
Healthy Media Promotion, Knowledge Towards Clean and Healthy Life Behavior among Students

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Abstract

Background: The clean and healthy life behavior (CHLB) needs to be implemented since the elementary school age where the main target is elementary school students. This is based on the problem that most diseases often occur in school-age children (ages 6-10 years) including diarrhea, acute respiratory infections, helminthiasis and other environmental-based and behavioral-based diseases. This study is aimed to determine the relationship between media exposure and knowledge with CHLB in elementary students. **Method:** This research was conducted in all elementary schools located in Kramatwatu Serang-Banten in the months of February-July of 2018, with the sample of the research being fifth-grade students with as many as 150 people taken by using the simple random sampling method. **Result:** The results showed that 68% of respondents had a good, clean and healthy life behavior. A total of 94.7% of respondents stated that they were exposed to clean and healthy life behavior by media information, and 68.7% of them had a good level of knowledge. The relationship test showed that there was no significant relationship between media exposure and knowledge with CHLB. **Conclusion:** The knowledge of elementary school students was good due to the teacher and health promotion media.

Keywords: Clean and healthy life behavior; Health promotion media; Knowledge

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1. Introduction

The clean and healthy life behavior is the healthy habit that is carried out based on the awareness in which the member of a family or families can help themselves in their health and play an active role in health activities in the community.⁽¹⁾ The CHLB has a direct connection to the emergence of various diseases such as diarrhea, dengue fever, leptospirosis, respiratory tract infections, skin diseases and gastrointestinal infections. A clean and healthy living behavior is one of the keys to prevent various diseases. The central promotion of health reported that 75% of health is constructed by a healthy environment and CHLB, which is why CHLB is valuable to be implanted at an early age. The habit of CHLB from an early age, especially in school-age children will result in behavioral changes that tend to persist. This is based on a number of reasons: school-age children are an age group vulnerable to health problems; school-age children are in a condition that is very sensitive to stimulus so that they are easily guided, directed, and instilled with good habits, including habits of clean and healthy life; and they can be considered as agents of change.⁽²⁾ As an agent of change, changes in the hygiene and healthy living behavior in school-age children are expected to be able to encourage behavioral change in the family and even the surrounding community. In addition, schools being targeted by CHLB are based on the problem that most diseases are often suffered by school-age children (ages 6-10 years) including diarrhea, acute respiratory infections, helminthiasis and other environmental-based

and behavioral-based diseases. Previous study described the students who had diarrhea amounted to 56.5% within the period of 6 months.⁽³⁾ In addition to being able to prevent the environmental disease transmission as described above, CHLB also provides benefits in improving the health status of the community in general and the family as the smallest scope in the community. This is in accordance with the results the before research which showed that there was a relationship between CHLB and the frequency of illness in family members. The higher the CHLB, the lower the frequency of pain was.⁽⁴⁾

Various efforts have been made to encourage the realization of changes in hygiene and healthy living behavior in school-age children, starting from routine health counseling, school health business coaching, a campaign for a clean and healthy life, healthy school competitions, and various other activities that support the realization of clean and healthy living behavior. These efforts have to be strengthened by other factors, including the background of family education, especially that of the parents, the knowledge of the students themselves and the exposure of children to the existing health media. Several studies indicate that there is a relationship between knowledge and CHLB, such as research conducted by Lina (2016) which stated that elementary school students who became the respondents of the study had a low level of knowledge concerning the use of clean and healthy latrines (67.6%) and 56.3% of respondents did not receive healthy snacks in the school canteen.⁽⁵⁾ The lack of knowledge in elementary school students was also seen in Uli, Oktaviyani, Wulandari and Pratama's research results which showed that the level of knowledge of class IV, V and VI students about understanding CHLB was low (37%), as many as 36% of respondent's knowledge showed a lack understanding about the impact of not doing CHLB. The level of student's knowledge about the benefits of CHLB was low (42%) and 36% of the knowledge about how to do CHLB correctly was still lacking.⁽⁶⁾ This shows that efforts are still needed to increase the knowledge of elementary students about a clean and healthy lifestyle. Knowledge enhancement can be done by providing health promotion through both print and non-print media. Print media include health books, magazines, banners, posters, and leaflets, while providing health promotion through non-print media can be done through health education organized by teachers, health workers, and parents.

