

# IMPLEMENTATION OF PRACTICE CLEAN AND HEALTHY LIVING BEHAVIOR IN PRESCHOOL CHILDREN IN KINDERGARTEN IN SEWON HEALTH CENTER AREA 1

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## ABSTRACT

**Introduction:** The school period is very important, as it will determine the quality in the future which can stimulate all aspects of development, one of which is a healthy lifestyle that will be a driver of children's awareness to maintain and improve health. The purpose of this study was to determine the implementation of clean and healthy living behaviors in preschool children.

**Method:** This study is descriptive. The population in this study was kindergarten students in the Sewon 2 health center area, totaling 482 children. The sampling technique in this study was carried out using simple random sampling, totaling 190 children. The research period is from August to October 2023. The Data were analyzed using descriptive analysis.

**Results:** The results of the study showed that among 190 children, 119 children (62.6%) had positive results on clean and healthy living behavior. Most boys (65.7%) demonstrated positive Clean and Healthy Living Behavior. Children whose mothers had a secondary level of education showed the highest positive attitude (75.3%). Similarly, 69.1% of children whose fathers had a secondary education demonstrated positive results. In addition, 75% of children whose fathers were civil servants had a positive attitude towards cleanliness.

**Conclusion:** The majority of children (62.6%) demonstrated positive clean and healthy living behaviors. Positive attitudes were more prevalent among boys, children with parents with secondary education, especially mothers and children whose fathers were civil servants.

## Keywords:

Clean and Healthy Living Behavior, Preschool children, Play therapy.

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## INTRODUCTION

The purpose of this study was to determine the implementation of clean and healthy living behaviors in preschool children. The school period is also called the golden period, where a child's development in the first years is very important and will determine their quality in the future (Dewi et al, 2015). During this period, many health problems are found that greatly determine the quality of children in the future. One of the health problems is general health problems that arise due to poor and unhealthy living behaviors in children, including worms, diarrhea, toothache, skin disease, malnutrition, and so on, which will ultimately result in low health levels. (Munawaroh, 2016).

The causes of death of children aged 1 to 4 years are dominated by pneumonia (12.3 percent) and diarrhea (8.7 percent). In general, the highest mortality in infants and toddlers is pneumonia and diarrhea (Djaja and Ning, 2014). Diarrhea is ranked second in diseases that often appear in Puskesmas in DIY. Clean and Healthy Living Behavior is a health behavior that is carried out based on the awareness of helping one's family or oneself in the health sector (Proverawati, 2016); (Karuniawati and Putrianti. 2020).

The benefits of clean and healthy living behaviors in schools are to create clean and healthy schools, so that it can increase the enthusiasm for the learning process and make schools healthy. This study was conducted in the Sewon 2 health center area with preschool children as respondents, to determine the implementation of clean and healthy living behavior practices in preschool children. The benefits of this study can provide an overview of implementation of clean and healthy living behaviors practices so that it can be used as a consideration in carrying out health promotion efforts to improve the health of the school environment and in a healthy school environment can create a sense of comfort in the teaching and learning process to increase the enthusiasm for teaching for

teachers (Septiani et al, 2016). This research was conducted after the researcher obtained ethical approval and permission from the research ethics committee. Potential respondents were provided with information about the purpose, benefits, and procedures of the study and obtained informed consent. After respondents agreed, they were given an assessment form regarding demographic characteristics such as gender, father's and mother's education, and father's and mother's occupation. After that, respondents were given a questionnaire to determine the behavior of preschool children towards implementing clean and healthy living behaviors. Researchers processed the data by maintaining the confidentiality of respondents' data. Knowledge is obtained after someone experiences a particular object. Knowledge or cognition is a very important domain in shaping a person's actions (overt behavior). The level of knowledge in the cognitive domain has six levels, namely: Know, Understand, Application, Analysis, Synthesis, and Evaluation.(Notoatmojo, 2012).

## **RESEARCH METHODOLOGY**

### **Design**

The type of design used in this study is descriptive. This study was conducted at the Kindergarten in the Sewon 2 Health Center working area during the research period from August to October 2023. The population in this study was preschool children in the Sewon 2 Health Center area, totaling 482 children. The sampling technique in this study was carried out using simple random sampling, namely a sampling method in which each individual in the population has the same opportunity to be selected as a sample member, totaling 190 children (Notoatmojo, 2012).

### **Variable and Instruments**

The measuring instrument or data collection instrument uses an assessment format, The measuring instrument or data collection instrument uses an assessment format, questionnaire sheets, starting with the preparation stage, data collection, and evaluation stage. The independent variable in this study is the implementation of clean and healthy living behavior practices. Data collection uses a demographic data assessment format for gender characteristics, fathers' and mothers' education, fathers' and mothers' occupation, while determining the behavior of preschool children towards clean and healthy living behavior using a questionnaire research instrument consisting of statements and alternative answers in the form of pictures. Measurement of preschool children's behavior uses a questionnaire.

