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Description of clean and healthy lifestyle behaviour implementation in MI Ma'arif Gandrungmanis Cilacap students during the pandemic time Covid-19

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ABSTRACT

Background: Clean and healthy living behaviour (PHBS) in elementary school (SD) children, in the age range of about 10 years, is often discussed because it is associated with active physical activity.
Objective: To describe the developments in PHBS during the COVID-19 pandemic in elementary school children
Methods: This study used a quantitative descriptive design with a survey method using a questionnaire to determine the description of PHBS implementation in 4th, 5th, and 6th-grade students of MI Ma'arif Gandrungmanis. The data was obtained by identifying students' behaviour regarding PHBS towards health protocols during the Covid-19 pandemic in schools.
Results: The results of this study show an overview of the PHBS of MI Ma'arif Gandrungmanis students during the Covid-19 pandemic with a very good category of 7.8%, good category of 28.4%, fairly good category of 37.1%, less good category of 20.7%, and not good category 6%.
Conclusion: The PHBS in 4th, 5th, and 6th-grade of MI Ma'arif Gandrungmanis is mostly in the fairly good category with a percentage of 37.1%.

Latar Belakang: *Perilaku Hidup Bersih dan Sehat (PHBS) pada anak sekolah dasar (SD) dengan usia 10 tahun sering menjadi pokok bahasan karena dikaitkan dengan karakteristik anak usia sekolah dasar (SD) yang aktif dalam beraktivitas fisik.*
Tujuan: *Menggambarkan tentang perkembangan terkini PHBS di masa pandemi covid-19 pada anak sekolah dasar*
Metode: *Penelitian ini menggunakan desain deskriptif kuantitafif dengan metode survei menggunakan kuesioner untuk mengetahui gambaran penerapan PHBS pada siswa kelas 4,5 dan 6 MI Ma'arif Gandrungmanis. Gambaran diperoleh dengan cara mengidentifikasi perilaku para siswa terkait PHBS secara umum dan perilaku terhadap protokol kesehatan di masa pandemic covid-19 di sekolah.*
Hasil: *Hasil penelitian ini menunjukkan gambaran PHBS siswa MI Ma'arif Gandrungmanis di masa pandemi covid-19 dengan kategori sangat baik 7,8%, kategori baik 23,3%, kategori kategori kurang baik 23,3%, kategori sangat baik 8,6% dan kategori tidak baik 4,3%.*
Kesimpulan: *PHBS pada siswa MI Ma'arif Gandrungmanis sebagian besar berada pada kategori cukup baik dengan persentase sebesar 37,1 %*

INTRODUCTION

Clean and healthy living behaviour (PHBS) is a set of behaviours based on awareness to create a healthy environment and prevent disease so people can maintain their survival. The PHBS program is divided into five orders, one of which is PHBS at the Institute of Education, including campuses, schools, Islamic boarding schools, seminaries, hermitages, and others.[1]

The healthy behaviour concept is divided into three parts: health knowledge, attitudes to respond to health actions, and health practice. These parts are expected to be useful to determine how high the level of healthy behaviour is for each individual. PHBS at the institute of education has eight indicators, comprising washing hands using soap, consuming healthy food and drinks, not spitting indiscriminately, using healthy latrine facilities, carrying out regular exercise, eradicating mosquito larvae in schools, not smoking in the school environment, measuring weight and height, and disposing of rubbish in its place.[2] PHBS in elementary school (SD) students, around 10 years of age range, is often the subject of discussion because it is associated with their characteristic of actively in physical activities, such as enjoying playing, moving, group work, and hands-on practice. Physical activity is important for children's growth and development, so optimal skills and attitudes can create healthier life behaviours.[3]

In the health examination of elementary school students and equivalent following the guidelines in Cilacap Regency in 2014 carried out by health workers, trained personnel, teachers or UKS, or minor doctors, data was obtained that several sub-districts had not received health services for elementary school children evenly. One is the Gandrungmangu II sub-district, which contains 634 elementary school students. Of the total number of students, there are only 617 students who get health services. This differs from Gandrungmangu I District, which contains 1,214 elementary school children, all of whom have received health services.[4] In addition, based on the PHBS household chart in Gandrungmangu II District in 2015, obtaining data from 6700 houses and only about 4,700 houses had implemented PHBS.[5] This will affect the PHBS of elementary school children.

