

Implementation of the Repetitive Method in Teaching Clean and Healthy Living Behaviors for Early Childhood

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ABSTRAK

Clean and Healthy Living Behaviors (PHBS) in early childhood are essential for supporting children's health, independence, and the formation of lifelong healthy habits. At RA Daruttaqwa Teko, initial observations indicated that several children were not consistently practicing key PHBS behaviors, such as washing hands properly, using soap, disposing of waste appropriately, and covering the mouth when coughing or sneezing. This study aimed to improve children's PHBS through the implementation of the repetitive method. The research employed Classroom Action Research involving 15 children as participants. The study was conducted in two cycles, each consisting of planning, action, observation, and reflection stages. Data were collected through systematic observation of PHBS indicators using a developmental scale categorized as BB (Not Yet Developed), MB (Beginning to Develop), BSH (Developing as Expected), and BSB (Very Well Developed), and were analyzed using descriptive quantitative techniques. The results showed a significant improvement across all PHBS indicators from the pre-cycle to Cycle II. Children demonstrated increased independence, consistency, and internalization of clean and healthy living behaviors, with several children even becoming positive role models for their peers. The findings confirm that the repetitive method is effective in strengthening habit formation and promoting sustainable health behaviors in early childhood. Therefore, it is recommended as a routine instructional strategy for PHBS learning in early childhood education settings to support long-term behavioral development.

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INTRODUCTION

Clean and Healthy Living Behavior (Perilaku Hidup Bersih dan Sehat [PHBS]) is a set of practices that reflect the application of personal and environmental hygiene principles as well as disease prevention behaviors that should be cultivated from an early age. Early childhood represents a critical developmental stage during which fundamental habits, attitudes, and behavioral patterns are established and may persist into adulthood. Consequently, the development of healthy habits during this period is considered a strategic investment in long-term public health and child well-being. Previous studies have consistently emphasized that healthy behaviors introduced and reinforced during early childhood contribute significantly to sustainable health outcomes throughout an individual's life (Tabi'in, 2020; Ulfadhilah, 2023; Wulan & Pardede, 2024).

In early childhood education settings, particularly in Raudatul Athfal (RA), PHBS education should not merely be delivered as theoretical knowledge but should be integrated into daily learning routines through contextual and consistent practices. Children are expected to understand and practice various healthy behaviors, including washing hands before and after activities, using soap during handwashing, disposing of waste properly, maintaining personal hygiene, and covering their mouths when coughing or sneezing. These practices serve as the foundation for developing lifelong healthy habits and supporting optimal physical, cognitive, and social development (Binawanti, 2021; Rahayu & Setiasih, 2022). Furthermore, structured health education programs in early childhood settings have been shown to improve children's knowledge, awareness, and independent application of clean and healthy living behaviors (Iman, 2024; Kumalasari et al., 2025).

Despite the recognized importance of PHBS, many young children still experience difficulties in consistently applying healthy living practices independently. Preliminary observations conducted at RA Daruttaqwa Teko revealed that several children were not accustomed to washing their hands before and after activities, frequently neglected the use of soap during handwashing, and often disposed of waste improperly (Susilawati, 2023). These findings indicate that the internalization of clean and healthy living behaviors among early childhood learners remains suboptimal, despite the essential role of such behaviors in supporting children's health and social adaptation.

Similar concerns have been reported in other educational contexts. A study conducted at TK Andri, Ulu Aer Village, found that although PHBS programs had been implemented, factors such as inadequate facilities and limited parental understanding reduced the effectiveness of habit formation among children (Aini & Tejaningsih, 2025). Likewise, other studies have shown that PHBS instruction implemented without appropriate pedagogical strategies often results in limited behavioral change and insufficient mastery of healthy living skills among early childhood learners (Mas'Amah, 2026; Ulfadhilah, 2024). These findings suggest that successful PHBS education requires not only relevant content but also effective instructional approaches that facilitate habit formation and behavioral internalization.

Various educational strategies have been developed to improve children's understanding and practice of PHBS. Educational games, storytelling activities, and experiential learning approaches have been reported to increase children's engagement and motivation in learning healthy behaviors (Mustapa et al., 2025). Contextual and enjoyable learning experiences can strengthen the adoption of positive health habits and transform them into routine behaviors. Moreover, the success of PHBS programs in early childhood education is influenced by teachers' readiness to provide engaging learning experiences and parents' involvement in reinforcing healthy practices at home (Rahayu & Setiasih, 2022).

