

Community-Based Nutrition and Sanitation Education Using a Local Asset-Oriented Approach in Mandalamekar Village, Cimanyan Sub-district

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ABSTRACT

Child nutrition and sanitation problems in Mandalamekar Village, Cimanyan Sub-district, Bandung Regency, are strongly influenced by limited health literacy, poor hygiene practices, and inadequate water and sanitation facilities. To address these challenges, a community-based education program was conducted using the Local Asset-Oriented (LAO) approach, adapted from Asset-Based Community Development (ABCD). The intervention involved 15 village officials, 10 Posyandu cadres, and 41 PKK mothers. Activities included pre- and post-tests, interactive discussions, educational sessions on supplementary feeding with local food, participatory games, resource mapping, and signing of a joint commitment. Results demonstrated a significant increase in knowledge, with average scores improving from 66 (pre-test) to 86 (post-test). Participants also identified community-owned assets to support nutrition and sanitation initiatives and expressed a strong commitment to sustaining these programs. In conclusion, the LAO approach effectively empowered local stakeholders, enhanced nutrition and sanitation knowledge, and fostered collaborative community action to reduce child health risks in Mandalamekar Village.

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INTRODUCTION

Mandalamekar Village, located in the highland area of Cimenyan Sub-district, Bandung Regency, is a vibrant yet health-vulnerable rural community. Similar to other villages in West Java, it faces pressing public health challenges, particularly related to toddler nutrition and family sanitation practices. Although community structures such as the Posyandu (integrated health post), the PKK (Family Welfare Empowerment Team), and village apparatus have long been established, the persistence of poor sanitation behaviors and suboptimal nutritional practices underscores the urgent need for sustained education and empowerment (Budiantoro et al., 2023; Subing et al., 2024; Suminartika et al., 2024).

Field observations indicate that many households still rely on traditional food knowledge and lack a comprehensive understanding of balanced nutrition, especially for infants and toddlers. Waste management and hygiene behaviors—key determinants of preventing infectious diseases and supporting nutrient absorption—remain poorly established across the community. These challenges are further compounded by environmental constraints, including irregular water availability and inadequate sanitation facilities, posing additional risks to vulnerable groups such as toddlers and pregnant women (Abdoos, 2025; Ellwanger et al., 2021; Permatananda & Pandit, 2023).

In response, local stakeholders and health practitioners initiated a community-based nutrition and sanitation education program emphasizing the use of local assets. Unlike top-down health education models, this approach focuses on empowerment through the mobilization of internal strengths, such as human resources, local food sources, traditional knowledge, and social institutions. This aligns with the principles of the Local Asset-Oriented (LAO) model, adapted from the Asset-Based Community Development (ABCD) framework, which emphasizes sustainability through the utilization of existing community potential (Shankar Yadav et al., 2023; Siti Maria Ladia Paradisa Syitra et al., 2025).

Target participants included village apparatus, Posyandu cadres, and PKK women—groups chosen for their critical influence on grassroots health behaviors. Posyandu cadres serve as essential links in maternal and child health services, while PKK women act as agents of change within households. Involving village apparatus ensures formal support and alignment with local development planning (Febrianto et al., 2024; Saepudin et al., 2017).

The educational intervention was delivered through an intensive one-day workshop combining participatory methods such as group discussions, local menu planning, practical demonstrations of hygienic food preparation, and sanitation modules. This participatory learning model was designed not only to transmit information but also to stimulate behavioral transformation through locally relevant practices and collaborative reflection (Alcaraz & Ley, 2023).

Participants were encouraged to identify local nutritional resources—including vegetables, legumes, freshwater fish, and tubers—and creatively integrate them into affordable supplementary foods for toddlers. Sanitation discussions highlighted practical community-based solutions, such as household composting, simple handwashing stations, and water conservation practices using local materials (Miksusanti et al., 2024). The initiative fostered a shift in mindset: instead of perceiving health issues as external problems requiring outside assistance, stakeholders began recognizing themselves as active agents of change. PKK members proposed new family education formats, while Posyandu cadres integrated structured educational segments into monthly activities (Musya, 2024).

