

**THE SEVEN HABITS OF GREAT INDONESIAN CHILDREN (SHGIC) MODEL
AND ITS ROLE IN HEALTH LITERACY OF FIFTH GRADE ELEMENTARY
SCHOOL STUDENTS IN DKI JAKARTA**

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ABSTRACT

This research is motivated by the low health literacy of elementary school students in DKI Jakarta, which affects their clean and healthy living behaviors. The study aims to evaluate the effectiveness of the 7 Habits of Great Indonesian Children model in enhancing the health literacy of fifth-grade students. The method used is a quasi-experiment involving two experimental classes and two control classes. The research instrument includes a health literacy test on four indicators: access, understanding, assessment, and application. The results of the analysis showed a significant difference between the experimental and control groups ($p < 0.05$) with a high N-gain increase (0.65) in the experimental group. The largest increase occurred in the assessment aspect, reflecting that students' health literacy has reached the assessment stage. The implication is that this model is effective in fostering a character-based, healthy lifestyle and can be integrated into basic education to support the achievement of SDGs 3 and 4.

Keywords: Health literacy, 7 Habits of Great Indonesian Children, Elementary School

ABSTRAK

Penelitian ini dilatarbelakangi oleh rendahnya literasi kesehatan siswa sekolah dasar di DKI Jakarta, yang berdampak pada perilaku hidup bersih dan sehat mereka. Penelitian ini bertujuan untuk mengevaluasi efektivitas model 7 Kebiasaan Anak Indonesia Hebat dalam meningkatkan literasi kesehatan siswa kelas V. Metode yang digunakan adalah eksperimen semu yang melibatkan dua kelas eksperimen dan dua kelas kontrol. Instrumen penelitian meliputi tes literasi kesehatan pada empat indikator: akses, pemahaman, asesmen, dan penerapan. Hasil analisis menunjukkan adanya perbedaan yang signifikan antara kelompok eksperimen dan kontrol ($p < 0,05$) dengan peningkatan N-gain yang tinggi (0,65) pada kelompok eksperimen. Peningkatan terbesar terjadi pada aspek asesmen, yang mencerminkan literasi kesehatan siswa telah mencapai tahap asesmen. Implikasinya, model ini efektif dalam menumbuhkan pola hidup sehat berbasis

karakter dan dapat diintegrasikan ke dalam pendidikan dasar untuk mendukung pencapaian SDGs 3 dan 4.

Kata Kunci: Literasi kesehatan, 7 Kebiasaan Anak Indonesia Hebat, Sekolah Dasar

A. Introduction

Health is crucial for all human beings, as without it, it will be difficult for anyone to carry out their daily activities. Health is a state of physical, mental, and social well-being that enables everyone to live productively, socially and economically (Bullock, 2024; Gabhainn et al., 2007). So health is a symptom in which the condition of the body and soul is in a productive condition both physically, mentally, socially and economically, where health is a physical condition that is very important in carrying out activities in daily life, without health it will hinder activities in life both spiritually and physically. Physical health plays a very important role in carrying out activities both physically and mentally where health is the main capital in carrying out activities in living life. Health is a fundamental thing in human life. Many sick people and their families sacrifice all their possessions to seek healing. So

important is the meaning of health that some people choose to die rather than live unhealthy and unable to do anything.

In the body there are healthy and sick conditions, where health is very dependent on the balance of the elements in the human body, if the balance of the body is disturbed it will result in an unhealthy body condition which will cause diseases that can hinder daily life activities, can cause disturbed thoughts. In general, illness is a condition of self and the environment that is not balanced. Thus, if a person cannot maintain the balance of self and the environment, or the body's organisms do not function properly, then that person can be said to be sick (Organization, 2022).

The health of elementary school children affects their learning ability, attendance, and long-term development as human resources. The health of elementary school-aged children plays a fundamental role in their learning ability, attendance rates,

and long-term human resource development. Jakarta, as the nation's capital and a center of health services, should be a role model for implementing clean and healthy lifestyles in schools (Edwita, Hasanah, 2020; Edwita et al., 2023). However, various local government reports indicate that many gaps remain. Jakarta Provincial Government data indicates that thousands of toddlers and schoolchildren experience nutritional problems such as stunting and underweight (Department of healthy, 2025). At the elementary school level, sanitation survey results show a persistent lack of clean water facilities, substandard toilets, and canteens that serve unhealthy snacks. Field conditions in many elementary schools in densely populated areas also indicate limited sports fields, unstable water supplies, and low parental involvement in school health programs. Despite Jakarta's status as the capital and a center of health services, nutrition and sanitation issues persist among toddlers and schoolchildren. Nutritional status data and regional dashboards

demonstrate variations across administrative regions in Jakarta, making school-based interventions strategic for health mitigation and promotion.

