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Implementation of Clean and Healthy Living Behavior (PHBS) Among Early Childhood in Palakka Village, Barru District.

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ABSTRACT

This study aims to describe the implementation of Clean and Healthy Living Behavior (PHBS) policies among early childhood in Palakka Village, Barru District, Barru Regency. PHBS is a crucial preventive measure for instilling healthy habits from an early age to support children's optimal growth and development. The research uses a qualitative descriptive approach through observations, in-depth interviews, and documentation. The findings reveal that the implementation of PHBS among young children includes practices such as handwashing, maintaining personal and environmental hygiene, and consuming nutritious food. However, challenges remain, such as limited parental awareness and inadequate supporting facilities. Support from village authorities, health cadres, and early childhood educators plays a key role in successful implementation. It is concluded that cross-sector collaboration and continuous education must be strengthened to ensure comprehensive and sustainable PHBS practices at the village level.

Keywords: PHBS, early childhood, healthy behavior, Palakka Village.

A. INTRODUCTION

The importance of instilling Clean and Healthy Living Behavior (PHBS) in early childhood has gained increasing recognition globally and especially in Indonesia. Early childhood is a critical period for shaping lifelong habits, making preventive health education essential at this stage (Zuhra et al., 2025). The Indonesian Ministry of Health and Education emphasizes PHBS as a foundational element for supporting child development and preventing communicable diseases (Setiawan et al., 2024). Embedding consistent hygiene practices within family, school, and community settings ensures that children internalize these behaviours early.

Several studies highlight the role of institutional frameworks and regulations in promoting PHBS. For instance, research conducted in PAUD settings found that schools recognized as "Child-Friendly" often struggled with fully implementing PHBS standards (Zuhra et al., 2025). These findings underline the structural and procedural gaps that exist even when intentions to adopt PHBS are formalized. Implementing policies alone, without supported resources and continuous oversight, frequently results in partial adherence.

Effective PHBS implementation in early childhood education requires integrated planning, implementation, and evaluation. A 2025 study detailing PHBS practices in Indonesian PAUD centers observed that handwashing and waste disposal routines were introduced via structured, integrated programs (Madong et al., 2025). Such routines depend on clear procedural guidelines and consistent teacher engagement. Without standardized program design, PHBS yields variable results across different settings.

A key success factor is comprehensive teacher involvement. A research study on elementary settings demonstrated that PHBS practices improved significantly when educators actively participated in planning and enforcing hygiene habits (Setiawan et al., 2024). Similarly, studies in PAUD contexts

suggest that teacher-led storytelling, role modeling, and regular reminders effectively anchor PHBS in children's routines (Zuhra et al., 2025).The family and peer environment also plays a central role. Children tend to mimic behaviors observed among peers or caregivers (Madong et al., 2025). A study evaluating family involvement in PHBS activities found that families who participated actively in school-driven hygiene programs facilitated better consistency at home, reinforcing learned habits in multiple environments.

Infrastructure and resource availability are equally crucial. Research highlights that the presence of adequate handwashing facilities, functional toilets, and soap significantly correlates with PHBS adherence among young children (Setiawan et al., 2024). Lack of these facilities poses a major barrier, especially in rural or underfunded educational settings.Knowledge and attitudes form another determinant. Studies indicate a strong association between informed educators and caregivers and improved PHBS behaviors among children (Global Health Science Group, 2024). Without knowledge reinforcement, even the presence of infrastructure and teaching interventions remains underutilized.

Creative educational strategies enhance PHBS learning. For example, classroom-based games like snakes-and-ladders have been shown to effectively increase PHBS awareness and understanding among primary school children in Makassar (Basri et al., 2023). This underscores the value of interactive and engaging pedagogies, particularly in early childhood.Complementing school-based education are community outreach initiatives. Successful PHBS programs often include village-level campaigns involving health cadres and community leaders (Madong et al., 2025). Such programs reinforce school-based learning and offer broader social reinforcement of healthy habits.

Despite widespread promotion, implementation challenges persist. Recent research in Ciamis found that a majority of elementary school students exhibited poor PHBS behavior, with minimal engagement in handwashing and proper sanitation (Setiawan et al., 2024). These insights highlight the need to bridge the

gap between intention and practice.In PAUD settings, operational challenges include low parental literacy, limited infrastructure, and inconsistent training among educators (Zuhra et al., 2025). These constraints suggest that policy implementation must be coupled with capacity building and infrastructure support to achieve meaningful outcomes.

