

Community Service for Grade IV Elementary Schools by Implementing Healthy Snacks at Cipunagara Public Elementary School

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Abstract

Snack food is food and drink that is processed by food artisans at the point of sale and or served as ready-to-eat food for sale to the public other than those served by catering services, restaurants, or restaurants and hotels. Government (PP) No. 19 of 2005 concerning National Education Standards (SNP) that every education unit is required to have facilities and infrastructure, including a canteen or school canteen. Based on the results of the BPOM survey, shows that 99% of school children buy snacks at school. Healthy and nutritious snacks are very important in playing a role in providing energy and nutrition for children, especially school age. Along with the times, more and more chemicals have been developed and used as additives in snacks and food. Poisoning cases in Indonesia from 2004 until now are still a polemic from the mass media and electronic media. are poisoning due to snack food and processed food poisoning. The purpose of the research is to socialize in increasing knowledge and changing the behavior of female students so they understand healthy snacks. The method used in this research is the descriptive research method. This activity is carried out in the form of counseling by displaying material in the form of power points, posters, and videos. The sample is 25 class IV students and students. Data collection techniques were carried out through interviews, observation, and documentation. The results show that 60% of students with a lack of knowledge still eat snacks carelessly at school without sorting out healthy or unhealthy foods, for example, snack drinks that contain striking dyes, and fried foods that come from black oil. 20% of snacks at school and supplies at home, and 10% of students don't snack carelessly.

Keywords: School order, applying healthy snacks, nutrition, elementary school

INTRODUCTION

Street food has become part of the life of Indonesian people both in urban and rural areas. One group of snack food connoisseurs is school-age children. Furthermore, only about 5% of these children bring lunch from home, so the possibility of snacks is higher. (Tasikmalaya et al., n.d.)Snack foods are foods and drinks prepared and or sold by street vendors on the streets and in other public crowded places, which are directly eaten or consumed without further processing or preparation.(Adriani Merryana & Bambang wiratmadji, 2014)

According to the Decree of the Minister of Health of the Republic of Indonesia No.942/MENKES/SK/VII/2003, snack food is food and drink that is processed by food craftsmen at the point of sale and/or served as ready-to-eat food for sale to the public other than those served by catering services, homes dining or restaurants and hotels. (Ruwayda et al., 2022)Snack food has a negative impact if the food consumed does not contain sufficient nutritional value and is not guaranteed for cleanliness and safety.(Depkes RI, 2018)

In addition to causing nutritional problems, the impact of consuming unhealthy snacks will interfere with children's health, such as developing digestive tract diseases and other diseases that can occur due to chemical contamination. So that this has an impact on decreasing student learning concentration, increasing absenteeism which can affect children's learning achievement.(Kemenkes RI, 2018)

Based on the results of the BPOM survey, it shows that 99% of school children buy snacks at school. The test results for School Children's Snack Food (PJAS) from 2009 to 2013 increased from 57.36% to 80.78% for food that met the requirements such as not containing hazardous

materials, maintaining hygiene and being free from heavy metal contamination. (Kadir et al., 2022)The survey was conducted in 30 cities in 2013 from 884 elementary schools and Madrasah Ibtidaiyah out of a total of 5,566 results that did not meet the requirements there were 1,730 or 31.08%

According to the Ministry of Health of the Republic of Indonesia, snacks are food and drinks that can be consumed directly and can be purchased from food vendors, which are produced by these sellers or produced by other people, without further processing. So far, people often consume ingredients that can be categorized as Food Additives (BTP), which can be in the form of dyes (to add visual appeal), thickeners (to improve texture), flavorings (to enhance taste), sweeteners (to enhance taste). BTP can be added to food during the processing period and ensured safety in its use.(Kementrian Kesehatan RI, 2018)

To fulfill healthy and nutritious snack foods, through Government Regulation (PP) No. 19 of 2005 concerning National Education Standards (SNP) that every education unit is required to have facilities and infrastructure, including a canteen or school canteen.(Rahmini Shabaria, 2020) The results of research conducted by the Center for Physical Quality Development of the Ministry of National Education in 2007 concerning healthy schools out of 640 elementary schools in 20 provinces studied, 40% did not have a canteen and 60% of those who did have a canteen 84.3% of the canteens had not met health requirements and around 35, 5% of unsafe school children's snacks (Biswan et al., 2018)

