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The Effect of Health Education on Environmental Health on Changes in Health Behavior in Students at SDN 1 Sembulung, Cluring District, Banyuwangi

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ABSTRACT

According to the 2020 Indonesian Health Profile, the coverage of SD/MI schools that provide health services in Indonesia in 2020 is 84.7%. There are 2 provinces with the highest coverage that have provided health services, namely DKI Jakarta and Central Kalimantan. The province with the lowest coverage of SD/MI schools providing health services is Papua (11.9%)

Aim of this research is to know influence of health education about environmental health to healthy lifestyle student of SDN 1 Sembulung. This research used pre experiment design by using Equivalent Time Sample Design. Population of the research was 101 respondents who are class student 4,5,6 at SDN 1 Sembulung Banyuwangi and sample 50 respondents were sampled using Quota Sampling. Data collection used questionnaire after participating in health education or not and then the data was tasted using Chi Square test.

Result of the research indicated that most students have less behavior 92% but not give health education 7 of 25 or 28%.

Who have good behavior and statistical result sig 5% with (df) 1 and show that $0.000 < 0.05$ or $21.33 > 3.84$ so H_0 rejected H_a accepted.

It means there is influence of health education about environmental health to healthy lifestyle student of SDN 1 Sembulung Cluring Banyuwangi. Therefore, health education on healthy lifestyle behavior can be enhanced to make good healthy lifestyle behaviors. In an effort to change the health behaviors of students author provides health education about environmental health, and creating a clean and healthy lifestyle. And supporting the clean Friday program implemented by the Regent Banyuwangi.

Keywords : Effect of Health education, Lifestyle behavior

INTRODUCTION

According to the Regulation of the Minister of Health Number 25 of 2014 concerning Child Health Efforts article 28, health services for school-age children and adolescents are carried out through school health efforts and health care services for adolescents. School Health Business Activities (UKS) are cross-sectoral activities, which include various efforts, including health screening and periodic check-ups, giving blood-added tablets for young girls, fostering healthy school canteens, immunization, and coaching school health cadres. Health service activities carried out in schools are carried out by health workers together with school health cadres with a minimum of nutritional status checks (height and weight), dental checks, visual acuity, and hearing sharpness. Health services for school-age children aim to detect early risk of disease in school children so that they can be followed up early, promote optimal growth and development of children, so that they can support their learning process and ultimately create healthy and high-achieving school-age children (Indonesian Health Profile 2020).

In Indonesia, there were 518 health crises during 2020. The number of health crises in 2020 increased compared to 2019, which was 448 health crises. In 2017 there is a new definition for a health crisis in the Health Crisis Management Information System, namely that there must be an

emergency statement by the regional head or the number of affected population is at least 50 people and there are victims/refugees/damaged health facilities (Indonesian Health Profile 2020)

Lack of knowledge about Environmental Health that occurs in students At SDN 1 Sembulung, the Principal and all employees have chosen a solution by holding a healthy Friday. On every Friday, students are required to take part in gymnastics and then clean the environment around the school. And get students used to throwing garbage in its place.

Based on a preliminary study with interviews conducted by researchers on May 5, 2015 to several grades 4,5,6 students who were met at SDN 1 Sembulung 7 out of 10 students still did not understand the importance of health education about environmental health in improving health status.

MATERIALS AND METHODS

The type of research used in this research is quantitative. The type of research is *Equivalent Time Sample Design*, where the research sample is selected in design these are two time equivalent samples. Sample A was given treatment X and Sample B was not given treatment, both were then observed.

The design used in this research is *Cross Sectional*. In this study, the population was all students in grades 4,5,6 at SDN 1 Sembulung, Cluring District, Banyuwangi as many as 101 students. Type of Sample used *Quota Sampling*. Respondents in this study amounted to 50 respondents. Of the 50 respondents were divided into 2 groups, namely 25 treatment groups and 25 control groups. Where in the treatment group all were given health education about environmental health, while the control group was not given health education. The instrument used in this research is a questionnaire. The test used is the Chi Square Test.

