



## Health and Relaxation Corner: Empowering Food Vendors Around Hospitals Through Innovative Training



Frengki Apryanto<sup>1</sup>, Rahmaniah Ramadhani<sup>2</sup>, Rudy Joegijantoro<sup>3</sup>

STIKes Widyagama Husada Malang, Indonesia

<sup>CA</sup>Corresponding Author

### Article Information

#### History Article:

Received, 31/10/2025

Accepted, 25/11/2025

Published, 28/11/2025

#### Keywords:

Community  
Empowerment,  
MSMEs, Food  
Vendors, Health  
Promotion, Innovative  
Training

### Abstract

Micro, Small, and Medium Enterprises (MSMEs) in the culinary sector play a vital role in supporting the economy, particularly around hospitals where food demand is consistent. However, many vendors face challenges such as poor hygiene practices, limited menu innovation, inadequate financial literacy, and lack of consumer-friendly facilities, which reduce competitiveness and pose risks to public health. To address these issues, the *Healthy & Relaxing Corner* community service program was implemented with 20 vendors from 10 stalls around Saiful Anwar Hospital, Malang, through outreach, training, mentoring, provision of simple technologies, and participatory evaluation. The training modules included Clean and Healthy Living Behavior; *PHBS (Perilaku Hidup Bersih dan Sehat)*, food safety, herbal menu diversification, financial management, product photography, digital marketing, waste management, and stall layout improvements. The results demonstrated significant progress: knowledge improved from 65% poor to 90% good, PPE use rose from 25% to 100%, and all participants achieved proper financial recording skills. Additionally, 75% reached good practice in product photography, 50% attained good ability in digital promotion, and 100% adopted correct waste sorting. All stalls successfully introduced herbal drinks, while half modified cooking techniques for healthier food preparation. However, only 30% of vendors created relaxing corners, suggesting that financial and space constraints limited physical restructuring. Overall, the program effectively improved hygiene, entrepreneurship, and innovation, contributing to healthier food environments and more sustainable income for vendors. The model is replicable for MSME empowerment in other communities, with future initiatives recommended to combine training with micro-financing or infrastructure support to maximize outcomes.

© 2025 Journal of Community Service for Health

✉ Correspondence Address:

STIKes Widyagama Husada Malang – East Java, Indonesia

Email: [frengkiapryanto@widyagamahusada.ac.id](mailto:frengkiapryanto@widyagamahusada.ac.id)

DOI: <https://doi.org/10.26699/jcsh.v6i2.1278>

E-ISSN: 2746-5195

This is an Open Access article under the CC BY-SA license (<https://creativecommons.org/licenses/by-sa/4.0/>)

## INTRODUCTION

The number of Micro, Small, and Medium Enterprises (MSMEs) in Indonesia has increased significantly, creating jobs and increasing production output. This demonstrates the rapid development of MSMEs in Indonesia (Lubis & Salsabila, 2024). Micro, Small, and Medium Enterprises (MSMEs) are productive, independently operating businesses run by individuals or business entities across various economic sectors. The existence of MSMEs contributes to improving the national economy, as evidenced by their significant role in development and economic growth, both in developed and developing countries. Furthermore, MSMEs also have a higher labor absorption capacity compared to large-scale businesses (Riani et al., 2023). Culinary businesses around hospitals are included in the category of Micro, Small, and Medium Enterprises (MSMEs). Culinary products or food are a daily necessity for people, so there will always be demand for them. This creates a very promising business opportunity. Furthermore, MSMEs in the culinary sector can be started with little capital, even under Rp 1 million (Nurmala et al., 2022). These culinary businesses play a vital role in providing food and beverages to consumers (patients, their families, medical personnel, and hospital visitors).

