
Life Behavior Assistance Clean And Healthy For Children, Especially Students Of SMP Negeri No. 2 Tapaktuan Aceh Regency South

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Abstract

The implementation of clean and healthy living behavior in schools is still low because there is still a lack of socialization regarding the benefits and risks of not implementing clean and healthy living behavior in everyday life. Due to the low socialization of clean and healthy living behavior, the willingness of students to implement it is also low, which results in disrupted school community health. PHBS is an effort to provide learning experiences for individuals, families, groups, and communities by opening communication channels, providing information, and providing education to improve knowledge, attitudes, and behavior, through a leadership approach (advocacy), fostering an atmosphere (social support), and community empowerment (empowerment) so that they can implement healthy living methods, to maintain, preserve and improve public health (Ministry of Health of the Republic of Indonesia, 2011). Community service in the form of counseling aims to increase students' knowledge of how to increase individual awareness in carrying out clean and healthy daily living behavior in children, especially students of SMP Negeri No. 2 Tapaktuan, South Aceh Regency. The activity method starts with a survey of the counseling location at SMPN 2 Tapaktuan, making counseling materials and implementing counseling. The implementation is before providing education about PHBS, the team of community service lecturers first conducted socialization then gave a pre-test by the community service team and the following stage provided education about PHBS in schools. The results of the pre-test scores from student knowledge with a good category of 20 (50%) and from the implementation of PHBS 25 (62.5%) answered (Yes), and after education, the post-test score for knowledge was 33 (82.5%), the implementation of PHBS 35 (87.5%). This figure is large enough to say that this activity was successful, but there are still students who have not met good scores. And then after the counseling is carried out, this activity will be used as a community service report to carry out the Tridharma of Higher Education. The Community Service Report, in addition to being for publication, is also expected to be a source of information for the target achievement, namely students of SMP Negeri No. 2 Tapaktuan, South Aceh Regency, about implementing clean and healthy living behaviors in everyday life.

Keywords: Child Assistance, PHBS, Health

INTRODUCTION

Clean and Healthy Living Behavior (PHBS) is an effort to create a condition for individuals, families, groups, and communities in attitudes and behaviors so that they can implement a healthy life in order to maintain, preserve, and improve health (Wati, 2020).

PHBS in schools is the implementation of certain health procedures by empowering teachers, students, and the community in the school environment. They are expected to adopt a healthy lifestyle to create a healthy school environment around the school. Clean and healthy living habits are an important issue and focus on preventing various health problems in children. Health problems in school-age children are still widely found.

Because children are susceptible to various diseases, especially those related to children's digestion such as diarrhea, worms, and other digestive disorders.

Intensifying health promotion to the community, the Indonesian Ministry of Health has formulated "Guidelines for the Development of Clean and Healthy Living Behavior" which is stated in the Regulation of the Minister of Health of the Republic of Indonesia Number 2269 /

MENKES / PER / XI / 2011 Management of PHBS (Sriasih M, 2020). In this guideline, several arrangements regulate efforts to improve PHBS, including household arrangements, health institution arrangements, public place arrangements, workplace arrangements, and educational institution arrangements. According to RISKESDAS data (2013), Children's hygiene practices in Indonesia are also still poor, namely only 13% of children between five and fourteen years old wash their hands with soap after defecating, 14% wash their hands with soap before eating and 35% wash their hands with soap after eating.

PHBS is useful for preventing, overcoming, and protecting oneself from the threat of disease and utilizing quality health services effectively and efficiently. The impacts of the lack of PHBS implementation include an unsupportive learning atmosphere due to a dirty school environment, decreased enthusiasm and learning achievement at school, and lowering the image of the school in the general public. Dirty classrooms, the prevalence of unhealthy snacks, and unorganized waste disposal will cause various diseases to emerge. There are indicators to measure PHBS in schools. PHBS indicators are used as a reference in assessing the achievement of expected behavior.

Health education for children aims to increase healthy living habits so that they can be responsible for their health and their environment and actively participate in health efforts. The purpose of Health Education is to provide knowledge about the basic principles of healthy living, create healthy attitudes and behaviors, and form healthy living habits (Fitriani, 2011). Some PHBS indicators that should be carried out at school or home are washing hands with clean water and soap, it is better to buy snacks in the school canteen or in a place that is guaranteed to be hygienic and processed properly, defecating and urinating in the toilet, throwing garbage in its place, exercising, measuring height and weight, checking for mosquito larvae and not smoking (Notoatmojo, 2018).

Indicators, to improve clean and healthy living behavior, are carried out properly to create healthy behavior in the school environment. Schools are one of the educational institutions that are the targets of PHBS so that they can create a generation of healthy children and can apply these behaviors better. Schools, apart from being place of learning for children, are also a place for socializing with peers and teachers (Mahmudah, 2018).

