



Developing The Super Sehat Program: A Model for Promoting Healthy Living and Balanced Nutrition in Early Childhood Education

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Abstract: This study aims to develop the SUPER SEHAT Program to improve clean and healthy living behaviors and understanding of balanced nutrition among early childhood children at Pelangi School Bali. This study employed a Research and Development (R&D) method using the ADDIE model, which consists of five stages: analysis, design, development, implementation, and evaluation. The participants included 42 early childhood children aged 4–6 years and two classroom teachers. Data were collected using observation sheets, expert validation instruments, and teacher response questionnaires. The instruments were used to measure children's clean and healthy living behaviors, balanced nutrition understanding, program validity, and practicality. Data were analyzed using descriptive statistics and the Wilcoxon Signed-Rank Test. The results showed that the SUPER SEHAT Program achieved a high validity score from experts, with a mean score of 3.79 out of 4.00, and was considered highly practical based on teacher responses, with a mean score of 3.81 out of 4.00. The effectiveness test revealed significant improvements in children's clean and healthy living behaviors ($Z = -5.656$, $p < .001$) and balanced nutrition understanding ($Z = -5.671$, $p < .001$) after the implementation of the program. These findings indicate that the SUPER SEHAT Program is a valid, practical, and effective health education program for early childhood settings. Therefore, the program can serve as an alternative model for promoting healthy habits and supporting health-oriented learning in early childhood education.

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Introduction

Children are the future generation of a nation, and their optimal growth and development are essential for building a healthy, intelligent, and productive society. Early childhood is a critical period because physical growth, cognitive development, and behavior formation occur rapidly, making health promotion especially important at this stage (Anhusadar & Islamiyah, 2021; Astuti, 2022). In Indonesia, child health is also recognized as a fundamental right through constitutional and legal frameworks that guarantee children's rights to survival, development, and health services (Pemerintah Republik Indonesia, 2002). Healthy children are generally characterized by appropriate growth, active behavior, emotional well-being, and low frequency of illness. However, child health is shaped by many interrelated factors, including nutrition, hygiene practices, disease prevention, parenting, and the surrounding environment (Petermann-rocha et al., 2023; Requejo et al., 2020). Among these, clean and healthy living behavior and balanced nutrition are particularly important because they directly influence immunity, growth, readiness to learn, and overall quality of life (Kemenkes RI, 2022; Mardhiati, 2023).



Balanced nutrition refers to daily food intake that provides the right types and amounts of nutrients according to the body's needs. In Indonesia, this concept is built on four pillars: consuming diverse foods, practicing clean and healthy living habits, maintaining an ideal body weight, and engaging in physical activity (Kemenkes, 2023; Kemenkes RI, 2022). At the same time, *Perilaku Hidup Bersih dan Sehat* (PHBS) has been promoted as a preventive strategy to reduce disease transmission through habits such as handwashing, personal hygiene, and environmental cleanliness (Kemendikbud RI, 2020; Kemenkes, 2023). For young children, these behaviors must be introduced through enjoyable and developmentally appropriate learning experiences so that they become part of daily routines from an early age (Anhusadar & Islamiyah, 2021; Soegijanto et al., 2025). This need is reinforced by evidence that infectious diseases and nutrition-related problems remain significant among Indonesian children. Diarrhea, for example, is still a major cause of morbidity and mortality among children under five and is closely linked to poor hygiene practices (Adisasmito, 2017; Sinaga & Fidorova, 2023). Inadequate nutritional intake and unhealthy eating patterns also contribute to underweight conditions, low immunity, and impaired child development (Mardhiati, 2023; Nazaruddin et al., 2025; Tofail et al., 2018). These conditions show that health education for young children should integrate hygiene, nutrition, and physical activity in a systematic way (Wulandari et al., 2025) (Hartini, 2020; Kasmadi, 2022; Malik, 2024).

