Jurnal Pengabdian Kepada Masyarakat Mandiri (JPMM)
Desember 2025 | Vol.4 | No.1
ISSN : 2964 – 2795
Doi : 10.556442

Asset-Based Community Development: Dental Caries Prevention Education for Early Childhood in Sumengko Village, Gresik

[1]Muhammad Mahfud, [2]Nilna Nur Jannah, [3]Mar'atuz Zahro, [4]Ella Riska, [5]Adela Isan
[1)2)3)4)5)]Institut Al Azhar Menganti Gresik, Menganti Krajan Gg. 7 No.474, Krajan, Menganti, Kec. Menganti, Kabupaten Gresik, Jawa Timur 61174
Email: mahfudmuhammad2020@gmail.com

Abstract

This Community Service Program (PkM) aims to improve knowledge and skills related to the prevention of dental caries among early childhood students in Sumengko Village, Gresik, through the Asset-Based Community Development (ABCD) approach. This approach emphasizes identifying and mobilizing local assets, including PAUD teachers, health cadres, school facilities, and institutional support from the village government and the local health center. The program consisted of five key stages: *Discovery*, *Dream*, *Design*, *Define*, and *Destiny*, supported by health education sessions, practice-based demonstrations, and the use of interactive dental models. The results demonstrate significant improvements. Knowledge scores showed a 38% increase between pre-test and post-test among teachers, cadres, and parents regarding caries prevention. In terms of practical skills, 90% of early childhood students successfully performed proper toothbrushing techniques after hands-on demonstrations with giant dental models. Additionally, the program facilitated the establishment of the "Friday Toothbrushing Movement," implemented independently by PAUD teachers, and strengthened the role of health cadres in providing follow-up education to parents. Community-wide impact was evident from increased awareness of dental health and the village administration's commitment to incorporating this initiative into local health programs. Overall, the ABCD-based PkM not only enhanced healthy behaviors among young children but also fostered community empowerment by strengthening local capacities, ensuring long-term program sustainability.
Keyword: *Asset-Based Community Development; dental caries prevention; early childhood; community empowerment; health education*

INTRODUCTION

Dental caries is one of the leading health problems among young children and represents a global challenge requiring sustained intervention. WHO (2022) reports that dental caries is the most common non-communicable disease in children, with serious consequences for general health, learning concentration, nutrition, and psychological well-being. In Indonesia, this condition is increasingly alarming, as the prevalence of dental caries among preschool-aged children has reached 93% (Kemenkes RI, 2023), indicating the urgent need for more structured, community-based promotive and preventive efforts.

In Sumengko Village, Gresik, preliminary observations revealed low awareness among parents and early childhood educators regarding children's oral health, inadequate toothbrushing practices, and limited access to information on caries prevention. Although community assets such as posyandu and early childhood education centers (PAUD) are available, their utilization has been suboptimal, resulting in sporadic and unsustained oral health education efforts.

A variety of community engagement programs (PkM) in Indonesia and abroad have addressed early childhood oral health issues; however, most rely on a *needs-based* approach that focuses on identifying problems and providing externally driven solutions. Such models often create dependency on external actors and lead to short-lived behavioral change (Mathie & Cunningham, 2003). Previous PkM initiatives commonly include: conventional educational sessions in PAUD without active community involvement; one-off mass toothbrushing campaigns

without strengthening cadre capacity; and school-based interventions lacking integration with local assets such as posyandu or parent groups.

In contrast to these approaches, the present program positions itself as an empowerment-oriented intervention that optimizes local assets in accordance with the Asset-Based Community Development (ABCD) framework. The ABCD model views communities not as deficient, but as holders of strengths, capacities, and resources that can be mobilized to address health issues (Kretzmann & McKnight, 1993).

The PkM conducted in Sumengko Village offers several innovations compared to similar programs: a) Integrating assets of PAUD, posyandu cadres, and the village government into a unified oral health education network; b) Designing educational activities collaboratively with the community through the discovery–dream–design–destiny phases, rather than relying solely on expert-driven sessions; c) Promoting sustainability through daily toothbrushing routines managed independently by PAUD teachers rather than the PkM team; d) Producing a collaborative educational model that can be replicated in other villages using community strengths; and e) Strengthening parental oral health literacy, which is a key determinant of long-term caries prevention (Sheiham, 2016).

