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**KNOWLEDGE AS DETERMINANTS INCREASE CLEAN AND
HEALTHY LIVING BEHAVIORS AMONG STUDENTS IN GENERAL
PRIMARY SCHOOL 07
LANDAU-LEBAN SUB DISTRICT MELAWI IN 2015**

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ABSTRACT

Background: Clean and Healthy Lifestyle (CHLB) is an attempt to empower students, teachers and schools to know, understand and be able to practice CHLB and play an active role in creating a healthy behavior in school. The preliminary data survey indicated a needs to improve CHLB behavior among children in General Primary School 07 Landau-Leban Sub District Melawi.

Aims: This study aimed to determine the relationship between gender, age, knowledge, attitudes, beliefs, and also the roles of teachers, parents and the School Health Unit (UKS) to CHLB in SDN 07 Landau-Leban Melawi West Kalimantan in 2015.

Methods: The study design was cross-sectional study. The population in this study was 82 students of class IV, V and VI. The statistical test used Chi Square and Multiple Logistic Regression. During data collection, two teachers assisted the programs to the students.

Results: This study showed that 45 students (54.9%) have low CHLB behavior. This behavior is related to knowledge, attitude and role of the teacher. The most dominant variable related to CHLB is knowledge (OR 5.434)

Conclusion: Students with high knowledge tend to have more than 5 times greater CHLB. The findings suggest a need to increase students' knowledge of CHLB in the form of counseling, provision of facilities and infrastructure (sink, anti-septic, healthy canteen, bins, and promotional media such as posters). Improving CHLB to the students requires school's support to provide training incorporated with relevant health facilities.

Keywords: CHLB, Knowledge, Behavior, Primary School

INTRODUCTION

Behavior Clean and Healthy Lifestyle (CHLB) is an attempt to empower students, teachers and public school environment to know, understand and be able to practice and health behavior, and play an active role in creating a healthy school. CHLB towards elementary school children is indispensable. Keep in mind that the primary school age is the age group prone to health problems. Elementary school period is the golden age for embed values CHLB and potential as agents of change to promote CHLB in the school environment, family and society so as to create quality human resources which will [1]. Estimates of the total Indonesian population by age category 0-14 years of approximately 28% -34% of Indonesia's population in 2015 will reach 235 million. Channels that are suitable to provide socialization and health practices early in children are through school [2].

Implementation Program Clean and Healthy Behavior that is low can result in low quality of the school environment and the high rate of disease affecting school-age children.

In developing countries, children are suffering from diarrhea for more than 12 times per year and this is the cause of death by 15-34% of all-cause mortality [3]. One attempt to reduce diarrhea in children Primary School is a program of washing hands with soap [4,5] Some research shows that the promotion of hand washing, improved water quality and environmental sanitation has been shown to reduce the incidence of gastrointestinal diseases, respiratory illnesses and lower absenteeism students in developing countries [6]. Washing hands associated with the incidence of diarrhea [7]. Wash hands with soap consistently can reduce diarrhea and respiratory diseases. Handwashing (CTPS) can reduce diarrhea by 31% and reduce disease Breath Upper Tract Infection (ARI) 21% [8]. Washing hands with soap can reduce respiratory infections associated with pneumonia more than 50% [9].

Introducing the world of health of children in school, not too difficult because in general each school already has a School Health Unit (UKS) and practical implementation of CHLB can be implemented through the vehicle, thus increasing the ability of healthy life and the health of learners can be planted as early as possible [10]. Based on data from the initial survey, 86% of students do not know about CHLB, 60% do not use soap and running water when washing hands, 80% did not use healthy latrines, 20% do not exercise regularly, 58% of litter. To the writer wanted to know what are the determinant factors related to CHLB in SDN 07 Landau-Leban Melawi West Kalimantan in 2015.

METHOD

The study design is a research plan drafted in such a way, so that researchers can obtain answers to research questions [11]. This research is an analytic survey with cross-sectional study design. Data independent and dependent variables were collected at the same time [12]. The dependent variable of the study is Behavior Clean and Healthy and independent variables include: gender, age, knowledge, attitudes, beliefs, role of teachers, the role of parents and the role of schools. Data collection using the questionnaire. In collecting the data, the author was assisted by two teachers who previously had been briefed. The population in this study were students of class IV, V and VI in SDN 07 Landau Leban, Melawi 2015 that totaled 82 people. The sampling technique was total population. Bivariate analysis, the statistical test used Chi Square and Multiple Logistic Regression fatherly multivariate analysis [13].