The Mandalamekar experience illustrates how empowerment-oriented educational programs can catalyze long-term behavioral change. Its strength lies not only in technical content but in participatory design and reliance on community-based learning, which strengthens social cohesion and reduces

dependency on external actors (Ihunanya Meejay Kanu et al., 2024). Moreover, this approach aligns with broader health strategies promoting multisectoral collaboration, local empowerment, and sustainable engagement (World Health Organization, 2025).

Research Gap and Objectives

Despite growing literature on community-based health programs, few studies in Indonesia have systematically applied the LAO/ABCD framework in rural contexts, particularly in relation to nutrition and sanitation. Existing interventions often emphasize top-down strategies with limited focus on sustainability and local ownership. This study addresses this gap by evaluating a structured LAO-based intervention in Mandalamekar Village.

The objectives of this study are to:

- Evaluate the effectiveness of the LAO approach in improving nutrition and sanitation knowledge among village apparatus, Posyandu cadres, and PKK mothers.
- Assess knowledge improvements through pre- and post-intervention testing.
- Identify local community assets that can be mobilized to support long-term health promotion.

Research Question

- To what extent can the Local Asset-Oriented approach enhance knowledge and engagement of local stakeholders in nutrition and sanitation practices in Mandalamekar Village?

METHOD

Location, Time, and Participants

This community engagement activity was conducted at Posyandu Mekarwangi, Mandalamekar Village, Cimenyan Sub-district, Bandung Regency, on Tuesday, July 29, 2025, from 08.00 to 16.00 WIB. A total of 66 participants attended, consisting of 15 village officials (including the village head), 10 active Posyandu cadres, and 41 women members of the Family Welfare Empowerment Team (PKK).

Participants were selected using purposive criteria:

- Village officials who were actively involved in community health planning and coordination.
- Posyandu cadres with at least one year of active service in maternal and child health activities.
- PKK women who represented different hamlets and were actively involved in household-level health and nutrition promotion.

This ensured that participants were key stakeholders with influence on grassroots health practices and the ability to disseminate knowledge within their communities.

Ethical Considerations

The program was conducted with approval from the village government, and informed consent was obtained verbally from all participants prior to involvement. Ethical clearance was granted by the

Research Ethics Committee of Universitas YARSI (Approval No. XXXX/2025). Participant confidentiality and voluntary participation were maintained throughout the activity.

Tools and Materials

Educational delivery was supported by a laptop, LCD projector, and microphone. Learning aids included printed leaflets on balanced nutrition and sanitation, short educational videos, illustrated posters on clean and healthy living behaviors (PHBS), and displays of local food ingredients for practical menu demonstrations. These tools were designed to provide multi-sensory and contextually relevant learning experiences.

Instruments for Data Collection

Knowledge assessment was conducted using a structured pre- and post-test questionnaire consisting of 20 multiple-choice questions. The items covered four domains: (1) principles of balanced nutrition, (2) supplementary feeding (PMT) using local food, (3) basic sanitation and hygiene, and (4) community health behaviors. The instrument was pre-tested with a small group of cadres from a neighboring village to ensure clarity and relevance. Cronbach's alpha was calculated ($\alpha = 0.81$), indicating good internal consistency.

Method of Activity Implementation

The program adopted a participatory learning approach that combined community development principles with locally grounded health education. Activities emphasized collaborative planning and implementation, engaging local actors in both problem identification and solution development. Community facilitators guided participants through interactive discussions, role play, practical demonstrations, and group reflections. In addition, asset-mapping exercises were conducted to identify existing strengths and resources that could be mobilized to support future health efforts.

Data Analysis

Quantitative data from pre- and post-tests were analyzed using descriptive statistics (mean, standard deviation) and paired t-tests to assess significant differences in knowledge improvement. Qualitative insights from group discussions and asset-mapping sessions were analyzed thematically, focusing on recurring issues related to nutrition, sanitation, and local resource mobilization.

