

Article

Awareness and health habituation technique, student management activities, role of stakeholders and healthy living character: Impact on health independence

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Abstract: This study aimed to assess the influence of awareness and health habituation techniques, student management activities, the role of stakeholders, and the character of healthy living on health independence. The method used in this study is quantitative with descriptive test analysis techniques, partial t statistics and F test. This research was conducted in elementary schools in East Java Province, consisting of 92 elementary schools in 5 regions at East Java. Samples were taken using purposive techniques, and the number of samples was 348 people, consisting of principals, teachers and students. The results found that awareness and health habituation techniques have a significant influence on the character of healthy life of students, student management activities have a significant influence on the character of healthy life, the role of stakeholders has a significant influence on the character of healthy life, awareness and health habituation technique have a significant influence on health independence, student management activities have a significant influence on health independence, the role of stakeholders has a significant influence on health independence, the character of healthy living has a significant effect on health independence, and student management activities and the role of stakeholders have a significant effect on the character of healthy life, and have a significant impact on health independence.

Keywords: awareness; health habituation technique; student management; stakeholders; healthy life character; health independence

1. Introduction

The Indonesian government establishes character education policies, including the healthy life character of students. In the scientific study of educational management/administration, the formation of the character of healthy life of students becomes one of the subject matters of student management (Peterson and Treagust, 1998). The researcher has been an active consultant at the Directorate General of Education and Culture of the Ministry of Education and Culture (2010–2011) in compiling Guidelines for Character Education in Elementary Schools (Tuhuteru et al., 2023). The results of the research meta-analysis show that snack invasion is threatening the health of students in elementary schools. Meanwhile, the level of assertiveness towards the invasion of unhealthy snacks is very low (Amalia Harahap Negeri et al., 2019; Mercorella, 2020). Many elementary schools have taken

preventive measures, but because they do not facilitate healthy canteens, many students continue to consume snacks around elementary schools (Christiva et al., 2020). Indonesia's Food and Beverage Supervision Agency found that 40% of snacks sold around schools were unfit to eat (Dieny et al., 2021).

The results of research by Sahertan and Imron (1996) found that elementary schools with stakeholders carry out the management of students with a focus on health services. Elementary school students in rural areas, >70% of the population surveyed never had breakfast (Gwin and Leidy, 2018). There is a significant influence on parental involvement in educating children, including paying attention to aspects of their health, with motivation and learning achievement (Imron, 2011c). Research on synergies among rural local elites found that the involvement of formal elites, grassroots organizations, and the market sector had an effect on health awareness (Imron et al., 2009). The results of research showed that breakfast affects concentration and learning outcomes (24.8%) (Imron et al., 2023; Lestari et al., 2023).

The influence of peer groups on snacking behavior is very significant. Psychologically, a need for recognition from influential groups in choosing the type of snacks (Fitria and Rahmiati, 2021). Health literacy factors and family behavior affect snacking habits (Handayani et al., 2021)—snacks at school are more attractive to children than provisions from home. Paradoxically, interesting snacks are found to be malnourished and unhealthy (Rokhmah et al., 2022).

The results showed that the contribution of snacks to students' daily consumption was 10%–20%. Energy from snack foods contributed 17.36%, protein 12.4%, carbohydrates 15.1%, and fat 21.1% (N. Ulya, 2003). The results of research in Bogor City found that students who allocated pocket money for snacks (68%), 50.0% of students bought 2–3 types of main meals/week, 46.0% of students bought snacks 6–7 types/week and 46.0% of students bought drinks 4–5 types/week (Syafitri et al., 2009). In conclusion, the invasion of unhealthy snacks surrounded students from all directions. In order to have health independence in the long run, elementary school students' health awareness and health habituation must be grafted (Sutrisno, 2019). Therefore, the development of psycho-physical systems requires maintenance in the long term (Herring et al., 2016).

The results of research in elementary schools in the Pedurungan sub-district of Semarang City, 40.62% of the experimental group and 46.87% of the control group did not usually eat breakfast; 90.65% of the experimental group and 53.15% of the control group used snacks and related to obesity cases (Mariza and Kusumastuti, 2010). There were 43.76% of respondents who did not usually eat breakfast but used to snack (Aini, 2019). Respondents who did not usually eat breakfast risked snacking by 1.5 times (Ulfatin et al., 2010). If this condition is left unchecked, it can threaten the character of healthy living, maintain bad habits in life, threaten the health of students, interfere with activities and learning outcomes; and furthermore, threaten health independence in the long run. Based on this paradoxical reality, it is necessary to increase awareness of elementary school stakeholders and at the same time concrete steps to habituate the healthy life of elementary school students, to grow their health habituation, to achieve healthy awareness independently in the long term (Wiyono and Imron, 2010). In addition, related to student management, current research is different from previous research that focused on problems in student management which

included student planning process activities (Gusti Maulana Supriyadi, 2017), planning patterns, student management development (Imam Fatkhul Fahrozi, 2018), increasing learning motivation (Akbari, 2020), improving student learning communication (Mahmud et al., 2023), improving the quality of education (Rahmawati and Inayati, 2024), while this research focused on character life and health independence of elementary school students.

Study by Moscatelli et al. (2023) health independence is students who are able to maintain their nutritious eating habits, especially students who live away from home when they attend college. Some studies emphasize in other contexts how difficult it is for college students to maintain an appropriate eating routine (Skemiene et al., 2007; Huang et al., 2003). Various unfavorable interventions that influence people's eating choices include lifestyle changes, convenience and ease of fast food, physical and social surroundings, weight concerns, and beliefs. The survey results showed that students who live with their parents still maintain their health independence as they consume significantly more fruits, vegetables, nuts and fish than those who do not live with their parents. Parents or guardians should offer ongoing encouragement to make healthy food choices.

2. Literature review

2.1. Student management and health special service management

Student management is the arrangement of students from entering a school to graduation (Umar et al., 2023). Student management starts from arranging student activities from the first time they are registered until they graduate and become alumni (Shodiq, 2019). One of the special services for students is to provide nutritional and nutritional guarantees so that students are ready to learn (Chakrabarti et al., 2021; Mavidayanti et al., 2016).

The management of school special services includes health services, boarding services, cafeteria services and advisory services (Hendra, 2022; Imron, 1998). One of the functions of health special service management is the instillation of healthy living values for students (Nada et al., 2021). Cafeteria service is not only about healthy food but also about education in choosing healthy foods (Adawiah, 2019; Furda et al., 2021). Good management is needed to get used to the healthy life of students (Imron, 2000; Wulandari and Kusumaningrum, 2019). The purpose of special health services for learners is to maintain one's own health and the health of others (Anna et al., 2018). The function of health services is for students to undergo good health practices, knowing the dangers of disease, prevention and cure (Karuppiah et al., 2021; Nurhayati and Wuri, 2020). School health services have a positive association with the health of their citizens (Bersamin et al., 2019; Jansen et al., 2019; Knopf et al., 2016). Therefore, multi-stakeholder involvement is needed in handling it (Birch and Auld, 2019; Günther et al., 2024).

2.2. Healthy living character

Character means psychological, moral/ethical traits that distinguish a person from others (Cohen and Morse, 2014). Character means "Distinctive trait, distinctive

quality, moral strength, the pattern of behavior found in an individual or group” (Noronha and Campos, 2018), and “...an individual’s pattern of behavior his moral constitution...” (Fabbri and Faure, 2018; Fitria and Rahmiati, 2021). Character is close to akhlaq, that is, spontaneity in attitude (Baharun and Ummah, 2018) Character emanates from the exercise of thought, heart, body, taste and charsa (Imron, 2016).