When this study was conducted, Cilacap Regency was included in the yellow zone or low risk based on the Covid-19 risk zoning map, gradually allowing face-to-face learning in schools. This is due to the many obstacles students face during online learning, such as having difficulty concentrating while studying at home, asking questions and teacher assignments, and increasing stress and boredom due to continuous isolation.[6] During face-to-face learning, every school member, including students, must comply with many new health protocols. So it is necessary to conduct a study to describe the latest developments in PHBS during the Covid-19 pandemic in elementary school children and is expected to provide advice if there are unmet PHBS indicators to make a healthy environment.

METHODS

The design of this study is descriptive quantitative with a survey method using a questionnaire to determine how well the implementation of PHBS in elementary school children in Cilacap Regency in 2020. A descriptive study is able to explore a phenomenon without trying to find the association between variables.[7] The population in this study were all students of MI Ma'arif Gandrungmanis, totalling 205 children.

Then 4th, 5th, and 6th-grade students willing to become respondents were included in this study. These grades were chosen because it is expected that since the 4th grade of elementary school, they have begun to pay attention to their hygiene and health as well as understand and answer questionnaires well. Students who did not fill out the questionnaire completely and did not attend school on the day the questionnaire was distributed were excluded from this study. Data collection was used by total sampling, so the number of samples was 116, consisting of 37 children in 4th grade, 38 in 5th grade, and 40 in 6th grade.

Data was collected using a questionnaire containing a Likert scale for two types of questions: favourable (positive) and unfavourable (negative).[8] There were 55 questions. Every positive statement if the answer is "always" worth 4, "often" worth 3, "sometimes" worth 2, and "never" worth 1. In contrast, negative statements have the opposite value. The following is a question grid of study instruments related to PHBS in elementary school children:

Table 1. Instrument grid

Variable	Sub variables	Positive statements (+)	Negative statements (-)
PHBS during Covid-19 pandemic	1. Washing hand	1,3,4	2
	2. Consuming healthy snacks	5,8	6,7
	3. Using a clean and healthy latrine	9,11	10
	4. Doing regular exercise	13	12,14
	5. Eradicating mosquito larvae	15,16,17	
	6. Smoking at school	19	18,20,21
	7. Measuring weight and height every month	22	23,24
	8. Disposing of rubbish in its place	26,28	25,27
	9. Brushing teeth	29,30,32	31
	10. Keeping nails clean	33,35,36	34,37
	11. Keep hair clean	38,42	39,40,41
	12. Keep the distance	45	43,44
	13. Using a mask	46, 48	47
	14. Activities other than KBM		49,50,51
	15. Sneezing and coughing etiquette		52
	16. Tell someone when unhealthy	54	53,55

Previously, the questionnaire was tested on 4th, 5th, and 6th-grade students at TPQ Al-Huda Gandrungmangu, comprising 30 students who were not included in the subjects used in the actual study. The purpose of this trial is to determine the validity of the statements contained in the instrument. The instrument that has been compiled to test its validity uses "Pearson product-moment", and its reliability test uses Cronbach's Alpha.[9]

The validity test of the items was conducted using the computer program SPSS 23.0 version. The results of the validity test r count question items number 18, 20, 21 and 29 obtained r count < r table (0.361) is considered invalid. So that invalid question item are discarded. The total number of questions used for the questionnaire is 51 items, and the number of questions discarded is 4. A reliability value of 0.751 was obtained. Cronbach's alpha value > 0.6, then the variable can be considered reliable. Analysis of the data used in this study using univariate analysis. This analysis was conducted on descriptive research using descriptive statistics.[10] This analysis aims to describe the characteristics of each variable. The following is the formula for finding the percentage of PHBS implementation in elementary schools[11]:

$$\boldsymbol{P : \frac{f}{N} \; x \; 100\%}$$

Note:

P : Percentage
f : Frequency
N : Number of cases

After the calculation is complete, a categorisation is made based on the existing levels with a formula for each category to give meaning to the existing scores. This process can

be done with the help of descriptive statistics from the distribution of group scores which generally include the number of subjects (n) in the group, the mean score of the scale (M), the standard deviation of the scale score (s) and the variance (s2) of the minimum (Xmin) and maximum (Xmin) scores. Xmax). The description of this data provides an overview of the distribution of scale scores in the evaluated subject's group, acts as information about the subject's condition on the variables studied, and places individuals into separate groups in stages according to a continuum based on the attributes measured. The study results are stated in 5 categories: not good, less good, fairly good, good, and very good. Criteria determination for healthy living behaviour scores using categorisation based on the normal distribution model.[8]

Table 2. Criteria determination for healthy living behaviour scores categorisation

Category score	Category score
X > M + 1.5 SD	Very good
M + 0.5 SD < X < M + 1.5 SD	Good
M – 0.5 SD ≤ X < M + 1.5 SD	Fairly good
M – 1.5 SD < X < M – 0.5 SD	Less good
X < M – 1.5 SD	Not good

Information:
M = Mean
SD = Standard deviation

RESULTS

The result was that most were in the categories of fairly good (37.9%) followed by good (25.9%), less good (23.3%), very good (8.6%), and not good (4.3%). An analysis was carried out on each statement item from the 16 sub-variables. Several behaviours which did not reflect PHBS among elementary students

Table 3. Frequency distribution of PHBS implementation in general

Variable	Sub variables	Frequency (%)				
		SB	B	CB	KB	TB
PHBS during the Covid-19 Pandemic	Washing hand	9.5	40.5	33.6	15.5	0.9
	Consuming healthy snacks	25.9	23.3	31.9	15.5	3.4
	Using a clean and healthy latrine	25.9	41.4	19.0	12.9	0.9
	Doing regular exercise	18.1	44.0	18.1	18.1	1.7
	Eradicating mosquito larvae	20,7	25,9	35.3	18.1	-
	Knowing to smoke is harmful	37.1	12.9	15.5	34.5	-
	Measuring weight and height routinely	14.7	62.1	15.5	5.2	2.6
	Disposing of rubbish in its place	19.0	32.8	40.5	6.9	0.9
	Brushing teeth	7.8	50.0	22.4	19.0	0.9
	Keeping nails clean	12.9	28.4	44.8	12.9	0.9
	Keep hair clean	15.5	35.3	35.3	11.2	2.6
	Keep the distance	22.4	23.3	36.2	16.4	1.7
	Using a mask	15.5	31.9	37.9	12.9	1.7
	Activities other than KBM	16.4	40.5	29.3	12.1	1.7
	Sneezing and coughing etiquette	29.3	34.5	36.2	-	-
	Tell someone when unhealthy	16.4	25.0	35.3	21.6	1.7

included buying food containing synthetic seasoning or junk food at school street vendors, removing masks in class, and exercising less than 2-3 times a week. Also, they were not regularly monitoring weight and height every month, did not dispose of rubbish in the bin when seeing rubbish in the schoolyard, threw food wrappers in the classroom drawer, did not brush their tongue when brushing their teeth, and did not trim nails every week.

DISCUSSION

Based on the results of this study, the PHBS observed in elementary school children at MI Ma'arif Gandrungmanis is mostly in the fairly good category with a percentage of 37.1%. These results interpreted that the behaviour of clean and healthy living in elementary school children at MI Ma'arif Gandrungmanis is fairly good. A study by Diva (2013) regarding the same topic at SDN 29 Ulak Karan demonstrated that 46.7% of students still acted unfavourably towards PHBS.[11] These results mean that students have attitudes and behaviours that are quite good in implementing a healthy life for themselves, even though some still have unhealthy behaviours.

Based on this study's results, it is known that most students always wash their hands whenever they get dirty, such as holding money, touching animals, gardening, and others. It is because hand washing can eliminate/ reduce microorganisms on the hands and prevent the transmission of diseases such as diarrhoea, worms infection, skin diseases, acute respiratory infections (ARI), and others. Regarding hand washing with running water and soap, most students tend to do it because washing hands using soap (CTPS) is easy and inexpensive.[1,2,12] Soap can clean dirt and kill germs because dirt is still left on the hands without soap.[1] Regarding cleaning the wrist, the back of the hand, between fingers, and nails, most students often do it. Washing hands clean between the fingers and nails can prevent the transmission of diseases such as diarrhoea, cholera, dysentery, typhoid, skin diseases, worms infection, and ARI.[12] Overall, the description of the PHBS implementation towards hand washing in elementary school children at MI Ma'arif Gandrungmanis during the COVID-19 pandemic was mostly in the good category with a percentage of 43.1%.

