



Implementation of Clean and Healthy Living Behavior among Elementary School Students: An Overview

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ABSTRACT

Introduction: Clean and Healthy Living Behavior (PHBS) among elementary school students plays a critical role in fostering lifelong health habits and preventing communicable diseases within school environments. This overview examines the implementation, challenges, and outcomes of PHBS practices among elementary school students, highlighting their impact on overall well-being and academic performance..

Objective: To evaluate the implementation and impact of Clean and Healthy Living Behavior practices among elementary school students, focusing on their role in promoting health and preventing diseases within the school environment.

Methods: This study employed a cross-sectional design to examine the Clean and Healthy Living Behavior among students. The population consisted of all students in Mulyajaya, Sumedang Regency, with a total sampling technique utilized for participant selection. Data collection was conducted over a period from March 2 to May 2. The data were analyzed using frequency and percentage distribution, processed with the Statistical Package for the Social Sciences (SPSS) software.

Result: The results of the study showed that 10 respondents (22.7%) were categorized as having moderate behavior, 34 respondents (77.3%) were categorized as having poor behavior, and no respondents (0%) were categorized as having good behavior regarding clean and healthy living practices.

Conclusion: The findings indicate that the majority of elementary school students exhibit poor behavior regarding clean and healthy living practices (PHBS), with no students demonstrating good behavior. This underscores a critical need for targeted interventions to improve PHBS awareness and practices among this population. These results highlight the importance of implementing structured health education programs in schools to promote better PHBS behaviors. School-based interventions, involving teachers, parents, and healthcare professionals, can play a pivotal role in fostering long-term healthy habits and preventing disease transmission among students.

Keywords: clean and healthy living behavior, elementary school, health education

Introduction

Clean and Healthy Living Behavior is a specific program initiated by the Indonesian government. This program aims to improve the overall health quality of the Indonesian population (Wibisono dkk., 2023). Clean and Healthy Living Behavior in schools is an effort to empower students, teachers, and the school community to understand, desire, and be able to practice PHBS while actively contributing to creating a healthy school environment. Clean and Healthy Living Behavior in schools also refers to a set of behaviors practiced by students, teachers, and the school community based on awareness as a result of learning. This enables them to independently prevent diseases, improve their health, and actively participate in fostering a healthy environment (Taryatman, 2022).

Clean and Healthy Living Behavior is one of the initiatives implemented by the government through community health centers to promote health development. In implementing, all individuals, including students, teachers, and the school community, must be aware of its importance and actively apply it in daily life. In schools, several key practices should be emphasized, such as washing hands with soap and water, using clean and healthy toilets, refraining from smoking on school premises, eliminating mosquito breeding grounds, disposing of waste properly, and maintaining a healthy weight.

PHBS monitoring includes indicators such as weight management and regular, moderate exercise. Factors influencing clean and healthy living behavior include students' knowledge of PHBS, PHBS indicators, social environment, perceived benefits of Clean and Healthy Living Behavior, and the role of teachers in educating and implementing among students (Alam dkk., 2024). School children are one of the primary targets of the Clean and Healthy Living Behavior program in educational institutions and require significant attention, given the relatively large number of school-aged children in the community (Alam et al., 2024). Health is crucial for an individual to perform activities effectively and efficiently (Kindang et al., 2023).

The goal of Clean and Healthy Living Behavior is to improve the knowledge, awareness, and willingness of the community regarding healthy living practices. Furthermore, PHBS aims to enhance the role of the community and businesses in achieving optimal health levels (Khoiriah & Latifah, 2021). To initiate PHBS in schools, the primary goal is to raise students' awareness. This needs to be supported by appropriate facilities and infrastructure. Students are the most suitable target for behavioral, knowledge, and healthy lifestyle changes due to their age, which makes them vulnerable to health issues that can affect their development, processes, and academic performance (Naser, 2023).

