



Community-Based Health Promotion Initiatives for Early Childhood Development in Laguna Philippines to Support Sustainable Development Goals (SDGs)

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ABSTRACT

Early childhood health is vital for optimal physical, cognitive, and emotional development. This study reports on the development, implementation, and evaluation of two community-based health initiatives aimed at enhancing early childhood well-being in Laguna, Philippines. Guided by the ADDIE instructional design model, the project began with a needs assessment and stakeholder interviews, identifying issues such as malnutrition, hygiene deficits, limited caregiver knowledge, and poor sanitation. Two interventions were conducted: a health fair for children aged 3–8 years, featuring interactive booths on nutrition, hygiene, physical activity, and mental health; and a seminar-training for caregivers on first aid and emergency response, led by a certified EMT. Evaluation showed improved health knowledge and engagement among both children and parents, with high satisfaction ratings and observed application of learned practices. The results emphasize the effectiveness of community-led, participatory health education in supporting Sustainable Development Goal 3 (Good Health and Well-being) and suggest potential for replication in similar contexts.

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1. INTRODUCTION

One of the most prominent global discussions in recent years centers on the Sustainable Development Goals (SDGs), a comprehensive framework established by the United Nations (Ragadhita et al., 2026). Among its core objectives, SDG 3 specifically aims to ensure healthy lives and promote well-being for all at all ages by the year 2030. These United Nations targets were established to guide and measure each country's progress toward long-term development. Yet with only five years remaining, many regions still struggle to meet this goal, as evidenced by persistent health gaps in reported data and lived experiences across diverse populations.

Health is a foundational determinant of overall well-being, enabling optimal human functioning. It is commonly defined as a state of complete physical, mental, and social well-being that reduces the likelihood of disease or illness (see <https://www.semanticscholar.org/paper/A-review-on-Health-Sowjanya/4a6ca38a98b4484143b538b45005d67c7dd4c90e>). In early childhood, health is especially consequential, underpinning rapid physical growth, cognitive development, and emotional maturation. In the Philippines, unhealthy food and beverage consumption has emerged as a critical concern among children (Smith et al., 2024). Preventive measures at local and household levels (spanning nutrition, hygiene, physical activity, and mental health support) are therefore essential to address modifiable determinants of child health (see <https://www.unicef.org/early-childhood-development>).

Globally, millions of children continue to face health challenges that can impede physical, cognitive, emotional, and social development (see <https://www.who.int/activities/improving-the-mental-and-brain-health-of-children-and-adolescents>). Conditions such as infectious diseases, malnutrition, poor sanitation, and inadequate health education persist across countries and regions, often shaped by socioeconomic status, cultural practices, environmental conditions, and insufficient government support (Galler, 2021).

In the Philippine context, particularly in Los Baños, Laguna, these challenges remain evident in early childhood. While health centers and social welfare programs are available, many families encounter barriers to effective health support. Children continue to face risks associated with malnutrition, infectious diseases, and limited caregiver health literacy. Strengthening collaboration between communities and the broader health system is therefore vital for more effective and efficient service delivery (LeBan et al., 2021).

Local community involvement is indispensable in addressing children's health. Community-led education programs promote preventive behaviors and support trust-based partnerships that enhance engagement and sustainability (Alazwari et al., 2023; Nandyal et al., 2021). Interactive health promotion especially approaches that encourage child participation—can make key practices more accessible and memorable. Despite ongoing efforts, persistent concerns remain, including poor nutrition, inadequate knowledge, poor sanitation, and infectious diseases; children's behaviors and daily routines strongly influence health outcomes (Dominguez & Hall, 2022).

Given this landscape, caregivers and parents must be fully informed about their children's health status and the practices that support it. Caregivers directly shape children's daily routines and health choices through modeling and decision making (Javier et al., 2022; Zielińska et al., 2021; Fazrin et al., 2022). Community seminars and workshops seek to build essential knowledge and skills, a priority that is particularly urgent in high-risk areas where nutrition concerns are more likely (Ieri et al., 2021) and where limited caregiver knowledge can hinder healthy practices (Sharma et al., 2023).

