



Empowering Rural Cadres: Boosting Posyandu Performance in Community-Based Stunting Prevention Through Interactive Education

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Abstract:

This study aimed to strengthen the capacity and performance of posyandu cadres in supporting stunting prevention by improving health literacy, child growth monitoring skills, and nutrition education competencies. The program employed a participatory approach involving observation, cadre training, health education sessions, mentoring, and program evaluation. The results showed that the intervention improved cadres' knowledge and skills in monitoring child growth and development, identifying nutritional problems, and delivering effective health education to mothers and communities. The program also contributed to increased community participation in posyandu activities and improved mothers' awareness of the importance of adequate nutrition, growth monitoring, and early stunting prevention. The findings indicate that empowering posyandu cadres through continuous capacity-building programs can strengthen the role of community-based health services in addressing stunting challenges. This study implies that structured training and sustained mentoring for health cadres can effectively improve preventive health practices, strengthen community engagement, and support the development of sustainable stunting prevention programs. Future research should involve broader participants, longer evaluation periods, and collaborative approaches among health institutions, community organizations, and policymakers to maximize the long-term impact of cadre empowerment.

INTRODUCTION

Public health is a fundamental component of sustainable human resource development because a community's health quality directly influences productivity, educational opportunities, and quality of life. In rural communities, health challenges remain particularly important because access to health information, preventive services, and professional assistance may be more limited than in urban areas (Herman et al., 2022; Supaat & Muslim, 2023; Arief et al., 2025). One of the most concerning issues is stunting, which reflects chronic nutritional deficiencies and inadequate health conditions during the critical stages of child development (McGrath & Yamada, 2023; Ude, 2025). Stunting is not merely a physical growth problem but may also affect cognitive development, learning capacity, future productivity, and overall well-being (Li et al., 2023; Terkaj et al., 2024). Therefore, preventing stunting requires more than clinical intervention and must involve community-based preventive and promotive strategies. Posyandu represents an important community health platform because it brings basic maternal and child health services closer to families (Abubakar et al., 2022; Bru-Luna et

al., 2021). Strengthening posyandu is therefore essential to improve health awareness, encourage early detection, and support families in preventing stunting through accessible, sustainable community participation.

Despite the strategic role of community-based health services, several problems continue to limit the effectiveness of stunting prevention programs in rural areas. Community health literacy remains uneven, particularly regarding balanced nutrition, child growth monitoring, immunization, and early detection of developmental problems (Hamzah et al., 2021; Khan, 2025). Some parents may also not understand when and how to access available health services. At the institutional level, posyandu utilization is not always optimal because community participation can fluctuate and health information provided during activities may not sufficiently address families' specific needs (Najiburohman et al., 2025; Rozi, 2025). These conditions are further complicated by limitations in posyandu cadres' capacity. Cadres are expected to perform various responsibilities, including recording child growth, communicating health information, identifying potential risks, encouraging mothers to attend posyandu, and coordinating with health professionals (Annisa et al., 2025; Leknoi et al., 2024). However, limited training, inadequate mentoring, and differences in individual competence may affect their ability to perform these responsibilities effectively (Aini et al., 2025; Momtaz, 2021). Consequently, strengthening cadre capacity is necessary to ensure that posyandu functions not only as a routine service point but also as an effective center for stunting prevention and community health education.

The relevance of this issue becomes clearer in rural communities where posyandu cadres serve as the closest health resource for many families. In practice, cadres frequently interact directly with mothers and children, positioning them to identify changes in child growth, communicate nutritional messages, and encourage families to participate in preventive health activities (Aripin, 2025; Huda, 2025). Nevertheless, their performance may not yet correspond to the demands of these responsibilities. Some cadres require additional knowledge about nutrition, growth monitoring, health communication, and appropriate educational strategies (Faiz et al., 2023; Munawwaroh et al., 2024). At the same time, mothers of young children may still need continuous assistance to understand the importance of regular growth monitoring, adequate nutrition, hygiene, immunization, and early preventive action. This suggests the problem is not solely about the availability of health services but also about the quality of interaction between cadres and the community. Strengthening cadre performance can therefore generate broader social benefits by improving communication, increasing community participation, and building collective awareness. A well-supported cadre system can transform posyandu into a more responsive and participatory community health institution.

