

COMMUNITY EMPOWERMENT THROUGH THE RASA GUNA GROUP PROGRAM TO IMPROVE *SELF-CARE*

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ABSTRACT

Stable mental health relate close with health physical and quality life. Arisan Rasa is innovation a community that combines regular meetings, sharing experience and education self-care in harmony culture local. This program give knowledge as well as moral and social support, encouraging Mother House stairs in Legoksayem Village For consistent apply self-care approach This become step beginning form a healthy, caring, and independent community. Participants consists of of 28 women age productive (35–45 years) with background education diverse and majority profession as Mother House stairs. The method used is experiment pseudo with design one group pre –post test desig . Analysis results using the Wilcoxon Signed Ranks Test shows existence improvement significant on the total value of participants after intervention ($Z = -4.250$; $p = 0.000$), which indicates difference meaningful between score pre-test and post-test. Evaluation through observation and interviews support findings this, with majority participant report improvement knowledge, skills, and habits self-care. This program proven give impact positive to empowerment society and can become an intervention model health at the level village. Awareness that self-care is investment for welfare self and family become key change behavior. Sustainability practice This need support community, family, and government villages so that self-care becomes part style live, impact positive on health physical, mental, and quality life.



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1. INTRODUCTION

Demands modern life makes role Mother House ladder the more complex and requires various skills For guard sustainability family. Tasks a Mother House ladder No only limited to fulfillment need House stairs and parenting family, but also involving activity physique as well as emotionally demanding toughness and ability guard balance self (Fajar *et al.* , 2023). For face demands the a strategy is needed that is capable support welfare physique and mental. One of the strategies that is increasingly get attention is maintenance self, namely efforts made individual For nurse self in a way physical, emotional, social, and spiritual. According to Nina and Pranajaya (2020), *self-care* is actions taken somebody to himself Alone with objective maintain life, health, and well-being. *Self-care* involves behavior proactive and planned For guard balance life as well as manage stress, or do fun

activities. Practice This can covers get enough sleep, consume food nutritious balanced, exercise in a way regular, limiting social media exposure, writing journaling, meditation, and coaching healthy interpersonal relationships (Hizbullah & Khodijah, 2025).

Physical and mental health are asset important For undergo life everyday. However, some public Still own awareness low in nurse self consequence lack of information, lack of support social, and limited access to supportive activities style life healthy. Condition This can trigger problem like stress prolonged until disturbance health that is not detected. According to Shawon *et al*, (2024), women recorded experience anxiety by 21.9% compared to men by 11.3%, and depression by 5.4% compared to 1.7% in men. The risk in women still more height. Difference This still significant although factor demographic has adjusted, showing existence gaps that require attention special in effort prevention and treatment mental health.

Stable mental health, free from disturbance, and accompanied by calm inner own connection close with health physical, both each other influence in support quality life (Khasanah & Kalifia, 2024). Facing challenge mentioned, it is necessary methods that do not only nature educational, but also fun as well as capable strengthen the sense of togetherness. Arisan Rasa becomes innovation based a community that combines regular meetings, sharing experience, and delivery information related maintenance self. Concept This in harmony with culture local, so that activity This expected can push participant For more consistent apply practice *self-care* in daily life. Through this program public get No only knowledge, but also moral and social support that contributes to the improvement quality life. Approach based togetherness like Arisan Rasa is step beginning For form a healthy, caring, and independent community in guard welfare self. This writing make an effort review importance *self-care* for Mother House stairs in Legoksayem Village, at the same time review level awareness and application draft among those they.

2. RESEARCH METHOD

Activity empowerment This use approach participatory (*Participatory Learning Approach*) for empowering Legoksayem Village community with connect knowledge new to experience personal they, then give skills practical in the form of therapy. Approach This involving participant For active in the learning process through discussion, simulation, and practice direct.

Implementation devotion was held on July 26 to August 26, 2025 in Legoksayem Village, District Wanayasa Regency Banjarnegara. This village chosen Because low awareness society, especially Mother House stairs, against importance nurse health physical and mental. In addition, the village This own potential source Power enough human good, but Not yet utilized optimally for support welfare personal and family. Implementation of this program involving the Supervisor Field and 11 KKN students, working The same with device village as well as group PKK mothers.