Junior high school students are between 12-14 years old, which is usually called early adolescence. Adolescence is a transition period from childhood to adulthood. Adolescence is a vulnerable and critical period because emotional and behavioral development is still unstable. The emergence of various diseases that often attack junior high school students is generally related to clean and healthy living behavior. Therefore, instilling the values of clean and healthy living behavior in schools is necessary to maintain, improve, and protect students. To reduce student health problems, early prevention of health problems is needed so that they do not develop into major problems.

Therefore, it is necessary to assist students regarding Clean and Healthy Living Behavior at State Junior High School 2 Tapaktuan, South Aceh Regency.

State Junior High School 2 Tapaktuan, South Aceh Regency, is one of the junior high schools located in the city center of Tapaktuan. The results of the interview obtained data that students studying at State Junior High School 2 Tapaktuan, South Aceh Regency come from several villages in the South Aceh Regency area, especially in the Tapaktuan and Samadua Districts, some students still have complete parents and some are orphans, and some live with parents and siblings, and live with grandmothers. Health and behavioral problems experienced by the school include the lack of student knowledge about the importance of personal hygiene, and the cleanliness of the school environment where many students still litter which causes

seeds of disease and many students still buy unhealthy snacks. Efforts to resolve emotional and behavioral problems at State Junior High School 2 Tapaktuan have been carried out by the school through guidance and counseling which has been implemented at the school, every day a morning assembly is held and the school gives input, and family meetings are held every year.

RESEARCH METHODS

The method used in this Community Service activity is to provide counseling and continue with a simulation of filling out the Strength and Difficulties Questionnaire (SDQ) questionnaire, through lecture, Q&A, and simulation methods.

1. Preparation for Implementing Activities

Before the activity was carried out, the following preparations were made:

- a. Conducting a literature study on the concept of Clean and Healthy Living Behavior to see students' abilities at the beginning of the simulation.
- b. Conducting a field study by visiting the State Junior High School 2 Tapaktuan
- c. Preparing the materials needed to conduct counseling on Clean and Healthy Living Behavior
- d. Preparing a schedule for implementing mentoring on Clean and Healthy Living Behavior at State Junior High School 2 Tapaktuan using a questionnaire.

2. Implementation of Activities

- a. Initial exploration was carried out by visiting the State Junior High School 2 Tapaktuan.



- b. The implementation was attended by 40 students. The first activity began by giving pre-test questions,

c. Continued by providing material on Clean and Healthy Living Behavior



d. Then continued with a simulation of filling out the questionnaire



3. Implementation of Evaluation

Evaluation of the results of community service is carried out on the same day after all activities are carried out.



RESULTS AND DISCUSSION

This community service was carried out at State Junior High School No. 2 Tapaktuan, South Aceh Regency, namely class VII, with a total of 40 respondents. The respondents based on their characteristics, namely gender, age, can be presented as follows:

Table 3. Characteristics of Target Subjects (n=40)

| Characteristics | n | %Gender |
|-----------------|----|---------|
| Male | 17 | 42,5 |
| Female | 23 | 57,5 |
| <hr/> | | |
| Age | | |
| 13- 14 years | 35 | 87,5 |
| 14-15years | 5 | 12,5 |
| <hr/> | | |
| | 40 | |

Based on table 3. Shows that of the 40 respondents, the general characteristics of respondents based on male gender were 17 respondents (42.5%) while women were 23 respondents (57.5%). For the age of each vulnerable age 13-14 as many as 35 respondents (87.5%), to 14-15 as many as 5 respondents (12.5%).

In the initial stage of implementing the counseling activities, the team gave a pre-test of the types of questions and questionnaires to students about their knowledge of Clean and Healthy Living Behavior in the school environment.

Table 4: Pre-test frequency distribution table of students' knowledge about Clean and Healthy Living Behavior at school.

| No | Level of Knowledge | amount | Frequency |
|--------------|--------------------|------------------|-------------|
| 1 | Less | 5 | 12.5% |
| 2 | Simply | 15 | 37,5% |
| 3 | Good | 20 | 50% |
| Total | | 40 people | 100% |

From the table above, the results of the pre-test of students' knowledge of Clean and Healthy Living Behavior are quite adequate with a percentage of less than 5 people (12.5%), and a percentage of as many as 15 people (37.5%) and a percentage of good as many as 20 (50%) of the total respondents of 40 students, and from the questions asked, there are still many students who do not know about clean and healthy living behavior in the school environment.

