

THE INFLUENCE OF PARENTING PRACTICES AND HOME ENVIRONMENTAL HEALTH ON TODDLER HEALTH STATUS IN PALABUHANRATU

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Abstract

A clean and healthy lifestyle is an essential skill and a responsibility of parents in maintaining family and home environmental hygiene for the well-being of children. This study aimed to analyze the influence of clean and healthy parenting practices and home environmental conditions on the health status of toddlers in a fishing village in Palabuhanratu Subdistrict, Sukabumi Regency. A quantitative cross-sectional study was conducted with forty mothers of toddlers selected through purposive sampling. The data were analyzed using Pearson correlation and multiple linear regression for inferential test. Results showed that clean and healthy parenting practices were in the high category and home environmental health in the moderate category. Clean and healthy parenting practices were the most dominant influence on toddler health status, followed by home environmental health conditions, with both variables jointly having a positive and significant effect on toddler health status. It is concluded that clean and healthy parenting practices and home environmental conditions have a positive and significant influence on toddler health status, and improvements in both factors are essential for reducing illness risk among toddlers in coastal communities.

Keywords: clean and healthy parenting practices; environmental health of the home; fishing village; health status of toddlers

INTRODUCTION.

In daily life, parents always accompany children while they carry out activities. The role of parents greatly determines the quality of a child's life in the future. Ecological theory views child development as occurring through environmental systems, which consist of three systems: the microsystem, exosystem, and macrosystem (Bronfenbrenner, 1998). With parental care, especially through democratic parenting styles, children are expected to develop their independence well. According to social learning theory, individuals not only learn through personal experience but also through observing others and the outcomes of their actions (Bandura, 1961). Based on the UNICEF framework (1990), parenting practices are indirect factors that can influence clean living and the health conditions of toddlers. Parenting practices within a family depend on the knowledge possessed by the parents.

Clean and Healthy Living Behavior (PHBS) is an important step in achieving optimal health for everyone. A healthy condition does not occur automatically but must be continuously pursued, transforming unhealthy habits into healthy ones while creating a healthy environment (Ministry of Health Regulation, 2019). Simbolon and Simorangkir (2018) emphasize that clean and healthy living practices are conscious activities and behaviors that encourage healthy habits not only for individuals but also for groups, including families. Nasution et al. (2023) explain that improper implementation of PHBS is caused by a lack of parental knowledge in maintaining family health. Therefore, healthy parenting practices are necessary to maintain family health, especially in coastal areas that are vulnerable to health issues.

Clean and healthy parenting practices in coastal areas remain a significant challenge. Several studies show that the implementation of PHBS in coastal communities tends to be low, which negatively impacts public health. A study conducted in Bagan Deli Village, Medan Belawan District, found that the local community had not fully implemented PHBS in households. This resulted in less clean living environments and increased the risk of disease (Yasnani, 2021).

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

Home environmental health conditions refer to environments that support human well-being by preventing diseases transmitted through air, water, soil, or other environmental factors. In general, home environmental health includes efforts to manage environmental factors that can affect human health (Sumantri, 2019). Within family life, home environmental health also exists on a smaller scale, namely within households. Parents need to pay attention to home environmental health conditions because they are important for maintaining the health of family members, especially children. Lestari (2022) states that home environmental health conditions play a role in determining a child's quality of life. Coastal areas represent one context where home environmental health conditions are particularly critical, given the unique geographical and social pressures faced by families in these settings.

Effendi (2016) explains that coastal areas have unique geographical and social characteristics, where interactions between land and sea form dynamic ecosystems. In Indonesia, coastal areas are inhabited by many people who depend on marine and land resources for their livelihoods. However, with population growth and uneven development, various problems related to home environmental health conditions have emerged, including poor sanitation systems, limited access to clean water, inadequate waste management, and high housing density.

Dense settlements, poor sanitation systems, and limited access to clean water are major issues commonly found in coastal areas. Therefore, research on home environmental health conditions in coastal regions is important to understand risk factors that affect the overall health status of coastal communities (Siregar, 2020). The coastal area observed in this study is Palabuhanratu, West Java.

Cleanliness conditions in Palabuhanratu are a major concern. Data from the Sukabumi Regency Environmental Agency (2023) show that unmanaged waste is often found in coastal areas. Additionally, data from the Sukabumi Regency Central Bureau of Statistics (2020) indicate that 159.82 m³ of waste contributes significantly to health issues in the Palabuhanratu area. In 2023, there were 5,757 cases of diarrhea, with the majority affecting toddlers.