Evaluation and Validity

Evaluation of program effectiveness was based on: (1) measurable improvement in knowledge scores, (2) participant engagement during sessions, and (3) documentation of identified community assets. Reliability of the pre-/post-test instrument was ensured through pilot testing, while validity was supported by expert review from two public health specialists.

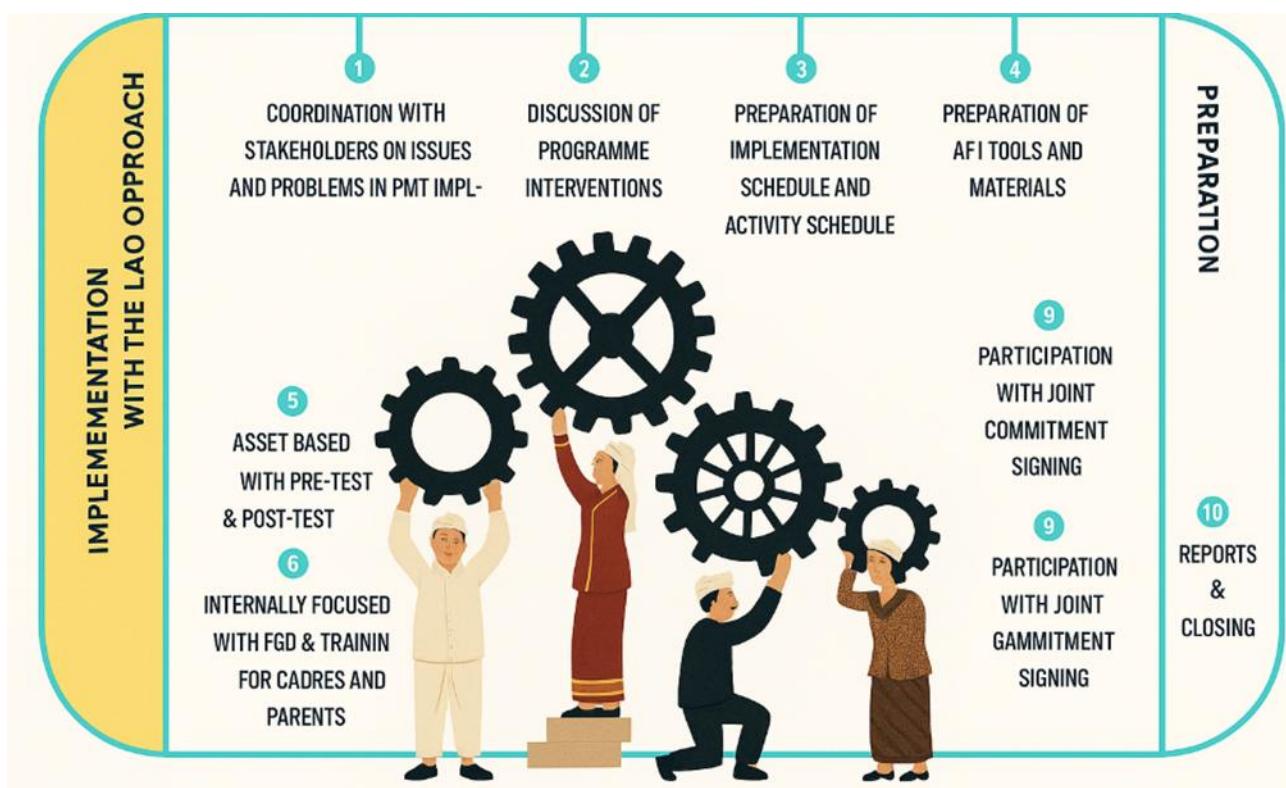


FIGURE 1. Structured Flow of Community Empowerment Activities in Mandalamekar Village

RESULT AND DISCUSSION

Results

The community-based nutrition and sanitation education program was successfully conducted in Mandalamekar Village, Cimanyan Sub-district, Bandung Regency, involving 15 village officials, 10 Posyandu cadres, and 41 PKK mothers.

