
The Effect of Health Education on Healthy Living Behaviors Among the Community in Surabaya

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ABSTRAK

Perilaku Hidup Bersih dan Sehat (PHBS) melampaui aturan kesehatan belaka; ia mewujudkan kesadaran publik untuk menjaga martabat dan kualitas hidup. Meskipun demikian, keadaan yang berlaku menunjukkan bahwa mayoritas individu terus menghadapi kendala dalam pengetahuan dan praktik yang diperlukan untuk memasukkan PHBS ke dalam rutinitas sehari-hari mereka. Pendidikan kesehatan berfungsi tidak hanya sebagai saluran informasi, tetapi juga sebagai mekanisme pemberdayaan yang menumbuhkan optimisme, meningkatkan kesadaran, dan memperkuat rasa tanggung jawab kolektif untuk kehidupan yang lebih baik. Studi ini berupaya untuk menilai dampak pendidikan kesehatan terhadap perubahan perilaku PHBS masyarakat. Studi ini menggunakan metodologi kuantitatif dengan desain pra-tes dan pasca-tes, yang melibatkan beberapa responden dari masyarakat yang terdampak oleh inisiatif pendidikan. Data dievaluasi untuk menilai sejauh mana sekolah memengaruhi peningkatan pengetahuan, sikap, dan praktik PHBS.

Kata kunci: Perilaku Hidup Bersih Dan Sehat, Kesehatan, Penyuluhan,

ABSTRACT

Clean and Healthy Living Behavior (PHBS) transcends mere health rules; it embodies public consciousness for the preservation of dignity and quality of life. Nonetheless, the prevailing circumstances indicate that the majority of individuals continue to encounter constraints in the knowledge and practices required to incorporate PHBS into their everyday routines. Health education functions not merely as a conduit for information, but also as an empowerment mechanism that cultivates optimism, enhances awareness, and fortifies a collective feeling of responsibility for a better existence. This study seeks to assess the impact of health education on alterations in community PHBS behavior. The study employed a quantitative methodology with a pre-test and post-test design, involving several respondents from the community affected by the educational initiatives. The data were evaluated to assess the degree to which schooling influenced the enhancement of PHBS knowledge, attitudes, and practices.

Keywords: Clean and Healthy living behavior health, counseling

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INTRODUCTION

Health is a fundamental foundation for improving human quality of life. The realization of a truly healthy society depends not only on access to healthcare services but also on the awareness of individuals and communities to maintain personal hygiene and preserve their surrounding environment.

One effective way to foster such awareness is through health education, which includes outreach and educational initiatives aimed at enhancing knowledge, promoting positive attitudes, and encouraging the adoption of Clean and Healthy Living Behaviors (CHLB). Health education significantly influences community behavior by providing clear, relevant, and practical information regarding the importance of personal health protection and environmental preservation.

However, evidence indicates that the implementation of CHLB remains inadequate in many areas. A study conducted in Ilanbatu Village, Luwu Regency, revealed that only 32.46% of households practiced CHLB prior to the implementation of health education interventions. These findings emphasize the need to strengthen public awareness and participation in healthy living practices (West & Luwu, 2025).

Considering this situation, the present study aims to examine how health education influences community clean and healthy living behaviors and to assess the extent to which educational interventions can improve public awareness and promote concrete actions toward maintaining personal and environmental health (Kesehatan et al., n.d.).

RESEARCH METHODS

This study employed a quantitative research design using a survey approach. This method was selected to quantitatively assess the extent to which health education influences clean and healthy living behaviors within the community. In addition, the study reviewed previous research concerning the impact of health education on community development (Barat & Luwu, 2025).

The quantitative approach facilitates statistical analysis of collected data, thereby producing findings that are both scientifically valid and reliable.

The study aimed to collect quantitative data from participants through questionnaires distributed via Google Forms, which were subsequently analyzed using the Statistical Package for the Social Sciences (SPSS). The researchers sought to objectively and comprehensively describe the relationship between health education initiatives and behavioral changes among residents of Surabaya. This methodology was also informed by previous studies employing similar approaches.