Serious and dangerous diseases commonly found in Sukabumi Regency include AIDS, malaria, leprosy, dengue fever, and tuberculosis (BPS, 2020). The high number of disease cases in the region is largely caused by environmental factors. As stated in a report by the Sukabumi Regency Health Office (2023), the increase in disease cases is due to polluted home environmental health conditions and low public awareness of health. Based on BPS Sukabumi Regency (2023), there are only two health workers focusing on environmental health across three subdistricts in Palabuhanratu. This makes it difficult to educate the community about home environmental health conditions.

Based on these problems, this study aims to identify family characteristics, child characteristics, clean and healthy parenting practices, home environmental health conditions, and the health status of toddlers; analyze the relationships between these variables; and examine the influence of family characteristics, child characteristics, clean and healthy parenting practices, and home environmental health conditions on the health status of toddlers.

METHODS

Research Design

This study uses a quantitative approach with a survey method assisted by questionnaires. The research design applies a cross-sectional study, meaning the research was conducted at a single point in time. The study was carried out in Palabuhanratu Subdistrict, Sukabumi, West Java, an area with rich natural resources, especially coastal areas, but facing home environmental health problems. The research was conducted through stages of preparation, data collection, data processing, data analysis, and report writing. Data collection took place in October 2024.

Sampling Technique

The population of this study consists of mothers from the local community who have toddlers, both wives of fishermen and non-fishermen, in the coastal area of Palabuhanratu, Sukabumi, West Java. The sample in this study included 40 mothers selected using a purposive sampling technique, with mothers serving as respondents.

Variable Measurement

The variables in this study include: (1) family characteristics; (2) child characteristics; (3) clean and healthy parenting practices; (4) home environmental health conditions; and (5) toddler health status (Table 1). Family characteristics consist of the mother's age, mother's years of education, parents' occupations, family income, and family size. Child characteristics include the child's age and gender.

The clean and healthy parenting practices variable was measured using 26 question items covering four aspects: health service utilization, personal hygiene, physical activity and rest, and nutritional fulfillment, using a Likert scale (1–4). The home environmental health conditions variable was measured using 15 question items covering three dimensions: housing components (6 items), sanitation facilities (4 items), and occupant behavior (5 items), also using a Likert scale (1–4). The toddler health status variable was measured based on the type and duration of illness experienced by the child over the last three months (July–September 2024), scored according to disease severity categories. All instruments were tested for validity using Pearson product-moment correlation and for reliability using Cronbach's alpha prior to data collection, with results indicating that all items were valid and reliable.

Table 1. Operational Definitions and Indicators of Research Variables

Variable	Operational Definition	Indicators
Clean and Healthy Parenting Practices	Behaviors taught and instilled by parents to ensure children's health in order to improve, maintain, and preserve child health.	<ol style="list-style-type: none"> 1. Regular check-ups at posyandu/midwife/community health center according to recommendations. 2. Growth Monitoring Card (KMS) is completed at every visit. 3. Receiving all types of immunization according to schedule. 4. Washing hands with soap after cleaning the child after defecation. 5. Washing hands with soap after cleaning the child after 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 frequently handled by the child. 9. Trimming the child's nails. 10. Bathing the child twice a day. 11. Exposing the child to morning sunlight. 12. Washing the child's hands with soap when dirty. 13. Taking a sick child to health services. 14. Cleaning the child's bed/playing area. 15. Providing balanced nutrition at every meal. 16. Providing balanced nutrition at every meal. 17. Preparing meals based on the child's preferences. 18. Encouraging the child to eat fruit. 19. Encouraging the child to eat vegetables. 20. Providing complete meals (staple food, vegetables, plant and animal protein, fruit). 21. Providing milk daily. 22. Giving mashed food before 4 months of age. 23. Ensuring participation in vitamin/supplement programs. 24. Providing complete meals (staple food, vegetables, plant and animal protein, fruit). 25. Providing milk daily. 26. Giving mashed food before 4 months of age.?
Home Environmental Health	Environmental conditions within the family that are able to support a dynamic	<p>Housing Components</p> <ol style="list-style-type: none"> 1. Ceiling condition 2. Wall condition 3. Floor condition