Among the various instructional approaches, the repetitive method has emerged as a potentially effective strategy for promoting behavioral change among young children. This method emphasizes the continuous repetition of learning activities, enabling children not only to understand concepts but also to develop strong skills and habits through consistent practice. Developmental perspectives suggest that behaviors repeatedly practiced are more likely to become automatic and independently performed habits (Wahyuni, 2025). Repetition facilitates both cognitive retention and motor memory, thereby strengthening children's ability to perform healthy behaviors consistently.

The theoretical foundation for the repetitive method is supported by several classical learning theories. Thorndike's (1913) Connectionism Theory, particularly the Law of Exercise, posits that the association between stimulus and response becomes stronger through repeated

practice. This perspective suggests that repeated engagement in healthy behaviors can gradually transform such behaviors into stable habits. Similarly, Skinner's (1953) Behaviorist Theory emphasizes that behaviors can be shaped and maintained through reinforcement mechanisms. Repeated behaviors that receive positive reinforcement are more likely to be retained and become habitual.

Furthermore, Bandura's (1977) Social Learning Theory explains that children acquire new behaviors through observation, imitation, and repeated practice of behaviors modeled by significant individuals in their environment. In the context of PHBS education, teachers and parents serve as role models whose actions influence children's adoption of healthy habits. From a cognitive perspective, Piaget (1952) argued that children construct knowledge through active interaction with their environment. Therefore, repeated direct experiences with healthy living practices can strengthen children's cognitive understanding of hygiene and health. Likewise, Dewey's (1938) Experiential Learning perspective emphasizes that meaningful learning emerges through continuous experiences and reflection, suggesting that repeated participation in healthy routines contributes to the formation of sustainable behavioral patterns.

The importance of repetition in health education has also been supported by contemporary empirical research. Şenol and Şenol (2023) found that structured and repeated health education programs significantly improved preschool children's health knowledge and healthy lifestyle habits. Similarly, Violant-Holz et al. (2023) reported that kindergarten teachers who consistently repeated health-related activities and established daily routines successfully enhanced children's internalization of healthy behaviors. Lessy (2024) demonstrated that repeated practice supported by digital learning media improved children's handwashing skills and reinforced healthy habits. In addition, Sobel and Stricker (2022) found that repeated behavioral reinforcement combined with parental involvement contributed significantly to the development of consistent handwashing behaviors among preschool children. Supporting these findings, Binawanti (2022) revealed that routine and repeated implementation of healthy living activities in kindergarten settings effectively fostered children's hygiene practices and environmental cleanliness behaviors.

Although previous studies have demonstrated the positive effects of habituation, repetition, routines, and health education programs on children's healthy behavior development, several limitations remain. Most existing studies focus on educational media, school health programs, parental involvement, or general habit formation processes. Research specifically examining the implementation of the repetitive method as the primary pedagogical strategy for teaching clean and healthy living behaviors in early childhood education remains limited. Consequently, the mechanisms through which repetitive instructional practices contribute to sustainable healthy behavior formation among young children have not been sufficiently explored.

This gap highlights the need for further investigation into the pedagogical effectiveness of repetition-based learning in PHBS education. The novelty of the present study lies in its focus on the repetitive method as the central instructional approach for promoting clean and healthy living behaviors among early childhood learners. Unlike previous studies that primarily examined health education content or supporting learning media, this study explores how systematic and continuous repetition can facilitate behavioral internalization and habit formation within the context of early childhood education.

Therefore, this study aims to examine the implementation of the repetitive method in teaching clean and healthy living behaviors among children at RA Daruttaqwa Teko and to evaluate the extent to which the method contributes to improvements in children's clean and healthy living practices. The findings are expected to contribute to the development of effective

instructional strategies for health education in early childhood settings and provide a practical model for fostering sustainable healthy habits that can be adopted by other early childhood education institutions.