RESULTS

a. Distribution of control group respondents based on health behavior

TABLE 4.6
FREQUENCY DISTRIBUTION OF RESPONDENTS THAT PROVIDED HEALTH EDUCATION TO HEALTH BEHAVIOR IN STUDENTS AT SDN 1 SEMBULUNG, CLURING DISTRICT, DISTRICT BANYUWANGI

No	Description	Health Behavior				Total	
		To do		Do not do			
1.	Not Given Health Education	F	%	F	%	F	%
		7	28%	18	72%	25	100%

Data Source: Results from Respondents at SDN 1 Sembulung

Based on Table 4.6, it can be concluded that almost half of the students who were not given health education from 25 students who were not given health education were 7 students who experienced changes in health behavior with a percentage of 28%, while those who did not experience changes in health behavior were 18 students with a percentage of 72%.

b. Cross Tabulation of the Effect of Health Education on Environmental Health on Changes in Health Behavior in Students at SDN 1 Sembulung

TABLE 4.7
THE EFFECT OF THE PROVISION OF HEALTH EDUCATION REGARDING ENVIRONMENTAL HEALTH ON CHANGES IN HEALTH BEHAVIOR IN STUDENTS AT SDN 1 SEMBULUNG

No	Description	Health Behavior				Total	
		To do		Do not do			
1	Provided health	F	%	F	%	F	%

	education about environmental health	23	92%	2	8%	25	100%
2	Not given health education about environmental health	7	28%	18	72%	25	100%

Data Source: Results from Respondents at SDN 1 Sembulung

From the results of the cross tabulation table 4.7 above, it can be concluded:

1. Respondents in the treatment group and performed health behaviors were 23 respondents or 92%
2. Respondents in the treatment group and did not perform health behaviors were 2 respondents or 8%.
3. Respondents in the control group and did not perform health behaviors were 7 respondents or 28%.
4. Respondents in the control group and did not perform health behaviors were 18 respondents or 72%.

It can be shown by the results of SPSS that most of the respondents indicated that there had been a change in health behavior with a percentage of 60%.

TABLE 4.8
RESULTS OF SPSS CHI SQUARE THE INFLUENCE OF HEALTH EDUCATION ON ENVIRONMENTAL HEALTH ON CHANGES IN HEALTH BEHAVIOR IN STUDENTS AT SDN 1 SEMBULUNG

Chi-Square Tests					
	Value	df	asymp. Sig (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	21,333 ^a	1	.000	.000	
Continuity Correction ^b	18,750	1	.000		
Likelihood Ratio	23,715	1	.000		
Fisher's Exact Test					
Linear-by-Linear Association	20,907	1	.000		
N of Valid Cases ^b	50				

Chi Square test with SPSS 16 obtained the value of Asymp.Sig. (2- Sided) = 0.000 degrees of freedom (df) I shows that Sig count is smaller than 0.05 with a value of 0.000 < 0.05 or Chi Square count is greater than Chi Square table with a value of 21.33 > 3.84 so Ho is rejected and Ha is accepted. So the conclusion is that there is an effect of providing health education on environmental health on changes in health behavior in students at SDN 1 Sembulung, Cluring District, Banyuwangi.

DISCUSSION

Distribution of treatment group respondents based on health behavior

Based on the results of research analysis at SDN 1 Sembulung of 25 students who were given health education, students who experienced changes in health behavior were almost entirely of the 25 students who were given health education, 23 students who experienced changes in health behavior with a percentage of 92%, while those who did not experience changes in behavior health of 2 students with a percentage of 8%.

The role of health promotion in the sense of education, in general, is any planned effort to influence other people, whether individuals, groups, or communities, so that they do what is expected by the perpetrators of health education or health promotion. And this limitation is implied by the following elements:

1. *Inputs* are health education targets (individuals, groups, communities), and educators and education actors.
2. Process (planned effort to influence others)
3. *Output* (does what is expected or behavior)

The expected *outcome* of a health promotion or education is health behavior or behavior to maintain and improve conducive health (Notoatmodjo, 2007).