Through the ABCD approach, this program focuses not only on improving knowledge but also on fostering community ownership of health issues, thereby achieving more sustainable outcomes than conventional health education. Thus, this PkM occupies a strategic position at the intersection of evidence-based oral health education and asset-driven community empowerment, making it conceptually robust and highly relevant to contemporary community development practices.

METHODS

This Community Service Program (PkM) employed a participatory, community-empowerment approach using the Asset-Based Community Development (ABCD) model as its primary framework. ABCD was selected because it emphasizes the identification and mobilization of local assets to address health problems in a sustainable manner (Kretzmann & McKnight, 1993). The activity design followed the five-D cycle—Discovery, Dream, Design, Define, and Destiny—which enables community members to engage directly in the planning, implementation, and sustainability of the program (Mathie & Cunningham, 2003).

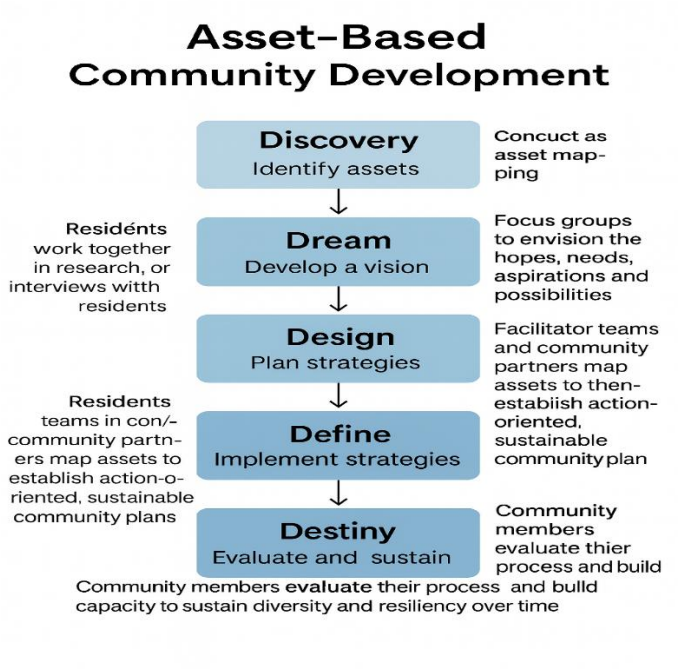
The program was conducted in Sumengko Village, Gresik, involving the following participants: Early childhood children (ages 3–6), totaling 24 children from SPS and PAUD institutions; Teachers, including 2 PAUD teachers and 2 SPS teachers; Four posyandu cadres; Twenty parents or guardians; and Village authorities (the village head and staff) as policy partners. Participants were selected using purposive sampling, consistent with the principles of community-based research and PkM (Creswell & Creswell, 2018), which prioritizes individuals most relevant to the program's focus on children's oral health.

Four primary data collection techniques were employed: a) Observation: Observation was used to examine children's toothbrushing practices before and after the intervention. This method is effective for capturing real-time health behaviors (Patton, 2015); b) Structured Short Interviews: Conducted with teachers, cadres, and parents to explore their perceptions and knowledge concerning dental caries prevention; c) Pre-test and Post-test Questionnaires: Used to measure increases in knowledge following the educational intervention. This method is widely applied in health education programs to assess intervention effectiveness (Nutbeam, 2000); and d) Documentation: Included photographs of activities, notes from the ABCD cycle processes, and recordings of Focus Group Discussion (FGD) sessions.

Three types of instruments were utilized: a) Knowledge Questionnaire Consisting of 15 multiple-choice questions covering the following indicators: Causes of dental caries, Toothbrushing technique, Recommended toothbrushing times, Toothpaste selection, and Parental

roles. The instrument was developed based on the *WHO Oral Health Survey* guidelines (World Health Organization, 2013). b) Toothbrushing Observation Sheet Assessing: toothbrush positioning, brushing movements, duration of brushing, and final cleanliness outcome. This instrument followed the *Modified Bass Technique* standards for children (Petersen, 2005). c) FGD and Interview Guide Containing questions related to perceptions, barriers, and local assets associated with children's oral health.

