

The Influence of Clean and Healthy Living Parenting and Home Environmental Health Conditions on Toddler Health Status

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Abstract: Clean and healthy parenting practices are essential for maintaining a healthy home environment and stabilizing children's health. This study aimed to analyze the influence of clean and healthy parenting, as well as home environmental conditions, on the health status of toddlers. A quantitative approach with a cross-sectional design and purposive sampling was used. The respondents were mothers with toddlers in Palabuhanratu Subdistrict. The findings showed that while clean and healthy parenting was generally adequate, most home environments and children's health conditions still need improvement. Issues such as water cleanliness, sanitation, and limited household facilities contribute to an unhealthy living environment, which negatively affects child health. Various illnesses were observed among the children, with skin rashes being the most common and persistent. Other illnesses included influenza, diarrhea, dengue fever, vomiting, colds, and asthma, though these were less frequent. Overall, the study found a significant positive relationship between clean and healthy parenting, environmental conditions, and toddler health status.

Keywords: clean and healthy living parenting, toddler health status, home environmental health, and fishing village

1. INTRODUCTION

In daily life, parents consistently accompany their children during routine activities. The role of parents is crucial in determining children's quality of life in the future. Ecological theory posits that child development occurs through environmental systems consisting of three interrelated levels: the microsystem, exosystem, and macrosystem (Bronfenbrenner, 1998).

Parental caregiving, particularly democratic parenting practices, is expected to foster children's independence effectively. According to social learning theory, individuals learn not only through personal experience but also by observing others and the outcomes of their actions (Bandura, 1961). Based on the UNICEF framework (1990), parenting practices constitute indirect determinants that may influence clean living behaviors and health conditions among toddlers. Parenting practices developed within a family depend largely on the knowledge possessed by parents.

Clean and Healthy Living Behavior (Perilaku Hidup Bersih dan Sehat/PHBS) represents an essential approach to achieving optimal health for individuals. Healthy conditions do not occur automatically; rather, they must be continuously pursued by transitioning from unhealthy behaviors to healthy ones and by creating a healthy environment (Ministry of Health Regulation, 2019). Simbolon and Simorangkir (2018) emphasize that clean and healthy living practices consist of conscious activities and behaviors aimed at promoting healthy lifestyles not only for individuals but also for communities, including families. Nasution et al. (2023) explain that inadequate implementation of PHBS is often caused by parents' limited knowledge in maintaining the health of family members. Therefore, healthy parenting practices within families are necessary to ensure family health, particularly in coastal areas that are vulnerable to health-related risks.

Clean and healthy living practices in coastal areas remain a significant challenge. Several studies indicate that the implementation of PHBS in coastal communities tends to be low, adversely affecting local public health. A study conducted in Bagan Deli Subdistrict, Medan Belawan District, found that the community had not fully implemented PHBS at the household level. Consequently, residential environments were less hygienic, increasing the risk of disease (Yasnani, 2021).

Families living in coastal areas often face multiple challenges. In addition to limited parental understanding of clean and healthy parenting practices, other contributing factors include restricted access to clean water, poor sanitation, and unfavorable environmental health conditions (Zhafirah, 2020).

Environmental health conditions refer to environmental states that support human well-being by preventing diseases transmitted through air, water, soil, or other environmental factors. In general, environmental health encompasses efforts to manage environmental determinants that may affect human health (Sumantri, 2019). Within family life, environmental health also applies to the more immediate household setting. Environmental health in the family context must be a concern for parents, as it is essential for maintaining the health of family members, particularly children. Lestari (2022) states that home environmental health plays a significant role in determining children's quality of life. One of the areas observed in this study is a coastal region.

Effendi (2016) explains that coastal areas possess unique geographical and social characteristics, marked by interactions between land and sea that create highly dynamic ecosystems. In Indonesia, coastal regions are inhabited by large populations that depend on marine and terrestrial resources for their livelihoods. However, along with population growth and uneven development, various issues related to household environmental health have emerged.

High population density, inadequate sanitation systems, and limited access to clean water are major problems frequently encountered in coastal areas. Therefore, research on household environmental health conditions in coastal regions is essential to understand risk factors that may comprehensively affect the health status of coastal communities (Siregar, 2020).