In essence, ideal conditions in elementary schools include the availability of running water and handwashing facilities in every unit, toilets that meet privacy and hygiene standards, a canteen that provides healthy food, scheduled physical activity, a regular vector eradication program (larvae), a smoke-free environment, and an effective waste management system. National standards and WASH guidelines as well as school sanitation profiles show that there is still a gap between ideal conditions and the reality on the ground, which affects the risk of infectious diseases, malnutrition, and a decline in the quality of learning (Hurha, 2017; Lorenz et al., 2020; Zubaidah et al., 2017). Therefore, this research is important for mapping the implementation of the 7 PHBS strategies in Jakarta elementary schools and providing

recommendations for school policies and practices.

This gap underscores the importance of research into the implementation of seven healthy lifestyle strategies in elementary schools in the Jakarta area. Its unique contribution is that this study aims to explore teachers' perceptions of the extent to which these strategies are implemented, identify barriers preventing them from achieving ideal conditions, and provide evidence-based practice recommendations to bring the field reality closer to the desired healthy school standards.

B. Literature Review

Health Literacy

Health literacy is a person's ability to access, understand, assess, and apply health information to make appropriate decisions regarding maintaining and improving their health (Chalhoub, 2024; Feng, 2023). Health literacy can be divided into four main dimensions according to the WHO framework and the Indonesian Ministry of Health, namely access, understanding, assessment, and application of

health information (Department of healthy, 2025; Schenker, 2018; Stanley, 2022). In the access indicator, students are expected to be able to find various health information from teachers, doctors, and other mass media. Furthermore, in the understanding indicator, students are expected to be able to understand the content of health messages, both verbally, in writing, and visually. In the assessment indicator, students should be able to determine which decisions are included in health-maintaining activities and which activities cause disease so that students do not engage in activities that make them sick. The final indicator is implementation. In this case, students are expected to be able to apply a culture of clean and healthy living both at school, at home, and in the community environment.

Health Education

Health education helps individuals and communities maintain and improve their health by enhancing their knowledge, attitudes, and behaviors. This process is accomplished through the delivery of information and the

formation of positive attitudes toward healthy living. Health education is a systematic and planned effort to help individuals or groups acquire the knowledge and skills to develop behaviors that support efforts to maintain and improve health (Nogueira, 2022; Xie, 2021). The goal of health education is to create positive behavioral changes in maintaining and improving health for individuals and groups. Specifically, the goals of health education include increasing understanding of good living habits, fostering positive attitudes toward disease prevention and health promotion, encouraging behaviors that support a healthy lifestyle and appropriate use of health services, and improving the community's ability to make decisions that are oriented towards the health of themselves, their families, and their surrounding environment (Oliver, 2023; Schuh et al., 2017). Thus, health education not only focuses on increasing knowledge but also includes developing attitudes and skills for sustainable healthy behavior.

Health education is a learning process for individuals, groups, and communities, moving from ignorance about the value of health to knowledge, and from being unable to overcome their own health problems to being able to. The community's ability to achieve optimal health is based on the knowledge of individuals, groups, and communities. Knowledge is the result of knowing and occurs after a person senses an object through the senses of sight, smell, hearing, touch, and taste. The goal of health education is to encompass individuals, families, groups, and communities, both at home, in health centers, and in the community in an organized manner, in order to instill healthy behaviors, resulting in behavioral changes as expected in achieving optimal health levels (Blom et al., 2018). Health education strives to ensure that the behavior of individuals, groups, or communities has a positive influence on maintaining and improving health. For these interventions or efforts to be effective, an analysis of the behavioral problem must be

conducted before the intervention is carried out.

7 Habits of Great Indonesian Children

The 7 habits model of great Indonesian children in elementary school is a strategic effort to instill healthy behavior as early as possible (Menengah, 2016). This program is an adaptation of the broader concept of clean and healthy living behaviors launched by the Ministry of Health of the Republic of Indonesia, with a focus on the school environment. The goal is to create a school environment that supports health, improve the quality of life of students, and shape a generation that is aware of the importance of health. The seven points included in the Great Indonesian Children program include:

1. Waking Up Early teaches the values of discipline, balance, productivity, and respect for time which contribute to a better quality of life.
2. Worship. Worship here is not merely a ritual, but also holds spiritual and moral significance that shapes one's personality,

the search for meaning in life, and fosters a harmonious relationship with God, nature, and others.