Data were analyzed using both quantitative and qualitative approaches. Descriptive Quantitative Analysis used to calculate: the percentage increase in pre-test and post-test scores and the percentage of children who demonstrated correct toothbrushing skills. This analysis followed statistical procedures commonly applied in public health programs (Salkind, 2017). Thematic Qualitative Analysis Data from observations, interviews, and FGDs were analyzed using thematic analysis (Braun & Clarke, 2006), involving: Data familiarization, coding. theme identification, and nterpretation. This analysis was used to describe community dynamics across each stage of the ABCD cycle: Discovery, Dream, Design, Define, and Destiny.



RESULT

The implementation of the Asset-Based Community Development (ABCD)–based Community Service Program (PkM) in Sumengko Village generated significant outcomes across aspects of knowledge, skills, community engagement, and the strengthening of local independence. The following is a detailed description of the results based on the field implementation process.

Discovery : Identification of Oral Health Assets in Sumengko Village

During the Discovery phase, the PkM team focused on mapping local assets through interviews, observations at the early childhood education center (PAUD), discussions with posyandu cadres, and home visits to several parents. The key findings include:

1. **Individual Assets**

   During the Discovery phase, the identification of individual assets revealed that Sumengko Village possesses human resources with strong foundational skills relevant to health education. Several community health cadres had prior experience working with children

through various health initiatives, including basic knowledge about dental hygiene and early childhood nutrition. Likewise, PAUD teachers had already established routines such as handwashing and daily hygiene checks, which created a smooth entry point for integrating oral health practices. Their familiarity with guiding children in health-related activities made them effective facilitators for toothbrushing demonstrations and everyday reinforcement, strengthening the foundation for long-term behavioral change.

2. **Association Assets**
   The mapping of association assets highlighted the presence of active community-based groups that played key roles in supporting the oral health initiative. Women's organizations such as PKK and the Posyandu Balita group were particularly instrumental in disseminating health information to parents and caregivers. Their regular engagement with families allowed oral health messages—such as the importance of brushing twice daily and choosing healthy snacks—to spread more effectively. Additionally, PAUD institutions held monthly parent meetings, which provided a structured and consistent forum for coordination, feedback sharing, and reinforcement of program goals. These associations served as social connectors that significantly strengthened the outreach capacity of the PkM program.
3. **Physical and Environmental Assets**
   Physical and environmental assets also contributed to the feasibility and smooth implementation of the program. The PAUD classrooms were adequately equipped and spacious enough to conduct toothbrushing demonstrations safely and comfortably. The presence of sinks, water containers, and sanitation facilities enabled children to practice brushing with minimal logistical constraints. Furthermore, the availability of clean water ensured compliance with hygiene standards and provided an enabling environment for teaching proper brushing techniques. This supportive physical environment allowed oral health education to be integrated seamlessly into the daily routine of the children.
4. **Institutional Assets**
   Institutional asset mapping revealed strong structural support for sustaining early childhood oral health initiatives beyond the initial PkM intervention. The involvement of the village midwife and the Head of Sumengko Village demonstrated local leadership commitment, which is essential for driving long-term action. PAUD institutions also had an established partnership with the Gresik Public Health Center (Puskesmas), enabling routine health check-ups and monitoring of children's development. This institutional linkage created a pathway for continuous oversight and reinforcement of oral health practices. Collectively, these institutional supports indicated that Sumengko Village possessed the capacity and readiness to sustain and further strengthen community-driven oral health programs.

Dream : Formulation of Shared Aspirations

During the Dream phase, the PkM team facilitated a series of Focus Group Discussions (FGDs) with PAUD teachers, community health cadres, and parents to collaboratively envision the ideal conditions for early childhood oral health in Sumengko Village. Through these structured dialogues, participants articulated several shared aspirations, including the creation of a "Caries-Free School Environment" supported by routine group toothbrushing practices within PAUD. They also expressed the desire for parents to acquire basic competencies in monitoring their children's oral hygiene at home, ensuring that oral health behaviors are reinforced beyond the school setting. Additionally, the community envisioned cadres taking on active roles as facilitators who could continuously deliver oral health education as part of broader community health efforts.

