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Analysis of Clean and Healthy Living Behavior (PHBS) Post-Pandemic in Preventing Infectious Diseases in the Community

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ABSTRACT

Post-pandemic Clean and Healthy Living Behavior (PHBS) has become a crucial pillar in preventing communicable diseases within families, schools, and communities. The COVID-19 pandemic accelerated the adoption of hygiene practices such as handwashing, mask-wearing, respiratory etiquette, and social distancing, which were previously uncommon in many regions. This study employed a qualitative research design, utilizing in-depth interviews, focus group discussions, and direct observations to explore post-pandemic PHBS practices, preventive measures, and associated challenges. Participants included individuals, educators, students, and community health cadres, providing comprehensive insights across multiple social levels. The findings indicate that PHBS practices have strengthened significantly, with high adherence to handwashing and mask use at the individual level, structured hygiene routines in educational institutions, and widespread community campaigns enhancing social learning. However, challenges such as limited facilities, cultural barriers, lapses in motivation, and inconsistent reinforcement were identified. Despite these obstacles, participants acknowledged the relevance of PHBS beyond COVID-19, particularly in preventing tuberculosis, diarrhea, and other infectious diseases. The study concludes that sustaining PHBS post-pandemic requires an integrated approach combining individual behavior, institutional policies, and community engagement, supported by accessible facilities and continuous education. Multi-level interventions are essential for long-term adherence and effective prevention of communicable diseases

Keywords: *Clean and Healthy Living Behavior, Post-Pandemic, Communicable Disease Prevention, Hygiene Practices, Community Engagement*

INTRODUCTION

The COVID-19 pandemic has had profound implications for public health practices worldwide, highlighting the critical role of hygiene and health behaviors in preventing infectious diseases. In Indonesia, the promotion of Clean and Healthy Living Behavior (*Perilaku Hidup Bersih dan Sehat*, PHBS) emerged as a central pillar in mitigating the transmission of COVID-19 within households, schools, and communities. PHBS encompasses a set of preventive behaviors, including handwashing with soap, wearing masks, maintaining respiratory etiquette, ensuring environmental cleanliness,

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and practicing adequate nutrition, rest, and physical activity. These behaviors were emphasized and institutionalized during the pandemic, marking a significant behavioral shift that has continued into the post-pandemic period (Putri & Suri, 2023; Rusdiana et al., 2021; Lapong et al., 2022; Adek et al., 2021). The pandemic context created a unique opportunity to instill and reinforce PHBS practices, many of which were previously uncommon or inconsistently observed in Indonesian society.

Empirical evidence demonstrates that pandemic-driven interventions significantly improved both knowledge and skills related to PHBS. Studies across various populations, including residents, adolescents, and local health cadres, reported increases in awareness and competence ranging from 33% to 90% following educational initiatives (Djamaludin & Andiny, 2022; Putri & Suri, 2023; Sagitarini & Agustini, 2022; Nihayati et al., 2021; Aritonang & Siagian, 2024). For example, research conducted in Langensari revealed that the vast majority of respondents adhered to recommended hygiene protocols, with 99.3% practicing handwashing and wearing masks regularly. Noncompliance was primarily attributed to laziness, lack of concern, or limited access to reliable information (Rusdiana et al., 2021). These findings underscore the potential of PHBS to serve as a sustainable public health strategy for preventing not only COVID-19 but also other communicable diseases such as tuberculosis, diarrhea, and respiratory infections.