Other research also mentioned that most elementary school students (54.7%) had not carried out CHLB, while teachers who were expected to become role models in a clean and healthy lifestyle had not shown a maximum role in CHLB. A similar study also showed that there was a relationship between knowledge and the implementation of CHLB programs on the students.⁽⁷⁾ Elementary school is one of the educational institutions which is established with the goal to help develop and improve the quality of human resources from an early age. A high-quality human resource will be very helpful in encouraging the improvement of public health status. Health education in schools have a role in building young people to be physically, mentally, morally and intellectually healthy. Therefore, CHLB has to be conducted at schools.

Kramatwatu Subdistrict is one of the sub-districts in Banten Province, which has 31 elementary schools and more than 1000 students. In a particular order, Kramatwatu Subdistrict has a great potential in building and encouraging the realization of CHLB, and Serang Regency in general. The objective of the assessment was to determine the relationship between health promotion exposure through media and the knowledge of CHLB in elementary school students in Kramatwatu Subdistrict that was conducted from December of 2017 to August of 2018.

2. Method

This study applied a cross-sectional design where the dependent variable was CHLB, while the independent variable was the exposure of health promotion media and knowledge. This study was conducted in all elementary schools of the Kramatwatu Subdistrict from December of 2017 to August of 2018. The population of this study was all students in the 5th grade of elementary schools (1,614 students), with a sample of 150 students collected through simple random sampling. The data was analyzed by a univariate method in the form of tabulation and a bivariate method using the chi-square test. This study used primary data collected by interview with the questionnaire. The instrument used referred to the Republic of Indonesia's Health Ministry Guidance

3. Results and Discussion

3.1 Results

The assessment variables consisted of the CHLB, media exposure and knowledge. Respondents had a good CHLB (68%), where 94.7% of them stated that they were exposed to the media information of CHLB, and 68.7% had a good knowledge.

Table 1. The Respondent Characteristics

Variable	Total	Percentage (%)
Sex		
Female	100	66.7
Male	50	33.3
Parents work background		
Formal work	19	12.6
Non-formal work	131	87.3
Educational background		
S1 (bachelor's degree)	10	6.7
S2 (master's degree)	4	2.7
High school	33	22
Junior high school	18	12
Elementary school	30	20
Not known	49	32.7
No oschool experience	6	3.3
CHLB		
Poor	48	32
Good	102	68
Media Exposed		
Not exposed	8	5.3
Exposed	142	94.7
Knowledge		
Poor	47	31.3
Good	103	68.7
Total	150	100

Table 1 indicates that, out of 8 respondents which were stated as being unexposed by the CHLB promotion media, 1 respondent had poor CHLB (p: 0.437). The relationship between elementary students' knowledge and the CHLB in Kramatwatu Subdistrict was (p: 0.582). All detailed analysis is shown in Table 2.

Table 2. The Relationship between the Exposure of Health Promotion Media on CHLB and Knowledge

Indicator	Clean and Healthy Life Behavior (CHLB)				Total N	p-Value
	Poor		Good			
	n	%	N	%		
CHLB						
Exposed						
Information	1	12.5	7	87.5	8	100
No	47	33.1	95	66.9	142	100
Yes						0.437
Knowledge category						
Poor	17	36.2	30	63.8	47	100
Good	31	30.132	37	69.9	103	100
Good	48	.0	102	68.0	150	100
Total						0.582

3.2. Discussion

The clean and healthy life behavior is an attempt to give learning or creating a condition that is conducive to individuals, families, groups, and community to improve knowledge, attitude, and behavior to healthy ways of life in order to maintain and improve health status.⁽⁸⁾ The CHLB needs to be instilled in everyone from an early age to become an inseparable part of daily life and to be a part of the norms of community life. The implementation of the CHLB is also expected to be able to encourage the realization of a maximum level of public health.