Variable	Operational Definition	Indicators
	household ecological balance among family members to achieve a healthy and happy quality of life.	4. Window condition 5. Ventilation condition 6. Lighting condition Sanitation Facilities 7. Clean water facilities 8. Toilet/latrine 9. Wastewater disposal facilities 10. Garbage disposal facilities Occupant Behavior 11. Opening bedroom windows 12. Opening living room windows 13. Cleaning the house and yard 14. Disposing of garbage properly 15. Providing children with nutritionally balanced meals
Toddler Health Status	The health condition of the child and the occurrence of illnesses experienced by the child, measured in this study over the last three months (July–September 2024).	[0] Not ill [1] Itching [2] Influenza [3] Asthma [4] Diarrhea, gastroenteritis, dengue fever (based on disease score and duration of illness)

Data Collection Techniques

The type of data used in this study is primary data. Primary data refers to data collected directly by the researcher. It was obtained through interviews using a questionnaire. The primary data include child characteristics, family characteristics, clean and healthy parenting practices, home environmental health conditions, and toddler health status.

Data Analysis

Data analysis was carried out through the processes of editing, coding, scoring, entering, and cleaning. The editing stage was conducted to check data completeness, completeness of responses, clarity of answers, relevance or relationships between responses, consistency of answers, and data variation. The coding stage involved assigning codes as a guide for data entry and scoring. The entering stage consisted of inputting data into a computer, followed by the cleaning process to ensure data accuracy.

Data processing was performed using Microsoft Excel 2019 and the Statistical Package for Social Sciences (SPSS) version 25. Measurement of variables in this study was conducted through a scoring process. The total score for each variable was calculated by summing the scores of each response, then converted into an index to categorize it based on the following ranges: low (<60.0), moderate (60.0–80.0), and high (>80). This categorization approach is commonly used in family and consumer sciences research to classify behavioral and environmental variables into interpretable levels of adequacy (Aprilia, 2018).

Prior to the main analysis, a normality test using the Kolmogorov-Smirnov test was conducted to ensure that the data met the assumption of normal distribution required for Pearson correlation analysis. In addition, classical assumption tests were performed before conducting multiple linear regression analysis, including the multicollinearity test using the Variance Inflation Factor (VIF) and the heteroscedasticity test using the Glejser test, to ensure the validity and reliability of the regression model.

The statistical analyses used in this study are as follows:

1. Descriptive analysis of family characteristics, child characteristics, clean and healthy parenting practices, home environmental health conditions, and toddler health status.
2. Pearson correlation test to analyze the relationship between family characteristics, child characteristics, and the variables of clean and healthy parenting practices, home environmental health conditions, and toddler health status.

- Multiple linear regression analysis to examine the influence of family characteristics, child characteristics, clean and healthy parenting practices, and home environmental health conditions on toddler health status.

Research Hypotheses

- H1: Family characteristics are significantly related to clean and healthy parenting practices
- H2: Family characteristics are significantly related to home environmental health conditions
- H3: Family characteristics significantly influence toddler health status
- H4: Child characteristics significantly influence toddler health status
- H5: Clean and healthy parenting practices significantly influence toddler health status
- H6: Home environmental health conditions significantly influence toddler health status

RESULTS

Family Characteristics

The respondent characteristics in this study include the mother’s age, mother’s occupation, father’s occupation, mother’s years of education, mother’s physiological status, family size, and family income. Most respondents were aged 31–40 years (65%). The majority of mothers were housewives (67.5%), while most fathers worked as fishermen (80%). Some respondents had only completed elementary school (42.5%). Most families were categorized as small families (57.5%). Family income varied monthly, with the majority earning between one and two million rupiah per month (42%). Based on physiological status, most mothers were in good health (77.5%).

Child Characteristics

Child characteristics in this study include age and gender. The children ranged from 1 to 5 years old, with the majority aged 3–4 years (32.5%). Most children were male (25 children or 62.5%), followed by female children (15 children or 37.5%).

Clean and Healthy Parenting Practices

The variable of clean and healthy parenting practices does not have specific measurement dimensions and is referred to as health parenting patterns. The results show that the average index score is 79.70, with the highest percentage in the high category (52.5%), indicating that the implementation of clean and healthy parenting practices in the area is quite adequate (Table 2).

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

Variables	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

Note: SD = standard deviation; index categories: low (<60), moderate (61–80), and high (>80).

Home Environmental Health Conditions

The home environmental health variable is divided into three dimensions: housing components, sanitation facilities, and occupant behavior. The housing component dimension refers to the condition of the physical elements of the house, while the sanitation facilities dimension refers to the quality of sanitation facilities available in the house. Meanwhile, the occupant behavior dimension refers to the habits and behaviors of residents in maintaining household health.

