
- Determining the role of each party in implementing activities.

The planning is participatory so that teenagers feel ownership of the program, fostering self-confidence and a sense of belonging.

Action Implementation

Program implementation is carried out in the form of:

- Inclusive Nutrition Class (Know Your Body, Love Yourself) for education on the body, nutrition, and reproduction of teenagers.
- Training in preparing healthy menus and simple practices that are friendly to people with disabilities.
- The RESTAYA campaign: I'm Great, I'm Healthy, involves teenagers in spreading the message through posters, videos and presentations.
- Peer Support Group and Sharing Session as a space for sharing and psychosocial strengthening.
- Involvement of families and schools in the form of educational forums for sustainability.

Activities are conducted adaptively, using visual, audio, and easily understandable language methods, and accompanied by inclusive facilitators.

Joint Reflection (Reflection)

After all activities were carried out, the community service team held a reflection session with teenagers, teachers, and parents to:

- Evaluate the effectiveness of the program,
- Assess participant engagement,
- Record changes in knowledge, attitudes, and practices.

This reflection is conducted participatively, with an enjoyable approach (such as casual discussions, expressive drawings, or storytelling), so that all parties feel heard.

Revision and Further Planning (Replanning)

Based on the reflection results, modules and strategic approaches will be refined to ensure the program's sustainability. The RESTAYA program is being promoted as a model for inclusive nutrition education that can be replicated in other special needs schools (SLB) in Surabaya and other areas in East Java.

Follow-up plans were also formulated together:

- Development of a roadmap for collaboration between the disabled community and health centers/schools,
- Preparation of RESTAYA ambassadors from program participants to advocate for other disabled teenagers,
- Strengthening access for disabled youth and reproductive health services.

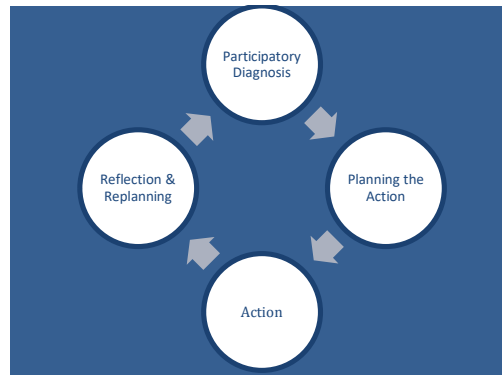


Figure 2. Stage Diagram in PAR approach

Result

Participatory Diagnosis

Our initial step was to visit the school, conduct observations, and obtain permits to collect preliminary research data. Socialization was conducted with the aim of communicating the community service program, which involves providing an introduction and understanding of the objectives, forms, and background of the service activities that focus on issues of nutrition and reproductive health for adolescent girls. This activity was carried out by the community service team (lecturers) on October 22, 2025. In addition to discussing substantive matters, we also discussed and agreed on the technical aspects of future PkM activities.

The next activity is a Focus Group Discussion (FGD) with the school (principal, teachers, and all students) scheduled for October 29, 2025. This activity aims to identify the real needs of the community related to nutrition knowledge, reproductive health, and school readiness, explore communication barriers and learning adaptations for hearing-impaired students, and determine effective communication formats (sign language, images, and simulations). This process is participatory and involves students and teachers as active informants. From the FGD results, it was found that most disabled teenage girls do not yet understand the relationship between nutrition, menstruation, and the risk of anemia or stunting in the future.

Planning the Action

The module was developed by the team based on the results of the FGD, which found that female students with disabilities at SLB-B Karya Mulia have limited access to nutrition and reproductive health information. The module was developed by the Pengmas Team and Student Team, in several stages:

1. Needs analysis: adapting the FGD results into a material map (balanced nutrition, anemia, healthy menstruation, stunting prevention).
2. Content design and visualization: creating simple illustrations, the MyPlate table, and nutrition message cards in visual forms that are easy for hearing-impaired students to understand.

The module titled "Know Your Body, Love Yourself" consists of 6 sessions, namely: Puberty and Self-Concept, Balanced Nutrition, My Plate, BMI and Malnutrition, Anemia and Iron, and Menstrual Hygiene Management. Each topic is presented using illustrative images, color symbols, and simple activities to make it easy to understand. Not only providing learning activities but also discussion materials and Key Messages.