These aspirations culminated in a unified goal: ensuring that all PAUD children in Sumengko Village master proper toothbrushing techniques as an essential life skill. The collaborative formulation of these goals strengthened the community's sense of collective purpose and responsibility. Importantly, this process nurtured a deep sense of ownership among community members, positioning them not merely as beneficiaries but as co-creators of the program. As a result, the Dream phase ensured that the initiative was grounded in community-

driven motivation, increasing the likelihood of long-term sustainability even after the PkM team's formal involvement concludes.

Design : Development of Intervention Components

During the Design phase, the intervention components were developed by integrating the findings from the asset-mapping process with the aspirations expressed by teachers, cadres, and parents. The first component focused on developing child-friendly educational materials tailored to early childhood learning characteristics. These materials introduced basic concepts such as the function of milk teeth, common causes of dental caries, and examples of cariogenic foods. To enhance children's understanding, the team incorporated appealing visual media, including colorful posters and short cartoon videos. These resources ensured that oral health messages were accessible, engaging, and developmentally appropriate for young learners.

The second component centered on developing teaching aids that would support hands-on learning. The PkM team introduced a giant tooth model, which served as an effective demonstration tool for teaching proper toothbrushing techniques. In addition, "Steps for Proper Toothbrushing" posters were placed in PAUD classrooms to reinforce daily routines and provide visual reminders for children. These teaching aids were designed not only to support demonstration activities led by teachers and cadres but also to help children internalize the sequence of brushing steps through repeated exposure.

The third component involved designing the "Morning Toothbrushing Movement" as part of a structured school routine. After discussions with teachers and parents, an agreement was reached to implement group toothbrushing every Friday morning. This weekly schedule was selected to introduce a consistent habit while ensuring feasibility for teachers and children. The movement aimed to cultivate a positive environment in which toothbrushing becomes a collective and enjoyable activity, reinforcing oral hygiene practices through regular repetition and peer participation.

Finally, the fourth component addressed parent engagement as a critical aspect of sustaining good oral hygiene behaviors at home. The team conducted brief educational sessions during parent meetings to ensure that families understood the importance of daily toothbrushing and could support these practices beyond school hours. Through these sessions, parents gained not only knowledge but also practical strategies for supervising their children's brushing routines. This collaborative approach ensured that the school-based program was complemented by home-based reinforcement, thereby increasing the overall effectiveness and sustainability of the intervention.

Define : Program Validation and Role Allocation

During the Define stage, a coordination meeting was conducted involving PAUD teachers, posyandu cadres, village authorities, and the PkM team to finalize and validate the intervention design. This meeting served as a platform to clarify expectations, refine program components, and ensure alignment between community needs and the proposed activities. Each stakeholder's role was discussed in detail to promote shared ownership and prevent dependency on external facilitators. PAUD teachers were designated to lead the weekly group toothbrushing sessions and observe children's daily oral hygiene practices at school. Posyandu cadres were assigned to support parental education and perform monthly monitoring of children's oral health status, leveraging their existing community health roles. Meanwhile, the PkM team committed to providing educational materials, capacity-building sessions, and initial supervision during the early stages of implementation.

Parents were also given clear responsibilities to ensure continuity of oral hygiene routines at home by assisting their children in brushing their teeth at least twice daily. Their involvement was considered essential for strengthening the school-based program and reinforcing behaviors

beyond the classroom environment. The collective validation process resulted in a strong shared commitment among all parties to sustain the oral health activities in the long term. This collaborative agreement not only established a solid operational structure for the program but also demonstrated the community's readiness to maintain and expand the initiative independently in the future.

Destiny : Program Implementation and Impact

During the Destiny stage, the program was fully implemented and demonstrated clear improvements in knowledge and skills among participants. Pre-test and post-test data showed a substantial 38% increase in the average knowledge scores of teachers, cadres, and parents related to dental caries prevention. Children also displayed enhanced cognitive awareness by accurately identifying cariogenic foods such as candies and sugary packaged drinks. These findings indicate that the educational materials and demonstrations were effective in improving understanding across different stakeholder groups. Additionally, children's practical skills in oral hygiene improved significantly, as they were able to imitate and practice the six-step toothbrushing technique with accuracy. Approximately 90% of the children engaged actively during the sessions and showed increasing awareness of appropriate brushing times, demonstrating early formation of positive oral health habits.

