

## **Attitude Effect To the Clean and Healthy Behaviour Children in Rawa Buaya 08 Elementary School**

**Gisely Vionalita<sup>1</sup> and Devi Angeliana Kusumaningtiar<sup>2</sup>**

*<sup>1,2</sup>Department of Public Health, Faculty of Health Sciences, University of Esa  
Unggul*

**\*E-mail: gisely@esaunggul.ac.id**

### **Abstract**

Clean and healthy behavior (PHBS) is a behavior that is related to the emergence of infectious diseases. School-aged children are prone to health problems, such as worm infections and diarrhea. In 08 Rawa Buaya Elementary School it self has complained about the number of children suffering from diarrheal diseases. In fact almost 80% of children in grade IV and V SD claimed to have experienced the incidence of Diarrhea (Profile of Rawa Buaya Health Center, 2015). The local Puskesmas profile also recorded incidence of worms and leptospirosis is also prone to occur in this area. The objective of this study is to the effect between knowledge and attitude with the clean and healthy behavior in 08 Rawa Buaya Elementary School. The study population included 127 people from fourth and fifth grade in that elementary school assumed as the age when the children can answer the questions regarding clean and healthy behavior. The data was obtained from face to face interview using structured questionnaire. Data that collected was categorized and analyzed using chi square. The result of this study is there are not significant relationship between knowledge with clean and healthy behavior of children ( $P=0,095$ ) and significant relationship between attitude with the clean & healthy behavior ( $P=0,003$ ). This study shows that the importance of always teaching daily clean and healthy behavior that will lead to an intensity in the implementation. The role and encouragement of teachers and parents is very important in providing a basic understanding for children in order to form a good attitude.

**Keywords: knowledge, attitude, clean and healthy behaviour (PHBS), elementary school**

### **Introduction**

Clean and healthy behavior (PHBS) is a manifestation of the reality of human life by applying the principles of the learning process, so that this healthy life behavior will occur because of the learning process that every day they get, both the school environment, family and community. With the process of learning this insight will increase, so that students are expected to be able to review and interpret something that every time there dihadapanya and is expected to mensosialisasikan and apply in everyday life. Clean and healthy life behavior is a behavior that is closely related to built infectious diseases.

School-aged children are prone to health problems, such as worm infections and diarrhea. Based on the results of basic health research (Depkes RI, 2008) diarrhea is the leading cause of death in infants (31.4%) and children under five (25.2%). About 162,000 children die from diarrhea every year or about 460 toddlers per day. While the results of household health surveys (SKRT) in indonesia diarrhea is the second leading cause of death in infants, number three for infants, and number five for all ages. Every child in indonesia experiences episodes of diarrhea as much as 1.6-2 times per year (Depkes RI, 2011).

School-aged children are a critical time in planting thoughts about clean living behaviors and this will be greatly influenced by the neighborhood. Elementary school is the first stage formal school that will help teach paradigm about clean and healthy life behavior. If not planted early on this will disrupt the performance of learning and quality of children in the future (Wulandari, 2011). Some habits that can affect children's health behaviors in children, especially in schools that are child's breakfast patterns, hand washing habits, ear hygiene, skin hygiene, nail hygiene, hair hygiene, bathing and also the habits of children to snack on the spot carelessly with snacks unhealthy to be consumed by children (Saidah & Ismawati, 2014).

SDN 08 morning rawa buaya is a school located in flood prone area which is still the center of attention of all parties. School is located in a crowded place that always facilitates with

free snacks around without going through the school permit. This can lead to a reflection of an unhealthy way of life and has been familiarized and taught to the child. Lifestyle like this will be closely related to infectious diseases. Sd n 08 morning rawa buaya itself has complained about the number of children suffering from diarrheal diseases. In fact almost 80% of children in grade iv and v sd claimed to have experienced the incidence of diarrhea (profile of rawa buaya health center, 2015). Profile of local health center also recorded incidence of worms and leptospirosis also prone to occur in this area.

