

ARTICLE INFORMATION

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**An analysis of the availability of health education materials
to improve children's healthy behaviours in the school environment**

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Abstract

Background: Health education is the provision of health knowledge and habituation of healthy behaviour of students. The adequacy of health education provision will affect the attitudes and behaviour of school children which will determine their health status whether they will remain healthy or at risk of health problems in the present and adulthood.

Purpose: To analyze the availability of health education materials to improve children's healthy behaviours in the school environment.

Method: This descriptive qualitative research analyses by examining and revealing the meaning or reality of Health Education conducted in Primary Schools. This research was conducted in five primary schools in the Bengkulu city area, with data analysis techniques including data reduction steps, presenting data, drawing conclusions for verification. Data validity checks with source triangulation through activities to test the credibility of data triangulation techniques for data credibility by checking data to the same source with different techniques. Interview results are checked with documentation or observation.

Results: The results of the research on the school health center program have not been able to run optimally as seen from the policies and guidelines that do not yet exist and are well socialised to all school members. The school health center supervisor teacher, teacher of physical education sports and health and guardian teacher have not fully implemented the Trias school health center and understood the indicators in school health center activities. The school health center is still the responsibility of the community health centre. Students have never received health education intensively. Health education in schools has a significant influence on students' health behaviour.

Conclusion: Through purposeful health education, students can increase their knowledge about health. Health education also plays an important role in changing behaviour, resulting in the adoption of healthy behaviours in students. Students who receive effective health education tend to adopt healthy behaviours.

Keywords: Health Behaviour; Health Education; School Health Centre Program.

INTRODUCTION

The 2020-2024 National Medium-Term Development Plan states that efforts to improve quality and competitive human resources are carried out through strategies and policies to improve access to and quality of health services, one of which is through the School Health Centre. The School Health Centre reaches preschool and school-

age children and adolescents in educational units (Ministry of Health of the Republic of Indonesia, 2021; Ministry of Education and Culture Directorate General of Primary and Secondary Education, 2017).

In general, school-aged children (7-18 years old) are the healthiest age group compared to other age groups. However, their behaviour can lead to health

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problems now or in the future. Some of the health problems in this group are the worm infestation rate in primary school children, which stands at 28%. In addition, the risk of non-communicable diseases due to obesity in children aged 5-12 years reached 8.1%. Primary school children have started smoking, as shown by the 9.1% rate in children aged 10-18 years. Meanwhile, 25.7% of adolescents aged 13-15 years and 8.1% of adolescents aged 16-18 years experienced stunting. Regarding reproductive health, 5.3% of adolescents have had premarital sex and only 36% of adolescents have been taught how to refuse sexual invitations. Another issue is the rate of drug abuse in children and adolescents, where 22% of adolescents have smoked, 6.4% of whom smoke cigarettes (Ministry of Health of the Republic of Indonesia, 2024). Considering the health problems in school-age children and adolescents, it is important to ensure that every child receives information and education as well as health service efforts as a preventive promotive effort, starting with the habituation of a healthy lifestyle as early as possible (Ministry of Health of the Republic of Indonesia, 2022; Centre for Health Efforts Policy, 2023).

The state of health of school children will greatly affect learning achievement and health education through school children is very effective in changing behaviour and healthy living habits because school-age children are very sensitive to start instilling understanding and healthy living habits. Some health issues that often occur in school-age children and become a priority in overcoming them are nutrition, non-communicable diseases, reproductive health, HIV, drugs, mental health, sanitation, violence and injury (Ajani, 2023; Ernawati, Soesanto, Aisah, Setyawati, Al Jihad, & Olina, 2023; Ministry of Education, Culture, Research and Technology, 2024). There are 5 strategies agreed upon to address the 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, procuring and strengthening strategic information and meaningful involvement of school-age children and adolescents. These five strategies refer to various policies, resources, programmes and services that already

exist in Indonesia, one of which is the School/Madrasah Health Effort (Hargreaves, Mates, Menon, Alderman, Devakumar, Fawzi, & Patton, 2022; Ministry of Health of the Republic of Indonesia, 2021a; Shoesmith, Hall, Wolfenden, Shelton, Powell, Brown, & Nathan, 2021).