Character is related to morals, has ‘positive’ connotations, and is not neutral (Muslich, 2011). Education builds positive character (Fakhrurrazi et al., 2022). Character is distinctive-good values imprinted in oneself and manifested in behavior (Bardi and Schwartz, 2003; Fast and Funder, 2008). Healthy life character-building strategies consist of: top-down and bottom-up and horizontal according to behavioural, cognitive, humanistic and gestalt psychological perspectives (Imron, 2011b). Character education also involves “knowing the good” (moral knowing), “desiring the good” or “loving the good” (moral feeling) and “acting the good” (moral action) (Hermino and Redjeki, 2020).

2.3. Health independence

Independence in health is the ability to cope with vulnerable bodily states, disease risks, and various health disorders while maintaining or restoring normal functioning. The higher the health independence, the lower the vulnerability which makes the risk of disease and multimorbid conditions lower (Barbarić et al., 2020). Health’ independence plays an important role in the complex process of encouraging people to stay healthy both physically and mentally, as well as practicing behaviors that can help them stay healthy-productive and cope with various anxieties resulting from their illness, so that they can improve their quality of life (Ayala et al., 2018). It is an integral part of mental health and general health, well-being and quality of life. Thus, health’ independence is considered a dynamic and modifiable process, which is gradually developed throughout the life span, starting with the introduction of healthy food and physical activity both in the school environment and internally.

Based on empirical problems, conceptual review and previous research, the current study examines the influence of awareness and health habituation techniques, student management activities, the role of stakeholders, and the character of healthy living on health independence. In particular, this study aims to test hypotheses to the following hypotheses:

H1: Awareness and health habituation techniques directly affects the character of healthy living

H2: Student Management Activities directly affects the character of healthy living

H3: The role of stakeholders directly affects the character of healthy living

H4: Awareness and health habituation technique directly affects health independence

H5: Student management activities directly affects health independence

H6: The role of stakeholders directly affects health independence

H7: The character of a healthy life directly affects health independence

H8: Awareness and health habituation techniques, student management activities and the role of stakeholders affect the character of healthy living, and its impact on health independence

3. Method

3.1. Design

This research uses a cross-sectional design with a survey type-useful for studying the characteristics of current research participants. In addition, the model used is a regression design model with systematic procedures. A survey in the form of a questionnaire was used to assess the alignment between the theory and the empirical model Creswell (2012). Furthermore, analysis was carried out on the variables studied using data obtained in the field. The analysis included descriptive test, T test, and F test using IBM SPSS 26 (Field, 2013; Hinton et al., 2004). Data were collected from 03 June 2022 to 10 November 2022. The study aimed to answer the question whether awareness and health habituation techniques, student management activities and the role of stakeholders affect the character of healthy living, and its impact on health independence.

3.2. Samples and procedures

The population of this study was elementary schools in East Java Province, consisting of 92 elementary schools spread across five regions in East Java. The sample was taken using purposive random sampling technique, and the sample size was 348 people by determining: 1) determining the elementary school that will be used as a research site with consideration of the location orienting the growth center area in East Java Province; 2) determining the subjects that will be used as respondents in this study, namely principals, teachers, and students. Therefore, the sample proportions employing the Isaac and Michael table specific to the population, with cumulative error rates set at 1%, 5%, and 10% (Isaac and Michael, 1971). In this study, a 5% margin of error was employed, with a population size of 25,000, resulting in a sample size of 348 respondents.

Data relating to all variables were collected using a Google form-based survey methodology to ensure objectivity and prevent author subjectivity. The data collection technique uses questionnaires for primary data. Based on information and permission from the Education Office, five regions in East Java province were contacted to inform and confirm the willingness of principals, teachers and parents to be involved in the study. Through permission to conduct research for quantitative data collection, questionnaires (Google form) were sent to respondents through whatsapp application by the researcher. The questionnaires were distributed to 92 principals, 206 teachers, and 50 parents. A total of 348 respondents participated in the study and completed the questionnaire, resulting in an effective return rate of 100%.

3.3. Instruments

Research instruments are developed based on the description of variables, dimensions and research indicators (item). All items in the designed survey were

measured using a 5-point Likert scale ranging from (1) strongly disagree to (5) strongly agree. After the instrument was completed, it was tested on 30 respondents. The test results showed that all instrument items were found to be valid and reliable because the Cronbach's alpha value obtained was greater than 0.06 and the validity value obtained was greater than 0.7. This valid and reliable instrument is used to capture research data.

3.3.1. Awareness and health habituation techniques

In measuring the awareness and health habituation techniques in this study, we utilized several dimensions, including health awareness techniques and learners' health habituation techniques (Imron, 2016). Additionally, the instrument we distributed utilized a scale ranging from (1) strongly disagree to (5) strongly agree. The Cronbach's alpha analysis showed a reliability estimate for the instrument of (0.896). Furthermore, the convergent validity analysis of pilot study ranged from (0.756) to (0.878). Items that did not meet the criteria were excluded from further analysis.

3.3.2. Student management activities

To assess student management activities, we measured various dimensions, including student management activities for health awareness implementation and student management activities for health habituation (Abidin et al., 2024; Imron, 2000; Ukpong, 2014). The survey instrument employed a scale ranging from (1) strongly disagree to (5) strongly agree. The Cronbach's alpha analysis showed a reliability estimate for the instrument of (0.756), with convergent validity ranging from (0.763) to (0.813). Items that did not meet the criteria were excluded from further analysis.

3.3.3. The role of stakeholders

To conduct the analysis and assess the role of stakeholders, we employed several dimensions as benchmarks based on the Ministry of Health (2021). This is guided by five main stakeholders: (1) principal; (2) vice principal; (3) teacher; (4) school committee; and (5) parents. Additionally, the survey instrument we administered employed a rating scale ranging from 1 (strongly disagree) to 5 (strongly agree). The Cronbach's alpha analysis yielded a reliability estimate of 0.915 for the instrument. Moreover, the convergent validity ranged from (0.752) to (0.865). Items that failed to meet the criteria were excluded from subsequent analysis.

3.3.4. The character of healthy living

In measuring the character of healthy living, we measured various dimensions, including: (1) hygiene and personal care; (2) environmental cleanliness; (3) healthy eating and drinking habits; (4) regular exercise; and (5) managing study time, helping the elderly, rest and recreational activities (Arif et al., 2024; Hidayat et al., 2023; Prasad et al., 2024). The Cronbach's alpha analysis showed a reliability estimate for the instrument of (0.943). Furthermore, the convergent validity analysis of pilot study ranged from (0.765) to (0.928). Items that did not meet the criteria were excluded from further analysis.

3.3.5. Healthy independence

In evaluating health independence, we adhered to five various dimensions, including: (1) active promotive actions; (2) active disease prevention measures; (3)

identify simple individual and family health problems; (4) knowing first aid in injuries and simple health problems; and (5) acceptance of health care by medical personnel (Nurhayati et al., 2020). The Cronbach's alpha analysis yielded a reliability estimate of 0.865 for the instrument. Moreover, the convergent validity ranged from (0.773) to (0.908). Items that failed to meet the criteria were excluded from subsequent analysis.

