



Literature Review: Knowledge of Clean and Healthy Living Behaviors (PHBS) in Elementary School-Aged Children

Amiratul Maulidah^{1*}

¹Departement of Nursing Science, Sekolah Tinggi Ilmu Kesehatan Kepanjen, Malang, Indonesia

E-mail: amirhamaulidah@gmail.com

ABSTRACT

Clean and Healthy Living Behavior is the state of individuals in the household (family) of the Indonesian people who have implemented clean and healthy living behavior in order to prevent disease, overcome disease and other health problems, improve health status, utilize health services, develop, and organize community-sourced health efforts. The method used in this paper is literature review, analyzing a study that has been conducted on a particular topic. The articles obtained are national articles conducted using the google scholar database. Obtained 8 articles of which 4 articles are the majority with the results of knowledge about Clean and Healthy Living Behavior in elementary school students is still lacking. The result obtained is that knowledge about clean and healthy living behavior in elementary school students is still lacking. This requires special attention to efforts to improve PHBS through preventive and promotive PHBS actions. Various models that can be applied as an effort to improve PHBS by providing PHBS education in an interactive and innovative way, using simulation techniques by means of elementary school children practicing PHBS practices directly. In conclusion, PHBS in students is still lacking and further research needs to be done with the low knowledge of Clean and Healthy Living Behavior in Indonesia.

KEYWORDS

PHBS, Clean and Healthy Living Behavior, Elementary school students

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INTRODUCTION

Clean and Healthy Living Behavior is the state of individuals in the household (family) of the Indonesian people who have implemented clean and healthy living behavior (PHBS) in order to prevent disease, overcome disease and other health problems, improve health status, utilize health





services, develop, and organize community-sourced health efforts. Clean and Healthy Living Behavior in schools is an effort to empower students, teachers, and the school community to know, want, and be able to practice PHBS and play an active role in realizing healthy schools. Clean and healthy living behavior is also a set of behaviors practiced by students, teachers, and the school community on the basis of awareness as a result of learning, so that they are independently able to prevent disease, improve their health, and play an active role in realizing a healthy environment (Taryatman, 2016).

PHBS is one of the essentials and human rights to maintain their survival. This is in line with what is included in the WHO constitution in 1948. WHO in Maryunani, et al (2012), states that a high degree of health is a fundamental right for individuals. This right applies to all people regardless of origin, religion, race, politics and economic level. This high degree of health can be obtained if everyone has a behavior that pays attention to health (Lina, 2016). Clean and Healthy Living Behavior (PHBS) is all health behaviors that are carried out because of personal awareness so that the family and all its members are able to help themselves in the health sector and have an active role in community activities. The PHBS order involves several elements that are part of the place of activity in daily life. Here are 5 PHBS settings that can be a place of knowledge about clean and healthy living behavior: PHBS in Households, PHBS in Schools, PHBS in Workplaces, PHBS in Health Facilities, and PHBS in Public Places (Kemenkes, 2016).

The benefits of clean and healthy living behavior in schools are activities to empower students, teachers and the school community to create clean and healthy schools, able to improve the teaching and learning process and students, teachers, and the school community to be healthy. Clean and healthy living behavior in schools has several indicators, namely: washing hands with soap before and after eating, consuming healthy snacks, using clean and healthy latrines, regular exercise, eradicating mosquito larvae, disposing of garbage in its place, and doing community service with school community members (Kemenkes, 2016).

Based on the results of the screening of students' personal hygiene, the data obtained that long dirty nails 47.3% and itchy skin 3.4%. The results of the questionnaire show that students' knowledge about PHBS which is categorized as poor reaches 54.9%, attitudes in PHBS practice 57.4% and new behavior reaches 57.10%. The behavior of eating vegetables and fruits every day has only reached 30.6%, exercising at least 2-3 times a week by 44.3%, washing hands before eating 42.5%, and washing hands after defecation (BAB) or urination (BAK) 42%, and as many as 72.9% of school-age children say they exercise only when at school, while exercise at home is rare (Kusumawardani, 2019).

Low hand washing behavior, vegetable and fruit consumption, and physical activity are risk factors for low PHBS in school-age children. This requires special attention to efforts to improve PHBS through preventive and promotive PHBS actions. Various models that can be applied as an effort to improve PHBS by providing PHBS education in an interactive and innovative way, using simulation techniques by means of elementary school children practicing PHBS practices directly. The purpose of simulating PHBS practices is to improve PHBS skills in elementary school children in order to improve health status (Kusumawardani, 2019). The purpose of this literature review is to find out "knowledge of clean and healthy living behavior (PHBS) in elementary school children".

MATERIALS AND METHODS

The method used in this writing is literature review, analyzing a research that has been done on a particular topic. The articles obtained are national articles using the google scholar database. Obtained





articles published in the last 5 years, from 2015 to 2020 with a total of 8 journals using the keywords "clean and healthy living behavior", "clean and healthy living behavior in elementary school children". All data and information obtained were selected based on their relevance and then analyzed descriptively to explain the various methods available.

