



Profile of clean and healthy behavior of teluk pakedai 08 public elementary school students



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ABSTRACT

Health is one of the human rights the state must guarantee to every individual in developing human resources. Implementation of clean and healthy behavior is intended so that each individual has the understanding and skills to maintain health and prevent disease and an active role in society in the health aspect. The importance of awareness regarding clean and healthy behavior can be instilled since children occupy the elementary school level, considering that education units have an essential role in promoting health efforts. The purpose of this study was to find out the profile of clean and healthy behavior of students at Teluk Pakedai 08 Public Elementary School. This research is a survey research using a questionnaire as a data collection technique. The population in this study were students in grades IV, V, and VI, totaling 84 people. Data were analyzed using the percentage formula, and then categorized into three categories which include good, sufficient, and poor. The overall results of this research show that the clean and healthy behavior of students at Teluk Pakedai 08 Public Elementary School is classified as good.

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INTRODUCTION

Efforts to develop human resources have several important factors, including health. The said efforts triggered the enactment of a public health guarantee in Indonesia in Article 28H of The 1945 Constitution of the Republic of Indonesia and Law of the Republic of Indonesia No. 9 of 1960 so that health becomes one of the human rights that must be guaranteed by the state and can be obtained by all its citizens (Banun, 2016). As one of the factors in human resource development, health cannot be separated from various aspects, including education. Efforts to improve healthy behavior have been determined following the Regulation of the Ministry of Health of the Republic of Indonesia No. 2269/MENKES/PER/XI/2022 on "Guidelines for

Clean and Healthy Behavior” as a national policy related to health promotion (Raharjo & Indarjo, 2014).

Clean and healthy living behavior can be interpreted as all health behaviors that individuals consciously carry out as a result of learning so that each family member can help himself and has an active role in community activities in the health sector (The Regulation of the Ministry of Health of the Republic of Indonesia in Gustina et al., 2018). The number of health problems still occurring shows that the implementation and knowledge related to clean and healthy behavior are not good, including students. Students, especially elementary school students, become the starting point for forming healthy behavior within themselves. Health-related problems are very vulnerable to occur in school-age children, so awareness about the importance of maintaining health from an early age needs to be instilled (Messakh et al., 2019).

Health problems, including general health, developmental disorders, behavioral disorders, and learning disorders, can prevent students from achieving at school (Mustar et al., 2018). Education units have a strategic position in health promotion efforts. This is because most children are attached to educational institutions for a long time, and schools are a place to support the child's natural growth and development process (The Ministry of Health in Raharjo & Indarjo, 2014). Instilling clean and healthy behavior will form individuals who can prevent disease independently and create a clean and healthy environment. In addition, the implementation of clean and healthy behavior will be carried out well if the clean and healthy behavior facilities and infrastructure in the education unit are adequate.

Clean and healthy living behavior in schools is the initial framework for creating healthy and quality human resources for the progress of the nation and state. This is because the school setting is one of the scopes of health promotion (Lubis et al., 2013). Schools are an extension of the family to instill behaviors that play a role in children's lives in the future, including health behaviors (Karaeng et al., 2017). In a school setting, clean and healthy behavior can be interpreted as an effort to empower students, teachers, and the school community to have the knowledge and ability to implement clean and healthy behavior to actively create a healthy school environment (Lestari et al., 2016).

The Ministry of Health (in Messakh et al., 2019) states that clean and healthy behavior in schools consists of several indicators, namely washing hands with running water and using soap, consuming healthy snacks in the school canteen, using clean and healthy latrines, regular and measured exercise, eradicating mosquito larvae, not smoking at school, weighing and measuring height, and disposing of trash in its place. To support these indicators, schools must have adequate clean and healthy behavior facilities and amenities, such as clean water that is free from mosquito larvae, healthy canteens, clean latrines, measurable and regular sports venues and programs, and trash bins.

