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Analysis of Health Education Needs to Improve Healthy Living Behavior in Children in the School Environment

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Abstract: Health education is the provision of health knowledge and habituation of healthy behavior to students. The adequacy of health education provisions will influence the attitudes and behavior of school children which will determine their health status, whether they will remain healthy or be at risk of experiencing health problems in the present and in adulthood. This descriptive qualitative research analyzes by examining and revealing the meaning or reality of Health Education carried out in elementary schools. This research was conducted in five elementary schools in the Bengkulu city area, using data analysis techniques including steps to reduce data, present data, draw conclusions for verification. Checking the validity of data by triangulating sources through activities to test the credibility of data. Triangulation techniques for data credibility by checking data against the same source with different techniques. The interview results are checked with documentation or observation. The research results of the UKS program have not been able to run optimally as seen from the policies and guidelines that do not yet exist and are well socialized to all school members. UKS supervisor teachers, PJOK teachers and guardian teachers have not fully implemented the UKS Trias and understood the indicators in UKS activities. UKS is still the full responsibility of the community health center. Students never receive intentional health education. Health education in schools has a significant influence on students' health behavior. Through targeted health education, students can increase their knowledge about health. Health education also plays an important role in changing behavior and has an impact on the adoption of healthy living behavior in students. Students who receive effective health education are more likely to adopt healthy lifestyle behaviors.

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1. Introduction

The 2020-2024 National Medium Term Development Plan (RPJMN) states that efforts to increase quality and competitive human resources are carried out through strategies and policies to increase access and quality of health services, one of which is through the School/Madrasah Health Enterprise (UKS/M). UKS/M reaches preschool and school age children as well as teenagers in educational units at the PAUD level (TK/RA/KB/BA/TPA/SPS), SD/MI, SMP/MTs and SMA/SMK/MA and equivalent [1, 2].

In general, school age children (7-18 years) are the healthiest age group compared to other age groups. However, their behavior can result in health problems now or in the future. Some of the health problems in this group are that the rate of worms in elementary school children reaches 28%. In addition, the risk of non-communicable diseases due to obesity in children aged 5-12 years reaches 8.1%. Elementary school age children have started smoking as shown by a figure of 9.1% of children aged 10-18 years. Meanwhile, as many as 25.7% of teenagers aged 13-15 years and 8.1% of teenagers aged 16-18 years experienced stunting. Regarding reproductive health, 5.3% of teenagers have had premarital sex and only 36% of teenagers have been taught how to refuse sexual advances. Another issue is the rate of drug abuse among children and teenagers, namely 22% of teenagers have smoked, of which 6.4% smoke [3]. Paying attention to health problems in school-age children and teenagers, it is important to ensure that every child receives information and education as well as health service efforts as a promotive and preventive effort, starting with getting used to a healthy lifestyle as early as possible [4, 5].

The health condition of school children will greatly influence learning achievement and health education through school children is very effective in changing behavior and healthy living habits because school age children are very sensitive to starting to instill understanding and healthy living habits. Several health issues that often occur in school-aged children and are a priority in overcoming them are nutritional problems, non-communicable diseases, reproductive health, HIV, drugs, mental health, sanitation, violence and injuries [6, 7, 8]. There are 5 mutually agreed strategies to address various problems of school age children and adolescents, namely improving healthy living skills, strengthening access and quality of comprehensive health services, strengthening institutions and partnerships, providing and strengthening strategic information as well as meaningful involvement of school age children and adolescents. These five strategies refer to various policies, resources, programs and services that already exist in Indonesia, one of which is the School/Madrasah Health Business (UKS/M) [1, 9, 10, 11].

Health education is the provision of health knowledge and habituation of healthy behavior to students. This is important considering that health knowledge is not yet uniform and evenly distributed. The adequacy of health education provisions will influence the attitudes and behavior of school children which will ultimately determine whether their health status will remain healthy or be at risk of experiencing health problems in the present and in adulthood. The health education material provided for students refers to health problems of school age children and adolescents such as: nutrition, sanitation and personal hygiene, non-communicable diseases, mental and emotional health, reproductive health, prevention of STIs and HIV AIDS, drugs including cigarettes, Tuberculosis, etc. [12, 13, 14, 15]. Time for implementing health education can be carried out in 3 ways and times of delivery, namely: Intracurricular, namely integrated with the curriculum or school/madrasah subjects such as sports and balanced nutrition lessons in PJOK teacher subjects, lesson sessions with guidance and counseling teachers, science/biology, content lessons local and others. For elementary school level, health education material is integrated with thematic lessons in schools/madrasahs. Co-curricular is an additional subject or curriculum provided but is still within school/madrasah teaching hours. Schools/madrasahs carry out health education outreach which will be implemented according to priorities and allocate time for implementing health education [2, 8, 16].