If Clean and Healthy Living Behavior is not implemented, children's nutritional absorption will be disrupted, impacting their health system. This disruption can develop into serious issues that negatively affect the child's health. Symptoms of this disruption include weight loss, bloating, and diarrhea. Obesity, also known as excessive fatness, is a condition where the body has an excessive amount of fat. Obesity typically occurs when the body receives more calories than it expends. If an individual experiences metabolic syndrome, an unhealthy lifestyle can negatively affect their health, and metabolic syndrome itself is a condition that can easily develop (Wicaksana et al., 2022).

Based on the impact experienced by children who do not practice Clean and Healthy Living Behavior (PHBS) in schools, according to the WHO, approximately 100,000 children in Indonesia die each year due to diarrheal diseases. This is caused by the consumption of unhealthy snacks or improper handwashing practices by school children. This highlights that children have not yet fully adopted Clean and Healthy Living Behavior. According to the data

(Statistik, 2023), Approximately 12.66% of children aged 0-12 years experience health complaints. The health complaint rate among children aged 0-17 years in urban areas is 28.61%, slightly higher compared to rural areas, which stands at 26.83% the Ministry of Education and Culture (Kemendikbud) reports that access to basic sanitation facilities at the elementary school level is higher in urban areas (56%) compared to rural areas (34%). Additionally, one in two elementary schools lacks handwashing facilities with running water and soap, accounting for 22.94%. Access to basic hygiene facilities at the elementary school level is also higher in urban areas (70%) than in rural areas (49%).

Until now, the quality of children's health cannot be categorized as good due to the many health issues that can occur, especially among school-aged children. Intervention activities that can improve knowledge, attitudes, and practices regarding Clean and Healthy Living Behavior (PHBS) in elementary school children are essential, as lifestyle or health behavior issues in school-aged children are usually related to personal hygiene, the environment, and the emergence of various diseases that frequently affect school-aged children.

To date, a study conducted by Syarifuddin and Khaedar in 2022 on the Clean and Healthy Living Behavior of schoolchildren revealed that the majority of students exhibited good PHBS practices. These included handwashing with soap and running water (88.5%) and consuming healthy snacks at school (88.5%). This behavior was attributed to elementary school students bringing their own meals, purchasing snacks that were sealed, and buying snacks from school canteens. However, some students demonstrated poor behavior (11.5%), as some still purchased snacks containing sweeteners, coloring agents, and preservatives. Other positive behaviors included using clean and healthy toilets (86.9%), engaging in regular and measured physical exercise (83.6%), refraining from smoking at school (60.7%), disposing of waste properly (73.8%), which was due to students always throwing trash in the proper bins, not allowing trash to accumulate in classrooms, separating organic and non-organic waste, and ensuring that covered trash bins were available. Additionally, 72.1% of students practiced body weight measurement. However, the behavior of eliminating mosquito larvae at school still showed poor results (59.0%) (Syarifuddin & Khaedar, 2022).

Data obtained from Cimalela Public Elementary School in 2024 indicated that there were 44 students in grades IV, V, and VI. According to an interview with one of the teachers at Cimalela Public Elementary School, the Clean and Healthy Living Behavior (PHBS) among the students was still inadequate. Issues included improper handwashing without soap, consumption of unhealthy snacks, and poor waste disposal behavior.

Based on the initial observation conducted in the study using 8 indicators of Clean and Healthy Living Behavior at school, it was found that the implementation of PHBS among some children at Cimalela Public Elementary School has not been carried out effectively. This includes the presence of children who still do not wash their hands with running water and soap.

Objective

The purpose of this study is to evaluate the Overview of Clean and Healthy Living Behavior (PHBS) Among Students at Cimalela Public Elementary School.

Methods

Research design

Penelitian ini menggunakan jenis penelitian kuantitatif, dengan menggunakan pendekatan deskriptif dengan jenis rancangan penelitian menggunakan cross sectional.

Population and sample

The population used in this study consists of all students in grades IV to V at Cimalala Public Elementary School, totaling 44 respondents. The sampling technique employed in this study is total sampling. The research was conducted from March 2 to May 2.

Research instrument

The instrument used in this study is a previously developed questionnaire (Naser 2023).