Studies on PHBS in early childhood often adopt descriptive qualitative models using interviews, observation, and documentation (Madong et al., 2025). Such approaches allow researchers to better understand contextual nuances, including cultural norms and day-to-day practices that influence PHBS adoption.The theoretical foundation of PHBS aligns with behavior change models that emphasize the interplay of knowledge, environment, and reinforcement (Setiawan et al., 2024). Interventions stand a higher chance of success when they simultaneously address these factors, forming a multisectoral strategy.

Evaluations suggest that center-based programs—such as “circles”—are effective in reinforcing PHBS indicators in early childhood (Margowati & Astuti, 2017). These practices often cover personal hygiene, environmental cleanliness, nutrition, and physical activity, providing a holistic approach.The COVID-19 pandemic further highlighted the importance of PHBS, prompting increased attention to hygiene education in schools (Zuhra et al., 2025). PAUD providers quickly integrated COVID-19 prevention measures such as handwashing and sanitation into broader PHBS campaigns, offering valuable lessons for future health crises.

Follow-up research indicates that sustainable PHBS adoption requires systematic planning, regular assessments, and stakeholder engagement (Setiawan et al., 2024). Schools that established recurring evaluations and fostered family-school feedback loops achieved more consistent PHBS outcomes.In rural communities like Palakka Village, contextual factors such as socioeconomic status, parental education, and local leadership strongly influence PHBS outcomes

(Madong et al., 2025). Understanding these local dynamics is essential for tailoring interventions that are culturally congruent and feasible.

This study on PHBS implementation among early childhood learners in Palakka Village will build upon prior findings by examining policy translation into practice, exploring educator and caregiver perspectives, assessing resource availability, and evaluating usage patterns. The goal is to offer targeted recommendations that strengthen health behavior implementation and early childhood development in comparable rural settings.

B.RESEARCH METHOD

This study employed a qualitative descriptive approach aimed at gaining an in-depth understanding of the implementation of the Clean and Healthy Living Behavior (PHBS) policy among early childhood learners in Palakka Village, Barru District. The qualitative approach was chosen as it enables the researcher to explore processes, meanings, and direct experiences from individuals involved, especially in educational and community health contexts.

The subjects of the study consisted of early childhood education (PAUD) teachers, parents of young children, health workers, and local community cadres actively engaged in the PHBS program. Informants were selected through purposive sampling, which involves choosing individuals based on their direct involvement and knowledge of PHBS implementation. A total of 10 informants were interviewed, including PAUD educators, parents, healthcare workers, and community figures.

Data collection was carried out using three primary techniques:

1. In-depth interviews using semi-structured guidelines to explore open-ended responses,
2. Participant observation in school and household environments to directly assess children's PHBS practices, and

3. Documentation, which included photos of activities, teachers' records, and related reports from health posts (posyandu).

The collected data were analyzed using thematic analysis, which involves identifying, categorizing, and interpreting recurring themes emerging from the field data. The analysis followed the steps of data reduction, data display, and conclusion drawing or verification.

To ensure the validity of the data, source and methodological triangulation were employed. This included comparing interview data with observations and documentation, as well as comparing information from different types of informants. Member checking was also conducted to verify the accuracy of the findings and interpretations.This study was conducted between August and October 2024 in Palakka Village, Barru District. The location was selected due to its ongoing efforts to implement PHBS programs in early childhood education, despite facing several challenges in practical application.

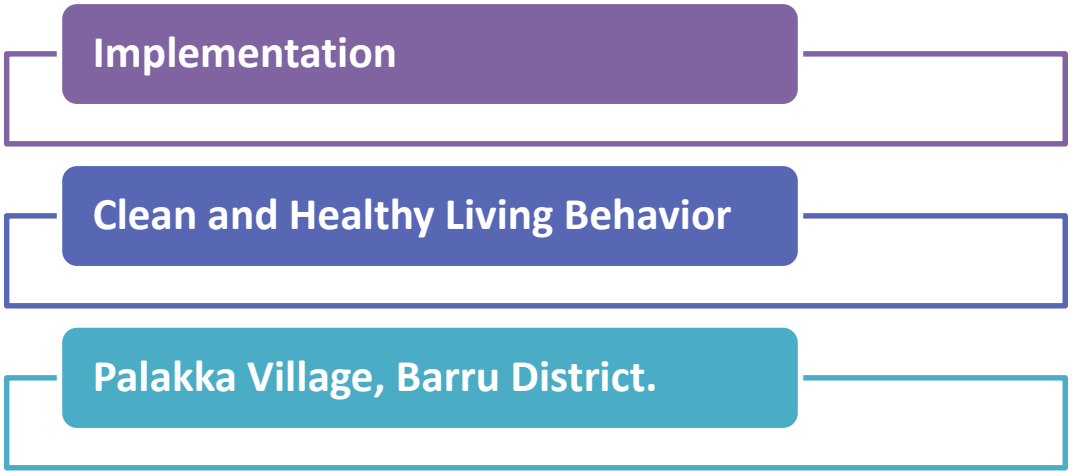

Figure 1 Flowchart of thinking

C. RESEARCH RESULTS AND DISCUSSION

- Research Location

  This research was conducted in Palakka Village, Barru Sub-district, Barru Regency, South Sulawesi Province, Postal Code 90711, Indonesia.

