

## Research Article

### Effectiveness of Education on Clean and Healthy Living Behavior through Educational Video



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#### ABSTRACT

The modernization of today's lifestyle has created a trend in the lives of the population in Indonesia. Media as an information channel is one of the important components in health education. The purpose of the study was to determine the effectiveness of education about clean and healthy living behavior on adolescent's healthy behavior through educational videos. The research sample was students at STIKes Bhakti Mulia semester 1, with purposive sampling, a total of 40 respondents. The research was conducted by giving a pretest and posttest after treatment. The data source was taken from primary data with a research instrument in the form of a healthy behavior questionnaire. Data analysis using the SPSS for window program, data analysis with univariate and bivariate using paired t samples. The results showed that the mean healthy behavior before education was 24.48, then increased after education by 30.50. Based on the paired t test, the p-value is 0.000, this means that there is a significant difference in the healthy behavior of adolescents before and after being given education on clean and healthy living behavior through videos. The conclusion is that education about clean and healthy living behavior through educational videos is effective in improving adolescents' clean and healthy living behavior.

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## INTRODUCTION

Healthy Indonesia 2025 expects people to have the ability to access quality health

services and also get health insurance, which is a community with protection in fulfilling

the basic needs of their health. (Kemenkes, 2015).

Health promotion in general is any planned effort to influence others, whether individuals, groups, or communities, so that they do what is expected by the perpetrators of education or health promotion (El-kest et al., 2022). And this limitation implies the elements of input (targets and educators of education), process (planned efforts to influence others) and output (doing what is expected) (Salesman, 2017). The expected outcome of a health promotion is health behavior, or behavior to maintain and improve health conducive by the target of health promotion (Nurmala, 2020).

Behavior is all the biological manifestations of individuals in interacting with the environment, ranging from the most visible to the least visible behavior, from the perceived to the least perceived (Oktaviana, 2020). Behavior is the result of all kinds of experiences and human interactions with their environment which are manifested in the form of knowledge, attitudes and actions. Behavior is the response or reaction of an individual to a stimulus that comes from outside or from within himself (Notoatmodjo, 2014).

Clean and healthy living behavior (PHBS) is a set of behaviors that are practiced on the basis of awareness as a result of learning that makes a person or family who can help themselves in the field of health and play an active role in realizing the highest degree of health (Wati & Ridlo, 2020). PHBS is basically an effort to transmit experiences about healthy living behavior through individuals, groups and the wider community with communication channels as a medium for sharing information (Isra & Chrisnawati, 2022). PHBS in schools is an activity to empower students, teachers and the school community to want to live a healthy lifestyle to create healthy schools. With indicators, washing hands with soap, healthy snacks, healthy latrines, regular exercise, eradicating mosquito larvae, not smoking,

throwing garbage in its place, and doing community service in the school environment (Solehati et al., 2018).

The impact of the lack of implementation of PHBS in school settings can lead to the risk of infectious diseases such as diarrhea and worms in children aged (6-15 years) (Pang et al., 2015). WHO 2017, states that 880 million children suffer from worms at school age. There are 6 endemic regions in the world that are prioritized for the treatment of worm infections in children. Southeast Asia 42%, Africa 32%, Western Pacific region 11%, Eastern Mediterranean region 9%, Americas 5%, and Europe 1%. Southeast Asia is the region with the highest percentage of the world's need for treatment of childhood worm infections. One of the diseases that easily affects children as a result of unhealthy living is diarrhea (Jayadipraja et al., 2018).

The modernization of today's lifestyle has created a trend in the lives of the population in Indonesia, where various forms of behavior have undergone changes, both positive and negative behaviors that are the impact of modernization. The age group with the highest vulnerability to these changes is adolescents (Nurdianna, 2018). In particular, the healthy living behaviors of adolescents living in dormitories or in a boarding school environment are highlighted, where adolescents have an important role in preventing diseases in the boarding school environment (Siregar et al., 2022).

