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Health Education from An Early Age: Implementation and Evaluation of Healthy School Technical Guidance *(BIMTEK)* in Early Childhood Education Institutions in Kediri Regency

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Abstract

Background: Education on clean and healthy living habits from an early age is an important foundation for developing children's character and future health quality. However, the implementation of healthy school programs in early childhood education (PAUD) institutions still faces various challenges, including limited educator understanding and the suboptimal management of healthy learning environments.
Objectives: This article aims to describe the implementation and evaluate the effectiveness of healthy school technical guidance *(BIMTEK)* activities for PAUD educators.
Methods: The study employed a qualitative descriptive method with a participatory approach through the stages of planning, implementation, and evaluation of the *BIMTEK* activities. The participants consisted of PAUD teachers and administrators who were actively involved in the training program under the supervision of the Education Office of Kediri Regency. Data collection techniques included observation, interviews, and documentation.
Results: The results showed that the healthy school *BIMTEK* activities improved educators' understanding and skills in implementing healthy school principles, including sanitation management, environmental cleanliness, and the habituation of clean and healthy living behaviors (PHBS) among children. In addition, positive changes were identified in learning practices that became more integrated with health values. The evaluation also indicated an increased institutional commitment to creating healthy and child-friendly PAUD environments.
Conclusion: Therefore, the healthy school *BIMTEK* program was considered effective as a strategic effort to support the sustainable implementation of healthy school programs in PAUD institutions.

A. Introduction

The situation and problems of the partners identified prior to this community service activity indicate that Early Childhood Education (PAUD) institutions play a strategic role in shaping the foundation of holistic child growth and development, encompassing physical, cognitive, social, emotional, and health aspects. One crucial effort to support the optimal development of early childhood is the implementation of the Healthy School *(Sekolah Sehat)* concept. This concept emphasizes a learning environment that is safe, clean, healthy, child-friendly, and supportive of clean and healthy living behaviors (PHBS). Kediri Regency, as a region with a substantial number of PAUD units, possesses significant educational resource

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potential. Based on existing conditions, PAUD units in Kediri Regency are scattered across urban and rural areas, reflecting diverse socio-economic characteristics of the community. This potential serves as vital capital for the development of Healthy PAUD Schools. However, initial observations and communication with the partner the Department of Education of Kediri Regency reveal that several issues persist in implementing the Healthy School program at the PAUD level.

The challenges faced include the uneven understanding among PAUD educators and administrators regarding the comprehensive concept of a Healthy School, spanning from internal institutional policies, physical environment management, sanitation, and hygiene, to the integration of health education into the curriculum. Furthermore, some PAUD units still experience limitations in fulfilling health-supporting infrastructure, such as the availability of clean water, child-friendly toilets, handwashing stations, and the management of healthy canteens or food. From an upstream perspective, Healthy School planning and policies have not been fully understood as an integral part of PAUD institutional management. Meanwhile, from a downstream perspective, field implementation has not been systematically documented or measured. Existing data indicates that the majority of PAUD units lack self-evaluation instruments regarding Healthy School indicators. Consequently, the Healthy School program has not operated optimally or sustainably.

As an effort to address these issues, technical guidance *(bimbingan teknis or bimtek)* for healthy schools emerges as a highly relevant strategy (Sari et al., 2025). This technical guidance is designed not only to improve educators' understanding of the healthy school concept but also to strengthen their competence in designing and implementing effective health education in the classroom (Mamuroh et al., 2022). Through a participatory and applicable approach, this guidance is expected to foster more directed and integrated changes in learning practices (Idhayani et al., 2023).

A number of studies demonstrate that capacity building for educators through structured training can positively impact the quality of learning, including the delivery of health education materials (Fatmawati et al., 2023). Nonetheless, studies specifically highlighting the implementation and evaluation of healthy school technical guidance activities with a focus on educational aspects in PAUD remain limited. Therefore, a more in-depth study is required to examine the effectiveness of these activities in enhancing the quality of health education in PAUD units (Maharwati & Dinatha, 2023).

