

Education about School Health at SDN Sukamenteri 1-2 Garut Kota District

Iwan Shalahuddin^{a)}, Udin Rosidin, Umar Sumarna, Nina Sumarni, Mamat Lukman

Faculty of Nursing, Padjadjaran University, Bandung, Jawa Barat, Indonesia

^{a)}Coresponding Author: shalahuddin@unpad.ac.id

Abstract

The perspective in school health nursing is how to integrate the concept of health in the school curriculum through efforts in early discovery related to health problems, health maintenance efforts and the school environment. School health nurses play a role in implementing EPSDT (Early and Periodic Screening, Diagnosis and Treatment of health problems). According to the Ministry of Health, UKS is an integrated effort in order to improve the ability to live a healthy life which then forms healthy behaviors of school-age children who are in school. UKS plays a role in providing knowledge related to health problems to students / children so that in the future it is hoped that they can practice a healthy lifestyle anywhere. The purpose of education is to provide and improve students' understanding of the importance of preventing health problems and to identify the importance of early detection to avoid health problems. The method used is the lecture method, question and answer, discussion and demonstration. The results of the health counselling activities were approximately 323 students. The counseling participants looked enthusiastic when the material was given. Participants participated in the counselling happily because the counselling was carried out in a fun way. The counselling activity was conducive because the participants paid attention to the material presented well. This is evidenced by the number of participants who are interested in answering questions during the question and answer session. Participants participated in the counselling happily because the counselling was carried out with a pleasant face-to-face method. The counselling activity was conducive because the participants paid attention to the material presented well about degree of school health.

Keywords: Elementary School Students, Health Education, School Health Degrees

INTRODUCTION

The perspective in school health nursing is how to integrate the concept of health in the school curriculum through efforts in early discovery related to health problems, health maintenance efforts and the school environment. School health nurses play a role in implementing EPSDT (Early and Periodic Screening, Diagnosis and Treatment of health problems) (Bastable, S. B, 2021).

School health programs are very important to apply because school students are a special age group that needs protection from various dangers. School health objectives are focused on improving health and disease prevention, identifying health problems and seeking efforts in solving existing problems and providing health education about clean and healthy lifestyles to students and families (Stanhope & Lancaster, 2012).

One of the programs to develop PHBS promotion for school-age children is the School Health Business (UKS) service. UKS (School Health Business) is part of the school-age children's health program which has three main programs, namely health education, health services and fostering a healthy school environment. According to the Ministry of Health, UKS is an integrated effort in order to improve the ability to live a healthy life which then forms healthy behaviors of school-age children who are in school. UKS plays a role in providing knowledge related to health problems to students / children so that in the future it is hoped that they can practice a healthy lifestyle anywhere (Blackburn, E., & Epel, E, 2017, Fridayanti, D. V., & Prameswari, G. N. (2016).

Therefore, the coaching and development of UKS as an educational and health effort must be carried out in an integrated, planned, directed and responsible manner in instilling, growing, developing and guiding to live, enjoy and implement the principles of healthy living in the daily

lives of students (Sitepu et al., 2015). PHBS indicators in schools can be broken down into two parts, including 1) student behavior indicators, 2) school environment indicators. The indicators used as a measure of assessing PHBS in schools are washing hands with running water and using soap, consuming healthy snacks in school cafeterias, using clean and healthy latrines, regular and measured exercise, eradicating mosquito larvae, weighing weight and measuring height every six months, throwing garbage in its place (Wihardiyani, W., Wahyudi, W., & Chiar, M. (2019).

One of the schools carried out nursing care is SDN 1-2 Sukamentri. From the results of the study, it was found that the condition of the school environment was quite clean and there were already places to wash their hands, but there were still many food vendors with snacks that were still unhealthy around the school. In addition, from the results of the study, the majority of students of SDN 1-2 Sukamentri experienced dental and oral health problems including caries or tartar and cavities. Behavior of not maintaining oral and dental hygiene, how to brush your teeth and the use of toothpaste that is not yet appropriate and the habit of brushing teeth that is not in accordance with the recommended can cause problems in dental and oral health (Andini, A. D., & Tjahyadi, T, 2011; Mukhbitin, 2018). What often happens is caries, caries will have a bad impact and can affect the quality of life for children. Caries will cause pain and discomfort in children so that children who experience dental caries will have an impact on the learning process at school because activities such as doing assignments at school become disrupted (Mukhbitin, 2015).

Based on the background above, we as the community service implementation team of the Faculty of Nursing, Padjadjaran University are interested in conducting education and health counseling related to school health and maintaining and optimizing the UKS program at SDN 1-2 Sukamentri with the aim of increasing the health degree of students

The purpose of this service activity is to improve the degree of health in students and the environment of SDN Sukamenteri 1-2 Garut Kota District and apply the implementation of the UKS program and the application of PHBS.