Several early childhood institutions in Indonesia have introduced basic health activities such as handwashing routines, PHBS practices, and encouragement to bring healthy meals. Previous studies have shown that health education can improve children's hygiene awareness and support healthy habit formation when delivered through appropriate educational approaches (Anhusadar & Islamiyah, 2021; Kemendikbud RI, 2020). However, most existing practices still focus on only one aspect of health behavior or are implemented as routine activities without a structured pedagogical design that integrates hygiene behavior, balanced nutrition, and physical activity into one program (Kemenkes RI, 2023; Kemenkes RI, 2022). This indicates a gap between general school health practices and the need for a comprehensive, child-centered health education model. Several early childhood institutions have implemented health-related activities, such as handwashing routines, healthy meal habits, and physical activities, but these practices are often carried out separately without a structured pedagogical framework. Therefore, an integrated health education program is needed to connect hygiene behavior, balanced nutrition, hydration, and physical activity into one coherent, child-centered learning model.

A preliminary observation at Pelangi School Bali revealed that children still faced challenges in both healthy living habits and balanced nutrition. Periodic screening data from the local public health center identified several concerns, including dental caries and underweight conditions. The school's initial assessment also showed that most children were still in the "Beginning to Develop" category rather than the "Well Developed" category in both healthy living behavior and balanced nutrition. Teachers further reported children's inconsistent eating behavior, limited understanding of healthy food choices, and weak reinforcement of hygiene habits at home and at school. In response, Pelangi School Bali developed the SUPER SEHAT Program, an interactive and enjoyable learning program that integrates PHBS education, balanced nutrition awareness, and physical activity through developmentally appropriate methods such as short presentations, songs, movement, hand puppets, role play, educational videos, and recycled teaching aids.



The novelty of this study lies in the development of the SUPER SEHAT Program as an integrated, context-based, and interactive health education model for early childhood education. Unlike previous school health practices that often addressed hygiene behavior, balanced nutrition, and physical activity separately, this program combines these components into one structured learning design. The interactive approach used in the program, including storytelling, hand puppets, songs, movement, role play, educational videos, direct practice, and recycled teaching aids, is aligned with internationally recognized principles of early childhood pedagogy, particularly Developmentally Appropriate Practice, which emphasizes play-based, concrete, active, and meaningful learning experiences for young children (NAEYC, 2023). Therefore, this study aims to describe the development of the SUPER SEHAT Program and its role in improving clean and healthy living behavior and balanced nutrition among early childhood children at Pelangi School Bali.

Research Method

This study employed a research and development (R&D) approach to develop the SUPER SEHAT Program, a learning program designed to improve clean and healthy living behavior and balanced nutrition among early childhood children. The development process adopted the ADDIE model—analysis, design, development, implementation, and evaluation—because it provides a systematic framework for producing and assessing educational programs (Safitri & Aziz, 2022; Sugiyono, 2021; Tegeh & Kirna, 2010). The participants involved 42 early childhood children aged 4–6 years, 2 classroom teachers, and 2 expert validators consisting of one early childhood education expert and one child health expert. The school, teachers, and expert validators were selected using purposive sampling based on their relevance to the development and implementation of the SUPER SEHAT Program, while the children were selected using total sampling because all eligible children involved in the program were included as research participants. Different participants were involved at each ADDIE stage: teachers and the school environment in the analysis stage; experts in early childhood education, child health, and instructional media in the design and development stages; and early childhood children together with classroom teachers in the implementation and evaluation stages. The program was developed as an integrated package consisting of learning objectives, materials, activity plans, instructional media, children's activity sheets, assessment instruments, and teacher guidelines, all designed to integrate PHBS, balanced nutrition, hydration habits, and physical activity into developmentally appropriate learning experiences.