Action Implementation: Inclusive Nutrition Education

The main activity of this service is inclusive nutrition education and health for adolescent girls, conducted in the form of a one-day workshop on October 31, 2025. This training involves the PkM team and students from the Nutrition Study Program at UINSA. This stage begins with a pretest to measure the participants' basic knowledge level before the material starts, lasting for 15 minutes.



Figure 3 Presentation material by resource persons

The measurement was conducted using a questionnaire that was developed based on the RESTAYA module, with two main components: (1) knowledge (20 multiple-choice questions and short descriptions), and (2) attitude (30 true/false statements). The participants also filled out an informed consent form beforehand as a willingness to become research subjects. After the presentation of the material for about 45 minutes, it was followed by the administration of the posttest. The following table presents the average pre-test and post-test scores, the percentage increase, and the p-value from the statistical test.

Table 1. Table of average pretest and posttest scores

Average value pre-test	Average value post-test	Presentation increase (%)
17.35	83.7	382.46

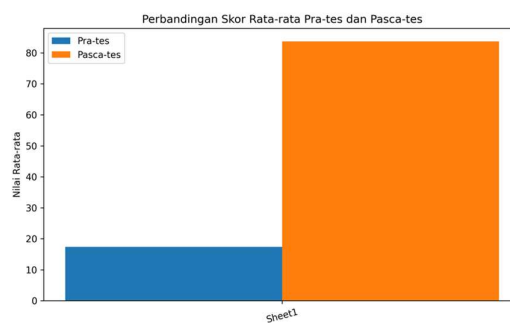


Figure 4 Diagram of average pre-test and post-test scores

Test Statistics ^a		Test Statistics ^a	
	Pengetahuan _Posttest - Pengetahuan _Pretest		Posttest Attitude - Pretest Attitude
Z	-4.204 ^b	Z	-3.362 ^b
Asymp. Sig. (2-tailed)	.000	Asymp. Sig. (2-tailed)	.001
a. Wilcoxon Signed Ranks Test		a. Wilcoxon Signed Ranks Test	
b. Based on negative ranks.		b. Based on negative ranks.	

Figure 5. Statistical Test Results Knowledge and Attitude Participant

Based on the results of the data normality test, it was found that the P value $< \alpha$ value (0.05), indicating that the data is not normally distributed. Data analysis will continue with the non-parametric test for two paired data groups, namely the Wilcoxon test. The results show P values of (0.000) for Knowledge and (0.001) for Attitude $< \alpha$ value (0.05), indicating a significant increase in knowledge about inclusive nutrition education among students at SLB-B Karya Mulia Surabaya.

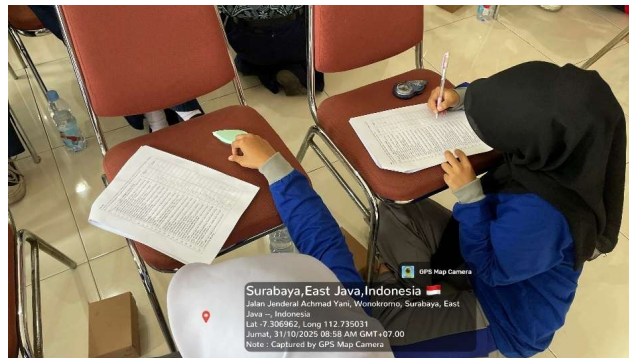


Figure 6 Participants fill out the pre-post test

Healthy Menu Preparation Training and Practice Simple

The Healthy Menu Planning and Simple Practice Training activity is one of the core stages of the PKM program aimed at enhancing the practical skills of disabled teenage girls in selecting, planning, and preparing healthy meals using locally sourced and affordable ingredients. One of them is KIMBAB.



Figure 7. Stages preparation competition and Tutorial on making Kimbab



Figure 8. Practice and Competition Cook Kimbab

The team held a Kimbab-making competition. The assessment was based on four criteria: Roll Neatness (technique and thickness), Ingredient Combination and Suitability, Presentation Cleanliness and Neatness, and Menu Appearance Creativity. At the end of the event, the judges announced the winning group of the healthy Kimbab competition based on the highest score, and the winning group received gift packages from the team to enhance participant motivation, encourage memorable learning experiences, and strengthen the spirit of togetherness within the RESTAYA community.