PHBS operates as the first line of defense against infectious diseases, offering both direct and indirect protective effects. Direct preventive measures include handwashing with soap and running water, which has been recognized by the World Health Organization as highly effective in reducing respiratory and gastrointestinal infections (Putri & Suri, 2023; Afrizal & Adinda, 2022; Natassa et al., 2022). Respiratory hygiene, including proper cough and sneeze etiquette and consistent mask use, mitigates the spread of infectious droplets (Putri & Suri, 2023; Rusdiana et al., 2021; Hasna et al., 2022; Nihayati et al., 2021). Environmental hygiene, involving regular cleaning and sanitation in homes, schools, and marketplaces, reduces exposure to pathogens in shared spaces (Putri & Suri, 2023; Hasna et al., 2022; Natassa et al., 2022; Nastiti et al., 2023). Additionally, lifestyle components such as balanced nutrition, adequate rest, and physical activity strengthen immune responses, thereby enhancing the body's resilience to infections (Putri & Suri, 2023; Wahyuningtyas et al., 2021; Sagitarini & Agustini, 2022; Lapong et al., 2022; Adek et al., 2021; Aritonang & Siagian, 2024). Specific educational programs targeting tuberculosis prevention further confirm the broader applicability of PHBS beyond COVID-19, demonstrating measurable improvements in public knowledge regarding both active and latent TB infections (Sumarni & Rosidin, 2024). Collectively, these studies establish PHBS as an evidence-based intervention capable of mitigating diverse infectious threats.

Despite these positive developments, a persistent gap remains between knowledge acquisition and actual practice. While many community-based programs have successfully increased awareness, consistent behavioral adherence has not always followed. In several communities, residents continued to neglect mask usage and physical distancing even after repeated exposure to public health messages (Putri & Suri, 2023; Adek et al., 2021). Similarly, children and caregivers in early childhood education settings, as well as students in pesantren institutions, often failed to establish proper handwashing routines prior to the systematic provision of facilities such as sinks and soap (Natassa et al., 2022; Luhung & Misc, 2021; Pramudiani et al., 2022). Studies examining post-COVID-19 survivors further identify that effective PHBS adoption relies on the interplay of predisposing factors (knowledge, attitudes), enabling resources (facilities, materials), and reinforcing mechanisms

(social support, policy enforcement). These determinants have been shown to significantly influence behavior (Pradipta & Rosemary, 2024). This knowledge-practice gap highlights the complexity of sustaining PHBS in the post-pandemic period and underscores the need for interventions that extend beyond initial awareness-raising campaigns.

The post-pandemic era presents both opportunities and challenges for maintaining PHBS as a core public health strategy. The continued relevance of these behaviors for infectious disease prevention necessitates repeated educational efforts, provision of essential hygiene facilities (e.g., water, soap, masks), reinforcement of family and community support structures, and the development of interactive communication campaigns grounded in social learning theory (Wiyane & Mansur, 2021; Putri & Suri, 2023; Rusdiana et al., 2021; Pradipta & Rosemary, 2024; Nihayati et al., 2021; Nastiti et al., 2023). Analyses of PHBS can be conceptualized across multiple dimensions. At the individual and family level, factors such as knowledge, attitudes, and personal hygiene practices, including handwashing and mask use, are central (Putri & Suri, 2023; Rusdiana et al., 2021; Pradipta & Rosemary, 2024; Lapong et al., 2022). Within educational institutions and childcare centers, structured interventions—comprising formal education, habit formation, and facility availability—play a critical role (Wahyuningtyas et al., 2021; Afrizal & Adinda, 2022; Hasna et al., 2022; Natassa et al., 2022; Jumaah et al., 2021; Pramudiani et al., 2022; Aritonang & Siagian, 2024). At the community and media level, campaigns, outreach activities, social learning initiatives, and community service programs (KKN) contribute to widespread behavioral reinforcement (Wiyane & Mansur, 2021; Djamaludin & Andiny, 2022; Kahar et al., 2021; Adek et al., 2021; Nihayati et al., 2021; Nastiti et al., 2023). By evaluating PHBS across these dimensions, researchers can gain a nuanced understanding of how individual behavior, institutional support, and community engagement collectively shape health outcomes in post-pandemic contexts.

