

# HASIL\_CEK\_THE DIFFERENCE BETWEEN STUDENT'S CLEAN AND HEALTHY LIFE BEHAVIORS AT SCHOOL X AND Y BASED ON HEALTH PROMOTING SCHOOL ACTIVENESS

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# THE DIFFERENCE BETWEEN STUDENT'S CLEAN AND HEALTHY LIFE BEHAVIORS AT SCHOOL X AND Y BASED ON HEALTH PROMOTING SCHOOL ACTIVENESS

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## Abstract

The purpose of this study was to prove the differences between clean and healthy life behavior in students at Elementary School X and Elementary School Y based on Health Promoting School (HPS) activeness. This was a comparative approach. Subjects were 85 students of grade V. The research instrument was questionnaire. Data analyzed by "t" test. Univariate analysis of elementary school X has an average knowledge score = 9.68, attitudes score = 49.15, and practice score = 7.26. Elementary School Y has an average level of knowledge score 8.44, attitudes score 45.59, and practice score 6.19. The results of the bivariate analysis of knowledge  $P$  value = 0.002 < 0.05 attitude  $P$  value = 0.001 < 0.05 and the practice = 0.033 < 0.05. There were differences in knowledge, attitudes and practice at elementary school X and at elementary school Y. It means the students whose schools was active on Health Promotion School activities (Elementary School X) have proven to have practiced hygienic and healthy life behavior. The principal could reactivate Health Promoting School by guidance of the public health center workers. The health office were advised to foster schools by competition among schools.

**Keywords:** Cleans and healthy behavior, health promoting school, student

## INTRODUCTION

Based on data World Health Organization (WHO), every year around 2.2 million children in developing countries die due to various diseases caused by lack of safe, sanitary and poor hygienic drinking water. There was evidence that adequate sanitation, safe water supply, garbage disposal systems, and hygiene education can reduce diarrhea mortality by 65% (Maimun, 2016). While in Indonesia, the prevalence of helminthiasis is still relatively high at 32.6% and is dominated by *Ascaris lumbricoides*, *Trichuris trichiura*, Hookworm, *Strongyloides*, *Necatur americanus* worms. Worm disease is most commonly found in families located in rural areas and sub urban suburbs are very closely related to environmental behavior and hygiene (Anthonie, 2013).

Children aged (6-10 years) are vulnerable to attack by various diseases related to hygienic and Healthy Life Behavior. There is plenty of evidence that adequate sanitation, safe water supply, garbage disposal systems, and hygiene education can reduce diarrhea mortality by 65%. Health promoting school is a health promotion in schools that is expected to improve health behavior of school communities more effectively (Health ministry RI, 2013). Health promoting school is combine education and health program to foster health as essential of life and instill the values of hygienic and Healthy Behavior. It is important to control and prevent diseases from an early age. Hygienic and healthy behavior indicators in schools are washing hands with water flows and using soap, throw garbage in its place, eating healthy snacks in the school canteen,

using sanitairlatrines, regular and measured exercise, eradicating mosquito larvae, not smoking at school, weighing weight and measuring height body every month.

The results of a study conducted by Astuti (2015), there were differences in clean and healthy behavior in students at urban and rural schools. Hygienic and healthy living behavior of school in the city is better (58.82%) compared to school in the village (28.84%). Students who school in the city accustomed to practice the five PHBS indicators; wash their hands with flows water and using soap, using sanitair latrines, exercise regularly, not smoking, and disposing of garbage in its place.

Preliminary survey of elementary school X, a private school in the city of Yogyakarta which has actively health promoting school program, has facilities to support students on hygienic and healthy living practices such as sinks with soap, healthy canteens, trash bins that have been distinguished, as well as various posters and no students who snack outside the school during break. Whereas elementary school Y, a state school in Sleman district, D.I. Yogyakarta, which has inactive health promoting school. Observation results, it were seen limited food sold in the canteen, the foods were unhealthy snacks and the students bought snack outside of school during break, the school also has no adequate facilities such as no soap on sink, no various kinds of posters, and the rubbish bin that has not been distinguished according to the garbage.

## **METHOD**

This research was a comparative studies, conducted at Elementary School X, which active on implement Health Promotion School and elementary school Y which not active on implement Health Promotion School. The sample was students at grade V, the number of students at elementary school X are 53 and students at elementary school Y are 35. Collecting data conduct in May 2018.