The problems experienced by partners (street food vendors) around hospitals are quite complex and multi-layered, primarily due to the very specific characteristics of consumers (patients, families, medical personnel, and general visitors). A field survey of street vendor around Saiful Anwar Hospital in Malang showed that the practice of Clean and Healthy Living Behavior; *PHBS (Perilaku Hidup Bersih dan Sehat)* among street vendors is still lacking, characterized by inadequate waste management, the provision of instant food and drinks, and unhygienic facilities, which impact consumer health. Furthermore, food handlers do not use personal protective equipment (PPE). As many as 50% of street vendors have limited space, and capital constraints lead to a low variety of healthy food menus, thus decreasing customer interest. On the other hand, increasing public awareness of the importance of healthy food opens up opportunities to introduce healthy and hygienic culinary innovations as a solution to improve Clean and Healthy Living Behavior; *PHBS (Perilaku Hidup Bersih dan Sehat)*, public health, and sustainable

income for MSMEs. Improper spaces make food stalls uncomfortable for patients' families waiting or medical personnel seeking relaxation, even as a place to rest. Clean and Healthy Living Behavior; *PHBS (Perilaku Hidup Bersih dan Sehat)* issues increase the risk of cross-contamination between hands and food. The risk of cross-contamination between hands and food increase through Clean and Healthy Living Behavior; *PHBS (Perilaku Hidup Bersih dan Sehat)* issues. This can lead to the spread of pathogenic microorganisms such as *E. coli*, *Salmonella*, and *Staphylococcus aureus*, which negatively impact consumer health. Hygiene is also a major issue faced by consumers. According to research, most cases of foodborne illness occur due to errors in food handling during preparation, whether at home, in catering establishments, hospital canteens, schools, or other public places (WHO, 2024). This makes the consumer experience less comfortable and reduces the appeal of visiting.

The various challenges faced by these food vendors impact their income and the quality of their service. Some vendors still rely on traditional business methods without implementing innovations in their menus or marketing strategies, which can limit their competitiveness in an increasingly competitive market. Their income tends to be unstable because it depends on the number of hospital visitors, which can fluctuate at any time. Furthermore, limited capital often makes it difficult for them to improve product quality, improve stall facilities, or further expand their businesses. Furthermore, from a health perspective, many vendors have not fully implemented hygiene and nutrition standards in food processing. This potentially increases the risk of illness from unhygienic or nutritionally unbalanced food (BPOM RI, 2021; Kemenkes RI, 2020). Marketing, innovation, and hygiene are essential for survival. Culinary entrepreneurs must continually seek strategic opportunities to develop their businesses. This is expected to increase revenue and optimize consumer benefits. Product quality and hygiene significantly influence consumer choices and expectations when purchasing culinary products (Bangun et al., 2024).

Therefore, empowerment programs for culinary vendors around hospitals through innovative training are urgently needed. This training can include improving skills in business management, healthy menu innovation,

implementing hygiene standards, and digital marketing strategies. Through the Healthy & Relaxing Corner program, vendors near hospitals need to be empowered to: Understand the importance of cleanliness and sanitation in food processing, implement Clean and Healthy Living Behavior; *PHBS (Perilaku Hidup Bersih dan Sehat)* standards, such as maintaining a clean business premises and providing healthy food, develop new menus, improve service quality by creating a comfortable and hygienic dining environment, and develop healthier and more sustainable businesses, thereby increasing their income.

**METHOD**

The Community Service program was implemented in stages through outreach, training, mentoring, technology implementation, and participatory evaluation. The program began with program outreach to partners to build understanding of the importance of Clean and Healthy Living Behavior; *PHBS (Perilaku Hidup Bersih dan Sehat)*, hygiene, healthy menu innovations, and economic opportunities. Next, comprehensive training covered Clean and Healthy Living Behavior; *PHBS (Perilaku Hidup Bersih dan Sehat)*, waste management, healthy food stall layout, herbal menu innovations, product branding, micro-business management, sales strategies, and digital marketing. Twenty partners actively participated as participants, venue providers, and implementers of the training results in their respective stalls. Simple technology implementation was carried out through the

provision of supporting facilities such as separate waste bins, herbal production tools, and the use of digital media for promotion. Mentoring was carried out routinely through weekly monitoring, performance evaluation, and feedback. To ensure sustainability, the program was complemented by guidance modules, community forums, and cross-sector collaboration so that the program could be replicated in other areas.

