



Implementation of Early Childhood Healthy Living Behaviors in The Covid-19 Pandemic

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Abstract

Maintaining health is very important to be applied from an early age, especially during the Covid-19 pandemic. This is important because children are prone to disease because their endurance is not as muscular as adults. This study aims to present and elaborate on implementing early childhood healthy living behaviors in Masyithoh Dukuh Kindergarten during the Covid-19 pandemic. This research includes a type of field research with a qualitative approach. Data sources use primary data in the form of interviews, observations, documentation, and questionnaires. Data analysis techniques use Miles and Huberman models. The results of this study show that the implementation of healthy living behaviors of early childhood in Masyithoh Dukuh Kindergarten has been carried out well following the proposal of the Directorate of Early Childhood Education Development in 2020 regarding four healthy living behaviors in schools, namely: feces and urine in latrines, washing hands using soap, drinking water and eating healthy and hygienic food, and removing waste in its place and maintaining a clean and safe environment.

Keywords: Healthy Living Behaviors; Early Childhood; Covid-19

Introduction

COVID-19 stands for Corona Virus Disease-19, which was discovered in December 2019 in Wuhan City, China. COVID-19 is a type of infectious disease that infects sufferers' lungs caused by Severe Acute Respiratory Syndrome Coronavirus-2 (SARS-CoV-2) (Nihayatus Sa'adah, 2020). COVID-19 hit Indonesia's whole world and has a major impact on various areas of life, health, economic, social, religious, and education, especially in Early Childhood Education (Malaka et al., 2020)(Anhusadar & Islamiyah, 2020).

Early Childhood Education, as stated in Law No. 20 of 2003 on the National Education System article 1 paragraph 2, is a fostering effort aimed at children from birth to the age of six years carried out through the provision of educational stimuli to help the growth and physical and spiritual development so that children have readiness in entering further education. At this time, the child experiences rapid growth and development, so it becomes the right moment to do education.

The process of early childhood education during the COVID-19 pandemic is directed at learning activities carried out at home or known as learning from home. This is following the

government's policy of limiting outdoor activities and other activities involving many people (social and physical distancing) to suppress the spread of COVID-19. This activity restriction has implications for changes in early childhood learning patterns previously done in schools and the environment around where children live to be done at home only (Dewi PF & Simarmata, 2020).

Government policies related to learning from home require teachers and parents to familiarize healthy living behaviors with attractive strategies according to children's development so that children do not get bored quickly. Getting used to healthy living behaviors means giving activities to children about healthy living repeatedly so that it becomes a habit. A simple way to get used to healthy living behaviors in early childhood is to wash your hands using soap. Washing hands with soap is one of the activities that can prevent infectious diseases in the body (Safitri & Harun, 2020).

According to Notoatmodjo, healthy living behavior is a person's response to stimuli or objects related to health-illness, disease, and factors that affect health, such as the environment, food, beverages, and health services (Notoadmodjo, 2017). As recommended by the government in efforts to prevent COVID-19, one of them is to wash your hands as often as possible using soap and running water until the hands are clean, and do not touch the face that includes the nose, eyes, and mouth if the hands are dirty (Alfadda & Mahdi, 2021). If there is no soap and water, it is recommended to wash your hands using hand sanitizer (Rahmawati & Dewi, 2019).

Maintaining health is very important to be applied from an early age, especially during the COVID-19 pandemic. This is important because children are prone to disease because their endurance is not as muscular as adults in general (Malaka et al., 2020). In addition, children usually put their hands in their mouths, any objects held, then they try to eat them, so they do not know the thing is dirty or not they do not know it. That is the danger when children are not taught and accustomed to healthy living (Tabi'in, 2020).

Good cooperation between teachers and parents is needed to optimize healthy living behaviors carried out by children. In addition to maintaining endurance in pandemic times, the benefit of teaching healthy living behaviors early on is for children to have a healthy lifestyle later in life. Children who are accustomed to behaving in a healthy life are not easily lost at the next stage of development. Because early age is the golden age, the time of determination in the future. The time that if there is "inequality," then the next period of refraction will become a "habit" that will be difficult to break the chain (Rahmatulla, 2014). In addition, children who have a healthy lifestyle will be free from attacks of various diseases that often occur in early childhood, such as cough/cold, spots or tuberculosis, diarrhea, fever, measles, ear infections, and skin diseases (Astuti, 2016).