Previous studies and community-based health programs have demonstrated that posyandu can contribute significantly to maternal and child health promotion, particularly through growth monitoring, nutrition education, and routine health services. Other studies have also emphasized the importance of cadre competence, training, motivation, and community participation in determining the effectiveness of posyandu activities. These findings establish that cadres are not merely technical assistants but important actors in community health promotion. However, existing approaches often emphasize specific health interventions or service-delivery improvements without fully integrating cadre capacity development with community education and ongoing

mentoring. In addition, training activities are sometimes implemented as short-term interventions, with insufficient follow-up to determine whether newly acquired knowledge and skills are consistently applied in the field. This creates a gap between knowledge acquisition and practical performance. Therefore, an intervention that combines training, health education, mentoring, and evaluation is needed to strengthen cadres' practical capacity while improving community engagement. Addressing this gap matters because sustainable stunting prevention requires competent local actors who can consistently translate health knowledge into accessible, meaningful practices for families.

Furthermore, previous community empowerment initiatives have generally recognized the importance of strengthening local participation in health programs, yet the relationship between cadre performance and sustained community awareness remains insufficiently addressed. Improving cadre knowledge alone may not automatically lead to better services if cadres lack communication skills, practical guidance, or ongoing institutional support. Similarly, increasing community awareness may have limited effect when local health services cannot provide consistent assistance and follow-up. This indicates the need for an integrated community service approach that positions cadres, mothers, children, and health personnel within a collaborative prevention system. The present program addresses this need by improving cadre performance through participatory training, health education, mentoring, and evaluation. It connects cadre-level human resource development with broader community health outcomes. Rather than treating training as an isolated activity, the program seeks to develop cadres as community-based agents of change who can support early prevention, communicate health information effectively, and encourage families to utilize posyandu services. This approach is important for strengthening the sustainability and social relevance of stunting prevention efforts.

Based on the conditions described above, this community service program addresses posyandu cadres' limited capacity to perform their roles effectively and families' insufficient awareness of and participation in stunting prevention activities. Cadres require stronger knowledge and practical skills in monitoring child growth and development, identifying potential nutritional problems, delivering understandable health education, and communicating preventive messages to mothers of young children. At the community level, mothers also need accessible, continuous information on balanced nutrition, child growth monitoring, immunization, hygiene, and early prevention of stunting. In addition, posyandu service utilization needs strengthening so routine activities become meaningful opportunities for health promotion rather than merely administrative or measurement-based services. These problems demonstrate the need for a structured intervention that addresses both human resource capacity and community engagement. Therefore, the central problem of this program is how to strengthen posyandu cadre performance while increasing community awareness and participation in stunting prevention. Resolving this problem is expected to improve the quality of community-based health services at the village level.

This Community Service Program aims to improve the performance and capacity of posyandu cadres to support stunting prevention through a participatory, educational intervention. The program focuses on strengthening cadres' knowledge, practical skills, communication abilities, and confidence in delivering health education and monitoring child growth and development. It also seeks to increase mothers' understanding of

appropriate nutrition, routine growth monitoring, preventive health practices, and the importance of utilizing posyandu services. The program covers several interconnected activities, including initial observation, cadre training, health education, mentoring, community engagement, and program evaluation. These activities respond directly to local community needs while encouraging cadres to become active agents of health promotion. More broadly, the program supports the community's efforts to develop a healthier environment for mothers and children through accessible, preventive, and sustainable services. The expected outcome is not only improved individual cadre competence but also stronger community participation and awareness. Through this approach, the program aims to support sustainable stunting prevention by strengthening local human resources and promoting collective responsibility for family and community health.