Cleanliness conditions in Palabuhanratu are a major concern. Based on data from the Environmental Agency of Sukabumi Regency (2023), improperly managed waste is frequently found along coastal areas. In addition, Statistics Indonesia (BPS) of Sukabumi Regency (2020) reported 159.82 m³ of waste generation, which constitutes a major environmental health factor in the Palabuhanratu area. Furthermore, BPS Sukabumi Regency (2023) recorded 5,757 cases of diarrhea in 2023, with toddlers comprising the majority of affected individuals.

Serious and hazardous diseases prevalent in Sukabumi Regency include AIDS, malaria, leprosy, dengue fever, and tuberculosis (BPS, 2020). The high incidence of these diseases is largely attributable to environmental conditions. This is consistent with reports from the Sukabumi Regency Health Office (2023), which indicate that the increase in disease cases is caused by environmental pollution and low public awareness of health issues. According to BPS Sukabumi Regency (2023), only two health workers specialize in environmental health across the three districts of Palabuhanratu, which poses a significant challenge in educating the community about environmental health.

Based on these issues, this study aims to: (1) identify family characteristics, child characteristics, clean and healthy living parenting practices, home environmental health conditions, and toddlers' health status; (2) analyze the relationships among family characteristics, child characteristics, clean and healthy living parenting practices, home environmental health conditions, and toddlers' health status; and (3) examine the effects of family characteristics, child characteristics, clean and healthy living parenting practices, and home environmental health conditions on toddlers' health status.

2. METHODS

2.1 Research Design

This study employed a quantitative research approach using a survey method with questionnaire-based data collection. The research design was a cross-sectional study, in which data were collected at a single point in time. The study was conducted in Palabuhanratu District, Sukabumi Regency, West Java, an area characterized by rich natural resources, particularly coastal ecosystems, but facing challenges related to environmental health. The research was carried out through several stages, including preparation, data collection, data processing, data analysis, and report writing. Data collection was conducted in October 2024.

2.2 Sampling Technique

The study population consisted of mothers residing in the coastal community of Palabuhanratu, Sukabumi Regency, West Java, who had toddlers, including both wives of fishermen and non-fishermen. This study involved 40 mothers of toddlers as respondents, who were selected using a purposive sampling technique.

2.3 Measurement of Variables

The variables examined in this study included: (1) family characteristics; (2) child characteristics; (3) clean and healthy living parenting practices; (4) home environmental health conditions; and (5) child health status. Family characteristics comprised maternal age, maternal length of education, parental occupation (father and mother), family income, and family size. Child characteristics included the child's age and sex.

Table 1. Operational Definitions and Indicators of the Study Variables

Variables	Operational Definition	Indicators
Clean and Healthy Living Parenting Practices adapted from Hastuti (2015)	Behavior taught and instilled by parents to ensure children's health by promoting, maintaining, and protecting their well-being.	<ol style="list-style-type: none"> 1. Taking the child for check-ups at the <i>posyandu</i>, midwife, or community health center (<i>puskesmas</i>) according to health workers' recommendations. 2. Completing the Growth Monitoring Card (<i>Kartu Menuju Sehat/KMS</i>) at every visit to health services. 3. Ensuring the child receives all types of immunizations according to the recommended schedule. 4. Washing hands with soap after cleaning the child following defecation. 5. Washing hands with soap after cleaning the child following urination. 6. Washing hands with soap after changing the child's clothes. 7. Washing the child's hands with soap before breastfeeding. 8. Cleaning toys that are frequently handled by the child. 9. Trimming the child's fingernails. 10. Bathing the child twice a day. 11. Exposing the child to morning sunlight. 12. Washing the child's hands with soap whenever they appear dirty. 13. Taking a sick child to a health-care facility. 14. Cleaning the child's bed and/or play area. 15. Providing the child with a balanced diet (<i>four healthy food groups plus milk</i>) at every meal. 16. Providing the child with a balanced diet (<i>four healthy food groups plus milk</i>) at every meal. 17. Serving meals while considering the child's food preferences. 18. Encouraging the child to consume fruit regularly. 19. Encouraging the child to consume vegetables regularly. 20. Providing complete meals consisting of staple foods, vegetables, plant-based protein sources, animal-based protein sources, and fruits. 21. Providing milk for daily consumption. 22. Giving bananas or other soft foods before the child reaches four months of age. 23. Ensuring the child participates in vitamin capsule supplementation programs or receives other nutritional supplements. 24. Providing complete meals consisting of staple foods, vegetables, plant-based protein sources, animal-based protein sources, and fruits. 25. Providing milk for daily consumption.