Various studies related to the profile or description of clean and healthy behavior in elementary schools have been carried out. Research by Karaeng et al. (2017) showed that Inpres Karatung Public Elementary School students had good clean and healthy behavior knowledge, attitudes, and actions. Sumiran et al. (2017) stated that related to clean and healthy behavior, Adventist 01 Tikala Manado Elementary School students had a very good description of knowledge (96,1%), a very good description of attitudes (90,8%), and a good description of actions (78,6%). Research by Messakh et al. (2019) concluded that the clean and healthy behavior of public elementary school students in the Bancak District was still in the poor category.

Clean and healthy living behavior in different locations also shows different results. With previous studies showing that there is still a potential lack of knowledge and understanding regarding clean and healthy behavior in elementary-level students, the authors are interested in

researching the profile of clean and healthy behavior in Teluk Pakedai 08 Public Elementary School students in Teluk Pakedai District, Kubu Raya Regency.

RESEARCH METHODS

Research Design

This research was conducted at Teluk Pakedai 08 Public Elementary School in January 2023. The form of this research is descriptive qualitative research. According to Saragih et al. (2021), qualitative research is a method guided by positivism to research a natural object with qualitative data analysis that emphasizes meaning. The descriptive method is research that provides information related to a complete description of the state of the object under study (Sugiyono, 2022). The form of descriptive qualitative research referred to in this study is used to obtain information or information related to the clean and healthy behavior of the students at Teluk Pakedai 08 Public Elementary School.

Population and Samples

The population in this study were students in grades IV (four), V (five), and VI (six) at Teluk Pakedai 08 Public Elementary School, totaling 84 people. The sampling technique was total sampling. This technique is used because the number of respondents is under 100 people. Arikunto (in Lestari et al., 2017) states that total sampling is used if the research subjects are less than 100 people, whereas if the research subjects are more than 100 people, then 20-25% of the total sample is used.

Instruments

This research is a survey research using a questionnaire as a data collection technique. The questionnaire used was based on research by Murti (2016), which was modified to be simpler and consisted of 15 questions developed from 8 clean and healthy behavior indicators in schools. The indicators are washing hands with running water and using soap, consuming healthy snacks in the school canteen, using clean and healthy latrines, regular and measured exercise, eradicating mosquito larvae, not smoking at school, weighing and measuring height, and disposing of trash in its place. Each statement has two answers, namely "Yes" and "No". An example of the questionnaire used can be seen in Table I.

Table I. Questionnaire example

No.	Indicators	Statements	Yes	No
1	Washing hands with running water and using soap	I always wash my hands using clean running water and soap at school (before eating, after defecating, or every time my hands are dirty)		
		I rub by rotating the tips of my fingers on the right hand in the palm of the left hand and vice versa		
2	Consuming healthy snacks in the school canteen	I pay attention to the cleanliness of the snacks I buy		
		I consume healthy snacks in the school canteen		

Procedures

This research began by obtaining permission from Teluk Pakedai 08 Public Elementary School. After obtaining permission to conduct research, the next step is to develop an instrument in the form of a questionnaire developed from 8 indicators of clean and healthy behavior in schools; the instrument was modified from the research by Murti (2016). Data was collected by distributing questionnaires to grades IV, V, and VI students. Data analysis was performed using percentages and then interpreted according to clean and healthy behavior criteria by Messakh et al. (2019).

Data Analysis

The data is analyzed using percentages with the percentage formula, namely the frequency of answers obtained from all items divided by the number of respondents, then multiplied by 100%. The clean and healthy behavior profile for each statement in the questionnaire was categorized into three criteria based on the percentage of respondents who answered "Yes". The criteria referred to refer to the research of Messakh et al. (2019), shown in Table 2.

Table 2. Clean and healthy behavior category

No.	Percentage of "Yes" Answers	Category
1	76-100	Good
2	56-75	Sufficient
3	0-55	Poor

RESULTS

This research was conducted at Teluk Pakedai 08 Public Elementary School with respondents in the form of students in grades IV, V, and VI, with a total of 84 people. The frequency distribution of respondents based on characteristics in the form of class, gender, and age can be seen in Table 3.