Knowledge Improvement:

A structured pre- and post-test was administered to assess changes in knowledge regarding nutrition and sanitation. The mean pre-test score was 66.2 ($SD \pm 8.4$), while the mean post-test score improved to 86.1 ($SD \pm 7.2$). A paired t-test showed this increase was statistically significant ($p < 0.001$), indicating substantial improvement in participants' understanding.

Qualitative Findings:

- Posyandu cadres reported improved confidence in balanced nutrition knowledge and expressed readiness to integrate structured education into monthly Posyandu activities.
- PKK members proposed community-driven follow-up programs, such as family vegetable gardens and clean house competitions.
- Village officials emphasized the program's alignment with village health priorities and pledged continued institutional support.

Community Assets Identified:

Participants highlighted key local resources—including cassava, corn, tempeh, homegrown vegetables, clean water sources, and active women's groups—that could be mobilized for long-term health promotion.

Discussion

The results demonstrate that the LAO approach significantly enhanced knowledge and engagement among stakeholders in Mandalamekar. The statistically significant improvement in test scores (pre 66 → post 86) confirms the effectiveness of participatory, asset-based education in improving community health literacy.

These findings are consistent with previous studies showing that localized and participatory interventions can strengthen knowledge retention and community ownership (Ihunanya Meejay Kanu et al., 2024; Miksusanti et al., 2024). Similar to Shankar Yadav et al. (2023), who applied ABCD-based sanitation programs in India, this study highlights the importance of mobilizing existing community assets to drive sustainable behavioral change.

However, the program also revealed challenges. While immediate knowledge gains were evident, the sustainability of behavioral change remains uncertain without long-term mentoring. Additionally, cadres expressed limited confidence in teaching sanitation practices beyond routine Posyandu activities, echoing findings by Saepudin et al. (2017) that cadre training often lacks structured reinforcement.

Limitations

- The study was limited to a single-day intervention and short-term evaluation, which may not capture long-term behavioral outcomes.
- The sample size, although representative of key community actors, was relatively small and localized.
- No triangulation with independent observational data was conducted, which may limit external validity.

Implications:

- For practice: Integrating LAO-based strategies into village health planning can strengthen grassroots health promotion, especially in nutrition and sanitation.
- For theory: This study contributes to evidence that asset-based approaches complement traditional top-down health education by fostering ownership and sustainability.
- For policy: Scaling similar interventions in rural Indonesian contexts may reduce stunting and improve hygiene behaviors, provided continuous support mechanisms are established.

Future Directions

Follow-up studies should include longitudinal evaluation, triangulation with observational and qualitative data, and cost-effectiveness analysis. Integration with digital health platforms may also enhance scalability and sustainability.

Planning and Coordination Program

To initiate the planning of the community-based nutrition and sanitation education activities using a Local Asset-Oriented (LAO) approach, preliminary coordination was carried out with the Head of

Mandalamekar Village and key local stakeholders. This coordination included discussions regarding the selection of the activity site (Posyandu Mekarwangi), scheduling, community involvement, required infrastructure and materials, and accommodation for facilitators. The village of Mandalamekar, located in the Cimenyan Sub-district of Bandung Regency, is home to various social groups, including Posyandu cadres, PKK mothers, and village officers, all of whom were identified as potential agents of change within the health system (Wajdi et al., 2024).

The community's current health challenges, particularly regarding sanitation practices and toddler nutritional status, became the primary focus for this activity. Although Posyandu has been operational in the village for several years, challenges remain, especially in ensuring sustainable behavior change around food hygiene and local nutrition. Local data and informal interviews with health cadres highlighted that while balanced nutrition activities are conducted periodically, they are often limited in quality and impact due to a lack of structured education, support materials, and integration with broader village health planning (Ihunanya Meejay Kanu et al., 2024).