This study used both qualitative and quantitative data, collected through observation and questionnaires. Qualitative data came from validator comments, teacher observation notes, and implementation feedback, while quantitative data included expert validation scores, teacher response scores, and children's pretest–posttest scores on PHBS and balanced nutrition. The instruments were tested for content validity using the Gregory formula, item validity using Product Moment correlation, and reliability using Cronbach's Alpha, with SPSS support. To test effectiveness, the study applied a pre-experimental one-group pretest–posttest design, comparing children's scores before and after the program. Data were analyzed using descriptive statistics and a normality test using Shapiro–Wilk. If the data were normally distributed, the paired sample t-test was used; however, because the normality test showed that the data were not normally distributed, the Wilcoxon Signed Rank Test was applied to examine the difference between pretest and posttest scores, with a significance level of 0.05 (Candiasa, 2020). Ethical considerations were carefully maintained because the



participants were young children; the study received ethical clearance, parental informed consent was obtained, confidentiality and anonymity were protected, participation was voluntary, and all activities were conducted under teacher supervision to ensure children's safety and well-being.

Results and Discussion

Analysis Stage

The analysis stage showed that children at Pelangi School Bali had already begun to demonstrate awareness of healthy behavior, but their habits were still inconsistent. Initial observations and teacher interviews revealed that some children did not regularly practice basic hygiene behaviors, such as washing hands properly with soap and running water, maintaining personal hygiene, and disposing of waste in the correct place. In addition, their understanding of healthy food was still limited, as reflected in their preference for less nutritious food choices. Most children were also categorized as Beginning to Develop rather than showing stable healthy habits in both clean and healthy living behavior and balanced nutrition.

These findings suggest that the children were in a transitional stage of habit formation, where awareness had emerged but had not yet developed into consistent daily behavior. This condition indicates that early childhood health education should not rely only on verbal instruction or routine reminders, but should instead be delivered through structured, enjoyable, and repeated learning experiences. Therefore, the needs analysis provided a clear basis for developing an integrated program that combines hygiene behavior, nutrition education, hydration awareness, and physical activity to address children's actual needs in the school context.

Design Stage

Based on the needs analysis, the SUPER SEHAT Program was designed as a health learning program for children aged 4–6 years, focusing on four main areas: clean and healthy living behavior (PHBS), balanced nutrition, water as an essential body need, and healthy physical activity. These aspects were selected because they represent interconnected components of children's health behavior. The program was also designed to support broader developmental domains, including cognitive, motor, social-emotional, language and communication, and character development, reflecting the view that early childhood health education should be embedded in holistic learning experiences rather than limited to cognitive understanding alone.

To match children's developmental characteristics, the program used methods such as storytelling with hand puppets, demonstrations, direct practice, songs and movement, question-and-answer activities, and daily habituation. These methods were chosen because young children learn most effectively through concrete experiences and active participation. Thus, the design stage showed that the effectiveness of a health program depends not only on relevant content, but also on the use of developmentally appropriate and engaging teaching methods that help children experience, imitate, and internalize healthy behavior.

Development Stage

At the development stage, the SUPER SEHAT Program was transformed into a complete learning product consisting of the SUPER SEHAT module, instructional media, assessment instruments, and teacher implementation guidelines. This stage produced a more comprehensive educational package than the routine health habituation activities commonly found in kindergarten settings. A key finding was the importance of using concrete and



attractive learning media to make health concepts understandable for young children. Therefore, the program included hand puppets, germ monster teaching aids, educational videos, health songs, and personal hygiene practice tools to turn abstract concepts into meaningful learning experiences.

This finding is important because concepts such as germs, healthy food choices, and body needs are difficult for young children to understand through verbal explanation alone. By using symbolic and concrete media, the program helped children connect health messages with direct sensory and emotional experiences, increasing the likelihood that they would remember and imitate healthy behavior. In addition, the study developed research instruments, including observation sheets for clean and healthy living behavior and balanced nutrition, as well as a teacher response questionnaire, so that the program could be evaluated not only in terms of implementation but also in terms of children's behavioral change and teacher perceptions of practicality.

