



Indian Journal of Public Health Research & Development

An International Journal

SCOPUS IJPHRD CITATION SCORE

Indian Journal of Public Health Research and Development
Scopus coverage years: from 2010 to 2018 Publisher:
R.K. Sharma, Institute of Medico-Legal Publications
ISSN:0976-0245E-ISSN: 0976-5506 Subject area: Medicine:
Public Health, Environmental and Occupational Health
Cite Score 2017- 0.03
SJR 2017- 0.108
SNIP 2017- 0.047



Website:

www.ijphrd.com

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Print-ISSN: 0976-0245-**Electronic-ISSN:** 0976-5506, **Frequency:** Quarterly
(Four issues per volume)

Indian Journal of Public Health Research & Development is a double blind peer reviewed international journal. It deals with all aspects of Public Health including Community Medicine, Public Health, Epidemiology, Occupational Health, Environmental Hazards, Clinical Research, and Public Health Laws and covers all medical specialties concerned with research and development for the masses. The journal strongly encourages reports of research carried out within Indian continent and South East Asia.

The journal has been assigned International Standards Serial Number (ISSN) and is indexed with Index Copernicus (Poland). It is also brought to notice that the journal is being covered by many international databases. The journal is covered by EBSCO (USA), Embase, EMCare & Scopus database. The journal is now part of DST, CSIR, and UGC consortia.

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Editor

Dr. R.K. Sharma
Institute of Medico-legal Publications
Logix Office Tower, Unit No. 1704, Logix City Centre Mall,
Sector- 32, Noida - 201 301 (Uttar Pradesh)

Printed, published and owned by

Dr. R.K. Sharma
Institute of Medico-legal Publications
Logix Office Tower, Unit No. 1704, Logix City Centre Mall,
Sector- 32, Noida - 201 301 (Uttar Pradesh)

Published at

Institute of Medico-legal Publications
Logix Office Tower, Unit No. 1704, Logix City Centre Mall,
Sector- 32, Noida - 201 301 (Uttar Pradesh)



Indian Journal of Public Health Research & Development

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The Effect of Health Education about PJAS and PHBS on Students Grade V SDN 001 Sungai Kunjang, Samarinda

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ABSTRACT

The level food safety of school (PJAS) and the low level of clean and healthy life style (PHBS) implementation in schools is a serious problem that needs more attention. Elementary school students are the largest group at risk of exposure to food and water contamination diseases. This study aims to determine the effect of health education on PJAS and PHBS on the knowledge and attitude of students of grade V in SDN 001 Sungai Kunjang. The research method used Pre Experimental with the design of One Group Pre-Post Test and interventions are provided through health education. The population in the study were all students of grade V with a total sample of 121 people taken use the purposive sampling method, with kriterian inclusions are students who are will be to follow the researched and present the researched conducted. Technique of collecting data using interview method and using research instrument in the form of questionnaire and data taken within one day. The results showed that respondents who are knowledgeable before the health education 12% and after was 56%. Respondents who had good attitude before the health education 92% and after was 95%. The result of statistical analysis with wilcoxon signed rank test showed significant influence with p-value = 0,000. Provision of health education was proved to significantly influence the knowledge and attitude about PJAS and PHBS on students of grade V SDN 001 Sungai Kunjang, Samarinda.

Keywords: Health Education, PJAS, PHBS, Students

INTRODUCTION

School age children is an investment in the future of a nation, because they are the next generation of this nation-building. The nation's quality is determined by the quality of the kids at this point. Age group children in Indonesia are big enough that is 34% of the total population of Indonesia and consists of a group of elementary school age children by 5%.⁽¹⁾

Time primary school children 7-12 years of age is that is the golden age for instilling the values of clean living and healthy behaviors (PHBS) in order to support healthy behaviors through health degrees early on. However, children often become the high-risk groups against certain diseases. One of the reasons

that is administering the nutrition and food intake while growing hibiscus children not done perfectly. As the use of dangerous substances, the lack of hygiene in the process of management of individual foods, not paying attention to the environment and also do not reflect the efforts of clean living and healthy behavior. Phatogenic bacterial transmit disease in food by 80%.⁽²⁾

The outbreak of food poisoned according to BPOM RI indicated that 30% of food poisoned incidents occur in educational institutions and of those 89% events happening in the elementary school (SD/MI).⁽³⁾ The problem of the school cafeteria that has yet to apply the principles of Hygiene and behavior students who do not know about the behavior of living clean and healthy can also cause undesirable health effects. Based on data from the profile of East Kalimantan Health Office the year 2016, that diarrhea sufferers in Samarinda of 58%.⁽⁴⁾ This to be vigilance regarding early threat of infections and cases of poisoning are transmitted through food especially on traditional school children. The condition must be anticipated by increasing healthy life patterns via safe PJAS and PHBS.

