

Effectiveness Of Extension Using Booklet Media Toward Between Nutrition Knowledge Children Elementary School 23 Pagar Agung Lahat Regency Year Of 2019

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ABSTRACT

School age children need sufficient food in quantity and quality in order to have a good nutritional status. The habit of children not having breakfast at home coupled with the habit of parents giving pocket money to children is a triggering factor for the emergence of unhealthy snacking behavior at school. Children often buy snacks carelessly and choose interesting types of food with low quality snacks and poor food ingredients. This study aims to determine the differences before and after being given health education on the behavior of choosing snacks for fifth grade students at SD Negeri 03 Kota Baru Lahat in 2019.

This study is a quantitative study using a quasi experimental design with one group pre-test and post-test models. The sample in this study amounted to 46 people, taken through a total sampling method to all students in class V (Five) SD Negeri 03 Kota Baru Lahat. Results: It can be seen that the T test, the behavior of the respondents before being given health education was 1.76 with a standard deviation of 0.672. After being given health education it was 1.02 with a standard deviation of 0.147.

It can be seen that the T test, the behavior of the respondent before being given health education was 1.76 with a standard deviation of 0.672. After being given health education it was 1.02 with a standard deviation of 0.147. The result of statistical test shows that the p value is 0.000

There is a significant difference between the respondent's behavior before being given health education and the respondent's behavior after being given health education.

Keywords: Health Education, Student Behavior, Healthy Snacks

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BACKGROUND

Elementary school age (SD) children are children aged 6 to 12 years until the child is sexually mature. At this time, the balance of nutrition needs to be maintained so that children can grow and develop optimally. School age children need sufficient food in quantity and quality in order to have a good nutritional status or condition. School-age children generally spend a quarter of their time at school every day, this will affect the child's diet. The characteristics of school children are that children often skip breakfast by replacing foods that contain low calories or nutrients, the children watch a lot of television and imitate it. This reflects a bad habit of eating snacks which affects status Nutritional (Almanfaluthi, M & Budi M, 2015)

School children have a lot of activity so they often forget to eat meals. Children who do not eat breakfast tend to have less energy and nutrient intake than children who eat breakfast. This will increase the behavior of consuming snacks in the school environment. In addition to the habit of not having breakfast at home, the habit of giving pocket money to school children is also one of the triggers for the emergence of unhealthy snacking behavior at school (Nurbiyati.T dan Wibowo A.H, 2014; Suwardianto, 2019). One type of food that has not received maximum supervision from the government is snacks for school children. This is evidenced by the discovery of harmful dyes, sweeteners that are not allowed or contamination by microorganisms such as flies that land on uncovered food which can cause disease in the digestive tract. Not to mention that if the water supply is limited, the utensils used such as spoons, forks, glasses and plates are not washed properly.³ Symptoms of health problems that can arise include nausea, vomiting, flatulence, abdominal pain and diarrhea atupun diagnosed indigestion are diarrhea, gastritis, typhoid fever, malnutrition and growth disorders like *stunting* (Nurina Vidya Ayuningtyas, 2012).

Agency of Drug and Food of the Republic of Indonesia 20103 found 7,200 samples taken from 990 schoolchildren snack traders (PJAS) spread across 030 cities in Indonesia, there were 1,720 (203.89%) samples who did not meet the requirements Healthy and safe snacks are snacks that have a good and balanced nutritional composition and do not contain harmful food ingredients that can disturb, harm and endanger human health. One of the efforts that can be done to prevent elementary school children from the dangers of unhealthy snack foods is to provide education (Kemenkes RI, 2017).

Use of various methods and media has now been developed in the world of education. One of the educational media that can be used in conveying messages to elementary school age children is lectures, via audio video, posters or brochures (Andini Santoso, 2017). SD Negeri 03 Kota Baru as one of the elementary schools located in the Kelurahan Kota Baru, Lahat Subdistrict, Lahat Regency, is located in a strategic enough location so that many street food vendors are found around the school. Most school children buy these snacks during recess. In addition, most of the snacks that are sold are open and not closed when sold, and the sauces and spices used also use striking colors. Based on the description above, the researcher is interested in conducting research on "The Effectiveness of Health Education on the Selection of Snack Food in Public Elementary School 03 Kota Baru Lahat".

METHODS

This research is a quantitative study with a research design *quays-experimental* to measure how effective the treatment has been, while the model used is *one group pretest posttest*. In this study, there are two variables, namely variables free in the form of health education and the dependent variable in the form of changes in student behavior. Population is the whole research object or object under study (Notoatmodjo, 2010). The population of this study

were all grade children of SD Negeri 03 Kota Baru Lahat who bought food from vendors selling in schools, both the canteen and street fifth vendors selling around the school (not bringing food from home). The number of samples in this study were 46 people with inclusion criteria: Willing to become respondents by signing an *informed consent*, Class V (Five) SD Negeri 03 Kota Baru Lahat, Jajan in the canteen and street vendors around SD Negeri 03 Lahat and exclusion criteria: No willing to be a respondent, not Class V (Five) SD Negeri 03 Kota Baru Lahat and bring food from home.

RESULTS

The results of the univariate analysis are presented in the form of a distribution table for the characteristics of respondents based on age, sex and behavior in choosing snacks in table 1, table 2, table 3, tables 4 and 5

Table 1. Distribution Frequency by Age on Children in SD Negeri 03 Kota Baru Lahat Year

No	Age	Total	Percentage
1.	≤ 10 years	4	8.7
2.	≥ 10 years	42	91.3

Based on table 1, the frequency distribution of respondents based on age shows that respondents aged <10 years are 4 people or 8.7% and respondents who are > 10 years as many as 42 people or 91.3%. Based on age, the respondents aged > 10 years were mostly 42 people.