Chronbach's alpha
(0,905)

Table 1. Operational Definitions and Indicators of the Study Variables (continued)

Variabel	Definisi Operasional	Indikator
<p>Home Environmental Health (Health Research and Development Agency, 2018)</p> <p><i>Cronbach's alpha</i></p> <ul style="list-style-type: none"> - Housing Components = 0.910 - Sanitation Facilities = 0.913 - Occupant Behavior = 0.832 	<p>Environmental conditions within the family that are able to sustain a dynamic household ecological balance among family members, thereby supporting the achievement of a healthy and satisfying quality of life within the family.</p>	<p>26. Giving bananas or other soft foods before the child reaches four months of age.</p> <p>Housing Components</p> <ol style="list-style-type: none"> 1. Condition of the ceiling 2. Condition of the walls 3. Condition of the floor 4. Condition of the windows 5. Condition of ventilation 6. Condition of lighting <p>Sanitation Facilities</p> <ol style="list-style-type: none"> 7. Availability of clean water facilities 8. Toilet facilities 9. Wastewater disposal facilities 10. Garbage disposal facilities <p>Occupant Behavior</p> <ol style="list-style-type: none"> 11. Opening bedroom windows 12. Opening living room windows 13. Cleaning the house and yard 14. Disposing of waste properly 15. Providing the child with nutritionally balanced meal
<p>Child Health Status</p>	<p>The child's health condition and the occurrence of illness experienced by the child, which in this study were measured over the previous three months, from July to September 2024</p>	<p>[0] Not ill [1] Skin itching [2] Influenza [3] Asthma [4] Diarrhea, gastroenteritis, dengue fever (based on disease score and duration of illness)</p>

2.4 Data Collection Techniques

The type of data used in this study was primary data. Primary data are data collected directly by the researcher. In this study, primary data were obtained directly through interviews using a structured questionnaire. The primary data included child characteristics, family characteristics, clean and healthy living parenting practices, home environmental health conditions, and the child's health status.

2.5 Data Analysis

Data analysis was conducted through the processes of editing, coding, scoring, data entry, and data cleaning. The editing stage aimed to assess data completeness, accuracy of responses, clarity of answers, relevance and consistency among responses, and data variability. The coding stage involved assigning codes as guidelines for data entry and scoring. The data entry stage consisted of inputting the data into a computer, followed by the data cleaning process to ensure data accuracy and consistency. Data processing was performed using Microsoft Excel 2019 and the Statistical Package for Social Sciences (SPSS) version 25. Measurement of the study variables was carried out through a scoring process. The total score for each variable was calculated by summing the scores of all responses and then converted into an index to allow categorization according to predefined ranges: low (<60.0), moderate (60.0–80.0), and high (>80.0) (Aprilia, 2018).

The statistical analyses employed in this study were as follows:

1. **Descriptive analysis** was used to describe family characteristics, child characteristics, clean and healthy living parenting practices, home environmental health conditions, and toddlers' health status.
2. **Pearson correlation analysis** was employed to examine the relationships between family characteristics and child characteristics and the variables of clean and healthy

living parenting practices, home environmental health conditions, and toddlers' health status.

3. **Multiple linear regression analysis** was used to assess the effects of family characteristics, child characteristics, clean and healthy living parenting practices, and home environmental health conditions on toddlers' health status.

3. RESULTS

3.1 Family Characteristics

The respondent characteristics examined in this study included maternal age, maternal occupation, paternal occupation, maternal length of education, maternal physiological status, family size, and family income. Regarding age, the majority of respondents were 31–40 years old (65%). Most respondents were housewives (67.5%), while the majority of fathers worked as fishermen (80%). In terms of education, 42.5% of respondents had completed elementary school. Most respondents had a small family size (57.5%). Monthly family income varied, with the largest proportion of respondents earning between one and two million rupiahs per month (42%). Based on maternal physiological status, the majority of mothers were in good health (77.5%).

3.2 Child Characteristics

The child characteristics examined in this study included age and sex. The age of the children ranged from 1 to 5 years, with the largest proportion being 3–4 years old (32.5%). Regarding sex, the majority of the children were male (25 children; 62.5%), followed by female children (15 children; 37.5%).

3.3 Clean and Healthy Living Parenting Practices

The variable of clean and healthy living parenting practices did not have measurement dimensions, and the instrument was referred to as health parenting practices. The results showed that the mean index of clean and healthy living parenting practices was 79.70, with the largest proportion of respondents classified in the high category (52.5%), indicating that the implementation of clean and healthy living parenting practices in the study area was generally adequate.