Following interviews with community officials and a needs assessment, this study pursued two objectives to improve the health practices and well-being of young children and their families in a community in Los Baños, Laguna, through targeted educational and assessment interventions: (i) to educate children and caregivers on the importance of maintaining proper health by promoting good nutrition, hygiene practices, positive mental health, and a physically active lifestyle to ensure overall well-being and prevent illness; and (ii) to equip parents with essential knowledge and practical skills in preventive measures and first aid techniques to effectively manage common health emergencies and ensure child safety.

2. METHODS

This study employed the ADDIE model (a widely recognized instructional design framework) to guide the development, implementation, and evaluation of community-based health interventions (Aldoobie, 2015). The acronym ADDIE stands for Analysis, Design, Development, Implementation, and Evaluation. Each phase of the model played a critical role in ensuring that the projects were systematic, contextually appropriate, and responsive to the needs of the target community.

2.1. Analysis Phase

In the analysis phase, a comprehensive understanding of the community's health-related challenges (particularly those affecting early childhood) was established. This phase involved a combination of needs assessment and key informant interviews with local stakeholders, including community officials and Barangay Nutrition Scholars (BNS). The needs assessment aimed to identify gaps between the current health conditions and the desired outcomes for children in the community. The interviews provided qualitative insights into recurring issues, community priorities, and the perspectives of those directly involved in improving child health. This dual-method approach enabled a grounded understanding of the core problems and helped build a foundation for designing appropriate and sustainable interventions.

2.2. Design Phase

Building on the findings of the analysis phase, the design phase focused on formulating strategic responses to the identified challenges. This included the development of clear project objectives, definition of expected outcomes, selection of appropriate delivery methods, and creation of initial content frameworks for the interventions. Each planned activity was tailored to address specific needs, ensuring relevance to the local context and feasibility within existing resources.

2.3. Development Phase

In the development phase, the proposed solutions were translated into tangible components ready for field implementation. This included: (i) Procurement of materials such as food, educational visual aids, venue decorations, and tokens for participants and guest speakers; (ii) Utilization of locally sourced and cost-effective materials to ensure sustainability; and (iii) Volunteer preparation, including capacity-building workshops and orientation sessions led by professionals in relevant health fields. This phase ensured that all logistical and instructional elements were in place. By its conclusion, all materials, content, and personnel were fully prepared for deployment in the target community.

2.4. Implementation Phase

The implementation phase involved the actual delivery of the two health projects within the community. (i) Health Project 1 targeted children aged 3 to 8 years and took the form of

a community health fair with four interactive booths focused on nutrition, hygiene, physical activity, and mental health. Children were grouped and rotated through each booth, participating in hands-on activities designed to promote healthy behaviors. Tokens of appreciation were distributed upon completion; and (ii) Health Project 2 was a seminar-training designed for caregivers. Led by a certified emergency medical technician (EMT), the session included demonstrations and discussions on first aid and emergency medical response for common childhood health issues. Caregivers actively participated in simulated scenarios and received take-home materials and tokens at the end of the session.

2.5. Evaluation Phase

The evaluation phase assessed the impact and sustainability of the implemented projects. Post-activity evaluations were administered to both children and caregivers: (i) For Health Project 1, a drawing-based evaluation was conducted. Children were asked to illustrate their most memorable experience and rate their satisfaction using a star system; and (ii) For Health Project 2, participants completed a structured feedback form adapted to capture satisfaction with the seminar content, speaker effectiveness, relevance, and overall experience. The feedback collected informed both the successes and areas for improvement, contributing to future enhancements in similar community-based health initiatives.

2.6. Participants

The participants of this study were children aged 3 to 8 years old from a selected community in Los Baños, Laguna, Philippines (see **Table 1**). A total of 20 children were officially registered for the activity, which served as the target number of participants. However, several unregistered children also joined the event voluntarily on the day of implementation and were allowed to participate with supervision. The program prioritized young children in early childhood to align with the project's focus on promoting early health education. Each child was accompanied by a parent or caregiver, who remained within the activity area to provide support and ensure safety. The event was also attended and monitored by community volunteers and a barangay health worker. While the primary participants were the children, the active presence of caregivers contributed to the project's collaborative and community-based approach. No personal identifiers or sensitive demographic data (e.g., gender, income level) were collected to maintain ethical standards in community engagement.