3.4. Analysis techniques

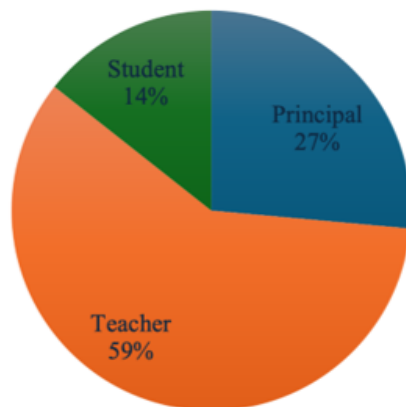
In this study, the method used is a quantitative method using numbers calculated in statistical methods by a data processing program equipped with SPSS Statistics version 26. The methods are validity test, reliability test, descriptive analysis, and multiple linear regression test. The linear regression test includes significance tests (F statistical tests), partial significance tests (statistical *t*-tests), and certainty tests (R2 tests). Multiple linear regression test is to examines the influence independent variables, awareness and health habituation techniques (X1); student management activities (X2); the role of stakeholders (X3); and the character of healthy living (X4) on health independence (Y).

4. Results

4.1. Respondent demographics

The respondents of the study, consisting of principals, teachers and elementary school students in East Java, both public and private, totalled 348 people. There were 102 males and 246 females. Data was collected by distributing questionnaires to 348 respondents in elementary schools in East Java. **Table 1** and **Figure 1** shows that most respondents are teachers with a percentage of 59% (206) and most school principals and teachers in East Java consist of women 70.69% (246).

Respondent Category



Gender

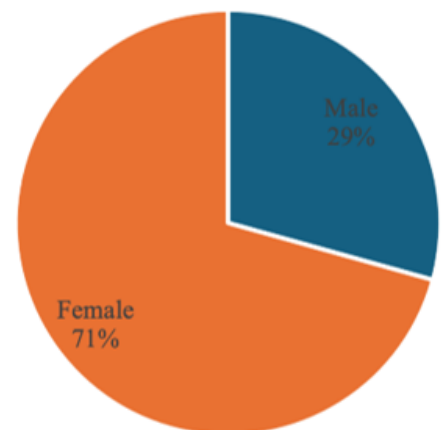


Figure 1. Respondent category and gender distribution.

Table 1. Respondent demographics.

Classification	Description	Frequency	Percentage (%)
Respondent Category	Principal	92	26.43%
	Teacher	206	59.19%
	Student	50	14.36%
Gender	Male	102	29.31%
	Female	246	70.69%
Total (n = 348)			

4.2. Descriptive data analysis

4.2.1. Types of healthy living characters instilled by schools to elementary school students

After data collection, a descriptive analysis of the types of healthy living characters instilled by the school was carried out as in **Table 2**.

Table 2. Types of healthy living characters instilled by schools to elementary school students.

Dimension	Item	Frequency Distribution ($\sum X$) and %					Mean (\bar{x})
		SA 5	A 4	N 3	D 2	SD 1	
Hygiene and personal care	The habit of bathing with soap	258 (74.2%)	76 (21.8%)	11 (3.2%)	2 (0.6%)	1 (0.3%)	4.6905
	The habit of shampooing with shampoo	218 (62.8%)	109 (31.2%)	15 (4.3%)	5 (1.4%)	1 (0.3%)	
	The habit of brushing your teeth with a toothbrush and poulitice	251 (72.2%)	79 (22.6%)	16 (4.6%)	1 (0.3%)	1 (0.3%)	
	Habits of cutting and cleaning nails	260 (74.8%)	82 (23.5%)	5 (1.4%)	1 (0.3%)	-	
	Clean and neat dress habits	269 (77.4%)	77 (22.1%)	1 (0.3%)	-	1 (0.3%)	
Environmental cleanliness	The habit of throwing rubbish in the trash	268 (77.1%)	71 (20.3%)	8 (2.3%)	-	1 (0.3%)	4.4543
	The habit of maintaining the cleanliness of the surrounding environment	245 (70.5%)	92 (26.4%)	9 (2.6%)	2 (0.6%)	-	
	The habit of helping to create a beautiful school environment	243 (69.9%)	93 (26.6%)	11 (3.2%)	1 (0.3%)	-	
Healthy eating and drinking habits	The habit of bringing healthy food and drink from home	165 (47.3%)	141 (40.4%)	40 (11.5%)	2 (0.6%)	1 (0.3%)	4.7393
	Eating and drinking habits in the school cafeteria	139 (39.8%)	158 (45.6%)	47 (13.5%)	4 (1.1%)	-	
	Eating habits that contain sufficient nutrients	181 (52.1%)	129 (37%)	36 (10.3%)	2 (0.6%)	-	
	The habit of drinking healthy and harmless drinks	196 (5.4%)	126 (36.1%)	24 (6.9%)	2 (0.6%)	-	
	Prevent children from snacking carelessly	207 (59.6%)	102 (29.2%)	32 (9.2%)	4 (1.1%)	3 (0.9%)	

Table 2. (Continued).

Dimension	Item	Frequency Distribution ($\sum X$) and %					Mean (\bar{x})
		SA 5	A 4	N 3	D 2	SD 1	
Regular exercise	The habit of participating in morning gymnastics programs at school	252 (72.5%)	85 (24.4%)	9 (2.6%)	1 (0.3%)	1 (0.3%)	4.4069
	The habit of participating in light exercise regularly for 3-5 days at school	148 (42.4%)	161 (46.1%)	32 (9.2%)	6 (1.7%)	2 (0.6%)	
Managing study time, helping the elderly, rest and recreational activities	The habit of interspersing breaks during study	232 (66.5%)	96 (27.8%)	14 (4%)	3 (0.9%)	3 (0.9%)	4.4556
	The habit of interspersing breaks when helping parents	175 (50.4%)	150 (43%)	20 (5.7%)	3 (0.9%)	-	
	Habits of carrying out varied activities	211 (60.7%)	123 (35.2%)	14 (4%)	-	-	
	The habit of interspersing with activities that are recreative	177 (50.7%)	137 (39.5%)	31 (8.9%)	1 (0.3%)	2 (0.6%)	
	Interspersing learning activities with icebreakers	183 (52.4%)	128 (37%)	33 (9.5%)	3 (0.9%)	1 (0.3%)	
	Mode	5.00					
	S. E. Mean	0.03151					

* SA is Strongly Agree; A is Agree; N is Neutral; D is Disagree; SD is Strongly Disagree.

According to Sugiyono (2018), the descriptive analysis results show that the variables of character types instilled by schools with the mean of each sub-variable are 4.7; 4.4; 4.7; 4.4; and 4.5. This means that each dimension is at an average of 4.5 and above with mode 5, which is in the very good category.

4.2.2. Awareness and health habituation technique for elementary school students

After data collection, a descriptive analysis of the Student Awareness and Health Habituation Technique was carried out as in **Table 3**.

Table 3. Awareness and health habituation technique of students.