3. Exercise. Exercise is more than just maintaining physical health; it carries deeper meanings related to discipline, balance, mental resilience, and even a more purposeful or meaningful life.
4. Healthy and nutritious eating. Healthy and nutritious eating is related to the principles and values of the importance of meeting the body's nutritional needs to support a healthy, balanced, and meaningful life.
5. A love of learning. A love of learning encourages growth in understanding, character, and wisdom.
6. Community. Community is based on values and principles that encourage individuals to live together harmoniously and contribute to collective well-being.
7. Sleep well. Sleep well is an important aspect of life that impacts physical health, mental well-being, and spiritual and social well-being.

C. Method

This study aims to prove the effectiveness of the 7 Habits of Great Indonesian Children model and its role in the health literacy of fifth-grade elementary school students. The research method used is a quasi-experimental method. For this study, a non-comparable control group design was used. Two groups (2 experimental groups and 2 control groups) were randomly selected and then given a pretest to determine whether there were differences between the experimental and control groups in the initial conditions. The schools that will be used as research locations are elementary schools located in the Pulo Gadung District, East Jakarta. Each elementary school used as a research location has different characteristics so that researchers are interested in conducting research. Related to the test instrument used in the study, a research instrument was developed to measure the level of health literacy of students.

The instrument used by researchers is a health literacy test

that is adjusted to indicators of access, understanding, assessment, and application of health information and is calculated using a scoring rubric (Kasimoğlu, 2024; Olson Stewart et al., 2021). The interview guideline was conducted to determine students' responses to the effectiveness of using the 7 habits of Great Indonesian Children model. Based on the data obtained in this study, namely qualitative and quantitative data, the technique that will be used to analyze qualitative data is descriptive analysis. This descriptive analysis is used to determine and obtain an overview of the effectiveness of the 7 habits of Great Indonesian Children model and its role in students' health literacy. Furthermore, quantitative data analysis techniques are used to determine and answer research hypotheses related to differences in health literacy using the 7 habits of Great Indonesian Children learning model with direct teaching. The stages of quantitative data analysis will use statistical methods, namely the difference test (t).

D. Finding and Discussion

Finding

Based on the results of the statistical tests conducted by the researcher, it can be described as follows: The data analyzed in this study were the pretest, posttest, and n-gain scores of health literacy of control class students and experimental class students. The pretest score shows the score before treatment and the posttest score shows the score after treatment. The description of the pretest, posttest, and n-gain scores of students' health literacy is presented in the following table:

Table 1. Description of pretest and posttest data for the experimental and control classes

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Standard Deviation
Experimental Class Pretest	31	52	75	64.63	5.83
Experimental Class Posttest	31	73	95	86.40	5.79
Control Class Pretest	31	43	77	58.06	8.98

Control Class Posttest Valid N (Listwise)	31	57	86	73.19	8.17
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Based on the table above, it shows that students' health literacy before treatment (pretest) was the same in both the experimental and control classes, namely an average of 64.63 and 58.06. However, after the treatment using the 7 Habits of Great Indonesian Children model in the experimental class, the average changed. The average posttest for the experimental class reached 86.40 while the control class was only 73.19. Before conducting the hypothesis test, it is necessary to first conduct a data prerequisite test on the research variable of critical thinking skills. The data prerequisite test includes a normality test and a homogeneity test conducted on the pretest and posttest data in both the experimental and control classes. The results of the normality test for student health literacy data are presented in the following table:

Table 2. Results of the N-Gain Normality Test

Tests of Normality

	Class	Kolmogorov-Smirnova			Shapiro-Wilk		
		Statistics	df	Sig.	Statistics	df	Sig.
Score N-Gain Percent	Pre-Experiment	.119	31	.200*	.952	31	.079
	Post-Experiment	.095	33	.200*	.942	33	.289
	Pre-Control	.079	32	.200*	.986	32	.111
	Post-Control	.109	31	.200*	.960	31	.935

*. This is a lower bound of the true significance.

a. Lilliefors Significance Correction

The table above shows that the N-Gain of health literacy of students in the experimental and control classes has a significant value of $0.200 > 0.05$, so the hypothesis is accepted. This indicates that the N-Gain of health literacy of students in the experimental and control classes is normally distributed. The results of the homogeneity test of the student health literacy pretest data can be seen in the following table:

Table 3. Results of the Homogeneity Test of Pretest Scores

		Test of Homogeneity of Variance			
		Levene Statistics	df1	df2	Sig.
N-Gain_Percent	Based on Mean	2,090	1	62	.153
	Based on Median	1,685	1	62	.199
	Based on Median and with adjusted df	1,685	1	53,077	.200
	Based on trimmed mean	2,064	1	62	.156

Based on the table above, a significant value (P Value) of > 0.05 was obtained, thus it can be concluded that the distribution of N-Gain of students' health literacy in the pretest data of the experimental and control classes is homogeneous. The results of the homogeneity test of the posttest data of students' health literacy can be seen in the following table.

Table 4. Results of the Posttest Score Homogeneity Test

		Test of Homogeneity of Variance			
		Levene Statistics	df1	df2	Sig.
N-Gain_Percent	Based on Mean	0.775	1	61	0.382
	Based on Median	0.5	1	61	0.482
	Based on Median and with adjusted df	0.5	1	59,024	0.482
	Based on trimmed mean	0.803	1	61	0.374

Based on the statistical calculation results, the significance (Sig) of the post-test data on student health literacy between the experimental class and the control class was 0.374, or greater than

0.05, so the data was declared homogeneous. The next step was to conduct a difference test (comparative) using the Independent Samples T-Test Analysis. The results of the t-test of the student health literacy pre-test data are shown in the table below:

Table 5. Results of the test of differences in the average data of the N-Gain pretest of students' health literacy

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
N-Gain_Percent	Equal variances assumed	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Standard Error Difference	95% Confidence Interval of Difference Lower	
	Equal variances assumed	2,206	.143	8,448	62	.000	26,048	3,083	19,884	
	Equal variances not assumed			8,356	53,326	.000	26,048	3,117	19,796	

Based on the table above, the Sig.(2-tailed) value is 0.000 < 0.05. This indicates that there is a significant difference in the average between the experimental class and the control class. Thus, it can be concluded that the 7 habits of Great Indonesian Children model has proven effective in

improving the health literacy of fifth-grade elementary school students. The results of the t-test of the post-test data on student health literacy are shown in the table below.

Table 6. Results of the N-Gain Average Difference Test for Students' Health Literacy

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
N-Gain_Percent	Equal variances assumed	F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Standard Error Difference	95% Confidence Interval of Difference Lower	
	Equal variances assumed	2,206	.143	8,448	62	.000	26,048	3,083	19,884	
	Equal variances not assumed			8,356	53,326	.000	26,048	3,117	19,796	

Furthermore, based on the results of the independent samples

test, it is known that the sig. (2-tailed) value is 0.000, which is smaller than 0.05. Thus, it can be concluded that there is a very significant difference in students' health literacy between students who learn using the 7 habits of Great Indonesian Children model and conventional learning to improve elementary school students' health literacy. The following is a summary table of the N-Gain test results:

Tabel 7. N-Gain Summary Table

	N-gain	Conclusion
Experiment	0.65	Tall
Control	0.19	Low

Based on the results of the N-Gain test, the significance value in the experimental class was 0.65, while the N-Gain value in the control class was 0.19. In general, it can be concluded that the 7 habits of Great Indonesian Children model is very effective in improving student health literacy in elementary schools. The detailed measurement of health literacy indicators is presented as follows:

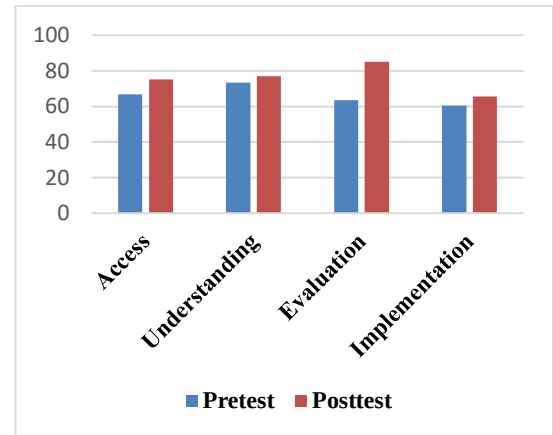


Figure 1. Results of Student Health Literacy Scores

The chart above shows an increase in all health literacy indicators after the learning or intervention. The greatest improvement was seen in the assessment aspect, which demonstrated strengthening of students' critical thinking skills regarding health information. Overall, the posttest results demonstrate the effectiveness of the program or learning model in improving students' health literacy.