The results show that the average index of home environmental health is 73.27, with the largest percentage in the moderate category (52.5%), indicating that conditions are fairly adequate (See Table 3). The average index for housing components is 69.72 (mostly moderate, 55%), sanitation facilities is 74.38 (mostly high, 47.5%), and occupant behavior is 77.50 (mostly high, 47.5%).

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)

Variables	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

Variables	Category						Min-Max	Mean ± SD
	Low		Moderate		High			
	n	%	n	%	n	%		
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: SD = standard deviation; index categories: low (<60), moderate (61-80), and high (>80).

Toddler Health Status

The results show that 15 children experienced illness with varying frequencies (Table 4). The most common condition was prolonged itching (10%) lasting more than 14 days. Other illnesses included influenza (7.5%), gastroenteritis (5%), diarrhea (2.5%), coughs and colds (5%), and asthma (2.5%), with varying frequencies.

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

Type of Disease	Duration of Illness							
	1-4 Days		5-8 Days		9-14 Days		>14 Days	
	n	%	n	%	n	%	n	%
Cough and cold	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	0	0,0	2	5,0	0	0,0	0	0,0

Overall, 25 children were healthy, while 15 were ill with varying frequencies. Based on morbidity scores, 20% were categorized as low and 17.5% as high (Table 5).

Table 5. Distribution of Morbidity Scores in the Last Three Months (n = 15)

Child Condition	Frequency	n	%
Cough and cold	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	5 days, 6 days	2	5,0
Morbidity			
Low (score 0-20)		8	20,0
High (score >21)		7	17,5

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

The correlation test was conducted to examine the relationship between family and child characteristics with home environmental health, PHBS, and child health conditions. There were four family characteristics and two child characteristics included in this analysis, but only the mother's years of education showed a significant relationship with the dimensions of home environmental health. The mother's years of education had a significant positive relationship with both the housing component dimension and the sanitation facilities dimension (Table 6).

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

Variable	Housing Components	Sanitation Facilities	Occupant Behavior	Home Environmental Health	PHBS	Child Health Condition
Mother's Age	0,204	0,160	0,029	0,213	-0,303	-0,191
Mother's Years of Education	0,586**	0,374*	0,249	0,589**	0,038	0,301

Variable	Housing Components	Sanitation Facilities	Occupant Behavior	Home Environmental Health	PHBS	Child Health Condition
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).

Further analysis showed that home environmental health and clean and healthy parenting practices were significantly related to toddler health status. The housing component had a significant negative relationship (0.482), meaning that better housing conditions reduce the likelihood of children becoming ill. Sanitation facilities also had a significant negative relationship (0.396), indicating that better sanitation reduces illness risk. Overall home environmental health had a significant negative relationship (0.430), and clean and healthy parenting practices also showed a significant negative relationship (0.270), meaning that improvements in these factors decrease the likelihood of child illness (Table 7).

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

Variable	Housing Components	Sanitation Facilities	Occupant Behavior	Home Environmental Health	PHBS	Child Health Condition
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*
Toddler Health Condition						1

*Significant at $p < 0.05$ (2-tailed); ** significant at $p < 0.001$ (2-tailed).

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

The regression model tested the influence of family characteristics, child characteristics, clean and healthy parenting practices, and home environmental health conditions on toddler health status (Table 8). The overall model was statistically significant ($F = 6.306$; $p < 0.01$), with an Adjusted R^2 of 0.161, meaning that 16.1% of the variation in toddler health status can be explained by these variables, while the remaining 83.9% is influenced by other unexamined factors.

The mother's years of education significantly influenced toddler health status ($\beta = 0.149$; $p < 0.05$), indicating that higher maternal education reduces the likelihood of toddler illness. The child's age also significantly influenced toddler health status ($\beta = 0.462$; $p < 0.05$), indicating that older toddlers have a lower risk of illness. Home environmental health conditions significantly influenced toddler health status ($\beta = 0.177$; $p < 0.01$), indicating that better home environmental health conditions reduce illness risk. Clean and healthy parenting practices most dominantly influenced toddler health status ($\beta = 0.265$; $p < 0.01$), indicating that improvements in parenting hygiene practices are the strongest contributor to reducing toddler illness.