Table 2. Distribution of Respondents by Category, Minimum and Maximum Values, Mean, and Standard Deviation Based on the PHBS Variable (n = 40)

Variable	Category						Min-Max	Mean±SD
	Low		Moderate		High			
	n	%	n	%	n	%		
PHBS	3	7,5%	16	40%	21	52,5%	57-100	79,70±12,106

Keterangan: Std=standar deviasi; kategori indeks rendah (60), sedang (61-80), dan tinggi (>80).

3.4 Home Environmental Health Conditions

The variable home environmental health is divided into three dimensions: housing components, sanitation facilities, and occupant behavior. The housing components dimension includes the conditions of the various structural elements within the home. The sanitation facilities dimension assesses the quality of sanitation infrastructure available in the household. The occupant behavior dimension reflects the habits and practices of residents in maintaining household health. The study results showed that the overall home environmental health had an average index score of 73.27, with the largest proportion of respondents classified in the moderate category (52.5%), indicating that the home environmental health conditions were fairly adequate. The average index for the housing components dimension was 69.72, with the majority (55%) in the moderate category, meaning the condition of the housing components was fairly sufficient. The sanitation facilities dimension had an average index of 74.38, with the highest proportion (47.5%) in the high category, indicating that sanitation facilities were very adequate. The occupant behavior dimension scored an average index of 77.50, with the largest percentage (47.5%) in the high category, reflecting very adequate occupant health behaviors within these families

Table 3. Distribution of Respondents by Category, Minimum and Maximum Values, Mean, and Standard Deviation Based on Home Environmental Health Variables (Housing Components, Sanitation Facilities, Occupant Behavior) (n = 40)

Variable	Category						Min-Max	Mean±SD
	Low		Moderate		High			
	n	%	n	%	n	%		
Housing Components	7	17,5%	22	55%	11	27,5%	11-100	69,72±18,616
Sanitation Facilities	8	20%	13	32,5%	19	47,5%	0-100	74,38±23,066
Occupant Behavior	5	12,5%	16	40%	19	47,5%	33-100	77,50±18,984
Home Environmental Health	4	10%	21	52,5%	15	37,5%	14-100	73,27±15,751

Note: Std = standard deviation; Index categories: Low (<60), Moderate (61–80), High (>80)

3.5 Child Health Status

The study found that out of the fifteen sick child respondents, various types of illnesses were reported with differing frequencies. The most common illness was itching (10%) lasting more than fourteen days. Other reported cases included influenza (7.5%), gastroenteritis (5%), diarrhea (2.5%), cold and cough (5%), and asthma (2.5%), each occurring at varying frequencies.

Table 4. Distribution of Respondents Based on Type and Duration (Days) of Illness in the Last Three Months (n = 15)

Type of Illness	Duration of Illness (Days)							
	1-4 days		5-8 days		9-14 days		>14 days	
	n	%	n	%	n	%	n	%
Cold and cough	2	5,0	0	0,0	0	0,0	0	0,0
Influenza	3	7,5	0	0,0	0	0,0	0	0,0
Asthma	0	0,0	0	0,0	1	2,5	0	0,0
Gastroenteritis	2	5,0	0	0,0	0	0,0	0	0,0
Diarrhea	1	2,5	0	0,0	0	0,0	0	0,0
Itching	0	0,0	0	0,0	0	0,0	4	10,0
Dengue fever (DBD)	0	0,0	2	5,0	0	0,0	0	0,0

Note: Period July–September 2024

The study results showed that 25 children were healthy while 15 children were sick, with varying frequencies. Based on morbidity scores, 20% of the children fell into the low morbidity category, and 17.5% were in the high morbidity category.