METHODS

1. Research Approach and Design

This study employed Classroom Action Research (CAR) to improve early childhood children's Clean and Healthy Living Behaviors (PHBS) through the implementation of the repetitive learning method. Classroom Action Research was selected because it enables educators to systematically identify classroom problems, implement interventions, observe changes, and continuously improve instructional practices through cyclical processes. According to Mills (2018), Classroom Action Research is a reflective and collaborative inquiry conducted by practitioners to improve educational practices and student outcomes within a specific learning context. Similarly, Mertler (2020) argued that action research provides a practical framework for educators to evaluate the effectiveness of instructional interventions while simultaneously enhancing classroom learning processes.

The study followed the action research model proposed by Kemmis and McTaggart (2014), which consisted of four recurring stages: planning, action, observation, and reflection. The research was conducted over four weeks and comprised two action cycles. Each cycle was designed to evaluate and improve the implementation of repetitive PHBS learning activities based on the findings obtained from the previous cycle.

2. Research Participants and Setting

The study was conducted at RA Daruttaqwa Teko, an Islamic early childhood education institution. The participants consisted of 15 children aged between four and six years who were enrolled in the institution during the academic year in which the study was conducted. The participants were selected using a total sampling technique because all children within the classroom were involved in the intervention activities.

Early childhood learners were selected as the research participants because this developmental stage represents a critical period for habit formation and behavioral development. As emphasized by Allen and Kelly (2015), experiences provided during early childhood significantly influence children's cognitive, social, emotional, and behavioral development. Likewise, Fler (2022) noted that repeated learning experiences during early childhood contribute substantially to the formation of long-term behavioral patterns and self-regulation skills.

3. Research Instruments

Several instruments were utilized to collect research data. The primary instrument was an observation checklist designed to assess children's achievement of PHBS indicators throughout the intervention process. Observation was considered appropriate because behavioral changes in young children are more accurately measured through direct observation in natural learning environments. According to Cohen et al. (2018), observational instruments provide valuable evidence regarding behavioral development and classroom interactions, particularly in educational research involving young children.

The observation checklist assessed six indicators of Clean and Healthy Living Behaviors, namely: (1) washing hands before and after activities, (2) using soap while washing hands, (3) disposing of waste in designated places, (4) maintaining personal hygiene, (5) covering the mouth when coughing or sneezing, and (6) following healthy living routines introduced by the teacher.

Additional data were collected through field notes and photographic or video documentation. Field notes were used to record classroom situations, children's responses, and

emerging behaviors during the intervention process, while documentation provided visual evidence supporting observational findings. As noted by Creswell and Creswell (2018), combining multiple sources of evidence enhances data credibility and strengthens the validity of educational research findings.

Children's performance was assessed using the developmental achievement scale commonly applied in Indonesian early childhood education, consisting of: Belum Berkembang (BB/Not Yet Developed), Mulai Berkembang (MB/Beginning to Develop), Berkembang Sesuai Harapan (BSH/Developing as Expected), and Berkembang Sangat Baik (BSB/Very Well Developed).

4. Data Collection Procedures

Data collection was carried out through two action research cycles. During the planning stage, the researcher and classroom teacher collaboratively prepared learning scenarios, observation instruments, learning materials, and repetitive PHBS activities. The activities focused on repeatedly practicing healthy behaviors, including handwashing, proper waste disposal, personal hygiene maintenance, and appropriate coughing and sneezing etiquette.

During the action stage, the teacher implemented repetitive learning activities by continuously guiding children to perform the targeted PHBS behaviors throughout daily classroom routines. Repetition was integrated into various learning situations so that children could repeatedly practice the desired behaviors in meaningful contexts. According to Slavin (2018), repeated practice strengthens memory retention and facilitates the development of automatic behavioral responses. Similarly, Woolfolk (2021) explained that consistent repetition enables learners to internalize behavioral routines and transform them into habitual actions.

During the observation stage, the researcher systematically observed and recorded children's behavioral development using the observation checklist, field notes, and documentation. Subsequently, during the reflection stage, the researcher analyzed the outcomes of each cycle, identified strengths and weaknesses of the intervention, and used the findings to improve the implementation of the subsequent cycle.