### **Prosedure**

This research was conducted after the researcher obtained ethical approval and a research permit from the ethics committee. Ethical considerations in this research were carried out by fulfilling the principles of the Five Rights of Human Subjects in Research (Macnee, 2004). The five rights include the right to self-determination; the right to privacy and dignity; the right to anonymity and confidentiality; the right to fair treatment; and the right to protection from discomfort or harm(Macnee, 2004). Prospective respondents were given information about the purpose, benefits, and procedures of the study, and given informed consent. After the respondents agreed, they were given a form of assessment format regarding demographic data on gender characteristics, father's and mother's education, and father's and mother's occupation. After that, respondents were given a questionnaire to determine the behavior of preschool children towards the implementation of clean and healthy living behavior practices. Researchers processed the data by maintaining the confidentiality of the respondent data properly.

### **Data Analysis**

After the data were collected, data processing and data analysis were carried out using descriptive analysis (Nursalam, 2011). The collected data was processed using data processing processes: editing, coding, tabulating, and transferring. Then it will be analyzed univariately using the SPSS version 16.0 program.

### **Ethical Clereance**

This study has obtained ethical approval from the Health Research Ethics Commission with the number DP.04.03/e-KEPK.1/789/2023. Researchers also pay attention to ethical principles in research by maintaining the confidentiality of research respondent data.

## RESULTS AND DISCUSSION

### Results

Table 1 shows that of the 190 children, based on gender, 105 (55.3%) were boys. 110 (57.9) had fathers with secondary education. 105 (55.3%) had mothers with tertiary education. Fathers' occupations were predominantly self-employed, with 159 (83.7%) children and 149 (78.4%) children having working mothers.

Table 1  
Demographic Characteristics

Characteristics	Control Group	
	Frequency	%
<b>Gender</b>		
Male	105	55,3
Female	85	44,7
Total	190	100,0
<b>Father's Education</b>		
Primary Education	11	5,8
Secondary Education	110	57,9
Higher Education	69	36,3
Total	190	100,0
<b>Mother's Education</b>		
Primary Education	8	4,2
Secondary Education	77	40,5
Higher Education	105	55,3
Total	190	100,0
<b>Father's Job</b>		
Civil servant	12	6,3
Self-employed	159	83,7
Private employees	19	10,0
Total	190	100,0
<b>Mother's Job</b>		
Working mother	149	78,4
Housewife	41	21,6
Total	190	100,0

Table 2 shows that of the 190 children, 119 children (62.6%) had positive results on clean and healthy living behavior.

Table 2  
Clean and Healthy Living Behavior of Respondents

Clean and Healthy Living Behavior	Control Group	
	Frequency	%
Positive	119	62,6
Negative	71	37,4
Total	190	100,0

Table 3  
Crosstabulation between Implementation of Clean and Healthy Living Behavior Practices and gender, mother and father education, and mother and father occupation

Characteristics	Implementation of Clean and Healthy Living Behavior Practices					
	Negative		Positive		Total	
	N	%	N	%	N	%
<b>Gender</b>						
Male	36	34,3	69	65,7	105	100,0
Female	33	38,8	52	61,2	85	100,0
Total	69	36,3	121	63,7	190	100,0
<b>Mother's Education</b>						
Primary Education	3	37,5	5	62,5	8	100,0
Secondary Education	19	24,7	58	75,3	77	100,0
Higher Education	47	44,8	58	55,2	105	100,0
Total	69	36,3	121	63,7	190	100,0
<b>Father's Education</b>						
Primary Education	4	36,4	7	63,6	11	100,0
Secondary Education	34	30,9	76	69,1	110	100,0
Higher Education	31	44,9	38	55,1	69	100,0
Total	69	36,3	121	63,7	190	100,0
<b>Father's Job</b>						
Civil servant	3	25,0	9	75,0	12	100,0
Self-employed	56	35,2	103	64,8	159	100,0
Private employees	10	52,6	9	47,4	19	100,0
Total	69	36,3	121	63,7	190	100,0
<b>Mother's Job</b>						
Working mother	62	41,6	87	58,4	149	100,0
Housewife	7	17,1	34	82,9	41	100,0
Total	69	36,3	121	63,7	190	100,0

Table 3 shows that out of 190 children, there were 69 boys (65.7%) who were positive on clean and Health Living Behavior. Meanwhile, among girls, there were 52 children (61.2%) who were positive on clean and Healthy Living Behavior. There were 5 children (62.5%) in mothers with low education who had a positive attitude towards cleanliness and healthy living Behavior. Meanwhile, among mothers with secondary education, there were 58 children (75.3%) who had a positive attitude towards cleanliness and healthy living Behavior.