The government's efforts to improve school health are through the Trias UKS program which includes health education, health services and fostering a healthy school environment. However, implementation in the field shows that UKS activities in schools are not running optimally. UKS services are limited to health services but have not had an impact on increasing healthy living behavior and habits of clean and healthy living and are also less sustainable because family and community involvement has not been optimal.

Based on the 2021 Indonesian Health Profile data, the number of educational units providing health services for students in elementary/secondary schools has only reached 57.6%, which is one of the UKS Trias. Survey results from the SD Directorate, Directorate General of PAUD, Diknas and Dikmen Kemendikbud in 2020 on UKS stratification in 567 elementary schools shows that as many as 340 schools (59.96%) have not reached the minimum strata, 71 schools (12.52%) are in the minimum strata, 31 schools (5.47%) are in the standard strata, 104 schools (18.34%) in the optimal stratum and 21 schools (3.70%) in the plenary stratum [3, 17].

Based on these data, it shows that the implementation of UKS so far has not gone according to expectations, there is a need for in-depth analysis and identification regarding the obstacles that exist in the field. Based on this thinking, it is hoped that it can improve the implementation and achievement of school health. Health education is the provision of health knowledge and habituation of healthy behavior to students. This is important considering that health knowledge is not yet uniform and evenly distributed. The adequacy of health education provisions will influence the attitudes and behavior of school children which will ultimately determine whether their health status will remain healthy or be at risk of experiencing health problems in the present and in adulthood. The health education material provided for students refers to the health problems of school age children and adolescents: Health Literacy, Nutrition education, Maintaining personal hygiene, Optimizing physical activity, Reproductive education, Healthy living skills education and Education and development of school health cadres [4, 5, 18, 19, 20, 21].

2. Materials and Methods

This descriptive qualitative research analyzes by examining and revealing a meaning or reality of Health Education carried out in elementary schools without any intervention on the object. The researcher's role in this case is analyzing, constructing the social situation being studied, namely how health education is realized and how students' healthy living behavior occurs in daily life through observation, documentation and interviews with five school principals, five UKS/sports teachers, five Class teacher and five students.

This research was conducted in five elementary schools in the Bengkulu city area, with data analysis techniques using Miles and Huberman theory, including the steps:

1. Reducing data, by summarizing activities, sorting out which parts are the main ones, then focusing on things that tend to be considered important, looking for themes and patterns by discarding things that are considered unnecessary.
2. Presenting data, so that researchers can easily understand what actually happened, so that subsequent planning is carried out based on what has been understood.
3. Draw conclusions for verification. Although it is temporary and changes are possible if strong and supporting evidence is not found at the data collection process stage. However, if the data obtained is supported by strong and consistent evidence when the researcher returns to collect field data, then the conclusions drawn can be considered credible and valid and considered able to answer all problem formulations.

Triangulation was chosen as a data validity checking technique, namely the process of checking data taken from various sources in various ways. Source triangulation through activities to test the credibility of the data by checking the data that has been obtained through testing several sources. Triangulation techniques for data credibility by checking data against the same source with different techniques. The interview results are checked with documentation or observation. This activity aims to ensure which data is considered correct even from different points of view.

3. Results

This research was attended by 25 informants from five elementary schools in the city of Bengkulu, namely SDN 74 Bengkulu, SDN 09 Bengkulu, SDN 50 Bengkulu, SDIT Al Qiswah and SD Langit Biru. Consisting of five school principals, five class teachers, five UKS/PJOK supervisor teachers and five students and five parents and guardians.

Table 1. Research Indicator

Resources	Focus	Indicator
Headmaster	Policy	Regulations/Sk
	1. Health Education	Implementation
	2. Healthy lifestyle behavior at school	
Guardian Teacher/PJOK Teacher	Implementation of Health education	Instillation/implementation of instilling clean living behavior Objective Constraint Solution Effort
UKS Supervising Teacher	Implementation of Health education	Instillation/implementation of instilling clean living behavior Objective Constraint Solution Effort
Student	Health education	Knowledge Skills Realization in everyday life

Carrying out in-depth interviews revealed the following things:

Health Education Policy in schools is implemented based on Joint Regulations between the Minister of Education and Culture, the Minister of Health, the Minister of Religion, and the Minister of Home Affairs Number 6/X/PB/2014, Number 73 of 2014, Number 41 of 2014, Number 81 of 2014 concerning Coaching and Development of School/Madrasah Health Businesses. Implementation of health education based on UKS/M is a very strategic program in order to increase knowledge and level of health based on educational units. UKS/M is implemented through 3 (three) main tasks of TRIAS UKS/M, namely: Health Education, Health Services and Healthy Environment Development which are carried out in an integrated manner with teaching and learning activities in the context of creating a healthy school/madrasah.