Studies related to health promotion and health behavior, namely there are differences and influences between the provision of healthy behavior socialization with lecture methods, explanation of material with power points and videos on changes in health behavior (Fatonah & Wibowo, 2019).

The use of video as a means of health education is now starting to be developed in line with technological advances (Li et al., 2021). Health education through video media has advantages in terms of providing

good visualization so as to facilitate the absorption of knowledge (Fajari & Asiyah, 2022). Video is included in audio-visual media because it involves the sense of hearing as well as the sense of sight. This audio-visual media is able to produce better learning outcomes for tasks such as remembering, recognizing, recalling and connecting facts (Sayuti et al., 2022).

Based on this research, the researcher aims to determine the effectiveness of education about clean and healthy living behavior on adolescent healthy behavior through educational videos.

## METHOD

This research was conducted in 2024 with a sample of students at STIKes Bhakti Mulia semester 1, using purposive sampling technique, a total of 40 respondents. The type of research used is the one-group pretest-posttest design. The research was conducted by giving a pretest before

treatment then a posttest after treatment. Thus the results of the treatment can be known more accurately, because it can compare with the situation before treatment. The data source was taken from primary data with a research instrument in the form of a healthy behavior questionnaire that had been tested for validity and reliability with more than standard results. Data analysis used the SPSS for window program. Data were analyzed with univariate and bivariate. To determine the bivariate test, a normality test was carried out with the results of  $p > 0.05$ , so the bivariate test used was paired t samples.

## RESULTS

### Respondent characteristics

The characteristic data shown in table 1, about adolescents' healthy living behavior, is explained as follows:

Table 1. Frequency Distribution of Respondents Based on Healthy Living Behavior Before Education on Clean and Healthy Living Behavior Through Educational Videos

| Healthy living behavior | Frequency | Percentage (%) |
|-------------------------|-----------|----------------|
| Less                    | 14        | 35,0           |
| Enough                  | 20        | 50,0           |
| Good                    | 6         | 15,0           |
| Total                   | 40        | 100,0          |

Source: Primary data, 2024

Based on table 1, it is known that respondents before being given education about clean and healthy living behavior through educational videos showed that

most respondents with healthy living behavior were quite, namely as many as 20 adolescents.

Table 2. Frequency Distribution of Respondents Based on Healthy Living Behavior After Being Educated About Clean and Healthy Living Behavior Through Educational Videos

| Healthy living behavior | Frequency | Percentage (%) |
|-------------------------|-----------|----------------|
| Less                    | 8         | 20,0           |
| Enough                  | 22        | 55,0           |
| Good                    | 10        | 25,0           |
| Total                   | 40        | 100,0          |

Source: Primary data, 2024

Based on table 2, it is known that out of 40 respondents before being given education about clean and healthy living behavior through educational videos, most of the respondents with healthy living behavior were quite, namely 21 adolescents or 55.0%.

Table 3. Effectiveness of Education on Clean and Healthy Living Behavior on Adolescents' Healthy Behavior Through Educational Video

| Variable                | Interventio | n  | Mean  | SD    | p-value | T     |
|-------------------------|-------------|----|-------|-------|---------|-------|
|                         |             | n  |       |       |         |       |
| Healthy living behavior | Pretest     | 40 | 24,48 | 4,728 | 0,000   | 5,867 |
|                         | Posttest    | 40 | 30,50 | 6,481 |         |       |

Source: Primary data, 2024

Based on table 3, it can be seen that the average score of healthy behavior of adolescents before being given clean and healthy living behavior education through videos was 24.48, then reduced to 30.50 after being given clean and healthy living behavior education through videos. Based on the t test, the t value is 5.867 and the table value is 2.023 with a p-value of 0.000. It can be seen that the p-value of 0.000 <  $\alpha$  (0.05). This means that  $H_0$  is rejected, meaning that there is a significant difference in the healthy behavior of adolescents before and after being given clean and healthy living behavior education through videos.