There were 7 children (63.6%) whose fathers had primary education, had a positive attitude towards cleanliness, and healthy living Behavior. Meanwhile, among fathers with secondary education, there were 76 children (69.1%) who were positive on cleanliness and Health Living Behavior.

There were 9 children (75.0%) whose fathers' background was working as a civil servant and had a positive attitude towards cleanliness and Healthy Living Behavior. There were 9 children (75.0%) with a housewife background who were positive on clean and healthy living Behavior.

## Discussion

Ender is one of the characteristics of the respondents. The implementation of clean and healthy living Behavior between the male and female genders has the same rights because health is needed not only by women or men. This is in line with Green's Theory that demographic factors (gender) influence health behavior. Based on the results of the study, it shows that male students have a good, clean and healthy living behavior culture, namely, 69 anak (65%) have a positive attitude. Meanwhile, for female students, 52 anak (61,2%) have a positive attitude. So it can be said that, based on gender, male children are more than female children who were positive on cleanliness and healthy living Behavior. This is not in line with research conducted by Fadhila and Rangkuti

(2021), the results showed that more female respondents had good, clean and healthy living behavior, namely 117 (74.1%), compared to male respondents, namely 26 (16.5%).

There were 5 children (62.5%) in mothers with low education who had a positive attitude towards cleanliness and Health Living Behavior. Meanwhile, among mothers with secondary education, there were 58 children (75.3%) who had a positive attitude towards cleanliness and Health Living Behavior. There were 7 children (63.6%) whose fathers had primary education, had a positive attitude towards cleanliness, and healthy living Behavior. Meanwhile, among fathers with secondary education, there were 76 children (69.1%) who were positive on cleanliness and Health Living Behavior. Schools are places to learn and learn new things as an effort to improve skills and knowledge in clean and healthy living behavior There were 7 children (63.6%) whose fathers had primary education, had a positive attitude towards cleanliness and Health Living Behavior. Meanwhile, among fathers with secondary education, there were 76 children (69.1%) who were positive on cleanliness and Health Living Behavior.

There were 9 children (75.0%) whose father's background was working as a civil servant and had a positive attitude towards cleanliness and Healthy Living Behavior. There were 9 children (75.0%) with a housewife background who were positive on clean and Health Living Behavior.

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There were 9 children (75.0%) had fathers who were civil servants and had a positive attitude towards cleanliness and Healthy Living Behavior. There were 9 children (75.0%) with a housewife background who were positive on clean and healthy living Behavior. There were 9 children (75.0%) with a housewife background who were positive on clean and Health Living Behavior. According to (Hardiyanto, 2014) income or economic status is related to the type of work done. Minimum wages have an important role in reducing wage inequality in Indonesia, for the self-employed sector (Chun et al, 2010). According to Widayatun (2011) person's economic status can determine the availability of adequate facilities and needs in carrying out clean and health living behavior in the home. The proportion of clean and healthy living behavior based on the income of the head of the family is that the head of the family with income  $\geq$  UMR has better clean and healthy living behavior than the head of the family who has income  $<$  UMR. The level of income obtained by the head of the family greatly influences changes in attitudes towards clean and healthy living behavior. The low level of income of the head of the family can influence a person in receiving and processing information so that later it can be used as a guideline in determining choices and implementing a healthy life. The income of the head of the family is less than the UMR, which has not been able to meet daily needs, resulting in the head of the family being more oriented towards fulfilling life's needs than implementing a clean and healthy life. The results of this study also support research that income is one of the factors that influences the level of community insight.

Researchers argue that income can affect the fulfillment of children's school needs. Researchers also argue that income influences a person's clean and health living behavior and a person's perspective in making decisions to fulfill a person's clean and Health Living Behavior and a person's perspective in making decisions to fulfill their needs. This happens when a person's income is high, then the income obtained will be used to facilitate all needs to improve health, and vice versa, someone with a low income will have difficulty facilitating the needs to improve health and will only focus on the needs of clothing, food, and shelter.

Based on Clean and Healthy Living Behavior data in 2021 from Pancasan Health Center, the lowest results were in the non-smoking indicator, which was 59.4% compared to other indicators such as childbirth in health workers, exclusive breastfeeding, regular weighing, use of clean water, CTPS (Washing Hands with Soap), healthy toilets, eradicating mosquitoes, vegetables and fruits and physical activity.

## CONCLUSION AND RECOMMENDATIONS

The majority of children (62.6%) demonstrated positive clean and healthy living behaviors. Positive attitudes were more prevalent among boys, children with parents with secondary education, especially mothers and children whose fathers were civil servants.

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