RESULTS

Table 1. Characteristics of Knowledge about Clean and Healthy Living Behavior (PHBS) in Elementary School-Age Children

| No | Researcher, year | Design | Population and sample | Sampling technique | Result |
|-----------|---|--------------------------------------|---|--|--|
| 1 | Lita Heni Kusumawardani, Eddy Rekawati (2019) | Simulation of PHBS practice directly | Elementary school children, each class is divided into 4 groups with each group consisting of 6-8 children. | Pre- and post-activity questionnaire | There is an increase in knowledge after the simulation intervention given related to PHBS, where children play an active role in practicing PHBS directly. |
| 2 | Ratna Julianti (2018) | Quantitative Descriptive | There are 16 elementary school children consisting of 6 girls and 10 boys. | Statistical analysis technique using percentage. | The results of the recapitulation of the implementation of clean and healthy living (PHBS) in the school environment show a poor category. Of the 16 children there are 14 children who get an average score with sufficient criteria. |
| 3 | Aswadi, Sukfitrianty Syahrir, Vigilius Delastara, | Indept interview | Students in grades V and VI of SDK | Purposive sampling | Informants' knowledge of PHBS at school varied |





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|---|--|-----------------|--|---|--|
| | Surahmawati (2017) | | Ritapada, totaling 20 people with 8 males and 12 females. | | greatly. However, basically the informants' knowledge is not too different because the informants' answers are almost the same. |
| 4 | Erlisa Candrawati, Esti Widiani (2015) | Cross sectional | There are 53 primary schools in Kedung Kandang Sub-district, Malang City. The number of primary schools taken, which is 10-15% of the number of primary schools in Kedung Kandang Sub-district, Malang City. | Stratified Random Sampling | The majority of clean and healthy living behaviors (PHBS) in the good category were 148 students (93%). |
| 5 | Henico Putri Lina (2016) | Descriptive | Students in grades 4, 5, and 6 of SDN 42 Korong Gadang, totaling 71 people. The sample size uses the total population of 71 people | Questionnaire in the form of check list, multiple choice, scale ritchket. | Most respondents still have low knowledge about PHBS indicators at school. Knowledge about the use of clean and healthy latrines is 67.7%, knowledge of hand washing using running |





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| | | | | | water and soap is 62%, knowledge about disposing of garbage in its place is 97.2%, and 100% of respondents do not have healthy snacks at school. |
| 6 | Nelson Tanjung (2016) | Cross sectional | All students of Luther Private Elementary School grade V and grade VI as many as 51 people, the sample uses the entire population of 51 people | Questionnaire and observation | The majority of students' knowledge was lacking as many as 24 people (47.1%), the majority of students' PHBS actions were lacking as many as 31 people (60.8%). |
| 7 | Erni Gustiana, Fakhri Abdussalam, Wawan Saputra (2018) | Simulation of PHBS practice directly | Primary school children in Gondangleg i and Pacungan villages in Ambal Sub-district | Discussion, education, monitoring and evaluation. | The hand washing and tooth brushing training activities went well, students were enthusiastic and cooperated well and also practiced hand washing and tooth brushing correctly. |
| 8 | Chandra, Akhmad Fauzan, M. Febriza Aquarista (2017) | Cross sectional | Elementary school students in grades 4, 5, and 6. The sample in this study | Total sampling | Respondents with sufficient knowledge were greater than those with good knowledge |





was the total (53% versus
population. 47%).

Based on the 8 articles above, it can be seen that as many as 4 majority articles with the results of knowledge about Clean and Healthy Living Behavior (PHBS) in elementary school students are still lacking. Where there are still many elementary school students who do not know what Clean and Healthy Living Behavior (PHBS) is and the indicators of Clean and Healthy Living Behavior (PHBS) that must be done to improve health status, but there are several articles that mention there is an increase in knowledge in elementary school students about Clean and Healthy Living Behavior (PHBS) after doing direct practice by doing simulation practice and elementary school students are more enthusiastic about practicing directly, for example washing hands and brushing teeth.

DISCUSSION

Clean and Healthy Living Behavior (PHBS) is all health behaviors that are carried out because of personal awareness so that the family and all its members are able to help themselves in the health sector and have an active role in community activities (Kemenkes, 2016). Clean and healthy living behaviors carried out in elementary schools are still not fully implemented, where many of the results of research mention that most elementary school children still have low knowledge about PHBS indicators in schools. Knowledge about the use of clean and healthy latrines, knowledge of hand washing using running water and soap, knowledge of disposing of garbage in its place, and not having healthy snacks at school. This attitude makes children accustomed to doing these activities, even though the habit is not good (Lina, 2016).

