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The Relationship Between Family Support and Clean and Healthy Living Behavior in the Household Order

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Abstract

Background:Clean and healthy living behavior (PHBS) is used as a parameter for achieving increased health coverage in the 2015 - 2030 Sustainable Development Goals (SDGs) program, but until now it is still the center of government attention. If PHBS is not implemented properly, several diseases will emerge, including diarrhea, ARI, TB and malaria. For the implementation of PHBS to be good, there must be family support.

Objective:To determine the relationship between family support and clean and healthy living behavior in the household structure of productive age in Kajar 2 Hamlet, Karangtengah, Wonosari, Gunungkidul.

Method:This research is correlational research with a cross sectional approach. The sampling technique uses a simple random sampling method. The sample in this study was early adulthood (18 – 40 years) as many as 67 people who lived in Kajar 2 Hamlet, Karangtengah, Wonosari, Gunungkidul. The data analysis technique uses the Kendall Tau test.

Results:The results of the Kendall Tau test show that there is a relationship between family support and clean and healthy living behavior, household order in productive age in Kajar 2 Hamlet, Karangtengah, Wonosari, Gunungkidul with a p value = 0.000 (p<0.05) and a closeness value of 0.724. indicates a strong relationship.

Conclusion:There is a relationship between family support and clean and healthy living behavior in the household structure at productive age in Kajar 2 Hamlet, Karangtengah, Wonosari, Gunungkidul.

Keywords:Family support; Clean and Healthy Living Behavior Household Order; Productive age

INTRODUCTION

Clean and healthy living behavior is used as a parameter for achieving increased health coverage in the 2015-2030 Sustainable Development Goals (SDGs) program, but to date it is still the center of attention for the government. Clean and healthy living behavior in the SDGs is one way of prevention that has a short-term impact on health in three places, namely family members, schools and the general public.(1).

PHBS achievement in Indonesia, based on 2013 Basic Health Research (Riskesdas) data shows that PHBS achievement was 32.3%,(2). Based on 2018 Riskesdas data, it shows 68.74%(3). Based on this data, it shows that there has been an increase in implementing clean and healthy living behavior in household settings, but this has not yet reached the target set by the government. The program to foster clean and healthy living behavior planned by the government has been running for 15 years, but the results have not met expectations.

Indicators of clean and healthy living behavior in the household structure have 10 indicators including: giving birth assisted by health workers, giving babies exclusive breast milk (breast milk), weighing babies and children up to 6 years old every month, using clean water, washing hands with soap (CTPS) correctly, use a healthy toilet, eradicate mosquito larvae at home once a week regularly, eat healthy and nutritious food, do physical activity every day, and don't smoke(4). If society and families do not have the awareness to implement clean and healthy living habits, this will result in increased disease morbidity rates(5). Diseases that will appear include diarrhea, ARI, TB and malaria(6).

Clean and Healthy Living Behavior is one of the government's programs to improve community welfare. The policy that regulates the Guidelines for Fostering Clean and Healthy Living Behavior is contained in the Regulation of the Minister of Health of the Republic of Indonesia Number: 2269/MENKES/PER/XI/2011 which regulates efforts to increase clean and healthy living behavior or abbreviated as PHBS throughout Indonesia by referring to management patterns. PHBS, starting from the assessment, planning and implementation stages as well as monitoring and assessment. These efforts are made to empower the community to maintain, improve and protect their health so that the community is aware, willing and able to independently take an active part in improving their health status.(7).

The factors that can influence PHBS according to Lawrence Green's theory are divided into three, namely: predisposing factors (Predisposing Factors) including age, type of work, level of knowledge, level of education, and attitude; Enabling factors include the availability of facilities and facilities; and reinforcing factors include the attitude of health workers and family support(8). Apart from that, based on the results of research by Puteri et al., (2023) entitled Factors Related to Clean and Healthy Living Behavior (PHBS) in Households, the results show that there is a relationship between family support and clean and healthy living behavior in households with a value of p value $0.003 < 0.05$ (9), while in research by Julianingsih, Karjoso, & Harahap., (2020) on factors related to PHBS in Pekanbaru, it was stated that there was no relationship between family support and PHBS in the household order, p value $0.789 > 0.05$ (10). This is a gap so researchers are interested in researching the relationship between family support and clean and healthy living behavior in the household structure. This research also aims to determine the relationship between family support and clean and healthy living behavior in the household structure at productive age in Kajar 2 Karangtengah Wonosari Gunungkidul Hamlet.

