

**KNOWLEDGE ABOUT CLEAN AND HEALTHY LIVING BEHAVIOR (PHBS) WITH THE INCIDENT OF DIARRHEA IN SCHOOL-AGED CHILDREN AT SMP 1 INGIN JAYA****Nur Najikhah**

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*Submitted: 01/05/2023**Accepted: 23/05/2023**Published: 28/05/2023***ABSTRACT**

*Health problems, especially those related to clean and healthy living behavior, are prone to school-aged children. Some diseases that are often found in school-aged children include diarrhea, caries and dengue fever. Prevention of this problem can be done through a clean and healthy living behavior program. Indicators of clean and healthy living behavior in educational institutions/schools include washing hands with running water and using soap, consuming healthy snacks in the school canteen, using clean and healthy latrines, regular and measured exercise, eradicating mosquito larvae, not smoking in school, weighing and measuring height, and throwing rubbish in the right place. The aim of this research is to describe clean and healthy living behavior among school children. The research method uses a quantitative method with a descriptive approach, the samples used in this research were 50 samples, then data processing used the Microsoft Excel computer program. The results of the research show that hand washing behavior is in the category of healthy snacks in the Good category. Based on the research results, it can be concluded that the PHBS students of SMP Negeri 1 Ingin Jaya are still in the deficient category.*

**Keywords:** *knowledge, clean and healthy living, diarrhea incidence*

**PRELIMINARY**

Based on the Indonesian Health Profile in 2016, the number of diarrhea cases recorded was 6,879,463 cases, of which 2,544,084 cases were discovered and treated (36.9%). For the Central Java region, in 2016 the number of diarrhea cases recorded was 911,901 cases, of which 95,635 cases were discovered and treated (10.5%).<sup>1</sup> In the Semarang District Health Profile in 2015, there were 19,250 cases of diarrhea found out of the estimated cases of 21,322 cases, which means the percentage was 90.3%.<sup>2</sup>

The 2007 National Basic Health Research Survey showed that the prevalence of caries in Indonesia reached 72.1%.<sup>13</sup> From the Central Java Province Basic Health Research in 2013, the prevalence of childhood caries in Central Java province was 43.1%.<sup>3</sup> In the process of caries occurring in teeth, there are 6 factors that cause dental caries, namely frequency of brushing teeth, time of brushing teeth, cariogenic food habits, parental education, parental knowledge, and economic level.

In 2016 in Indonesia the number of dengue fever cases was recorded at 204,171. The number of dengue fever cases in 2016 increased compared to the number of cases in 2015, namely 129,650 cases.<sup>3</sup> In the Central Java Province Health Profile, the dengue fever morbidity rate in 2016 was 43.4 per 100,000 population, a decrease compared to 2015, namely 47.9

Health problems are very vulnerable to school age children so awareness of the importance of health needs to be instilled from an early age in school age children. The health of school-aged children can influence optimal learning outcomes so that children will excel and be able to engage in social activities. Common health problems that occur in school-age children are usually related to individual and environmental cleanliness including diarrhea, caries and dengue fever.<sup>4</sup>

One effort to prevent these health problems is through a clean and healthy living behavior (PHBS) program.<sup>5</sup> Clean and healthy living behavior (PHBS) is a collection of actions carried out based on self-awareness which are used for learning so that they can help themselves and others, especially in the health sector.<sup>3</sup> In the 2008 Ministry of Health PHBS implementation pocket book, PHBS indicators in educational institutions/schools are washing hands with running water and using soap, consuming healthy snacks in the school canteen, using clean and healthy latrines, regular and measured exercise, eradicating mosquito larvae, not smoking at school, weighing and measuring height, and throwing rubbish in the right place.<sup>3</sup>

The implementation of PHBS will be carried out well if the PHBS facilities and facilities in the school are adequate. PHBS supporting facilities in schools are the availability of clean water that is free from mosquito larvae, the availability of a healthy canteen, the availability of clean latrines, a measurable and regular sports area and program, and also the presence of rubbish bins.<sup>3</sup> Factors that can influence the success of PHBS for school children come from support from parents, support from school friends, support from teachers at school, and adequate infrastructure.<sup>5</sup>

The aim of this research is to describe clean and healthy living behavior among students at SMP Negeri 1 Ingin Jaya as well as increasing student knowledge and there is also the influence of health promotion about hand washing and healthy snacks on improving student attitudes.

## RESEARCH PURPOSES

To find out the Clean And Healthy Living Behavior (PHBS) With The Incident Of Diarrhea In School-Aged Children in Smp 1 Ingin Jaya.

## RESEARCH METHOD

This research uses quantitative methods with a descriptive approach to obtain a systematic, factual and accurate picture of the phenomena or relationships between phenomena being investigated.<sup>6</sup>

In this research, the data collection technique uses an independent questionnaire, but it is necessary to explain how to fill out the questionnaire.

