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Clean and Healthy Living Behaviour in Primary School

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ABSTRACT

As a result of their learning, students, teachers, and the school community practice clean and healthy living habits in the school. Problems that arise in primary schools show that students do not practice clean and healthy behaviours, such as rarely washing hands with running water and soap, rarely using healthy latrines, and rarely throwing garbage in its place, and that there are several cases of incidents such as diarrhoea, worms, typhoid, and ulcers. This study aims to identify the characteristics of clean and healthy behaviours in students at 5 Pancur Batu Primary School. Data collection techniques were carried out by distributing questionnaires on questions regarding healthy living behaviour and general questions covering health problems. The percentage of the indicator of healthy snack consumption in the school canteen has reached 81%. The percentage of indicators using clean and healthy latrines was as much as 78.6%. The percentage on the Regular and Measured Exercise indicator, obtained as much as 93.3%, looks almost perfect. Furthermore, 87.1% of the last indicator, eradicating mosquito flicks, was obtained. The percentage of students of Pancur Batu Primary School who have carried out clean and healthy living behaviour is 66.4%. Clean and Healthy Lifestyle education can increase knowledge about how to live a healthy life in the school environment so that students and students avoid disease. Increasing the knowledge and skills of students was carried out using lecture and demonstration methods. Because of the gallon sink, Pancur Batu primary School students can wash their hands before and after eating to avoid disease. Students also learned about personal hygiene, which is important for health.

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1. INTRODUCTION

A healthy school must have an environment that supports learning. The program emphasizes aspects of the environment, including physical and non-physical environments (Efendi and Syifa, 2019). The physical environment emphasizes facilities such as the construction of rooms and buildings: ventilation and lighting intensity: classroom density: blackboard distance from students: quality and quantity of student desks and chairs, availability of toilets and handwashing stations; clean water; noise control: waste bins, waste management programs; and healthy canteens. Behavior is part of the non-physical environment, so the next criterion for a healthy school is that it has a coaching program to teach students how to live clean and healthy and serve as a role model for them (Fitriani, 2017); (Siregar, 2020).

In Indonesia, formal education starts in primary school, focusing on kids between 6 and 12. This is a stage where children are vulnerable to disease. According to Novitasari, (2018), many diseases suffered by children in their early years (0-5 years) can reappear during the school period, especially at the beginning of school (6-8 years). A lack of knowledge about children's health can make it hard for them to do what they need to do to grow up. Clean and Healthy Living Behavior reflects a family lifestyle that prioritizes and maintains the health of all family members. Other definitions of clean and healthy living behaviors include all health behaviors performed with awareness so that family members or families can help themselves in the health sector and play an active role in health activities in the community (Julianti, 2020).

Clean and Healthy Living Behavior is a pillar of Healthy Indonesia 2010, as it is one of the preventive (prevention of a disease or health problem) and promotive (improvement of health status) efforts in a person. This behavior is expected of all members of society, including school-age children (Mawan, 2017). Many factors influence clean and healthy living behavior, such as habits at home, the community environment, school, teachers who do not give examples or demonstrate, and the child himself (Adinda, 2020). Habits carried out daily have yet to increase children's awareness. Children have not been able to do things or take actions that are expected for the image of a healthy, smart, and cheerful child.

Based on what the World Health Organization (WHO) said in 1992, things that affect health include living and nonliving things, natural and manufactured events and things in the environment, genetics, and behavior. Similarly, according to Hendrick L. Blum, factors affecting health include environment, behavior, health services, and heredity (Notoatmodjo, 2018). Both say that behavioral factors, which in this case are actions, have the most impact on a person's health after environmental factors. The 2018 Riskesdas report shows that 95,749 children have brushed their teeth, but only 1,796 have done it correctly (Kementerian Kesehatan RI, 2018). Furthermore, other children's daily active tobacco consumption behavior includes intense smoking (Purwaningsih, 2020).

Other data is on the clean and healthy behavior of the general population, which includes children. A total of 82,600 residents have defecated properly, namely in

latrines. Only 47,900 Indonesians have been able to wash their hands using soap properly. A total of 26,109 people in Indonesia are categorized as inactive. How people in Indonesia ate and used flavorings reached a score of 77.39 (Ony L, 2010). Considering the importance of health in human resource development, the characteristics of elementary school children, and the role of behavior on health levels, promoting a healthy lifestyle in elementary school students is very important behavior in elementary school students is very necessary.