### Method

This type of research is an observational study, with cross sectional study design. In this research data collection technique that writer use is saturated samples (total sampling) where the respondents of this research are all students of class iv and v which amounted to 165 people. The reason for selecting the sample of the group is the students of grade iv and v is able to read their own numbers, write well, able to be cooperated and not disturbed national examination execution. Analysis of this research data using univariate and bivariate analysis using chi-square test and calculated odds ratio (OR)

### Result

Characteristics of respondents can be seen by sex, men as many as 64 people (50.4%) and women as many as 63 people (49.6%). The description of facilities and infrastructure that exist in the school environment PHBS therapy based on KEPMENKES No.1429 / MENKES / SK / XII / 2006.

**Tabel 1. Facilities and Infrastructure in School**

NO	THE VARIABLE CHECKED	Yes	No	Note
<b>1</b>	<b>FACILITIES WASHING USE FOR SIDE</b>			
	Cean water		V	
	Soap		V	
	Tissue/ Wipe hands		V	
<b>2</b>	<b>TOILET</b>			
	Separate men and women	V		
	Available toilet teacher/ children	V		
	Clean (Odorless)	V		
	Clean water	V		
	Available soap and carbolic	V		
	Available scopp, kapstop, WC brush, garbage bin	V	No	
	mosquito larva			
	Goose neck	V		
		V		
<b>3</b>	<b>SPORT PLACE FACILITIES</b>			
	Clean	V		
	Not Muddy	V		
<b>4</b>	<b>DISPOSABLE FACILITIES</b>			
	0. Waste place is closed every room	V		
	1. The existence of Temporary Disposal Site (TPS)			
	2. Closed and separate bi is available in the school environment	V		
	3. Available waste management and processing		V	
			V	

Based on observations on PHBS facilities and infrastructure in the school environment, it is stated that hand washing facilities such as soap, running water, soap, tissue / washcloth are not available, toilet facilities are available, waste that is still lacking is the availability of closed and separate garbage containers in the school environment and the absence of waste management.

**Table 2. Clean and healthy behavior (PHBS)**

<b>Variable</b>	<b>P-value</b>	<b>Odds Ratio</b>	<b>95% Confidence Interval</b>
<b>Knowledge</b>	0,095	1,977	0,957 – 4,084
<b>Attitude</b>	0,003*	3,138	1,507 – 6,534

*Chi Square test*  
*\*significant*

Based on the results of statistical tests show that the value of knowledge with p-value 0.095 > 0.05 which means that there is no relationship between knowledge with Clean and healthy behavior (PHBS) in children in SDN 8 Morning Rawa Buaya. OR value of 1.977 then a child with low knowledge has a chance to have 1,977 times less healthy lifestyle (PHBS) compared to a child with good knowledge. While attitudes with p-value value 0.003 < 0.05 which means that there is a relationship between attitude and Clean and healthy behavior (PHBS) in children in SDN 8 Morning Rawa Buaya. The OR value of 3,138 ate a child who had less than 3,138 times less chance of having a less healthy lifestyle (PHBS) compared to a child with a good attitude.

### **Discussion**

The proportion of knowledge is less than 78 children (61.4%) and the proportion of knowledge is good for 49 children (38.6%). This is in line with Nursalam (2003), that factors that affect knowledge one of them is counseling and mass media. Based on the observation it is found that the school has not got any information about PHBS and there is no pamphlet or poster about phbs. Based on the results of questionnaires respondents answer the most wrong is the question of the benefits of healthy snacks for children of 83.1% this means that most children do not know the benefits of healthy snacks. Healthy snacks can provide benefits will not cause disease. According to Kristianto's research (2009), it is shown that in snack foods for elementary school children sold in the school environment or outside the school environment does not meet the requirements of security requirements due to the use of hazardous substances such as formalin (71.4%), borax (23.5%), and rhodamine b (18.5%).

The question of the sport's benefit of 78.8% of respondents did not understand it completely. Regular and measurable exercise can maintain physical and mental health in students and can improve students' body fitness so that students do not easily fall ill. Regular and measurable exercise can be done within the school environment conducted jointly by people who are in the school environment such as school employees, committees, cafeteria attendants, and security guards.