5. Criteria of Success

The success of the intervention was determined based on children's achievement of the PHBS indicators. The action was considered successful when at least 75% of the participants achieved the categories of Berkembang Sesuai Harapan (BSH) or Berkembang Sangat Baik (BSB) across the observed indicators. This criterion was established to ensure that the intervention produced meaningful improvements in children's healthy living behaviors at the classroom level.

6. Data Analysis

The collected data were analyzed using descriptive quantitative analysis. The analysis focused on calculating the percentage of children who achieved the BSH and BSB categories for each PHBS indicator in every cycle. The percentage results were then compared across cycles to determine the extent of behavioral improvement resulting from the implementation of the repetitive method.

Descriptive quantitative analysis was considered appropriate because it enables researchers to summarize behavioral achievement data and identify patterns of change over time. Johnson and Christensen (2020) stated that descriptive statistical procedures are useful for presenting educational data clearly and evaluating intervention outcomes. Furthermore, Ary et al. (2019) emphasized that percentage-based analysis is particularly suitable for classroom action research aimed at monitoring student progress and measuring instructional effectiveness across action cycles.

RESULTS

This study aimed to improve Clean and Healthy Living Behaviors (PHBS) among 15 children at RA Daruttaqwa Teko through the implementation of the repetitive learning method. Observations were conducted across three stages: the pre-cycle, Cycle I, and Cycle II, using six PHBS indicators and four developmental achievement categories: Not Yet Developed (BB), Beginning to Develop (MB), Developing as Expected (BSH), and Very Well Developed (BSB).

Pre-Cycle

During the pre-cycle stage, the initial observations revealed that most children were not yet able to independently practice clean and healthy living behaviors. The children frequently forgot to wash their hands before and after activities, rarely used soap during handwashing, and often disposed of waste improperly. Several other indicators, such as covering the mouth when coughing or sneezing and maintaining personal hygiene, were also inconsistently practiced. Overall, the children remained highly dependent on teacher guidance in performing PHBS-related behaviors.

Table 1. Pre-Cycle PHBS Observation Results

PHBS Indicators	BB	MB	BSH	BSB
Washing hands before and after activities	6	5	4	0
Using soap while washing hands	7	5	3	0
Disposing of waste properly	5	6	4	0
Maintaining personal hygiene	4	7	4	0
Covering the mouth when coughing/sneezing	6	5	4	0
Following healthy habits modeled by the teacher	5	6	4	0

The results indicate that the majority of children were categorized as BB and MB, reflecting a low level of independence in practicing PHBS. The indicators related to handwashing and the use of soap showed the lowest performance and therefore became the primary focus of the repetitive-method intervention.

Cycle I

During the first cycle, the teacher implemented PHBS learning activities using the repetitive method by consistently repeating handwashing routines, proper waste disposal practices, personal hygiene activities, and appropriate coughing and sneezing etiquette on a daily basis. The children began to demonstrate positive behavioral changes, although many still required guidance and reminders from the teacher.

Table 2. Cycle I PHBS Observation Results

PHBS Indicators	BB	MB	BSH	BSB
Washing hands before and after activities	2	4	6	3
Using soap while washing hands	3	5	5	2
Disposing of waste properly	1	6	7	1
Maintaining personal hygiene	2	5	6	2
Covering the mouth when coughing/sneezing	3	4	5	3
Following healthy habits modeled by the teacher	2	5	6	2

An increase was observed in the number of children classified within the BSH and BSB categories, indicating the gradual development of independence in practicing PHBS. Nevertheless, children still required reinforcement regarding the use of soap and proper waste disposal, as some continued to forget these behaviors when not prompted. The findings from Cycle I suggest that the repetitive method began to effectively promote healthy habits; however, an additional cycle was necessary to achieve greater consistency and behavioral internalization.

Cycle II

During the second cycle, the teacher continued the repetitive learning activities while also providing positive reinforcement to children who demonstrated increasing levels of independence. Observation results revealed significant improvements across all PHBS indicators. Most children were able to practice clean and healthy living behaviors independently and consistently, and some even emerged as positive role models for their peers.

