

DIFFERENCE OF STUDENT KNOWLEDGE BEFORE AND AFTER GIVING INFORMATION ON THE HEALTHY AND CLEAN LIFE BEHAVIOR

Quasi-Experimental Studies in Melayu Elementary School, Martapura

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Abstrak

SDN Melayu yang berada di bantaran sungai Martapura memiliki potensi besar memiliki siswa yang terbiasa melakukan kegiatan sehari-hari menggunakan air sungai. Anak-anak yang tinggal bantaran sungai banyak menghabiskan waktu mereka di sungai. Hal ini menyebabkan mereka rentan terinfeksi berbagai macam penyakit baik secara langsung melalui infeksi kulit ketika mereka bermain di sungai maupun secara tidak langsung, yaitu melalui minuman yang dimasak orang tuanya yang sumber airnya berasal dari sungai tempat tinggal mereka. Solusi yang tepat terhadap kondisi ini salah satunya dengan adanya penyuluhan kesehatan untuk peningkatan pengetahuan dan kesadaran masyarakat terutama anak-anak usia sekolah untuk menjaga perilaku hidup bersih dan sehat. Penelitian ini merupakan penelitian kuantitatif menggunakan pendekatan *quasi eksperimen* dengan *one group pre- and post-test design*. Populasi penelitian sebanyak 96 siswa, sampel berjumlah 29 responden yang ditentukan menggunakan teknik *purposive sampling*. Instrumen penelitian menggunakan kuesioner. Variabel perlakuan adalah promosi kesehatan berupa pemberian informasi tentang perilaku hidup bersih dan sehat (PHBS), sedangkan variabel terikat adalah pengetahuan siswa SD pada SDN Melayu. Hasil penelitian di SDN Melayu menunjukkan terdapat 9 responden (18,4%) yang memiliki perilaku kurang tentang higiene dan sanitasi dan sebanyak dua orang siswa (6.9%) yang masih memiliki pengetahuan kurang dan sebanyak 27 siswa (93.1%) yang memiliki pengetahuan baik tentang PHBS sebelum dilakukan penyuluhan. Sedangkan setelah dilakukan tidak ada lagi siswa yang memiliki pengetahuan kurang atau semua siswa (100%) memiliki pengetahuan baik tentang PHBS. Berdasarkan uji *wilcoxon* dapat diketahui bahwa tidak ada perbedaan pengetahuan sebelum dan sesudah diberikan penyuluhan. Hal ini terjadi karena hampir semua siswa sudah memiliki pengetahuan yang baik sebelum dilakukan penyuluhan sehingga tidak ada perbedaan tingkat pengetahuan yang signifikan setelah dilakukan penyuluhan.

Kata Kunci : *Penyuluhan, Pengetahuan, PHBS*

Abstract

Melayu Elementary School located along the Martapura river has great potential to have students who used to perform daily activities using the river water. Children who live along the river spend their time on the river. This makes them vulnerable to infection of various diseases, either directly through the skin infection when they were playing in the river and indirectly, through drink cooked by their parents are the source of water comes from rivers where they live. The right solution about this conditions that one of them with health education to increase knowledge and awareness of the public. Especially, the children of school age to maintain the clean and healthy lifestyle (healthy and hygiene practices, PHBS). This research is a quantitative research using quasi-experimental approach with one group pre- and post-test design. The study population as much as 96 students, a sample of 29 respondents were determined using purposive sampling technique. Instruments research using questionnaires. Treatment variable is the provision of health promotion information about the behavior of healthy and clean life, while the dependent variable is the knowledge of elementary school students in Melayu Elementary School. Showed as many as two students (6.9%), which still has less knowledge and as many as 27 students (93.1%) who have a good knowledge about PHBS prior to counseling. While the after no more students who have less knowledge or all students (100%) have a good knowledge of PHBS. Based on Wilcoxon test showed that there was no difference in knowledge, before and after counseling. This is because almost all of the students

already have a good knowledge prior to counseling so there was no significant difference in the level of knowledge after counseling.

Keywords: Education, Knowledge, PHBS

1. INTRODUCTION

The incidence of diarrhea in Banjar Regency until 2013 is still very high when compared to other districts in South Kalimantan as many as 9,920 cases. Also, showed an increase incidence of diarrhea cases in the last three years are 1,711 cases. In 2011 was 8209, the year 2012 was 9,650 cases. One health center which has the highest cases of diarrhea and continues to show an increase in cases is health center In Fence. In 2011 was 520 cases, as many as 919 cases in 2012, and by 2013 as many as 1,141 cases (1).