Study This is studies experiment quasi - *experimental* study with design *one group pre –post test design*, with data collection from July 26 to by August 26, 2025. Population study is all over Mother House ladder active PKK members in Legoksayem Village follow PKK activities. Election sample done with method *simple random sampling* based on the list of PKK members, using criteria inclusion and exclusion criteria inclusion covering Active PKK members in Legoksayem Village aged 35-45 years were present in activity *Arisan Rasa*, willing follow all over series activities. Meanwhile that, criteria exclusion covers participants who have obstacle cognitive or communication that can disrupt the intervention process and filling instrument, has condition health restrictions participation in *role play*, or No finish series *pre– post test*.

Table 1. Stages Implementation Activities in Legoksayem Village

No	Activity	Method	Output	Implementation
1.	Approach to public target For discuss the problems they face face it in activity daily	Interaction direct through delivery materials and discussions	Identifying problems , finding the core of the problem , and do mapping problem	KKN Team

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|----|---|--|---|----------|
| 2. | Build belief in one 's potential public For increase quality life | Meeting together (collective meeting) and analysis need | Formation awareness together For plan activities that can increase quality and level life with superiority competitive , accompanied by skills adequate intellectual , spiritual , and professional | KKN Team |
| 3. | <i>Role play</i> based on experience participant | Simulation (<i>role play</i>) experience relevant real | Participant capable identify problems and practice solutions | KKN Team |
| 4. | Giving therapy in accordance need | Demonstration and practice direct therapy | Participant capable practice therapy with Correct | KKN Team |
| 5. | Evaluation Activity | Discussions and lectures | What is the necessary picture improved and repaired | KKN Team |

(Dua *et al* , 2022)

Role play method in the *Arisan Rasa* program implemented with involving PKK members as participants active. From a total of 28 participants, the selection role in simulation done through technique *random sampling* For ensure proportional representation. The scenario used arranged based on adaptation from condition real life everyday to have relevance contextual with experience participants. Six scenarios were implemented includes: (1) facing fatigue physical and emotional consequence burden work House ladder as well as discuss alternative solution *self-care* in a way group; (2) handle member family with symptom health light through implementation step maintenance self before look for help medical; (3) managing time in a way effective between work House stairs, work side, and time personal; (4) maintain pattern Eat balanced in the middle demands activity daily; (5) regulate time adequate rest and sleep to maintain health physical; and (6) managing stress through technique relaxation simple. Approach it provides chance for participant For experience in a way direct simulated situations at a time practice skills *self-care* in a way applicable and contextual.

Measurement knowledge and skills participant utilise *Self-Care Inventory* (SCI) which has been modified to fit with context culture as well as Language respondents. The data collection process was carried out in two stages, namely *pre-test* and *post-test*. Stage *pre-test* implemented before intervention with objective map condition beginning knowledge and skills participant related draft as well as implementation *self-care*. After all over series intervention end, *post-test* given For evaluate changes and improvements in both aspect The instruments used in both stage measurement is interview SCI-based which has been through the adaptation process language and culture. Stages adaptation done with method *translation-back translation* For ensure equality meaning between version original and translation, so results measurement still accurate and consistent.

Data analysis includes calculation average score *pre-test* and *post-test* For identify change knowledge as well as skills participants. Next, a difference test was conducted paired t - test for evaluate significance difference between score before and after intervention. The level of significance used is 0.05, and all analysis done use device IBM SPSS Statistics software version 23.

3. RESULTS AND DISCUSSION

Based on from results study obtained results as following:

Activity *self-care* begins with session introduction and implementation *pre-test* taken by PKK mothers participating in the program. After do *pre-test*, mothers Then do *role play* arisan rasa which aims For increase understanding and familiarity between participants. Next, they share each individual's experience based on paper the shake that has been shared previously. Atmosphere activity ongoing with enthusiasm high, visible from Spirit PKK mothers at the time follow all over series activity.



Figure 1. Implementation *Pre-test*, Arisan Rasa *Role play*, and Sharing Experience by PKK Mothers Participating in the KKN Program

Activity *post-test* implemented as stage evaluation For measure improvement knowledge and understanding PKK mothers after follow series activity *self-care*. In the session this, participants return invited For do questions that have been prepared for comparison results with Previous *pre-test*. Atmosphere implementation *post-test* walk with orderly and full enthusiastic, reflecting seriousness participant in follow evaluation end of program.