The Peer Support Group and Sharing Session activities are a continuation of the inclusive nutrition education program that focuses on strengthening healthy behaviors and peer support. At the beginning of the session, all participants were briefed and asked to perform anthropometric measurements as a basic step to determine the actual nutritional status of hearing-impaired adolescent girls. Followed by measuring body weight using a digital scale with an accuracy of 0.1 kg and height using a portable microtoise.



Figure 9 Weighing participant's weight and height

Table 2. Distribution Frequency of Nutritional Status Based on BMI

Nutritional Status (BMI)	Frequency (n)	Percentage (%)
Thin	6	26.1
Normal	13	56.5
Obese	4	17.4
Total	23	100.0

Data shows that there are 6 participants (26.1%) with undernourished nutritional status, meaning about 1 in 4 participants have undernourished nutritional status. This indicates the presence of chronic energy deficiency (CED), which potentially increases the risk of anemia and affects future reproductive readiness.

After the measurements, participants had individual consultations with the community service team, explaining the BMI results using a green-yellow-red zone visual and discussing dietary

patterns, menstrual habits, and health complaints, as well as identifying the causes of nutritional problems in a disability-friendly manner: using food images, emotion symbols, and daily habit lists. This consultation ended with a "self-improvement plan," for example: eating fruit every day, taking iron supplements according to schedule, bringing healthy snacks to school, getting enough sleep, and maintaining hygiene during menstruation.



Figure 10. Results sharing session measurement

Peer Support Group and Sharing Sessions

The activity began with an explanation of the session's objectives, which are to understand the participants' nutritional status, provide a space for personal consultation, and build peer support thru a peer support forum. The process of community formation was carried out participatively, in accordance with the PAR principles. The introduction of the community concept involved explaining the functions, benefits, and roles of community members in the anti-stunting movement, followed by the selection of the community organizational structure, which included determining the Chairperson of the RESTAYA Community, Cinta Citra Arivi. The selection was conducted thru deliberation and guided by the accompanying teacher. Then the event continued with the Reading of the RESTAYA Commitment, where each member recited the commitment together using sign language: "I Am Great, I Am Healthy, RESTAYA, Anti-Stunting Youth of Surabaya!". This commitment became the foundation of the community's character as a platform for exceptional young women who are independent, confident, and health-conscious. Followed by the signing of the Integrity Pact by the Chairperson of the RESTAYA Team and the Chairperson of the PKM Team, witnessed by all present participants.



Figure 11 Reading RESTAYA's

Reflection: Monitoring and Evaluation

The final evaluation of the special mentoring activities for adolescent girls in preventing stunting at SLB B Karya Mulia Surabaya was conducted as the final stage of community service, involving all school parties using SWAT analysis.

Table 3. SWOT Analysis Results

Internal Factors	Strengths	Weaknesses
	1. The application of the PAR method is very suitable for groups of people with disabilities. 2. The material is delivered in a simple, visual, and disability-friendly manner. 3. Active involvement of teachers and students strengthens the effectiveness of the program. 4. Participants showed high enthusiasm for the practice and campaign.	1. Participants' level of understanding varies due to differences in disability needs. 2. The implementation time is still limited. 3. Communication barriers for some participants meant that the material needed to be repeated. 4. Some participants have limitations in reading/writing so extra adaptation is needed.
External Factors		
Opportunities	SO Strategy (Strength–Opportunity)	WO Strategy (Weakness–Opportunity)
1. Cooperative and open support from Karya Mulia Special Needs School 2. Sustainability potential through the RESTAYA Community 3. Improving nutritional literacy among disabled female students in Surabaya, which is still minimal. 4. Opportunities for further partnerships with community health centers for TTD monitoring.	1. Integration of the RESTAYA campaign with school reproductive health programs. 2. Collaboration between SLB-B and community health centers for monitoring anemia and TTD.	1. Strengthening teacher training for inclusive nutrition education. 2. Simplification of modules in the form of visual comics for students with disabilities.
Threats	ST Strategy (Strength–Threat)	WT Strategy (Weakness–Threat)
1. Busy school activities can disrupt continuity. 2. Funding limitations for long-term programs 3. The high dependence of the community leader on the accompanying teacher.	1. Regular scheduling of peer support to ensure program sustainability. 2. Forming peer cadres in the RESTAYA community so that they do not depend on teachers .	1. Long-term mentoring by lecturers and students. 2. Building a culture of mutual support among community participants .