Based on the study's results, it is known that most students often eat snacks in the school canteen during break time. Snacking in the school canteen is guaranteed to ensure food hygiene to minimise the occurrence of poisoning in students. Furthermore, most students will likely buy synthetically seasoned food at street vendors near schools. Snacks of school children that are not guaranteed healthy can cause poisoning, digestive disorders, and cause poor nutritional status in the long term.[13] Regarding food poisoning due to snacking at school, most students never experience it. It should be noted that food additives (BTP) in school snacks have exceeded the safe limits and have microbiological contamination. Meanwhile, based on the sampling of school children's snacks conducted in 6 provincial capitals (DKI Jakarta, Serang, Bandung, Semarang, Yogyakarta, and Surabaya), 72.08% were found to be positive for harmful substances.[14] Regarding bringing food supplies from home, most students sometimes do it. Bringing supplies is expected to minimise children from snacking randomly in the school environment. The overall descriptive of the implementation of PHBS towards consuming healthy snacks for elementary school children at MI Ma'arif Gandrungmanis during the COVID-19 pandemic was mostly in the fairly good category with a percentage of 31.9%.

Most students always wash their hands with running water after urinating or defecating. Regarding defecation on trees or walls, most students never do it. Also, most students never clean or flush the bathroom and toilet floors after defecating. Criteria for a good latrine must meet the requirements of a healthy latrine, including not polluting drinking water sources (minimum distance between the drinking water source and the reservoir is 10 meters), being odourless, insects and rats cannot touch dirt,

does not pollute the surrounding soil, easy to clean, safe to use, equipped with protective walls and roofs, adequate lighting and ventilation, waterproof floors and adequate room area and available water, soap, and cleaning tools.[12]

It is expected that all school members, without exception of their students, clean or flush the bathroom floor and toilet after defecating. So those students are expected to defecate in the latrine that has been provided and keep it clean. The overall implementation of PHBS towards using clean and healthy latrines for elementary school children at MI Ma'arif Gandrungmanis during the COVID-19 pandemic was mostly in the good category with a percentage of 41.4%.

Most students tend to like to exercise was observed. Children's physical activities must be adapted to their characteristics. Movement exercise was more emphasised in the previous period starting to change to physical fitness activities and sports skills, such as activities that involve large muscles, playing with opponents in games to channel competitive instincts, skill development (football, volleyball, and basketball), running, and small ball games.[3] Also, most students sometimes do exercise at least three times a week. It is because exercising can increase the activity of the immune system against disease by increasing immune regulation. Physical fitness increases until it reaches a maximum state at 25-30 years old. In addition, exercising can improve the work and function of the heart, lungs, and blood vessels. Most students never eat and drink during sports. Physical activity is recommended before eating or 2 hours after eating so that it does not trigger the occurrence of gastritis or gastroesophageal reflux disease (GERD).[12] Overall description of PHBS implementation of regular and measurable exercise in elementary school children at MI Ma'arif Gandrungmanis during the COVID-19 pandemic was in the good category with a percentage of 44.0%.

Most students never report to the school when they see a pool of dirty water. Every school member, without exception, should play a role in eradicating mosquito larvae because the school environment must be free of mosquito larvae. The density of Aedes aegypti larvae observed through the index container in the school environment must be zero. Also, most students sometimes open the classroom window when it is closed to get enough light. Schools are expected to have rooms with good lighting during the day so that they are not used as resting places for mosquitoes.[15]

Regarding finding mosquito larvae in school bathroom tubs, most students never find them. Every child should understand the concept of dengue prevention from the beginning to form the expected preventive behaviour. Children can also encourage behavioural changes in parents. The DHF prevention activities involving children are also found in Indonesia, such as PSN activities for school children. This activity includes observation of larvae and 3M activities which consist of closing, draining, and utilising used goods still of economic value.[16] Overall description of PHBS implementation in eradicating mosquito larvae in elementary school children at MI Ma'arif Gandrungmanis during Covid-19 pandemics is in the fairly good category with a percentage of 35.3%.