Table 3. Cycle II PHBS Observation Results

PHBS Indicators	BB	MB	BSH	BSB
Washing hands before and after activities	0	2	7	6
Using soap while washing hands	0	2	6	7
Disposing of waste properly	0	0	5	10
Maintaining personal hygiene	0	0	5	10
Covering the mouth when coughing/sneezing	0	3	6	9
Following healthy habits modeled by the teacher	0	2	4	11

The majority of children reached the BSH and BSB categories, indicating high levels of independence and consistency in practicing PHBS. The most substantial improvements were observed in the indicators of proper waste disposal and personal hygiene maintenance, suggesting that children had begun to internalize clean and healthy behaviors as part of their daily routines. These findings demonstrate that the repetitive method was effective in establishing sustainable and automatic healthy habits among early childhood learners.

Summary of Behavioral Development

The progression of children's PHBS can be summarized as follows:

1. **Pre-Cycle:** PHBS performance was generally low, and children were highly dependent on teacher guidance.
2. **Cycle I:** Improvements were observed in the BSH and BSB categories. Children began to demonstrate greater independence but still required reminders and assistance.
3. **Cycle II:** Significant improvements occurred across all indicators. Most children practiced PHBS independently and consistently, and several children became positive examples for their peers.

Anomalous Findings

Although substantial improvements were observed overall, several anomalies remained, particularly in the indicator of covering the mouth when coughing or sneezing. Some children occasionally forgot to perform this behavior consistently, suggesting that social etiquette and health-related behavioral norms may require a longer period of habituation than more concrete routines such as handwashing or waste disposal.

Several factors contributed to these anomalies. Individual factors included differences in motivation, attention span, and concentration levels among children. Environmental factors involved the availability of supporting media and facilities that reinforced healthy behaviors. Social factors included peer influence, which occasionally distracted children from consistently practicing the targeted behavior.

Despite these anomalies, the findings do not diminish the effectiveness of the repetitive method. Instead, they provide valuable insights for future interventions by highlighting the need for more individualized guidance, stronger environmental support, and enhanced reinforcement strategies to ensure that all children can consistently apply clean and healthy living behaviors in their daily activities.

DISCUSSION

1. Results Analysis

The findings of this study demonstrate that the implementation of the repetitive method was effective in improving Clean and Healthy Living Behaviors (PHBS) among children at RA Daruttaqwa Teko. Initial observations conducted during the pre-cycle stage revealed that most children were not yet able to independently practice PHBS. The children frequently forgot to wash their hands before and after activities, rarely used soap during handwashing, disposed of waste improperly, and were inconsistent in covering their mouths when coughing or sneezing. Overall, the children remained highly dependent on teacher guidance, particularly regarding handwashing and soap usage. These findings are consistent with the study of Binawanti (2021), which reported that young children tend to demonstrate inconsistent clean and healthy living behaviors when such practices are not reinforced through continuous habituation and routine activities.

During Cycle I, the teacher began implementing the repetitive method by consistently repeating PHBS-related activities on a daily basis, including handwashing, proper waste disposal, personal hygiene maintenance, and appropriate coughing and sneezing etiquette. As a result, the children gradually demonstrated positive behavioral changes. Some children began performing PHBS activities independently and consistently, although teacher guidance was still required, particularly for the indicators of soap usage and proper waste disposal. These findings support the study conducted by Zuhra et al. (2025), which demonstrated that the routine repetition of healthy behavior practices can enhance children's independence in applying healthy lifestyle habits.

In Cycle II, following the reflection and refinement of the intervention, substantial improvements were observed across all PHBS indicators. The children were able to perform clean and healthy living behaviors independently and consistently, and several children even emerged as role models for their peers. The most notable improvements were observed in the indicators related to proper waste disposal and personal hygiene maintenance, suggesting that the children had begun to internalize clean living behaviors as part of their daily routines. Continuous repetition combined with positive reinforcement proved effective in helping children develop automatic behavioral habits, as suggested by Madong and Bachtiar (2025). Similarly, significant improvements in handwashing and soap usage indicate that repeated practice effectively increased children's hygienic awareness and behavioral competence (Aulia, 2024; Misbar et al., 2025).

Overall, the findings confirm that the repetitive method effectively enhanced children's independence, consistency, and internalization of clean and healthy living habits. Children who initially relied heavily on teacher instructions became capable of independently practicing PHBS and, in some cases, serving as positive examples for their peers. These findings are consistent with the sociocultural perspective proposed by Vygotsky (1978), which argues that behaviors initially guided by adults can gradually become self-regulated and independently performed through repeated social interaction and practice. Furthermore, the results support the recommendations of the World Health Organization (WHO, 2023), which emphasize the importance of establishing hygiene habits from an early age to prevent disease and promote children's overall health and well-being.