Table 1. Participant demographics.

Category	Description
Number of Participants	20 (registered) + unregistered
Age Range	3–8 years old
Location	Los Baños, Laguna, Philippines
Supervisors Present	Parents, Volunteers, Health Worker

3. RESULTS AND DISCUSSION

3.1. Health Project 1: Start Early, Begin at Home – Community Health Fair for a Healthy Future

This health fair and seminar-workshop aimed to raise awareness of essential health practices and provide children with hands-on, interactive learning experiences. The primary objective was to educate both children and their caregivers on the importance of maintaining proper health by promoting good nutrition, hygiene, mental wellness, and physical activity as key components of well-being and illness prevention.

Specific objectives of the project included:

- (i) Raising awareness among children and caregivers about proper health practices at home and in the community.
- (ii) Presenting health concepts—nutrition, hygiene, physical, and mental health—in an engaging and creative format.
- (iii) Creating a play-based learning environment to encourage active participation.
- (iv) Providing tools and materials to create a personalized health kit representing different health components.
- (v) Reinforcing behaviors that support a healthy lifestyle in children.

The two-hour event featured four interactive booths: Nutrition, Hygiene, Physical Health, and Mental Health. Each booth offered a combination of demonstrations and hands-on activities. All content was designed and validated in consultation with professionals in relevant health fields. Specific activities included:

- (i) Nutrition Booth: Food mat painting and an educational session on Pinggang Pinoy (Filipino Food Plate).
- (ii) Hygiene Booth: Toothbrushing and handwashing demonstrations, supported by visual models and facilitator-led activities.
- (iii) Physical Booth: Stretching exercises and the traditional Filipino game piko (hopscotch).
- (iv) Mental Health Booth: Emotion recognition using Inside Out characters, emotional flashcards, and breathing exercises.

3.1.1. Activity Output

A total of 20 children were officially registered, though additional unregistered participants also joined. Children aged eight and below were prioritized, and parents were seated nearby to ensure safety and support. Setup began at 1:30 PM, with volunteers assisting in preparing tents, chairs, and tables. A health worker was also present during the implementation.

Registration began at 3:00 PM, where participants received name tags and wristbands. At 3:10 PM, the facilitator opened the event, emphasizing the goal to “learn, be happy, and be healthy.” Children were grouped into four rotating teams, each assigned to a booth. A whistle was used to signal transitions between stations.

For Booth Highlights, the project included

- (i) Nutrition: “Packed with Nutrients, Full of Fun!”. Children drew their favorite foods to reflect household consumption patterns. They then learned about the Go, Grow, and Glow food groups using visual aids and were rewarded with stickers.
- (ii) Hygiene: “Hero of Cleanliness, Hero of Health”. Participants practiced proper handwashing (guided by the “Happy Birthday” song for timing) and toothbrushing techniques using large cut-outs. Children were invited to demonstrate what they had learned and received stickers as incentives.
- (iii) Physical Health: “Active Bodies, Happy Children”. This booth featured a short stretching routine taught through music and movement, followed by piko to promote coordination and counting. The activity concluded with sticker rewards.
- (iv) Mental Health: “Mental Health Care for Children”. Children expressed emotions through movements, identified feelings using flashcards, and practiced a simple breathing exercise (“smell a flower, blow a candle”) to reinforce emotional regulation.

After the booth rotations, participants took a 30-minute wellness break, during which rice, fried spring rolls, and a corn-carrot side dish were served, each representing a food group discussed earlier. Bottled water was also distributed to all attendees.

For the Evaluation Activity, each child was asked to draw their most memorable activity and rate the event by coloring in five blank stars. Both registered and unregistered children received evaluation forms. Group One categorized responses into two formats: drawing evaluation and star ratings.

For Drawing Evaluation, several points are in the following:

- (i) Nutrition Booth: 10 children
- (ii) Physical Booth: 9 children
- (iii) Hygiene Booth: 7 children
- (iv) Mental Booth: 3 children (Note: The variation may reflect differences in drawing ability, time constraints, and evaluator interpretation.)