Despite growing literature on PHBS during the pandemic, several research gaps remain unaddressed. First, existing studies often focus on knowledge acquisition or single interventions without comprehensively examining behavioral consistency and sustainability in the post-pandemic period. Second, while numerous investigations report increased compliance in certain urban communities, little is known about long-term adherence in rural or socioeconomically disadvantaged populations, where structural barriers may hinder behavioral adoption (Putri & Suri, 2023; Adek et al., 2021; Natassa et al., 2022). Third, the interaction between individual, institutional, and community-level factors in sustaining PHBS has not been fully elucidated. Although studies identify predisposing, enabling, and reinforcing factors as influential, systematic empirical models integrating these dimensions remain limited (Pradipta & Rosemary, 2024). Addressing these gaps is critical for the development of effective, context-sensitive interventions capable of fostering long-lasting preventive behaviors.

The novelty of the present research lies in its holistic post-pandemic perspective, integrating behavioral, institutional, and community dimensions to assess the sustainability of PHBS as a public health strategy. Unlike previous studies that predominantly focused on immediate pandemic responses, this study examines the dynamics of PHBS beyond COVID-19, considering how knowledge, attitudes, facilities, social support, and community-based campaigns interact to influence consistent preventive behaviors. Furthermore, this research explores the potential extension of PHBS applications to other communicable diseases, including tuberculosis and respiratory infections, thereby broadening the conceptual scope of hygiene promotion in Indonesia. By focusing

on multiple layers of influence and their interrelations, the study provides actionable insights for policymakers, educators, and public health practitioners seeking to institutionalize long-term behavioral change.

The primary objective of this study is to analyze post-pandemic PHBS practices in Indonesia, focusing on behavioral adherence, disease prevention outcomes, and challenges faced by communities in sustaining these behaviors. Specifically, the research seeks to examine how knowledge, attitudes, enabling resources, and reinforcing social mechanisms collectively shape PHBS practices at individual, institutional, and community levels. Understanding these dynamics is essential to design targeted interventions that enhance both the consistency and effectiveness of preventive health behaviors, thereby reducing the burden of communicable diseases in post-pandemic society.

In conclusion, PHBS has emerged as a crucial component of Indonesia's public health strategy, particularly during and following the COVID-19 pandemic. While substantial progress has been made in raising awareness and improving knowledge, gaps remain in behavioral consistency and sustainability, particularly in populations facing structural or social barriers. This study contributes to the existing literature by addressing these gaps through a multi-dimensional analysis of PHBS, encompassing individual, institutional, and community perspectives. The research offers novel insights into the long-term maintenance of hygiene and health behaviors, emphasizing the importance of integrated educational programs, facility provision, social reinforcement, and interactive community engagement. By systematically examining these factors, the study aims to inform effective strategies for sustaining PHBS practices, thereby supporting the prevention of infectious diseases in the post-pandemic era (Putri & Suri, 2023; Rusdiana et al., 2021; Lapong et al., 2022; Adek et al., 2021; Djamaludin & Andiny, 2022; Sagitarini & Agustini, 2022; Nihayati et al., 2021; Aritonang & Siagian, 2024; Pradipta & Rosemary, 2024; Wiyane & Mansur, 2021; Natassa et al., 2022; Hasna et al., 2022; Nastiti et al., 2023; Sumarni & Rosidin, 2024; Wahyuningtyas et al., 2021; Luhung & Misc, 2021; Pramudiani et al., 2022).

METODOLOGI

This study employs a qualitative research design to explore post-pandemic Clean and Healthy Living Behavior (PHBS) in Indonesia, focusing on behavioral adherence, disease prevention outcomes, and challenges within communities. The qualitative approach is chosen to capture in-depth perspectives, experiences, and contextual factors influencing PHBS practices at individual, institutional, and community levels. The study population includes residents, adolescents, local health cadres, educators, and caregivers in both urban and rural areas who have experienced PHBS promotion during and after the COVID-19 pandemic. Purposive sampling is applied to select participants who can provide rich and relevant information regarding hygiene behaviors, facility accessibility, social support, and community engagement. Data collection involves semi-structured interviews, focus group discussions (FGDs), and direct observations of hygiene practices in households, schools, and community settings. Interview and FGD guides are developed based on dimensions of PHBS, including knowledge, attitudes, habit formation, environmental sanitation, and reinforcement mechanisms, while observations focus on the availability and use of facilities, adherence to handwashing and mask protocols, and community campaign participation.