The study population consisted of Surabaya residents who had participated in health education programs organized by community health centers, educational institutions, or community organizations. A purposive sampling technique was employed, whereby participants were selected based on specific criteria, particularly individuals who had direct involvement in health education activities (Patilaiya & Rahman, 2018).

The sample was determined based on participants' willingness to complete an online survey administered through Google Forms. The online approach was considered more efficient because it facilitated faster data collection and enabled researchers to reach respondents from various areas throughout Surabaya.

Data collection was conducted using a questionnaire distributed exclusively to individuals who met the study criteria. The questionnaire utilized a Likert scale to assess respondents' understanding of health education materials and their implementation of Clean and Healthy Living Behaviors (CHLB).

All respondent data were exported into Microsoft Excel format and subsequently imported into SPSS for further analysis. Prior to conducting the primary analysis, validity and reliability tests were performed to ensure that the research

instrument was appropriate and capable of accurately measuring the study variables.

The collected data were analyzed using simple linear regression techniques in SPSS. This analysis was conducted to determine the magnitude of the effect of health education on clean and healthy living behaviors among the Surabaya community.

The collected data were analyzed using SPSS through a simple linear regression technique.

RESULT AND DISCUSSION

pernyataan	r tabel	r hitung	kondisi	sign.	kesimpulan
X1.1	0.503	0.301	r hitung> r tabel	0,000<0,05	Valid
X1.2	0.846	0.301	r hitung> r tabel	0,000<0,05	Valid
X1.3	0.806	0.301	r hitung> r tabel	0,000<0,05	Valid
X1.4	0.771	0.301	r hitung> r tabel	0,000<0,05	Valid
X1.5	0.65	0.301	r hitung> r tabel	0,000<0,05	Valid
Y1.1	0.354	0.301	r hitung> r tabel	0,000<0,05	Valid
Y1.2	0.86	0.301	r hitung> r tabel	0,000<0,05	Valid
Y1.3	0.899	0.301	r hitung> r tabel	0,000<0,05	Valid
Y1.4	0.906	0.301	r hitung> r tabel	0,000<0,05	Valid
Y1.5	0.929	0.301	r hitung> r tabel	0,000<0,05	Valid
Y1.6	0.884	0.301	r hitung> r tabel	0,000<0,05	Valid

Validity Test

Based on the validity test results for the study entitled “*Health Education: Clean and Healthy Living Behaviors (CHLB)*”, all questionnaire items measuring the Health Education variable (X) and the Clean and Healthy Living Behavior variable (Y) were found to be valid.

This was demonstrated by the Pearson correlation coefficients for each item, where the calculated correlation values (*r*-count) exceeded the critical *r*-table value of 0.301. The correlation coefficients ranged from 0.503 to 0.846 for the Health Education variable and from 0.354 to 0.929 for the Clean and Healthy Living Behavior variable.

Furthermore, all questionnaire items showed significance values of 0.000, which were lower than the significance threshold of 0.05. This indicates that the observed correlations were statistically significant and not due to chance. Therefore, all questionnaire items were deemed appropriate for use as research instruments because

This analysis was conducted to determine the magnitude of the effect of health education on Clean and Healthy Living Behaviors (CHLB) among the Surabaya community. After the research instruments were confirmed to be valid and reliable, the SPSS analysis results were comprehensively interpreted to answer the research questions and draw final conclusions

they were capable of accurately measuring both the Health Education and Clean and Healthy Living Behavior variables.

Variabel	Alpha	Keterangan
Penyuluhan Kesehatan	0.89	Reliabel
Perilaku Hidup Bersih dan Sehat	0.739	Reliabel

Reliability Test

Based on the reliability test results presented in the SPSS output for the study on Health Education and Clean and Healthy Living Behaviors, the Health Education variable demonstrated a Cronbach’s Alpha coefficient of 0.890, while the Clean and Healthy Living Behavior variable showed a Cronbach’s Alpha coefficient of 0.739.