METHOD

The method carried out in health education is an explanation or lecture given by the speaker to students, and followed by question and answer, the speaker must ensure that all students understand the material that has been delivered by making sure to return to the participants if there are things that are not clear. Conducting Pre-Tests on understanding school health through oral questions and Implementing health counseling the importance of efforts to improve the degree of good and correct school health during the learning process and after learning. This information media for students is compiled by a community service team in collaboration with BP teachers and conducts a Post Test through oral questions, it can be seen in the image below:

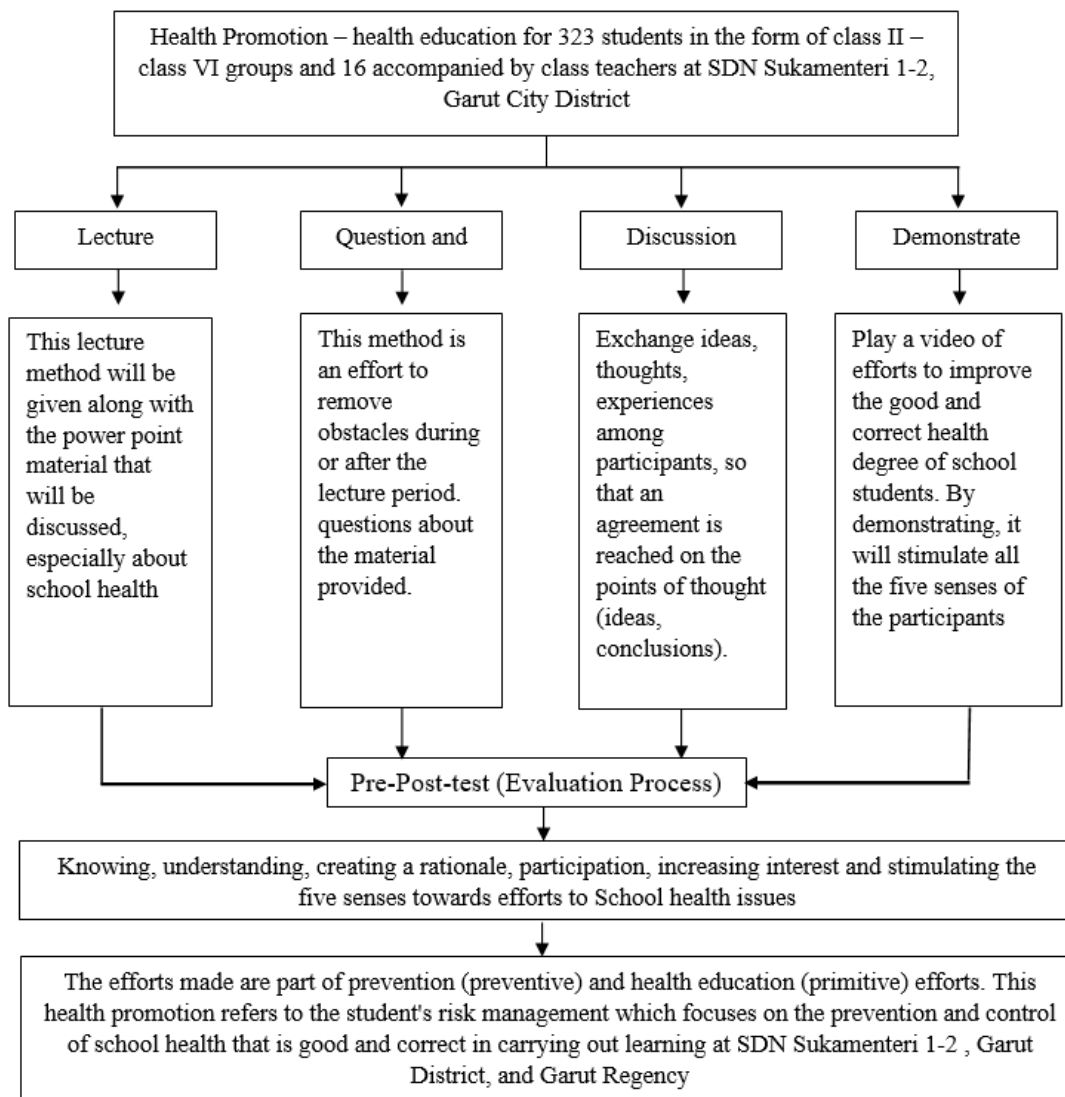


Figure 1. Diagram of the health counselling process

RESULTS

The results of the school assessment were carried out at State Elementary School 1-2 Sukamenteri Village, Garut Kota District, Garut Regency. The assessment was carried out on September 30, 2022, the assessment was carried out on 323 students and on 16 teachers using the method of filling out questionnaires or questionnaires, interviews, and observations. The data from the study includes core data and subsystem data as well as studies on teachers and students which include five main dimensions, namely the physical dimension, psychological dimension, social dimension, behavioral dimension, and health system dimension.