RESULTS

The results of the univariate analysis, the majority of 45 students CHLB still low (54.9%) (Table 1). On the results of the bivariate analysis there are three variables related to CHLB are: knowledge, attitude and role of the teacher (Table 2)

Table 1. Univariate Analysis

No	Variable	Result	
1	Clean and healthy living behaviors (CHLB)	Good	37
		Less	45
2	Gender	Male	33
		Female	49
3	Age	11-12 Years	42
		9-10 Years	40
4	Knowledge	High	63
		Low	46
5	Attitude	Positive	35
		Negative	47

6	Conviction	Sure	37
		Not Sure	45
7	The role of teachers	Exist	58
		Nothing	24
8	The role of parents	Exist	71
		Nothing	11
9	The role of school Health Unit	Exist	73
		Nothing	9

Table 2. Bivariate Analysis

NO	Variable	P. Value	OR	Description
1	Sex with a clean and healthy living behaviors (CHLB)	1,000	1,023 (0,421-2,428)	No relationship
2	Age with clean and healthy living behaviors (CHLB)	0,125	0,455 (0,187-1,103)	No relationship
3	Knowledge with clean and healthy living behaviors (CHLB)	0,019	3,248 (1,307-8,072)	a connection
4	Attitude with clean and healthy living behaviors (CHLB)	0,010	3,610 (1,439-9,058)	a connection
5	Confidence with clean and healthy living behaviors (CHLB)	0,211	1.938 (0,801- 4.690)	No relationship
6	The role of teacher with clean and healthy living behaviors (CHLB)	0,035	3.444 (1.195- 9.924)	a connection
7	Role of Parents with a clean and healthy living behaviors (CHLB)	1,000	0,985 (0,275- 3.526)	No relationship
8	Role of UKS with clean and healthy living behaviors (CHLB)	1,000	0,031 (0,256- 5.154)	No relationship

The initial stage of the multivariate analysis is to determine the potential independent variables (multivariate candidate variables) to be included in the multivariate analysis; variables from bivariate analysis results have $p < 0.25$. The test results of independent variables listed in Table 3.

Table 3. Multivariate analysis

NO	Variable	P-Value	OR	95% CI FOR OR	
				Upper	Lower
1	Age	0,027	0,227	0,061	0,842
2	Knowledge	0,003	5,434	1,763	16,752
3	Attitude	0,020	3,704	1,234	11,123
4	Conviction	0,032	3,809	1,120	12,952

Of the four independent variables, knowledge is the dominant variable related to CHLB with OR 5.434. This means that students with high knowledge tends 5.434 times have CHLB on students compared with low knowledge, once controlled by the variable beliefs, attitudes, and age.

DISCUSSION

Gender

In this study there was no significant relationship between gender with CHLB. The results of the chi-square test p-value of 1.000, roomats OR = 1.023 (95% CI: 0.421-2.428). The results of this study are consistent with other studies that say that there is no significant relationship between sex with children CHLB (14) [7]. Meanwhile, in another study, male gender dominates the incidence of diarrhea by about 86.8% and the amount is more than about 21% of women in because men are less biased maintain good personal hygiene [15].

Research on the behavior of primary school students said that student activity associated with the object contacts made [16]. Women are more often in contact with the ground in accordance with the type of game that they often do, such as playing rope school does. While male students are more used to playing in the classroom and the school terrace no direct contact with the ground. So that the female students were found to have a 10% higher risk of infection of the worm infection of boys (OR = 1.1). The gender difference shows the difference in activities or habits of students.

Age

In this study, age was not associated with health behavior, because of the age range of respondents adjacent (homogeneous). These results are consistent with research in early childhood CHLB in Koja sub-district, North Jakarta, the results showed no relationship between CHLB in students (p-value > 0.05) (17). Same thing with research in Depok said that there was no significant relationship between age students with the incidence of childhood diarrhea SD [7]

Knowledge

Based on this research can be said that if a student's knowledge is getting better, then in doing CHLB they will be better. And vice versa if a student's knowledge of CHLB low then there is a tendency to do CHLB will also be less. This means that knowledge can improve hygienic behavior and healthy students. To improve hygienic behavior and healthy then the students need to improve knowledge of good hygiene practices and healthy results. If the students' knowledge is getting better, then in doing their CHLB would be better. And vice versa if the students' knowledge of CHLB low then there is a tendency to do CHLB will also be less [18]

Knowledge is a predisposing factor (predisposing factor) for the implementation of CHLB. Thus this factor to trigger the behavior of the basis or motivation for his actions due to the traditions or customs, beliefs, a level of education and socio-economic level [19]. There is a relationship between knowledge in an effort to improve behavior. Thereby increasing knowledge will give significant results to improve behavior. Knowledge is the domain that is essential for the formation of behavior, and behavior based knowledge will last longer than the behavior that is not based on knowledge.