The intervention was conducted over a period of two weeks, followed by an evaluation after the training for materian by post test questionnaire. And for behaviors, evaluation at the end of the two-week period. Several evaluation methods were employed based on the type of activity. Evaluation of the training materials was carried out using a questionnaire to assess participants’ understanding and satisfaction with the training content. For the financial record-keeping activities, evaluation was conducted through observation of the participants’ income and expenditure records in their food stalls. The “Healthy and Relax Corner” (Pojok Rileks dan Sehat) was evaluated through direct observation of its implementation and utilization. Meanwhile, Clean and Healthy Living Behavior; *PHBS (Perilaku Hidup Bersih dan Sehat)* was assessed using a checklist to identify behavioral changes among participants. In addition, interviews were conducted to explore the challenges faced by food stall owners in implementing the “Healthy and Relax Corner” and adopting healthy living practices.

**RESULTS.**

**Table 1.** Characteristics of street food vendors by age

Age	The street food vendors	
	f(x)	(%)
<44 y.o	10	50%
35-59 y.o	5	25%
60-74 y.o	5	25%
Total	20	100

The majority of street food vendors (50%) were under 44 years old, indicating that most of the respondents are still within the productive age group.

**Table 2.** Characteristics of street food vendors based on education level

Level of Education	The street food vendors	
	f(x)	(%)
Elementary school	3	15
Junior High	5	25

Senior High	10	50
Bachelor	2	10
Total	20	100

Half of the street food vendors (50%) had completed senior high school, showing that the majority of respondents had a moderate educational background.

**Table 3.** Characteristics of street food vendors based on gender

Gender	The street food vendors	
	f(x)	(%)
Male	9	45
Female	11	55
Total	20	100

Most of the respondents were female (55%), suggesting that women dominate the street food vending sector in this setting.

**Table 4.** The Results of average knowledge of participants regarding training materials before and after implementation of the Healthy and Relaxed Corner community service program

Knowledge	Pre test		Post test	
	f(x)	(%)	f(x)	(%)
Poor	13	65	0	0
Fair	4	20	2	10
Good	3	15	18	90
	20	100	20	100

Before the program, the majority (65%) of respondents had poor knowledge. After the intervention, 90% demonstrated good knowledge, showing a significant improvement in participants' understanding of the training materials.

**Table 5.** Ability to use PPE for food handlers

Ability	Pre test		Post test	
	f(x)	(%)	f(x)	(%)
Poor	15	75	0	0
Good	5	25	20	100
	20	100	20	100

At baseline, most respondents (75%) had poor ability in using PPE. After the program, all respondents (100%) were able to use PPE correctly, reflecting a remarkable improvement.

**Table 6.** Practical skills in recording shop finances

Practice	Pre test		Post test	
	f(x)	(%)	f(x)	(%)
Poor	20	100	0	0
Good	0	0	20	100
	20	100	20	100

Initially, all respondents (100%) had poor practice in financial recording. Following the training, all participants (100%) demonstrated good practice, showing maximum improvement.

**Table 7.** Practice product photography

Practice	Pre test		Post test	
	f(x)	(%)	f(x)	(%)
Poor	10	50	0	0
Fair	5	25	5	25
Good	5	25	15	75
	20	100	20	100

Before training, 50% of respondents had poor skills in product photography. Afterward, 75% achieved good practice, indicating a notable improvement in visual marketing skills.

**Table 8.** Ability to use social media for promotion

Ability	Pre test		Post test	
	f(x)	(%)	f(x)	(%)
Poor	10	50	5	25
Fair	5	25	5	25
Good	0	0	10	50
	20	100	20	100

At the pre-test stage, most respondents (50%) were in the “poor” category. After the program, 50% reached good ability, showing a moderate increase in digital promotion skills.

**Table 9.** Ability to sort waste according to type of waste

Ability	Pre test		Post test	
	f(x)	(%)	f(x)	(%)
Poor	20	100	0	0
Good	0	0	20	100
	20	100	20	100

At the beginning, 100% of respondents had poor ability to sort waste. After training, all respondents (100%) were able to sort waste correctly, indicating total improvement.