Table 3. Respondents' characteristics frequency distribution

No.	Characteristics	Frequency (F)	Percentage (%)
1	Grade		
	a. IV (four)	25	29.8
	b. V (five)	31	36.9
	c. VI (six)	28	33.3
2	Gender		
	a. Female	48	57.1
	b. Male	36	42.9
3	Age		
	a. 9 year old	12	14.3
	b. 10 year old	22	26.2
	c. 11 year old	21	25.0
	d. 12 year old	25	29.8
	e. 13 year old	3	3.6
	f. 15 year old	1	1.1

The results of the analysis of the data obtained for each indicator and the statements obtained can be seen in Table 4.



Table 4. Research results

No.	Indicators and Statements	Answers			
		Yes		No	
		F	%	F	%
1	Washing hands with running water and using soap:				
	a. "I always wash my hands using clean running water and use soap at school (before eating, after defecating, or every time my hands are dirty)"	84	100	0	0
	b. "I rub by rotating the tips of my fingers of the right hand in the palm of the left hand and vice versa"	78	92.9	6	7.1
	Average Percentage		96.5		3.5
2	Consuming healthy snacks in the school canteen:				
	a. "I pay attention to the cleanliness of the snacks I buy"	77	91.6	7	8.4
	b. "I consume healthy snacks in the school canteen"	74	88.1	10	11.9
	Average Percentage		89.9		10.1
3	Using clean and healthy latrines:				
	a. "I use clean and odorless latrines for defecating at school"	72	85.7	12	14.3
	b. "I flush the latrines with water until they are clean after use"	80	95.2	4	4.8
	Average Percentage		90.5		9.5
4	Regular and measured exercise:				
	"I exercise according to the schedule and time specified"	78	92.9	6	7.1
5	Eradicating mosquito larvae:				
	"I participate in school activities to clean bathtubs and other water reservoirs, close water reservoirs, and bury used goods"	45	53.6	39	46.4
6	Not smoking at school:				
	a. "I do not smoke in the school environment"	84	100	0	0
	b. "I avoid people who smoke in the school environment"	80	95.2	4	4.8
	c. "I warn friends or anyone who smokes in school"	76	90.5	8	9.5
	Average Percentage		95.2		4.8
7	Weighing and measuring height:				
	"I weigh myself and measure my height every month"	64	76.2	20	23.8
8	Disposing of trash in its place:				
	a. "I always throw garbage in the trash"	82	97.6	2	2.4
	b. "I check and clean up the trash left under the class table"	79	94	5	6
	c. "I pick up the trash that is scattered in front of the class"	74	88.1	10	11.9
	Average Percentage		93.2		6.8

DISCUSSION

Clean and healthy living behavior is an effort to maintain and improve health to prevent the risk of disease protect themselves from the threat of disease and play an active role in the health movement (Karuniawati & Putrianti, 2020). Notoatmodjo (in Lubis et al., 2013) states that the implementation of the clean and healthy behavior program is grouped into five settings, namely clean and healthy behavior in households, health institutions, public places, workplaces, and schools. Clean and healthy living behavior in schools has several indicators, namely washing hands with running water and using soap, consuming healthy snacks in the school canteen, using clean and healthy latrines, regular and measured exercise, eradicating mosquito larvae, not smoking at



school, weighing and measuring height, and disposing of trash in its place (Ministry of Health in Messakh et al., 2019).