Implementation Stage

The implementation stage involved applying the SUPER SEHAT Program in classroom learning activities at Pelangi School Bali through three main phases: opening, core, and closing activities. This structure allowed health education to be integrated naturally into early childhood classroom routines. In the opening phase, the teacher introduced the topic through storytelling using the SUPER SEHAT hand puppet, which served as an effective attention trigger and motivational entry point. This created an enjoyable and low-pressure atmosphere that helped prepare children to engage with the health learning activities.

The core activities included watching educational videos, observing demonstrations of proper handwashing, practicing handwashing directly, playing healthy food selection games, participating in health songs and movement, and drinking water after activities. These activities emphasized active learning rather than passive reception of information, which is important because children are more likely to adopt healthy habits when they practice them repeatedly in meaningful situations. The closing phase focused on reflection and reinforcement through simple question-and-answer sessions and a review of key health messages, helping children connect the activities with the intended healthy values and habits.

Evaluation Stage

The evaluation stage was conducted to determine the quality of the developed program. In this study, evaluation focused on three main aspects: validity, practicality, and effectiveness. Program validity was assessed by experts in early childhood education and child health, practicality was identified through teacher responses, and effectiveness was measured through changes in children's clean and healthy living behavior and balanced nutrition understanding after participating in the program.

The key finding from this evaluation framework is that the quality of an early childhood health program cannot be judged only by whether it is attractive or easy to use. A program must also be conceptually appropriate, developmentally suitable, practically implementable, and capable of producing observable changes in children's behavior. Thus, the SUPER SEHAT Program was designed and evaluated as a complete educational intervention rather than as a simple health campaign.

The needs analysis showed that many children had not yet consistently practiced basic hygiene habits and still had limited understanding of healthy food choices, indicating that health education at this level should be delivered through concrete, enjoyable, and well-organized learning experiences (Anhusadar & Islamiyah, 2021; Suryana, 2021). The program design was also aligned with social learning theory, which explains that children develop



behavior through observation, imitation, and reinforcement; therefore, activities such as handwashing demonstrations, direct practice, and healthy food games were included to help children learn by doing (Ramos-pla & Casol, 2025). In addition, the program followed the principle of Developmentally Appropriate Practice, as shown in the use of storytelling, hand puppets, movement, songs, and daily habituation, all of which match the way young children learn most effectively (NAEYC, 2023; Suryana, 2021). The content covered four main areas—hygiene behavior, balanced nutrition, drinking water habits, and healthy physical activity—which are closely related to children’s health and daily routines (Kemenkes RI, 2011; Kemenkes RI, 2022). Overall, the design of the SUPER SEHAT Program shows that early childhood health education becomes more meaningful when it is integrated, interactive, and experience-based, because this approach helps children not only understand healthy habits but also practice them consistently in everyday life (Anhusadar & Islamiyah, 2021; Ramos-Pla & Casol, 2025).

Validity Test Super Sehat Program Result

The validity test of the SUPER SEHAT Program was conducted to determine its feasibility before classroom implementation at Pelangi School Bali. Expert judgment was carried out by an early childhood education expert and a child health expert to assess whether the program content, learning methods, instructional media, and activity procedures were appropriate for young children’s developmental characteristics. The validation instrument covered program objectives, PHBS content, balanced nutrition content, learning methods, media feasibility, clarity of activity steps, and program usefulness in fostering healthy habits. Each aspect was rated on a four-point scale, and the results were analyzed using the Gregory formula to determine the program’s content validity and overall feasibility.