In my opinion, the provision of health education has an important role in changing health behavior in individuals, groups and communities. However, not all individuals who were given health education showed changes in health behavior, this could be due to a lack of individual self-awareness in understanding the importance of healthy behavior. In addition, it can also be due to individual habits that are difficult to change. So, as health workers, they must be able to give examples of good health behavior so that they can be a reflection for others and be able to influence the behavior of others better.

Distribution of control group respondents based on health behavior

The 25 students who were treated independently were also given a questionnaire and answered the question. It is used to compare differences in health behavior between students who were given health education and students who were not given health education.

Based on research analysis shows that students who are not given health education, of the 25 students who are not given health education, almost half are 7 students who experience changes in health behavior with a percentage of 28%, while those who do not experience changes in health behavior are 18 students with a percentage of 72%.

The behavior of a person or society regarding health is determined by the knowledge, attitudes, beliefs, traditions, and parts of the person or society concerned. In addition, the availability of facilities, attitudes, and behavior of health workers towards health will also support and strengthen the formation of behavior (Notoatmodjo, 2007).

There are factors that influence healthy behavior in individuals. Several theories have been tried to reveal the determinants of behavior, especially behavior and analysis of the factors that influence behavior, especially health-related behavior, including:

1. Lawrence Green's Theory

Green tries to analyze human behavior from the level of health. The health of a person or society is influenced by two main factors, namely behavioral factors (*behavior causes*) and factors outside of behavior (*non-behavior causes*). Furthermore, the behavior itself is determined or formed from three factors, including:

- a. *Predisposing factors* , which are manifested in knowledge, attitudes, beliefs, values and so on.
- b. Supporting factors (*enabling factors*) that are manifested in the physical environment, the availability or unavailability of health facilities or facilities, such as health centers, medicines, contraceptives, latrines and so on.
- c. *Reinforcing factors* are manifested in the attitudes and behavior of health workers or other officers who are a reference group for community behavior. (Notoatmodjo, 2007).

In my opinion, although respondents who were not given health education but showed good health behavior, this could be due to their family and environment who used to live clean and healthy, but it could also be because of their awareness that they understand the importance of healthy behavior in everyday life.

The Effect of Health Education on Environmental Health on Changes in Health Behavior in Students at SDN 1 Sembulung

Chi Square formula and processed using SPSS using a significant level of 5% with degrees of freedom (df) 1 shows that Sig count is less than 0.05 with a value of 0.000 < 0.05 or *Chi Square* count is greater than *Chi Square* table with a value of 21.33 > 3.84 so that H_0 is rejected and H_a is accepted. So the conclusion is that there is an effect of providing health education on environmental health on changes in health behavior in students at SDN 1 Sembulung, Cluring District, Banyuwangi.

Almost all students who were given health education experienced changes in health behavior, namely from 25 students who were given health education, 23 students experienced changes in health behavior with a percentage of 92%. While students who were not given health education from 25 students, almost half of them showed changes in health behavior, namely 7 respondents with a percentage of 28%.

In my opinion, individual health behavior can be influenced by the response of the individual himself, his family, his environment, culture and the provision of health education. However, the provision of health education does not become a refusal that someone who is given health education will experience changes in health behavior because it all returns to the individual's own awareness. Because it can also be seen in the analysis above, there are also students who do not show changes in good health behavior even though they have been given health education.

CONCLUSION

Research result showing Respondents in the treatment group and health behavior were 23 respondents or 92%. Respondents in the treatment group and did not perform health behaviors were 2 respondents or 8%. Respondents in the control group and did not perform health behaviors were 7 respondents or 28%. Respondents in the control group and did not perform health behaviors were 18 respondents or 72%.

The results of statistical tests using the *Chi Square formula* and processed using SPSS using a significant level of 5% with degrees of freedom (df) I show that Sig count is less than 0.05 with a value of $0.000 < 0.05$ or *Chi Square* count is greater than *Chi Square* table with a value of $21.33 > 3.84$ so that H_0 is rejected and H_a is accepted. So the conclusion is that there is an effect of providing health education on environmental health on changes in health behavior in students at SDN 1 Sembulung, Cluring District, Banyuwangi.

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