The first indicator is washing hands with running water and using soap. In this study, the first indicator consisted of two statements, namely "I always wash my hands using clean running water and use soap at school (before eating, after defecating, or every time my hands are dirty)" and "I rub by rotating the tips of my fingers of the right hand in the palm of the left hand and vice versa". In the first statement, 84 respondents (100%) answered "Yes" and 0 respondents (0%) answered "No" so it can be categorized as good. It is very easy for dirt and disease-causing bacteria to contaminate the body through the hands. Washing hands with soap is one of the sanitation actions by cleaning hands with water and soap to break the germs chain (Ningrum et al., 2021). Children's awareness of washing their hands arises from the active role of family members in applying sanitation principles. The Ministry of Health (in Rihiantoro, 2016) mentions several habits carried out by family members to instill awareness of washing hands, such as washing hands when cleaning children, before and after defecating, before cooking, before eating, and before feeding children. In the second statement, 78 respondents (92,9%) answered "Yes" and 6 respondents (7,1%) answered "No" so that it can be categorized as good. This shows that some students still do not understand how to wash their hands properly. Many people still do not wash their hands properly (Lestari, 2019). Dewi et al. (2018) described 11 hand washing patterns, namely wetting both hands with water, using soap, rubbing both palms, cleaning the back of the hands, rubbing between the fingers, cleaning between the fingers, rubbing the fingers on the sides of both hands in a locked position, rub the thumb in a circular motion, rub the fingertips in a circular motion in the palm and vice versa, do it for 40-60 seconds, and dry with a clean tissue. Students must know how to wash their hands properly. Washing hands properly is very important to teach the community, especially school-age children so that they are used to maintaining personal hygiene and preventing disease (Muzaenah & Riyaningrum, 2020). Hand washing is useful for understanding the basic principles of healthy living, creating healthy attitudes and behavior, and forming healthy living habits (Fitriani in Husni & Ramadany, 2019). The average percentage of "Yes" answers for this indicator is 96,5%, so it can be categorized as good.

The second indicator is consuming healthy snacks in the school canteen. In this study, the second indicator consisted of two statements, namely "I pay attention to the cleanliness of the snacks I buy" and "I consume healthy snacks in the school canteen". In the first statement, 77 respondents (91,6%) answered "Yes" and 7 respondents (8,4%) answered "No" so it can be categorized as good. Students often buy snacks without paying attention to cleanliness and the ingredients in the snacks they buy (Sumarni et al., 2020). Students at the research site have shown concern for the cleanliness of the snacks they buy. This indicates that there is already knowledge regarding the impact of consuming unclean food and drink. The safety of snacks consumed must be kept clean (Riolita & Ismawati, 2015). One of the disadvantages of snacking behavior in any unclean place is the disease of the gastrointestinal tract (Sihadi in Mirawati et al., 2014). In the second statement, 74 respondents (88,1%) answered "Yes" and 10 respondents (11,9%) answered "No" so that it can be categorized as good. Some students still do not eat healthy snacks in the school canteen. This can cause students to contract various diseases from unhealthy snacks. Children's knowledge regarding healthy snacks is influenced by several factors, such as age, education, environment, economy, mass media, social relations, and experience (Febriani et al., 2018). According to Ismainar et al. (2022), the pattern of school children consuming healthy snacks will optimize the quality of their growth and development. The availability of healthy and unhealthy snacks in the school environment can affect the choice of snacks by children, where children tend to buy snacks that are closest to them (Iklima, 2017). The average percentage of "Yes" answers for this indicator is 89,9%, so it can be categorized as good.

The third indicator is using clean and healthy latrines. In this study, the third indicator consisted of two statements, namely "I use clean and odorless latrines for defecating at school" and "I flush the latrines with water until they are clean after use". In the first statement, 72 respondents (85,7%) answered "Yes" and 12 respondents (14,3%) answered "No" so it can be categorized as good. Some students still do not use clean and odorless latrines due to a lack of cleanliness and awareness by students at the research site to clean latrines. In promoting clean and healthy behavior, the cleanliness of latrines must also be considered (Usman et al., 2022). Clean latrines are absolute because they can prevent the transmission of bacteria and viruses between school members who use them, so healthy latrines are needed (Khaeriyah & Kurniawaty, 2021). In the second statement, 80 respondents (95,2%) answered "Yes" and 4 respondents (4,8%) answered "No" so it can be categorized as good. Students must be accustomed to flushing the latrines after use. The habit of students not flushing water into the latrines can cause an unpleasant odor (Azizah et al., 2018). Water is one of the needs of the latrine. According to Horhoruw & Widagdo (2014), the requirements for a healthy latrine are that there is a latrine pit at least 10 meters from a water source, not a source of insects, and a source of water is available to clean the latrine so that odors are avoided. The average percentage of "Yes" answers for this indicator is 90,5%, so it can be categorized as good.