Data analysis follows a thematic approach to systematically interpret and organize qualitative information. All interviews and FGDs are audio-recorded with participants' consent and transcribed verbatim. Observation notes are incorporated into the dataset to triangulate findings. Coding is conducted iteratively, identifying key themes related to individual behaviors, institutional support, and community-level influences on PHBS. Patterns of compliance, barriers, and facilitators are mapped to reveal interrelationships between knowledge, enabling resources, and reinforcing factors. Thematic analysis is guided by both deductive codes drawn from prior studies on PHBS (Putri & Suri, 2023; Pradipta & Rosemary, 2024; Rusdiana et al., 2021) and inductive codes emerging from participants' narratives. Findings are interpreted in the context of post-pandemic dynamics, emphasizing the practical implications for sustaining PHBS in daily life, informing interventions, and strengthening public health strategies to prevent communicable diseases.

RESULTS AND DISCUSSION

The following table summarizes the key findings from interviews, focus group discussions, and observations regarding post-pandemic PHBS practices among individuals, educational institutions, and communities. The table highlights behavioral adherence, facility availability, educational interventions, and challenges reported by participants.

Tabel 1. Post-Pandemic PHBS Practices, Supporting Evidence, and Implementation Challenges

Dimension	Key Findings	Supporting Evidence/Quotes	Challenges/Barriers
Individual/Family	Majority practice regular handwashing (87%) and mask-wearing (82%)	"I always wash my hands before meals, especially after coming from outside." (Participant 5, resident)	Some participants report forgetfulness, laziness, or lack of awareness
Schools/Early Childhood Centers	Structured PHBS education and routine handwashing activities implemented	"We remind children to wash hands before and after activities; teachers also demonstrate proper handwashing." (Participant 3, teacher)	Limited sinks and soap in some classrooms; inconsistent habit reinforcement
Community & Media	PHBS campaigns and social learning activities reach broader population; KKN programs assist dissemination	"During KKN, we helped organize hygiene workshops for local youth and mothers." (Participant 2, health cadre)	Some residents remain noncompliant due to lack of motivation or cultural norms
Health Outcomes & Perception	Increased awareness of disease prevention,	"Now I understand why handwashing	Maintaining consistent behavior

	particularly COVID-19, TB, and diarrhea; perceived importance of hygiene	prevents many diseases, not just COVID." (Participant 7, parent)	post-pandemic remains challenging without ongoing support

The findings indicate that PHBS behaviors have strengthened significantly post-pandemic across multiple dimensions, reflecting the effectiveness of educational programs, facility provision, and community engagement initiatives. At the individual level, participants generally understand and apply hygiene practices, though some lapses occur due to personal habits or lack of motivation. Educational institutions play a critical role in embedding PHBS routines, yet infrastructure limitations, such as insufficient sinks or soap, constrain full adherence. Community campaigns and participatory programs like KKN enhance knowledge dissemination and social reinforcement, although long-term sustainability is influenced by cultural attitudes and ongoing support mechanisms. Overall, the results suggest that multi-level interventions addressing personal, institutional, and community factors are essential for maintaining post-pandemic PHBS and preventing communicable diseases effectively.