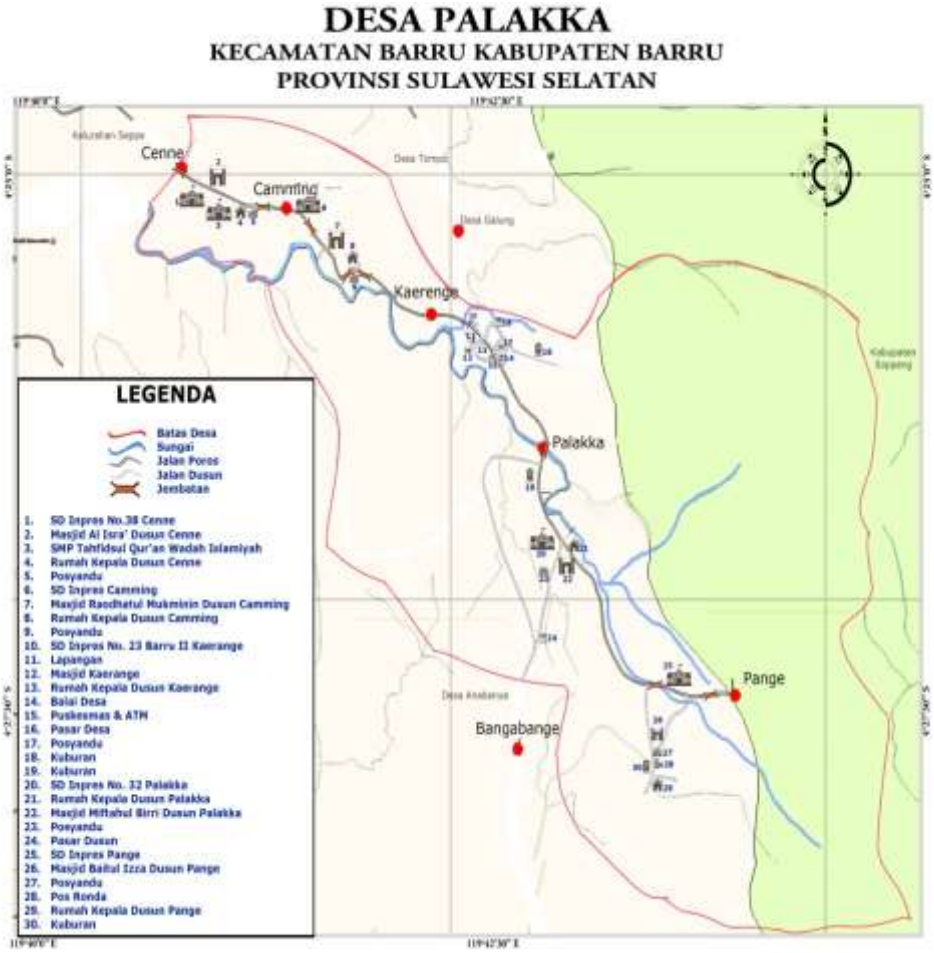

Figure 2 Map of Palakka Village

This figure illustrates the geographical layout of Palakka Village, located in Barru Sub-district, Barru Regency, South Sulawesi. The map provides a visual representation of the village boundaries, neighboring areas, and key infrastructures such as schools, health centers, and local roads. It serves as an essential reference for understanding the context and setting of the research area.

- **PHBS Data of Palakka Village**

This table presents a summary of Clean and Healthy Living Behavior (PHBS) indicators in Palakka Village for the year 2022. The data include key behavioral practices such as handwashing with soap, tooth brushing, consumption of fruits and vegetables, utilization of clean water and sanitation facilities, and other relevant indicators assessed at the household and early childhood levels. The recapitulation serves to evaluate the progress of the PHBS program implementation in the village.