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Lestari's et al. research (2015) in Madrasah Gonilan Surakarta showed there is the influence of education on healthy snacks to knowledge of students.⁽⁵⁾ Kurniatilah's research (2017) showed on SDN Taman kota Serang showed there is the influence of the CTPS to knowledge extension students.⁽⁶⁾ However, there are limitations of earlier studies is just researched about PJAS or PHBS, but in this study examines about PJAS and PHBS simultaneously. So that this research was conducted to find out the influence of health education on awarding of PJAS and PHBS to knowledge and attitude of students of class V SDN 001 Sungai Kunjang, Samarinda, East Kalimantan, Indonesia. This research in addition to researched also produced output. The output in this researched is the formation of Healthy Student Ambassadors SDN 001 Sungai Kunjang provided training.

METHOD

This type of research is Pre Experimental with the design of One Group Pre-Post Test and interventions are provided through health education. Measurement of early (pre-test) before treatment (experimental treatment) and after treatment carried out measurement again (post-test). This research was carried out on SDN 001 Sungai Kunjang, Samarinda on April 30, 2018.

The population in this study were all V graders as many as 137 students and the total of samples of 121 students. Method of sampling used a purposive sampling technique, with inclusions criteria are: students who are will be to follow the researched and present the researched conducted. As well as the criteria of exclusion is students who are not present in the activities of the school. This study aims to determine the effect of health education on PJAS and PHBS on the knowledge and attitude of students of grade V in SDN 001 Sungai Kunjang.

The material of questionnaires were include about food safety of school and clean and healthy life behavior. Data collection techniques method interviews used a researched instrument in the form of questionnaires using scale model guttman and data taken within one day. If the question is answered correctly then it will be assigned a value of 1, and if one is given the value 0. So the total score for knowledge was 16 and total score for attitude is 15. The primary data used for analysis in univariate and bivariate and using the wilcoxon signed rank test with a 95% significance level ($\alpha = 0.05$).

RESULTS AND DISCUSSION

Table 1: Distribution of Respondents Characteristics

No.	Characteristics	Frequency	%
1.	Sex		
	Male	67	55
	Female	54	45
2.	Age		
	10 years	31	25,6
	11 years	81	67
	12 years	8	6,6
	13 years	1	0,8
3.	Class		
	V B	29	24
	V C	29	24
	V D	30	25
	V E	33	27

Base on table 1 shows that the majority of respondents by male (55%), most 11 year old respondents (67%).

Table 2: Variable Distribution of Respondents

Variable	Category						Total	
	Good		Enough		Less		F	%
	F	%	F	%	F	%		
Knowledge								
Pre-test	14	12	97	80	10	8	121	100
Pos-test	68	56	53	43	1	1		
Attitude								
Pre-test	111	92	5	4	5	4	121	100
Pos-test	115	95	5	4	1	1		

On the basis of table 2 indicates that before given health education to students who had good knowledge of 14% and students who had less knowledge of 88%. After the given treatment to students who had good knowledge of 56% and students who had less knowledge of 1%.

Before treatment (given health education) to students who had good attitude of 92% and students who had attitude less by 4%. After treatment the students who had good attitude of 95% and the students who had attitude less of 1%.

Table 3: The Results Of Statistical Test

Variable	Mean	SD	Min-Max	P-value
Knowledge				
Pre-test	67,2	10,5	25,0-87,5	0,000
Post-test	78,4	10,2	4,7-100	
Attitude				
Pre-test	88,9	15,3	0-100	0,000
Post-test	92,9	11,7	0-100	

Based on table 3 average score of knowledge of respondents before the given health education is 67.2 with standard deviation 10.5. The highest score of respondents is 87.5 and the lowest score was 25.0. The average score of knowledge of respondents has given health education is 78.4 with standard deviation 10.2. The highest score of respondents is 100 and the lowest score was 4.7.

The average score of the attitude of the respondent before the given health education is 88.9 with standard deviation 15.3. The highest score of respondents is 100 and the lowest score was 0. The average score of the attitude of the respondent after the given health education was 92.9 with a standard deviation of 11.7. The highest score of respondents is 100 and the lowest score was 0.

The study has been finished to the respondent's knowledge there was significant differences before and after given health education. Before of health education majority of respondents knowledgeable enough and after given majority of good knowledgeable. It showed significant improvements before and after the given health education where respondents knowledgeable enough to become good knowledgeable.

This study is supported by Norimah & Rasidah's research (2017), the educational program had effect for increase significant for obese children's knowledge about healthy food.⁽⁷⁾ Base on study by Tafti's research et al. (2018), there was significant increased of knowledge after intervention of educational program in the experimental group.⁽⁸⁾

Eskandari's research et al. (2017), after intervention of an educational program for the experimental group there was significant increased of knowledge, it proved by the mean scores of knowledge before and after intervention.⁽⁹⁾ The study by Rosenkranz's et al. (2017) there were improved of knowledge after intervention nutrition education.⁽¹⁰⁾ This study was supported by

Jadhav's research et al. (2014), there was improvement of knowledge after intervention and there was effect of health education on students's knowledge.⁽¹¹⁾

This study was supported too by Ismail's research et al. (2018) there was a significant difference in knowledge of the respondent before and after the health education on the consumption of healthy snacks.⁽¹²⁾ Through health education by administering medical or health information messages in the form of outreach to provide or enhance the knowledge on health.⁽¹³⁾ A good level of knowledge can improve student behavior against the importance of the PJAS and PHBS so that in the future can support the PHBS behavior and good PJAS surroundings school.