Household and school could be one of the places that got threaten of the disease if not properly managed. Application of PHBs in second place is an absolute necessity along with the emergence of various diseases that attack children-children of school age (6-10 years), which was associated with PHBs, especially hygiene and sanitation (2). Children is the one of important component in public health. Healthy community for the future is determined primarily by the understanding of the attitudes and habits of healthy life that are owned by the current generation of children. Besides, the school is seen as an institution that is prepared to increase the degree of community with all joints and teachers as its driving force (3).

Based on the above description of the behavior of hygiene and sanitation, especially in children of primary school age and relation to diseases, so it becomes very important to investigate differences in the level of knowledge of elementary school students before and after the provision of information about the behavior of clean and healthy living in Melayu Elementary School, The purpose of this study was to analyze differences in the level of knowledge of elementary school students before and after the provision of information about the behavior of a clean and healthy living in the Melayu Elementary School.

1. METHOD

This research is using quantitative character design. Quantitative approach was conducted using pre-experimental research with the approach of one group pre-and post-test. Inclusion criteria for the selection of the sample with primary school children who are in grade one, two and three in Elementary School

Malays. The selection of the sample who are willing to become respondents and can work and communicate well, physically and mentally healthy.

Data were analyzed using bi-variate to know the differences in the level of knowledge of elementary school students before and after the provision of information on PHBS in Melayu Elementary School by using the Wilcoxon test with significance limit of $p \leq 0.05$.

3. RESULTS AND DISCUSSION

3.1. Univariate Analysis

In this study, the focus of research is the knowledge level of elementary school students before and after providing information about health and hygiene behavior in Melayu Elementary School. Based on a study of 29 respondents obtained frequency distribution of elementary school students' knowledge level before and after the provision of information concerning hygienic behavior and healthy in Elementary School Melayu presented in Figure 1.

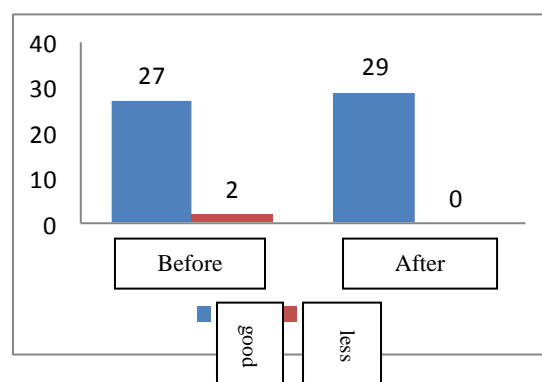


Figure 1 The frequency distribution of the Knowledge Level Students Elementary School Melayu Martapura

Based on the chart above are two students (6.9%), which still has less knowledge and as many as 27 students (93.1%) who have a good knowledge of PHBs prior to counseling. However, after no more students who have less knowledge or all students (100%) have a good knowledge of PHBs. It's because the material presented in extension activities using methods of lecture and discussion. This method is an effective way to approach the group. At a lecture and discussion can occur towards behavior change process that is expected through active participation goals and exchange of experiences among the target.

3.2. Bivariate Analysis

The difference between the knowledge level of elementary school students before and after the provision of information about the behavior of a clean and healthy living in Melayu Elementary School can be seen in Table 1.

Table 1 Differences in the level of knowledge of students of Melayu Elementary School before and after counseling

Before	After		Sum	p-value
	Less	Good		
Less	0	2	2	0,157
Good	0	27	27	
Total	0	29	29	

Based on the table 1 it can be seen that the results of the analysis using known Wilcoxon test p-value of 0.157, it can be concluded that there is no difference in knowledge before and after counseling. This is because almost all of the students already have a good knowledge prior to counseling so there was no significant difference in the level of knowledge after counseling.

In the course of this extension, the method used was considered appropriate, but as described by Notoatmodjo that the method of lecture and discussion can occur towards behavior change process that is expected through active participation goals and exchange of experiences among the target. Target active role in the activities of this extension is very less because students feel embarrassed for asking questions related to extension materials (4).