Table 1 Recapitulation of PHBS Data in Palakka Village, Year 2022

No	**Hamlet Name**	**Number of Households Visited**	**Classification**	
			Practicing PHBS	**Not Practicing PHBS**
1.	CENNE	101	49	52
2.	CAMMING	183	126	57
3.	KAERANGE	168	93	75
4.	PALAKKA	208	70	137
5.	PANGE	228	147	81
Total		**660**	**338**	**321**
Percentage (%)			**51,212121**	**48,636**

Palakka Health Center Source 2023

- Research results

The research findings indicate that the behavior of handwashing with soap and clean water has been instilled early in Palakka Village. According to an interview with a local figure, M.S., residents especially mothers actively teach children to wash their hands before and after activities. This aligns with the Clean and Healthy Living Behavior (PHBS) program initiated by the village

government. This habit has become part of the children's daily routine both at home and in early childhood education institutions.Based on an interview with M., a housewife, it was found that parents play a significant role in shaping children's clean behavior. She consistently teaches her child to wash hands before meals and after outdoor activities. The aim is to make the habit stick throughout adulthood. Parental awareness of personal hygiene reflects a sound understanding of PHBS principles.

Both sources confirmed that handwashing behavior is being practiced effectively. Not only at home but also at preschools, children are taught to use soap and clean water regularly. This demonstrates a synergistic collaboration between families and educational institutions in promoting clean and healthy lifestyles.Regarding tooth brushing, the findings show that children are beginning to understand the importance of oral hygiene. However, establishing a routine of brushing twice a day still depends on parental encouragement. Some children exhibit enthusiasm after watching educational videos on proper brushing techniques, as shared by M.S., the local hamlet head.

M.S. mentioned that she educated her child through visual media about proper brushing. The videos also explain the negative consequences of poor dental hygiene. This method effectively encouraged the child to brush independently. This suggests that visual approaches are effective in influencing young children's behavior.Additionally, an interview with R., another housewife, revealed a change in perception. Initially, she thought brushing was only necessary after age two. After learning it can start earlier, she began teaching her child to brush after meals and before bedtime. This change in parental knowledge supports PHBS implementation.

From these two statements, it can be concluded that tooth brushing habits are starting to be applied in households in Palakka Village. Although forming consistent routines remains a challenge, parental involvement is key to the success of PHBS among children.On fruit and vegetable consumption, health worker H.,

the village midwife, explained that eating fruits and vegetables is crucial for young children's health. These foods contain essential vitamins and minerals that support growth and immune function. This aspect of PHBS has become a focus of family health education.H. also emphasized that consuming fruits and vegetables improves children's immunity. Nutrients like vitamins A, C, and E play vital roles in eye health, skin care, and immune resilience. Therefore, incorporating these foods into children's diets is an essential part of PHBS.Meanwhile, F., a housewife in Palakka Village, said her child enjoys all kinds of fruit, especially when served as juice. However, for vegetables, she needs creative strategies. One method involves mixing vegetable broth into meals so the child still receives nutrients. This adaptation ensures that children's dietary needs are met.

These interviews reveal that despite challenges in encouraging children to eat vegetables, parents adopt practical solutions. This demonstrates high parental awareness about the importance of healthy eating.The implementation of PHBS in Palakka Village shows success across several indicators, especially in handwashing, brushing teeth, and fruit and vegetable consumption. This success is largely due to the involvement of families, educators, and health workers.

Collaboration among the village government, early childhood education, and local health centers plays a key role in implementing PHBS. Through regular outreach, cadres, and socialization programs, the community gains a deeper understanding of healthy living behaviors.The village head's support significantly contributes to PHBS programs. Policies and the provision of facilities such as handwashing stations in public areas and schools create an environment conducive to behavioral change. This reflects effective local leadership in promoting public health.

Education through media such as videos, posters, and demonstrations also enhances children's understanding of PHBS. When paired with parental or teacher support, learning becomes more effective and engaging for children.One key finding is that PHBS habits are more easily established when children live in

environments where hygiene is consistently practiced. Role modeling by parents, teachers, and other adults greatly influences children's behavior.

Availability of infrastructure such as clean water, soap, toothbrushes, and hygiene facilities at home and school is essential for the success of PHBS. When these resources are lacking, habit formation is hindered.Community participation in the PHBS program is very high in Palakka Village. This is evident from the enthusiasm of residents in attending outreach sessions and implementing PHBS in daily life. It shows that participatory approaches are crucial for behavior change.

Local culture and wisdom also affect the program's success. Traditional practices emphasizing cleanliness can be integrated into formal programs for easier acceptance and implementation by the community.The research highlights the need for regular evaluations of PHBS programs to identify gaps. These evaluations help adapt programs to local needs and changing community conditions.

The researcher found that interactive and family-based approaches are very effective for young children. These methods allow children to learn through real-life examples and consistent repetition in familiar contexts.Overall, the implementation of PHBS for early childhood in Palakka Village can be considered successful. The involvement of all parties from the village head, health workers, early childhood educators, to parents is crucial in fostering sustainable clean and healthy behavior.