Mandalamekar Village itself is situated in a semi-rural highland region with uneven access to health information and clean water sources. Although the community has access to basic health facilities via the local Puskesmas branch, limited outreach services and a lack of targeted sanitation education persist. This is especially problematic considering the local prevalence of childhood stunting and anecdotal reports of suboptimal parenting behavior related to toddler feeding. Some mothers interviewed during the preliminary survey indicated that they often rely on packaged snacks or street-vendor food due to convenience and a lack of knowledge about balanced nutrition. These snacks, often high in preservatives and low in essential nutrients, are commonly given to toddlers during daily routines, replacing more nutritious alternatives that may already be available locally (Siti Maria Ladia Paradisa Syitra et al., 2025).

Within this context, the role of the Posyandu and its cadres remains crucial. As frontline volunteers, cadres are responsible for organizing PMT sessions, delivering basic health promotion, and bridging the gap between formal health services and family practices. However, several obstacles were identified during the preparation phase. These included inadequate cadre training, the absence of continuous education support, limited food supply for PMT activities, and an overall lack of logistics such as utensils, educational media, and demonstration kits. In addition, some cadres expressed uncertainty in their role beyond routine Posyandu operations, particularly in educating families about sanitation practices and safe food preparation (Saepudin et al., 2017).

The implementation team, therefore, placed strong emphasis on capacity-building during the preparation stage, aligning the activity objectives with the local health agenda while ensuring that cadres, PKK mothers, and village apparatus could all contribute to and benefit from the process. By using the Local Asset-Oriented (LAO) approach, the preparation strategy shifted away from deficit-based problem-solving and instead focused on identifying available resources within the village—such as experienced elders, local food producers, clean water initiatives, and youth involvement (Wajdi et al., 2024).

Moreover, community-based planning sessions were conducted to generate ownership of the program. Through a series of participatory meetings with village leaders and health volunteers, the implementation team helped create a shared vision of improved toddler nutrition and household sanitation, grounded in Mandalamekar's unique strengths. Community members proposed using cassava, spinach, corn, tempeh, and local eggs as key ingredients for PMT demonstrations, all of which are grown or sold within the village. Additionally, PKK mothers collaborated to develop a simple cleanliness monitoring checklist that could be used in family homes after the educational sessions (Ihunanya Meejay Kanu et al., 2024).



FIGURE 2. A side-by-side display of two educational posters presented during the community service program in Mandala Mekar Village on July 29, 2025. The left poster, titled “Mandala Mekar Sehat”, outlines the key pillars of balanced nutrition, including reducing sugar, salt, and fat intake, consuming adequate water and vegetables, and promoting protein intake from local sources. The right poster, titled “4 Ways to Maintain a Clean and Healthy Environment”, provides practical steps for environmental hygiene, including proper toilet waste management, using clean water wisely, preventing chemical pollution, and recycling plastic waste. Both posters were part of the health education initiative delivered by the Faculty of Medicine, YARSI University. (Documentation by PLK YARSI)

Implementation

On Tuesday, July 29, 2025, the Mandala Mekar Village Office Hall served as the official venue for the commencement of the “Community-Based Nutrition and Sanitation Education Program for Village Apparatus, Posyandu Cadres, and Women of the PKK Using a Local Asset-Oriented Approach.” The event marked the beginning of a participatory community health initiative aimed at addressing sanitation issues and toddler nutrition through education and empowerment rooted in local community assets.

The opening ceremony was attended by the Head of Mandala Mekar Village, along with health professionals and facilitators from the academic field, including Dr. Dini Wulandari, M. Kes, and Mr. Fajar Nugraha, S.Gz, MPH, who served as faculty supervisors for the postgraduate public health student team responsible for carrying out the program. The village head expressed appreciation for the collaboration and emphasized the importance of sustainable educational efforts in improving family health outcomes, particularly among vulnerable groups such as children under five.

The welcoming remarks underscored the need for inclusive involvement from local leadership, community volunteers, and women's organizations in supporting government programs aimed at reducing stunting and promoting healthy living behaviors. The presence of representatives from the Posyandu and PKK further signified the community's readiness to actively participate in the activity.