The physical examination of SD 1 and 2 Sukamenteri is based on weight, height, head hygiene, skin hygiene, oral hygiene, nail hygiene, dental hygiene, ear hygiene and eye health. It was found that as many as 95 students (29.4%) weighed 21-25 kg, 90 students (27.9%) 26-30 kg, 45 students (13.9%) 31-35 kg, 36 students (11.1%) ≤ 20 kg, 35 students (10.8%) ≥ 41 kg, and 22 students (6.6%) weighed 36-40 kg. The student body height of SDN 1 and 2 Sukamenteri is the most as high as 121-130 cm, namely 112 students (34.7%), then 107 students (33.1%) 131-140 cm, 54 students (16.7%) 141-150 cm, 37 students (11.5%) ≤120 cm, 12 students (3.7%) 151-160 cm, and 1 student (0.3%) ≥ 161 cm.

Based on the characteristics of the physical examination of students, of the 323 students at SDN 1 and 2 Sukamenteri, most of the 176 students (54.5%) did not know whether the

immunization was complete or not, almost all 258 students (79.9%) had their head hygiene included in the clean category, almost all 313 students (96.9%) had their skin hygiene included in the clean category, most of the 216 students (66.9%) had their nails covered in the clean category, almost all 313 students (96.9%) of oral hygiene fall into the clean category, almost half of them 98 students (30.3%) have clean dental hygiene and almost half of them 126 students (39%) have caries or cavities, almost all 320 students (99.1%) do not use viewing aids, almost all 319 students (98.8%) had no visual impairment, almost all 306 students (94.7%) of the conjunctiva were not anemic, almost all 270 students (83.6%) had their ears clean of serumen, all 323 students (100%) had no hearing loss, all 323 students (100%) had no ear infection problems and all 323 students (100%) were normal or did not use aids for activities.

The psychological dimensions of SDN 1-2 students are viewed based on psychological characteristics including student discipline in obeying discipline, having friends, the experience of quarreling with friends and the experience of not participating in learning activities intentionally. Of the 323 students, almost all students followed school rules as many as 299 students (92.6%), almost all students had friends, namely 319 students (98.8%), more than half of students had quarreled as many as 169 students (52.3%), and most students never missed school, namely 264 students (81.7%)..

The behavioral dimensions of SDN 1 and 2 students are based on student participation in extracurriculars, food eaten at school, smoking behavior and personal hygiene. Of the 323 students, most students did not participate in extracurricular activities at school (67.2%), most often consumed food at school with snacks at school (85.4%), almost all students did not smoke (96%), almost half of students washed their hair 2 times a week (33.7%), Most students cut their nails 1 time a week (73.1%), most students shower 2 times a day (77.1%), most students brush their teeth 2 times a day (67.5%), most students have breakfast before going to school (81.1%), and more than half of the student population has gadgets (60.7%). Of the 196 students who have gadgets, half of students use gadgets for less than 2 hours (50%).

Dimensions of the Shiva Health System SD 1 - 2 Sukamentri are viewed based on the history of the disease, the type of disease, the exercise routine and the type. most of the students had a history of illness as many as 199 students (61.6%), the type of disease that has been experienced is almost half of which is the flu / cough as many as 140 students (43.3%), In addition, almost all students have an exercise routine of 307 students (95%), with the type of exercise carried out almost half as many as 161 students (49.8%) do football sports

Based on the results of the recapitulation of the results of the assessment of learning needs, it can be seen that there are some students, learning needs that are included in learning needs: Perceived needs Because there are some know the impact of implementing PHBS properly and correctly; Unperceived needs Because there are some students who do not do school health, especially the implementation of good and correct PHBS which is harmful to health; Misperceived needs Because there are some students who know the dangers of not doing school health, especially the implementation of good and correct PHBS which is harmful to health, but there is still a habit of not knowing how to make efforts. Data Recapitulation of Learning Needs Assessment Results Number of audience: 323 people, Audience consists of students from all classes.

Health education activities which are held on Friday and Saturday, October 7, 2022 at 07.00 - finished WIB, are carried out face-to-face which is divided into 6 classrooms for seven groups. This activity began with an opening by the MC, then a speech. The activity began with the MC asking the extent to which participants knew about school health, especially the implementation of good and correct PHBS, whether participants had experienced health problems due to school health problems, especially risks in learning, and what impacts would arise if they did not take these prevention efforts. From all the participants' answers, participants were quite familiar with the dangers of not making efforts to do school health, especially the implementation of good and correct PHBS, but participants still did not understand what impacts would arise on students who experienced health problems. Then participants are given a pre-test to find out the extent of their knowledge before the material is delivered by the speaker.