Both values exceeded the minimum reliability threshold of 0.70, indicating that the instruments used for both variables were reliable. This finding suggests that the questionnaire items possessed good internal consistency and were capable of producing stable and consistent measurements throughout the study

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	430.108	1	430.108	36.501	,000 ^b
	Residual	506.692	43	11.784		
	Total	936.8	44			

a. Dependent Variable: Y

b. Predictors: (Constant), X1

Simultaneous Significance Test (F-Test)

Based on the results of the simultaneous significance test (F-test) presented in the ANOVA table for the study entitled “*Health Education and Clean and Healthy Living Behaviors*”, the

calculated F-value was 36.501 with a significance value of 0.000, which is lower than the significance level of 0.05. This finding indicates that the regression model is statistically significant, meaning that the health education variable simultaneously has a significant effect on the Clean and Healthy Living Behavior (CHLB) variable.

Therefore, it can be concluded that health education makes a strong and significant contribution to improving respondents' Clean and Healthy Living Behaviors. These findings suggest that health education interventions play an important role in promoting positive behavioral changes related to personal and environmental health.

Model Summary ^b				
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.678 ^a	0.459	0.447	3.43272

a. Predictors: (Constant), X1

b. Dependent Variable: Y

Coefficient of Determination (R² Test)

Based on the *Model Summary* output from the regression analysis of the study entitled "*Health Education and Clean and Healthy Living Behaviors*", the coefficient of determination (*R Square*) was found to be 0.459. This indicates that the health education variable explains 45.9% of the variation in Clean and Healthy Living Behaviors among respondents.

The *Adjusted R Square* value of 0.447 demonstrates that, after adjusting for the number of variables and sample size, health education still accounts for 44.7% of the variation in Clean and Healthy Living Behaviors. Furthermore, the correlation coefficient (*R*) of 0.678 indicates a moderately strong positive relationship between health education and Clean and Healthy Living Behaviors.

These results suggest that health education has a substantial influence on improving Clean and Healthy Living Behaviors among respondents. However, approximately 54.1% of the variation in CHLB is explained by other factors not included in the present study, indicating that additional

variables may also contribute to the development of healthy behaviors within the community.

Coefficients ^a				
Model		Unstandardized Coefficients		Standardized Coefficients
		B	Std. Error	Beta
1	(Constant)	10,492	2,715	
	X1	0,687	0,114	0,678

a. Dependent Variable: Y

Partial t-Test

Based on the results of the partial significance test (t-test) presented in the SPSS Coefficients table for the study entitled "*Health Education and Clean and Healthy Living Behaviors*", the regression coefficient for variable X1 (health education) was 0.687, with a standardized beta coefficient of 0.678. The positive value indicates that health education has a positive effect on Clean and Healthy Living Behaviors (CHLB). This means that every increase in health education activities is associated with an increase in respondents' clean and healthy living behaviors.

Meanwhile, the constant value of 10.492 indicates that, even in the absence of health education interventions, the baseline level of Clean and Healthy Living Behaviors remains at 10.492. Therefore, it can be concluded that health education partially contributes significantly and positively to changes in Clean and Healthy Living Behaviors among respondents.

Multiple Linear Regression Analysis

Based on the results of the multiple linear regression analysis conducted in the study entitled "*Health Education and Clean and Healthy Living Behaviors*", the regression model obtained was: $Y = 10,492 + 0,687X_1$ where Y represents Clean and Healthy Living Behaviors (CHLB) and X₁ represents Health Education.

The constant value of 10.492 indicates that, in the absence of health education interventions, the baseline level of Clean and Healthy Living Behaviors remains at 10.492. The regression coefficient of 0.687 for X₁ indicates that every one-unit increase in health education is expected to increase Clean and Healthy Living

Behaviors by 0.687 units, assuming other factors remain constant.