Most students tend always to be afraid of the harmful effect of smoking. This attitude has a good effect because if elementary school-age children are accustomed to smoking from an early age, it will affect their physical and mental health, affecting teaching and learning activities at school. Although initially, smoking is to try or follow friends, it can become a difficult habit to break. While the WHO classifies it as a form of addiction. The pharmacological and behavioural processes that determine cigarette addiction are the same as those that lead to drug addiction, such as heroin and cocaine.[12] Overall, the description of the PHBS implementation towards not smoking in schools for elementary school children at MI Ma'arif Gandrungmanis during the COVID-19 pandemic 19 is mostly in the very good category with a percentage of 37.1%.

Most students sometimes measure their

weight every month and often every three months. Also, most students sometimes experience weight loss. Early age is the golden period of human development, so optimised body weight, nutrition, and education in children are necessary. Measurement of children's nutritional status can be measured based on weight and height per age.[3] Overall, the description of the PHBS implementation towards weighing and measuring height in elementary school children at MI Ma'arif Gandrungmanis during the COVID-19 pandemic is mostly in the good category with a percentage of 62.1%.

Most students always carry out picket assignments but only sometimes throw rubbish in the right place when they see it in the schoolyard. Regarding throwing food wrappers in desk drawers, most students tend to do it sometimes. Regarding throwing the rest of the drink or ice water into the trash, most students never do it. This is in accordance with the obligation of all school members to dispose of garbage in the trash cans that have been provided, including the students.[17] Overall, the description of the PHBS implementation towards disposing of rubbish in its place for elementary school children at MI Ma'arif Gandrungmanis during the covid-19 pandemic is in the pretty good category with a percentage of 40.5%.

Most students always brush their teeth with toothpaste and clean water. This is because dental problems cannot be taken lightly. Children who complain of toothache can affect the concentration of their learning during and outside school hours.[18] Therefore, children are required to maintain dental health from an early age, one of which is by brushing their teeth using clean water and toothpaste.[12] Regarding brushing their teeth before bed, most students sometimes tend to do it. Brushing teeth should be done immediately after breakfast and before bed to protect children's teeth. Regarding brushing the tongue when brushing teeth, most students tend to do it sometimes. Should clean the oral cavity and tongue of food debris must also be done so that no germs or food debris is left behind. Overall, the description of the PHBS implementation towards brushing teeth properly and correctly in elementary school children at MI Ma'arif Gandrungmanis during the Covid-19 pandemic was mostly in the good category with a percentage of 50.0%.

Most students trim their nails up to a few millimetres from the attachment between the nail and the skin. This is in accordance with the role of nails in life, so it is necessary to keep them clean by trimming nails and washing them regularly. Furthermore, most students sometimes wash their hands, feet, and nails after trimming nails. This activity is necessary to prevent germs that are left behind cause infection.[12]

Regarding weekly nail trimming, most students tend to do it sometimes. Cut nails at least 1-2 times a week should be recommended because dirty nails will become a breeding ground for various germs and can be transmitted to other body parts. Regarding washing hands after defecating, most students always do it to minimise disease transmission through faecal-oral. Regarding going to a doctor because of intestinal worms, most students never experience it. This is related to several factors that cause high levels of worm infections in children due to the low level of personal sanitation, such as the habit of washing hands before eating and after defecating (BAB) and the behaviour of defecating not in the toilet that can cause soil and environmental pollution.[19] Overall, the description of PHBS implementation towards maintaining nail hygiene in elementary school children at MI Ma'arif Gandrungmanis during the Covid-19 pandemic was mostly in the good category with a percentage of 35.3%.

Most students wash their hair at least two or three times a week. This is because hair is useful for protecting the head and giving beauty, so it stays clean and does not become dandruff or lice's nest.[12] Regarding lice, most students never have them. Regarding washing hair by wetting the hair only with water, most students never do it. Regarding scratching the scalp due

to itching, most students sometimes tend to do it. Regarding combing hair every day, most students always do it. Healthy hair can be seen from shiny hair with a smooth texture, neatly cut hair ends without split ends, healthy scalp, and free from germs and head lice.[20] The overall description of PHBS implementation towards maintaining hair hygiene in elementary school children at MI Ma'arif Gandrungmanis during the COVID-19 pandemic was mostly in the fairly good category with a percentage of 44.8%.