Behavioral changes were also evident at both school and household levels. The "Friday Fun Toothbrushing Program" was consistently implemented for three consecutive weeks, establishing a routine within the PAUD environment. Parents reported noticeable changes at home, with children independently reminding family members about brushing their teeth before bedtime. These outcomes highlight the program's success in shaping sustained behavioral shifts rather than short-term compliance. Moreover, the program contributed to strengthening local capacity, as cadres became capable of delivering brief oral health education sessions using visual materials, and PAUD teachers facilitated toothbrushing demonstrations without relying on assistance from the PkM team. This autonomy reflects the community's growing confidence in managing health-promotion activities.

At the community level, the program generated broader awareness and interest in early childhood oral health. Community members expressed a desire to expand the initiative to toddler groups and integrate oral health education into posyandu activities, indicating strong community buy-in. Village authorities also showed enthusiasm for incorporating the program into regular village health agendas, reinforcing its long-term sustainability. The positive reception across multiple layers of the community demonstrates that the ABCD-based intervention not only achieved immediate outcomes but also mobilized collective action and strengthened local structures to support ongoing oral health initiatives.

DISCUSSION

The implementation of the Community Service Program (PkM) using the Asset-Based Community Development (ABCD) approach demonstrates that local asset mapping contributes significantly to the effectiveness of health education, particularly in preventing dental caries among early childhood populations. These findings align with the literature, which emphasizes that ABCD promotes community participation by strengthening internal assets rather than focusing on deficits (Kretzmann & McKnight, 1993).

In the Discovery stage, the identification of individual, institutional, and community assets revealed that Sumengko Village possesses substantial resources, including PAUD teachers, health cadres, and support from the local health center (puskesmas). These strengths served as crucial social capital for the success of the program. This supports Mathie and Cunningham's (2003) assertion that ABCD is most effective when communities already have local actors with adequate capacity and intrinsic motivation to engage.

The Dream stage demonstrated that the community holds clear aspirations to create a healthier environment for children. From the perspective of community-based change theory, the community's willingness to co-construct a shared vision is a catalyst for strengthening ownership of the program (Bergdall, 2012). In this PkM, the emergence of the concept of a "Caries-Free School Environment" indicates a shift in community participation from passive recipients to co-creators of change.

The Design and Define stages illustrate how collaboration among academic teams, teachers, cadres, and parents results in an educational program aligned with early childhood characteristics. The use of visual media, demonstration techniques, and hands-on practice proved effective, consistent with research showing that caries prevention education for children must be concrete, engaging, and developmentally appropriate (Petersen, 2005).

In the Destiny stage, the improvements in children's knowledge and toothbrushing skills indicate that asset-based interventions can generate positive behavioral changes. Moreover, the active roles adopted by teachers and cadres in sustaining the activities underscore that ABCD not only creates short-term programs but also strengthens local capacity for long-term sustainability. This aligns with Morgan and Ziglio's (2007) findings that empowerment-based health programs are more successful when local actors assume leadership roles. Overall, the ABCD-based PkM in Sumengko Village not only enhanced understanding of dental caries prevention but also fostered collaborative practices and activated local assets that can be independently expanded by the community in the future.

CONCLUCION

The implementation of the Community Service Program (PkM) using the Asset-Based Community Development (ABCD) approach in Sumengko Village has proven effective in strengthening early childhood dental caries prevention through community-driven strategies. By identifying and mobilizing local assets—including PAUD teachers, health cadres, parents, and existing institutional support—the program successfully enhanced knowledge, improved children's toothbrushing skills, and fostered collaborative practices among stakeholders.

The structured ABCD cycle (Discovery, Dream, Design, Define, and Destiny) enabled the community to transition from passive recipients of health education to active co-creators of sustainable health initiatives. Significant improvements were observed in post-intervention knowledge scores, children's toothbrushing behavior, and the readiness of local actors to continue the program independently.

Overall, this PkM demonstrates that leveraging community strengths leads to more meaningful and sustainable health outcomes compared to conventional needs-based approaches. The program not only contributes to reducing the risk of dental caries among young children but also builds long-term community capacity to maintain and expand health promotion practices. This model may serve as a replicable framework for similar communities seeking to address child oral health issues through participatory, asset-based strategies.