RESEARCH METHODS

The Community Service Program (PKM) took place in Wonorejo Village, Sambeng District, Lamongan Regency, in March 2026. The primary target group was posyandu cadres, with mothers of young children, community members, village officials, and other parties involved in community health services also participating. The program used a participatory, educational approach that positioned cadres and community members as active participants throughout implementation (Okoko et al., 2023; Takona, 2024). The initial stage involved field observation and a preliminary survey to identify the community's health conditions, utilization of posyandu services, and the challenges cadres face in providing health services and health education. The team conducted observations by visiting several areas within Wonorejo Village and directly observing posyandu activities and community conditions. The team also conducted interviews and discussions with posyandu cadres, village officials, and community members to gather information on their needs and identify priority problems to address through the program.

Based on the initial observation and survey results, the PKM team coordinated with the village head and village officials to validate the field findings and determine activities appropriate to the community's needs. This coordination served as the basis for developing a cadre capacity-building program, particularly in communication, posyandu management, health education, and stunting prevention. The main activity, namely training on communication and managerial skills for posyandu cadres, was conducted on March 5, 2026. The training included material presentations, discussions, question-and-answer sessions, and practical activities related to posyandu services and delivering health information to the community. The training materials covered stunting prevention, balanced nutrition, child growth and development monitoring, health communication, and strengthening cadres' role in increasing community participation. Through these activities, cadres were encouraged not only to perform technical posyandu duties but also to provide health education and communicate effectively with families.

The subsequent stage involved direct mentoring during posyandu activities in several hamlets within Wonorejo Village. On March 12, 2026, the team participated in a posyandu activity in Pojok Hamlet, which included basic health examinations, child weighing, nutritional consultations, and healthy lifestyle education. On March 14, 2026, the team conducted a Maternal and Child Posyandu activity in Wonokoyo Hamlet,

including maternal and child health examinations, immunization, nutrition counseling, and health checks for older adults. On March 16, 2026, the team held a Child Posyandu and health education activity in Jombok Hamlet, including child health services, maternal health counseling, and disease-prevention education. During these activities, cadres received direct support to improve service delivery, communication, record-keeping, and health education skills. Mothers of young children and other community members also received information on the importance of child growth monitoring, adequate nutrition, stunting prevention, and using available health services.

The final stage involved monitoring and evaluation to assess program achievement and identify changes after implementing the activities. Monitoring was conducted throughout the mentoring process by observing cadre involvement in posyandu services, their ability to communicate health information, and community participation in the activities. Evaluation was carried out through direct observation, interviews, discussions with cadres, community members, and village officials, and documentation of the activities. Changes before and after the program were considered to assess improvements in cadres' knowledge, skills, and confidence in carrying out their responsibilities, as well as changes in community participation and understanding of stunting prevention. The evaluation also identified challenges and further needs faced by the cadres. Thus, the evaluation not only assessed program achievement but also provided a basis for ensuring program sustainability through continued mentoring and periodic capacity-building activities for posyandu cadres.

RESULTS AND DISCUSSION

Results

Improvement in Posyandu Cadres' Knowledge and Skills

The implementation of the Community Service Program (PKM) in Wonorejo Village, Sambeng District, Lamongan Regency, showed positive results in strengthening posyandu cadres' knowledge and skills to support stunting prevention. The program included cadre training, health education, posyandu activities, and direct field mentoring. These activities strengthened cadres' understanding of child nutrition, growth and development monitoring, health communication, and early stunting prevention. Before the intervention, several cadres still had limited understanding of stunting indicators and appropriate approaches for delivering health information to the community. Following the training and mentoring sessions, cadres demonstrated greater confidence and improved ability to explain health-related information systematically (Febriana et al., 2025).