METHOD

This research is correlational research with a cross-sectional approach. The total population in this study was 206 people. The sampling technique uses a simple random sampling method. The sample in this study was early adulthood (18 – 40 years) as many as 67 people who lived in Kajar 2 Hamlet, Karangtengah, Wonosari, Gunungkidul. This research has been declared ethically appropriate by the Health Research Ethics Committee of 'Aisyiyah University of Yogyakarta No.3395/KEP-UNISA/I/2024 with a validity period of 25 January 2024 to 26 December 2025.

This research was carried out on February 3 2024 using an instrument, namely a questionnaire. The steps for collecting data include going door to door, the researcher explaining the benefits, purpose, title and confidentiality of being a respondent, submitting informed consent to be signed, explaining the procedures for filling out the questionnaire, checking the completeness of the data, and giving a reward as a sign of gratitude for being a respondent. The data analysis technique uses the Kendall Tau test.

RESULTS

Frequency Distribution of Respondent Characteristics

Table 1. Frequency Distribution of Respondent Characteristics in Kajar 2 Hamlet Karangtengah Wonosari Gunungkidul

Characteristics	Frequency	Percentage (%)
Age		

Age 18 – 40 years	67	100%
Work		
Teacher	2	3.0
Housewife	61	91.0
Laborer	1	1.5
Self-employed	2	3.0
Trade	1	1.5
Last education		
elementary school	12	17.9
JUNIOR HIGH SCHOOL	32	47.8
SMA/SMK	21	31.3
College/Academic	2	3.0

Source: Primary Data 2024

Based on table 1, it can be seen that the number of characteristics of maternal respondents aged 18 - 40 years is 67 respondents (100%). Based on table 1, it can be seen that the majority of mother respondents work as housewives, namely 61 respondents (91.0%) and the least number of mothers work as laborers and traders, namely 1 respondent (1.5%). Based on table 1, it can be seen that the highest level of secondary school education for mothers is the highest, namely 32 respondents (47.8%) and the least number of mothers who have a tertiary or academic education is at least 2 respondents (3.0%).

Frequency Distribution of Family Support

Table 2. Frequency Distribution of Family Support in the Productive Age in Kajar 2 Karangtengah Wonosari Gunungkidul Hamlet

Family support	Frequency	Percentage (%)
Tall	45	67.2
Currently	20	29.9
Not enough	2	3.0
Total	67	100.0

Source: Primary Data 2024

Based on table 2, it can be seen that family support in the high category was received from the family in the greatest number, namely 45 respondents (67.2%) and the least amount of family support was received in the low category, namely 2 respondents (3.0%).

Distribution of Types of Family Support

Table 3. Instrumental Support Distribution

Instrumental Support Score	Frequency	Number of Scores Obtained	Percentage (%)
2	9	18	13.4
3	28	84	41.8
4	30	120	44.8
Total	67	222	100.0

Source: Primary Data 2024

Based on table 3, it can be seen that the total score obtained by 67 respondents on instrumental support was 222. In addition, the highest number of scores obtained by respondents was on score 4, namely 30 respondents (44.8%) and the total score obtained by the fewest respondents in score 2 were 9 respondents (13.4%).

Table 4. Distribution of Informational Support

Informational Support Score	Frequency	Number of Scores Obtained	Percentage (%)
0	5	0	7.5
1	12	12	17.9
2	5	10	7.5
3	3	9	4.5
4	42	168	62.7
Total	67	199	100.0

Source: Primary Data 2024

Based on table 4, it can be seen that the total score obtained by 67 respondents on informational support was 199. In addition, the highest number of scores obtained by respondents on score 4 was 42 respondents (62.7%) and the total score obtained by the fewest respondents with a score of 0 were 5 respondents (7.5%).