**Table 10.** Adding a herbal drink menu to the stall menu list from 10 place

Availability herbal drink	Pre test		Post test	
	f(x)	(%)	f(x)	(%)
Not available	10	100	0	0
Available	0	0	10	100
	10	100	10	100

The table shows that before the intervention, none of the stalls (100%) had a herbal drink menu available. After the implementation of the program, all stalls (100%) successfully added herbal drinks to their menu lists. This demonstrates that the program was highly effective in encouraging vendors to innovate by incorporating healthy and locally sourced herbal beverages, thereby increasing

product variety and offering healthier choices for consumers. Meanwhile, for the healthy food menu, five stalls have already modified their cooking techniques to prepare vegetables in a healthier way. However, the other stalls have not yet been able to implement this because they are still in the process of determining the additional menu items to be served.

**Table 11.** Rearranging the stalls and providing a relaxing corner for the comfort of visitors from 10 place

Relaxing corner	Pre test		Post test	
	f(x)	(%)	f(x)	(%)
Not yet	10	100	7	70
Done	0	0	3	30
	10	100	10	100

Before the program, none of the stalls had implemented a relaxing corner. Afterward, 30% of vendors successfully rearranged their stalls and created a relaxing corner for visitors, while 70% had not yet implemented the changes. Before the program, none of the stalls had implemented a relaxation corner. Afterward, 30% of vendors successfully rearranged their stalls and created a relaxation corner for visitors, while 70% had not yet implemented the changes. This indicates that further guidance and motivation are needed to rearrange stalls and provide relaxation corners.

**Documentation of community service activities**



**Picture 1.** Documentation of Coordination of Community Service Activity Preparation Team



**Picture 2.** Documentation of Community Service Activities at the Healthy and Relaxation Corner

**DISCUSSION**

The results of this study highlight the significant impact of the Healthy and Relaxed Corner community service program on improving the knowledge, skills, and practices of street food vendors.

**Characteristics of Vendors**

Most vendors were under 44 years old (50%), indicating they were still in their productive age. This aligns with (Sepadi & Nkosi, 2023) which notes that street food vending is often dominated by younger and middle-aged groups due to the physical demands of the work. Education-wise, half of the respondents had completed senior high school (50%), reflecting a moderate educational background. Prior research shows that education influences the ability to adopt innovations in business and health practice (Chopra & Seth, 2021). Furthermore, female vendors slightly outnumbered males (55% vs. 45%), consistent with studies reporting that women often dominate informal food vending because it supports household income while allowing flexible work (Mahopo et al., 2022).

**Knowledge and Food Safety Practices**

Before the program, knowledge levels were mostly poor (65%), but after the intervention, 90% achieved good knowledge. This significant

improvement demonstrates the effectiveness of participatory training, which emphasized that continuous training improves food safety compliance. Similar improvements were found in the use of PPE, where initially 75% had poor ability but after training, 100% demonstrated correct use. This finding mirrors results from previous food safety intervention programs that showed hands-on practice is essential for behavior change ([Madjidian et al., 2024](#)). However, food safety interventions provide participants with knowledge and practical skills that can indirectly help overcome various challenges by encouraging them to think creatively and develop innovative solutions to food safety issues. These educational programs often cover essential hygiene practices, including proper handwashing techniques ([Archila-Godínez et al., 2022](#)). Food safety plays a vital role in the prevention of foodborne illness. Previous study showed that the majority of the participants have a moderate level of knowledge of food safety. Hence, there is a need to train street food handlers in food hygiene ([Dhudum & Bhosale, 2025](#)).