Masyithoh Dukuh Kindergarten is an example of a kindergarten that has carried out healthy living behaviors. Masyithoh Dukuh Kindergarten won 2 healthy kindergarten competitions organized by the Provincial Government of DI. Yogyakarta in 2012. The application of healthy living behaviors implemented in Masyithoh Dukuh kindergarten, such as urinating and defecation in latrines, washing hands with soap, drinking water, eating healthy and hygienic food, and removing garbage in its place. Based on this phenomenon, researchers

are interested in finding out more about applying healthy living behaviors in Masyithoh Dukuh Kindergarten. Therefore, this study aims to present and elaborate on implementing early childhood healthy living behaviors in Masyithoh Dukuh kindergarten during the Covid-19 pandemic.

Literature Review

Healthy Living Behaviors

Healthy living behavior is one of the behaviors related to a person's efforts or activities to improve his health based on awareness to prevent disease and play an active role in realizing a healthy environment. The main goal of a healthy living behavior program is to improve the quality of health through resuscitating the understanding that is the beginning of the contribution of individuals in living the behaviors of a clean and healthy daily life. So that the main benefits of healthy living behaviors are the creation of a health-conscious society and have the provision of knowledge and awareness to live life behaviors that maintain cleanliness and meet health standards (Novitasari, 2018).

Healthy living behavior is a set of behaviors practiced by teachers, parents, and students to prevent disease, improve health, and realize a healthy environment (Julianti et al., 2018). How to get used to healthy childhood in the pandemic as it is now can be done by doing physical activities such as exercise, consumption of nutritious foods, vegetables, and fruits, washing hands before eating, brushing teeth, cleaning after urinating, bathing, removing garbage in its place, limiting the use of plastic, using clean water, and so on (Safitri & Harun, 2020). The importance of getting used to healthy living behaviors is for yourself and the environment. The importance of healthy living behaviors in schools, among others (Notoadmodjo, 2014):

- a. The creation of a healthy school so that teachers and learners are protected from various disorders and disease threats.
- b. Teaching and learning process that has an impact on the learning achievement of learners.
- c. The school's image as a means of education is increasing so that it can attract the interest of parents (community).
- d. Increasing the image of the government in the field of health.
- e. Can be a pilot of healthy schools for other areas.

Indicators of Healthy Living Behavior

Indicators of healthy living behaviors are variables that are set to measure a condition or state of healthy living behavior of each order. As for indicators of healthy living behavior according to the Directorate of Early Childhood Education Development in 2020, namely:

- a. Urinating and Defecation in the latrines

Human feces and urine, in addition to causing unpleasant odors, also contain many disease germs. Various diseases sourced from human feces include diarrhea, typhus, polio, and worms. Feces and urine in a healthy latrine is one way to break the flow of disease transmission sourced from human feces and urine.

- b. Hand Washing With Soap

Human hands stick to many germs of disease. These germs can come from feces and urine if, after being cleaned, does not do handwashing with soap, or from dirty objects held, or from the body, when suffering from Acute Respiratory Tract Infections or eye pain. When covering the mouth and nose with your hands when sneezing or using your hands to remove snot, germs will stick to your hands. These germs will move to various objects touched or held (Bento & Dias, 2017).

For this reason, children need to wash their hands at least four times, namely: after playing or holding objects that dirty the hands, before eating, after eating, and after urinating and defecating. For the need to wash hands, sufficient facilities are needed along with their completeness. At least in one school, there is one handwash located not far from the restrooms, equipped with running water, soap, and wipes or clean wipes. If possible, more than one handwash is provided so that children do not scramble and make it easier for children to get used to doing handwashing with soap independently (Suyatmin & Sukardi, 2018).

The correct order of handwashing with soap is as follows:

- 1) Wet hands and arms using clean running water.
- 2) Using soap, rubbing the palms and backs of the hands, fingers, arms, and nails (for about 60 seconds).
- 3) Rinse your hands and arms with clean running water.
- 4) Dry your hands and arms with clean tissues, towels, or napkins.



Figure 1. Five Steps to Washing Hands with Soap

c. Drink water and eat a healthy and hygienic diet

Water for daily consumption and other oral purposes such as brushing and gargling must meet safety requirements and meet drinking water quality requirements. To be safe to drink, it must be processed first. This water treatment aims to remove substances or germs that contaminate water so that drinking water will not cause disease (Arifiyanti & Prasetyo, 2018).