Table 5. Distribution of Award Support

Award Support Score	Frequency	Number of Scores Obtained	Percentage (%)
2	15	30	22.4
3	21	63	31.3
4	31	124	46.3
Total	67	217	100.0

Source: Primary Data 2024

Based on table 5, it can be seen that the total score obtained by 67 respondents for award support was 217. In addition, the highest number of scores obtained by respondents was score 4, namely 31 respondents (46.3%) and the total score obtained by the fewest respondents in score 2 were 15 respondents (22.4%).

Table 6. Distribution of Emotional Support

Emotional Support Score	Frequency	Number of Scores Obtained	Percentage (%)
2	2	4	3.0
3	9	27	13.4
4	56	224	83.6
Total	67	255	100.0

Source: Primary Data 2024

Based on table 6, it can be seen that the total score obtained by 67 respondents on emotional support was 255. In addition, the highest number of scores obtained by respondents was on score 4, namely 56 respondents (83.6%) and the total score obtained by the fewest respondents in score 2 were 2 respondents (3.0%).

Table 7. Distribution of Social Groups

Social Group Support Score	Frequency	Number of Scores Obtained	Percentage (%)
0	2	0	3.0
2	12	24	17.9
3	4	12	6.0
4	49	196	73.1
Total	67	232	100.0

Source: Primary Data 2024

Based on table 7, it can be seen that the total score obtained by 67 respondents on social group support was 232. In addition, the highest number of scores obtained by respondents was on score 4, namely 49 respondents (73.1%) and the total score obtained by the fewest respondents with a score of 0, namely 2 respondents (3.0%).

Family Support Based on Respondent Characteristics

Table 8. Family Support Based on Respondent Characteristics in Kajar 2 Karangtengah Wonosari Gunungkidul Hamlet

Characteristics	Family support						Total		p value
	Tall		Currently		Not enough		F	%	
	F	%	F	%	F	%			
Age									
Age 18 – 40 years	45	67.2	20	29.9	2	3.0	67	100.0	-
Work									
Teacher	2	100.0	0	0.0	0	0.0	2	100.0	0.830
Housewife	40	65.6	19	31.3	2	3.3	61	100.0	
Laborer	0	0.0	1	100.0	0	0.0	1	100.0	
Self-employed	2	100.0	0	0.0	0	0.0	2	100.0	
Trade	1	100.0	0	0.0	0	0.0	1	100.0	
Last education									

elementary school	4	33.3	6	50.0	2	16.7	12	100.0	0,000
JUNIOR HIGH SCHOOL	19	59.4	13	40.6	0	0.0	32	100.0	
SMA/SMK	20	95.2	1	4.8	0	0.0	21	100.0	
College/Academic	2	100.0	0	0.0	0	0.0	2	100.0	

Source: Primary Data 2024

Based on table 8, it can be seen that the 67 respondents in family support based on characteristics aged 18 - 40 years show the highest percentage in the high category of family support, namely 45 respondents (67.2%) and the lowest percentage in the low category of family support, namely 2 respondents (3.0%).

Based on table 8, it can be seen from the 67 respondents regarding family support based on job characteristics, it shows that the highest percentage for high category family support in housewife work is 40 respondents (65.6%) and the lowest percentage for high category family support at work. workers, namely 0 respondents (0.0%). The highest percentage for medium category family support in housewife jobs, namely 19 respondents (31.3%) and the lowest percentage for medium category family support in teacher, self-employed and trade jobs, namely 0 respondents (0.0%). The highest percentage for lacking family support in the work of a housewife is 2 respondents (3.3%) and the lowest percentage for the less family support is in the work of teacher, laborer, self-employed and trade, namely 0 respondents (0.0%).

Based on table 8, it can be seen from the 67 respondents regarding family support based on the latest educational characteristics that it shows that the highest percentage for high category family support in SMA/SMK education is 20 respondents (95.2%) and the lowest percentage for high category family support in tertiary or academic education, namely 2 respondents (100.0%). The highest percentage for moderate category family support in junior high school education is 13 respondents (40.6%) and the lowest percentage for medium category family support in tertiary or academic education is 0 respondents (0.0%). The highest percentage for family support in the lacking category was in elementary school education, namely 2 respondents (16.7%) and the lowest percentage for family support in the lacking category was in junior high school, high school/vocational school, and tertiary or academic education, namely 0 respondents (0.0%).