Data collection

In this study, the researcher collected data on Clean and Healthy Living Behavior using primary data, which was obtained directly from respondents through a questionnaire distributed to them.

Data analysis

The data were analyzed using IBM SPSS Version 25.0. Data analysis was conducted to display respondent characteristics and assess behavior. Respondent characteristics were presented using frequency and percentage.

Data analysis

This study employs descriptive statistical analysis to determine the frequency distribution and proportions. It uses the Guttman scale to measure variables in order to describe the level of maternal knowledge about stunting. This scale utilizes more definitive answer types, namely "True" and "False." The study examines how health education impacts the level of maternal knowledge about stunting in toddlers to evaluate the differences in knowledge and attitudes before and after the education, with the analysis conducted using a paired test.

Result

Tabel 1. Respondents Characteristic (N=44)

Karakteristik	n	%
Gender		
Male	18	40.9
Female	26	59.1
Age		
10	1	2.3
11	22	50.0
12	11	25.0
13	10	22.7
Grade		
Four (IV)	17	38.6
Five (V)	16	36.4
Six (VI)	11	25.0

The general characteristics of the respondents based on gender show that there were 26 female respondents (59.1%) and 18 male respondents (40.9%). Regarding age, 1 respondent was 10 years old (2.3%), 22 respondents were 11 years old (50.0%), 11 respondents were 12 years old (25.0%), and 10 respondents were 13 years old (22.7%). For grade level, 17 respondents were in grade IV (38.6%), 16 respondents were in grade V (36.4%), and 11 respondents were in grade VI (25.0%).

Table 2. Clean and Healthy Living Behavior

Statment	Never n (%)	Rarely n (%)	Occasionally n (%)	Frequently n (%)	Always n (%)
I perform the six correct steps for handwashing	0 (0.0)	6 (13.6)	22 (50.0)	16 (36.4)	0 (0.0)
I buy healthy snacks from the school canteen	0 (0.0)	2 (4.5)	19 (43.2)	23 (52.3)	0 (0.0)
I wash my hands before and after eating	0 (0.0)	0 (0.0)	21 (47.7)	21 (47.7)	2 (4.5)
I dispose of waste in the designated trash bins.	0 (0.0)	1 (2.3)	16 (36.4)	25 (56.8)	2 (4.5)
I sweep the classroom during my assigned cleaning schedule, such as on Wednesdays	0 (0.0)	10 (22.7)	25 (56.8)	9 (20.5)	0 (0.0)
I eat unhealthy snacks, such as chiki	0 (0.0)	14 (31.8)	9 (20.5)	20 (45.5)	1 (2.3)
I wash my hands after using the restroom	1 (2.3)	7 (15.9)	32 (72.7)	4 (9.1)	0 (0.0)
Every Saturday, we carry out collective classroom cleaning at school	0 (0.0)	7 (15.9)	32 (72.7)	5 (11.4)	0 (0.0)
I sweep the schoolyard every day	0 (0.0)	16 (36.4)	23 (52.3)	4 (9.1)	1 (2.3)
I maintain cleanliness in the classroom, such as not throwing trash under desks or marking the classroom walls	0 (0.0)	11 (25.0)	13 (29.5)	19 (43.2)	1 (2.3)
I wash my hands and fingers using soap and running water	1 (2.3)	7 (15.9)	23 (52.3)	13 (29.5)	0 (0.0)
I eat snacks indiscriminately, such as cilok or expired food, which can lead to diarrhea	0 (0.0)	1 (2.3)	3 (6.8)	24 (54.5)	16 (36.4)
I do not wash my hands properly, which leads to diarrhea	0 (0.0)	0 (0.0)	4 (9.1)	28 (63.6)	12 (27.3)
I use hand sanitizer when my hands are not too dirty	1 (2.3)	21 (47.7)	16 (36.4)	5 (11.4)	1 (2.3)
I wash my hands after playing	0 (0.0)	2 (4.5)	17 (38.6)	17 (38.6)	8 (18.2)