Optimal behavior will influence on optimal health status as well. Optimal behavior is a whole pattern of strength, personal habits or society, whether consciously or not that led to personal or community efforts to help themselves from health problems. Patterns of behavior/habits related to promotional and preventive measures that should be on every private or public (5).

School age is very sensitive to instill and healthy living habits, health status of school children will greatly affect the achievement of learning achieved. Health education through school children is very effective to change behavior and healthy habits in general. Schools play an important role in education because immense influence on the psyche of the children, in addition to the family as a center of education, the school also has a function as an educational center for children's personal formation. PHB in schools is an attempt to empower students, teachers, and the public school environment in order to know, willing, and able to practice PHBs and play an active role in creating a healthy school (6).

At Melayu Elementary School, the school's role in creating a clean and healthy student behavior is quite optimal. It can be seen from the results of observations and interviews with the principal that indicates that it has attempted to inculcate the habit of maintaining personal hygiene and the environment, among others with provide clean water and other means of support such as soap and trash sufficient, toilet schools and media promotion (posters) which is capable of supporting students to behave clean and healthy living. Here are excerpts of interviews with the principal of Melayu Elementary School.

"yes, the school already had toilets for students and teachers. Of separate toilet nevertheless, it's there in the back ... please if you want to see."

The school environment will determine the condition of the students at the school. Poor school environment can damage the status of the school and can further damage the health status of the dangers such as the danger of infectious diseases transmitted through water. Education about personal hygiene becomes less meaningful in the absence of drinking water and sanitation facilities. Schools can reinforce messages about personal hygiene and health by providing these facilities. This can be a good example for students and the wider community that can ultimately lead to the same facility needs in the community.

Policy regarding construction must be able to support the efforts to address gender issues and privacy. Therefore, health education-based skills are also very necessary because this approach is necessary for health education, nutrition and hygiene focused on the development of knowledge, attitudes, values and life skills (life skills) needed to act, make decisions relating to health positive and appropriate. Health is not just concerning the physical health but also the environment (environment) and psycho-social. Social and behavioral factors unhealthy environment not only affects the lifestyle, health and nutrition, but also hinder the opportunity to attend school. Development of attitudes related to gender (race equality of men and women) and the development of specific skills such as the face of pressure by peers, is central to the skills-based health education an effective and positive social environment. When students have the skills that will better ensure someone adopts and continue to implement healthy behavior during school and for all.

In addition, environmental management is a matter that must be implemented in order to live a healthy life. Healthy environmental conditions can support the growth of healthy behavior and can affect the physical and spiritual health and avoid negative influences that can damage health. To get used to living a clean and healthy school environment is influenced by several factors, namely the provision of clean water, there must be, landfills and the management as well as the availability of sewerage human or toilets in the school environment are adequate, and these are the environmental sanitation, especially the school environment.

In a smaller scale, environmental sanitation hygiene condition of schools, tend to be forgotten. Though poor sanitary conditions, could significantly affect the health level of students in the school concerned.

But the availability of means of support does not fully guarantee the students to always use the facilities provided by the school. It can be seen from all students as respondents there are nine people (18.4%) who misbehave on hygiene and sanitation, especially when in the school environment.

PHBS implementation efforts in schools directly combine the potential parents, teachers and health workers as well as from the local health department. Teachers are directed to assist the implementation of PHBs in the framework of educational institutions. In addition, teachers are expected to encourage the their children in implementing maintain good health habits. According to Green, the teacher has the role of the child's behavior in maintaining health. Teachers can act as counselors, giving instruction, motivator, manager, and models show something good example in clean and healthy life behavior (6).

4. CLOSING

4.1. Conclusion

Based on the results of research there are as many as two students (6.9%), which still has less knowledge and as many as 27

students (93.1%) who have a good knowledge about PHBS prior to counseling. While the after no more students who have less knowledge or all students (100%) have a good knowledge of PHBS.

Based on Wilcoxon test showed that there was no difference in knowledge, before and after counseling. This is because almost all of the students already have a good knowledge prior to counseling so there was no significant difference in the level of knowledge after counseling.

4.2. Suggestions

The provision of health information through counseling should be conducted on an ongoing basis. Teachers also need to improve PHBs in schools through school sanitation activities such as promoting hand washing, improvement of facilities in schools as a means to hold the sinks and soap in order to reduce the risk of worm infection and diarrhea.

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