This quote describes the basic implementation/guidelines in implementing UKS in the Triassic of Health Education in Schools based on the results of the Principal's interview as follows: "This health education is not specifically given to our children, but through sports learning, ma'am. "Usually we get counseling from the Community Health Center, but sometimes too." (KS 1). UKS regulations and guidelines in schools generally follow directions from the regional health center. KS 3 "We carry out UKS based on directions

from the community health center so we don't have a separate policy ma'am, so the programs implemented are in accordance with the activities of the community health center". KS 5 ".....the activities of the community health center which include routine immunizations, regular dental check-ups, and checking our weight and height only help". KS 4 "UKS is already running, there is a small doctor, the activities include checking nails, height and weight which will be assisted by a cadre of student teachers, the Puskesmas counseling which can be given once a year, sometimes not at all".

KS 2 "There are no special rules ma'am, the policy is that education is automatically given during physical lessons, clean Friday activities, um... so there are no special health lessons... if their child's behavior is checking their nails every Friday and sports every Saturday, if what you said earlier provided education about food, how to maintain cleanliness was not given separately but together with the teacher when teaching, so yes, there was no report.

The results of the interview with the school principal showed that the school was passive in carrying out UKS activities waiting for instructions or coordination from the health center. There have been no specific guidelines created by schools regarding UKS activities and evaluation achievement indicators and follow-up plans for UKS activities. Health education is one of the UKS Trias which can be implemented as a provision for students to realize a healthy life and is the basis of students' knowledge and reference. The implementation in schools is as follows based on interviews with teachers, both homeroom teachers and UKS supervisors: "I teach sports and provide health education, only a glimpse of what is in the book, for example maintaining cleanliness of nails, body and all parts of the body..... but not in detail ma'am..." (G1) G4 "... there are many activities in sports, ma'am.... not only about health education, there are also practicals, so I don't focus on conveying health education, I also don't master all health sciences."G6 "There is no special activity in providing health education, we have health activities such as group gymnastics, nail checks, examinations from the community health center to eat fruit together, but we never carry out the concept for children ma'am...it's more just activities..... "GW 1 "We carry out every learning activity according to the curriculum and subjects that have been scheduled, so when it comes to providing health education, for example about correct and healthy food, how to look after your health, we never carry it out."

Ladies and gentlemen, teachers as class homeroom teachers, PJOK teachers and UKS supervisor teachers implementing Health education do not yet have clear indicators, materials and structured learning concepts. Implementing UKS in the Triad of Health Education is only limited to routine activities such as checking nails, eating together and eating fruit. Healthy living behavior among students can include washing hands with soap before and after eating, consuming healthy snacks, using clean and healthy latrines, exercising regularly, eradicating mosquito larvae, not smoking in the school environment, throwing rubbish in the right place, and doing community service. together with residents of the school environment to create a healthy environment. The following are the results of interviews regarding students' knowledge and healthy living behavior at school: "I don't know, I was taught by a UKS teacher, but I forgot..." (S5). "Yes...keeping your toilet clean is healthy..when I pee, I flush it so it doesn't smell..he," (S4) "Yes...live a healthy life...cut your nails, sometimes wash your hands when you eat...sometimes not..."(S1). "Healthy snacks, don't snack on noodles, just exercise at school, if there's a trash can, I'll throw it away if there isn't one...he,,," (S2). "I don't know what community service is for, the best thing is to clean it. Every Saturday I do community service, pick up rubbish and clean it up" (S3). "I was never given any advice about health, it was gathered... I was just advised to eat healthy like that" (S4).

The results of interviews with students showed that students did not understand UKS in the Triassic of Health Education, how the concept of healthy living applies to everyday health.

4. Discussion

Health education through school children is very effective in changing behavior and healthy living habits because school-aged children are very sensitive to starting to instill understanding and healthy living habits. Healthy Schools are concrete steps in implementing health education, health services and fostering a healthy environment which is supported by good governance/management of healthy schools. Health education in schools can play an important role in improving health information seeking behavior in students [16, 19]. Effective health education in schools can provide adolescents with the knowledge and skills necessary to wisely navigate the health information available on the internet. Through targeted health education, students can learn how to recognize trusted sources of information, evaluate their reliability, and make informed health decisions based on good evidence. Apart from that, health education in schools can also influence students' behavior in adopting healthy living behavior based on the information obtained (Utami & Thohir, 2022).