Cadre capacity also improved, as reflected in their ability to deliver posyandu services more effectively. Cadres were not only involved in technical activities such as measuring children's weight and height, but also became more active in providing information and encouraging mothers to pay attention to their children's nutritional needs and growth. This indicates that cadre development can broaden their role from administrative and technical support to health education and community empowerment.

The training activities also emphasized the importance of communication skills in delivering health messages. Cadres were encouraged to use simple language and examples that were relevant to the daily experiences of mothers and families. This approach helped cadres communicate information about balanced nutrition, exclusive breastfeeding, immunization, and routine growth monitoring in a manner that was easier

for community members to understand. Previous studies have similarly emphasized the strategic role of posyandu cadres as educators, mobilizers, and monitors of child growth in community-based stunting prevention.

Improved knowledge and skills are therefore one of the program's main achievements. From a community empowerment perspective, strengthening cadres matters because they interact directly with families and are more accessible to the community. Their improved capacity provides a foundation for maintaining health education activities beyond the implementation period of the PKM program.



Figure 1. Training Activities for Posyandu Cadres

Figure 1 documents the implementation of the cadre training activities conducted as part of the PKM program. The training provided cadres with opportunities to strengthen their understanding of stunting prevention while also practicing how to communicate health information to the community. The activity reflects the program's participatory nature, in which cadres actively engaged in the learning process rather than simply receiving information. This activity was an important first step in strengthening cadres' readiness to perform their roles in posyandu services and community health education.

Increased Community Participation in Posyandu Activities

An increase in community participation in posyandu activities accompanied the strengthening of cadre capacity. After implementing health education and cadre mentoring, mothers of toddlers and other community members became more actively involved in posyandu services in several hamlets. This participation was demonstrated through increased attendance, greater involvement during health education sessions, and more frequent interaction between community members and cadres.

Community members also showed greater interest in discussing child nutrition, immunization, growth monitoring, and disease prevention. Some mothers used the posyandu activities as an opportunity to ask questions about their children's nutritional conditions and appropriate care practices. This interaction indicates that posyandu activities gradually functioned not only as a place for weighing children but also as a community-based platform for health information and consultation.

Increased participation may be linked to cadres' more active role after training and mentoring. Cadres were encouraged to communicate with families in a more approachable manner and provide information based on the community's health needs. A participatory approach is important in community health programs because active involvement can strengthen community ownership and encourage people to take greater responsibility for their own health.

From a community empowerment perspective, increased participation represents an important outcome because sustainable stunting prevention cannot depend solely on health workers or village programs. Families and community members must actively participate to ensure health information translates into everyday practices. Therefore, strengthening posyandu as a community-based health service can help develop a more responsive and sustainable stunting prevention system.

Increased Community Understanding of Stunting Prevention

The health education component of the PKM program contributed to improved community understanding of stunting prevention. The educational activities focused on several key areas, including adequate nutrition, exclusive breastfeeding, immunization, hygiene and sanitation, and regular monitoring of children's growth and development. The facilitators presented these topics with practical explanations so mothers could relate the information to their daily childcare practices.

After the intervention, mothers showed greater awareness of the importance of regularly monitoring children's growth. Community members also became more willing to consult cadres regarding children's nutritional needs and health conditions. This change suggests that health education, combined with direct interaction, can help turn general awareness into a more active interest in maintaining child health.

The results align with the broader understanding that health education is an important component of stunting prevention because knowledge influences how families make decisions about nutrition, childcare, and health service use. However, knowledge alone is not sufficient to guarantee behavioral change. Continuous communication, monitoring, and support are necessary to help families apply what they learn in daily life.

For this reason, the PKM program positioned cadres as intermediaries between health services and the community. Their continuous presence reinforces health messages through repeated interaction. This approach is particularly relevant in village settings where cadres are relatively close to families and can identify problems or concerns that may not immediately reach formal health services.