For Star Ratings, several points are considered:

- (i) 17 participants rated the activity 5 stars (maximum enjoyment)
- (ii) 2 rated it 4 stars, and
- (iii) 1 rated it 3 stars

Post-evaluation, health kits were distributed to registered children, containing alcohol, soap, shampoo, toothpaste, toothbrush, face mask, cotton buds, face towel, reusable water bottle, vitamins, crayons, and a coloring book. Unregistered participants received flavored milk in tetra packs as a gesture of appreciation.

To close the program, facilitators thanked the children and their parents and revisited the project's goals, which the children successfully recalled. Despite minor challenges, the event was implemented as planned and successfully met its educational and participatory objectives.

3.1.2. Activity Impact and Success

This project successfully delivered a fun, educational, and meaningful experience for young children and their caregivers. By replacing lectures with interactive games, art, movement, and conversation, the project made key health topics relatable and easy to understand. Children learned essential practices such as food group identification, proper hygiene routines, basic physical exercises, and emotional recognition.

Caregivers' presence added a layer of support and reinforcement, enhancing the impact of health messages and emphasizing the shared responsibility of community and family in children's well-being.

Evaluation results showed that booths focused on nutrition and physical activity were the most engaging, as reflected in the children's drawings and comments. The high satisfaction rating (17 out of 20 participants gave five stars) indicates the project's strong reception.

For the facilitators, the experience provided valuable exposure to real-world community engagement, teamwork, and adaptive problem-solving. It highlighted the importance of fun in learning, the need for flexibility, and the significance of designing participant-centered interventions.

Overall, Health Project 1 not only achieved its immediate goals but also contributed to long-term educational empowerment, both for the children and for the students who organized the activity.

3.2. Health Project 2: Fight the Disease – Training Towards Healthy and Safe Health

This second health initiative was a seminar-training activity designed to educate parents and caregivers on essential first aid techniques applicable to common childhood emergencies. The primary goal was to equip participants with accurate information and practical skills to support informed decision-making regarding their children's health and safety.

The specific objectives of this project were to:

- (i) Raise awareness of how basic health and safety knowledge can be applied in daily routines.
- (ii) Demonstrate preventive measures for handling common child-related emergencies such as cuts, burns, choking, fever, and nosebleeds.
- (iii) Provide essential and practical skills that positively impact family health outcomes.
- (iv) Promote preparedness and proper response to unexpected health emergencies in the household.

The seminar lasted two hours and was facilitated by a trained Emergency Medical Technician (EMT), who independently prepared his lecture materials and brought a personal first aid kit to demonstrate various emergency response techniques.

3.2.1. Activity Output

A total of seven parents registered and attended the session, falling short of the initial target of 20 due to unforeseen circumstances. Many of the parents brought their children along, who were entertained separately by volunteers through coloring activities to ensure that parents could focus on the session.

Preparations began with the help of volunteers from Group Two, who organized the venue setup, including chairs, a projector, and a sound system. Registration started at 1:00 PM, where participants received name tags for identification. A community officer was also present during the seminar to observe and support the event.

The program officially began at 1:40 PM. After a short opening by the facilitator, the guest speaker delivered an engaging session that included demonstrations of first aid techniques, such as:

- (i) Assisting a choking child or adult
- (ii) Responding to fever, convulsions, and nosebleeds
- (iii) Administering cardiopulmonary resuscitation (CPR) for both children and adults

Due to the small group size, each participant was able to personally demonstrate one or more of the emergency procedures taught during the session. This hands-on approach significantly enhanced the learning experience.

Following the demonstrations, the floor was opened for a question-and-answer session, allowing parents to clarify doubts and gain a deeper understanding.

A 20-minute break was provided after the seminar, during which food and refreshments were distributed to the speaker, participants, their children, and the event staff. Afterward, participants completed a short evaluation form within 10 minutes.

Additional components of the session included:

- (i) Certificate and token of appreciation for the resource speaker
- (ii) Distribution of basic first aid kits, which included: Band-aids, alcohol, betadine, cotton, surgical tape, bandage, scissors, and gauze
- (iii) Snacks (2 packs of biscuits per participant) as a gesture of appreciation. Originally planned as one pack per participant, the surplus due to fewer attendees allowed for an additional token.