Based on Table 2, of the 44 respondents, the results showed that 16 (36.4%) respondents reported frequently washing their hands correctly using the 6-step method. A total of 23 (52.3%) respondents frequently bought healthy snacks at the school canteen. 21 (47.7%) respondents frequently washed their hands before and after meals. 25 (56.8%)

respondents frequently disposed of trash in trash bins. 9 (20.5%) respondents frequently swept the classroom during their scheduled cleaning duties, such as on Wednesdays. 20 (45.5%) respondents frequently consumed unhealthy snacks, such as chips. 4 (9.1%) respondents frequently washed their hands after using the restroom. 5 (11.4%) respondents frequently participated in the classroom cleaning activity together on Saturdays. 4 (9.1%) respondents frequently swept the school yard every day. 19 (43.2%) respondents frequently maintained cleanliness in the classroom, such as not throwing trash under the desks or not scribbling on the walls. 13 (29.5%) respondents frequently washed their hands and fingers with soap and running water. 24 (54.5%) respondents frequently consumed random snacks, such as cilok or expired food, which led to diarrhea. 28 (63.6%) respondents frequently did not wash their hands properly, leading to diarrhea. 5 (11.4%) respondents frequently used hand sanitizer when their hands were not too dirty. 17 (38.6%) respondents frequently washed their hands after playing.

Table 3. Categories of Clean and Healthy Living Behavior

Categories	n	%
Good	0	0.0
Adequate	10	22.7
Poor	34	77.3

This shows that 0 respondents (0.0%) fell into the good category, 10 respondents (22.7%) fell into the adequate category, and 34 respondents (77.3%) fell into the poor category regarding Clean and Healthy Living Behavior.

Discussion

Overview of Clean and Healthy Living Behavior (PHBS)

School facilities play a crucial role in enhancing Clean and Healthy Living Behavior (PHBS) (Sumiran dkk., 2022). Cimalela Public Elementary School has fairly complete facilities, including clean water from a spring and waste disposal areas. However, there are students who do not dispose of their trash properly, as indicated by the presence of litter around the schoolyard and the ineffective waste disposal system, marked by large piles of trash behind the school. The research results show that, based on the overview of Clean and Healthy Living Behavior, the majority of respondents have a PHBS level categorized as Poor, with 34 respondents. These findings are consistent with the results of previous studies (Ningsih, 2022) At Padang Sambian 6 Public Elementary School, it was stated that the majority of respondents had Clean and Healthy Living Behavior categorized as Poor, with 119 respondents.

Clean and Healthy Living Behavior is also a set of behaviors practiced by students, teachers, and the school community based on awareness as a result of learning. This enables them to independently prevent diseases, improve their health, and actively contribute to creating a healthy environment (Larira dkk., 2021). One of the goals of PHBS is to raise awareness within the community, leading to an improvement in overall health quality (Anggraini dkk., 2022). This study shows that the overview of Clean and Healthy Living Behavior falls into the poor category. Students demonstrate adequate understanding of the Clean and Healthy Living Behavior concept. Although there is a positive trend, there is still room for improvement in several aspects of Clean and Healthy Living Behavior. Therefore,

enhancing health education approaches and collaborating with parents can be effective steps to strengthen Clean and Healthy Living Behavior practices within the school environment.

Overview of Clean and Healthy Living Behavior Based on Respondent General Characteristics ***Gender***

The research results show that the respondents were predominantly female, with 26 female respondents and 18 male respondents. According to the tabulation, male respondents had 0 respondents (0.0%) in the good category, 3 respondents (17%) in the adequate category, and 15 respondents (83%) in the poor category. Meanwhile, female respondents had 1 respondent (3.8%) in the good category, 7 respondents (26.9%) in the adequate category, and 18 respondents (69.2%) in the poor category.

The results of this study are also consistent with the findings of previous research (Gusnita, 2021). At SDN 147 Pekanbaru, it was stated that the majority of respondents were 11 years old, with a total of 65 respondents. These results are consistent with the theory (Anggreni, 2022), it is stated that gender is a predisposing factor or a factor that facilitates an individual's behavior. In general, females tend to be more diligent in maintaining cleanliness compared to males. This condition is due to the differences in biological and psychological development between males and females. Gender, according to Saputri (2017) Gender is the biological difference between females and males from birth. According to (Antari dkk., 2020) In his research, it is stated that both genders, male and female, have equal rights in efforts to improve their health, which can be applied in daily life through clean and healthy living behaviors.