Strengthening Cadres' Roles and Supporting Sustainable Stunting Prevention

The mentoring component strengthened posyandu cadres' roles in both health education and community services. During the program, cadres were encouraged to actively provide health information during posyandu activities and communicate with community members outside routine service hours. This experience helped cadres become more confident in delivering information and responding to questions from mothers and families. The findings demonstrate that cadre performance is closely related to the development of individual competence. From a human resource management perspective, training and development are key mechanisms for improving individual capabilities and service quality (Krisna et al., 2025). In the context of posyandu, improved competence enables cadres to carry out their responsibilities more effectively while simultaneously strengthening the quality of community-based health services.



Figure 2. Group Photo with Posyandu Cadres

Figure 2 shows the PKM team with posyandu cadres after implementing the program activities. The photograph represents the collaborative relationship established between the community service team and cadres throughout the training, education, and mentoring processes. Beyond documenting the activity, the photograph illustrates the collective commitment of the participants to strengthening posyandu services and supporting stunting prevention at the village level. This collaboration matters because sustainable community health programs require cooperation among cadres, community members, health workers, and local institutions.

Despite the positive outcomes, several challenges remain, including limited facilities and infrastructure, cadres' time constraints, and the need to sustain program activities after the PKM intervention ends. These challenges indicate that improving cadre capacity needs to be accompanied by institutional and logistical support. Without continued support, the knowledge and skills gained through training may not be maintained or implemented effectively.

Therefore, the program's sustainability requires continued involvement from the village government, health workers, posyandu cadres, and relevant community institutions. Regular refresher training, routine monitoring, adequate facilities, and continued health education can help maintain the improvements achieved during the program. Collaboration among stakeholders is also essential to ensure that posyandu remains an effective platform for health promotion and early prevention of stunting.

Overall, the PKM program shows that strengthening cadre capacity through training, health education, and field mentoring can improve posyandu services and community engagement. The combination of competent cadres and active community participation provides an important foundation for sustainable stunting prevention. Although the program cannot immediately eliminate stunting, it strengthens the local health system by improving human capacity, community awareness, and collaboration at the village level.

Discussion

Findings from this community service program indicate that training and mentoring significantly strengthened posyandu cadres' knowledge, skills, and performance in supporting stunting prevention. This finding aligns with Friska et al. (2022), who emphasized that strengthening cadre capacity through structured education and support can improve their ability to deliver health information and support child

growth monitoring. The present program further demonstrates that cadre development is not limited to increasing theoretical knowledge but also involves strengthening practical competencies, particularly in communicating health messages to mothers and families (Ateş Akdeniz, 2023; Naseer et al., 2025). The improvement observed among cadres therefore confirms the importance of capacity-building interventions as a foundation for improving community-based health services.

The increased community participation observed during posyandu activities also supports previous literature emphasizing the importance of community involvement in health promotion programs. Hopkins et al. (2023) highlighted that participatory approaches can strengthen community engagement and increase the effectiveness of community-based interventions. In this program, mothers and community members showed active involvement through their attendance, participation in health education sessions, and willingness to discuss child nutrition, immunization, and growth monitoring. This finding is consistent with previous studies, although the present program highlights the importance of cadres as the immediate link between health services and the community. Rather than functioning only as technical assistants, cadres can facilitate two-way communication that encourages community members to become more actively involved in maintaining family health.

The findings on improved community understanding of stunting prevention also align with the literature showing that health education can increase awareness of appropriate nutrition and childcare practices. Participants showed greater awareness of the importance of balanced nutrition, exclusive breastfeeding, immunization, and regular monitoring of child growth and development. However, the results also suggest that increased knowledge should not be interpreted as an immediate behavioral transformation. Sustainable behavioral change requires continuous reinforcement, repeated communication, and access to appropriate health services. In this respect, the mentoring component of the program provides an important complement to one-time health education by allowing cadres to reinforce the information delivered to families repeatedly.