Health education is the provision of health knowledge and habituation of healthy behaviour of students. This is important considering that health knowledge is not uniform and evenly distributed. The adequacy of health education provision will affect the attitudes and behaviour of school children which will ultimately determine their health status whether they will remain healthy or be at risk of health problems in the present and adulthood. Health education materials provided for students refer to the 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 smoking, tuberculosis, etc (Ministry of Health of the Republic of Indonesia, 2018; Primary School Directorate Team, 2020; Indonesian Pediatric Society, 2022; World Health Organization, 2024). The implementation time of health education can be done in 3 ways and delivery times, namely: Intracurricular, which is integrated with the curriculum or each school subject. For elementary schools, health education materials are integrated with thematic lessons. Co-curricular, which is additional subjects or curriculum that are given but still during school hours. Schools socialize health education that will be implemented according to priorities and allocate time for the implementation of health education (Arini, Suryanto, & Puspita, 2023; (Ajani, 2023; Ernawati, Soesanto, Aisah, Setyawati, Al Jihad, & Olina, 2023; Ministry of Education, Culture, Research and Technology, 2024; Ministry of Education and Culture Directorate General of Primary and Secondary Education, 2017).

The government's efforts to improve school health through the trias school health unit program include health education, health services, and fostering a healthy school environment. However, implementation in the field shows that school health unit activities in schools have not been running optimally. The service is limited to health services and has not had an impact on improving healthy

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living behavior and clean and healthy living behavior is also less sustainable because family and community involvement is not optimal. Based on data from the 2021 Indonesian Health Profile, the number of educational units that provide health services for elementary school students has only reached 57.6%, which is one of the trias school health unit. The results of a survey by the Directorate of Elementary School Development, Directorate General of Early Childhood Education, secondary education, Ministry of Education and Culture in 2020 regarding the strata of school health service units in 567 elementary schools showed that 340 schools (59.96%) had not reached the minimum strata, 71 schools (12.52%) were at the minimum strata, 31 schools (5.47%) were at the standard strata, 104 schools (18.34%) were at the optimal strata, and 21 schools (3.70%) were at the full strata (Ministry of Health of the Republic of Indonesia, 2021b; Ministry of Health of the Republic of Indonesia, 2024).

Based on this data, it shows that the implementation of school health unit has not been running as expected, there is a need for in-depth analysis and identification of obstacles in the field. Based on this thought, it is expected to improve the implementation and achievement of school health. Health education is the provision of health knowledge and habituation of healthy behaviour of students. This is important considering that health knowledge is not uniform and evenly distributed. The adequacy of health education provision will affect the attitudes and behaviour of school children which will ultimately determine their health status whether they will remain healthy or at risk of health problems in the present and adulthood. The health education materials provided for students refer to the health problems of school-age children and adolescents: Health literacy, nutrition education, maintenance of personal hygiene, optimisation of physical activity, reproductive education, healthy living skills education and education and development of school health cadres (Global Consensus Statement on Meaningful Adolescent and Youth Engagement, 2018; Aminah, Wibisana, Huliatusunisa & Magdalena, 2021; Supriyatno, Tafiati, Syaifuddin, Sukesi, Sumarsono, Bachtiar, & Arlym, 2021; Ministry of Health of the Republic of Indonesia, 2022; Ministry of Health of the

Republic of Indonesia, 2023; Centre for Health Efforts Policy, 2023) .

RESEARCH METHOD

This descriptive qualitative research analyzes by examining and revealing the meaning or reality of Health Education implemented in elementary schools without any intervention to its objects. The role of the researcher in this case is to analyze, construct the social situation being studied, namely how health education is realized and how students' healthy living behavior is in everyday life through observation, documentation, and interviews with five principals, five school health unit teachers/sports coaches, five class teachers, and five students.