Dimension	Item	Frequency Distribution ($\sum X$) and %					Mean (\bar{x})
		SA 5	A 4	N 3	D 2	SD 1	
Health awareness techniques	Direct awareness to learners about the importance of health learners	242 (69.6%)	98 (28.1%)	7 (2%)	-	1 (0.3%)	4.6160
	Awareness through parents to learners about health	232 (66.8%)	105 (30.1%)	10 (2.9%)	1 (0.3%)	-	
	Awareness through concrete examples to learners about health	202 (58.2%)	131 (37.5%)	15 (4.3%)	-	-	
	Awareness through the airing of cases to students about health	149 (43%)	144 (41.3%)	48 (13.8%)	3 (0.9%)	4 (1.1%)	
	Awareness through school social media to students about health	132 (37.8%)	150 (43%)	57 (16.3%)	8 (2.3%)	2 (0.6%)	
	Awareness through health workers to students of health	227 (65.3%)	110 (31.5%)	10 (2.9%)	-	1 (0.3%)	
	Awareness through the provision of school health business services in schools						

Table 3. (Continued).

Dimension	Item	Frequency Distribution ($\sum X$) and %					Mean (\bar{x})
		SA 5	A 4	N 3	D 2	SD 1	
Learners' health habituation techniques	Intervention of healthy living habits in schools	173 (49.9%)	143 (41%)	30 (8.6%)	2 (0.6%)	-	4.6963
	Habituation of healthy living behavior at school	194 (55.9%)	141 (40.4%)	12 (3.4%)	1 (0.3%)	-	
	Habituation of a healthy life in associating with peers	215 (61.9%)	125 (35.8%)	8 (2.3%)	-	-	
	Habituation of healthy living while in the classroom	231 (66.5%)	113 (32.4%)	4 (1.1%)	-	-	
	Habituation of healthy living when playing with friends in the school environment	206 (59.3%)	127 (36.4%)	13 (3.7%)	1 (0.3%)	1 (0.3%)	
	Provide concrete examples of healthy living behaviors and unhealthy life behaviors to students	200 (57.6%)	136 (39%)	12 (3.4%)	-	-	
	Mode	5.00					
	S. E. Mean	0.02918					

* SA is Strongly Agree; A is Agree; N is Neutral; D is Disagree; SD is Strongly Disagree.

According to Sugiyono (2015), the descriptive analysis results show the tendency of average scores on the variables Awareness and Health Habituation Technique of Students with the mean of each sub-variable of 4.6 and 4.7 with mode 5. This means that each dimension is in the excellent category.

4.2.3. Student management activities that become a vehicle for health awareness and health habituation in elementary schools

After data collection, a descriptive analysis was carried out on Student Management Activities that Become a Vehicle for Health Awareness and Health Habituation as in **Table 4**.

Table 4. Student management activities that become a vehicle for health awareness and health habituation.

Dimension	Item	Frequency Distribution ($\sum X$) and %					Mean (\bar{x})
		SA 5	A 4	N 3	D 2	SD 1	
Student management activities for health awareness implementation	Awareness through religious activities	234 (67.3%)	104 (29.8%)	8 (2.3%)	1 (0.3%)	1 (0.3%)	4.6361
	Awareness that healthy living behavior is in accordance with religious teachings	259 (74.5%)	84 (24.1%)	3 (0.9%)	2 (0.6%)	-	
	Social activities related to environmental hygiene awareness	201 (57.9%)	129 (37%)	17 (4.9%)	1 (0.3%)	-	
	Social activities that contain collective health awareness	164 (47.3%)	158 (45.3%)	22 (6.3%)	1 (0.3%)	-	
	Health-related extracurricular activities	171 (49.3%)	145 (41.5%)	26 (7.4%)	5 (1.4%)	1 (0.3%)	
	A competition with health content to provide awareness of healthy living	150 (43%)	158 (45.6%)	36 (10.3%)	2 (0.6%)	2 (0.6%)	
	Student organization activities for health awareness	213 (61.3%)	118 (33.8%)	13 (3.7%)	1 (0.3%)	3 (0.9%)	

Table 4. (Continued).

Dimension	Item	Frequency Distribution (ΣX) and %					Mean (\bar{x})
		SA 5	A 4	N 3	D 2	SD 1	
	Local skills activities	218 (62.8%)	122 (35%)	6 (1.7%)	-	2 (0.6%)	
	Health services in school health businesses	225 (64.8%)	109 (31.2%)	12 (3.4%)	1 (0.3%)	1 (0.3%)	
	Art that awakens healthy living	169 (48.7%)	152 (43.6%)	24 (6.9%)	3 (0.9%)	-	
	Affirmative posters with healthy living content	188 (54.2%)	134 (38.4%)	25 (7.2%)	1 (0.3%)	-	
Student management activities for health habituation	Religious activities containing healthy living habits	187 (53.9%)	145 (41.5%)	14 (4%)	1 (0.3%)	1 (0.3%)	4.4842
	Familiarize students with healthy living behavior in every religious activity	207 (59.6%)	133 (38.1%)	7 (2%)	-	1 (0.3%)	
	Habituation of healthy living in social activities	184 (54%)	147 (42.1%)	16 (4.6%)	-	1 (0.3%)	
	Social activities with healthy living content	157 (45.3%)	156 (44.7%)	31 (8.9%)	3 (0.9%)	1 (0.3%)	
	Extracurricular activities for healthy living habits	173 (49.9%)	152 (43.6%)	17 (49%)	-	1 (0.3%)	
	Competition with health content to get used to healthy living	158 (45.6%)	158 (45.6%)	27 (7.7%)	4 (1.1%)	1 (0.3%)	
	Student organization activities to transmit healthy lifestyles and behaviors	163 (47%)	153 (43.8%)	27 (7.7%)	4 (1.1%)	1 (0.3%)	
	Local skills activities for healthy living refraction	207 (59.6%)	122 (35.2%)	16 (4.6%)	-	2 (0.6%)	
	Healthcare	207 (59.6%)	131 (37.5%)	8 (2.3%)	1 (0.3%)	1 (0.3%)	
	Art that promotes healthy living	178 (51.3%)	147 (42.1%)	21 (6%)	2 (0.6%)	-	
	The messages are always healthy living through art	176 (50.7%)	148 (42.4%)	23 (6.6%)	1 (0.3%)	-	
	Affirmative posters advocating healthy living habits	192 (55.3%)	134 (38.7%)	18 (5.2%)	3 (0.9%)	-	
	Mode	5.00					
	S. E. Mean	0.03074					

* SA is Strongly Agree; A is Agree; N is Neutral; D is Disagree; SD is Strongly Disagree.

The results of descriptive analysis according to Sugiyono (2015) show the tendency of the average score on the variables of student management activities which become a vehicle for health awareness and health habituation with the mean of each sub-variable of 4.6 and 4.5, with mode 5. This means that each dimension is in the excellent category.

4.2.4. The role of stakeholders in the formation of healthy living character in elementary schools

After data collection, a descriptive analysis of the Role of Stakeholders in the Formation of Healthy Living Character was carried out as in **Table 5**.

Table 5. The role of stakeholders in forming healthy living character in elementary schools.