Table 9. Distribution of Morbidity Scores in the Last Three Months (n = 15)

Child Condition	Duration	Frequency (n)	Percentage (%)
Cold and Cough	3 – 4 days	2	5,0
Influenza	2 – 3 days	3	7,5
Asthma	14 days	1	2,5
Gastroenteritis	3 days	2	5,0
Diarrhea	3 days	1	2,5
Skin Disease/Itching	30 - 60 days	4	10,0
Dengue Fever (DBD)	5-6 days	2	5,0
Morbidity Score			
Low (score 0–20)		8	20,0
High (score >21)		7	17,5

Note: Period July–September 2024

3.7 Relationship between Family Characteristics, Child Characteristics, Clean and Healthy Living Parenting Practices, Home Environmental Health Conditions, and Child Health Status

Correlation tests were conducted to examine the relationships between family characteristics and child characteristics with the variables of home environmental health, clean and healthy living parenting practices (PHBS), and child health status. Four family characteristics and two child characteristics showed significant relationships with dimensions of the home environmental health variable. Specifically,

the length of the mother’s education demonstrated a significant positive correlation with the housing components dimension. Additionally, the mother’s length of education also showed a significant positive relationship with the sanitation facilities dimension

Table 6. Correlation Coefficients of Family Characteristics and Child Characteristics with Home Environmental Health, PHBS, and Child Health Status Variables

Variable	Housing Component	Sanitation Facilities	Occupant Behavior	Home Environmental Health	PHBS	Child Health Status
Mother’s Age	0,204	0,160	0,029	0,213	-0,303	-0,191
Lama						
Mother’s Length of Education	0,586**	0,374*	0,249	0,589**	0,038	0,301
Family Income	-0,018	-0,034	0,051	-0,001	0,248	0,108
Family Size	-0,127	-0,088	-0,166	-0,127	-0,099	-0,147
Child’s Age	-0,030	-0,035	0,037	-0,017	0,128	-0,122
Child’s Gender	-0,037	-0,195	-0,089	-0,182	-0,018	0,040

* Significant at $p < 0.05$ (2-tailed) (*), Significant at $p < 0.001$ (2-tailed) (**)

This study examined the relationship between home environmental health and clean and healthy living parenting practices with child health status. The results showed that the home environmental health variable, along with its dimensions of housing components and sanitation facilities, had a significant relationship with the dependent variable, child health status. The housing components dimension had a significant negative correlation of **-0.482**, indicating that the better the housing components, the lower the likelihood of the child falling ill. Similarly, sanitation facilities showed a significant negative correlation of **-0.396**, meaning that better sanitation facilities are associated with a reduced chance of illness in children. Overall, home environmental health had a significant negative correlation of **-0.430**, implying that improved home environmental health reduces the risk of child illness. Additionally, the clean and healthy living parenting practices variable had a significant negative correlation of **-0.270**, suggesting that better parenting practices in clean and healthy living also decrease the likelihood of children becoming sick.

Table 7. Correlation Coefficients among Variables (n = 40)

Variable	Housing Components	Sanitation Facilities	Occupant Behavior	Home Environmental Health	PHBS	Child Health Status
Housing Components	1	0,541**	0,118	0,813**	0,126	-0,482*
Sanitation Facilities		1	0,484**	0,859**	0,107	-0,396*
Occupant Behavior			1	0,665**	0,337*	-0,059
Home Environmental Health				1	0,222	-0,430**
PHBS					1	-0,027*
Child Health Status						1

*signifikan pada $p < 0,05$ (2-tailed); ** signifikan pada $p < 0,01$ (2-tailed).

3.8 Influence of Family Characteristics, Child Characteristics, Clean and Healthy Living Parenting Practices, and Home Environmental Health Conditions on Child Health Status

The regression model in this study tested the influence of clean and healthy living parenting practices (PHBS) and home environmental health conditions on child health status, with a significance value of 0.000 ($p < 0.01$), indicating that the model is statistically significant. The regression results showed a coefficient of determination (Adjusted R^2) of 0.161, meaning this model explains 16.1% of the variance in child health status due to home environmental health conditions and PHBS, while the remaining 83.9% is influenced by other variables not examined in this study. The characteristic of mother’s length of education showed a significant negative effect on child health status at $p < 0.01$ ($p = 0.028$, $\beta = 0.149$), indicating that for each unit increase in mother’s education length, the likelihood of the child being ill decreases by 14.9%. Child’s age also showed a significant negative effect on child health status at $p < 0.01$ ($p = 0.039$, $\beta = 0.462$), meaning that for each unit increase in child’s age, the probability of illness decreases by 46.2%. The home environmental health variable showed a significant negative effect at $p < 0.01$ ($p = 0.002$, $\beta = 0.177$), indicating that a one-unit increase in home environmental health reduces the chance of child illness by 17.7%. Similarly, the PHBS variable showed a significant negative effect at $p < 0.01$ ($p = 0.001$, $\beta = 0.265$), suggesting that a one-unit increase in PHBS reduces the likelihood of child illness by 26.5%.