#### Entrepreneurial and Digital Skills

The program also enhanced financial recording, product photography, and digital marketing skills. Prior to training, 100% of vendors had poor financial recording, but afterward, all (100%) could keep proper records. This is crucial because financial literacy directly affects business sustainability ([Ye & Kulathunga, 2019](#)). Product photography skills also improved, with 75% reaching a good level after training, supporting the notion that visual marketing increases sales in small businesses ([Sunarso et al., 2023](#)). Moreover, 50% of vendors gained good ability in using social media for promotion, showing a moderate improvement. Previous studies confirm that social media is a powerful low-cost tool for micro-enterprises to expand market reach ([Ningsih et al., 2025](#)). Previously research showed that the AI-based digital marketing training program for housewives managing street food businesses in Malang significantly enhanced their digital marketing skills and overall business performance. The participants responded positively to the program, and the practical, hands-on approach enabled them to directly implement the concepts in their own enterprises. The following points summarize the

main outcomes of this initiative ([Yogatama et al., 2025](#)).

#### Environmental and Menu Innovation (Foods and beverages)

In terms of environmental practices, waste sorting skills improved from 0% to 100% good practice, showing full adoption. This is consistent with environmental health education models that link awareness to behavioral change ([Sri & Kusriani, 2023](#)). It is essential to provide encouragement and support for vendors to improve access to clean water, sanitation, and hygiene facilities in their surroundings. In addition, enforcing stricter regulations will help ensure that vendors serve safe food to consumers, thereby protecting public health ([Moges et al., 2024](#)). For menu innovation, all 10 stalls successfully introduced herbal drinks, demonstrating the program's success in promoting healthier product diversification. In some countries, it has a long history of use in health maintenance and in disease prevention and treatment, particularly for disease. WHO has always emphasized the important role of traditional, complementary and alternative medicine in human healthcare ([Liu, 2021](#)). This global perspective is also reflected in Indonesian society, where traditional herbal drinks or jamu remain an integral part of daily life and community health practices. In many regions, especially in urban and rural street food settings, herbal beverage stalls or warung kaki lima continue to sell drinks made from natural ingredients such as ginger, turmeric, and lemongrass. The consumption of ginger-based herbal drinks (minuman jahe) is not merely a cultural habit, but also a health-oriented behavior rooted in local wisdom that aligns with WHO's recognition of traditional medicine as a vital complement to modern healthcare. These practices illustrate how global advocacy for traditional medicine translates into local entrepreneurial activity and public health maintenance through accessible, affordable herbal drinks in everyday community settings. However, in this program, only half of the vendors had started modifying cooking techniques for healthier vegetable preparation, indicating that continuous support is required to ensure full adoption. Street food vending plays a significant economic and social role in developing countries by creating employment opportunities, offering affordable food options, and providing

diverse types of meals that cater to various social groups and economic classes ([Rakha et al., 2022](#)).

#### Physical Environment (Relaxing Corner)

The rearrangement of stalls and the creation of a relaxing corner was achieved by 30% of vendors. This relatively low implementation rate suggests that while the idea was well-received, vendors may face limitations such as financial constraints, space, or lack of immediate perceived benefit. Previous studies highlight that the service quality of local street food vendors among visitors to Penang Island, emphasizing the impact of the physical environment, staff behavior, and food quality on visitor satisfaction ([Yusof & Ramli, 2025](#)). Therefore, ongoing assistance and motivation are necessary to encourage broader adoption.

The program demonstrates that a holistic approach covering health, entrepreneurship, environmental management, and consumer comfort is effective in strengthening the resilience of micro food businesses. However, while knowledge and practical skills showed maximum improvements, areas requiring capital investment (such as stall rearrangement) progressed more slowly. This suggests that future programs should integrate not only training but also micro-financing or infrastructure support to accelerate implementation.

This program had several limitations. Some food stalls could only be slightly improved because of the small space available. Many stall owners were older and used mobile phones with limited features, making it difficult for them to create or manage digital promotions. In addition, some participants still found it hard to practice digital marketing due to low digital skills and unstable internet access.

To overcome these challenges, the follow-up plan includes regular mentoring and simple guidance for the street food vendors. Future activities will focus on basic digital training, such as using WhatsApp or simple photo posts to promote their products. The team will also help vendors improve stall layouts using low-cost materials. In addition, peer mentoring among stall owners will be encouraged so they can learn from each other and continue applying healthy and creative business practices.