The results of this final evaluation will serve as the basis for re-planning and the development of subsequent programs, including the expansion of the RESTAYA community and

collaborative support with other community health centers and special schools in Surabaya.

Replanning

Based on the reflection results, the module or approach strategy will be improved for the sustainability of the program. The RESTAYA program is encouraged to become a model of inclusive nutrition education that can be replicated in other special schools in Surabaya or other areas in East Java. The follow-up plan was also formulated together: (a) Development of a roadmap for collaboration between the disabled community and health centers/schools, (b) Preparation of RESTAYA ambassadors from program participants to advocate for other disabled teenagers, (c) Strengthening access for disabled teenagers and reproductive health services.

Discussion

Focus Group Discussion

Surabaya still has a limited understanding of the relationship between nutritional status, anemia, reproductive health, and the risk of stunting in the future. This condition indicates a gap in access to health information for disabled adolescents, particularly those with hearing impairments, who have not yet received adaptive and inclusive educational media. Communication barriers, the limited availability of appropriate visual media, and low health literacy are factors that contribute to the participants' low understanding. These findings are in line with previous research that states that adolescents with disabilities have a higher risk of experiencing limited access to reproductive health and nutrition information compared to non-disabled adolescents.

In addition, the involvement of teachers in the FGD process shows that schools have great potential as agents of inclusive health promotion. Teachers not only serve as learning facilitators but also as mediators of health communication who can help simplify information to make it more understandable for hearing-impaired students. Therefore, the Participatory Action Research (PAR) approach, which involves students, teachers, and families, becomes relevant as it allows the intervention process to take place in a participatory and contextual manner.

Knowledge Gain

The research results show a significant increase in knowledge after the inclusive nutrition education intervention was provided. The average pre-test score of 17.35 increased to 83.7 in the post-test, with a percentage increase of 382.46%. The Wilcoxon test results also showed a p-value of 0.000, indicating a significant difference between the scores before and after the intervention. This increase indicates that the use of visual educational media, simple language, simulations, and direct practice is effective in enhancing the understanding of health and nutrition materials among disabled adolescent girls.

Participants began to be able to identify foods that are sources of iron and animal protein, understand the importance of consuming Iron Supplement Tablets (IST), and explain the correct menstrual hygiene practices. This shows that visual and practical-based learning methods are more easily accepted by hearing-impaired participants compared to conventional lecture methods. This approach also helps participants build a more concrete learning experience, making the material easier to understand and remember.

Change Attitude (Attitude Change)

The change in participants' attitudes is evident from the increased awareness of adopting healthy lifestyle behaviors, such as regularly drinking TTD, consuming balanced nutritious food,

and maintaining menstrual hygiene. The results of the statistical test show a significant attitude change with a p-value of 0.001. These findings indicate that health education not only enhances cognitive aspects but also affects the affective aspects of the participants.

The internalization of positive attitudes toward reproductive health and nutrition is important because adolescence is a period of forming long-term health behaviors. Participants' awareness of the relationship between anemia and the risk of stunting in future generations indicates that this intervention has successfully built preventive understanding from an early age. This change in attitude is also reinforced thru peer support activities and the RESTAYA campaign, which encourages participants to remind each other and provide social support.

Change Initial Behavior (Behavior Change)

Although the implementation of the program took place over a relatively short period, some initial behavioral changes have begun to be observed. Participants showed a commitment to consuming TTD once a week, bringing healthy lunches to school, and starting to pay attention to their daily eating habits. Practicing cooking healthy dishes like Kimbab serves as an applied learning medium that helps participants understand the concept of balanced nutrition more concretely.

In addition to enhancing practical skills in selecting and preparing healthy meals, this activity also trains social, motor, and teamwork skills among disabled teenagers. Thus, inclusive nutrition interventions not only impact knowledge improvement but also begin to shape more adaptive health behaviors. These results affirm that nutrition education, healthy menu practices, and the campaign to consume Iron Supplement Tablets are highly relevant for the group of disabled adolescent girls (Sariana et al., 2025).

Interpretation of Participants' Nutritional Status and Its Implications The results of the anthropometric measurements indicate that 26.1% of the participants have a thin nutritional status based on the Body Mass Index (BMI). This proportion is quite high as it indicates that about one in four disabled teenage girls experience chronic energy deficiency (CED). This condition is a significant concern considering that adolescent girls with poor nutritional status are at a higher risk of experiencing anemia, growth disorders, decreased immunity, and reproductive health issues in the future.