Knowledge is the ability of a person to reveal what they knows through proof answer oral or writing that is stimulasi of the question. Knowledge is a component of common behaviors for adults. With the knowledge someone can consider to behave and act.⁽¹³⁾

Based on the results of the study showed the level of knowledge of respondents before and after health education with media power point average results obtained knowledge of the respondent increased after a given health education. Based on the results obtained there is increased knowledge of the respondent through the information provided in the form of health education through the medium of power point.

Power point is one medium that serves as a tool to present a material. Power point among other advantages: the material becomes more interesting because there's a game of colors, fonts and animation, the animated text or animated good pictures or photos. Message information visually easy to understand and more stimulating children to learn more information about the materials that are presented.⁽¹⁴⁾

Based on the results of the statistical tests are obtained that there is influence the given of health education to the level of respondents knowledge about the PJAS and PHBS. Given treatment of health education proved to be influential in improving the knowledge of the respondent this is evidenced through the score obtained by the respondent. After received health education, score of knowledge of respondents experienced an increase.

This research is supported by research conducted Korwa et al. (2018), that there is the influence of health education towards the level of knowledge about the

behavior of PHBS (healthy life) disposable hand wash SOAP before and after, in SD Negeri Tatelu Minahasa Regency North, evidenced with the change of knowledge before and after the given extension.⁽¹⁵⁾

The results of the research that has been conducted to the attitude of the respondent there was significant differences before and after health education the majority of respondents had good attitude, but an increase in the total of respondents who had good attitude. The existence of a given health education can change the attitude of the respondent, proved by the existence of difference in attitude for the better when getting health education about PJAS and PHBS.

Peyman's research et al. (2015), there was improvement student's attitude and knowledge after intervention and there was effect of health educational on attitude and knowledge students.⁽¹⁶⁾ This study was supported too by Bisallah's research et al. (2018), there was significant increased for the intervention group on their attitude and knowledge, there was effect of health education intervention program to improvement attitude and knowledge.⁽¹⁷⁾ Base on study by Yingklang et al, (2018), on the intervention group there was significant increased of attitude and knowledge and health education was effective to improvement students girl 's attitude and knowledge.⁽¹⁸⁾

This study was supported by Aini's research (2016) that the attitude of the respondent before the health education tend to be negative and, after treatment the attitude of students continues to rise and very respond good.⁽¹⁹⁾

Analestariastuti's reserach et al. (2014), showed the influence of health education on there students attitude, but there is no difference in the attitude of the students before and after the educational and health related diseases dengue fever. The research in contrast to the results of this study.⁽²⁰⁾

Based on the results of the statistical tests showed that there is influence of health education on responde'ts' attitude about the level food safety of school (PJAS) and clean and healthy life behavior (PHBS). Giving treatment of health education affecting the change in attitude of respondents for the better. This is because the respondents have a good knowledge will show a good attitude as well. A person's attitude can affect the knowledge there had. Someone who is likely to be positive knowledgeable good compared with that of being negative.⁽²¹⁾

This study is supported by Ramadhani's et al. research (2016), that were a significant difference in differences in attitude of students before and after education about a balanced nutritious food and safe.

⁽²²⁾ Mulyawati's et al. research (2017), that there is the effect of health education on students attitudes toward traditional security.⁽²³⁾

CONCLUSION

There is a difference in the level of knowledge and attitude of students of grade V about the level food safety of school (PJAS) and clean and healthy life behavior (PHBS) before and after given health education. Increased knowledge and attitudes for the better after a given health education. It proves a significant influence about health education in the improvement of knowledge and attitude about PJAS and PHBS in students grade V SDN 001 Sugai Kunjang, Samarinda, East Kalimantan.

ACKNOWLEDGMENTS

This research was supported by the Directorate of Student Affairs, Directorate General of Learning and Student Affairs, Ministry of Research, Technology, and Higher Education in accordance with the contract of assignment of Student Creativity Program 5 areas year of funding 2018, Number: 149/SPK/KM/IV/2018.

Conflict of Interest: There is no conflict of interest.

Ethical Clearance: Ethical clearance was granted from Health Reserach Ethics Commission Faculty of Medical Mulawarman University, Samarinda, East Kalimantan, Indonesia with the number: No.76/KEP-FK/IX/2018 on 26 September 2018.

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Published, Printed and Owned: Dr. R. K. Sharma

Printed: Printpack Electrostat, G-2, Eros Apartment, 56-Nehru Place, New Delhi-110019

Published at: Institute of Medico-Legal Publications, Logix Office Tower, Unit No. 1704, Logix City Centre Mall Sector-32,
Noida-201 301 (Uttar Pradesh)

Editor: Dr. R. K. Sharma, Mobile: +91 997 188 8542