Dimension	Item	Frequency Distribution (ΣX) and %					Mean (\bar{x})
		SA 5	A 4	N 3	D 2	SD 1	
Principal	Utilize all resources to shape the healthy life character of students	215 (61.9%)	117 (33.5%)	15 (4.3%)	-	1 (0.3%)	4.5673
	Influencing and mobilizing human resources at school and outside school to shape the healthy life character of students	209 (60.2%)	123 (35.2%)	14 (4%)	1 (0.3%)	1 (0.3%)	
	Coaching teachers to care about shaping the healthy life character of their students	216 (62.2%)	118 (33.8%)	12 (3.4%)	1 (0.3%)	1 (0.3%)	
	Provide concrete examples of healthy living behavior in everyday life	222 (63.9%)	114 (32.7%)	11 (3.2%)	-	1 (0.3%)	
Vice principal	Helping to utilize all resources to shape the healthy life character of students	194 (55.9%)	132 (37.8%)	21 (6%)	-	1 (0.3%)	4.4900
	Helping to influence and mobilize human resources at school and outside school to shape the healthy life character of students	191 (55%)	138 (39.5%)	18 (5.2%)	-	1 (0.3%)	
	Helping to train teachers to care about shaping the healthy life character of their students	193 (55.6%)	132 (37.8%)	22 (6.3%)	-	1 (0.3%)	
	Provide concrete examples of healthy living behavior in everyday life	194 (55.9%)	136 (39%)	17 (4.9%)	-	1 (0.3%)	
Teacher	Teaching healthy living behaviors to students	265 (76.2%)	79 (22.6%)	3 (0.9%)	-	1 (0.3%)	4.7450
	Instilling the value of healthy living values to students	263 (75.6%)	81 (23.2%)	3 (0.9%)	-	1 (0.3%)	
	Provide concrete examples of healthy living behavior in everyday life	247 (71.1%)	96 (27.5%)	4 (1.1%)	-	1 (0.3%)	
	Instilling and shaping the life character of students in everyday life	244 (70.2%)	98 (28.1%)	5 (1.4%)	-	1 (0.3%)	
	Facilitating students related to healthy living behavior at school	233 (67%)	109 (31.2%)	5 (1.4%)	-	1 (0.3%)	
School committee	Thinking about the need of health services and building the character of healthy living students	183 (52.7%)	144 (41.3%)	19 (5.4%)	1 (0.3%)	1 (0.3%)	4.6160
	Conditioning health care rules in schools	170 (49%)	148 (42.4%)	25 (7.2%)	5 (1.4%)	-	
	Facilitating the need for the formation of healthy living habits of students	169 (48.7%)	152 (43.6%)	24 (6.9%)	2 (0.6%)	1 (0.3%)	
	Become a model or role model in healthy daily living habits	176 (50.7%)	145 (41.5%)	23 (6.6%)	3 (0.9%)	1 (0.3%)	
	Working with various parties to facilitate a healthy school life	182 (52.4%)	137 (39.3%)	25 (7.2%)	1 (0.3%)	2 (0.6%)	
Parents	Conditioning students to behave in a healthy way	228 (65.6%)	110 (31.5%)	8 (2.3%)	-	2 (0.6%)	4.6160
	Provide healthy food to students when going to school	213 (61.3%)	118 (33.8%)	16 (4.6%)	-	1 (0.3%)	
	Giving enough pocket money for students' snacks in the school cafeteria	159 (45.6%)	144 (41.3%)	34 (9.7%)	8 (2.3%)	3 (0.9%)	
	Encourage students to buy lunch in the school cafeteria when they are not bringing lunch from home	159 (45.6%)	139 (40.1%)	39 (11.2%)	7 (2%)	4 (1.1%)	
	Familiarize students with bathing with soap	254 (73.1%)	91 (26.1%)	2 (0.6%)	-	1 (0.3%)	

Table 5. (Continued).

Dimension	Item	Frequency Distribution (ΣX) and %					Mean (\bar{x})
		SA 5	A 4	N 3	D 2	SD 1	
	Familiarize students with brushing their teeth	260 (74.8%)	84 (24.1%)	3 (0.9%)	1 (0.3%)	-	
	Getting students used to nail trimming	250 (71.9%)	92 (26.4%)	5 (1.4%)	1 (0.3%)	-	
	Familiarize students with wearing clean and healthy clothes	258 (74.2%)	86 (24.6%)	3 (0.9%)	-	1 (0.3%)	
	Mode	5.00					
	S. E. Mean	0.03242					

* SA is Strongly Agree; A is Agree; N is Neutral; D is Disagree; SD is Strongly Disagree.

The results of descriptive analysis according to Sugiyono (2015) show the tendency of the average score on the variable of the role of stakeholders in the formation of healthy living character with the mean of each sub-variable of 4.6; 4.5; 4.7; 4.5; and 4.6. This means that each dimension is above 4.5, with mode 5, which is in the very good category.

4.2.5. Health independence

After data collection, a descriptive analysis of Health Independence was carried out as in **Table 6**.

Table 6. Health independence.

Dimension	Item	Frequency Distribution (ΣX) and %					Mean (\bar{x})
		SA 5	A 4	N 3	D 2	SD 1	
Active promotive actions	Ability to socialize balanced nutrition	74 (21.2%)	103 (29.5%)	19 (5.4%)	2 (0.6%)	1 (0.3%)	4.3152
	Ability to socialize an active lifestyle	147 (42.4%)	167 (47.9%)	31 (8.9%)	2 (0.6%)	1 (0.3%)	
Active disease prevention measures	The ability to apply a healthy lifestyle to prevent disease	157 (45.3%)	162 (46.4%)	25 (7.2%)	3 (0.9%)	1 (0.3%)	4.2837
	Students can apply an active lifestyle with exercise at least 30 minutes a day	147 (42.4%)	160 (45.8%)	35 (10%)	4 (1.1%)	2 (0.6%)	
Identify simple individual and family health problems	Ability to recognize signs and symptoms when attacked by a common disease or injury	146 (42.1%)	164 (47%)	34 (9.7%)	2 (0.6%)	2 (0.6%)	4.2034
	Students can recognize common injuries, such as: knife slicing, paper cuts, and injuries due to falls or impacts	130 (37.5%)	167 (47.9%)	44 (12.6%)	5 (1.4%)	2 (0.6%)	
Knowing first aid in injuries and simple health problems	Ability to provide first aid in common illnesses or injuries	127 (36.7%)	165 (47.3%)	44 (12.6%)	10 (2.9%)	2 (0.6%)	4.2521
	Students can provide first aid for common injuries, such as: bandaging bleeding, giving antiseptic, and applying ice to recent injuries	135 (39%)	174 (49.9%)	31 (8.9%)	7 (2%)	1 (0.3%)	
	Students can seek further help from competent medical personnel	149 (43%)	158 (45.3%)	35 (10%)	4 (1.1%)	2 (0.6%)	
Acceptance of health care by medical personnel	Ability to receive health care by competent medical personnel	121 (35%)	160 (45.8%)	51 (14.6%)	11 (3.2%)	5 (1.4%)	4.2412
	Mode	4.00					
	S. E. Mean	0.03645					

* SA is Strongly Agree; A is Agree; N is Neutral; D is Disagree; SD is Strongly Disagree.

The results of descriptive analysis according to Sugiyono (2015), the average on the variable of health independence with the mean of each sub-variable is 4.3; 4.3; 4.2; 4.3; and 4.2, with mode 4. This means that each sub-variable is in the good category.

4.2.6. Normality test

The normality test is used to see if data is normally distributed or not. This test can be seen in the histogram and normal probability plots tests.

The results of the histogram test show that the line curves upwards to form a mountain. If the line forms a mountain and looks perfect with symmetrical feet, it can be concluded that the data is normally distributed (Keya, 2016). The normal probability plots test above the points follow the diagonal line from point 0 and do not widen too far, it can be concluded that the data is normally distributed and can be continued in the next hypothesis test (Keya, 2016) (see **Figure 2**).