METHOD

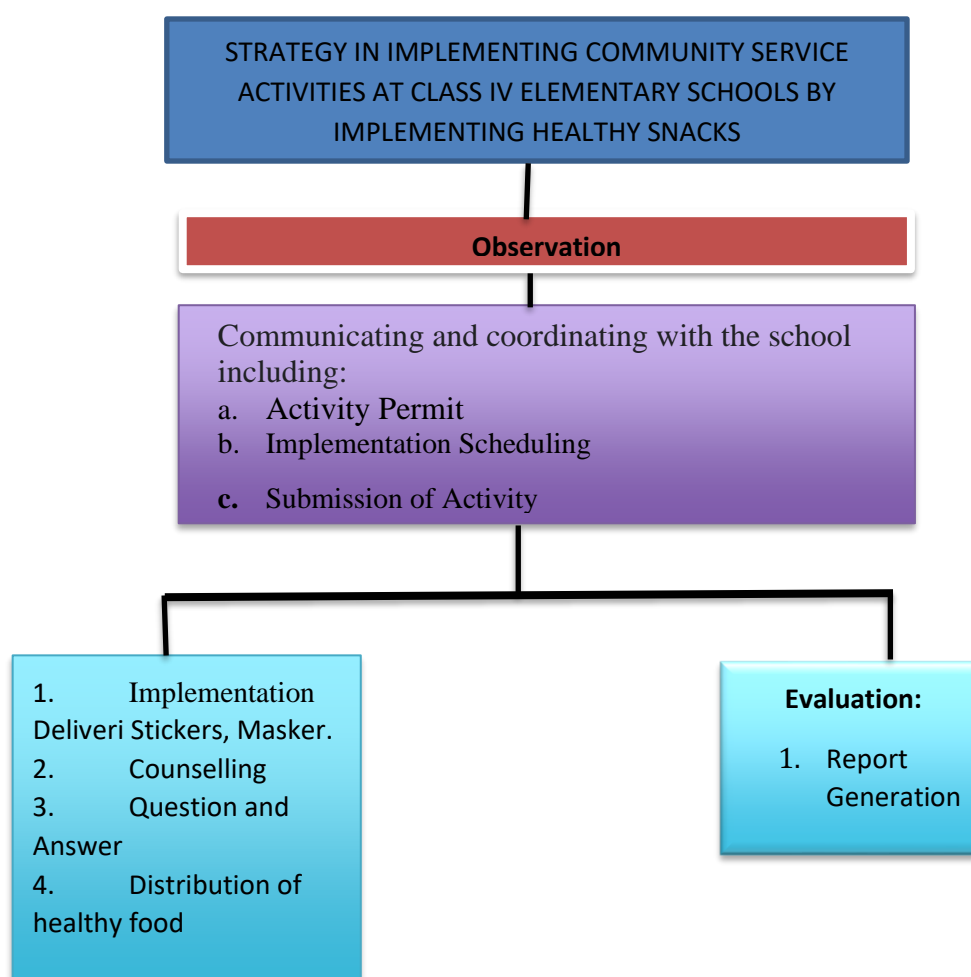


Figure 1. Community service activities

The method used in this research is descriptive research method. A qualitative approach is a type of approach that places more emphasis on meaning, reasoning, definition of a particular situation, and is used more to examine problems in everyday life (Rukin, 2019). Data collection techniques were carried out by interviews, observation, and documentation. The sample is 25 class IV students and students. Data collection techniques were carried out by interviews, observation, and documentation.(Juaeriah & Susanti, 2015)

RESULTS AND DISCUSSION

Community service activities with the theme "Community Service in Class IV Elementary Schools by Implementing Healthy Snacks at SD Negeri Cipunagara, Wado District, Sumedang Regency in 2022" which was attended by 25 students from SD Negeri Cipunagara, Wado District, Sumedang Regency which was held on Saturday, November 05, 2022 well and smoothly. The results obtained from this activity from 25 samples stated that 60% of students with insufficient knowledge still ate random snacks at school without sorting out healthy or unhealthy foods, for example snack drinks that contain striking dyes, fried foods derived from black oil. 20% snack at school and bring packed food at home, 10% of students don't snack carelessly that these students have to increase their knowledge about healthy snack food and the dangers that will be caused when consuming unhealthy snack food.

CONCLUSIONS AND RECOMMENDATIONS

Implementation of community service carried out by counseling at Class IV Elementary School Orders by Implementing Healthy Snacks at Cipunagara State Elementary School.

The programs implemented are:

- Displaying counseling materials in the form of material/power point.
- Showing videos about healthy food.
- Provision of healthy food and drink
- Provision of masks(Gusrianti et al., 2020)

Based on the activities that have been carried out by the lecturers and students of the Public Health Study Program which were carried out at Cipunagara State Elementary School, Sumedang district, it is hoped that this will increase students' knowledge of healthy snacks, including students knowing about healthy snacks, the benefits of healthy snacks, how to choose good healthy snacks, examples of choosing good healthy snacks, examples of choosing unhealthy snacks that are not good, the impact of unhealthy snacks. (Sari & Rachmawati, 2020)The school and the community should understand that this community service activity is not only for the benefit of lecturers at tertiary institutions but the interests of students and the local village community, (Rachman, Ika, 2016)where the lecturer is only a motivation that helps prevent problems so that it is hoped that community participation in each community service program will be higher.(Kementerian Kesehatan RI Jakarta, 2019)

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APPENDIX



Figure 2. Community service documentation