The fourth indicator is regular and measured exercise. In this study, the fourth indicator consisted of one statement, namely "I exercise according to the schedule and time specified". In this statement, 78 respondents (92,9%) answered "Yes" and 6 respondents (7,1%) answered "No" so it can be categorized as good. At the research site, there were still students who did not exercise regularly and according to a predetermined schedule and time, but the school's facilities for carrying out sports activities were quite good. Exercising regularly in sufficient quantities and time will benefit the heart, blood vessels, lungs, muscles, bones, brain, ligaments and tendons, joints and cartilage, body acclimatization to heat, and psychological changes (Mashud, 2016). Regular exercise is one way to improve physical fitness. If students' physical fitness is low, they feel unenthusiastic and unable to concentrate on the learning process because they tire easily (Ikram & Firdaus, 2020).

The fifth indicator is eradicating mosquito larvae. In this study, the fifth indicator consists of one statement, namely "I participate in school activities to clean bathtubs and other water reservoirs, close water reservoirs, and bury used goods". In this statement, 45 respondents (53,6%) answered "Yes" and 39 respondents (46,4%) answered "No" so it can be categorized as poor. Student participation which is still relatively low, can be caused by a lack of motivation to clean the tubs and water reservoirs at school. In addition, students lack of knowledge about the dangers of dirty water reservoirs also played a role in the number of those not participating. School water reservoirs should be drained every week so they do not become breeding grounds for mosquitoes (Amaliah & Astuti, 2021). *Aedes* sp., which can be disease vectors in humans, breed in water reservoirs containing clear water or small amounts of contaminated water (Nadifah et al., 2016).

The sixth indicator is not smoking at school. In this study, the sixth indicator consisted of three statements, namely "I do not smoke in the school environment", "I avoid people who smoke in the school environment", and "I warn friends or anyone who smokes in school". In the first statement, 84 respondents (100%) answered "Yes" and 0 respondents (0%) answered "No" so it can be categorized as good. This shows that students know the effects of smoking. Students' smoking knowledge will reduce their likelihood of smoking behavior (Alamsyah & Nopianto, 2017). In addition, the school also implemented a smoking ban. A school environment that plays a role in forming a smoke-free school will serve as an example for students to care more about their health (Naziyah et al., 2021). In addition, the role of parents greatly influences children's smoking behavior because there is a significant relationship between parents who smoke and the risk of

starting smoking (Sari, 2019). In the second statement, 80 respondents (95,2%) answered "Yes" and 4 respondents (4,8%) answered "No" so it can be categorized as good. Students who do not avoid people who smoke tend to be less aware of the effects of inhaling cigarette smoke. Cigarette smoke inhaled by someone will make that person a passive smoker (Perdana & Waspada, 2014). Passive smokers are defined as non-smokers exposed to cigarette smoke from active smokers (Safitri et al., 2016). Fong (in Marchel et al., 2019) states that tobacco smoke can cause lung cancer, heart disease, asthma, and sudden infant death. In the third statement, 76 respondents (90,5%) answered "Yes" and 8 respondents (9,5%) answered "No" so that it can be categorized as good. Some students tend to be afraid to rebuke smokers who smoke at school. This is a concern for schools to improve role models for students so that they also play a role in building a smoke-free area. In addition, knowledge of the dangers of cigarette smoke also affects students' courage to warn smokers in the school environment. If the child understands the dangers of cigarette smoke, then the child consciously avoids cigarette smoke and directly reprimands nearby smokers (Girsang & Munthe, 2018). The average percentage of "Yes" answers for this indicator is 95,2%, so it can be categorized as good.