## DISCUSSION

Clean and Healthy Living Behavior (PHBS) is all health behaviors that are carried out because of personal awareness so that the family and all its members are able to help themselves in the field of health and have an active role in community activities (Ministry of Health Republic of Indonesia, 2017). The main objective of the PHBS movement is to improve the quality of health through an awareness process that is the beginning of the contribution of individuals in living a clean and healthy daily life behavior (Jayadipraja et al., 2018). The most important benefit of PHBS is the creation of a community that is aware of health and has the knowledge and awareness to live a life that maintains cleanliness and meets health standards (Fajari & Asiyah, 2022).

Clean and healthy living behavior (PHBS) is a set of behaviors practiced on the basis of awareness as a result of learning that makes a person or family who can help themselves in the health sector and play an active role in realizing the health of their community (Wanti et al., 2013). PHBS is basically an effort to transmit experiences about healthy lifestyles through individuals, groups or the wider community with communication channels as a medium for sharing information. There are various information that can be shared such as educational materials to increase knowledge and improve attitudes and behaviors related to clean and healthy living (Anggraini et al., 2020).

Media as a channel of information is one of the important components in Health Education. Choosing media as a channel to convey Health messages is influenced by the methods used, Health Education media is essentially a Health Education tool (Solano-Pinto et al., 2020). According to the function as a channel of Health Education media messages can be grouped into print media, electronic media and media boards (billboards). Some known print media include booklets, leaflets, flyers, flip charts, articles or rubrics, posters and photographs. Electronic media can include television, radio, video, slides, film strips and now the internet. Media boards in the form of billboards are usually installed in public places that are the center of community activities (Yulianti, 2021).

The use of video as a means of health education is now starting to be developed along with technological advances. Health education through video media has the advantage of providing good visualization that facilitates the absorption of knowledge. Video is included in audio-visual media because it involves the sense of hearing as well as the sense of sight. This audio-visual media can produce better learning outcomes for tasks such as remembering, recognizing, recalling and connecting facts and concepts (Anggraini et al., 2020).

This research is supported by (Wilandika et al., 2023) where the use of audio-visual media can increase adolescents' knowledge and attitudes about the dangers of smoking. The use of audio-visual media affects the knowledge of junior high school students in Makurdi to increase what is known from health messages (Jatmika et al., 2019).

Along with the increasing technological advances, it really demands a person's creativity in using the media, and the more creative a person is in dealing with the form of promotional media used, the more effective it will be and can hit the target we expect (Mufidah et al., 2024). Media is an innovation to educate by learning, this video teaches about how we understand health education, especially PHBS in schools to fortify ourselves from various diseases.

The use of video media in research in addition to being able to describe a moving object accompanied by interesting sound, can also present information, explain processes, explain complex concepts, and can influence respondents (Dias et al., 2023). Video media also displays material in a concise, clear, and easy-to-understand manner so that it can facilitate understanding and strengthen the memory of respondents. The use of video media in conveying information affects the results of educational research on the implementation of health protocols in a positive direction because the delivery of education becomes more varied, interesting, and fun so that the

role of video media in conveying information is interesting (Herwanti et al., 2022). Health education is an effort to provide knowledge to individuals so that they acquire knowledge, attitudes, and skills in accordance with health values (Syafitri et al., 2023). Another advantage of this video media is that the messages conveyed are easy to understand and understand and will have a real effect on learning outcomes both in the cognitive, effective and psychomotor domains. Research by Anisha and Farit, Faculty of Public Health, Halu Oleo University, concluded that the use of audio-visual media is effective in increasing knowledge, attitudes and actions regarding the prevention of gastritis compared to leaflet media. Program to improve knowledge can be done anywhere and at any time (Barlia & Putro, 2024).

## CONCLUSIONS AND RECOMMENDATION

Education about clean and healthy living behavior through educational videos is effective in improving adolescents' clean and healthy living behavior. Suggestions in this study are that health programs can be scheduled to improve healthy behavior, then filled with counseling. In addition, it can also be included as learning material and teach it to students, especially to health students and apply it to community service activities to increase knowledge in school adolescents.

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