IMPLICATIONS, RECOMMENDATIONS, AND SUSTAINABILITY PLAN

Implications for the Community

The implications for the community demonstrate that the caries-prevention initiative has strong potential for long-term sustainability due to the existing assets and human resources identified during the asset-mapping process. The findings show that the community possesses capable teachers, active health cadres, supportive parents, and functional local health institutions—elements that can collectively uphold and expand health-promotion activities. By strengthening the roles and competencies of teachers and cadres, the program can continue

operating effectively even without direct assistance from the academic team, fostering community independence and resilience. This empowerment not only ensures ongoing dental-health education for young children but also encourages the community to integrate preventive health behaviors into everyday routines, ultimately contributing to improved overall child well-being in Desa Sumengko.

Implications for Educational Institutions

The implications for educational institutions highlight that this PkM serves as a strong example of how the ABCD approach can transform the way universities engage with communities. Rather than functioning as a one-directional knowledge-transfer activity in which academics simply deliver information, the ABCD model promotes genuine collaboration by recognizing and mobilizing the strengths, skills, and resources already present within the community. This shifts the role of educational institutions from being sole providers of expertise to becoming facilitators of community empowerment, enabling more sustainable, participatory, and context-responsive interventions. For academic programs—especially in public health, nursing, and education—this model offers a replicable framework for designing community service initiatives that build capacity, foster long-term partnerships, and produce measurable social impact beyond the duration of student or faculty involvement.

Implications for Childhood Oral Health Programs

The implications for childhood oral health programs suggest that the educational model implemented in this PkM—combining direct demonstrations, guided toothbrushing practice, and active parental involvement—offers a practical and adaptable framework that can be transferred to other villages with similar sociocultural characteristics. Because the approach leverages simple, low-cost methods and integrates both school and family participation, it is well-suited for communities with limited resources yet strong social cohesion. By emphasizing hands-on learning and reinforcing routines both at school and at home, this model has the potential to significantly improve oral hygiene behaviors among young children in diverse rural settings. Furthermore, its alignment with asset-based community principles ensures that local strengths—such as teacher leadership, cadre engagement, and parental support—become the driving force behind program continuity, thus enabling broader replication and long-term sustainability.

Recommendations for PAUD Institutions and Teachers

For PAUD institutions and teachers, it is recommended to continue implementing the "Friday Fun Toothbrushing Program" as a structured weekly activity that reinforces proper toothbrushing habits in early childhood. This routine not only helps children develop consistent oral hygiene behaviors but also creates a positive and enjoyable learning atmosphere that supports health education. In addition, teachers should regularly record and monitor children's oral health progress through simple observational checklists or periodic assessments. This monitoring enables early detection of potential dental issues, provides valuable data for evaluating the effectiveness of the program, and ensures that each child receives appropriate guidance and follow-up support both at school and at home.

Recommendations for Cadres and Posyandu

Recommendations for cadres and Posyandu emphasize strengthening preventive dental health efforts at the community level. Integrating dental health education into the monthly Posyandu sessions ensures that parents, caregivers, and young children consistently receive guidance on proper oral hygiene practices, early detection of dental problems, and nutritional habits that prevent caries. In addition, promoting home visits for children identified as having a high risk of dental caries enables cadres to provide targeted support, personalized counseling, and direct monitoring of family practices that influence oral health. Through these combined efforts, Posyandu can play a more proactive role in reducing dental caries among young children and fostering healthier daily habits within families.

Recommendations for Village Government

The recommendations for the village government emphasize the need for structural and policy-level support to ensure the sustainability of early childhood oral health programs. Allocating village funds to supply toothbrushes and toothpaste for PAUD children would guarantee equitable access to essential oral hygiene materials, particularly for families with limited economic resources. In addition, developing village-level health policies that formally include early childhood oral health initiatives would institutionalize preventive dental care efforts, strengthen coordination between PAUD institutions, Posyandu cadres, and health workers, and ensure that oral health promotion becomes an integrated part of the village's long-term health agenda. Through these strategic actions, the village government can provide a stable foundation for improving children's oral health outcomes and supporting a healthier community.