#### CONCLUSION

The "Healthy & Relaxing Corner", implemented with 20 participants from 10 culinary

stalls around Saiful Anwar Hospital, Malang, has successfully increased the capacity of partners in aspects of hygiene, product innovation, business management, and digital marketing.

#### SUGGESTION

The "Healthy & Relaxing Corner" community service program can be replicated in other areas as an effort to empower communities to improve the health and economy of the target community.

#### ACKNOWLEDGMENT

We would like to give our appreciation to Kemendiktisaintek and STIKES Widyagama Husada Malang for supporting our research in all aspects. We also would like to thank "Paguyupan Pedagang Kaki Lima" as partners in implementing community service programs.

#### FUNDING

This research was funded by DPPM Kemendiktisaintek.

#### CONFLICTS OF INTEREST

The authors declare no conflict of interest. Other funders than the authors had no role in the data collection, data analysis, and also in the writing of the manuscript.

#### REFERENCES

- Archila-Godínez, J. C., Chen, H., Klinestiver, L., Rosa, L., Barrett, T., Henley, S. C., & Feng, Y. (2022). An Evaluation of a Virtual Food Safety Program for Low-Income Families: Applying the Theory of Planned Behavior. *Foods (Basel, Switzerland)*, 11(3). <https://doi.org/10.3390/foods11030355>
- Bangun, K., Simangunsong, E., Prodi, S., Rumah, A., & Sejati, S. M. (2024). Pelatihan Pelaksanaan Peningkatan Kapasitas Sumber Daya Manusia Pariwisata Kabupaten Dairi (SubTopik: Pemasaran, Inovasi dan Higienitas Kuliner). *DEVOTIONIS*, 2(2), 39–42. <https://doi.org/10.54367/devotionis.v2i2.3473>
- BPOM RI. (2021). *Pedoman Higiene dan Sanitasi Pangan bagi Pedagang Makanan* (1st ed.). BPOM RI.
- Chopra, B., & Seth, D. U. (2021). Knowledge, Education Level and Food Handling