The target partners in this activity are PAUD units under the auspices of the Department of Education of Kediri Regency, categorized as non-productive partners. The socio-economic status of the community supporting these PAUD institutions is relatively heterogeneous, with parents working across agriculture, trade, services, and home industries (Richter et al., 2017; Suharyat et al., 2023). Accessibility to basic healthcare services is relatively available; however, its utilization within the context of early childhood health education remains under-optimized. From an institutional perspective, most PAUD units already possess adequate organizational structures and teaching staff, yet they still require capacity building in Healthy School management. Educators' knowledge regarding school health standards, child nutrition, environmental health, and infectious disease prevention remains fragmented. Supporting facilities, such as health education media, Healthy School technical guidelines, and health-based learning modules, have not been optimally utilized. These conditions underscore the urgent need for intervention in the form of structured and applicable Healthy School Technical Guidance (*BIMTEK*). Through this guidance, the target partners are expected to gain enhanced competence, conceptual understanding, and practical skills to implement the Healthy School program sustainably.

Based on the aforementioned context, this article aims to describe the implementation and evaluate the effectiveness of healthy school technical guidance activities in strengthening health education for early childhood. The results of this study are expected to contribute to the development of more innovative and meaningful learning practices, as well as support the creation of a PAUD environment that fosters optimal child growth and development.

B. Methods

The community service method for this technical guidance (*BIMTEK*) activity was executed through lectures and direct face-to-face discussions. The lecture method was utilized to systematically deliver materials, concepts, and information related to the topic so that participants could acquire a uniform

foundational understanding. The material presentation was conducted communicatively, aided by presentation media and relevant examples. Furthermore, the direct face-to-face discussion method was employed to provide participants with the opportunity to ask questions, share experiences, and discuss field-level challenges matching the *BIMTEK* theme. Through these discussions, participants could obtain practical solutions, deepen their understanding of the material, and increase active participation, making the community service activity more interactive, effective, and beneficial for the participants.

The participants or respondents of this activity were early childhood education (PAUD) educators and administrators who attended the healthy school *BIMTEK*. The selection of participants was conducted purposively, where data was obtained randomly at the Department of Education of Kediri Regency under the PNFI (Non-Formal and Informal Education) division, representing *Tapos* (Integrated Children's Centers), *KB* (Playgroups), *TK* (Kindergartens), and *RA* (Islamic Kindergartens), while considering their active involvement in learning activities and their need for competency development in health education. The activity was carried out in several stages: (1) the planning stage, which included needs identification, preparation of *BIMTEK* materials, and coordination with the respective institutions; (2) the implementation stage, consisting of delivering health education materials, interactive discussions, hands-on practice in designing lesson plans, and classroom application simulations; and (3) the evaluation stage, which was conducted to assess the participants' understanding, skills, and responses toward the *BIMTEK* activity.

Data collection techniques were carried out through observation, interviews, and documentation. Observation was used to monitor participant engagement during the activity and the implementation of health education within the learning process. Semi-structured interviews were conducted to delve deeper into the participants' experiences, perceptions, and the constraints they faced. Documentation included activity notes, photographs, and the learning instruments/materials produced by the participants during the *BIMTEK*.

Data analysis was performed qualitatively through the stages of data reduction, data display, and conclusion drawing. The collected data was analyzed to identify changes in the participants' understanding and skills in implementing health education in PAUD. To ensure data validity, source and method triangulation techniques were applied.

The success indicators of this activity included: (1) an increase in participants' understanding of health education concepts in PAUD, (2) the participants' ability to design lesson plans integrated with health education, and (3) a shift toward more innovative and contextual learning practices after participating in the *BIMTEK*.