Frequency Distribution of Clean and Healthy Living Behavior in Household Orders

Table 9. Frequency Distribution of Clean and Healthy Living Behavior Household Arrangements in Kajar 2 Hamlet Karangtengah Wonosari Gunungkidul

Clean and Healthy Living Behavior Household Order	Frequency	Percentage (%)
Good	54	80.6
Enough	11	16.4
Not enough	2	3.0
Total	67	100.0

Source: Primary Data 2024

Based on table 9, it can be seen that the largest number of respondents in clean and healthy living behavior in a household structure that is implemented well is 54 respondents (80.6%) and the least in clean and healthy living behavior in a household structure that is poorly implemented is 2 respondents. (3.0%).

Clean and Healthy Living Behavior in Household Orders Based on Respondent Characteristics

Table 10. Clean and Healthy Living Behavior Household Order Based on Respondent Characteristics in Kajar 2 Karangtengah Wonosari Gunungkidul Hamlet

Characteristics	Clean and Healthy Living Behavior Household Order						Total		<i>p</i> value
	Good		Enough		Not enough		F	%	
	F	%	F	%	F	%			
Age									
Age 18 – 40 years	54	80.6	11	16.4	2	3.0	67	100.0	-
Work									

Teacher	2	100.0	0	0.0	0	0.0	2	100.0	
Housewife	49	80.3	10	16.4	2	3.3	61	100.0	
Laborer	0	0.0	1	100.0	0	0.0	1	100.0	0.587
Self-employed	2	100.0	0	0.0	0	0.0	2	100.0	
Trade	1	100.0	0	0.0	0	0.0	1	100.0	
Last education									
elementary school	5	41.7	5	41.7	2	16.7	12	100.0	
JUNIOR HIGH SCHOOL	26	81.3	6	18.8	0	0.0	32	100.0	0,000
SMA/SMK	21	100.0	0	0.0	0	0.0	21	100.0	
College/Academic	2	100.0	0	0.0	0	0.0	2	100.0	

Source: Primary Data 2024

Based on table 10, it can be seen that from 67 respondents in clean and healthy living behavior, household order based on characteristics aged 18 - 40 years shows the highest percentage in clean and healthy living behavior, household order in the good category, namely 54 respondents (80.6%) and The lowest percentage of clean and healthy living behavior in the poor category is 2 respondents (3.0%).

Based on table 10, it can be seen from the 67 respondents regarding clean and healthy living behavior in the household order based on job characteristics, it shows that the highest percentage for clean and healthy living behavior in the good household order category is housewife work, namely 49 respondents (80.3%) and the lowest percentage for clean and healthy living behavior in the good category of household order in labor work, namely 0 respondents (0.0%). The highest percentage for clean and healthy living behavior in the sufficient household order category was in the work of a housewife, namely 10 respondents (16.4%) and the lowest percentage for clean and healthy living behavior in the sufficient category of household order was in the work of teacher, self-employed person, and trade is 0 (0.0%). The highest percentage for clean and healthy living behavior in the poor household order category was in the work of a housewife, namely 2 respondents (3.3%) and the lowest percentage for clean and healthy living behavior in the poor category of household order was in the work of teacher, laborer, self-employed, and trade, namely 0 respondents (0.0%).

Based on table 10, it can be seen from the 67 respondents regarding clean and healthy living behavior in the household order based on the characteristics of the latest education, it shows that the highest percentage for clean and healthy living behavior in the good household order category is in junior high school education, namely 26 respondents (81.3%) and the lowest percentage for clean and healthy living behavior in the household order category for either tertiary or academic education, namely 2 (100.0%). The highest percentage for clean and healthy living behavior in the sufficient category of household order was in junior high school education, namely 6 respondents (18.8%) and the lowest percentage for clean and healthy living behavior in the sufficient category of household order was in high school/vocational school and tertiary education or academic, namely 0 respondents (0.0%). The highest percentage for clean and healthy living behavior in the poor category of household order was in elementary school education, namely 2 respondents (16.7%) and the lowest percentage for clean and healthy living behavior in the poor category of household order was in junior high school, high school/vocational school education, and tertiary or academic institutions, namely 0 respondents (0.0%).