The implementation of clean and healthy living behavior can be done through habituation. The development of habituation includes: "praybefore and after eating, greeting when meeting others, helping others, cleaning yourself, such as brushing your teeth, defecating, and bathing." "keeping the environment clean, throwing garbage in its place, implementing the rules at school, carrying out worship activities according to the rules, imitating their beliefs, saying thank you if you get something, respecting parents and elders, speaking politely and having a sweet face, going to school on time, cleaning eating utensils after use. " To make it easier for young children to understand healthy living skills, visual aids in the form of pictures and infrastructure tools are needed. Teachers must be skilled and not just teach the theory in the book but also link it to the reality of life. Children's daily practice of clean and healthy living is one of the applications of religious and moral values' fundamental abilities. The teacher applies clean and healthy living behaviors through normal habituation in addition to advice and stories told by the teacher. Healthy children are the hope of all parents, communities, nations, and countries.

A healthy lifestyle describes an individual's healthy behavior in the form of actions that show efforts to get or keep the best possible health status. Behavior in the form of individual actions is influenced by many factors, such as thoughts and feelings, people who matter (role models), resources, and culture (Green, 2000). In addition, Green mentioned that behavior is formed by three main factors: predisposing factors, enabling factors, and reinforcing factors, where predisposing factors include people's knowledge and attitudes (Siregar, 2021) (Notoatmodjo, 2017). Based on what these two experts say, it is known that everyone's actions, even elementary school kids, are affected by what they know.

2. RESEARCH METHOD

This type of research is quantitative, with an analytical survey using a cross-sectional design. This research was conducted at SD 5 Pancur Batu. This research was conducted in February-August 2021.

The variables to be studied are the implementation of clean and healthy living behaviors (dependent variable), the level of children's knowledge and attitudes, and the role of the teacher (independent variable). This study used a closed questionnaire. This study uses informed consent given to the teacher as the person in charge of students at school.

Data were collected through questionnaires; the data collected were primary and secondary data, with data processing in the form of editing, coding, data entry, cleaning, and processing. Data analysis was carried out by gradually conducting a frequency distribution to describe clean and healthy living behaviors in schools.

3. RESULTS

Overview of knowledge on implementing the Healthy and Clean Living Behavior Program. Knowledge results from "knowing," which occurs after the respondent senses a certain object. Sensing occurs through the five human senses: sight, smell, taste, and touch. Most of what people know comes from what they see and hear, but they can also learn from their own experiences or those of others. Knowledge, or cognition, is important for forming a person's actions. Knowledge is a physical way to boost self-confidence and encourage people to act the right way, so it motivates people to do things.

The lack of knowledge among children and students about healthy and clean living behavior is due to a lack of a role for teachers and health workers in providing information about healthy and clean living behavior, a lack of counseling about healthy and clean living behavior, and a lack of teacher training, which causes teachers to fail to teach healthy and clean living behavior to their students. Knowledge is anything that schoolchildren know about the steps and aspects that support the formation of clean and healthy living behaviors. Positive thinking will emerge if you know and understand how and why schools promote clean and healthy living behaviors, how to do it, and why. This behavior will also result in a positive attitude, namely, agreeing and then wanting to make efforts for Clean and Healthy Living Behaviour.

Table 1. Frequency Distribution of Clean and Healthy Living Behaviour in Primary Schools

Variable	n	%
Handwashing with Soap		
Yes	48	100.0
Consume healthy snacks in the school canteen		
Yes	51	81.0
Using Clean and Healthy Latrines		
Yes	44	78.6
Regular and measured exercise		
Yes	28	93.3
Eradicate mosquito larvae		
Yes	27	87.1

Based on the table above, it can be seen that students at Pancur Batu Primary School have implemented hand-washing activities with clean running water and soap. This is evidenced by the results of the percentage of "yes" questionnaires, which reached 100%. The percentage of the indicator of healthy snack consumption in the school canteen has reached 81%. The percentage of indicators using clean and healthy latrines was as much as 78.6%. The percentage on the Regular and Measured Exercise indicator, obtained as much as 93.3%,

looks almost perfect. Furthermore, 87.1% of the last indicator, eradicating mosquito flicks, was obtained. From the data obtained, we can show that almost all primary school students in Pancur Batu have implemented clean and healthy living behaviors, while a small proportion of them still need to implement clean and healthy living behaviors. So all students must be able to apply clean and healthy living behaviors to their lives.

Table 2. Frequency Distribution of Category Clean and healthy living behaviour

Category Clean and healthy living behaviour	n	%
Good	77	66.4
Not Good	39	33.6
Total	116	100.0

From the table above, it shows that the percentage of students of Pancur Batu Primary School who have carried out clean and healthy living behaviour is 66.4%.