- Practices among Street Food Vendors: A Systematic Review. *International Journal of Scientific and Research Publications (IJSRP)*, 11(6), 554–565. <https://doi.org/10.29322/ijsrp.11.06.2021.p11473>
- Dhudum, B., & Bhosale, Y. (2025). Street Food Handlers' Knowledge and Hygiene Practices: A Descriptive Study. *Cureus*, 17(1), e77894. <https://doi.org/10.7759/cureus.77894>
- Kemendes RI. (2020). *Profil Kesehatan Indonesia Tahun 2020*.
- Liu, C. (2021). Overview on development of ASEAN traditional and herbal medicines. *Chinese Herbal Medicines*, 13(4), 441–450. <https://doi.org/10.1016/j.chmed.2021.09.002>
- Lubis, P. S. I., & Salsabila, R. (2024). Peran UMKM (Usaha Mikro, Kecil, Dan Menengah) Dalam Meningkatkan Pembangunan Ekonomi Di Indonesia. *MUQADDIMAH: Jurnal Ekonomi, Manajemen, Akuntansi Dan Bisnis*, 2(2), 91–110. <https://doi.org/10.59246/muqaddimah.v2i2.716>
- Madjdian, D. S., Dankwah Badu, V., Ilboudo, G., Lallogo, V. R., Dione, M., van Asseldonk, M., Knight-Jones, T. J. D., & de Vet, E. (2024). Fast food over safe food? A qualitative evaluation of a food safety training intervention for street vendors applying the COM-B model in Ouagadougou, Burkina Faso. *PloS One*, 19(11), e0313635. <https://doi.org/10.1371/journal.pone.0313635>
- Mahopo, T. C., Nesamvuni, C. N., Nesamvuni, A. E., de Bryun, M., van Niekerk, J., & Ambikapathi, R. (2022). Operational Characteristics of Women Street Food Vendors in Rural South Africa. *Frontiers in Public Health*, 10(July), 1–11. <https://doi.org/10.3389/fpubh.2022.849059>
- Moges, M., Rodland, E. K., & Argaw, A. (2024). Sanitary condition and hygienic practice of street food vendors in selected towns of Ethiopia: A cross-sectional study addressing public health concern. *Journal of Agriculture and Food Research*, 15, 100857. <https://doi.org/10.1016/j.jafr.2023.100857>
- Ningsih, S., Dewi Pamungkasari, P., Hindarto, D., Diana Sholihati, I., Tri Esti Handayani, E., & Titi Komala Sari, R. (2025). Pemanfaatan Social Media Marketing Untuk Para Pelaku Bisnis Umkm. *Communnity Development Journal*, 6(3), 5102–5107. <https://doi.org/10.31004/cdj.v6i4.47652>
- Nurmala, N., Sinari, T., Lilianti, E., Jusmany, J., Emilda, E., & Arifin, A. (2022). Culinary Business as a Driver for MSMEs During the Covid-19 Pandemic. *AKM: Aksi Kepada Masyarakat*, 3(1), 65–74. <https://doi.org/10.36908>
- Rakha, A., Fatima, M., Bano, Y., Khan, M. A., Chaudhary, N., & Aadil, R. M. (2022). Safety and quality perspective of street vended foods in developing countries. *Food Control*, 138, 109001. <https://doi.org/10.1016/j.foodcont.2022.109001>
- Riani, J., Ilham, M., Igo BD, A., & Yamin, L. O. M. (2023). Analisis Pendapatan Usaha Mikro Dan Kecil Pada Objek Wisata Napabale Di Desa Lohia Kecamatan Lohia Kabupaten Muna. *Jurnal Online Program Studi Pendidikan Ekonomi*, 8(3), 388–403.
- Sepadi, M. M., & Nkosi, V. (2023). Health Risk Assessment of Informal Food Vendors: A Comparative Study in Johannesburg, South Africa. *International Journal of Environmental Research and Public Health*, 20(3), 1–15. <https://doi.org/10.3390/ijerph20032736>
- Sri, A., & Kusriani, Wu. (2023). Intervensi Higiene Dan Sanitasi Lingkungan Dengan Memberdayakan Pedagang Kaki Lima Untuk Mewujudkan Keamanan Pangan Yang Higienis Di Kelurahan Gunung, Kebayoran Baru, Jakarta Selatan Tahun 2022. *AMMA : Jurnal Pengabdian Masyarakat*, 2(1), 1–12. <https://www.jurnal.mediapublikasi.id/index.php/amma/article/view/2045>
- Sunarso, B., Tusriyanto, & Mustafa, F. (2023). Analysing the Role of Visual Content in Increasing Attraction and Conversion in MSME Digital Marketing. *Journal of Contemporary Administration and Management (ADMAN)*, 1(3), 193–200. <https://doi.org/10.61100/adman.v1i3.79>
- WHO. (2024). *Food Safety*. Who.Int. <https://www.who.int/news-room/factsheets/detail/food-safety>

- Ye, J., & Kulathunga, K. M. M. C. B. (2019). How does financial literacy promote sustainability in SMEs? A developing country perspective. *Sustainability*, *11*(10), 1–21. <https://doi.org/10.3390/su11102990>
- Yogatama, A. N., Sidi, A. P., Anjaningrum, W. D., Bukhori, M., Dura, J., Cahyaningtyas, F., Andriany, L. M., & Hanif, R. (2025). Digital Transformation in Street Food Business in Malang: AI Application Training for Content Creation and Effective Promotion Strategies. *Jurnal Pengabdian Masyarakat*, *6*(1), 111–121. <https://doi.org/10.32815/jpm.v6i1.2299>
- Yusof, N. S., & Ramli, K. I. (2025). Evaluating Local Street Food Service Quality: Insights from Visitors to Penang. *International Journal of Academic Research in Business and Social Sciences*, *15*(1), 1447–1463. <https://doi.org/10.6007/ijarbss/v15-i1/24520>