Theoretically, these findings strengthen the human resource development perspective in community-based health services. Yoman (2024) argued that training and development are essential for improving individual competence and service performance. The present findings extend this perspective by demonstrating that competence development among community health cadres can have broader effects beyond individual performance, particularly through improved interaction with and engagement of the community. The program also supports a participatory approach to community development, in which local actors are not merely recipients of interventions but become active agents in implementing and sustaining health programs. Thus, cadre empowerment can be understood as both a human resource development strategy and a mechanism for strengthening community participation (Mawardi et al., 2025; Rubini & Novita, 2025).

Practically, the findings imply that stunting prevention programs should integrate structured cadre training, continuous mentoring, community education, and routine monitoring rather than relying on a single intervention. Village governments and health institutions can use this model to strengthen cadre capacity through periodic refresher training, simple educational materials, monitoring tools, and regular coordination with health workers. Nevertheless, several challenges remain, including limited facilities,

cadres' time constraints, and the need to sustain program continuity after community service activities end. These limitations indicate that cadre empowerment requires institutional support and should be integrated into routine village and health-service programs. Sustainable collaboration among cadres, families, health workers, village authorities, and community institutions is therefore necessary to maintain the improvements achieved through the intervention.

The main contribution of this community service program is demonstrating a practical model of community-based stunting prevention that connects cadre capacity development with community participation, rather than focusing solely on knowledge transfer. The program combined training, health education, direct mentoring, and participation in posyandu services, creating a more comprehensive empowerment process. This approach contributes to the development of community health practices by positioning posyandu cadres as educators, motivators, and local agents of change. Although the program does not directly establish a causal reduction in stunting prevalence, it provides an important foundation for preventive efforts by strengthening human capacity, health awareness, and community engagement. The findings therefore suggest that sustained investment in cadre development and participatory health services can become an important strategy for supporting long-term stunting prevention at the village level.

CONCLUSION

The community service program showed that training, health education, and mentoring strengthened posyandu cadres' knowledge, skills, confidence, and capacity to support stunting prevention. Increased community participation and mothers' understanding of balanced nutrition, immunization, and child growth monitoring further indicate the positive impact of cadre empowerment on community health awareness. Future programs should maintain regular cadre training, strengthen collaboration among village authorities, health workers, and communities, and provide adequate facilities to ensure sustainability. Further research and community service should involve larger populations, longer intervention periods, and measurable pre- and post-intervention indicators to assess behavioral changes and determine the long-term contribution of cadre empowerment to stunting prevention.

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CONFLICTS OF INTEREST

The authors declare no conflict of interest.

USE OF ARTIFICIAL INTELLIGENCE (AI)-ASSISTED TECHNOLOGY

In this study, artificial intelligence was limited to translation and polishing the writing style for clarity. The authors remain fully responsible for the study's overall integrity, analysis, and conclusions.