Table 1. Validity Test Result

No.	Assessment Aspect	Expert 1	Expert 2	Category
1)	Program objectives	4	4	Highly appropriate
2)	PHBS content	4	3	Highly appropriate
3)	Balanced nutrition content	3	4	Highly appropriate
4)	Learning methods	4	4	Highly appropriate
5)	Learning media	3	4	Highly appropriate
6)	Activity procedures	4	4	Highly appropriate
7)	Program usefulness	4	4	Highly appropriate

Based on the expert assessment, the content validity of the SUPER SEHAT Program was calculated using the Gregory formula and showed a very high validity coefficient within the 0.80–1.00 range, indicating that all program components were considered relevant by the experts. In addition to the quantitative ratings, the validators suggested several minor revisions, including simplifying some parts of the module language, adding examples of games related to healthy food selection, and strengthening the health messages in the closing activities. Overall, these findings indicate that the SUPER SEHAT Program is highly valid, feasible for implementation, and ready to proceed to the practicality testing stage.

The SUPER SEHAT Program was rated as highly valid based on expert review from specialists in early childhood education and health education, indicating that it was appropriate for classroom implementation. The experts confirmed that the program objectives, content, teaching methods, activity steps, and learning media were relevant to early childhood health learning and aligned with children’s developmental characteristics. In research and development studies, expert validation is essential to ensure that a product is feasible in terms of content, structure, and instructional suitability before being used in



practice (Sugiyono, 2021; NAEYC, 2023). The strong validity of this program also reflects its use of concrete, engaging, and child-centered activities, such as storytelling, demonstrations, direct practice, and educational media, which are considered effective for young learners (Suryana, 2021; Anhusadar & Islamiyah, 2021). Overall, these findings indicate that the SUPER SEHAT Program is a feasible and well-designed health education program for promoting clean and healthy living behavior and balanced nutrition in early childhood settings.

Practicality Test Result

The practicality test of the SUPER SEHAT Program was conducted to examine how easy the program was for teachers to use in classroom learning. This test aimed to ensure that the program was not only conceptually valid but also clear, applicable, and suitable for early childhood instruction. Practicality data were collected through a teacher response questionnaire administered after the implementation of the program at Pelangi School Bali. Two classroom teachers who were directly involved in the learning activities participated in the assessment. The questionnaire used a four-point Likert scale, ranging from 1 (strongly disagree) to 4 (strongly agree), and covered aspects such as ease of use, clarity of activity steps, suitability for young children, usefulness in learning, and sustainability. The results of the teacher practicality assessment are presented in the following table.

Table 2. Practicality Test Results of the SUPER SEHAT Program

No.	Statement	Teacher 1	Teacher 2	Mean	Category
1)	Easy to implement in class	4	4	4.00	Very practical
2)	Activity steps are clear and structured	4	3	3.50	Very practical
3)	Learning media are easy to use	4	4	4.00	Very practical
4)	Suitable for early childhood characteristics	4	4	4.00	Very practical
5)	Supports healthy habit formation	4	4	4.00	Very practical
6)	Improves children's understanding of balanced nutrition	4	3	3.50	Very practical
7)	Interesting and enjoyable for children	4	4	4.00	Very practical
8)	Can be implemented sustainably	3	4	3.50	Very practical

Based on Table 2, the SUPER SEHAT Program obtained a mean practicality score of 3.81, which falls into the very practical category. This indicates that the program was easy for teachers to understand and implement in classroom activities. Teachers also reported that the learning media, such as hand puppets, germ monster props, educational videos, and movement-based songs, increased children's engagement and enthusiasm, especially during handwashing practice and healthy food selection games. In addition, the activity steps were considered clear, systematic, and appropriate for the learning characteristics of young children, who learn best through play and direct experience. Overall, these findings show that the SUPER SEHAT Program is highly practical and feasible for classroom use, and it is therefore appropriate to proceed to the effectiveness testing stage.



The practicality of the SUPER SEHAT Program was confirmed through teachers' responses after classroom implementation, showing that the program was easy to understand, easy to use, and appropriate for early childhood learning settings. Teachers reported that the activity steps were clear and systematic, the time allocation was manageable, and the learning media—such as hand puppets, germ props, educational videos, and health songs—were attractive and simple to use in class. In educational product development, practicality is a key criterion because a program must be usable in real teaching situations without causing difficulty for teachers (Sugiyono, 2021; Suryana, 2021). The high practicality of this program also reflects its alignment with early childhood learning principles, which emphasize simple, flexible, and experience-based activities suited to young children's characteristics (NAEYC, 2023; Anhusadar & Islamiyah, 2021). Overall, these findings indicate that the SUPER SEHAT Program is a practical and teacher-friendly health learning program that can be effectively integrated into daily classroom activities.