As having been understood, the most effective way to educate people about CHLB is at the age of elementary school. At school age, the children are in an age group that is susceptible to health problems, has a great sense of curiosity and is very sensitive to change. At that stage, the students are called the agent of change. Therefore, the guidance and education of the CHLB in the elementary school age needs to be the main concern and to always be developed by all elements of society.

Based on the results, it is known that most respondents (68%) had good CHLB. The result is similar to that found by Lolowang, *et al* (2017) where the respondents that had a cleaner and healthier behavior had a greater percentage (55.6%) of CHLB, compared to the respondents who had less CHLB.⁽⁹⁾ Other studies also showed similar results, where the actions of respondents in the CHLB included in the good category were greater (53,4%) compared to the actions of CHLB respondents who were not good.⁽¹⁰⁾ This finding showed that the respondents who had poor hygiene and healthy behavior were in order. The CHLB that was not corresponding with this study included not washing hands with running water and soap after handling animals (10.7%), not brushing teeth after eating (17.3%), poor CHLB behavior related with brushing teeth before sleeping (26%), using the toothbrush for the whole family (28.7%), not cutting nails when nails are long (55.3%), rarely eating vegetables and fruit (24.7% and 21.3%) and throwing rubbish on the road (9.3%). As an effort to develop CHLB in schools, these unfavorable behaviors have to be reduced continuously due to the school-age potential for fostering healthy living behavior.

According to the Indonesian Health Department (2008), the CHLB in the school is developed based on 8 indicators, including washing hands by running water or using soap, healthy snack consumption in the canteen, using healthy and clean toilet, regulated exercise, mosquito larvae eradication, not smoking at school, measuring body weight and height every 6 months, and throwing the rubbish in the bins.⁽⁸⁾ These indicators are developed through an approach called the triple school's health clinic which consists of health education, fostering a healthy school environment and health services in schools. Those efforts are to be developed and have to be continuously improved through various methods.

The efforts to develop and increase the CHLB in schools is conducted by continuous extension, nurturing activities, learning in the classroom, field visits, simulations, and others. Health education as the main pillar of the triple school's health clinic is the main effort in the development of CHLB in the schools through activities that can increase students' knowledge and understanding of the importance of CHLB. Health education needs to be supported by providing the infrastructure, teachers, and elements of the school community who will always play an active role.

Relationship between the exposed CHLB promotion media and CHLB is not any significant. This result is contradictive with the result of the research that was conducted by Ambarwati, *et al* (2014) that stated before intervention in leaflet group, the score of student's knowledge majority was in good category (62,5%) and in film group majority was in enough category (68,8%). After an intervention, the score increased both in leaflet and film group.⁽¹¹⁾ The result of this study indicates that the media of good health promotion provided through counseling and other media influence the CHLB of the students. Students who are exposed to health promotion will have experience in increasing their knowledge, attitudes, and CHLB.

Clean and healthy behavior can be influenced by other factors, not only just from exposure to health promotion media and knowledge. Other factors that also influence clean and healthy behaviors include attitudes, socio-economic and culture, the role of parents, the role of the teacher, the role of health workers, peer group influence, and others. This is as seen in the results of the research the before research which showed that the school program in the form of "*operasi semut*", clean Saturday, flag ceremony, morning gymnastics, joint prayer, "aubade" and "UKS", was an effective activity to develop healthy life behaviors, which involved the role of principals, teachers and school personnel.⁽¹²⁾