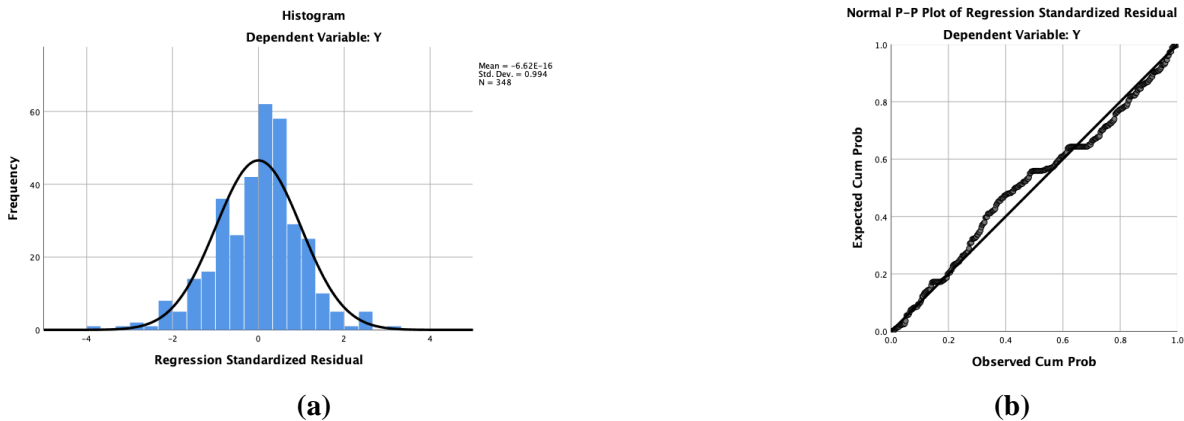


Figure 2. Normality and probability plots test results. **(a)** Shown that most of the bars are below the curve, then the variable is normally distributed; **(b)** the fit line is followed by the plots, indicating a normal distribution of the variable.

4.2.7. Partial statistical test

A partial statistical *t*-test is performed to determine whether or not there is a partial influence between the independent and dependent variables. The critical value in submitting this study used a large sample ($n = 342$). The following are the *t*-test results that can be seen in **Table 7**.

Table 7. Partial t statistical test results.

Variable	Awareness and Health Habituation Technique	Student Management Activities	Role of Stakeholders	Healthy Living Character	Health Independence
Awareness and health habituation technique				5.288 (Sig 0.00)	5.738 (Sig 0.00)
Student management activities				5.592 (Sig 0.00)	2.250 (Sig 0.025)
Role of stakeholders				2.769 (Sig 0.027)	7.133 (Sig 0.00)
Healthy living character	5.288 (Sig 0.00)	5.592 (Sig 0.00)	2.769 (Sig 0.027)		2.249 (Sig 0.025)
Health independence	5.738 (Sig 0.00)	2.250 (Sig 0.025)	7.133 (Sig 0.00)	2.249 (Sig 0.025)	

4.2.8. Simultaneous F test

The F test is a test to find out whether all independent variables together have an influence on the dependent variable so that we can find out whether the H_0 that wants to be tested is accepted or rejected. These results are illustrated in **Table 8**.

Table 8. Simultaneous F statistical test results.

Model	Sum of squares	Df	Mean square	F	Sig.
1	Regression	36592.626	4	234.698	0.000 ^b
	Residual	13369.612	343		
	Total	49962.239	347		

¹ Dependent Variable: Y; Predictors: (Constant), X1, X2, X3, X4.

4.2.9. Determination test (R^2)

The R^2 test is a test to measures how far the model’s ability to explain the variation in the independent variable. These results are illustrated in **Table 9**.

Table 9. Determination test (R^2).

Model	R	R Square	Adjusted R Square	Std.Error of the Estimate
1	0.856a	0.732	0.729	6.243

¹ Dependent Variable: Y; Predictors: (Constant), X1, X2, X3, X4.

4.2.10. Hypothesis test results

The effect of awareness and health habituation technique on the character of healthy life. H_0 : Awareness and health habituation techniques have no effect on the character of healthy life. Known significance value $0.000 < 0.05$. The calculated value $> t$ -table has a value of $5.288 > 1.96$. The significance value is smaller than the probability value of 0.05, and t -calculate $> t$ -table indicates H_0 rejected (Hair et al., 2010). Thus, the variables of awareness and health habituation technique significantly influence the variables of students’ healthy life character.

The effect of student management activities on the character of healthy life. H_0 : Student management activities have no effect on the type of healthy living character. Known significance value of 0.000. The significance value is less than the probability value of 0.05. The calculated value $> t$ table is $5.592 > 1.96$, and H_0 is rejected. Thus, the variable of student management activity significantly influences the character of healthy life.

The effect of the role of stakeholders on the character of healthy life. H_0 : The role of stakeholders does not affect the character of healthy living. The significance value of 0.027 is smaller than the probability value of 0.05, and the calculated value of > 1.96 is 2.769 (Hair et al., 2019). The interpretation, H_0 is rejected. Thus, the variable role of stakeholders has a significant influence on the variable character of healthy life.

The effect of awareness and health habituation technique on health independence. H_0 : Awareness and health habituation techniques have no effect on health independence. In the table above, the sig value is $0.000 > 0.05$ with a calculated value of $5.738 > 1.96$, so it can be concluded that H_0 is rejected. Thus, the variables of

awareness and health habituation technique significantly influence the variable of health independence.

The effect of student management activities on health independence. H_0 : Student Management Activities have no effect on health independence. The statistical test t -table results show a sig value of $0.025 < 0.05$ with a calculated value of $2.250 > 1.96$. Thus, the variable of student management activity has a significant influence on health independence.

The effect of the role of stakeholders on health independence. H_0 : The role of stakeholders does not affect health independence. The findings show that the sig value is $0.000 > 0.05$ with a calculated value of $7.133 > 1.96$; it can be concluded that H_0 is rejected. Thus, the stakeholder role variable significantly influences the health independence variable.

The effect of healthy living character on health independence. H_0 : The character of healthy living does not affect health independence. The results show that the significance value is 0.025 . The significance value is smaller than the probability value of 0.05 with a calculated t value of > 1.96 which is 2.249 (Ghozali, 2016), then H_0 is rejected. Thus, the variable of healthy life character has a significant effect on health independence.

The effect of awareness and health habituation technique, student management activities and the role of stakeholders on the character of healthy life, and its impact on Health Independence. Based on the results of the F test, the result of F -count 234.69 with F -table was obtained using the real level (α) = 5% ; $df_1 = 4$; and $df_2 = 344$ so that the F -table result of 2.217 is obtained. The significance value is less than 0.05 when comparing F -count and F -table $234.69 > 2.217$, which means that H_0 is rejected. The value of the results of the determination test (R^2) is 0.729 which states that the influence given by the variables of awareness and health habituation techniques (X_1); student management activities (X_2); the role of stakeholders (X_3); and the character of healthy living (X_4) on health independence (Y) is 72.9% , then the remaining 27.1% is influenced by other variables outside the study. Thus, it is concluded that awareness and health habituation techniques, student management activities and the role of stakeholders significantly affect the character of a healthy life and impact health independence. The influence between variables as a whole with their significance, can be illustrated as in **Figure 3**.