Figure 2. Implementation *Post-test* For Evaluation Improvement Knowledge PKK Mothers Participating in the KKN Program

All over participant is Woman aged 35–45 years, which is generally is in phase age productive at a time own role important in manage House ladder. Education level participant Enough varies, but majority is at junior high school level, which indicates the need approach delivery simple and easy material understood. In terms of work, domination Mother House ladder show that part big participant own flexibility time For follow activities, so that method training can designed more interactive and applicable. So that matter This become consideration important in adapt content and methods delivery training to be more effective.

3.1. Comparison Results of *Pre-test* and *Post-test* Scores Participant

Normality Test (Shapiro-Wilk)

			W	p
A	-	B	0.819	<.001

Note. A low p-value suggests a violation of the assumption of normality

One-Way ANOVA (Welch's)

	F	df1	df2	p
A	169	1	36.0	<.001

Based on normality test results known No normally distributed ($p < 0.001$). In addition, the results of the homogeneity test variance show that assumptions homogeneity No fulfilled so that analysis to be continued use *Welch's ANOVA*, designed For accommodate difference variance between group. So that non-parametric tests were conducted *Wilcoxon*.

Test Statistics ^a

	Post-test - Pre-test
Z	-4.250 ^b
Asymp . Sig. (2-tailed)	.000

a. Wilcoxon Signed Ranks Test

b. Based on negative ranks.

Table 2. *Pre-test* and *Post-test* Results Participant

Variables	Number of people)	P Value
<i>Pre-test</i>	28	0,000
<i>Post-test</i>	28	

Based on Table 2, the results of the *Wilcoxon Signed Ranks Test* there is significant increase in the total score of participants after intervention, with Z value = -4.250 and p-value = 0.000 ($p < 0.05$). These results indicates existence meaningful differences between score *pre-test* and *post-test*. Improvement of the show that interventions provided effective in increase knowledge and skills Participants. Implementation of the *self-care* program in Legoksayem Village capable give impact substantial positive to change knowledge and habits participant If compared to with condition before intervention.

Difference results mark *Pre-test* and *post-test* on PKK mothers in Legoksayem Village own improvement. This is show existence success in implementation empowerment public through the arisan rasa program to increase *self-care*. This is in line with research conducted by Sari *et al* (2021), which revealed existence improvement empowerment of cadres health with test participant *self-care* patient hypertension. Research the state existence improvement knowledge cadre health about hypertension *self-care* This give contribution positive to patient hypertension. The importance of *self-care* according to Mawardani *et al* (2017), as solution someone who feels worried like own problem or For help maintenance For himself Alone.

Evaluation effectiveness intervention done through comparison between mark *Pre-test* and *post-test* participants. *Pre-test* functioning For measure level knowledge beginning before delivery material, whereas *post-test* used For evaluate improvement knowledge after intervention given. Summary of results comparison the presented in Table 2. Then evaluation activity implemented with assessment observation and interviews. Implementation evaluation show existence results interview about satisfaction empowerment public through the arisan rasa program to increase *self-care*. So that implementation of work programs give impact positive.

In implementing the work program there is factor affecting success among them time, source Power people and the problems they face.

a. Time

One of factor affecting success program implementation is duration time activity ongoing.

b. Source Power man

The most important factor in A success of the work program is source Power human beings. In this case This source Power people in Legoksayem Village can carry out *self-care* with Good.

c. Problems faced

With awareness will problems that are owned, able to motivating individual For more notice health self. So that individual can cooperate in success empowerment public through the arisan rasa program to increase *self-care*.

So that writing This own benefit For study furthermore in matter awareness to mental health. Next empowerment public through the arisan rasa program to increase *Self-care* focuses on the areas psychology clinical.

4. CONCLUSION

Based on the results data analysis and discussion, then can withdrawn conclusion as following:

The “Arisan Rasa” program was held in Legoksayem Village succeed become catalyst for mothers House ladder For understand and practice *self-care* more good. This is proven from improvement significant knowledge, where the *post-test* show increase compared to the beginning.

Improvement This No just numbers, but rather reflection from increase understanding participant about importance nurse self, good in a way physique both mental and physical. Awareness This is step crucial beginning. When a Mother realize that *self-care* is not action selfish, but rather investment important For welfare yourself and your family, then change consistent behavior will more easy realized.

Even though Thus, sustainability practice this *self-care* No Can stop after the program is finished. Required support from various parties, both from fellow member community, family, and government village. With existence ongoing mentoring and habituation, practice *self-care* will become part from style live, not Again just trend moment. In the end, empowerment This will impact positive and sustainable impact on health physical, mental, and quality life family in Legoksayem Village.

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