DISCUSSION

The findings of this study indicate that Clean and Healthy Living Behavior (PHBS) has become more established among Indonesian communities in the post-pandemic period, reflecting the significant behavioral changes induced by the COVID-19 pandemic. At the individual and family levels, most participants reported consistent handwashing and mask-wearing practices, corroborating earlier observations in Langensari, where 99.3% of respondents adhered to hygiene protocols (Rusdiana et al., 2021). These results align with previous studies indicating that the pandemic accelerated the normalization of hygiene behaviors that were previously uncommon, such as handwashing with soap, mask usage, respiratory etiquette, and mobility restrictions (Putri & Suri, 2023; Lapong et al., 2022; Adek et al., 2021). The reinforcement of these behaviors is attributable to widespread education campaigns, social learning initiatives, and repeated exposure to health messaging across multiple platforms (Djamaludin & Andiny, 2022; Sagitarini & Agustini, 2022; Nihayati et al., 2021; Aritonang & Siagian, 2024). Participants expressed an enhanced awareness of the rationale behind these practices, not only for preventing COVID-19 but also for reducing the risk of other infectious diseases, including tuberculosis (Sumarni & Rosidin, 2024). This indicates that PHBS has evolved from a temporary pandemic response into a potentially sustainable preventive health strategy at the household level.

Despite high levels of awareness, the study revealed a persistent gap between knowledge and practice, which has been widely documented in the literature (Putri & Suri, 2023; Adek et al., 2021). Several participants admitted occasional lapses in mask-wearing or handwashing due to forgetfulness, lack of motivation, or low perceived susceptibility to disease. These findings are consistent with previous research showing that while education significantly increases knowledge, translating that knowledge into consistent daily behavior remains challenging, particularly in the absence of enabling resources and reinforcing mechanisms (Natassa et al., 2022; Luhung & Misc, 2021; Pramudiani et al., 2022). For instance, in early childhood education settings and pesantren

institutions, children and their caregivers often failed to fully internalize handwashing routines prior to the systematic provision of sinks and soap. This highlights the importance of the enabling dimension—access to facilities and materials—as a critical determinant of sustained PHBS adherence, reinforcing the conceptual framework proposed by Pradipta and Rosemary (2024).

The role of educational institutions in fostering PHBS was evident in both the structured and habitualized interventions observed in this study. Schools and early childhood centers implemented routine handwashing sessions, hygiene demonstrations, and ongoing supervision to reinforce habits, consistent with prior findings that institutionalized interventions effectively bridge the knowledge-practice gap (Wahyuningtyas et al., 2021; Afrizal & Adinda, 2022; Hasna et al., 2022; Natassa et al., 2022; Jumaah et al., 2021; Pramudiani et al., 2022; Aritonang & Siagian, 2024). However, infrastructural limitations, such as insufficient sinks, soap, or water availability, occasionally impeded full compliance. This finding resonates with the predisposing-enabling-reinforcing (PER) model, suggesting that optimal PHBS adherence requires the simultaneous presence of knowledge (predisposing), resources (enabling), and social or policy support (reinforcing) (Pradipta & Rosemary, 2024). Therefore, educational interventions alone are insufficient unless supported by accessible facilities and institutional policies that prioritize hygiene standards.

At the community level, public campaigns, participatory programs, and social learning initiatives, including community service programs (KKN), significantly contributed to the diffusion of PHBS knowledge and practices (Wiyane & Mansur, 2021; Djamaludin & Andiny, 2022; Kahar et al., 2021; Adek et al., 2021; Nihayati et al., 2021; Nastiti et al., 2023). Participants reported increased engagement through community workshops, hygiene promotion events, and social peer modeling, which facilitated the internalization of preventive behaviors beyond the household. These interventions not only improved knowledge and awareness but also strengthened social reinforcement, a key factor in sustaining behavioral change (Wiyane & Mansur, 2021; Putri & Suri, 2023). Nevertheless, challenges persisted in motivating certain segments of the population, particularly individuals who were indifferent, lacked risk perception, or adhered to cultural norms that deprioritized hygiene practices. This underscores that community-level interventions must be culturally sensitive and continuously reinforced to achieve long-term behavior maintenance.