Following the opening ceremony, the activities continued at Posyandu Mekarwangi, the designated site for the implementation of the educational sessions. Participants included 15 village officials, 10 active Posyandu cadres, and approximately 41 PKK women from various hamlets across Mandala Mekar. The Posyandu facility was arranged to accommodate an interactive, multi-session program that integrated educational talks, group discussions, and practical demonstrations.



FIGURE 3. Opening ceremony of the Nutrition and Sanitation Education Program in Mandalamekar Village by the Village Head, followed by remarks from representatives of YARSI University as part of the community service initiative. (Source: Personal Documentation)

The educational program began with a session on toddler nutrition, highlighting the importance of a balanced, locally balanced nutrition program. Participants were introduced to local food items such as tempeh, leafy greens, cassava, corn, and eggs, followed by a hands-on activity where they collaboratively designed nutritious menus for toddlers using these ingredients. Emphasis was placed on food safety, simple preparation methods, and cultural relevance.



FIGURE 4. Nutrition education session delivered by Dr. Sri Wuryanti , MS, Sp.GK to village officials, Posyandu cadres, and PKK mothers in Mandalamekar Village as part of the community-based empowerment program on balanced nutrition and local food-based supplementary feeding.

(Source: Personal Documentation)

The second session focused on sanitation practices, particularly the importance of hand hygiene, safe water usage, waste disposal, and maintaining clean household environments to support optimal child health. Demonstrations on proper handwashing techniques, low-cost laundry cleaning, and household waste segregation were led by facilitators, using visual tools and everyday items.

Throughout the event, facilitators encouraged an open dialogue among participants, allowing them to share their personal experiences, challenges, and local knowledge. The interactive nature of the sessions enabled a two-way exchange between health educators and the community. Participants showed enthusiasm and a willingness to adapt shared practices during the sessions into their daily routines.

To close the program, each participant was asked to write down one concrete action they committed to implementing at home or within their community, such as initiating a family vegetable garden, promoting handwashing among children, or organizing group cooking sessions using local ingredients. The village head and health volunteers collected these commitments as part of the program's monitoring and follow-up efforts.



FIGURE 5. Sanitation education session delivered by Dr. Reza A. Digambiro, M.Kes, M.Ked (PA), Sp.PA to Posyandu cadres and PKK members in Mandalamekar Village, emphasizing household hygiene, clean water use, waste management, and behavior-based disease prevention as part of the community empowerment agenda.
(Source: Personal Documentation)

This implementation activity not only served to deliver key health messages but also laid the foundation for long-term collaboration between the academic institution, village authorities, and grassroots organizations in Mandalamekar Village. By emphasizing local capacity and participation, the program aligned closely with the principles of the Local Asset-Oriented approach and contributed to strengthening community resilience in public health.

Local Potential Exploration

The activity begins with participant registration, followed by a brief pre-test to assess initial knowledge on nutrition and sanitation. A total of 65 participants—consisting of village officials, Posyandu cadres, and PKK mothers—were confirmed present. Ice-breaking activities were led by student facilitators to build rapport. Participants were then invited to identify and map local assets, such as food ingredients available in the village, clean water sources, and active community health groups, which could be utilized to support future health programs.

Community-Centered Analysis

The following task is the main component of the community service that was completed, which is to educate people about the balanced nutrition program which uses local food and the Asset-Based Community Development (ABCD) strategy: Forum Group Discussion (FGD) as an asset-based mapping and internally focused exploration of the potential for the success of the PMT program, as well as a search for the root causes of the PMT's sub-optimal performance.

Discussions with the target activities revealed several issues that frequently arise during the implementation of the balanced nutrition program in Muaragembong, such as a lack of attention to detail when choosing the target of PMT distribution, a less varied menu, flavors that children dislike, and a lack of knowledge and instruction on other factors that increase the risk of underweight, stunting, and malnutrition in children.

Internally Focused with Training of Cadres and Parents of Toddlers Receiving PMT as an increase in knowledge to increase self-potential.