Table 8. The Influence of Family Characteristics, Child Characteristics, Clean and Healthy Parenting Practices, and Home Environmental Health Conditions on Toddler Health Status

Variables	Unstandardized coefficients		Standardized coefficients	Sig.
	b	Std. Error	β	
Child Health Condition				
(Constant)	18,083	32,900		0,038**
Mother's Years of Education	1,423	0,751	0,149	0,028**
Family Size	0,219	0,741	0,510	0,091
Family Income	0,511	0,249	0,621	0,087
Child's Age	0,811	0,309	0,462	0,039**
Home Environmental Health	0,165	0,049	0,177	0,002**
PHBS	0,369	0,107	0,265	-0,001*
R ²		0,183		
Adjusted R ²		0,161		
F		6,306		
Sig		0,000**		

*Significant at $p < 0.05$ (2-tailed); ** significant at $p < 0.001$ (2-tailed).

DISCUSSION

Health status is one of the important aspects that must be considered by all humans, especially for children as the future generation. By maintaining children's health status, it becomes easier for them to carry out all activities, including their growth and development processes.

In this study, there are family characteristics that have a significant positive relationship with several dimensions, namely the mother's years of education with the housing component dimension and the sanitation facilities dimension. This means that the higher the level of education attained by the mother, the better the housing components and sanitation facilities owned by the family. This is in line with research conducted by Ratnawati (2024), which states that the implementation of WASH (Water, Sanitation, and Hygiene) practices in families—one of which is determined by the mother's level of education—plays an important role in reducing stunting rates and improving household sanitation conditions. Mothers with higher education tend to manage water cleanliness, healthy latrines, and waste better, thereby improving the quality of the family environment. This is also consistent with research by Bradman et al. (2018), which states that the mother's years of education have a significant positive correlation with the quality of the home's physical environment, including ventilation, lighting, and cleanliness. In addition, this aligns with Irianto (2023), who stated that parents with higher education prioritize household expenditures for improving sanitation facilities.

Parenting plays an important role in children's daily behavior and becomes a factor influencing their health at home. In this study, clean and healthy parenting practices carried out by parents have a significant negative relationship with children's health status. Novita (2020) states that good parenting supports children's growth and development, provides stimulation, health maintenance, and emotional support needed by children. Examples include teaching children about PHBS, paying attention to food, and regulating children's sleep schedules so that they are protected from illness.

Home environmental health has a significant negative relationship with children's health status, meaning that the better the home environmental health, the lower the likelihood of children becoming ill. This finding is consistent with research by Nugraheni (2019), which states that good management of the home environment has a negative correlation with the prevalence of environment-based diseases. Home environmental health has dimensions that are significantly negatively related to children's health status, including housing components, sanitation facilities, and occupant behavior.

In this study, housing components have a significant negative relationship with children's health status, meaning that better housing components reduce the likelihood of children becoming ill. This is supported by research by Kamal et al. (2021), which states that healthy housing components such as ceilings, walls,

floors, and ventilation that meet health standards are significantly related to maintaining children's health, especially toddlers.

Sanitation facilities also have a significant negative relationship with children's health status. This is consistent with findings by Prüss-Ustün et al. (2019), which state that improvements in water, sanitation, and hygiene at home contribute to reducing diseases in children under five, emphasizing the importance of home environmental health in determining children's health status.

Occupant behavior also has a significant negative relationship with children's health status. This aligns with research by Nafikadini (2023), which explains that when family members maintain cleanliness and take care of the home, the likelihood of illness in the family decreases.

Family characteristics, particularly the mother's years of education, have a significant negative effect on children's health status. Aziz (2023) states that the longer and higher a mother's education, the greater its positive impact on health, including improved nutritional knowledge, reduced risk of stunting, and improved growth indicators such as HAZ. Thus, it reduces the likelihood of children becoming ill. Children's age also has a significant negative effect on health status. Torlesse (2016) explains that older children tend to have more mature immune systems, better adaptability to the environment, and greater ability to consume food independently and variably, all of which contribute to reducing illness risk. In addition, parents tend to have more experience in caring for children as they grow older.

PHBS has a significant negative effect on children's health status. This is consistent with Widiyanto (2018), who states that cleanliness behaviors practiced within families help reduce disease occurrence. Handayani (2019) states that households that consistently implement PHBS practices tend to have children with better health status compared to those that do not. Dewi (2021) further emphasizes that improving education and public health interventions to promote PHBS at the household level can be an effective preventive strategy to reduce disease incidence in children and improve overall quality of life, including physical, emotional, and social aspects.

Home environmental health conditions also have a significant negative effect on children's health status. This aligns with Indriati (2020), who states that a well-maintained home environment helps maintain the health of family members by reducing disease cases. A healthy home environment also supports optimal growth and development and enhances children's immune systems.