The results of the validity test on the student hygienic and healthy life questionnaire were valid with a critical value  $\geq 0.3$  r count. The reliability test results revealed the value of cronbach alpha on knowledge 0,935 attitude 0,943 and action 0,958. This is interpreted as a reliable research instrument so that measurements can be made consistently over time.

## **RESULTS**

### **Normality test**

The significance value (p) of the knowledge about clean and healthy life behavior of the students at Elementary School X = 0.71 > 0.05 while score of knowledge of students at Elementary School Y = 0.137 > 0.05. It was concluded that the result of student's knowledge about clean and healthy life behavior has normal distributed. The score of significance value (p) on the attitude at Elementary School X = 0.286 > 0.05 while the students at Elementary School Y = 0.478 > 0.05. It was concluded the results of research data on student's attitudes about clean and healthy life behavior has normal distributed. The score of significance value (p) on the practice of students at Elementary School X = 0.279 > 0.05, while practice of students at Elementary School Y = 0.425 > 0.05. It was concluded the data on student's practice about clean and healthy life behavior has normal distributed.

### **Homogeneity Test**

Data is declared homogeneous if the probability value or  $P > 0.05$ . In this study homogeneity test of knowledge has a sig value of 0.537 > 0.05, the result of the attitude was 0.266 > 0.05 and the results of the practice was 0.344 > 0.05. It was concluded that the homogeneity test data of clean and healthy life behavior was declared homogeneous.

### **Descriptive Analysis**

The results of the descriptive test are seen in the average knowledge, attitudes and practice in Elementary School X and in Elementary School Y, as follows:

Table 1. Mean of Knowledge, Attitude and Practices of Students in Elementary School X and Elementary School Y

School	Knowledge	Attitude	Practice
Elementary School X	9,68	49,15	7,26
Elementary School Y	8,44	45,59	6,19

Based on table 1 the average of knowledge, attitude and practice of the students at Elementary School X was higher than the average of knowledge, attitude and practice of the students at Elementary School Y. The results of respondent's knowledge about clean and healthy life behavior at Elementary School X have a maximum scores 15, minimum scores 6 and mean 9,68, whereas Elementary School Y have maximum scores 11, minimum scores 5 and mean 8,44.60. The results of attitudes about clean and healthy life behavior at Elementary School X have a maximum scores 60, minimum scores 42 and mean = 49.15, while the results of attitudes about clean and healthy life behavior at Elementary School Y have a maximum scores 58, minimum scores 39 and mean = 45.59.

The results of respondent's practice regarding clean and healthy life behavior at Elementary School X have a maximum score 13, a minimum of 3 and a mean of 7.26. While the results at Elementary School Y have maximum score 13, minimum 2 and mean 6.19.

Generally, students at Elementary School X has a higher score than Elementary School Y. For all items the question of knowledge about clean and healthy life behavior, all respondents in elementary school X and Y answered correctly the question "snacks that were flown by flies were not good for health", and all respondents in Elementary School X and Y answer the question about "not flush the toilet after using its caused disease" incorrectly. Look like respondents did not understand about environmental borne disease. Although the answers of elementary school students Y were quite

good for some question, but from observation, the canteen at Elementary School Y has not posters on wall and students also seem attracted to bought snacks outside of school because snacks in the school canteen were not tasty and often run out on the second break. Condition of the canteen in Elementary School Y was not clean.

The students at Elementary School Y said agree on the item question "Sports was done at least 1 time in 1 week". Actually Elementary School Y conducted mass gymnastics every Friday. All the students answered agree with statement "weighing weight and measuring height once in six month". They has not a rule to forbidden smoke at school area and has not a poster to remind the school community.

Elementary School X has active health promoting school, whereas health promoting school at Elementary School Y already exists, but it runs passively, so students do not get health education properly. Elementary School X has several programs such as a visitting doctors who work by contracts for every week to conduct health checks, to held immunization counseling and to improve health knowledge. Elementary School X has a healthy canteen providing hygienic and healthy food, there are also have posters to educate students about nutrients through the canteen. The students at Elementary School X used to using soap when clean their hand because school provides a sink and hand washing soap in front of each student class. There were some posters forbidden to smoke while in school too.