FIGURE 6. Active participation of village officials, Posyandu cadres, and PKK members during the Nutrition and Sanitation Education Program in Mandalamekar Village. Participants engaged in discussions, note-taking, and interactive learning sessions as part of the community empowerment agenda conducted on July 29, 2025.
(Source: Personal Documentation)

Collaborative Engagement

The core session of the community service was a Forum Group Discussion (FGD) aimed at internal asset exploration and identifying key barriers in local nutrition and sanitation efforts. Participants discussed common challenges faced in Mandalamekar, such as repetitive PMT menus, limited knowledge about nutrient content, and insufficient sanitation practices at home. It was also revealed that cadres often lacked confidence in educating mothers, and that socialization about proper hygiene and balanced nutrition was not yet integrated into routine Posyandu activities.

Strength-Based Evaluation

After the interactive games and educational sessions were completed, participants were given a post-test to evaluate changes in knowledge regarding nutrition and sanitation practices using local resources. The average score increased from 66 in the pre-test to 86 in the post-test. This improvement reflected the effectiveness of the participatory learning model and asset-based approach in enhancing participants' understanding. The use of visual aids, food samples, and real-life examples during the session helped stimulate active engagement and multi-sensory learning, which strengthened the retention of key messages. Participants expressed greater confidence in applying what they learned to daily family routines and Posyandu activities.



FIGURE 7. Active participation of village officials, Posyandu cadres, and PKK members during the Nutrition and Sanitation Education Program in Mandalamekar Village. Participants engaged in discussions, note-taking, and interactive learning sessions as part of the community empowerment agenda conducted on July 29, 2025.

(Source: Personal Documentation)



FIGURE 8. Group photo session after the completion of the Nutrition and Sanitation Education Program in Mandalamekar Village, Cimenyan. The photo features the community service team from YARSI University, village officials, Posyandu cadres, PKK members, and residents, all united in their commitment to improving community health through collaborative empowerment efforts.

(Source: Personal Documentation)

Community Involvement

All participants signed a Joint Commitment as a symbol of their active involvement and dedication to the continuity of nutrition and sanitation education efforts in Mandalamekar Village. This declaration aimed to preserve synergy among all stakeholders—village officials, Posyandu cadres, and PKK mothers—in applying the knowledge gained from the program. The commitment emphasized sustained collaboration to ensure improved child nutrition, hygienic household practices, and stronger community ownership of future PMT activities using local food resources. Participants in the activity signed a Joint Commitment as a demonstration of their involvement and commitment to the future success of PMT events.

Activity Wrap-Up and Reporting

The program concluded with a formal report presentation by the team leader, summarizing the key outcomes of the nutrition and sanitation education initiative. As part of the closing ceremony, a plaque and a set of color-coded waste bins (red, green, and yellow) were symbolically handed over to the village office by the postgraduate community service team, as a gesture of appreciation and to support ongoing environmental hygiene efforts.

CONCLUSION

The community-based nutrition and sanitation education program in Mandalamekar Village, Cimenyan Sub-district, Bandung Regency, was successfully implemented according to the planned stages, despite minor logistical challenges such as weather-related delays, late arrivals of some participants, and the need to wait for a quorum. These setbacks did not hinder the overall flow or outcomes of the activity.

The success of this program was largely supported by strong collaboration between Posyandu cadres, PKK members, village officials, and the postgraduate PKM team from the Faculty of Medicine, YARSI University. These partnerships ensured that each session—from educational games and demonstrations to reflective discussions—was conducted effectively and received positively by participants.

The Local Asset-Oriented (LAO) approach proved to be an effective method of empowering community members, as reflected in significant improvements in post-test knowledge scores (mean pre-test 66 → post-test 86), increased understanding of the root causes of nutrition and sanitation problems, and active engagement in asset mapping and behavior planning. The signing of a joint commitment further demonstrated the readiness of local stakeholders to continue collaborative efforts in reducing stunting and improving child health in Mandalamekar (Wajdi et al., 2024).

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