4. DISCUSSION

Health is the right of every individual to be able to do all the activities of daily life. To live healthily, we must have a "clean and healthy living behavior." A "clean and healthy living behavior" is a set of behaviors practiced based on awareness as a result of learning that makes a person or family able to help themselves in the health sector and play an active role in realizing the health of their community (Chandra, 2017). Many diseases are caused by poor hygiene behavior, such as diarrhea, worms, filariasis, dengue fever, and diarrhea (Syafira, 2020).

Schoolchildren are the nation's future generation, whose health must be maintained, enhanced, and safeguarded (Silviana, 2016). The entire population of Indonesia is of school age as 30%, a golden age for instilling clean and healthy behavior so that schoolchildren can act as agents of change to promote the instillation of clean and healthy behavior in the school environment, family, and community (Anam, 2016).

Because habits learned in school can last a lifetime, schools need to teach and encourage handwashing from a young age. Furthermore, children are potential agents of environmental change. By educating children about healthy lifestyles, efforts can be made to break the chain of illness transmission; this is crucial because children spend so much time in school (Ma'rifah, 2015). The school's "clean and healthy lifestyle" program includes handwashing as a disease prevention and control measure (Kusbiantoro, 2015). In Indonesia, handwashing has yet to become a widespread practice among the populace. In normal life, many people wash their hands with water before eating, and they use soap afterward (Amar, 2021).

In the school setting, there are eight indicators for clean and healthy living behavior, namely; snacks in the school canteen, washing hands with clean running water and soap, using healthy latrines, participating in sports activities and physical activities at school, eradicating mosquito larvae, not smoking at school, weighing body weight and measuring height every month, and disposing of garbage in its place (Efendi and Syifa, 2019); (Mawan, 2017).

In the first study conducted by "Aida Fitria, Siti Aisyah, and Jita Sari Tarigan Sibero in 2021 at Yayasan Perguruan Tinggi Budi Agung Medan" with the results of their research, there was a significant increase in the number of students with sufficient knowledge about

blood deficiency and iron supplement consumption after receiving counselling: 24 students (75%) now have sufficient knowledge, while eight students (25%) have insufficient knowledge. Between the pre-and post-test scores, teenage girls at Yayasan Perguruan Tinggi Budi Agung demonstrated a 32.03-point increase in their knowledge of anemia and iron consumption (Julianti, 2020).

A healthy child can grow and develop well in an orderly manner; his soul develops according to his age level, is active, happy, regularly eats, is clean, and can adjust to his environment. Healthy children will usually be able to learn well. Many government programs expect healthy Indonesian children, such as supplementary feeding of breast milk, supplementary school meals, healthy school doctors, improving toddler nutrition in a healthy environment, immunization, and vitamin A administration, including clean and healthy living behaviors. To achieve a healthy Indonesia by 2025, the government is continuously prioritizing its programs. Clean and healthy living behaviors implemented at a young age will impact the community until adulthood (Novitasari, 2018).

Clean and healthy living behaviors at school: 1) Food and drinks, such as breakfast habits and food hygiene, affect the healthy living. 2) Bathing, cleaning the mouth (by brushing teeth), and cleaning the feet, hands, and clothes are all things that affect personal hygiene. 3) Behavioral factors towards environmental hygiene consist of room cleanliness, house cleanliness, and environmental cleanliness. 4) Health maintenance, disease prevention, treatment plans, and health recovery are all examples of behavioral responses to illness and disease. 5) Balance between rest and exercise (Julianti, 2020).

Clean and Healthy Living Behavior reflects a family lifestyle that prioritizes and maintains the health of all family members. All health behaviors that are carried out with awareness so that family members or families can help themselves in the health sector and can play an active role in health activities in the community are another definition of Clean and Healthy Living Behaviour. Schools are places where people learn and where diseases can spread if not run well. In addition, school-aged children are susceptible to a variety of diseases. Pathogens that cause disease can easily get into a child's body if they eat snacks without thinking and do not wash their hands with soap before they eat (Kartika, 2015). Good knowledge and attitudes about handwashing with soap are factors that promote its use, whereas the availability of clean water facilities is a factor that discourages its use (Mustikawati, 2017); (Ashar, 2020).

5. CONCLUSION

Clean and Healthy Lifestyle education can increase knowledge about how to live a healthy life in the school environment so that students and students avoid disease. Increasing the knowledge and skills of students was carried out using lecture and demonstration methods. Because of the gallon sink, Pancur Batu primary School students can wash their hands before and after eating to avoid disease. Students also learned about personal hygiene, which is important for health.

With segregated waste, students will dispose of waste in its place. In addition, these students also learn to protect the environment from pollution and pollution, which is important for preserving nature around us. It is necessary to review the service location to see whether the washbasins and segregated bins are properly maintained and utilized by the residents of the Islamic Boarding School.

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