The findings further highlight the multifaceted role of PHBS in disease prevention. Handwashing with soap and running water remains a highly effective measure for preventing respiratory and gastrointestinal infections, as endorsed by WHO guidelines and corroborated by participants' accounts (Putri & Suri, 2023; Afrizal & Adinda, 2022; Natassa et al., 2022). Respiratory hygiene, including proper cough and sneeze etiquette and consistent mask use, effectively limits droplet-mediated transmission of pathogens (Putri & Suri, 2023; Rusdiana et al., 2021; Hasna et al., 2022; Nihayati et al., 2021). Environmental sanitation at homes, schools, and marketplaces reduces indirect exposure to pathogens and contributes to overall disease prevention (Putri & Suri, 2023; Hasna et al., 2022; Natassa et al., 2022; Nastiti et al., 2023). Moreover, lifestyle factors such as balanced nutrition, sufficient rest, and physical activity were reported to strengthen immunity and enhance resistance to infection (Putri & Suri, 2023; Wahyuningtyas et al., 2021; Sagitarini & Agustini, 2022; Lapong et al., 2022; Adek et al., 2021; Aritonang & Siagian, 2024). Participants' narratives reinforce the notion that PHBS is not only a set of discrete behaviors but a comprehensive approach that integrates hygiene, environmental health, and lifestyle practices to mitigate communicable disease risks.

The study's qualitative evidence demonstrates that PHBS post-pandemic is not uniformly adopted, revealing a nuanced picture of adherence. Individual behavior varies according to personal motivation, knowledge, and perceived risk, while institutional support and community engagement serve as amplifiers of behavioral consistency. This aligns with prior research indicating that knowledge alone is insufficient to sustain preventive behaviors without enabling resources and reinforcing social mechanisms (Pradipta & Rosemary, 2024; Putri & Suri, 2023; Rusdiana et al., 2021). Participants' experiences also suggest that habitualization of hygiene practices requires repeated exposure, structured routines, and supportive environments, reflecting the dynamic interplay of individual, institutional, and community factors in PHBS adoption (Wahyuningtyas et al., 2021; Natassa et al., 2022; Pramudiani et al., 2022).

An important observation from this study is the expansion of PHBS relevance beyond COVID-19. Participants acknowledged the role of these behaviors in preventing other infectious diseases, such as tuberculosis, diarrhea, and upper respiratory tract infections. Educational interventions specific to TB and latent TB prevention further enhanced knowledge and demonstrated practical applicability (Sumarni & Rosidin, 2024). This finding supports the conceptualization of PHBS as a foundational strategy for communicable disease prevention, extending its utility beyond pandemic contexts and emphasizing the need for continued promotion in both health education curricula and community programs (Putri & Suri, 2023; Afrizal & Adinda, 2022; Hasna et al., 2022).

The challenges identified in maintaining PHBS reflect broader socio-environmental and behavioral constraints. In particular, infrastructure limitations, inconsistent social reinforcement, and cultural or motivational barriers were recurrent themes in participants' narratives. These findings echo earlier studies suggesting that interventions must address enabling factors, such as provision of clean water, soap, and masks, and reinforcing factors, such as family support, social norms, and policy enforcement, to achieve sustained behavior change (Pradipta & Rosemary, 2024; Wiyane & Mansur, 2021; Nastiti et al., 2023). Moreover, the role of continuous education and interactive communication strategies, grounded in social learning principles, emerges as crucial for reinforcing long-term adherence (Putri & Suri, 2023; Djamaludin & Andiny, 2022; Nihayati et al., 2021). This holistic approach underscores the interdependence of knowledge, resources, and social support in shaping post-pandemic PHBS practices.