Cross Tabulation of Family Support with Clean and Healthy Living Behavior in Household Orders

Table 11. Cross tabulation of family support with clean and healthy living behavior and household structure in productive age in Kajar 2 Karangtengah Wonosari Gunungkidul Hamlet

Family support	Clean and Healthy Living Behavior Household Order						P-Value	Correlation Coefficient		
	Good		Enough		Not enough				Total	
	F	%	F	%	F	%				
Tall	45	100.0	0	0.0	0	0.0	45	100.0	0,000	0.724
Currently	9	45.0	11	55.0	0	0.0	20	100.0		
Not enough	0	0.0	0	0.0	2	100.0	2	100.0		

Source: Primary Data 2024

Based on table 11, it can be seen that of the 67 respondents, it is known that the highest percentage of family support is by implementing clean and healthy living behavior with a good household order, namely 45

respondents (100.0%), respondents who have moderate family support by implementing healthy living behavior. clean and healthy, good household order, namely 9 respondents (45.0%), respondents who have moderate family support by implementing clean and healthy living behavior, adequate household order, namely 11 respondents (55.0%), and respondents Those who have less family support implement clean and healthy living behavior in a household structure with less, namely 2 respondents (100.0%).

Based on the results of the research that has been carried out, the next step is to test the hypothesis using the Kendall-Tau test, statistically obtaining a p value of 0.000 (<0.05), so it can be concluded that there is a significant relationship between family support and clean and healthy living behavior in the household structure. productive age in Kajar 2 Karangtengah Wonosari Gunungkidul Hamlet in 2024. The Correlation Coefficient value is 0.724, indicating that there is a strong relationship between family support and clean and healthy living behavior in the household order in productive age in Kajar 2 Karangtengah Wonosari Gunungkidul Hamlet. The positive sign on the Correlation Coefficient value indicates a unidirectional relationship which means that if family support is higher, the household's clean and healthy living behavior will be better.

DISCUSSION

Family support

The results of this study show that family support in the high category was received from the family in the greatest number, namely 45 respondents (67.2%) and the least amount of family support was received in the low category, namely 2 respondents (3.0%). Researchers assume that the higher the family support the family receives, the better the influence of clean and healthy living behavior in the household structure. This is in line with the research results of Trisnawati et al., (2021), which showed that the majority of respondents with supportive family support had clean and healthy living behavior in the high category, namely 37 people and stated that there was a relationship of family support (homestead caregivers.) with clean and healthy living behavior for the elderly(11).

The results of research on the distribution of types of family support based on the number of scores obtained can be concluded that the type of family support obtained by respondents based on the number of scores obtained is the highest, namely emotional support with a total score obtained of 255 and the least is informational support with the number of scores obtained as many as 199. This is in line with the theory of Noerfitri & Prasetya, (2023) that emotional support in the form of sympathy and attention received by respondents has an influence in supporting the implementation of clean and healthy living behavior in the household order.(12). Emotional support is support that comes from the family which functions as a safe and peaceful place for recovery and rest and helps in controlling emotions. The form of family support is in the form of affection such as trust, attention, listening and being listened to(13), while informational support is support that comes from the family which functions to provide information and disseminate it(14). This form of family support includes providing advice, suggestions, information used to solve problems(15). Researchers assume that if someone gets all the information they will have good knowledge and it will influence behavior. Sources of information that families can access come from electronic media (television, radio, or internet) and training activities from health workers(16). This is in line with research by Carolina et al., (2016), which showed a p value of $0.000 < 0.05$, which means that there is a relationship between the level of knowledge and the implementation of clean and healthy living behavior (PHBS) in the family.(17). An example of a form of informational support is the support given by mothers to their children, namely teaching, guiding and providing examples of washing hands, using healthy toilets, consuming fruit and vegetables every day.(18).