- Discussion

The implementation of Clean and Healthy Living Behavior (PHBS) in Palakka Village demonstrates a promising yet varied outcome across different hamlets. Based on the data presented in Table 1 and Table 2, it is evident that a majority of households have begun to adopt PHBS practices. However, there is

still a considerable portion of the population that has not yet fully embraced these behaviors.

Households practicing PHBS were identified through several key indicators, including regular handwashing with soap, brushing teeth twice a day, consumption of nutritious foods such as fruits and vegetables, use of clean water and sanitation facilities, and proper waste management. The consistency of these practices indicates a growing awareness among the community about the importance of health and hygiene in daily life.

The classification table reveals that, while a significant percentage of households have met the PHBS criteria, a notable minority has not. This gap can be attributed to several factors, including limited access to clean water, insufficient sanitation infrastructure, and a lack of understanding about the long-term health benefits of PHBS. In particular, remote hamlets tend to exhibit lower compliance rates due to infrastructure limitations.

Interviews with key informants, such as village officials and community members, further confirm these findings. Many parents actively teach their children to wash their hands and brush their teeth, which reflects a positive behavioral trend. However, challenges such as irregular water supply and limited parental knowledge still hinder optimal implementation in certain areas.

It is also worth noting that the success of PHBS programs is closely linked to the role of local leadership and intersectoral collaboration. The support provided by village authorities, health workers, and early childhood education centers plays a critical role in socializing PHBS practices and ensuring their sustainability. Capacity-building efforts, such as training sessions and community campaigns, have contributed significantly to raising awareness and promoting healthier lifestyles.

Despite positive progress, the program still requires improvement in outreach, especially targeting households that are not yet compliant. Future

interventions should focus on behavior change communication strategies, infrastructure development, and community empowerment. For example, integrating local wisdom and culturally relevant practices into PHBS education may enhance acceptance and long-term adherence.

In conclusion, while the data demonstrate that PHBS implementation in Palakka Village is progressing well, there remain areas in need of intensified efforts. Bridging the compliance gap between households requires a multi-pronged approach involving education, resource provision, and continuous community engagement. Strengthening these aspects will support the creation of a healthier and more resilient village community.

D.CONCLUSION AND RECOMMENDATIONS

- Conclusion

The implementation of Clean and Healthy Living Behavior (PHBS) among early childhood populations in Palakka Village, Barru Sub-district, demonstrates positive progress. The study revealed that most families have begun to practice essential health behaviors, such as regular handwashing with soap, brushing teeth after meals and before sleep, and encouraging the consumption of fruits and vegetables. These findings are supported by statements from local leaders, health workers, and community members who emphasized their active role in teaching children clean and healthy practices from an early age.

Nevertheless, the study also uncovered several challenges that hinder optimal implementation. Some households still lack adequate facilities, such as clean water access and sanitation infrastructure. In addition, behavioral changes are still heavily dependent on parental knowledge and involvement. Differences between hamlets in terms of compliance with PHBS indicators further suggest the need for targeted and equitable interventions.

Based on these findings, several recommendations can be made. First, it is important for local authorities and health workers to intensify community education and outreach, particularly in areas with low PHBS adoption. Second, investments should be made to improve basic infrastructure such as clean water facilities and sanitation. Third, continued collaboration between stakeholders, including schools, families, health posts, and village leaders, is essential for sustaining PHBS practices. Lastly, incorporating culturally appropriate educational materials and community-based participation strategies may increase the effectiveness and acceptance of PHBS programs.

- Recommendations

1. Local government and health officials should enhance educational campaigns targeting parents and caregivers to reinforce Clean and Healthy Living Behavior (PHBS) at the household level.Infrastructure improvements are necessary, particularly in providing reliable access to clean water and sanitation facilities, especially in remote or underserved hamlets.
2. Health education for young children should be integrated into early childhood education curricula, using interactive methods such as storytelling, videos, and visual demonstrations to foster better engagement.
3. Village leaders and community health workers should conduct regular monitoring and evaluation of PHBS practices to identify gaps and improve the effectiveness of outreach strategies.Culturally relevant and community-based approaches should be prioritized to ensure that health messages are better understood, accepted, and sustained within local traditions and daily routines.
4. Financial support from both government and non-governmental organizations should be sought to fund health promotion programs and facility upgrades.Stronger inter-sectoral collaboration among village government, health posts, schools, and families is essential to ensure the

long-term sustainability of PHBS behavior in early childhood development.

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