C. Results and Discussion

1. Activity Results

The implementation of the healthy school technical guidance (*BIMTEK*) activity, with a specific focus on health education in PAUD, yielded positive results in terms of both the process and learning outcomes. This activity was carried out through planning, implementation, and evaluation stages that involved the active participation of PAUD educators and administrators. The initial phase began with coordination and the signing of a cooperation agreement between the PG PAUD Study Program, FKIP, Universitas Nusantara PGRI Kediri, and the Head of the PAUD, Non-formal, and Sports (*PNF*) Division of the Department of Education of Kediri Regency. The planning stage of the activity spanned three (3) days, with 6 hours of instruction (*JP*) per day, where two speakers each handled a 3-*JP* material delivery session.

The pre-test and post-test results indicated an increase in the competence of PAUD educators and administrators after participating in the technical guidance activity (Annisa et al., 2025; Watini et al., 2025). Based on the evaluation outcomes, more than 80% of the participants experienced an increase in their post-test scores compared to their pre-test scores. This improvement demonstrates that the material and implementation methods, delivered via lectures and direct face-to-face discussions, successfully enhanced the participants' understanding of the competencies provided throughout the activity. Consequently, the success indicator of the activity in improving the competence of PAUD educators and

administrators has been well achieved. If illustrated in a bar chart, the data can be seen in the figure below:

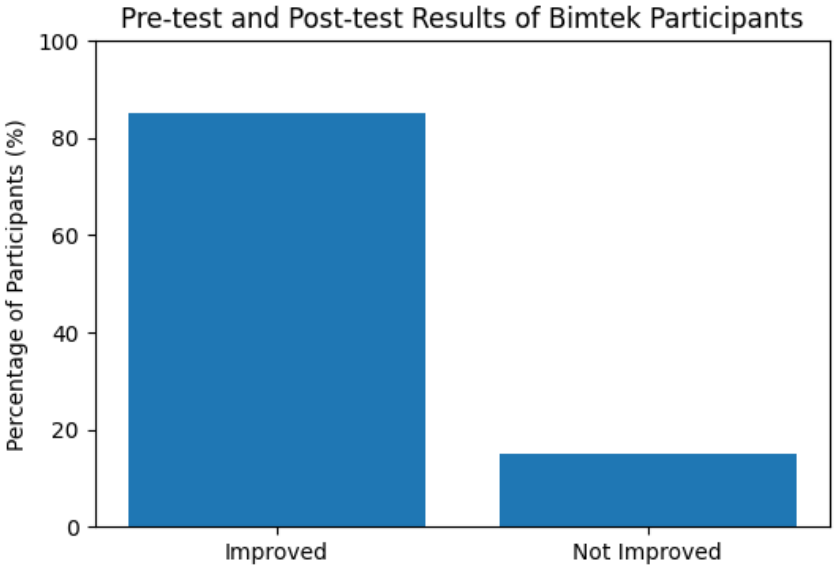

Figure 1. Pre-test and Post-test Results

Increasing Participants' Understanding of the Technical Guidance *(BIMTEK)* Activity. To strengthen the evaluation of the results, a memorandum of agreement was signed between the PG PAUD Study Program and the Department of Education of Kediri Regency under the PNFI division, as shown in the figure below:

Figure 2. Documentation of the Initial Cooperation Agreement Signing for the Activity

During the implementation stage, participants demonstrated high enthusiasm in attending every session of the activity. The health education materials delivered were not only conceptual but also applicable, such as introducing health concepts through learning media, integrating them into play activities, and developing contextual lesson plans. Interactive discussions and hands-on practices provided opportunities for participants to develop ideas and share experiences regarding the application of health education in the classroom. Observation results indicated an increase in the participants' understanding of early childhood health education concepts. Prior to joining the technical guidance *(BIMTEK)*, most participants viewed health education merely as a routine habituation activity without structured planning. However, after the activity, participants began to successfully integrate health materials into learning activities more systematically and in accordance with the developmental characteristics of children. Furthermore, the analysis of the learning instruments designed by the participants showed an improvement in the quality of lesson planning. Participants were able to design activities that incorporated health education elements,

such as introducing the importance of maintaining personal hygiene, choosing healthy foods, and preserving the environment through a play-and-learn approach. This demonstrates that the *BIMTEK* enhanced not only the cognitive aspects but also the practical skills of the educators.