The questions about the actions that should be done by the school there is no mosquito nest for 74.9% of respondents do not know. Eradicating mosquito larvae in the school environment proved with no mosquito larva found in water reservoirs, bathtubs, water tents, flower vases, flower pots / flower beds, and used items or places that can accommodate the existing water in the school environment. Mosquito eradication activities (PSN) in the school environment by draining and closing water reservoirs, burying used goods, and avoiding mosquito bites. School environment free from mosquito larvae can prevent the occurrence of the spread of dengue fever, chikunya, filariasis, and malaria.

The most widely understood question of the respondent is about what to do after defecating in the toilets, where to dispose of garbage and diseases that arise if not washing hands. Students and the school community are obliged to dispose of the garbage in the provided garbage. Students are expected to know in choosing types of waste such as organic waste and non-organic waste. This is supported also from the Profile of Rawa Buaya Community health center 2015 states almost 80% of children in grade iv and v sd claimed to have experienced diarrhea.

Based on statistical test, there is no correlation between knowledge and Clean and healthy behavior (PHBS). This is in line with Muliadi (2015) study which states that there is no correlation between knowledge with Clean and healthy behavior (PHBS) and is not in line with the research of Kustantya (2013), states that there is a relationship between knowledge and behavior of clean and healthy life (PHBS). This difference may be due to custesya's research knowledge is not categorized.

Knowledge according to Notoadmodjo (2003) there are 6 levels, namely know, understand, application, analysis, synthesis, and evaluation. The first level of know (know) is

defined as a reminder of a material that has been studied previously. As well as knowledge of phbs, teachers and health cadres in schools are already trying to instill the values of phbs indicators to each student in the school. But if the knowledge is not repeated or recalled then the knowledge will be increasingly eroded or even disappear altogether.

The highest proportion of attitudes was attitudes less than 73 children (57.5%) and a good attitude proportion of 54 children (42.5%). This is not in line with Yuanna (2015) study, stating that the highest proportion of negative attitudes is 37 (61.7%) and the proportion of positive attitudes is 23 (38.3%). The attitude of children less on the indicators of healthy snacks in school is still lacking, many children who do not agree on snacking haphazard health will endanger. This is in accordance with the results of children's knowledge analysis that 83.1% of children do not know the benefits of healthy snacks. The second less attitude is on the indicator to throw the garbage in place. Many children do not agree to throw garbage in a covered bin. Waste that is not managed properly and very well liked animals such as flies, cockroaches, rats that will cause many diseases such as dysentery, typhoid, diarrhea and others (Soemirat, 2015).

The next less attitude to smoking indicators, most children do not agree that health problems / diseases arise when smoking. Cigarette smoke entering the respiratory tract can cause respiratory reflex disturbances, impaired sili (ciliotoxic) function and increase mucus production (Dastyawan, 2000). Cigarette smoke is a free radical that has one or more free electrons. According to Basic Health Research (2007), most smokers start smoking when they are children or adolescents ie at the age of 10-14 years by 13.6% and the number has increased in 2010 by 27.7%. According to research Rahmadi (2013), about 32.3% of students have smoked and generally they have less knowledge about the negative effects of smoking on health. The habit of smoking on the students is influenced by parents, peers, personality, and media information that advertises cigarettes.

A good attitude that many children do is an indicator to eradicate larvae in school, sports school and wash hands with soap before eating. This is in line with a study conducted by Catalina, et.al in 2009. In his study of handwashing behavior in school-aged children in bogota, a third of the samples were always washing hands before eating and after the toilet. Based on observations some children do not have the attitude of washing hands before eating due to lack of facilities from schools such as lack of clean water, the absence of soap and tissues. Besides also some say for forgetting, lazy or no time. On sports indicators based on observation also already have clean sports facilities and not dirty that support for sports activities in school.