Effectiveness Test Results of the SUPER SEHAT Program

Clean and Healthy Living Behavior (PHBS)

The pretest results showed that children's clean and healthy living behavior was still inconsistent before the implementation of the SUPER SEHAT Program. Most behaviors were still performed only occasionally, especially proper handwashing, personal hygiene, and environmental cleanliness. After the program was implemented, the posttest results showed a clear improvement, with most indicators shifting to the often and always categories. This indicates that the program was effective in strengthening children's daily hygiene habits and environmental awareness.

Table 3. Summary of PHBS Pretest and Posttest Results

Aspect	Pretest Pattern	Posttest Pattern	Meaning
Handwashing habits	Mostly sometimes	Mostly often–always	Children became more consistent in washing hands properly
Personal hygiene	Mostly sometimes	Mostly often–always	Cleanliness of hands, nails, and face improved
Environmental hygiene	Sometimes to often	Mostly often–always	Children showed better care for classroom and play area cleanliness
Independent healthy habits	Mostly sometimes	Mostly often	Children began practicing clean habits with less reminder

Balanced Nutrition

The pretest results showed that children had a basic understanding of healthy foods, but their balanced nutrition behavior was still uneven. Some children could recognize healthy foods, yet they were still limited in identifying protein-rich foods, choosing healthy foods independently, and showing interest in fruits and vegetables. After the implementation of the SUPER SEHAT Program, the posttest results showed improvement across almost all indicators, with most children moving into the often and always categories. This suggests that the program was effective in improving both children's nutritional understanding and their early healthy eating behavior.

Table 4. Summary of Balanced Nutrition Pretest and Posttest Results

Aspect	Pretest Pattern	Posttest Pattern	Meaning
Recognizing healthy foods	Mostly often	Mostly always	Children's knowledge of healthy foods improved
Recognizing food	Sometimes to	Mostly often–	Children became better at identifying fruits,



groups	often	always	vegetables, and protein foods
Choosing healthy foods	Mostly sometimes	Mostly often	Children showed better healthy food choices
Healthy eating habits	Mostly sometimes	Mostly often–always	Children began to demonstrate healthier eating behavior

The findings show that the SUPER SEHAT Program was effective in improving both clean and healthy living behavior and balanced nutrition understanding among early childhood children at Pelangi School Bali. The improvement between the pretest and posttest indicates that the program helped children develop more consistent hygiene habits, such as proper handwashing, personal cleanliness, disposing of waste properly, and keeping their play environment clean. It also strengthened children's ability to recognize healthy foods, classify food types, and show greater interest in choosing nutritious options such as fruits and vegetables. These results suggest that early childhood health education becomes more effective when it is delivered through structured, meaningful, and enjoyable learning experiences (Kemenkes RI, 2011; Kemenkes RI, 2022).

Hypothesis Test Result

Hypothesis testing was conducted to examine the effectiveness of the SUPER SEHAT Program in improving clean and healthy living behavior (PHBS) and balanced nutrition understanding among early childhood children at Pelangi School Bali. Because the normality test showed that most of the data were not normally distributed, the Wilcoxon Signed Rank Test was used to compare pretest and posttest scores within the same group.

Table 5. Wilcoxon Signed-Rank Test Results

Variable	N	Z	Sig. (2-tailed)
PHBS (Pre-test – Post-test)	42	-5.656	$p < .001$
Balance Nutritions (Pre-test – Post-test)	42	-5.671	$p < .001$

These findings indicate that the changes observed after the implementation of the SUPER SEHAT Program were meaningful rather than incidental. In other words, the program contributed to real improvement in children's clean and healthy living behavior as well as their understanding of balanced nutrition. This suggests that the program was successful not only in introducing health concepts, but also in helping children translate those concepts into more consistent daily habits.