This study was conducted in five elementary schools in the city of Bengkulu, with data analysis techniques using the theory of Miles and Huberman, including the following steps: 1) Data reduction, by summarizing, sorting the main parts, then focusing on things that tend to be considered important, looking for themes and patterns by removing things that are considered unnecessary. 2) Data presentation, so that researchers can easily understand what is actually happening, so that further planning is carried out based on what has been understood. 3) Drawing conclusions for verification. Although it is temporary and changes may occur if strong and supporting evidence is not found at the data collection stage. However, if the data obtained is supported by strong and consistent evidence when the researcher re-collects data in the field, then the conclusions drawn can be considered credible and valid and are considered to answer all problem formulations.

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

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RESEARCH RESULTS

This study involved 25 informants from five elementary schools in Bengkulu city, namely State Elementary School 74 Bengkulu, State Elementary School 09 Bengkulu, State Elementary School 50 Bengkulu, Al Qiswah Integrated Islamic Elementary School and Langit Biru Elementary School. They consisted of five principals, five homeroom teachers, five School Health Effort/Physical Education, Sports and Health supervisors and five students and five parents/guardians.

Table of Research Indicators

Sources of information	Focus	Indicators
Principal	Policy Health Education Healthy behaviour at school	Regulation Implementation
Homeroom Physical Teacher	Teacher/ Education	Implementation of health education
		Planting/implementation Planting clean living behaviour Destination Obstacles Solution Efforts
School Supervising Teacher	Health Unit	Implementation of health education
		Planting/implementation Planting clean living behaviour Destination Obstacles Solution Efforts
Students	Health education	Knowledge Skills Realisation in daily life

The implementation of in-depth interviews revealed the following: Health education policy in schools is implemented based on the Joint Regulation between the Minister of Education and Culture, the Minister of Health, the Minister of Religious Affairs, and the Minister of Home Affairs Number 6/X/PB/2014, Number 73/2014, Number 41/2014, Number 81/2014 on the Guidance and Development of School/Madrasah Health Enterprises. The implementation of health education based on the School Health Centre is a very strategic programme in order to improve knowledge and health status based on education units. The School Health Centre is implemented through 3 (three) main tasks of trias School Health Centre,

namely: Health Education, Health Services and Healthy Environment Development, which are conducted in an integrated manner with teaching and learning activities in order to realise a healthy school.

This excerpt describes the implementation of the basis/guidelines in implementing School Health Centre in the Trias of Health Education in Schools based on the results of the principal's interview as follows:

"Health education is not specifically given to our children, but through sports learning, mum. Usually we get counselling from the public health centre but sometimes too." (P1).

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The school health centre regulations and guidelines in schools generally follow the direction of the regional health centre.

P3 "we implement the school health centre based on the direction of the public health centre so we don't have our own policy, so the programmes implemented are in accordance with the activities of the public health centre"

P5 " activities from public health centre are routine Immunisation, dental check-ups usually, and weight and height checks we just help"

P4 " School health centre is already running, there is a small doctor, his work is checking nails, height and weight which will be assisted by student cadres, public health centre counselling which gives once a year, sometimes not too".

P2 "There are no special rules, ma'am. The policy is automatically given education during sports lessons, clean Friday activities, um... so there are no special health lessons.... for their children's behavior, they have their nails checked every Friday and sports every Saturday. As you said earlier, education about food and how to maintain cleanliness is not given separately but together with the teacher when teaching, so there are no reports.

The results of the interview with the school principal showed that the school passively conducts school health unit activities waiting for instructions or coordination from the community health centre. There is no specific guideline made by the school regarding school health unit activities and indicators for evaluation and follow-up plans for activities.

Health education is one of the trias of school health unit that can be implemented as a provision for students to realise a healthy life as a basis for knowledge and reference for students. Its implementation at school is as follows based on interviews with teachers, both homeroom teachers and UKS supervising teachers:

"I teach sports and provide health education only at a glance that is in the book, for example, keeping nails, body and all limbs clean....but not in detail ma'am..." (T1)

T4 " sport is a lot of activities ma'am not only about health education there is also practice so I'm not fokaus also convey about health education, I also do not master all health science "

T5 "There are no special activities in providing health education, we have health activities such as gymnastics together, nail checks, examinations from the health centre, eating fruit together, but we never run the concept to the children, ma'am..it's more of an activity...."