According to the Indonesian dictionary, the media is a tool, apparatus or facility for communication. Some examples are magazines, radio, television, film, posters, and banners. The health promotion media is the tool of aid that is used by officers in delivering health materials and health messages. The tool aids the function of demonstration tools. Notoatmodjo, (2014) stated that the educational aids or which were often referred to as health education media could be visual media, audiovisual media, and in the form of printed and non-

printed media.⁽¹³⁾ Various studies show that health promotion media in various forms is used to increase knowledge, attitudes and to encourage the realization of good CHLB. The research conducted by Rohaida stated that the result of the students' understanding tests showed a percentage value of 81.17%. The result of this trial was confirmed by the table of eligibility criteria, and it was included in the range between 81% -100%. From the criteria, the result of the trials in this range was in the category of very good.⁽¹⁴⁾

Based on the result, elementary school students gained information on CHLB from their teachers (84.7%), their parents (71.3%), television (60%), and the textbooks and magazines (49.3%). In addition to the information source from the teachers, parents, and textbooks in the school, the students also gained the information from the internet (42%), books and magazines in their house (28.7%), and radio (14.7%). The result of the study indicated that the teachers in schools had a role as a source of health information for students. This was evident due to the students being more aware when the teacher spoke. The teachers in schools became role models for the students in a clean and healthy life behavior, and this result is corresponding with the research of Diana, *et al* (2014) which showed a significant relationship between the role of teachers with the implementation of the CHLB programs at elementary school in Tanjung Balai Karimun.⁽⁷⁾ Therefore, the government and all related elements need to encourage and develop the role of teachers in the CHLB to change the behavior of healthy living to the students, so that it can be improved to the optimum level of public health.

Relationship between health promotion media exposure and the behavior of CHLB was not any significant. Compared to the result conducted by Sulastri *et al* (2014), this result is contradictive. This research showed a significant relationship between the knowledge of the students and CHLB. The result indicated that the students who had good knowledge tended to have good behavior in CHLB (81.7%).⁽¹⁵⁾ This result is not similar to the result of the research that was conducted by Banun (2016). He explained that a positive relationship occurred between the knowledge on CHLB and healthy behavior in elementary school students. Previous study described a positive way in the study on the relationship would appear when the knowledge on CHLB increased and was followed by a healthy pattern of life.⁽¹⁶⁾

The study indicated that the knowledge level of elementary school students was low on the habit of handwashing which was intended to avoid infection of diseases such as diarrhea, respiratory disease, and worm disease. The majority of the respondents answered that hand washing did not prevent them from the infection of the disease (14%). Furthermore, the respondents had less knowledge on the question of how to use the toilet for defecation. A total of 12% of the respondents answered that using the toilet for defecation did not affect the spread of the disease. Meanwhile, 13.3 % of respondents stated that defecation in the toilet caused a bad smell, and 27.3% of respondents stated that in the toilet there was no need to prepare hand soap to wash their hands. This evidence was due to the school toilet still having a bad smell and dirty with the absence of soap.

Knowledge is the result of human sensing, or the result of knowing one's attention to objects through their senses (eyes, nose, ears, etc.). Most of one's knowledge is obtained through the senses of insight (ears), and the senses of sight (eyes). A person's knowledge of objects has different intensities or levels.⁽¹³⁾ In elementary school students, the level of knowledge possessed is strongly influenced by the information received, the visual and the experience gained. This low understanding and knowledge need to be improved by providing continuous health education. In addition, the conditions found in students/respondents who are less suitable and form poor knowledge also need improvement. Dirty and smelly latrines must be repaired immediately by planting good behavior after defecation and providing handwashing soap in school latrines to increase awareness and forming positive knowledge and behavior in elementary school students. The result of the research by Ulfah showed that in the elementary school in Kikim Timur, 63% of the condition of the school latrines were still poor. This condition happened because there were not enough facilities. This condition was the results of toilets that did not fulfill the students' needs, did not provide clean water sources, did not meet health requirements, and did not provide adequate septic tanks.⁽¹⁷⁾

4. Conclusion

Based on the result, it is concluded that the elementary school students that have the CHLB knowledge are in the good category and the elementary students are exposed to the health

promotion media through the teacher. The result shows that health promotion media and knowledge are not significantly affected by the clean and healthy behavior of elementary school students.

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