Attitude

The results of the univariate analysis found ATTITUDE dominated by negative attitudes, as many as 47 (57.3%). The results of the bivariate analysis found statistically proven to have a significant relationship between attitude with CHLB (P-value = 0.010) with OR = 3.610 (95% CI: 1.439 to 9.058). There is a significant relationship between attitude and Behavior Clean and Healthy Students in an elementary school in the village of Ramban Puji [20]. There is a significant relationship between attitudes with the incidence of diarrhea. The better the attitude of students to wash hands, the lower the incidence of diarrhea. The attitude of hand washing to do when the school students to give

direction and guidance to the students how to wash hands well, complete the facilities such as water faucets and hand washing posters are an effective way [21,22].

Conviction

The results of the bivariate tests found no significant correlation between trust with CHLB (p-value = 0.211) with OR = 1.938 (95% CI: 0.801-4.690), which means that students who are sure to be 1.938 times better behaved CHLB. CHLB behavior is also based on the belief against the wishes of students, support and examples of teachers in schools [1].

The role of teachers

The results of the bivariate analysis found statistically proven to have a meaningful relationship between the role of the teacher and the student (P-value = 0.035) with OR = 3.444 (95% CI: 1.195-9.924). Behave Clean and Healthy Lifestyle (CHLB) not only knowledge and positive attitude and support infrastructure facilities only, but also required the support and example of the teacher. The tendency of children imitates the behavior of adults and children in addition to parents, teachers at the school are adults closest to them both.

Even today many cases children have more confidence in the teacher than the parents. The information provided is support in the implementation of the program, as well as their policies, rules and sanctions made by the teacher has done or not determinan CHLB programs at educational institutions [1]. An overview of program implementation at SDN CHLB Jatnangor says that only 47% only. Need to provide promotive and providing infrastructures CHLB in school [23].

The role of parents

The results of the bivariate analysis there was no correlation between the parental role with CHLB program (P-value = 1.000) with OR = 0.985 (95% CI: 0.275-3.526). The role of parents in the elementary Landau Related Leban influenced by parents' education level is still low. The average level of education only reaches up to elementary school (SD). This causes a lack of parental knowledge about health behavior, so that they could not give a good example to the children of their own.

The healthy condition can be achieved by changing the behavior of which is not healthy to be healthy behaviors, and create a healthy environment in the household. Therefore, health must be protected, maintained and enhanced by every member of the household as well as fought by all parties as a whole (totality). In the domestic sphere to behave clean and healthy living aspects of public health, in particular the pattern of spread of infectious diseases (such as diarrhea) can be prevented through habit or behavior hygienes one of which is the use of clean water, hand-washing with soap, and use latrines healthy [15]. CHLB program that can be applied at home and can reduce the incidence of diarrhea in children is the utilization of the trash in the home environment. When the house is clean of garbage expected morbidity personal hygiene poor can be overcome [24].

The role of School Health Unit

The results of the bivariate analysis there is no relationship role of the schools that is in place with the CHLB (P-value = 1.000) with OR = 0.031 (95% CI: 0.0256-5.154). School Health Unit (UKS), which focuses on promotive and preventive efforts are very important and strategic to improve the health, one effect is on clean and healthy living behaviors (CHLB) students. School as a place to learn not only need to have a clean and healthy environment in support of good teaching and learning process, but it is expected to form the students who have a degree of good health.

The teacher's role in fostering UKS program indicates a positive effect on the implementation of the program at the school CHLB. Elain was UKS schools should be emphasized to encourage the involvement of students, parents and school community including school committees in the management and implementation of the UKS, strengthen the functioning of the partnership with all relevant stakeholders, especially TP-UKS in supporting efforts to improve the health of school children, to raise public awareness, including the business community, the media in supporting the promotion of healthy lifestyles, as well as the provision and utilization of health services for school age children, as one promotive / preventive, supported by their curative / rehabilitation of each individual [25].

Research in SDN 013 North Jakarta municipality in 2008, found that there is a relationship between the implementation of the program with CHLB UKS. The higher the UKS program implementation in schools will encourage students to behave clean and healthy living is higher or better than schools that low UKS program implementation [26].

CONCLUSIONS

In this study, the majority of students showed less CHLB implement programs (54.9%). Variables associated with CHLB include: knowledge, attitude and role of the teacher (P value <0:01). Variable knowledge is the dominant factor affecting CHLB program. Suggestion; CHLB need to increase knowledge about the form of counseling, provision of facilities and infrastructure, among others: the provision sink, anti-septic, healthy canteen, bins, promotional media such as posters and CHLB need training in collaboration with other health-related facilities.

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