The interview results also revealed that the participants experienced direct benefits from the *BIMTEK* activity, particularly in terms of increased confidence and creativity in teaching. Participants stated that they gained a better understanding of how to deliver health materials in an engaging manner that aligns with the child's world. Additionally, there was a shift in attitude, marked by a growing awareness of the importance of making health education an integral part of the daily learning process. The documentation of the activity's implementation is presented below:

Figure 3. Material Presentation Session on Day 1 Focusing on Healthy School Policies and Digital Educational Media

Figure 4. Discussion Session on Integrating Healthy Schools into PAUD Learning and Early Childhood Mental and Emotional Health

Figure 5. Discussion Session on the Implementation of Healthy Environments and Early Childhood Health Literacy

From an evaluation perspective, this technical guidance *(BIMTEK)* activity demonstrated effectiveness in enhancing the competence of PAUD educators in the aspect of health education. This aligns with the findings of various studies which state that participatory and practice-based training can improve the quality of learning. The success of this activity was also supported by interactive training methods, the

use of relevant media, and opportunities for direct hands-on practice. Furthermore, assignment submission results during the subsequent monitoring phase indicated that the PAUD units have fulfilled children's rights regarding healthy school services in accordance with their respective conditions.

Figure 6: Submission Results by *BIMTEK* Participants on the Implementation of Healthy Schools

Nevertheless, several constraints were encountered during the implementation of the activity, such as limited time for follow-up mentoring and variations in the participants' backgrounds, which influenced the pace of material comprehension. Therefore, follow-up actions in the form of continuous mentoring are required so that the implementation of health education in PAUD can run optimally and consistently. In addition, regarding infrastructure conditions, some PAUD units still do not permanently own their learning facilities. Consequently, installing permanent health service fixtures remains unfeasible for instance, setting up handwashing stations, establishing an emergency clinic (*UKS*) separate from classrooms, or providing separate toilets for teachers and children.

Overall, the healthy school technical guidance *(BIMTEK)* activity, with its focus on health education, proved effective in enhancing the understanding, skills, and teaching practices of PAUD educators. These findings indicate that strengthening educator capacity through structured and applicable activities serves as an effective strategy for improving the quality of learning that supports holistic child growth and development. The appreciation expressed by the PAUD representative during the closing ceremony also motivated participants to maintain their commitment to child health services as a vital investment in the future of the nation's children.

2. Discussion

The results of the healthy school technical guidance (*BIMTEK*) activity indicate an increase in educators' understanding and skills in implementing health education in PAUD (Munzirin et al., 2023). This finding can be explained through the constructivist perspective, which emphasizes that knowledge is actively built through learning experiences. According to (Ulya, Z, 2024) the learning process occurs when individuals interact with their environment and construct knowledge through direct experience. In this *BIMTEK* activity, participants were engaged in discussions, practices, and reflections, thereby enabling a more meaningful and applicable construction of knowledge (Lestariningrum et al., 2025). This aligns with the findings who state that effective teacher professional development must be grounded in active learning and contextual problem-solving, rather than merely passive theoretical expositions (Sahraman, 2022).