After the water is treated, the next stage is the storage of drinking water to be safe for consumption, by using a clean, closed, narrow-necked container, better equipped with faucets; it should be stored in its processing container; put container in a place that is clean and difficult

to reach by animals; Drinking water containers are washed every three days or every water is used and used water that has been treated as the last rinse water.

Children need balanced nutrition to grow and develop optimally. Balanced nutrition is the arrangement of daily food that contains nutrients in the type and amount that suits the body's needs, taking into account the principles of food diversity, physical activity, healthy living behaviors, and considering average body weight to prevent nutritional problems—dumping trash in the trash and keeping the environment healthy and safe (Sege & Siegel, 2018).

d. Dispose of waste in the trash and maintain a healthy and safe environment

Waste is something that is discarded and something that results from the production process that has occurred both from industry and household activities. Waste that is not managed correctly will be a source of disease transmission and harm the environment. Proper waste management can control the risk of transmission of diseases carried by flies, cockroaches, rats, mosquitoes, or other animals that cause disease in humans, especially children.

Methods

This research was conducted at Masyithoh Dukuh Kindergarten, located in Dukuh, Imogiri Subdistrict, Bantul Regency, Yogyakarta Special Region 55782. As for the research time from November 2020 to completion, get maximum research results. This research includes a type of field research with a qualitative approach. Data sources use primary data in the form of interviews, observations, documentation, questionnaires, and secondary data in the form of books and journal articles. The references in this study are parents, teachers, and kindergarten head Masyithoh Dukuh. Data collection techniques in the form of observations, documentation, interviews, and questionnaires. Data analysis techniques using Miles and Huberman models are divided into three steps: data reduction, data display, and conclusion drawing/verification.

Checking the validity of the data is necessary to produce valid data and can be accounted for scientifically for reviewing the validity of data through triangulation techniques. Triangulation means checking data from various sources in various ways and at multiple times. This study uses the triangulation of sources by checking the data that has been obtained through several sources. Researchers' information through observation and subsequent documentation is cross-checked with interviews, FGD, and questionnaires. The goal is to find out whether the data from research results on the implementation of healthy living behaviors of early childhood in Masyithoh Dukuh Kindergarten is valid or not.

Result/Findings

Masyithoh Dukuh Kindergarten is one of the healthy school pilot kindergartens, which in 2012 won 2 healthy kindergarten competitions organized by the Provincial Government of DI. Yogyakarta. Health education at Masyithoh Dukuh Kindergarten is implemented through the main Health School Business program: implementing health education, organizing health

services, and creating a healthy living environment. This health education is implemented through a healthy living behavior program implemented by all school residents, including teachers and learners. For this program to run well, it requires planning, application, and evaluation.

Early Childhood Healthy Living Behavior Planning

The thing that must be considered in the planning of healthy living behavior programs is forming a team of nutritional living behavior programs in schools. This team consists of their respective classroom guardians. So each class is given the task of guiding and supervising their classes. For example, during snack activities, children are invited by their homeroom to queue to wash their hands before eating, pray, and eat snacks together. As stated by Mrs. Siti Nur Istianingsih:

We have snacks every day; well before eating, the children will be invited out in line. We wash our hands, enter again, pray and eat, take the trash in the place, pray again, and then play. Continue to rub our teeth in school.



Figure 2. Washing your hands before eating

The team of homerooms appointed to guide and supervise the course of healthy living behavior programs has been equipped with knowledge about healthy living behaviors obtained through training. Since the pandemic, this training has not been carried out. As stated by Mrs. Siti Nur Istianingsih,

Teacher training has been in this school. If there is a new appointment, we participate because there is rarely such training that participates alone. It is rare. We are usually, invited by Imogiri Health Center. Yesterday, we also represented Imogiri Health Center to the regency for a long time, healthy living behaviors, and providing healthy food for children. That was around 2014-2015.

Supporting the implementation of healthy living behaviors can be carried out properly, supported by qualified human resources. Kindergarten Masyithoh Dukuh once did training for teachers. This training aims to add teacher insight into clean living behavior.

Implementation of Early Childhood Healthy Living Behaviors

Masyithoh Dukuh Kindergarten in carrying out health education in collaboration with Imogiri Health Center, where the Health Center held a visit one time in 6 months to kindergarten to check the growth and development of children. As stated by Mrs. Siti Nur Istianingsih, "The form of cooperation every half-semester there is an examination from the Health Center for each child."