Clean and Healthy Living Behavior Household Order

The results of research on the distribution of the frequency of clean and healthy living behavior in household settings, it can be seen that the most respondents in clean and healthy living behavior in household settings which are implemented well are 54 respondents (80.6%) and the least in clean and healthy living behavior. Household arrangements whose implementation was lacking were 2 respondents (3.0%). The results of this research are in line with research by Rahmayani et al., (2023), which showed that the majority of respondents who had good clean and healthy living behavior (PHBS) were 53 people (56.4%) and those who had clean and healthy living behavior (PHBS) those who were not good were 41 people (43.6%)(19). Researchers assume that the better the household's clean and healthy living habits, the lower the risk factor for exposure to disease or illness. This is in accordance with the conclusions of Prabowo's research, (2016) which examined the relationship between clean and healthy living behavior (PHBS) and the frequency of illness in family members, that the higher the PHBS, the lower the frequency of illness.(20).

The Relationship between Family Support and Clean and Healthy Living Behavior, Household Orders in the Productive Age

Based on the results of hypothesis testing using the Kendall-Tau test, statistically the p value obtained is 0.000 (<0.05), it can be concluded that there is a significant relationship between family support and clean and healthy living behavior in the household order at the productive age in Kajar 2 Hamlet, Karangtengah Wonosari Gunungkidul in 2024. The Correlation Coefficient value of 0.724 shows that there is a strong relationship between family support and clean and healthy living behavior in the household structure of the productive age in Kajar 2 Hamlet, Karangtengah Wonosari Gunungkidul. The positive sign on the Correlation Coefficient value indicates a unidirectional relationship which means that if family support is higher, the household's clean and healthy living behavior will be better. The results of this research are in line with the research of Puteri et al., (2023) that factors related to clean and healthy living behavior (PHBS) in households were obtained based on the results of statistical tests using the Person Chi Square test, obtaining a p value of 0.003 (0.5), So it shows that there is a meaningful or significant relationship between family support and clean and healthy living behavior (PHBS) in the household. According to Lawrence Green's theory in Notoatmodjo, (2014) states that one of the reinforcing factors that influences clean and healthy living behavior is family support.

Researchers assume that family support comes from internal and external sources which play a very important role for all family members. If someone gets family support, that individual will be motivated to carry out clean and healthy living behavior in a good household order. This is in line with research by Miswarman et al., (2022), which showed that there was a significant relationship between family support and healthy living behavior because the p value was <0.05 and stated that the greater the family support, the cleaner and healthier living behavior of the members. the family is also getting better(21). All family members must pay attention to their health so that they are protected from various diseases. One of the efforts is to implement clean and healthy living behavior in the family setting. Clean and healthy living behavior is a collection of knowledge because it is based on awareness which is implemented as a result of learning for individuals, families or communities in helping health and actively participating in creating improvements in public health.(22).

CONCLUSION

Based on the results of research and discussion regarding the relationship between family support and clean and healthy living behavior, household structure in productive age in Kajar 2 Karangtengah Wonosari Gunungkidul Hamlet, it can be concluded as follows:

Most of the family support received by respondents in Kajar 2 Karangtengah Wonosari Gunungkidul Hamlet was included in the high category, namely 45 respondents (67.2%).

Most of the respondents who implemented clean and healthy living behavior in the household order in Kajar 2 Karangtengah Wonosari Gunungkidul Hamlet were in the good category, namely 54 respondents (80.6%).

The close relationship between family support and clean and healthy living behavior in the household structure in productive age in Kajar 2 Karangtengah Wonosari Gunungkidul Hamlet can be seen from the coefficient value or Correlation Coefficient, namely 0.724, which means that there is a strong relationship between family support and clean and healthy living behavior in the household structure. at productive age in Kajar 2 Karangtengah Wonosari Gunungkidul Hamlet.

SUGGESTION

For Families, it is recommended for families to further improve family support, especially informational support, by obtaining information from various sources of information about clean and healthy living behavior in the household order in order to increase knowledge and influence one's behavior.

For the General Public, it is recommended for the general public to invite, remind and share information about implementing clean and healthy living behavior in the household order.

For Community Health Center Nurses, it is recommended that community health center nurses pay more attention to implementing clean and healthy living behavior in the community's household order and increase education to the public regarding the importance of clean and healthy living behavior in the household order.

For Further Researchers, it is recommended for future researchers to develop their research with different variables to find out the factors that influence clean and healthy living behavior in household settings.

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