There are several factors that cause low knowledge of clean and healthy living behavior, for example, age factors, parental factors, environmental factors, and factors of the child's own attitude. Where the role of parents is quite important because they have to provide information to their own children about how to maintain health by living a clean and healthy life (Kusumawardani, 2019). The relationship between students' knowledge level and students' clean and healthy living behavior (PHBS) based on the results of statistical test analysis obtained a p value of $0.029 < 0.05$, meaning that there is a significant relationship between the knowledge variable and the PHBS variable. The existence of the relationship between the two variables is a form of students' level of knowledge about clean and healthy living behavior which is more in the moderate category, this shows that students do not fully know PHBS at school.

Knowledge or cognitive is a domain that is very important for the formation of a person (overt behavior) in the acceptance of new behavior for a person through the stages of awareness, feeling interested in assessing in trying and adopting a conscious behavior or knowledge of awareness, and a positive attitude, then the behavior will be lasting (Chandra, 2017). Therefore, the existence of a health program in elementary schools, namely UKS in schools, also has an effect in increasing knowledge of clean and healthy living behavior (PHBS). The purpose of UKS is to improve the quality of education and learning achievement of students through improving physical and spiritual clean living behavior so that students can grow and develop harmoniously and optimally along with independence in activities and ultimately become qualified human beings (Erlisa Candrawati, 2015).

However, the lack of health promotion can also affect the lack of knowledge about clean and healthy living behaviors in elementary schools, where they also do not want knowledge based on





theory alone but real evidence. According to Stanhop and Lancaster (2016), health promotion should focus on clean and healthy living behaviors (PHBS) in children so that healthy lifestyle practices can remain until adulthood. Therefore, primary school-age children are a strategic target for the implementation of health improvement programs in Indonesia.

Meanwhile, according to Proverawati and Rahmawati (2012: 1) Clean and Healthy Living Behavior (PHBS) is a reflection of a family lifestyle that always maintains the health of all family members. All health behaviors are carried out on awareness so that members or families can help themselves in the health sector and can play an active role in health activities in the community (Kusumawardani, 2016). Therefore, empowerment in health promotion is very important.

This empowerment is a process so that the community and school children can play a role in taking and determining actions related to the quality of their health. Empowerment is the act of providing information to target groups continuously, paying attention to target development, and helping to change from not knowing to knowing (knowledge aspect), from knowing to willing (attitude aspect), and from willing to be able to carry out and practice the behavior that has been given or introduced (practice aspect) (Lina, 2016).

In addition to health promotion, attitudinal factors also influence to instill habits of clean and healthy living behavior in order to improve skills, increasing skills is influenced by increasing the knowledge and attitudes of school-age children. Wahid et al., (2013) explained that someone who has a good attitude has good skills too. According to Notoadmojo (2010) health skills are a person's activity in order to maintain and improve health. Furthermore, Apriany (2012) also explains that health education is an effort to improve a person's ability and make the right decisions regarding health maintenance based on the experience gained (Kusumawardani, 2019).

According to Sari et al., (2013) providing PHBS simulation interventions four times for 30 minutes each session can improve student PHBS, changes in attitude after intervention is a positive impact of increased knowledge. Attitude increases after school-age children realize the importance of healthy behavior. Based on HPM theory, the process of previous healthy behavior outcomes is influenced by biopsychosocial and individual experiences (Kusumawardani, 2019). The change in attitude after the intervention is a person's response to a certain stimulus or object, which already involves the opinion and emotion factors concerned (happy-displeased, agree to disagree, good-not good, and so on). Newcomb, one of the social psychologists stated that attitude is a readiness or willingness to act, and not an implementation of certain motives. In other words, the attitude function is not yet an action (open reaction) or activity, but a predisposition to action behavior (closed reaction) (Aswadi, 2017).

Meanwhile, Green's theory explains that a behavior is determined by predisposing factors. These factors are used to make it easier for someone to behave, such as knowledge, attitudes, beliefs, customs, traditions, and so on. To be able to implement PHBS in the school environment, it is necessary to provide knowledge about this behavior. By providing this knowledge, it is expected to form students' attitudes about healthy living, so that it can be applied into a habit of clean and healthy behavior at school (Lina, 2016).

So that efforts must be made to increase knowledge about clean and healthy living behavior in elementary school children is the practice simulation technique, where children can get knowledge directly and practice directly, as for the obstacles in the implementation of practical simulations are infrastructure that may be inadequate, for example, washing hands requires soap, running water, and tissue (Erni Gustina, 2018).





CONCLUSIONS

Clean and Healthy Lifestyle (PHBS) is all health behaviors that are carried out because of personal awareness so that the family and all its members are able to help themselves in the health sector and have an active role in community activities. This requires special attention to efforts to improve PHBS through preventive and promotive PHBS actions. Various models that can be applied as an effort to improve PHBS by providing PHBS education in an interactive and innovative way, using simulation techniques by means of elementary school children practicing PHBS practices directly. Further research needs to be done with a sample of primary school-age children with low knowledge of Clean and Healthy Living Behavior (PHBS) in Indonesia.

Conflict of Interest

The authors declare that they have no known financial or interpersonal conflicts that might have looked to have influenced the research presented in this study.

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