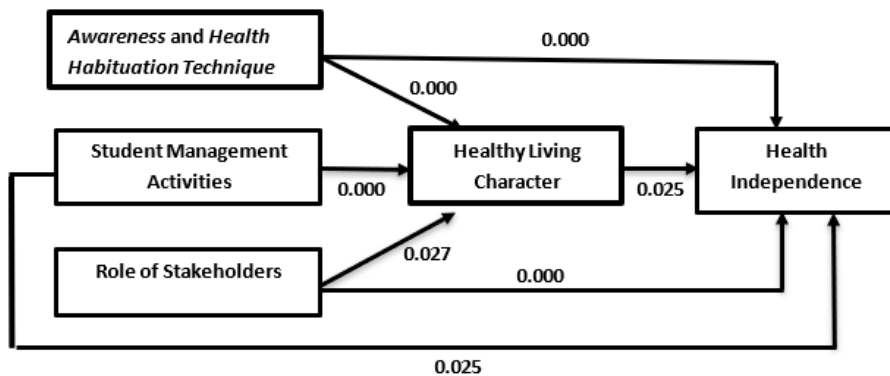


Figure 3. Final model of influence between variables.

5. Discussion

This study aims to examine the effect of awareness and health habituation techniques, student management activities, the role of stakeholders, and the character of healthy living on health independence. To achieve this goal, eight hypotheses were tested, all accepted and supported by the results of a description test showing good and excellent categories.

The initial research findings show that awareness and health habituation techniques significantly influenced the variables of healthy life character of students (H1), and the type of healthy life character instilled by schools to elementary school students was in the very good category. The results of this study align with previous research which confirms that the habit of healthy and clean living is a learning process provided by teachers and parents that children can use to help themselves (Vionalita and Kusumaningtiar, 2017). Habituation of a healthy and clean lifestyle can minimize health problems. The benefits of getting used to a healthy lifestyle from an early age are improving family health so that children do not get sick easily, children grow into intelligent individuals, and children are much more active and enthusiastic to live their days (Saveriana Widiantari Hima, 2022). Habituation is one of the effective teaching techniques to build healthy living character in students (Mulyasa, 2008). If you habituate regularly and continuously, children will easily apply it and become a habit (Kemenkes, 2021). Similarly, applying clean and healthy living means a set of behaviors and is practiced based on self-awareness as a result of learning to independently help themselves apply healthy living characters at school (Alwisol, 2019).

The second result of this research shows that student management activities directly affect the character of healthy living (H2). This demonstrates that student management activities is capable of influencing the character of healthy living in hygiene and personal care, environmental cleanliness, healthy eating and drinking habits, regular exercise; and managing study time, helping the elderly, rest and recreational activities. Specifically, when schools instill hygiene habits and healthy eating habits to elementary school students, they tend to increase health awareness, they better understand the importance of a healthy diet, exercise, maintaining hygiene to prevent disease, and managing their mental health. Students who are accustomed to clean and healthy living can set an example for friends and family, encouraging positive change in the community. According to (Kusmintardjo, 2007), in terms of skills and abilities, health service management in schools is expected to make students have: (1) the ability to manage time including planning meals, work, recreation, rest and holidays; (2) the ability to improve and maintain nutritious food; (3) the ability to achieve and maintain good emotional adjustment; (4) the ability to choose and participate in recreative activities, and health exercises tailored to individual needs; (5) the ability to avoid unnecessary diseases and infections; (6) the ability to use medical and dental services intelligently; and (7) the ability to participate in prevention and health improvement efforts.

The third findings in these hypotheses indicate that the role of stakeholders have a direct impact on the character of healthy living (H3). This implies that when the stakeholder's role utilizes all resources to shape the healthy life character of students,

influencing and mobilizing human resources at school and outside school to shape the healthy life character of students, and coaching teachers to care about shaping the healthy life character of their students, it can create a school culture that supports a healthy lifestyle. The healthy life character that is formed contributes to better physical and mental health for students, which in turn can improve their academic achievement and social skills. Meanwhile, the parents' role could be conditioning their child to behave in a healthy way, providing healthy food to their child when going to school, giving enough pocket money for snacks in the school cafeteria, encouraging to buy lunch in the school cafeteria when they are not bringing lunch from home, familiarizing their child with bathing with soap brushing their teeth, and wearing clean and healthy clothes, either getting their child used to nail trimming. Supported by research of Andayani et al. (2016) that the study found that stakeholders play a crucial role in developing healthy homes, but their roles need to be optimally implemented to achieve healthy living because it was not facilitated and coordinated by the government, as well as the role of the private sector in terms of financing, community empowerment and direct participation. Other research supports that principals play a fluid role in implementing Comprehensive School Health projects, promoting healthy school culture by priming change, communicating importance, negotiating concerns, holding accountable, and providing support (Roberts et al., 2016).

The fourth findings in these hypotheses prove that awareness and health habituation technique directly affect health independence (H4). The findings of this study add to the literature that awareness and health habituation technique, which encourages direct awareness to learners about the importance of health learners, through parents to learners about health, through concrete examples to learners about health, and through the provision of school health business services in schools significantly affect the strength of health independence. The theoretical model of Johnson et al. (2015) on health behaviors and habits on student independence, where student independence can be strengthened with additional resources and training. According to him, the good habits in question, namely reading, praying, and sleeping, are positively correlated with students' independent resilience. Although there is no continuous measurement of student success, previous research has found a positive relationship between student health self-reliance and academic achievement (Ahmed and Julius, 2015). Through high health self-efficacy, students are more likely to have positive academic outcomes, as Lin et al. (2020) theorized university students have higher GPAs and complete final assignments because they are accompanied by overall well-being and health.

The fifth findings in these hypotheses show student management activities have an impact on health independence (H5). Student management activities, particularly for health awareness implementation and for health habituation, play a significant role in enhancing health independence among students. While health habituation and awareness activities are beneficial, mandatory student management activities for health habituation may not yield the desired improvements in well-being. Therefore, offering a variety of voluntary health awareness-building options may be more effective in supporting students' health independence. The independence of students can be known through knowing themselves and the environment as they are, accepting themselves and the environment positively and dynamically, making decisions for and

by themselves, directing themselves according to those decisions, and realizing themselves optimally according to their potential, interests, and abilities (Rifa'i, 2018).

The sixth findings in these hypotheses implies role of stakeholders affect significantly on health independence (H6). Health is one of the most important aspects of every individual's life, even more so for students who are in a period of growth and development. The independence of students' health, whether in terms of physical, mental, or emotional, is an important foundation for their success, both in academic activities and their social lives. For this reason, the role of various parties involved in education, or often referred to as multistakeholders, is very important. These multi-stakeholders include principals, vice principals, parents, teachers, and school committees, who together contribute to creating an environment that supports students' health independence. This includes principals coaching teachers to care about shaping the healthy life character of their students, parents supporting their children's development, and teachers and school committees supporting with various initiatives. For a student, this independence includes an understanding of the importance of a healthy lifestyle, the ability to recognize the needs of the body, and the ability to take preventive action against health problems that may arise. It also involves stress management, a healthy diet, exercise habits, and maintaining mental and emotional health. Students who are independent in terms of health will be better able to face the challenges that come, both in academic and social life. In addition, they will be more aware of the importance of keeping their body and mind in optimal condition, which will ultimately improve their learning quality and overall well-being (Ayala et al., 2018; Lin et al., 2020).