This study supported by Cletus (2014), with the results of the study at Lekok sub-district showed that clean and healty life behavior at risk group has less scores than non risk group, knowledge about clean and healthy life behavior at risk grup also has less score than non risk. Candrawati (2015) found that implementation health promoting school at Sub District Kedung Kandang Elementary

School, in Malang Municipal, was quite good, clean and healthy life behavior of the student's was quite good and there was relationship between implementation of health promotion school with clean and healthy life behavior. Kusuma (2014) said that health education held in health promoting school at Public Elementary School in Plalangan Gunung Pati was quite good, also clean and healthy life behavior and there was relationship between health education and clean and healthy behavior.

### Hypothesis testing

Hypothesis testing in this study using t test (independent sample t test) at a significant level of 5%. The t test were intended to determine the magnitude of the difference between clean and healthy life behavior in students at Elementary School X, a private schools, which the school is active on health promotion school, and Elementary School Y, a state schools and the school is inactive on health promoting school. T-test results of knowledge can be seen in table 2 below:

Table 2. T test level for "knowledge"

	Standard Deviation	P Value	n	Lower	Upper
Elementary School X	1,773	0,002	53	0,489	1,995
Elementary School Y	1,544		32		

Table 2 shows that the standard deviation value of Elementary School X = 1,773, while standard deviation value of Elementary School Y = 1,544. Based on 95% P value = 0.002, it is less than 0.05. It can be concluded that there were difference of knowledge about hygienic and healthy life behavior at the students of Elementary School X and Elementary School Y.

Table 3 shows the results of the t-test attitude, can be seen below:

Table 3. t test for "attitude"

	Standard Deviation	P Value	n	Lower	Upper
Elementary School X	4,757	0,001	53	1,535	5,580
Elementary School Y	4,157		32		

The results of independent samples t-test attitudes 95% IK value 1,535 - 5,580. Standard deviation value of Elementary School X = 4,757, while Elementary School Y = 4,157. P Value = 0.001, it is less than 0.05. It can be concluded that there were difference of attitude about clean and healthy life behaviors at the students of Elementary school X and Y.

Table 4 shows the results of the t-test Practice, can be seen below :

Table 4. t test for "practice"

	Standard Deviation	P Value	n	Lower	Upper
Elementary School X	2,049	0,033	53	0,088	2,065
Elementary School Y	2,481		32		

Standard deviation value of Elementary School X = 2,049, while Elementary School Y = 2,481. Based on the 95% P Value = 0.033, it is less than 0.05. It can be concluded that there were difference of practice of hygienic and healthy life behaviors at the students of Elementary school X and Y.

This research was different to Febriani (2018). It showed that there is no significant difference in a healthy lifestyle between class VIII students at Junior High School apply go green through Health Promoting School, students are expected to be able to instill healthy attitudes and behaviors in themselves and be able to help others. Elementary School X has active Health Promoting School. So, the students at Elementary School X has knowledge, attitude and actions were better than the students at Elementary School Y. Elementary School X already has facilities to support healthy life behavior their students, but Elementary School Y has lack facilities, for example they did not have room of health promoting school, they did not have a healthy canteen, and they did not provide soap in the sink. This is a problem for students to practice clean hands by soap at school. Based on the results of a study in Pacitan District Elementary School, there was a significant relationship between

health promoting school program and student's healthy life style. School which have active Health Promoting School will have health education programs, cadre or health rangers and children immunization at school. Through the Health Promoting School program, the mindset of students was formed that are familiar with the cleanliness and personal health (Ardian, 2012).

The difference of student's knowledge at Elementary School X and Y may be related to health promoting school activeness. When students has good health knowledge, they will understand about relationship daily healthy lifestyle with disease, because children know which is good for health and which is not good for health. For example, correlation between knowledge of the cleanliness and illness will be able to control the habits (patterns) of a better life. To realize an attitude to be concrete action, a supporting factor or a possible condition was needed, including facilities (Notoatmodjo, 2014).

#### CONCLUSION

Based on comparing two Elementary School, the research found there are differences on student's clean and healthy life behavior at Elementary School X and Elementary School Y. It is important to reactivate Health Promoting School at Elementary School Y because it can develop knowledge, attitudes and practice clean and healthy life behavior of the students. Health Promoting School at Elementary School X to keep increasing activeness and increase a number of student participation in clean and healthy life behavior. Health Center in the regions of Elementary School Y should coaching Health Promoting School and conduct stratification to evaluate of health promoting school. Health Office was expected to make healthy school competitions regularly to motivate students, teacher and headmaster to increase knowledge, attitude, and practice clean and healthy life behavior.

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