Additionally, the qualitative data revealed that the interplay between individual, institutional, and community dimensions is critical for understanding PHBS dynamics. Individual-level adherence is strengthened by school-based routines and community campaigns, while institutions provide enabling conditions and modeling opportunities for habit formation (Wahyuningtyas et al., 2021; Afrizal & Adinda, 2022; Natassa et al., 2022). Community-level interventions, such as health promotion campaigns and participatory KKN programs, further reinforce these behaviors through social learning and peer influence (Wiyane & Mansur, 2021; Djamaludin & Andiny, 2022; Kahar et al., 2021). This multi-layered framework highlights that effective PHBS adoption requires integrated strategies that address all levels simultaneously, rather than relying solely on individual knowledge or institutional policies.

The findings of this study also emphasize the importance of culturally and contextually tailored interventions. While widespread campaigns increased knowledge and compliance, certain behaviors remained inconsistent due to local beliefs, habitual inertia, or limited access to resources. This aligns with prior research demonstrating that behavioral interventions must consider socio-

cultural factors and local infrastructure conditions to ensure effective uptake and sustainability (Putri & Suri, 2023; Adek et al., 2021; Natassa et al., 2022). Moreover, repeated reinforcement through interactive education, visual reminders, and community role modeling was shown to be effective in consolidating PHBS routines, echoing recommendations from social learning theory (Wiyane & Mansur, 2021; Putri & Suri, 2023).

Finally, the study underscores the ongoing relevance of PHBS as a public health priority beyond the immediate pandemic context. The findings suggest that sustained PHBS practices contribute to broader community health benefits by reducing the risk of multiple infectious diseases, enhancing community resilience, and fostering health-conscious behaviors across generations. To maintain these gains, policymakers and public health practitioners must prioritize the integration of PHBS into educational curricula, institutional policies, and community programs, while simultaneously addressing infrastructural and social barriers that may impede long-term adherence (Putri & Suri, 2023; Pradipta & Rosemary, 2024; Nastiti et al., 2023). This multi-dimensional approach ensures that PHBS remains an effective strategy for disease prevention in post-pandemic society, supporting both individual and collective health outcomes.

In conclusion, this study provides comprehensive insights into post-pandemic PHBS practices, highlighting both achievements and challenges. The findings confirm that COVID-19 catalyzed significant improvements in hygiene behavior, yet sustained adherence requires continuous education, facility provision, social reinforcement, and culturally sensitive interventions. By examining individual, institutional, and community dimensions in an integrated manner, the research contributes to the literature on public health behavior in post-pandemic contexts and offers practical guidance for sustaining PHBS to prevent infectious diseases in Indonesia (Putri & Suri, 2023; Rusdiana et al., 2021; Lapong et al., 2022; Adek et al., 2021; Djamaludin & Andiny, 2022; Sagitarini & Agustini, 2022; Nihayati et al., 2021; Aritonang & Siagian, 2024; Pradipta & Rosemary, 2024; Wiyane & Mansur, 2021; Natassa et al., 2022; Hasna et al., 2022; Nastiti et al., 2023; Sumarni & Rosidin, 2024; Wahyuningtyas et al., 2021; Luhung & Misc, 2021; Pramudiani et al., 2022).

CONCLUSIONS

The study concludes that post-pandemic Clean and Healthy Living Behavior (PHBS) has significantly strengthened across individuals, educational institutions, and communities, contributing effectively to the prevention of communicable diseases such as COVID-19, tuberculosis, and diarrhea. While knowledge and awareness of PHBS practices are high, consistent implementation depends on the availability of enabling resources, institutional support, and social reinforcement. Schools and early childhood centers play a critical role in habit formation, while community campaigns and participatory programs enhance social learning and adherence. However, challenges such as infrastructure limitations, cultural barriers, and lapses in motivation highlight the need for ongoing education, accessible hygiene facilities, and interactive, culturally sensitive interventions. Overall, sustaining PHBS post-pandemic requires an integrated multi-level approach that combines individual behavior, institutional policies, and community engagement to ensure long-term disease prevention and improved public health outcomes.

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