Table 8. Regression Coefficients of Family Characteristics, Home Environmental Health, and Clean and Healthy Living Parenting Practices on Child Health Status

No	Variable	Unstandardized coefficients		Standardized coefficients	Sig.
		b	Std. Error	β	
	(Konstanta)	18,083	32,900		0,038**
1	Mother’s Length of Education	1,423	0,751	0,149	- 0,028**
2	Family Size	0,219	0,741	0,510	0,091
3	Family Income	0,511	0,249	0,621	0,087
4	Child’s Age	0,811	0,309	0,462	- 0,039**
5	Home Environmental Health	0,165	0,049	0,177	- 0,002**
6	PHBS	0,369	0,107	0,265	-0,001*
	R^2				
	Adjusted R^2				
	F				
	Sig				

*signifikan pada $p < 0,05$ (2-tailed); ** signifikan pada $p < 0,01$ (2-tailed).

4. DISCUSSION

Health status is a crucial aspect that must be prioritized by everyone, especially children as the future generation. Maintaining good health status facilitates children in carrying out daily activities, including growth and development processes.

In this study, family characteristics showed a significant positive relationship with several dimensions, specifically the mother’s length of education with the dimensions of housing components and sanitation facilities. This means that the higher the mother’s education level, the better the housing components and sanitation facilities owned by the family. This finding aligns with Ratnawati (2024), who found that the implementation of WASH (Water, Sanitation, and Hygiene) practices in families, partly determined by mothers’ education level, plays a vital role in reducing stunting rates and improving household sanitation

conditions. Mothers with higher education tend to better manage water cleanliness, healthy latrines, and waste, thus enhancing the quality of the family environment. Similarly, Bradman et al. (2018) reported a significant positive correlation between mother's education length and the physical quality of the home environment, including ventilation, lighting, and cleanliness. Irianto (2023) also revealed that parents with higher education tend to prioritize household expenditure for improving sanitation facilities.

Parental caregiving plays an important role in shaping children's behavior and health. This study found that clean and healthy living parenting (PHBS) has a significant negative relationship with children's health status. Novita (2020) stated that good parenting supports children's growth and development by providing necessary stimulation, health maintenance, and emotional support. Examples include teaching children about PHBS, paying attention to nutrition, and ensuring proper sleep schedules, which collectively help protect children from illness.

Home environmental health also showed a significant negative correlation with child health status, meaning that the better the home environment health, the lower the likelihood of children falling ill. This finding is consistent with Nugraheni (2019), who found that good household environmental management correlates negatively with the prevalence of environmentally based diseases. The dimensions of home environmental health—housing components, sanitation facilities, and occupant behaviors—also showed significant negative correlations with child health status.

The housing components dimension had a significant negative relationship with child health status, indicating that healthier housing components reduce the likelihood of illness among children. Kamal et al. (2021) supported this, noting that healthy housing features such as ceilings, walls, floors, and ventilation are significantly associated with better child health, especially among toddlers.

Sanitation facilities also had a significant negative relationship with child health status. This is supported by Prüss Ustün et al. (2019), who highlighted that improved water, sanitation, and hygiene in the home contribute to reducing diseases among children under five, emphasizing the critical role of home environmental health in determining child health status.

Occupant behavior showed a significant negative relationship with child health status. Nafikadini (2023) explained that family members' efforts to maintain cleanliness and care for the home reduce the likelihood of illness.

Among family characteristics, mother's length of education had a significant negative effect on child health status. Aziz (2023) stated that the longer and higher the mother's education, the greater the positive impact on health through improved nutrition knowledge, reduced stunting risk, and better growth indicators such as HAZ scores, thereby lowering children's illness risks.

Child's age had a significant negative effect on child health status. Torlesse (2016) explained that older children tend to have more mature immune systems, better environmental adaptation, and more independent and varied eating habits, all contributing to a lower likelihood of sickness. Additionally, parents generally gain more experience in childcare as children grow older.

PHBS also had a significant negative effect on child health status. Widiyanto (2018) noted that hygienic behaviors consistently practiced within families support reduced disease incidence. Handayani (2019) found that households implementing PHBS consistently tend to have healthier children compared to those that do not. Dewi (2021) emphasized that health education and community interventions promoting PHBS at the household level are effective preventive strategies to lower disease incidence and improve overall child quality of life in physical, emotional, and social domains.