Evaluation Results (from 7 participants) are in the following:

- (i) Seminar Content: All participants rated 5 (Strongly Agree) that the topic was effectively presented and relevant to family needs.
- (ii) Demonstrations: All participants rated 5 for the clarity and value of the speaker's demonstrations. Six participants rated the relevance of scenarios as 5, and one participant rated it 4.

- (iii) Engagement: All participants agreed that the training kept them interested and actively involved.
- (iv) Venue & Timing: Six participants rated the setup and schedule as 5, while one participant rated this aspect slightly lower.
- (v) Overall Program: Six rated the overall experience as 5, while one gave a 3 (Neutral). All participants strongly agreed that the training would be beneficial in future emergencies.

3.2.2. Activity Impact and Success

This project successfully empowered parents and caregivers with practical life-saving knowledge tailored to real-life emergencies. Through direct instruction and personal simulation, participants gained confidence in performing first aid techniques, particularly for high-risk incidents such as choking, convulsions, and CPR.

The small group size proved advantageous, as it allowed for individualized attention and deeper engagement with the resource speaker. Each participant was allowed to practice skills hands-on, receive feedback, and ask context-specific questions.

Participants acknowledged the relevance and applicability of the training content, as reflected in their high evaluation scores. The program not only increased health preparedness among families but also strengthened community trust in student-led outreach initiatives.

Overall, Health Project 2 achieved its intended outcomes by improving caregiver readiness, enhancing first aid literacy, and fostering a sense of collaborative health responsibility within the community.

3.3. Summary

This study focused on enhancing the health and well-being of early childhood in a community in Los Baños, Laguna, Philippines, through a community-based intervention model. Guided by needs assessments and stakeholder interviews, two key projects were implemented: a health fair for children and a seminar-training for caregivers. These interventions aimed to address identified health challenges such as malnutrition, poor hygiene, limited caregiver knowledge, and low preparedness for emergencies.

The results indicated that participants responded positively to the activities. Children demonstrated active engagement and knowledge retention, while parents acquired practical skills and expressed satisfaction with the training sessions. Both projects were well-received by the community and exhibited potential for sustained impact on child and family health practices.

Despite the overall success, several limitations were noted:

- (i) Limited sample size, as the project was conducted within a specific locality, affecting the generalizability of findings.
- (ii) Time constraints, as the short implementation period restricted the ability to measure long-term outcomes.
- (iii) Resource limitations, particularly in the production of materials and provision of incentives, due to budget constraints.

Recommendations include the following:

- (i) Future student-volunteers should invest time in community immersion and relationship-building with local stakeholders before project rollout.
- (ii) Stakeholders, including community leaders, health workers, and volunteers, are encouraged to sustain their support for student-led initiatives by actively participating in planning and execution phases.

- (iii) Caregivers should be encouraged to integrate the practices introduced during the interventions into their daily routines at home.
- (iv) The local government of Los Baños is urged to continue supporting community-based health and development efforts by allocating resources and promoting collaboration between academic institutions and community sectors.

Ultimately, this project demonstrates the value of community-engaged, educational health programs in promoting early childhood wellness and fostering collaborative public health solutions at the grassroots level. Finally, this study adds new information regarding SDGs, as reported elsewhere (Nurnabila *et al.*, 2023; Awalussillmi *et al.*, 2023; Rahmat *et al.*, 2024; Keisyafa *et al.*, 2024; Haq *et al.*, 2024).

4. CONCLUSION

This community-based health initiative effectively addressed early childhood health challenges in Los Baños, Laguna, through participatory and educational interventions. The health fair for children and seminar-training for caregivers demonstrated positive outcomes in knowledge acquisition, engagement, and practical skill development. Despite limitations in sample size, timeframe, and resources, the project achieved its objectives and received strong community support. The experience highlights the importance of collaboration among students, caregivers, and local stakeholders in promoting sustainable health practices. Continued support and expansion of such initiatives are recommended to improve child health outcomes and strengthen grassroots health education efforts.

5. AUTHORS' NOTE

The authors declare that there is no conflict of interest regarding the publication of this article. Authors confirmed that the paper was free of plagiarism.

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