The results of the research show that the UKS program has not been able to run optimally in view of the policies and guidelines that do not yet exist and are well socialized to all school residents. UKS supervisor teachers, PJOK teachers and guardian teachers have not fully implemented the UKS Trias and understood the indicators in UKS activities. UKS is still the full responsibility of the community health center. Students never receive intentional health education.

Implementation of health education can be carried out in 3 ways and at the time of delivery, namely: Intracurricular, which is integrated with the curriculum or school subjects such as sports and balanced nutrition lessons in PJOK teacher subjects, lesson sessions with guidance and counseling teachers, science/biology, local content lessons and etc. For elementary school level, health education material is integrated with thematic lessons at school. Co-curricular is an additional subject or curriculum provided but is still within school hours. Co-curricular activities are activities carried out to strengthen or deepen basic competencies or indicators in subjects/fields in accordance with the curriculum which include subject enrichment activities, scientific activities, arts and culture guidance, and/or other forms of activities to strengthen students' character. Extracurricular activities are provided outside subject hours or the school curriculum by inviting related sectors to provide certain health material to students or teachers at school [22, 23, 24].

5. Conclusion

Health education is one of the UKS Trias which is the main basis for carrying out UKS activities. Health education in schools has a significant influence on students' health behavior. Through targeted health education, students can increase their knowledge about health. Health education also plays an important role in changing behavior and has an impact on the adoption of healthy living behavior in students. Students who are involved in effective health education are more likely to adopt healthy living behaviors, such as a balanced diet, regular exercise, maintaining personal and environmental hygiene.

6. Suggestion

UKS activities are a joint responsibility so that implementation in schools can be followed up optimally and optimally by all school members with cross-program and cross-sector support so that student health can be realized.

REFERENCES

- [1] Kementerian Kesehatan RI, *Petunjuk Teknis Pembinaan Penerapan Sekolah/Madrasah Sehat*, Kementerian Kesehatan RI, 2021.
- [2] Sutanto, "Peta Jalan Pelaksanaan UKS Dikdasmen (2020-2024)," *Direktorat Jenderal Pendidikan Dasar dan Menengah, Kementerian Pendidikan dan Kebudayaan*, vol. 0, pp. 1-23, 2016.