If this condition is not addressed during adolescence, the risk of giving birth to low birth weight (LBW) babies and stunting in the next generation may also increase. On the other hand, 17.4% of the participants were found to be obese, indicating the presence of a double burden of malnutrition among the disabled adolescent group. These findings indicate that nutritional issues among disabled adolescent girls are not only due to malnutrition but also to overnutrition caused by an unbalanced diet and lack of physical activity. Therefore, nutritional interventions for the disabled group need to be designed comprehensively and individually according to the conditions of each participant.

Change Social: Formation RESTAYA Community

One of the most important achievements of this program is the formation of the RESTAYA community (Special Youth Against Stunting Surabaya). The formation of this community has strategic significance in maintaining the sustainability of the program because it serves as a peer support system for disabled teenage girls. Thru this community, participants not only become recipients of health information but also transform into change agents who can disseminate health messages to their peers.

RESTAYA also plays a role in building the collective identity of disabled teenage girls as a

group that cares about health and stunting prevention. Community-based approaches like this are important because health behavior changes tend to be more sustainable when supported by a positive social environment. In addition, the presence of the community allows the program to continue even after the support from the volunteer team has ended.

Peer support activities, health campaigns, and the production of educational content based on social media show that RESTAYA has the potential to develop into a model of an inclusive school-based health movement. With the support of schools, teachers, families, and local health services, this community can become a sustainable platform for monitoring healthy behaviors of disabled adolescent girls, including adherence to TTD consumption, nutritional status monitoring, and reproductive health education. This activity serves as the foundation for an inclusive movement that has the potential to develop into a sustainable school health program (Annisah et al., 2020).

Limitations Study

This study has several limitations that need to be considered in the interpretation of the results. First, the number of participants is relatively small, with only 23 disabled teenage girls, so generalizing the results to a larger population needs to be done with caution. Second, the research was conducted in only one location, namely SLB-B Karya Mulia Surabaya, so the characteristics of the participants and the school environment may differ from other special schools in different regions.

Third, the evaluation of behavioral changes was conducted over a relatively short period, so it cannot yet illustrate the sustainability of participants' health behavior changes in the long term. This study has also not conducted longitudinal monitoring related to adherence to TTD consumption, changes in dietary patterns, or changes in the nutritional status of participants after the program ended. Therefore, further research with a longitudinal design and a broader regional scope is needed to evaluate the long-term effectiveness of inclusive nutritional interventions for disabled adolescent girls.

Conclusion

The implementation of community service activities related to mentoring special adolescent girls in preventing stunting thru inclusive nutritional interventions at SLB-B Karya Mulia Surabaya with a PAR approach was quite effective in both process and output. This program achieved a significant increase in knowledge ($p < 0.001$) and attitudes ($p = 0.001$) among 23 participants, and successfully formed a support community among RESTAYA peers.

Educational and training activities as a learning model centered on students with disabilities and accompanied by teachers play a very significant role in enhancing their knowledge and positive attitudes toward nutrition and health literacy. Strengthening peer support and social capacity thru Peer Support Group and Sharing sessions shows that participants are starting to share experiences related to nutrition and reproductive health issues, and the interactions among participants are becoming closer and more supportive. The formation of the RESTAYA community as an inclusive movement because it shapes the collective identity of disabled teenage girls, becomes a sustainable platform for health education, involves teachers, students, and schools, produces educational content based on social media, and becomes a space for sustainable empowerment.

Acknowledgements

The author expresses the highest appreciation and gratitude to the Ministry of Religious Affairs of the Republic of Indonesia for the funding support thru the Community Service Program (PKM) sourced from the DIPA BLU UIN Sunan Ampel Surabaya for the 2025 Fiscal Year. This support has enabled the optimal implementation and completion of the community service program.

The author also expresses gratitude to the Research and Community Service Institute (LP2M) of UIN Sunan Ampel Surabaya for the guidance, facilitation, and support provided throughout the process of the activities. Sincere appreciation is also extended to the service partners, stakeholders, and all participants who were involved and made significant contributions to the success of this activity.

Gratitude is also extended to all team members and colleagues who have provided suggestions, technical assistance, and support in the preparation of this article. Their contributions are invaluable in enhancing the quality and completeness of this scientific manuscript.

Conflicts of Interest

The authors also declare that there is no conflict of interest in this PKM activity.

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