The seventh indicator is weighing and measuring height. In this study, the seventh indicator consisted of one statement, namely "I weigh myself and measure my height every month". In this statement, 64 respondents (76,2%) answered "Yes" and 20 respondents (23,8%) answered "No" so it can be categorized as good. Although relatively good, there are still quite several students who do not weigh and measure their height regularly. This can be caused by a lack of knowledge from students and their parents regarding the importance of regular weight and height measurements. Examining children's height and weight growth can increase parents' knowledge of children's growth (Febrianti et al., 2019). Routine weighing and measuring height is one way to control children's health because these two things describe the nutritional status of children (Astuti & Sakitri, 2018). Aulina & Astutik (2018) stated that the results of weighing and measuring would be compared with standards according to the growth curve by the World Health Organization to find out whether a child's growth is normal.

The eighth indicator is disposing of trash in its place. In this study, the eighth indicator consisted of three statements, namely "I always throw garbage in the trash", "I check and clean up the trash left under the class table", and "I pick up the trash that is scattered in front of the class". In the first statement, 82 respondents (97,6%) answered "Yes" and 2 respondents (2,4%) answered "No" so it can be categorized as good. The behavior of disposing of waste in its place is one of the characteristics of caring for the environment that must be understood and applied by all people. One factor supporting learning about clean environmental health is children's awareness of throwing garbage in the trash (Amri & Widyantoro, 2017). The tendency to litter can be caused by the mindset of students who are still immature and do not understand the impact of throwing garbage out of place (Purnomo et al., 2017). Almost all respondents in this study showed good understanding and behavior regarding disposing of waste in its place. In the second statement, 79 respondents (94%) answered "Yes" and 5 respondents (6%) answered "No" so that it can be categorized as good. This shows students' awareness of cleanliness in the classroom. According to Kusumaningrum (2018), dirty classrooms with trash are caused by students throwing trash where they should not, such as on the floor and under desks. This behavior can be triggered by trash cans far from students and fear of dirty hands when opening trash cans, so they are reluctant to throw trash in its place (Nusyirwan, 2020). Teachers should continue to remind students not to throw trash under the table and always check and clean up trash in that place if there is any. In the third statement, 74 respondents (88,1%) answered "Yes" and 10 respondents (11,9%) answered "No" so that it can be categorized as good. Not picking up trash in front of the class is caused by students' laziness to dispose of trash in its place. Husna (2017) stated that the habit of reprimand

and habituation from school principals and teachers could encourage students to get used to picking up trash scattered around the school environment and throwing it in the trash. In addition, schools can provide more trash cans in front of the class. Trash bins available in many locations create conditions for a school environment that supports character education (Gustiranda et al., 2022). With many trash cans located near the classroom, it will be easier for students to dispose of trash, so they are expected to get used to picking up scattered trash to be disposed of. The average percentage of "Yes" answers for this indicator is 93,2%, so it can be categorized as good.

CONCLUSION

The conclusion from the research that has been done is that the clean and healthy behavior profile of Teluk Pakedai 08 Public Elementary School students shows that seven indicators are classified as good, and one indicator is classified as poor. The seven indicators belonging to the good category are the indicator of washing hands with running water and using soap (96,5%), the indicator of consuming healthy snacks in the school canteen (89,9%), the indicator of using clean and healthy latrines (90,5%), the indicator of regular and measured exercise (92,9%), the indicator of not smoking at school (95,2%), the indicator of weighing and measuring height (76,2%), and the indicator of disposing of waste in its proper place (93,2%). One indicator that belongs to the poor category is the eradication of mosquito larvae (53,6%). Overall, the clean and healthy behavior of the students at Teluk Pakedai 08 Public Elementary School is good. The results of this study can be a reflection for educational units to intensify clean and healthy behavior in the school environment so that it gets better.

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