The findings also provide empirical support for the theoretical foundations underpinning this study. Thorndike's (1913) Connectionism Theory suggests that repeated practice strengthens the association between stimulus and response, ultimately transforming behaviors into stable habits. This theoretical proposition was reflected in the gradual improvement of PHBS indicators across the intervention cycles. Similarly, Skinner's (1953) Behaviorist Theory explains that repeated behaviors reinforced through positive feedback are more likely to become permanent habits. The

positive reinforcement provided during Cycle II appeared to accelerate the internalization of healthy behaviors among the participants.

The findings further align with Bandura's (1977) Social Learning Theory, which emphasizes the role of observation and imitation in behavioral development. Throughout the intervention, children not only repeated healthy practices but also observed and imitated the behaviors modeled by teachers and peers. Likewise, Piaget's (1952) constructivist perspective suggests that children develop understanding through active engagement with their environment. Through repeated hands-on experiences, children gained a deeper understanding of healthy living practices and their importance. In addition, Dewey's (1938) experiential learning perspective supports the notion that meaningful learning emerges through continuous experiences and reflection. The repetitive activities implemented throughout the study enabled children to transform abstract health concepts into practical daily habits.

The present findings are also consistent with previous empirical studies examining repetition and habit formation in early childhood health education. Şenol and Şenol (2023) found that repeated and structured health education activities significantly improved preschool children's health knowledge and healthy lifestyle practices. Similarly, Violant-Holz et al. (2023) reported that consistent repetition of health-related routines enhanced the internalization of healthy behaviors among young children. The findings of Lessy (2024), Sobel and Stricker (2022), and Binawanti (2022) further support the conclusion that repeated practice and continuous habituation are effective approaches for strengthening hygiene-related behaviors among early childhood learners. Therefore, the present study extends previous findings by specifically demonstrating how the repetitive method functions as a primary pedagogical strategy for fostering sustainable PHBS behaviors within an early childhood educational setting.

2. Comparison with Previous Studies

The findings of this study demonstrate that the implementation of the repetitive method significantly improved Clean and Healthy Living Behaviors (PHBS) among early childhood learners at RA Daruttaqwa Teko. The observed improvements across the two action cycles indicate that continuous repetition, habituation, and positive reinforcement effectively enhanced children's independence, consistency, and internalization of healthy living behaviors. These results are largely consistent with previous studies that have emphasized the importance of repetitive learning experiences and routine-based health education in fostering sustainable healthy habits among young children.

First, the findings are strongly aligned with the study conducted by Şenol and Şenol (2023), which reported that structured health education programs implemented repeatedly over an eight-week period significantly improved preschool children's health knowledge and healthy lifestyle practices. Similar to their findings, the present study revealed that continuous repetition of health-related activities, such as handwashing, proper waste disposal, and personal hygiene maintenance, contributed to substantial behavioral improvements from the pre-cycle stage to Cycle II. However, while Şenol and Şenol primarily focused on improving children's health knowledge through a comprehensive health education program, the present study specifically examined the repetitive method as a pedagogical strategy for promoting behavioral habituation. Therefore, this study extends previous findings by demonstrating how repetition functions not only as a means of knowledge acquisition but also as a mechanism for behavioral internalization.

Second, the results are consistent with the findings of Violant-Holz et al. (2023), who found that kindergarten teachers successfully promoted healthy habits by consistently repeating health-related activities, modeling appropriate behaviors, and establishing daily routines. The present

study similarly showed that repeated practice combined with teacher guidance significantly improved children's ability to independently perform PHBS behaviors. Both studies highlight the critical role of routine and repetition in early childhood health education. Nevertheless, the current study provides additional evidence by documenting behavioral changes through a cyclical Classroom Action Research framework, thereby offering a more detailed picture of the gradual process of habit formation.