Table 2. Distribution Frequency by Gender on Children in SD Negeri 03 Kota Baru Lahat Year 2019

No	Gender	Total	Percentage
1.	Male -	15	32.6
2.	Female	31	67.4

Based on table 2 the frequency distribution of respondents based on gender shows that Respondents who were male were 15 people or 32.6% and respondents who were female were 31 people or 67.4%. Based on gender, there were more female respondents, namely 31 people.

Table 3. Distribution Frequency of Respondents Based on Behavior Choosing Snacks

No	Behavior Choosing Snacks	Total	Percentage
1.	Not good	17	37
2.	Good	29	63

Based on table 3, the frequency distribution of respondents based on their behavior in choosing snacks shows that respondents who 17 people or 37% bad behavior in choosing snacks and 29 people or 63% of respondents who have good behavior in choosing snacks. Based on the behavior of choosing snacks, the behavior of students in choosing snacks was classified as good, namely 29 people.

Table 4. Distribution Frequency by Behavior Before Health Education on Children in SD Negeri 03 Kota Baru Lahat Year

No	Behavior Before Action	Total	Percentage
1.	Less	17	37
2.	Enough	23	50
3.	Good	6	13

Based on table 4 the distribution of children's behavior before education health it was found that most of the respondents behaved good enough as many as 23 respondents or 50%

Table 5. Distribution of Frequency by Behavior After Health Education on Children in SD Negeri 03 Kota Baru Lahat Year

No	Behavior Before Action	Total	Percentage
1	Enough	1	2.2
2	Good	45	97.8
	Total	46	100

Based on table 5 the distribution of children's behavior after being given education health It was found that most of the respondents behaved well as many as 45 respondents or 97.8%

Table Distribution of Respondents' Behavior According to Behavior Before and After Health Education on Children in SD Negeri 03 Kota Baru Lahat Year 2019

NO	Variable	N	Mean	SD	SE	<i>p Value</i>
	Respondent Behavior Before Action	46	1.76	.672	.099	0.000
	Respondent Behavior After Action	46	1.02	.147	.021	

The average behavior of respondents before being given health education was 1.76 with a standard deviation of 0.672. After being given health education, it was 1.02 with a standard deviation of 0.147. The statistical test results obtained value *p value* is 0.000. So it can be concluded that there is a significant difference between before and after being given health education.

DISCUSSION

Based on the age frequency distribution, the most respondents were aged > 10 years, namely 42 people (91.3%). The theory that is in line with this research was put forward by Hurlock (2005), that children have different coping adaptations for an event, the older the child is, the more mature the child's coping is. At this time cognitive development has begun to show development and children are already preparing to enter school (Suwardianto, 2018,2020).

Gender frequency distribution, most respondents were women, namely 31 (67.4%). The theory that is in line with this study was put forward by Hurlock (2005), that since childhood children have been trained to think and act in ways that are considered gender-appropriate. At all age levels, girls tend to be more adaptable than boys, girls have feminine attitudes that tend to be sensitive in formal relationships, have good social attitudes, are full of warmth, and are able to adjust behavior and attitudes.

Distribution of the frequency of behavior in choosing snacks, the most respondents were having good behavior, namely 29 people (63%). The theory that is in line with this research was put forward by Notoatmodjo (2005) that behavior is an individual response or reaction to stimuli or the environment. The behavior of school-age children is more influenced by people who are considered important, such as teachers who become their role models (Suci,E.S.T, 2009).

Distribution of children's behavior before health education it was found that most of the respondents behaved good enough as many as 23 respondents or 50%. Health education

for school-age children aged 6-12 years has mastery of knowledge and intellectual skills so it is very necessary because it can shape knowledge, attitudes and behavior. One way to change someone's behavior can be done by means of health education (Lestari, Shinta Asih Witha, 2015).

Distribution of children's behavior after being given health education It was found that most of the respondents behaved well as many as 45 respondents or 97.8%. This is in accordance with the opinion of Azwar (2007) which defines health education as an effort or activity to create conducive community behavior for health (Notoatmodjo.S (2007)

Health education is expected to change the behavior of children at SD Negeri 03 Kota Baru Lahat and have an impact on better consumption patterns. The results of the analysis using the T test prove that $p \text{ value} = (0.000) < (0.050)$ which means rejecting H_0 and accepting H_a means that there is a difference in the average value before and after being given health education. This is evidenced by the comparison, it is known that before being given health education (37%) children do not know about snack selection, while after being given health education the knowledge of children is good about snack selection to (45%) children at SDN 03 Kota Baru Lahat. The results of this study in agreement with the research conducted by Fitriani (2015) , it found that 89.8% of children's knowledge about snack food was mostly good after the health education was provided, so that it could influence the child's mindset not to snack carelessly.

CONCLUSIONS

Based on the results of research on the Effectiveness of Health Education on the Behavior of Choosing Snacks in Students at SD Negeri 03 Kota Baru Lahat in 2019 that there is a significant difference between respondent behavior before being given health education and respondent behavior after being given health education. The school is expected to be able to disseminate information about the importance of consuming healthy snacks to students and make rules in the canteen for food sellers who meet health requirements

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