REFERENCES

- Abubakar, I. R., Maniruzzaman, K. M., Dano, U. L., AlShihri, F. S., AlShammari, M. S., Ahmed, S. M. S., Al-Gehlani, W. A. G., & Alrawaf, T. I. (2022). Environmental Sustainability Impacts of Solid Waste Management Practices in the Global South. *International Journal of Environmental Research and Public Health*, 19(19), 12717. <https://doi.org/10.3390/ijerph191912717>
- Aini, T. N., Nugraha, L., & Surbakti, A. H. (2025). Value-Based Branding in Islamic Boarding Schools: Efforts to Maintain Identity in Digitalization Dynamics. *Al-Tanzim: Jurnal Manajemen Pendidikan Islam*, 9(2), 442–457. <https://doi.org/10.33650/al-tanzim.v9i2.10753>
- Annisa, T. N., Baharun, H., & Sukriyah, T. M. (2025). Transformation of Madrasahs in the Era of Globalization: Innovative Community Engagement Strategies to Enhance Competitiveness and Relevance. *JIM: Jurnal Ilmu Multidisiplin*, 1(1), 108–122.
- Arief, N. M., Tjiwidjaja, H., & Prajogo, B. (2025). Strategic Human Resource Interventions: Assessing the Efficacy of Training and Discipline in the Manufacturing Industry. *Business and Applied Management Journal*, 3(2), 225–237.
- Aripin, Z. (2025). Strategic Public Relations Planning for Quality Enhancement in Islamic Educational Institutions. *Journal of Social Studies and Education*, 3(1), 71–83.
- Ateş Akdeniz, A. (2023). Exploring the Impact of Self-Regulated Learning Intervention on Students' Strategy Use and Performance in a Design Studio Course. *International Journal of Technology and Design Education*, 33(5), 1923–1957. <https://doi.org/10.1007/s10798-022-09798-3>
- Bru-Luna, L. M., Martí-Vilar, M., Merino-Soto, C., & et al. (2021). Emotional Intelligence Measures: A Systematic Review. *Healthcare*, 9(12), 1696. <https://doi.org/10.3390/healthcare9121696>
- Faiz, H., Al-Amin, M. F., Mundiri, A., & Fahmi, A. (2023). Transforming Organizational Quality Through Effective Administrative Training. *Communautaire: Journal of Community Service*, 2(2), 157–167. <https://doi.org/10.61987/communautaire.v2i2.352>
- Friska, D., Kekalih, A., Runtu, F., Rahmawati, A., Ibrahim, N. A. A., Anugrapaksi, E., Utami, N. P. B. S., Wijaya, A. D., & Ayuningtyas, R. (2022). Health Cadres Empowerment Program Through Smartphone Application-Based Educational Videos to Promote Child Growth and Development. *Frontiers in Public Health*, 10, 887288. <https://doi.org/10.3389/fpubh.2022.887288>
- Hamzah, S. R., Le, K. K., & Musa, S. N. S. (2021). The Mediating Role of Career Decision Self-Efficacy on the Relationship of Career Emotional Intelligence and Self-Esteem With Career Adaptability Among University Students. *International Journal of Adolescence and Youth*. <https://doi.org/10.1080/02673843.2021.1886952>
- Herman, H., Sufriyanto, S., & Ida, N. (2022). Planting Values of Islamic Religious Education to Prevent Bullying Behavior. *International Conference on Social and Islamic Studies*. <https://prosiding.ummy.ac.id/icosi/index.php/picosi/article/view/60>
- Hopkins, K. L., Underwood, T., Iddrisu, I., Woldemeskel, H., Bon, H. B., Brouwers, S., De Almeida, S., Fol, N., Malhotra, A., & Prasad, S. (2023). Community-Based Approaches to Increase COVID-19 Vaccine Uptake and Demand: Lessons Learned From Four UNICEF-Supported Interventions. *Vaccines*, 11(7), 1180. <https://doi.org/10.3390/vaccines11071180>