Figure 3. Health Checkup

In addition to collaborating with Imogiri Health Center, Masyithoh Dukuh Kindergarten also received Educational Operational Assistance, partly used to finance the implementation of healthy living behaviors in schools, such as the purchase of hand soap toothbrushes and toothpaste for each child. Mrs. Siti Nur Istianingsih conveyed this,

We until now, only from Educational Operational Assistance can purchase. Educational Operational Assistance from IGTK since 2016, if I'm not mistaken. One of them is for the implementation of healthy living behaviors in schools. For the purchase of handwashing soap, toothbrush, toothpaste it too.

The teachers at Masyithoh Dukuh Kindergarten carry out healthy living behaviors, use storytelling, Q&A, and habituation. Usually, the methods used are adapted to the conditions and themes of learning. As stated by Mrs. Siti Nur Istianingsih,

The children's methods are directed. Later it can also be a story like this; COVID problems will also include hygiene issues. Later, they can be invited to ask questions and answers, given videos about corona in their respective WhatsApp Group.

Mrs. Siti Nur Istianingsih added that teachers used corona dolls to explain keeping their distance, wearing masks, washing hands with soap and running water at the time of the pandemic.

Evaluation of Early Childhood Healthy Living Behaviors

Evaluation is carried out by assigning tasks to children in written or video form. The review given can also take the form of taking assignments and collecting assignments directly to the school accompanied by the guardian's parents. This is considered quite effective because the evaluation is done online through WhatsApp Group and can also take the form of written worksheets that can be taken and collected directly to the school.

Parents took the activity to school after two weeks of being reassembled. Usually, when collecting activities, parents while taking other activities that will be done later. Siti Nur Istianingsih's mother revealed, "Assignment through WA Group and take and collect assignments to school." Teachers use the results of children's activities sent by parents through WhatsApp Group as assessment materials. As Anisatun Nur Afifah's mother conveyed, "The results of children's activities are sent to the teacher as an assessment." Voice *note* assessment is done by listening to the recording, then giving an evaluation in the form of comments and motivation so that the child always applies healthy living behaviors at home. Photo and video assessments are done by providing direct comments to each child. At the same time, the evaluation of the work is done by giving *emoticons* thumbs up. If the thumb is one, then Undeveloped (BB). Suppose the thumb is two Start Developing (MB). If the thumb is three, Develop As Expected (BSH); if the thumb is four, Develop Very Well (BSB).

The authors also held a *crosscheck* to see the synchronization of healthy living behavior programs implemented at school and home during the covid-19 pandemic. *Crosscheck* was conducted by giving a questionnaire to 67 parents at Masyithoh Dukuh Kindergarten regarding implementing healthy living behaviors of early childhood in Masyithoh Dukuh Kindergarten during the covid-19 pandemic. The following data of the questionnaire spread is presented in the form of the following table:

Table 1. Healthy Living Behavior of Early Childhood in Masyithoh Dukuh Kindergarten During the Covid-19 Pandemic

No	Statement	Alternative Answers	
		Yes	No
1	Children wash their hands with soap and running water	67	0
2	Child cuts fingernails and feet	65	2
3	Children brush their teeth after meals	49	18
4	Child brushes their teeth before going to bed	54	13
5	Children throw trash in the trash	67	0
6	The kid tidys up his toys	66	1
7	Child helps clean house	56	11
8	Children tidying slippers and shoes	59	8
9	Children throw water big and small in the bathroom	67	0

10	Children bathe twice a day	67	0
11	Children use masks when leaving the house	66	1
12	Child covers mouth with palm if sneezing	63	4
13	Children eat vegetables every day	43	24
14	Children eat fruit every day	41	26
15	Children eat snacks that are clean, free of preservatives, dyes and other harmful ingredients	58	9
16	Children exercise regularly	30	37

The data above shows that, as many as 100% or 67 children wash their hands with soap and running water, 97% or 65 children cut their fingernails, 73% or 49 children brush their teeth after eating, 80.6% or 54 children brush their teeth before bed, 100% or 67 children throw garbage in the samp ah, 98.5% or 66 children tidy up their toys, 83.6% or 56 children help clean the house. A total of 88.1% or 59 children tidy up sandals and shoes, 100% or 67 children throw water large and small in the bathroom, 100% or 67 children bathe twice a day, 98.5% or 66 children use masks when out of the house, 94% or 63 children cover their mouths with palms if sneezing, 64.2% or 43 children eat vegetables every day, 61.2% or 41 children eat fruit every day, 86.6% or 58 children eat clean snacks, free of preservatives, dyes and other harmful ingredients, and 44.8% or 30 children exercise regularly. The percentage results showed that there was a synchronization of healthy living behavior programs implemented at school and at home during the covid-19 pandemic.