The seventh findings in these hypotheses exhibit the character of a healthy life affects health independence (H7). The character of healthy living has a huge influence on health independence in individual students. By familiarizing themselves with healthy habits, students are not only able to maintain their physical health, but also manage stress and emotions better. Healthy character helps students to become self-reliant individuals in taking care of their health, which ultimately supports their academic success and overall well-being. Students who engage in the implementation of healthy living characters to take responsibility for their own health, which can increase independence and discipline in each individual. Although healthy living characters have many benefits for students' health independence, challenges in implementing them remain. Many students are still influenced by unhealthy environments, such as peers who have bad habits or media influences that introduce unhealthy lifestyles. In addition, busy lifestyles and academic pressure can make students tend to neglect their health. The results revealed several ways in which healthy character traits can contribute to health independence including forming healthy habits early on, learning to manage stress well, increasing self-awareness, building self-confidence, and encouraging a positive and productive lifestyle. In line with previously published results by Laska et al. (2010) for current and future generations to remain healthy throughout their lives, a proper diet is essential. A well-balanced diet promotes healthy growth and development and lowers the risk of chronic diseases. With good support from all parties, students will find it easier to develop a healthy character that will have a positive effect on their health independence.

Finally, the research findings reveal a significant correlation between awareness and health habituation techniques, student management activities, the role of stakeholders and the mediating role of the character of healthy life, which positively influences the health independence (H8). This finding is consistent with previous studies that have identified the significant influence character of healthy living mediation on health independence (Ayala et al., 2018; Barbarić et al., 2020). Students who are aware of the importance of physical and mental health are more likely to make proactive decisions regarding their well-being. Research has shown that students with higher health awareness tend to adopt healthier behaviors and are more likely to seek out information about self-care, nutrition, and physically active. Moreover, awareness lays the foundation for effective health habituation techniques, as students are better equipped to apply these strategies to their daily lives once they understand their benefits. Meanwhile, developing these habits at a young age is particularly important, as early experiences in habit formation set the stage for lifelong health behaviors. When students learn to manage various aspects of their lives independently, it builds a sense of self-reliance in health matters, thereby directly contributing to their health independence. Student management activities and the involvement of stakeholders provide support and reinforcement, and the character of a healthy life ensures that these factors lead to sustainable health habits. Together, these elements help students develop the self-sufficiency necessary to maintain their health independently.

6. Implication to education policy

Based on research findings, the biggest challenge that will be faced by the Indonesian nation now and in the future, especially in the global era, is survival and the ability to compete with other countries in the world—the survivability and ability to compete require optimal health of its people. Therefore, healthy living habits for students, especially in elementary school, must be continuously conditioned so that later after graduation, they already have the basis of healthy living character.

Planting healthy living habits to crystallize into character, under the auspices of character education policy, should be done by the world of education (Suharjana, 2012). In the scientific field of education management, there is one study that is in a very urgent position because it has long been recognized as the substance of education management, which is the study of learner management. The study of this substance can also be associated with the integration of healthy living characters, which should be the focus, especially if it is related to the needs of elementary school students. Organizing seminars, workshops, or awareness campaigns in schools on the importance of healthy eating and its impact on health and academic performance can increase student motivation. Including case studies and testimonials from other students who have benefited from healthy eating can help raise awareness and encourage students to make changes.

School health services, although substantially part of school special service management, can be interchanged with learner management (Juwita Nur Aisyah et al., 2023). Therefore, studies on learner management that integrate healthy living characters should be developed. The potential for research related to this can also be created so that the study of learner management has a broader focus and at the same

time can be used to engineer students so that they will become healthy humans; then they can survive and be able to compete in the global era. Providing facilities such as school canteens that offer healthy food choices or providing special time for cooking at school can help students who lack time to prepare their meals. These programs can be accompanied by educational information on the benefits of healthy food and tips for quick and nutritious cooking.

The integration of healthy living character education in the school curriculum can ensure that students gain knowledge about healthy eating without requiring additional time outside of their already busy schedules (Innes et al., 2018). Nutrition education programs integrated into other subjects such as biology or health can reduce the burden of additional time and facilitate access to important information on nutrition.

Time management and meal planning training: conducting training on time management and meal planning in schools can help students better manage their time and make efficient meal plans (Bachyar Bakri et al., 2018). Programs that teach how to prepare healthy meals quickly, such as meal prepping or using easy-to-prepare ingredients, can make it easier for students to manage their time.

Collaboration with parents and involving parents in healthy living character education programs can support students in managing their time for nutrition and halal food-related activities (Imron, 2011a). Parents can help by providing support at home, such as providing healthy meals and discussing the importance of time management for food preparation.

7. Conclusion

Based on the objectives of this study, the results of the descriptive analysis show that the type of healthy life character instilled by schools to elementary school students, awareness and health habituation techniques of students, student management activities that become a vehicle for health awareness and health habituation, and the role of stakeholders in the formation of healthy living characters in elementary schools are in the very good category. Meanwhile, health independence is in a good category. In addition, the results of the hypothesis test show that awareness and health habituation techniques have a significant influence on the character of a healthy life of students, student management activities have a significant influence on the character of a healthy life, the role of stakeholders has a significant influence on the character of healthy life, awareness and health habituation technique have a significant influence on health independence, student management activities have an influence significant on health independence, the role of stakeholders has a significant influence on health independence, the character of healthy living has a significant effect on health independence, and student management activities and the role of stakeholders have a significant effect on the character of healthy life, and have a significant impact on health independence.

8. Limitation

It is important to recognize the limitations of this study despite its encouraging contribution to the conceptualization and understanding of the impact of awareness and health habituation techniques on the character of a healthy life, and the impact on

health independence. First, this study is limited to causal relationships between variables because it is correlational in nature. Therefore, to better understand whether health special service management can affect a group, it is imperative to conduct longitudinal study using an experimental research design. This will help to understand how awareness and health habituation techniques, student management activities, the role of stakeholders, and the character of healthy life, have a significant impact on health independence. Secondly, the fact that our study only looked at the results through survey data without including specific questions in the survey that could help answer certain issues that arose later in the study. Therefore, our analysis has provided a thorough descriptive test of the results.

9. Implication

Investing in instilling healthy habits that crystallize into character is key to transforming generations into more prosperous lives, in accordance with the vision and mission of “Indonesia Emas 2045”. Survival and the ability to compete in the global era require optimal public health. Therefore, healthy living habits for students, especially in elementary school, must be continuously conditioned so that later after graduation, they already have the character bases of a healthy life. For educational practitioners, integrating healthy living characters into student management is an important step to improve students’ health independence. The substance of this educational management, providing comprehensive training and resources to school stakeholders on how to effectively improve student health within the scope of student management to optimize awareness and healthy lifestyle habits. Intervention techniques for healthy living habits among students are essential, and schools are encouraged to create a platform and strategy for planning, implementing, and adapting to current climate change conditions. Prioritizing stakeholder initiatives that are tailored to the needs of students and their environment will further support their growth, with a focus on integrated access to health services for students, to ensuring sustainability and a well-trained workforce for long-term care. Furthermore, in terms of future research, longitudinal studies that expose the impact of healthy character traits in learner management on immune strengthening and healthy aging over time can provide useful insights into sustained impact. Comparative studies across different educational contexts can shed light on best practices and areas for improvement in the implementation of learner health management. In addition, exploring the dimensions that control the causal relationship may be better for obtaining a complete and improved empirical model. Through discussing these implications for future research and practice, stakeholders and researchers can continue to advance our understanding of learner health management in promoting effective practices on healthy living habits into a healthy old age.

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