Home environmental health had a significant negative effect on child health status. Indriati (2020) found that a well-maintained home environment supports family members' health by reducing disease incidence and promotes optimal growth and immune system strength in children.

Out of forty children surveyed, fifteen were reported ill, with a variety of diseases and incidence levels. The most common illness was prolonged itchy skin conditions lasting more than two weeks in some cases, followed by influenza, acute diarrhea, dengue hemorrhagic fever (DBD), common cold, and asthma, though at lower rates.

The varying frequency of illnesses indicates a diversity in children's health conditions that requires attention, especially regarding prevention and management of frequently occurring and potentially prolonged diseases.

This study also included qualitative data from interviews with respondents. Variations were found in housing conditions—from concrete walls to wooden structures and rattan huts. Waste disposal habits varied, with some residents disposing of trash properly and many others discarding it on the beach or behind houses due to lack of trash bins. Parental supervision styles varied from close engagement to more distant monitoring or free play allowances.

The study had limitations, including the inability of male researchers to directly observe respondents' housing conditions due to cultural norms and respondent gender, with most respondents being married women whose husbands are often at sea. The researchers maintained strict research ethics to avoid misunderstandings within the community.

5. CONCLUSION AND RECOMMENDATIONS

Respondents in this study consisted of forty mothers who have toddlers and reside in Palabuhanratu Sub-district, a coastal area near the IPB Field Station. Based on education level, the largest percentage of mothers completed elementary school or its equivalent. Most mothers worked as housewives, while the majority of husbands worked as fishermen. Families mostly had one to two children, so the average family size falls into the small family category.

Correlation tests showed relationships between family characteristics, child characteristics, with Clean and Healthy Lifestyle Behavior (PHBS), home environmental health conditions, and child health status. The results indicated that among family characteristics, the length of education had a significant positive correlation with home environmental health, meaning that the higher the mother's education level, the better the home environmental health. Home environmental health had a significant negative correlation with child health status, indicating that better home environmental health reduces the likelihood of children falling ill. PHBS also had a significant negative correlation with child health status, meaning that better practices of clean and healthy living decrease the incidence of illness in children.

The influence test showed that among family characteristics, length of education had a significant negative effect on child health status. Additionally, child characteristics, specifically the child's age, also had a significant negative effect on child health status. The variable of home environmental health condition likewise showed a significant negative effect on child health status. Furthermore, PHBS exhibited a significant negative influence on child health status, indicating that better PHBS leads to a lower incidence of illness among children.

This study found that most of the children suffered from skin diseases for a relatively long period. Other illnesses observed included influenza, gastroenteritis, diarrhea, cold cough, and asthma, with varying frequencies of occurrence.

Based on the findings, several recommendations are proposed for parents, government, community, and future researchers to maintain children's health status, especially in Palabuhanratu Sub-district. Parents are encouraged to increase awareness of home environmental cleanliness. Moreover, they need to actively participate in all children's activities, foster positive habits at home, and maintain good health for themselves and their children in the household environment. Parents should also pay attention to their own education to gain more knowledge and experience in maintaining their children's health.

Furthermore, the local community needs to actively engage in all health programs within their residential area and foster collaboration among residents. The presence of a community that is more aware of the importance of clean and healthy living parenting can serve as an effective preventive step to reduce the incidence of diseases among toddlers in coastal areas. Therefore, collaboration among residents and increased participation in health-based social activities in the neighborhood are highly recommended. The community is also advised to actively create a healthy and safe home environment for children, such as improving air ventilation, ensuring cleanliness of floors and walls, and keeping the house free from cigarette smoke and other air pollutants.

Regarding the government, it is expected to support policies related to household and community cleanliness, such as improving sanitation facilities and infrastructure, expanding access to clean water, subsidizing healthy toilets, and managing household waste. Additionally, it is necessary to implement education about PHBS through various media and community activities. The role of integrated health posts (posyandu) should be optimized to provide child health services and parental education on caregiving practices that support child health, along with strengthening the capacity of health workers in the local area.

This study did not examine other variables that may influence child health status. Future researchers are encouraged to investigate variables beyond home environmental health and clean

and healthy living behavior to broaden and further develop knowledge regarding children's health status. Data collection in this study was based solely on the perceptions of wives or mothers, without considering the perspectives of husbands or fathers. It is recommended that future research includes the viewpoints of husbands or fathers, given that data collection in this study was exclusively based on the perceptions of wives or mother

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