Third, the findings support the study conducted by Lessy (2024), which demonstrated that repeated practice using e-comic media improved children's handwashing skills. In both studies, repetition emerged as a key factor contributing to behavioral improvement. However, whereas Lessy's study emphasized the effectiveness of digital learning media in facilitating repeated practice, the present study focused on direct behavioral repetition integrated into daily classroom routines. This distinction suggests that although instructional media may facilitate learning, the fundamental mechanism underlying behavioral improvement remains the repeated execution of desired actions.

The findings also corroborate the results reported by Sobel and Stricker (2022), who found that repeated behavioral reinforcement and parental involvement significantly enhanced preschool children's handwashing habits. Similarly, the current study revealed substantial improvements in handwashing behaviors and soap usage following repeated practice throughout the intervention cycles. However, Sobel and Stricker examined repetition within a home-based learning context involving parent-child interactions, whereas the present study investigated repetition within a formal educational setting. This difference indicates that repetitive learning strategies can be effective across both home and school environments, provided that children receive consistent opportunities to practice healthy behaviors.

Furthermore, the results are consistent with Binawanti's (2022) findings, which demonstrated that routine and repeated implementation of healthy living activities successfully fostered hygiene-related behaviors among kindergarten children. Both studies emphasize that habit formation is a gradual process requiring continuous reinforcement and repeated exposure to healthy practices. Nevertheless, while Binawanti primarily described the implementation of PHBS programs as a form of school habituation, the present study specifically analyzed the repetitive method as an instructional intervention and evaluated its effectiveness through systematic action research cycles. Consequently, this study provides stronger empirical evidence regarding the direct contribution of repetition-based learning to behavioral change.

From a theoretical perspective, the findings strongly support Thorndike's (1913) Connectionism Theory, particularly the Law of Exercise, which posits that repeated practice strengthens stimulus-response connections and transforms behaviors into stable habits. The progressive improvement observed from the pre-cycle stage to Cycle II demonstrates how repeated exposure to healthy living activities gradually strengthened children's behavioral responses until they became increasingly automatic. Similarly, the findings align with Skinner's (1953) Behaviorist Theory, which emphasizes the role of reinforcement in maintaining desired behaviors. The positive reinforcement provided during the intervention appeared to accelerate the development and maintenance of healthy habits among the participants.

The results also support Bandura's (1977) Social Learning Theory, as children learned not only through repetition but also through observing and imitating teachers and peers who modeled appropriate PHBS behaviors. Likewise, Piaget's (1952) constructivist perspective is reflected in the findings, as children developed a deeper understanding of healthy living through repeated direct experiences rather than passive instruction. Furthermore, Dewey's (1938) experiential learning

perspective is evident in the way repeated participation in real-life health practices transformed abstract health concepts into meaningful and sustainable daily behaviors.

Despite the overall consistency with previous studies, the present research identified a noteworthy difference regarding the indicator of covering the mouth when coughing or sneezing. Although substantial improvements were observed, this indicator developed more slowly than behaviors such as handwashing and waste disposal. This finding suggests that social etiquette-related behaviors may require a longer habituation process than routine physical hygiene practices. Previous studies generally reported overall improvements in healthy behaviors but provided limited discussion regarding variations among specific behavioral indicators. Therefore, the present study contributes a more nuanced understanding of how different categories of healthy behaviors may respond differently to repetitive interventions.

Overall, the findings confirm and extend previous research by demonstrating that repetition-based learning is an effective strategy for promoting Clean and Healthy Living Behaviors among early childhood learners. While earlier studies primarily focused on health education programs, educational media, teacher practices, or parental involvement, this study provides additional evidence that the repetitive method itself serves as a powerful pedagogical mechanism for fostering behavioral independence, consistency, and long-term habit formation. Consequently, this study contributes to the growing body of literature on early childhood health education by clarifying the role of systematic repetition as a foundational process in the development of sustainable healthy living behaviors.

3. Implications of the Findings

The findings of this study have important implications for both educational practice and future research. For early childhood education institutions, including Raudatul Athfal and kindergarten settings, the repetitive method can be adopted as a routine instructional strategy for promoting Clean and Healthy Living Behaviors. Educational institutions should provide adequate supporting facilities, such as handwashing stations, soap, waste disposal bins, and visual learning media, while simultaneously offering positive reinforcement to ensure the sustainability of healthy habits. Furthermore, teachers can utilize repetitive learning activities to cultivate a healthy school culture in which children not only follow instructions but also become positive role models for their peers.