Table 5: Post-test frequency distribution table of students' knowledge about Clean and Healthy Living Behavior (PHBS) at school.

| NO | Knowledge Level | amount | Frequency |
|----|-----------------|------------------|-------------|
| 1 | Less | 0 | 0% |
| 2 | Simply | 7 | 17,5% |
| 3 | Good | 33 | 82,5% |
| | | 40 people | 100% |

Table 6: Pre-test frequency distribution table of the application of Clean and Healthy Living Behavior at school.

| NO | Implementation Level | amount | Frequency |
|----|----------------------|------------------|-------------|
| 1 | YES | 25 | 62,5% |
| 2 | NOT | 15 | 37,5% |
| | | 40 people | 100% |

From the table above, the pre-test results of 40 students based on the application of Clean and Healthy Living Behavior with the results of the percentage of answers (Yes) were 25 (62.5%) and those who answered (No) were 15 (37.5%).

Table 7: Post-test frequency distribution table of the application of Clean and Healthy Living Behavior (PHBS) at school.

| NO | Implementation Level | amount | Frequency |
|--------------|----------------------|------------------|-------------|
| 1 | YES | 35 | 87,5% |
| 2 | NOT | 5 | 12,5% |
| Total | | 40 people | 100% |

From the pre-test and post-test tables above, it can be seen and concluded that students' knowledge increased after being given education about PHBS from 50% to 82% with good knowledge while for the application of clean and healthy living behavior also increased from (62.5%) to (87.5%)., and after providing material students can understand and understand how to avoid disease by applying clean and healthy living behavior both athome and in the school environment. At the end of the activity, the team concluded that students, teachers, and school officials had understood and understood about the application of clean and healthy living behaviors at school.

Based on the results of community service that has been carried out at State Junior High School 2 Tapaktuan, South Aceh Regency, which is focused on class VII students because seen from the age and ability of students in terms of cognitive students can absorb the information provided better, according to Piaget, children at the age of (7-14) years are in the concrete operational stage, namely where children can think rationally, such as reasoning to solve a concrete (actual) problem, therefore growth and development at this time needs attention (Yusuf. S, 2019).

According to the journal Rohvita Enjelina Sumiran, (2017). The degree of child health at this time cannot be said to be good because there are still many health problems, especially in school children. Health behavior problems in elementary school children are usually related to personal hygiene, the environment, and the emergence of various diseases that often attack school-age children, making it clear that the values of PHBS in schools are still minimal and have not reached the expected level.

After giving questionnaires to students of State Junior High School 2 Tapaktuan, the results obtained are as follows:

Based on community service on PHBS assistance to students of State Junior High School 2 Tapaktuan, South Aceh Regency, it can be concluded that there is an increase in student knowledge after assisting PHBS in this service because students who get assistance get additional knowledge about clean and healthy living behaviors that previously did not know to be more aware. In addition, the language and educational media used in providing material are easy to understand with messages conveyed briefly and clearly.

Before counseling and mentoring the students were given a pre-test first and the results obtained the level of knowledge of students with a percentage of less as many as 5 (12.5%) respondents, and the level of knowledge is sufficient as many as 15 (37.5%), while the respondents with a sufficient level of knowledge were 20 (50%). In terms of the application of PHBS, it can be seen that the percentage who answered (Yes) was 25 (62.5%), and who answered (No) 15 (37.5%). After counseling and mentoring students were given a post-test with the same questionnaire with the results as expected, for the level of knowledge of students with a percentage of less than 0 (0.0%), and for the level of knowledge enough with a percentage of 7 (17.5%), while for the level of good percentage to 33 (82.5%). As for the

application of PHBS, it also increased with a percentage of 35 (87%).

Based on the results of the percentage of respondents regarding PHBS (Clean and Healthy Living Behavior), it is greater that the level of knowledge is good, and based on the description above regarding PHBS in class VII students, it can be concluded that the importance of implementing PHBS in schools to maintain cleanliness and health for all those in the environment or school area and is in a good category. Clean and Healthy Living Behavior (PHBS) is a set of behaviors that are practiced based on based on awareness as a result of learning which awareness as a result of learning that makes a person or family who can help themselves in the healthsector and play an active role in realizing public health (Nurfardiyansyah Bur and Sepiyanti, 2020).

In addition, PHBS is one of the main pillars of a healthy Indonesia and is one of the strategies to reduce the burden on the state and society on health financing. For this reason, the implementation of clean and healthy living behavior in schools needs to be instilled by teachers so that students become accustomed to implementing it, health education in schools is very effective because most of the time children are at school (Iwan Shalahuddin, et al., 2019). Some efforts to instill PHBS behavior can be taught to students such as washing hands using soap and running water, consuming healthy snacks in the school canteen, and disposing of garbage in its place. These examples are simple steps for students, but have a big impact on maintaining body health. This is because elementary school students are susceptible to disease attacks caused by a lack of health care.

CONCLUSION

Based on the results of the activities carried out, the following conclusions were obtained: Community service activities with the theme "Assistance for Clean and Healthy Living Behavior" which were attended by 40 students were carried out on Thursday, July 20, 2024 well and smoothly, there was an increase in students'knowledge about the importance of Clean and Healthy Living Behavior at School. And there is an increase in student awareness of implementing PHBS at school.

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