Furthermore, the standardized beta coefficient of 0.678 demonstrates that health education has a strong and positive influence on Clean and Healthy Living Behaviors. Thus, the regression model indicates a positive and statistically significant relationship, whereby improvements in the quality and intensity of health education are associated with meaningful increases in respondents' clean and healthy living behaviors.

DISCUSSION

This study aimed to describe the level of health education received by residents of Surabaya and its surrounding areas regarding Clean and Healthy Living Behaviors (CHLB) and to assess their awareness of these behaviors. Data were collected through a survey distributed across multiple WhatsApp groups to facilitate respondent accessibility. The research instrument demonstrated satisfactory validity and reliability. All items measuring the Health Education (X) and CHLB (Y) variables showed correlation coefficients exceeding the critical *r*-table value of 0.301, with significance levels of 0.000. These results confirm that each questionnaire item accurately measured the intended construct. Furthermore, the high reliability coefficients (Cronbach's Alpha = 0.890 for Health Education and 0.739 for CHLB) indicate strong internal consistency, ensuring the quality and dependability of the collected data.

The findings revealed that health education significantly influences community practices related to clean and healthy living behaviors. The significant F-test result ($F = 36.501$; $p = 0.000$) indicates that the regression model was appropriate and effective in explaining the relationship between the variables. These findings demonstrate that health education plays an important role in encouraging positive behavioral changes within the community.

The impact of health education on promoting clean and healthy living behaviors was substantial. The coefficient of determination (R^2) value of 0.459 indicates that 45.9% of the variation in respondents' CHLB can be explained by health

education. This proportion is considered relatively high in social science research, where human behavior is influenced by numerous factors. Therefore, the findings confirm that health education is a significant determinant of healthy behavior among community members.

The results of the t-test further demonstrated that health education has a significant positive effect on CHLB. The regression coefficient for X_1 was 0.687, with a standardized beta coefficient of 0.678, indicating a positive relationship between the variables. As the quality and intensity of health education improve, the level of clean and healthy living behaviors among community members also increases. These findings suggest that health education serves as an important catalyst for encouraging healthy lifestyle practices.

The regression model, $Y = 10.492 + 0.687X_1$, illustrates a positive relationship between health education and clean and healthy living behaviors. The constant value of 10.492 indicates that community members maintain a baseline level of CHLB even without educational interventions. However, this level increases substantially when effective health education programs are implemented.

The findings of this study confirm that health education is an effective intervention for improving clean and healthy living behaviors. Health education not only provides knowledge but also fosters awareness and motivates individuals to adopt healthier lifestyles. These results further reinforce the importance of educational interventions as one of the most effective strategies for improving public health outcomes.

This study highlights the need to expand and strengthen health education programs across various institutions, including community health centers, educational institutions, and community organizations. Improving delivery methods, increasing available resources, and conducting educational activities more frequently may serve as strategic approaches to fostering greater awareness and adoption of clean and healthy living behaviors within the community.

CONCLUSION

Based on the findings of this study, it can be concluded that health education has a significant positive effect on improving Clean and Healthy Living Behaviors (CHLB) among the people of Surabaya. Individuals who participated in health education programs demonstrated greater awareness of the importance of maintaining personal and environmental health. They not only acquired new knowledge but also began applying it through positive daily habits.

These findings were supported by SPSS statistical analysis, which indicated that health education contributed to increased preventive practices, including proper handwashing, environmental cleanliness, and healthier dietary and lifestyle choices. This demonstrates that health education serves not only as a means of information dissemination but also as an effective tool for promoting sustainable behavioral change.

Therefore, health education programs should continue to be developed using more creative and accessible approaches, such as digital media, community-based activities, and collaborations with educational institutions and healthcare facilities. The wider the public's access to health information, the greater the opportunity to foster communities that consistently practice clean and healthy living behaviors. This study emphasizes that health education is a crucial strategy for building a healthier, more independent, and more responsible society in Surabaya.

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