Discussion

The Covid-19 pandemic ultimately requires people to implement healthy living behaviors, not least in early childhood education institutions. Healthy living behaviors in early childhood education institutions are implemented to maintain, improve health, avoid or prevent disease, protect themselves from various diseases, and improve health quality. The implementation of healthy living behavior is very appropriately habituated at an early age because the child is vulnerable to viruses and infections. But to implement this healthy living behavior, educators, both teachers and parents, are experiencing obstacles. First, the barriers were related to the strategies to attract children to carry out healthy living behaviors. This is because every child is different, some children are told to work directly, but some are just silent. So educators need the right strategies to attract children.

One way that can be done is by providing education of children's knowledge on coronavirus. This education is needed to know the dangers of coronavirus and implement healthy living behaviors to protect themselves from viruses and diseases. In addition, this education is proven to improve healthy living behaviors.

Education should be adapted to growth and development characteristics, is easy, engaging, and fun, not with punishments and threats. For early childhood, explaining coronavirus can be done using language that is easy for children to understand. Visual aids such

as hand puppets, pictures, or videos are needed to make the material more exciting and fun and provide examples of healthy living behaviors.

For example, healthy living behavior can be done by playing. Playing for early childhood is inseparable in his life. Play is a way for children to learn about a variety of things, including healthy living behaviors. For example, when you want to teach how to wash your hands properly, the teacher can invite the child to play the role of washing their hands. Through role-playing, children will gain a natural learning sensation, so they will more easily absorb the material delivered by the teacher and be easier to remember because they experience it firsthand.

Second, during the pandemic, teachers can not monitor or see the activities of directly applying healthy living behaviors of children at home. Hence, teachers have difficulty in controlling the child's healthy living behavior. Sometimes even parents seem to cover the child's habits at home, so the teacher also does not know the objective reality. Teachers can ask parents to send photos or videos showing the child carrying out healthy living behaviors at home to get around this. For example, the teacher sends a video of the correct handwashing procedure. Then the child follows the teacher's instructions, the parent records the child's activities, then sent to the teacher via WhatsApp Group. Another way teachers can do this is by establishing communication with parents regarding the application of healthy living behaviors of children while at home.

Good cooperation between teachers and parents is needed to optimize healthy living behaviors carried out by early childhood. Early Childhood Education institutions need to implement healthy living behavior development through parenting programs to continuity in learning and habituation of early childhood healthy living behaviors. Good cooperation between teachers and parents can result in children's healthy living behaviors in a better direction.

Conclusion

The implementation of healthy living behavior of early childhood in Masyithoh Dukuh Kindergarten has been carried out well in planning, performance, and evaluation. At the planning stage, vision, mission, and objectives, as well as healthy living behavior programs in Masyithoh Dukuh Kindergarten following the proposal of the Directorate of Early Childhood Education Development in 2020 on four healthy living behaviors in schools that include: Feces and urine in latrines; wash your hands with soap; drinking water and eating healthy and hygienic foods; waste in its place and keep the environment clean and safe. To support the implementation of healthy living behaviors, a team consisting of class guardians of each group A and B is in charge of guiding and supervising nutritional living behavior programs.

The application of healthy living behavior is implemented through the socialization of the application of healthy living behaviors in the internal environment, socialization of tasks and responsibilities, healthy living behaviors, instilling values to behave beneficial to students following the applicable curriculum, instilling values to act healthy to students conducted outside of regular lesson hours, as well as guiding healthy living through counseling.

Evaluation of healthy living behaviors in Masyithoh Dukuh Kindergarten is made in the form of children's growth and assignment books. Assignments are carried out in written or video

form. Evaluation is carried out through video observations, photos of children's activities, and voice notes sent by parents through WhatsApp Group. These documents are then stored in each child's folder to make it easier for teachers when giving assessments.

The constraints of implementing healthy living behavior in Masyithoh Dukung Kindergarten, namely, first, teachers need the right strategy to attract children. Second, during the pandemic learning activities from home, teachers can not monitor or directly monitor the activities of implementing healthy living behaviors of children at home.

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