Based on the research results of forty child respondents, fifteen children were found to be ill, experiencing various types of diseases with varying frequencies. The most common illness was prolonged itching, lasting more than two weeks in some cases. Other illnesses found included influenza, gastroenteritis, dengue fever, coughs and colds, diarrhea, and asthma, although with lower frequencies compared to itching.

Differences in the frequency of each disease indicate that although many children experience health problems, the types of illnesses vary. These findings show diversity in children's conditions that require attention, particularly in efforts to prevent and manage diseases that occur more frequently and tend to last longer.

This study includes not only quantitative data but also qualitative data obtained from follow-up interviews with respondents. There were variations in housing conditions, such as houses with brick walls, wooden walls, or even simple structures made of woven materials. Waste disposal habits also varied; some residents disposed of waste properly, while many others disposed of it along the beach or behind their houses due to the lack of waste facilities. Parenting supervision also varied, including closely monitoring children's activities, supervising from a distance, or allowing children to play freely without supervision.

This study has limitations, as the researcher could not directly observe the respondents' home conditions. This was due to the researcher being male, while respondents were married women whose husbands were mostly at sea. The researcher upheld research ethics to avoid misunderstandings within the community.

CONCLUSION AND SUGGESTION

The respondents in this study were forty mothers with toddlers from Palabuhanratu Village, a coastal area near the IPB Field Station. Based on education level, the largest percentage of mothers had completed elementary school or equivalent. Most mothers were housewives, and most fathers worked as fishermen. Most families had one to two children, indicating that the average family size was small. Correlation analysis showed relationships between family characteristics, child characteristics, clean and healthy parenting practices, home environmental health conditions, and toddler health status. The results showed that the mother's years of education had a significant positive relationship with home environmental health

conditions, meaning that higher maternal education is associated with better home environmental health conditions. Home environmental health conditions had a significant negative influence on toddler health status, meaning that the better the home environmental health conditions, the lower the risk of health problems in toddlers. Clean and healthy parenting practices also had a significant negative influence on toddler health status, meaning that the better the clean and healthy parenting practices implemented, the lower the likelihood of illness occurring in toddlers.

Regression analysis showed that family characteristics, particularly the mother's years of education, significantly influenced toddler health status, where higher maternal education reduces the risk of toddler illness. Child characteristics, especially age, also significantly influenced toddler health status, where older toddlers tend to have a lower risk of illness. Home environmental health conditions significantly influenced toddler health status, where the better the home environmental health conditions, the lower the risk of health problems in toddlers. Clean and healthy parenting practices most dominantly influenced toddler health status, where improvements in parenting hygiene practices are the strongest contributor to reducing illness risk among toddlers. The study found that most toddlers experienced skin diseases over a relatively long period, along with cases of influenza, gastroenteritis, diarrhea, coughs and colds, and asthma with varying frequencies.

Based on the research findings, several recommendations can be made for parents, government, communities, and future researchers to maintain toddler health status, especially in Palabuhanratu Village. Parents are expected to increase awareness of home environmental cleanliness, actively engage in children's activities, instill positive habits at home, and maintain both their own and their toddlers' health. Parents should also pay attention to their own education to gain more knowledge and experience in maintaining their toddlers' health, particularly through participation in parenting education programs focused on toddler health in coastal areas.

For the community, active participation in health programs and collaboration among residents are needed. Greater awareness of clean and healthy parenting practices can serve as an effective preventive measure to reduce disease incidence among toddlers in coastal areas. Therefore, collaboration and participation in community-based health activities, including parenting education programs specifically designed for toddler health in coastal settings, are highly recommended. Communities are also encouraged to actively create a safe and healthy home environment for toddlers, such as improving ventilation, maintaining cleanliness of floors and walls, and ensuring homes are free from cigarette smoke and air pollution.

For the government, it is expected to support policies related to household and environmental cleanliness, such as improving sanitation infrastructure, expanding access to clean water, providing subsidies for healthy toilets, and managing household waste. In addition, education on clean and healthy parenting practices should be promoted through various media and community activities, including structured parenting education programs to improve toddler health in coastal areas. It is also important to optimize the role of integrated health service posts (posyandu) for toddler health services and parental education, as well as to improve the capacity of health workers in the area.

This study has not examined other variables that may influence toddler health status. Future researchers are expected to explore variables beyond home environmental health conditions and clean and healthy parenting practices to broaden knowledge in this field. Data collection was based only on mothers' perspectives without including fathers' views; therefore, future studies are encouraged to include the perspectives of fathers as well.

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