The population in this study were all students in class VII, VIII, IX of Negeri 1 Want Jaya Middle School, 50 students and 30 students of class X, XI, XII, State High School 1 Kuta Baro. A portion or representative of the population studied is the sample.<sup>7</sup> The sampling technique in this research used the Harry King Nomogram. In determining the Harry King Nomogram sample, the formula is  $\text{Sample} = \text{Percentage} \times \text{Population} \times \text{Multiplier Factor}$ .<sup>8</sup> In this study, the population was 80 students with the desired error rate being 5%, which means the confidence level was 95% with a multiplier factor of 1.195.

Data analysis in this research includes questionnaire results from the question items provided which are then analyzed descriptively, and data processing using the Microsoft Excel computer program. Next, report the research results by calculating the percentage (%) of correct answers for each question item from all respondents using the formula.<sup>9</sup> After obtaining the data results to find out the PHBS picture, students are categorized as good if the answer presentation is 76%-100% correct, categorized as sufficient if the answer presentation is 56%-75% correct, and categorized as poor if the answer percentage is less than 56%.

The final step is to conduct a discussion based on the research results and draw conclusions in accordance with the research objectives.

## RESULTS

Based on the research results, the following are seven indicators of clean and healthy living behavior at school, namely washing hands with running water and using soap, consuming healthy snacks in the school canteen, using healthy and clean latrines, exercising regularly, cleaning mosquito larvae at school, do not smoke at school and throw rubbish in the right place. But we will discuss only two indicators, namely washing hands with running water and using soap, consuming healthy snacks in the school canteen.

**Table 1. Frequency of Knowledge about Clean and Healthy Behavior Indicators**

Knowledge	Frequency	Percentage
Low	17	68
High	8	32
<b>Total</b>	<b>25</b>	<b>100</b>

Table 1 shows that the knowledge indicator regarding the impact of not washing your hands on causing diarrhea, the research results showed that 17 or 68% of students had low knowledge. Meanwhile, only 8 or 32% of students have high knowledge. This data shows that SMP Negeri 1 Ingin Jaya students are in the low category.

**Table 2. Frequency of Diarrhea Occurance**

Diarrhea Occurrence	Frequency	Percentage
Once	7	28
Never	18	72
<b>Total</b>	<b>25</b>	<b>100</b>

Table 2 shows that the Based on table 1.2 for indicators of having experienced diarrhea in the last three months, the research results show that only 7 or 28% of students have experienced diarrhea in the last three months. Meanwhile, 18 or 72% of students never experienced diarrhea. This data shows that SMP Negeri 1 Want Jaya students are in the good category.

Based on the table above, the majority of students with good knowledge (28%) do not experience diarrhea, while the majority of students with poor knowledge (72%) experience diarrhea.

## DISCUSSION

The data was processed using Excel and the results obtained meant that there was a significant relationship between students' knowledge about PHBS in school settings and the incidence of diarrhea. The results showed that most students who had good knowledge did not experience diarrhea. This is because students know the importance of washing their hands before and after doing activities such as before and after eating, after urinating and defecating, after playing, etc. If germs on your hands enter your stomach, you can get diarrhea. And conversely, students whose knowledge is moderate or lacking will have a greater potential for diarrhea.

Student knowledge in this study includes student knowledge about PHBS and diarrhea. Knowledge about PHBS includes how to clean hands / wash hands properly, when we should wash our hands, choosing healthy snacks in the school canteen. Students' knowledge about diarrhea includes what diarrhea is, the dangers of diarrhea, what causes it, how to deal with it and prevent it.

According to,<sup>9</sup> clinically the causes of diarrhea can be grouped into 6 large groups, namely, bacterial infections, viral infections, food intolerances, parasites, drug reactions, intestinal diseases.<sup>10</sup>

Efforts to emphasize cases of diarrhea in the school environment require improvements in schools, such as water in the school environment that must be facilitated so that students can wash their hands cleanly.<sup>11</sup> The napkins located next to the sink need to be kept clean by washing them at least once a week.<sup>12</sup> The defecation/defecation room needs to be provided with soap to kill germs on the hands after defecation/defecation. This requires good cooperation from various parties in the school environment.<sup>13</sup>

PHBS indicators in schools are detailed in two parts, including school environment indicators.<sup>14</sup> Indicators used as measures to assess PHBS in schools are washing hands with running water and soap, consuming healthy food/snacks in the school canteen, using clean and healthy latrines, regular and measured exercise, eradicating mosquito larvae, not smoking at school, weighing BB/ TB and dispose of rubbish in the right place.<sup>15</sup> Schools as one of the PHBS facilities in educational institutions

need to receive attention considering that school age as a child is also a period that is vulnerable to various diseases and various diseases often appear that attack school age children 6-12 years, one of which is diarrhea.<sup>16</sup>

## CONCLUSION

Based on the results of this research, researchers can conclude as follows: In SMP 1 Ingin Jaya students, low knowledge was found at 68% with a diarrhea incidence rate of 28%.

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