Discussion

Based on research findings, it can be shown that the development of the 7 Habits of Great Indonesian Children model has a positive impact on improving students' health literacy. This model emphasizes character development and healthy living

behaviors through simple yet meaningful habits consistently implemented in daily life.



Figure 2. Model of 7 Habits of Great Indonesian Children

By implementing these seven habits of waking up early, praying, exercising, eating healthily and nutritiously, enjoying learning, being social, and go to sleep early, Students not only gain knowledge about health (cognitive aspects), but also experience improvements in their understanding, assessment, and application of health information (affective and psychomotor aspects). This model helps students understand that a healthy lifestyle is not just a theory, but rather part of the values and culture of everyday life that must be internalized from an early age. Improved health literacy is evident

in students' ability to search for, understand, assess, and use health information critically and responsibly (Feng, 2023; Williams & Williams, 2017).

Furthermore, the implementation of the 7 Habits of Great Indonesian Children model also strengthens the role of the school environment as an educational ecosystem that supports a healthy lifestyle. Teachers act as role models and facilitators, while peers become agents of change in building collective awareness of the importance of health. Thus, the development of this model not only improves individual health literacy but also fosters a sustainable culture of health within the school environment, in line with the vision of character education and the Sustainable Development Goals (SDGs), particularly in the areas of good health and well-being (SDG 3) and quality education (SDG 4) (Ghazian, 2024; Misiaszek, 2022; Paddison & Miles, 2020).

Based on observations and health literacy assessment instruments, students

demonstrated improvement in four key dimensions of health literacy: access to information, understanding, evaluating, and applying health information. Students became better able to seek out and identify valid sources of health information, understand health messages from various media, critically assess the accuracy of information, and apply it in concrete behaviors, such as maintaining personal hygiene, managing rest time, and choosing healthy foods. Furthermore, the study found that the greatest improvement was seen in the assessment aspect, indicating a strengthening of students' critical thinking skills regarding health information. This means that students have begun to sort and assess what is good and bad for their health. This model is designed to shape healthy behaviors through the instilling of positive values that can be applied in daily life at school and at home. The implementation of these seven habits includes waking up early, praying, exercising, eating healthy and nutritious food, enjoying learning, being social, and fall asleep quickly

has been proven to increase students' understanding of the importance of a holistic healthy lifestyle. This model is also effective in creating a learning environment that supports a healthy lifestyle. Teachers play an active role as facilitators and role models in instilling healthy habits, while students participate in reflective and collaborative activities that strengthen social skills and a sense of responsibility for their own health and the environment (Jakab, 2011; Lorenz et al., 2020). Conceptually, the results of this study reinforce the view that health literacy is not only related to medical knowledge or health information alone, but also to the formation of character and sustainable healthy living habits. Thus, the 7 Habits of Great Indonesian Children model can be an alternative approach to health education that is transformative in integrating cognitive, affective, and psychomotor aspects in a contextual learning framework. These findings are also relevant to efforts to achieve the Sustainable Development Goals (SDGs), particularly goals 3 (Good Health

and Well-Being) and 4 (Quality Education), which emphasize the importance of character education and healthy living behaviors from school age.

E. Conclusion

Based on the research results, it can be concluded that the development of the 7 Habits of Great Indonesian Children model is effective in improving student health literacy in elementary schools. This model has been proven to foster awareness and healthy lifestyle behaviors through a structured and sustainable process of instilling positive values. The seven habits include waking up early, praying, exercising, eating healthily and nutritiously, enjoying learning, being part of a community, and fall asleep quickly encourages students to not only know and understand health information, but also to assess and apply it in their daily lives. The results of the study indicate that this model strengthens the four main dimensions of health literacy: the ability to access, understand, assess, and use health information critically and responsibly.

Furthermore, it fosters a school culture that supports a healthy lifestyle through collaboration between teachers, students, and the school environment. Therefore, the 7 Habits of Great Indonesian Children model can be used as a character-based learning innovation that not only fosters health knowledge but also internalizes healthy living values as part of students' culture. This model has the potential to be further developed as a sustainable health education strategy that aligns with the National Character Education vision and the Sustainable Development Goals (SDGs), particularly SDG 3 (Good Health and Well-Being) and SDG 4 (Quality Education).

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