Age

The research results based on age show that the majority of respondents were 11 years old, with 22 respondents (50.0%). This was followed by 12-year-olds, with 11 respondents (25.0%), 13-year-olds, with 10 respondents (22.7%), and 10-year-olds, with 1 respondent (2.3%). Based on the tabulation results, it was stated that respondents aged 10 years had 0 respondents (0.0%) in the good category, 0 respondents (0.0%) in the sufficient category, and 1 respondent (100%) in the poor category. Based on the tabulation results, it was stated that respondents aged 11 years had 0 respondents (0.0%) in the good category, 6 respondents (27.2%) in the sufficient category, and 16 respondents (72.8%) in the poor category. Based on the tabulation results, it was stated that respondents aged 12 years had 0 respondents (0.0%) in the good category, 2 respondents (18.1%) in the sufficient category, and 9 respondents (81.9%) in the poor category. Based on the tabulation results, it was stated that respondents aged 13 years had 0 respondents (0.0%) in the good category, 2 respondents (20%) in the sufficient category, and 8 respondents (80%) in the poor category.

A person's age is one of the indicators of physical maturity and psychological development, which is related to their ability to respond or react to the objects and situations around them. As individuals age, they become more capable of providing responses based on the knowledge acquired through education and experiences. The age of school-aged children is considered a vulnerable period, as they are at higher risk of being affected by various health issues (Sumiran dkk., 2022).

Grade

The results of the study based on grade level show that the majority of respondents were from grade IV, with 17 respondents (38.6%), followed by grade V with 16 respondents (36.4%), and grade VI with 11 respondents (25.0%). Based on the tabulation results, it is stated that for grade IV respondents, 0 respondents (0.0%) were categorized as good, 4 respondents (23.5%) were categorized as sufficient, and 13 respondents (76.5%) were categorized as poor. For grade V respondents, 0 respondents (0.0%) were categorized as good, 3 respondents (18.7%) were categorized as sufficient, and 13 respondents (81.3%) were categorized as poor. For grade VI respondents, 0 respondents (0.0%) were categorized as good, 3 respondents (27.3%) were categorized as sufficient, and 8 respondents (72.7%) were categorized as poor.

The involvement of parents is an essential factor in health education, as it helps create a strong role model and fosters an environment that supports the development of healthy habits in children (Notoatmodjo, 2021). Awareness and understanding of cleanliness and health do not always depend on age to engage in healthy behaviors. It is important to instill values and practices of Clean and Healthy Living Behaviors continuously to enhance the development of clean and healthy living behaviors (Cahyadi, 2022). Teachers play a crucial role in the teaching and learning process (Elsa, 2019).

Conclusion

The study concluded that most respondents at SD Negeri Cimalela exhibited a low level of Clean and Healthy Lifestyle Behavior (PHBS), with 77.4% categorized as insufficient. The findings emphasize the importance of health education interventions in schools, involving both teachers and parents to promote healthier habits. To improve PHBS, ongoing educational programs and collaboration between schools, health professionals, and families are essential.

Conflict of interest

The researchers stated that there is no conflict of interest related to the implementation and publication of the results of this research. The entire research process, from planning, data collection, analysis, to report preparation, was carried out independently without any influence or pressure from any third party. A commitment to research ethics is upheld throughout the research process, ensuring transparency, accuracy and honesty in reporting results. Respondents' participation was voluntary with informed consent, and their confidentiality and privacy were maintained in accordance with applicable research ethics standards. With this statement, researchers hope that the research results can be trusted and used as a valid reference for the development of science and health practices related to ethnomedicine and reproductive health.

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Authors' contribution

Each author makes an equal contribution to all parts of the research. All authors have reviewed and approved the final draft critically and are responsible for the index and similarity of the manuscript.

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