For future research, these findings provide a foundation for developing repetition-based intervention strategies across diverse early childhood educational contexts. Further studies may explore the influence of individual, social, and environmental factors on the effectiveness of PHBS habit formation, including investigations involving children with special educational needs or institutions with limited facilities. Moreover, longitudinal research is needed to evaluate the long-term effectiveness of the repetitive method in establishing permanent clean and healthy living behaviors. Such studies would contribute to the development of broader evidence-based practices for early childhood health education.

4. Research Limitations

Several limitations of this study should be acknowledged. First, the study involved only 15 children from RA Daruttaqwa Teko; therefore, the findings cannot be generalized to all early childhood populations or educational contexts. Second, the relatively short duration of the study limited the observation of long-term behavioral sustainability, making it difficult to determine whether the observed improvements would persist over extended periods. Consequently, further research is required to evaluate the long-term effectiveness of the repetitive method in establishing permanent healthy living habits.

Third, this study primarily focused on observable behavioral outcomes, while internal factors such as children's motivation, self-awareness, attitudes, and family influences were not examined in depth. These variables may play a significant role in shaping children's health-related behaviors and should be considered in future investigations. Fourth, the availability of supporting PHBS facilities, including soap and waste disposal bins, occasionally influenced children's behavioral consistency, resulting in temporary fluctuations in performance across several indicators. These limitations highlight the need for future studies involving larger samples, longer intervention periods, and more comprehensive analyses that incorporate psychological, familial, social, and environmental factors influencing the development of clean and healthy living behaviors among young children.

CONCLUSION

This study demonstrated that the implementation of the repetitive method effectively improved Clean and Healthy Living Behaviors (PHBS) among early childhood learners at RA Daruttaqwa Teko. The findings revealed a consistent progression from the pre-cycle stage to Cycle II, indicating substantial improvements in children's independence, behavioral consistency, and internalization of healthy living habits. Through continuous repetition and positive reinforcement, children who initially relied heavily on teacher guidance gradually developed the ability to independently perform essential PHBS practices, including handwashing, proper waste disposal, personal hygiene maintenance, and appropriate coughing and sneezing etiquette. By the end of the intervention, several children had not only achieved independent practice but also emerged as positive role models for their peers.

The most significant improvements were observed in the indicators of proper waste disposal and personal hygiene maintenance, suggesting that repetitive learning effectively transformed these behaviors into daily habits. Meanwhile, the indicators of soap usage and covering the mouth when coughing or sneezing also showed considerable improvement, although occasional inconsistencies remained among a small number of children. These findings confirm that systematic repetition, habituation, and positive reinforcement are effective mechanisms for fostering sustainable healthy behaviors during early childhood, a developmental period in which lifelong habits are formed.

The study contributes both theoretically and practically to the field of early childhood education. Theoretically, the findings provide empirical support for habit formation and learning theories, particularly those emphasizing repetition, reinforcement, social modeling, and experiential learning as fundamental processes in behavioral development. Practically, the study offers evidence that the repetitive method can serve as an effective instructional strategy for integrating health education into daily classroom routines. The findings suggest that early childhood education institutions should incorporate structured repetition, direct guidance, and positive reinforcement into PHBS programs while ensuring the availability of adequate supporting facilities and active collaboration between schools and families.

Despite its positive outcomes, the study was limited by its relatively small sample size, short intervention period, and focus on observable behaviors. Therefore, future research is recommended to involve larger and more diverse participant groups, extend the duration of intervention programs, and examine the long-term sustainability of healthy living behaviors developed through repetitive learning. Further studies may also explore the influence of psychological, familial, social, and environmental factors on the effectiveness of repetition-based interventions, including their application among children with diverse developmental characteristics and educational contexts.

In conclusion, this study highlights the crucial role of repetitive learning in establishing clean and healthy living behaviors among young children. By transforming health-related practices into

consistent daily routines, the repetitive method serves not only as an instructional approach but also as a sustainable strategy for cultivating lifelong healthy habits. As such, the findings provide valuable insights for educators, researchers, and policymakers seeking to strengthen health education and promote child well-being through effective early childhood learning practices.

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