HT1 "every learning activity we carry out according to the curriculum and subjects that have been scheduled so if the activity of providing health education for example about correct and healthy food, how to maintain health we never carry it out".

Teachers as homeroom teachers, physical education, sports and health teachers, and school health unit coaches implement health education without having clear, structured indicators, materials, and learning concepts. Maintaining school health unit in the trias of health education is only limited to routine activities such as checking nails together and eating fruit.

Healthy living behaviour in students can be done by washing hands with soap before and after eating, eating healthy snacks, using clean and healthy latrines, regular exercise, eradicating mosquito larvae, not smoking in the school environment, disposing of garbage in its place, and doing community service with school residents to create a healthy environment. The following are the results of interviews on students' knowledge and healthy at school:

"I don't know, I was taught by the school health unit teacher, but I forgot...." (S5).

"yes...keeping toilet clean is healthy,...when I pee I flush so it doesn't smell..he,,"(S4)

"yes..live a healthy life..he...cut nails, if you eat, sometimes wash your hands..sometimes not..."(S1).

"I don't eat healthy snacks, I exercise at school, if there is a rubbish bin I throw it away if there isn't one..he,,,"(S2).

"I don't know what the community service is for, .at most to keep it clean. every Saturday the community service takes out the rubbish to clean up" (S3).

"We have never been given counselling about health, we are gatheredcm and just advised to eat healthy"(S4).

The results of interviews with students found that students did not understand about school health unit in the trias of health education, how the concept of healthy living in everyday health.

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DISCUSSION

Health education through school children is very effective in changing healthy behaviour and habits because school-age children are very sensitive to start instilling understanding and healthy living habits. Healthy school is a concrete step in the implementation of health education, health services and fostering a healthy environment supported by good healthy school governance / management. Health education in schools can play an important role in improving health information seeking behaviour in students (Aminah, Wibisana, Huliatusnisa & Magdalena, 2021; Arini, Suryanto, & Puspita, 2023). Effective health education in schools can provide adolescents with the knowledge and skills necessary to navigate health information available on the internet wisely. Through targeted health education, students can learn how to recognise reliable sources of information, evaluate their reliability, and make informed health decisions based on good evidence. In addition, health education in schools can also influence students' behaviour in adopting healthy behaviours based on the information obtained (Utami & Thohir, 2022).

The results of the study indicate that this program has not been able to run optimally, as seen from the policies and guidelines that do not yet exist and have not been socialized well to all school residents. School health care teachers, physical education and health teachers and guardian teachers have not fully implemented and understood the indicators in school health care activities. This is still the responsibility of the health center. Students have never received intensive health counseling.

The implementation of health education can be carried out through 3 ways and times of delivery, namely: Intracurricular, which is integrated with the curriculum or school subjects such as sports lessons and balanced nutrition in the physical education sports and health teacher's subject, lesson sessions with counseling teachers, science / biology, local content lessons and others. For primary school, health education materials are integrated with thematic lessons at school. Co-curricular is an additional subject or curriculum that is given but 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 includes subject enrichment activities, scientific activities, art and cultural guidance, and/or other forms of activities to strengthen the character of students. Extracurricular activities are provided outside of subject hours or school curriculum by inviting relevant cross-sectors to provide certain health materials to students or teachers at school (Minister of Education and Culture of the Republic of Indonesia, Minister of Health of the Republic of Indonesia, Minister of Religion of the Republic of Indonesia, and Minister of Home Affairs of the Republic of Indonesia. and The Minister of Home Affairs of the Republic of Indonesia, 2014; Rachmi, Wulandari, Kurniawan, Wiradnyani, Ridwan, & Akib, 2019; World Health Organization, 2023).

CONCLUSION

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

SUGGESTION

School health unit activities are a shared responsibility so that implementation in schools can be followed up optimally and optimally by all school members with cross-programme and cross-sector support so that student health can be realised.

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