Recommendations for Future Academic Teams

The recommendations for future academic teams highlight the importance of strengthening the continuity and scientific rigor of community-based oral health initiatives. Conducting further research on the long-term effectiveness of the intervention is essential to understanding how children's oral hygiene behaviors evolve over time and to identifying which components of the program produce the most sustainable impact. Moreover, developing asset-based educational modules using digital media would enhance the accessibility, appeal, and scalability of oral health education by leveraging community strengths and modern technology. By integrating rigorous follow-up studies with innovative digital learning resources, future academic teams can expand the evidence base while improving the quality and reach of early childhood dental health programs.

Sustainability Plan

The sustainability plan for this program is strengthened by the collective commitment of teachers, health cadres, local health institutions, and the wider community. Teachers and cadres have formally agreed to establish the Sumengko PAUD Oral Health Team, ensuring that routine dental-health activities continue beyond the duration of the PKM. Their efforts are supported by the Gresik Public Health Center (Puskesmas), which has expressed its commitment to integrate this initiative into its annual dental check-up agenda for young children. To reinforce resource availability, the community also plans to establish a Toothbrush Bank funded through voluntary parent donations, ensuring consistent access to oral hygiene supplies for PAUD students. Furthermore, the program is designed as an annual PKM model that can be replicated and expanded by students from public health, nursing, and education programs, allowing for academic continuity, capacity building, and broader community impact.

BIBLIOGRAPH

Bergdall, T. (2012). *Reflections on the catalytic role of an outsider in asset-based community development (ABCD)*. *Journal of Community Practice*, 20(1–2), 148–153. https://doi.org/10.1080/10705422.2012.650123

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). SAGE Publications. https://doi.org/10.62335/besiru.v1i11.1185

Kementerian Kesehatan Republik Indonesia. (2023). *Laporan situasi kesehatan gigi dan mulut / Keputusan terkait kejadian karies*. Kementerian Kesehatan RI. (dokumen dan statistik nasional).

Kretzmann, J. P., & McKnight, J. L. (1993). *Building communities from the inside out: A path toward finding and mobilizing a community's assets*. ACTA Publications.

Mahfud , M. ., & Rudianto, R. (2023). Pendampingan Kegiatan EDM Dan ERKAM Madrasah Di Kecamatan Sangkapura. *Jurnal Penelitian Dan Pengabdian Masyarakat*, *1*(3), 110 –. https://doi.org/10.61231/jp2m.v1i3.87

Mahfud, M., Mulyadi, M., Havidah, N., Khotimah, T. M. H., Rosyidah, U., & Rikza, M. (2024). EDUKASI TEKNIK MENGGOSOK GIGI YANG TEPAT UNTUK MENCEGAH MASALAH GIGI DAN MULUT DI SDN MOJOSARI, KECAMATAN MANTUP, KABUPATEN LAMONGAN. *BESIRU : Jurnal Pengabdian Masyarakat*, *1*(11), 993-1002.

Mathie, A., & Cunningham, G. (2003). From clients to citizens: Asset-based community development as a strategy for community-driven development. *Development in Practice, 13*(5), 474–486. https://doi.org/10.1080/0961452032000125857

Morgan, A., & Ziglio, E. (2007). Revitalising the evidence base for public health: An assets model. *Promotion & Education*, 14(2), 17–22. https://doi.org/10.1177/10253823070140020 7

Nutbeam, D. (2000). Health literacy as a public health goal: A challenge for contemporary health education and communication strategies. *Health Promotion International, 15*(3), 259–267.

Patton, M. Q. (2015). *Qualitative research & evaluation methods* (4th ed.). SAGE.

Petersen, P. E. (2005). Strengthening the prevention of oral cancer: The WHO perspective. *Community Dentistry and Oral Epidemiology*, 33(6), 397–399. https://doi.org/10.1111/j.1600-0528.2005.00252.x

Salkind, N. J. (2017). *Statistics for people who (think they) hate statistics* (6th ed.). SAGE Publications.

Sheiham, A. (2016). Oral health, general health and quality of life. *Bulletin of the World Health Organization, 83*(9), 644–645. https://doi.org/10.1590/S0042-96862005000900004

World Health Organization. (2022). *Oral health* (fact sheet). https://www.who.int/news-room/fact-sheets/detail/oral-health