Based on statistical analysis show that there is a relationship between attitude and clean and healthy behavior (PHBS). This is in line with koem's research, 2015 states that there is a relationship between attitude with Clean and healthy behavior (PHBS). Negative attitudes are caused by lack of knowledge and absence of awareness from respondents regarding the application of phbs. According to who, attitude describes likes or dislikes someone against the object. Attitudes are often obtained from self-cultivation or from others closest, attitude to make someone approach or move away from an object. A positive attitude toward health values does not always materialize in a real act. Notoatmodjo (2007) puts it, attitude is the response of a closed response from a person to a stimulus or object. The manifestations of that attitude can not be directly seen, but can only be interpreted in advance of closed behavior. Attitude clearly shows the connotation of the suitability of the reaction to a certain stimulus that in everyday life is an emotional reaction to social stimulus.

### **Conclusion**

The result of the research, it can be concluded that there is a relationship between attitude with clean and healthy life behavior (PHBS) and there is no correlation between knowledge with clean and healthy life behavior (PHBS). Child knowledge is lacking on indiscriminate snacking indicators in schools, sporting activities and eradicating larvae. This needs to increase the extension of the children's understanding of PHBS, especially healthy school snacking indicators, exercise and eradicate larvae and add posters or pamphlets that can be read by school children. While the lack of attitude on hand washing using soap, snacks and sports indiscriminate. Schools need to equip facilities or facilities for handwashing such as soap, running water and tissues.

### **Acknowledgment**

Thank you for the graduate lecturers DIKTI

**International Seminar on Global Health (ISGH) 2017**  
**Stikes Jenderal Achmad Yani Cimahi**

**References**

- Dastyawan, B. (2000). *Pengaruh Asap Rokok Terhadap Saluran Pernapasan*. Jakarta : Bagian Paru FK-UI/ RS Persahabatan
- Departemen Kesehatan RI. 2008. *Promosi Kesehatan di Sekolah*. Jakarta: Penulis.
- Departemen Kesehatan, 2011. "*Penyakit Diare*", Jakarta
- Notoatmodjo, S. 2007. *Ilmu Perilaku Kesehatan*. Jakarta : Rineka Cipta.
- Nursalam. 2003. *Konsep dan Penerapan Metodologi Penelitian Ilmu Keperawatan*. Jakarta: Salemba Medika Cipta.
- Koem Zitty A R, Joseph Barens, Sondakh Recky C. 2015. *Hubungan Antara Pengetahuan Dan Sikap Dengan Perilaku Hidup Bersih Dan Sehat (PHBS) Pada Pelajar di SD Inpres Sukur Kecamatan Airmadidi Kabupaten Minahasa Utara*. Jurnal Ilmiah Farmasi – UNSRAT Vol 4 NO 4.
- Kristianto Yohanes, Riyadi Bastianus Doddy, Mustafa Annasari. (2013). *Determinant Factors in Choice of Elementary School Students*. Jurnal Kesehatan Masyarakat Nasional Vol. 7, No. 11
- Kustantya Nungky, Anwar Mochamad Saiful. (2013). *Hubungan Pengetahuan dengan Perilaku Hidup Bersih dan Sehat (PHBS) pada lansia*. Jurnal Keperawatan, ISSN 2086-3071 Vol 4 No 1.
- Profil Puskesmas rawa Buaya, 2015 Jakarta Barat.
- Soemirat, Juli. 2015. *Kesehatan Lingkungan*. Yogyakarta : Gadjah Mada University Press.
- Saidah, M., & ISMAWATI, R. (2014). *Pengembangan Buku Panduan Memilih Makana Jajanan Sehat Untuk Anak Usia 10-11 Tahun*. *E-Jurnal Boga*, 3(02), 9-15.
- Wulandari, H. (2011). *Pelaksanaan Pendidikan Kesehatan Perilaku Hidup Bersih dan Sehat (PHBS) Pada Anak Usia Dini Di TK Aba Tegalsari Yogyakarta* (Doctoral dissertation, UIN Sunan Kalijaga Yogyakarta).