- Huda, W. A. N. (2025). Religious Values and Dhikr Practice as a Framework for Moral Character Building in Islamic Elementary Schools. *ATTADIB*. <https://ejournal.uika-bogor.ac.id/index.php/at-tadib/article/view/22085>
- Khan, M. (2025). *Applying Cognitive-Behavioral Techniques in Elementary Education: A Comprehensive Approach to Enhancing Teacher Efficacy in Supporting Students With Anxiety* [Doctoral dissertation, Alliant International University].
- Leknoi, U., Painmanakul, P., Chawaloeshonsiya, N., Wimolsakcharoen, W., Samritthinanta, C., & Yiengthaisong, A. (2024). Building Sustainable Community: Insight From Successful Waste Management Initiative. *Resources, Conservation & Recycling Advances*, 24, 200238. <https://doi.org/10.1016/j.rcradv.2024.200238>
- Li, J.-J., Zhang, B.-L., & Tan, J.-H. (2023). Factors Influencing College Students' Learning Engagement in an Online Learning Community. *Social Behavior and Personality: An International Journal*, 51(12), 1–11. <https://doi.org/10.2224/sbp.12678>
- Mawardi, G., Khoirunnisa, N., & Habibilah, F. (2025). Strategic management of educational institutions: A balanced scorecard perspective. *Business and Applied Management Journal*, 03(01), 75–87. <https://doi.org/10.61987/bamj.v3i1.835>
- McGrath, S., & Yamada, S. (2023). Skills for Development and Vocational Education and Training: Current and Emergent Trends. *International Journal of Educational Development*, 102, 102853. <https://doi.org/10.1016/j.ijedudev.2023.102853>
- Momtaz, P. P. (2021). CEO Emotions and Firm Valuation in Initial Coin Offerings: An Artificial Emotional Intelligence Approach. *Strategic Management Journal*, 42(3), 558–578. <https://doi.org/10.1002/smj.3235>
- Munawwaroh, I., Qushwa, F. G., & Tohet, M. (2024). Assistance for the Furudul Ainiyah Program to Improve the Quality of Madrasah Graduates. *Communautaire: Journal of Community Service*, 3(2), 179–191. <https://doi.org/10.61987/communautaire.v3i2.459>
- Najiburohman, N., Hefniy, H., R., A. H. A., & Alwahedi, M. A. A. (2025). Virtual School Tours: Boosting Community Interest and Attracting Prospective Students. *EVALUASI: Jurnal Manajemen Pendidikan Islam*, 9(2), 340–353. <https://doi.org/10.32478/3gtzvf72>
- Naseer, F., Tariq, R., Alshahrani, H. M., Alruwais, N., & Al-Wesabi, F. N. (2025). Project-Based Learning Framework Integrating Industry Collaboration to Enhance Student Future Readiness in Higher Education. *Scientific Reports*, 15(1), 24985. <https://doi.org/10.1038/s41598-025-10385-4>
- Nyoman, S. A. P. (2024). Analysis of the Importance of Training and Career Development on Employee Performance. *Jurnal Bisnisan: Riset Bisnis dan Manajemen*, 6(2), 257–268. <https://doi.org/10.52005/bisnisan.v6i02.254>
- Okoko, J. M., Tunison, S., & Walker, K. D. (2023). *Varieties of Qualitative Research Methods*. Springer Texts in Education. <https://doi.org/10.1007/978-3-031-04394-9>
- Rozi, F. (2025). Revitalizing the Role of the Mosque in Local Potential-Based Community Economic Empowerment. *GUYUB: Journal of Community Engagement*, 6(2), 495–508. <https://doi.org/10.33650/guyub.v6i2.11055>
- Rubini, B., & Novita, L. (2025). Strategies for Improving Teacher Performance Using a Local Expertise Approach: A Study Using POP-SDM. *Business and Applied Management Journal*, 3(2), 238–251.

- Supaat, S., & Muslim, M. (2023). The Implementation of Salih-Akram Character Education at Matholiul Falah Islamic Boarding School of Pati. *Malaysian Journal of Social Sciences and Humanities*, 8(7). <https://doi.org/10.47405/mjssh.v8i7.2358>
- Takona, J. P. (2024). Research Design: Qualitative, Quantitative, and Mixed Methods Approaches. *Quality & Quantity*, 58(1), 1011–1013. <https://doi.org/10.1007/s11135-023-01798-2>
- Terkaj, W., Urgo, M., Kovács, P., Tóth, E., & Mondellini, M. (2024). A Framework for Virtual Learning in Industrial Engineering Education: Development of a Reconfigurable Virtual Learning Factory Application. *Virtual Reality*, 28(3), 148. <https://doi.org/10.1007/s10055-024-01042-8>
- Ude, J. (2025). Analysing Conflict Resolution Strategies in Residential Life as Tools for Student Affairs Leadership Development and Campus Harmony. *International Journal of Research Publication and Reviews*, 6(7), 4761–4779. <https://doi.org/10.55248/gengpi.6.0725.2623>