The effectiveness of the SUPER SEHAT Program can be explained through the learning mechanisms embedded in its interactive activities, which integrate sensory, motor, emotional, and play-based experiences in early childhood learning (Skene et al., 2022). Hand puppets stimulated children's imagination, attention, and emotional connection with health messages, making abstract concepts such as germs, hygiene, and healthy food easier to understand through story-based interaction (Duley et al., 2018). Songs and movement activities strengthened motor memory because children did not only listen to health instructions but also practiced them through rhythmic body movements, especially in handwashing routines (Supartini et al., 2020). This is consistent with embodied learning, which emphasizes that bodily movement can support memory, attention, and meaningful learning experiences (Kosmas et al., 2019). The use of games in healthy food selection also created a playful and motivating learning atmosphere, allowing children to classify healthy and unhealthy foods through direct participation rather than passive instruction (Alotaibi, 2024). Furthermore, multisensory activities involving visual, auditory, kinesthetic, and tactile experiences helped children retain health messages more effectively because they learned through seeing, hearing, moving, touching, and practicing (Mpolomoka, 2025). Therefore, the



improvement in children's clean and healthy living behavior and balanced nutrition understanding was not merely the result of information delivery, but was supported by imagination, emotional engagement, repeated bodily practice, play-based participation, and daily habituation (Duley et al., 2018; Kosmas et al., 2019; Skene et al., 2022).

The effectiveness of the program can also be explained by its use of developmentally appropriate and experience-based learning methods, including storytelling, demonstrations, direct practice, movement, songs, and daily habituation. Such activities are well suited to the way young children learn, because they allow children to observe, imitate, and repeatedly practice healthy behaviors in authentic contexts (NAEYC, 2023). This finding is consistent with previous studies showing that health education in early childhood is more impactful when it involves active participation, play, and attractive learning media, as these approaches help children translate knowledge into lasting habits (Anhusadar & Islamiyah, 2021; Ramos-Pla & Casol, 2025). Overall, the SUPER SEHAT Program did not only introduce health concepts, but also supported the formation of sustainable healthy behavior, making it a promising model for broader application in early childhood education settings.

Conclusion

The study concludes that the SUPER SEHAT Program is a valid, practical, and effective health learning program for early childhood education. The program was systematically developed using the ADDIE model and was designed to promote clean and healthy living behavior as well as balanced nutrition through developmentally appropriate, interactive, and experience-based activities. The findings indicate that the program is feasible for classroom use and relevant to the learning characteristics of young children. In addition, the program proved effective in improving children's clean and healthy living habits and balanced nutrition understanding at Pelangi School Bali. These findings suggest that integrated and engaging health education can help young children not only understand healthy concepts but also apply them in daily life. Therefore, the SUPER SEHAT Program can be considered a promising alternative model for health education in early childhood settings.

Recommendation

The SUPER SEHAT Program is recommended for wider use in early childhood education settings as an alternative health learning model that integrates clean and healthy living behavior, balanced nutrition, hydration habits, and physical activity. Teachers are encouraged to adapt the program to their classroom context and to involve parents so that healthy habits introduced at school can be reinforced at home. Schools may also support its sustainability by providing simple health-learning media and integrating the program into regular classroom routines. This study had several limitations that may have influenced the results, including the limited number of participants, implementation in only one school, and the absence of a control group. In addition, children's behavior may also be affected by home environment, parental habits, and prior health exposure outside the program. Therefore, future research is recommended to test the SUPER SEHAT Program with larger samples, in different early childhood education settings, and with a stronger experimental design to examine its effectiveness more comprehensively and to explore its long-term impact on children's healthy behavior.



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