- [3] Kementerian Kesehatan, *Laporan Tematik Survey Kesehatan Indonesia Tahun 2023*, 2023.
- [4] Kementerian Kesehatan, "Petunjuk Teknis Dekonsentrasi Program Kesmas Tahun 2022," p. 48, 2022. Available at: <https://kesmas.kemkes.go.id/assets/uploads/contents/attachments/a6be02e1e64bbf95b82449ce09fb4429.pdf>.
- [5] Pusat Kebijakan Upaya Kesehatan, "Laporan Kinerja Kementerian Kesehatan Republik Indonesia 2022," *Kementerian Kesehatan Republik Indonesia*, 2023.
- [6] A. T. Ajani, "Pengaruh Pendidikan Kesehatan Terhadap Perilaku Pencarian Informasi Kesehatan pada Remaja di Sekolah," *Journal on Education*, vol. 6, no. 1, pp. 1027-1034, 2023. Available at: <https://doi.org/10.31004/joe.v6i1.3036>
- [7] E. Ernawati et al., "Upaya Peningkatan Status Kesehatan Remaja Kesehatan Sekolah Di," *Kesehatan*, vol. 6, no. 3, pp. 173-180, 2023. Available at: <https://jpk.jurnal.stikescendekiautamakudus.ac.id/index.php/jpk/article/view/300/0>
- [8] Kementerian Pendidikan, Teknologi, dan Teknik, "Kementerian Pendidikan, Kebudayaan, Riset, dan Teknologi," 2023.
- [9] G. Pembe, U. Penyelen, and P. M. Pand, "Direktorat Sekolah Dasar Direktorat Jenderal Pendidikan Anak Usia Dini, Pendidikan Dasar dan Pendidikan Menengah Kementerian Pendidikan dan Kebudayaan 'Pencegahan Dan Penanggulangan Kekerasan di Sekolah'," 2020.
- [10] D. Hargreaves et al., "Strategies and Interventions for Healthy Adolescent Growth, Nutrition, and Development," *The Lancet*, vol. 399, no. 10320, pp. 198-210, 2022. Available at: [https://doi.org/10.1016/S0140-6736\(21\)01593-2](https://doi.org/10.1016/S0140-6736(21)01593-2)
- [11] A. Shoesmith et al., "Barriers and Facilitators Influencing the Sustainment of Health Behaviour Interventions in Schools and Childcare Services: A Systematic Review," *Implementation Science*, vol. 16, no. 1, pp. 1-20, 2021. Available at: <https://doi.org/10.1186/s13012-021-01134-y>
- [12] Kementerian Kesehatan, "Modul Pelatihan Bagi Pelatih Kader Kesehatan," *Pusat Pelatihan SDM Kesehatan Badan Pengembangan dan Pemberdayaan Sumber Daya Manusia Kesehatan*, pp. 1-497, 2018. Available at: <https://jurnal.unpad.ac.id/mkk/article/view/36654/18625>
- [13] Tim Direktorat Sekolah Dasar, "Buku Panduan Pelaksanaan Pendidikan Kesehatan Reproduksi di Sekolah Dasar," *Direktorat Jenderal PAUD, Pendidikan Dasar dan Pendidikan Menengah Kementerian Pendidikan dan Kebudayaan*, pp. 1-94, 2020. Available at: https://ditpsd.kemdikbud.go.id/upload/filemanager/download/uks/PANDUAN KESPRO SD - FINAL 2020_compressed.pdf.
- [14] Ikatan Dokter Anak Indonesia, *Panduan Bagi Keluarga dan Masyarakat Pencegahan dan Isolasi Mandiri Anak dan Remaja Bagi Dengan COVID-19*, Ikatan Dokter Anak Indonesia, 2022.
- [15] WHO, "The Adolescent Health Indicators Recommended by the Global Action for Measurement of Adolescent Health," 2024. Available at: https://www.who.int/health-topics/adolescent-health#tab=tab_2%0Ahttps://platform.who.int/data/maternal-newborn-child-adolescent-ageing/indicator-explorer-new/mca/adolescent-population-as-percentage-of-total-population.
- [16] M. Arini, F. Suryanto, and G. Puspita, "Kebutuhan Sistem Informasi Kesehatan Sekolah," vol. 10, pp. 76-88, 2023.
- [17] Kementerian Kesehatan Republik Indonesia, *Profil Kesehatan Indonesia*, Jakarta: Kementerian Kesehatan Republik Indonesia, 2017.
- [18] "Global Consensus Statement on Meaningful Adolescent and Youth Engagement," Global Consensus Statement on Meaningful Adolescent and Youth Engagement, 2018. Available at: <http://www.youthpower.org/youth-engagement-cop>.
- [19] S. Aminah, Y. Huliatusisa, and I. Magdalena, "Usaha Kesehatan Sekolah (UKS) Untuk Meningkatkan Perilaku Hidup Bersih Dan Sehat (PHBS) Siswa Sekolah Dasar," *Jurnal JKFT*, vol. 6, no. 1, p. 18, 2021. Available at: <https://doi.org/10.31000/jkft.v6i1.5214>
- [20] Supriyatno et al., "Stop Perundungan/Bullying Yuk," *Stop Perundungan/Bullying Yuk*, Jakarta: Kemendikbudristek, p. hal 6, 2021.
- [21] Kementerian Kesehatan, "Kurikulum Pelatihan Keterampilan Dasar Bagi Kader Posyandu," pp. 1-66, 2023.

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- [22] P. Bersama, "Peraturan Bersama Antara Menteri Pendidikan Dan Kebudayaan Republik Indonesia, Menteri Kesehatan Republik Indonesia, Menteri Agama Republik Indonesia, Dan Menteri Dalam Negeri Republik Indonesia Dan Menteri," 2014.
- [23] W. Esthetika et al., *Hidup Sehat Sejak Sekarang Untuk Remaja Kekinian*, Kementerian Kesehatan Republik Indonesia, 2019. Available at: <https://ayosehat.kemkes.go.id/buku-modul-pendidikan-gizi>.
- [24] WHO, *Global Accelerated Action for the Health of Adolescents (AA-HA!) Guidance to Support Country Implementation*, 2023. Available at: <https://apps.who.int/iris/bitstream/handle/10665/255415/9;jsessionid=B309C8C56E5EEFA24FA2F606422AB847?sequence=1>.
- [25] Kementerian Pendidikan, "Kementerian Pendidikan, Kebudayaan, Riset, dan Teknologi Direktorat Jenderal Pendidikan Anak Usia Dini, Pendidikan Dasar, dan Pendidikan Menengah Tahun 2023," 2023.