Furthermore, the success of the *BIMTEK* can also be analyzed through the social-constructivism theory proposed by Lev Vygotsky, which highlights the critical role of social interaction in the learning process (Etnawati, S., 2022). The concept of the Zone of Proximal Development (ZPD) explains that individuals can attain a higher level of understanding through assistance or scaffolding from a more competent peer or instructor. In the context of the *BIMTEK*, facilitators acted as scaffolding providers (Wardani et al., 2023), while discussions among participants reinforced the collaborative process of understanding and developing health education practices (Sari et al., 2025). The improvement in the participants' ability to design learning integrated with health education aligns with the Contextual Teaching and Learning (CTL) approach (Wahyuni, 2025), which emphasizes the connection between learning materials and real-world

contexts. This is particularly important because early childhood learners are in the preoperational stage, where, according to Piaget (Kurniawati & Rosita., 2016), effective learning must be concrete, visual, and grounded in direct experience. Therefore, integrating health education through play activities and simulations serves as an appropriate and highly effective strategy (Fachrurrazi & Affrida, 2023).

From an adult learning perspective, the success of the *BIMTEK* was also supported by the principles of andragogy proposed by (Gita et al., 2023). Knowles, (Yahya & Purnama, 2024) asserts that adults learn effectively when the material is relevant to their needs, grounded in experience, and immediately applicable. In this *BIMTEK* activity, participants did not merely receive passive instruction; they were actively involved in hands-on practice for lesson planning and real-world problem-solving, thereby making the learning process far more meaningful (Ulfadhilah, K., 2024).

Furthermore, the enhancement of the educators' confidence and creativity can be explained through the theory of self-efficacy (Jauhari et al., 2023) which posits that individuals' beliefs in their own capabilities heavily influence their actions and performance. Through the successful experiences gained during the *BIMTEK*, educators received positive reinforcement that bolstered their confidence in implementing health education within the classroom (Yulianti et al., 2022).

Nevertheless, the constraints encountered such as limited mentoring time and variations in participants' capabilities indicate that enhancing educator competence requires an ongoing process. This aligns with the concept of Continuous Professional Development (CPD), which emphasizes the importance of sustained training, reflection, and consistent practice in elevating educator quality (Ferianto et al., 2022). They emphasize that one-shot workshops rarely result in permanent changes to teaching behaviors in the absence of a coaching or continuous mentoring system that facilitates teachers' reflections in the field (Gartika, 2025).

Consequently, from a theoretical standpoint, the results of this activity reinforce that a *BIMTEK* designed to be participatory, collaborative, and contextual is highly capable of improving the competence of PAUD educators. The integration of constructivism, social-constructivism, andragogy, and self-efficacy approaches serves as a robust foundation for developing health education that is both effective and meaningful for early childhood.

D. Conclusion

The healthy school technical guidance *(BIMTEK)* activity, with its focus on health education in PAUD, has proven effective in improving educators' understanding, skills, and attitudes in integrating health materials into the learning process. Through a participatory, contextual, and applicable approach, educators not only acquired conceptual knowledge but were also able to develop learning practices that are more creative and aligned with the unique characteristics of early childhood.

The results of the activity demonstrate positive changes in both lesson planning and implementation, where health education has begun to be systematically integrated into learning activities. Furthermore, the increase in educators' confidence and awareness serves as a crucial indicator that the *BIMTEK* has delivered a tangible impact on the professionalism of PAUD teachers. Overall, the healthy school *BIMTEK* is an effective strategy for strengthening health education from an early age, thereby contributing to the creation of a learning environment that optimally supports child growth and development. Based on the implementation and evaluation results of this activity, several recommendations are proposed for follow-up actions. Educators are expected to consistently implement the *BIMTEK* outcomes by integrating health education into daily lesson planning and execution. Additionally, educators must continue to foster creativity in presenting health materials through a play-based approach that fits early childhood characteristics while collaborating with relevant local departments in the program.

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F. Author Contribution Statement

The project's concept, technique, supervision, and general administration were all influenced by AL and IPW. During the healthy school technical guidance activities, NL, IHN, and SC were in charge of data collection, investigation, activity execution, and participant coordination. Data analysis, visualization, manuscript drafting, editing, and formatting were all aided by MN and WNB. KRM helped with the manuscript's validation, proofreading, and final review. The final draft of the work has been reviewed and approved by all authors.

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