Most students tend to shake hands sometimes when meeting teachers during the pandemic. Also, they sometimes hold friends' hands. Most students do maintain a distance of 1.5 meters in class sometimes. Based on the regulation, the ministry of education and culture calls for distance conditioning at the primary and secondary education levels to maintain a minimum distance of 1.5 m and a maximum of 18 students/classes to prevent the transmission of the Covid-19 virus.[21] However, at MI Ma'arif Gandrungmanis, the number of students in one class is more than 18 due to limited classrooms. Overall, the description of PHBS implementation towards social distancing for elementary school children at MI Ma'arif Gandrungmanis during the COVID-19 pandemic was mostly in the fairly good category with a percentage of 36.2%.

Most students always use masks when going to school. This is in line with the use of masks, which is one of the mandatory behaviours while implementing the Covid-19 prevention protocol so that there is no virus transmission if someone around them coughs or sneezes.[21] Regarding removing masks in class, most students often do it. Regarding wearing masks when coming home from school, most students sometimes do so. This relates to several studies which found that when wearing a mask, children reported factors such as burning sensation, irritation, difficulty breathing, discomfort, irritation, lack of social acceptance, and inappropriate shape and size of the mask.[22] The overall description of PHBS implementation towards using masks for elementary school children at MI Ma'arif Gandrungmanis during the COVID-19 pandemic was mostly in the fairly good category with a percentage of 37.9%.

Most students always buy snacks in front of the school with their friends during this pandemic. Regarding school extracurricular activities after class hours are over, most students never do it. Regarding play activities at school, most students tend to do it sometimes. The three things above are used to determine whether students are still doing activities other than KBM at school during the pandemic. It should be emphasised to all school members not to engage in activities other than teaching and learning activities, such as parents waiting for students at school, taking breaks outside the classroom, meeting parents, and introducing the school environment. These activities aim to reduce the risk of meeting and interacting with symptomatic or asymptomatic confirmed Covid-19.[23] Overall, the description of PHBS implementation against inactivity other than KBM for elementary school children at MI Ma'arif Gandrungmanis during the Covid-19 pandemic most are in the good category with a percentage of 40.5%.

Most students never cover their mouths when sneezing or coughing. Good cough etiquette should be intended for people coughing or sneezing to prevent germs from spreading into the air and not harming the people around.[23] Overall, the description of PHBS implementation towards applying to sneeze and coughing etiquette to elementary school children at MI Ma'arif Gandrungmanis during the COVID-19 pandemic was mostly in the fairly good category with a percentage of 36.2%.

Sometimes, most students tend not to tell someone when they feel unwell. Regarding the students' rush to UKS when they feel unhealthy or have a fever, most students never do it. Moreover, most of the students sometimes tell the closest person when coughing. These three things need special attention because children and adolescents need to be given an understanding of basic age-appropriate

information about COVID-19, including symptoms, complications, ways of spreading, and stopping its spread. Children who feel unwell should notify their parents, family, or caregivers if they feel unhealthy and ask them to stay home until the condition improves and does not transmit the disease to the people around them.[22] Overall, the description of PHBS implementation towards informing people If the closest elementary school children feel unhealthy at MI Ma'arif Gandrungmanis during the covid-19 pandemic, most of them are in the pretty good category with a percentage of 35.3%.

CONCLUSION

Based on this study's results, it was found that some PHBS in grades 4th, 5th, and 6th-grade of MI Ma'arif Gandrungmanis were mostly in the fairly good category with a percentage of 37.1%. However, several behaviours did not reflect PHBS, including buying food with synthetic seasoning or junk food at street vendors, removing masks in class, exercising less than 2-3 times a week and not monitoring body weight every month.

RECOMMENDATION

In order to improve further research, the author provides several suggestions. First, for students who still have PHBS under the less category to pay attention to PHBS, such as: choosing food and drinks that are wrapped or still sealed and always pay attention to the expiration date, sweeping the school yard and house, getting enough exercise, paying attention to body condition carefully, keep clothes clean, and avoid negative habits. Second, future researchers should use it with a wider population, hoping that the factors influencing healthy living behaviour can be widely identified. Third, parents and teachers are always expected to pay attention to their students and can direct PHBS implementation.

CONFLICT OF INTEREST

Theres is no conflict of interest in this study.

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