The activity continued with the provision of material using PPT and video performances that had been prepared, so that participants remained interested in participating in the event and were not bored. The material presented was about dental health. The provision of material begins with the core material, the speaker immediately displays the PPT that has been prepared. When the presentation session went smoothly and participants seemed to focus and listen to what was being presented.

After the material is delivered, it is followed by a video viewing and then a question and answer session which aims to find out the extent of students' changes from the previous and afterwards given by the health penkes. The questions were read by the speaker and the participants were enthusiastic to answer the questions, there were a total of 5 questions answered all correctly by several students.

Before conducting health education, coordinating with school owners to monitor student health, following up with students in their daily lives regarding the material that has been delivered, asking for employees' willingness to distribute posters and leaflets to students who do not participate in health education, and providing educational posters in physical form to schools to be installed in the student's learning environment.

Evaluation of counseling on school health, especially the implementation of good and correct PHBS, was carried out directly with the number of participants approximately 323 participants. The counseling participants looked enthusiastic when giving the material. Participants participated in the counseling happily because the counseling was carried out pleasantly. The counseling activity went conductively because the participants paid attention to the material presented well. This is evidenced by the large number of participants who are interested in answering questions during the question and answer session.

The effectiveness of the function of the teaching media used can be clearly seen by all participants. Because the counseling is carried out directly so that the participants are easier to understand directly. This can make the effectiveness of the explanation of the material. The good response of the participants was seen enthusiastically to follow it from the beginning to the end of the activity.

This activity is carried out through direct counseling, namely by lectures through face-to-face. This lecture is carried out according to the plan that has been drawn up. The efforts made are part of preventive efforts and health education (promotive) in an effort to improve the degree of school health.

DISCUSSION

The effectiveness of the function of the teaching media used can be clearly seen by all participants. Because the counselling is done directly so that the participants are easier to understand directly. This can make the material explanation effective. The good response of the participants was seen enthusiastically to follow it from the beginning to the end of the activity. This activity is carried out through direct counselling, namely through face-to-face lectures. This lecture is carried out according to the plan that has been prepared. The efforts made are part of preventive (preventive) and health education (primitive) efforts in an effort to improve the degree of school health (Sharma, M., & Branscum, P, 2020).

The Health Belief Model is the most commonly used theory in health education and health promotion. The concept underlying the HBM is that health behaviour is determined by personal beliefs or perceptions about disease and the strategies available to reduce disease occurrence. Personal perception is influenced by various factors that influence intrapersonal health behaviour. Judging from the process of behaviour change in the Health Belief Model, behaviour will change, one of which is if individuals are given an understanding of the benefits. First find the cause of an unfavourable behaviour, then provide counselling and detailed information about the benefits of improving the behaviour. This effort is carried out in health education about the degree of school health at SDN Sukamenteri 1-2 Garut.

In the Trans theoretical model, behaviour change is defined as a developmental process that takes place over a certain period of time and through several stages. In this health education

process, teachers can find out what stage their participants are at. During the process of health education through education, it was found that the majority of participants were in the contemplation stage, i.e. individuals were in the stage of being more concerned with the positive and negative sides of the planned behaviour change, but still felt hesitant to actually do it, so this could make individuals delay change.

The Theory of Reasoned Action is most successful when applied to behaviour that is under the control of the individual concerned. If the behaviour is not completely under the control or will of the individual, he may not actually display the behaviour, in this case changing the habit of not maintaining the degree of health. During the health education process, teachers try to make individuals motivated and independently able to change to prevent dental health problems and how to improve the degree of school health.

CONCLUSIONS AND RECOMMENDATIONS

From the results of the study needs assessment, it was found that the learning needs of workers at SDN Sukamenteri 1-2 Garut, include perceived needs, unperceived needs, and misperceived needs. In the process of implementing counselling; the students looked enthusiastic when the material was given. The counselling activity was conducive because the participants listened well to the material presented.

The program's sustainability plans in the future are: To provide an understanding of the importance of making efforts to improve the degree of school health for students while studying and after studying both in the school environment and outside of school; Interactive activities through social media in two directions regarding the problems faced intensively for students to build strong clean and healthy living habits in carrying out their studies; Involving local stakeholders and school owners in efforts to prevent unhealthy habitual behavior both in the home and school environment, especially in the maintenance and prevention of improving the degree of school health.

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APPENDIX



Figure 2. Documentation of health education



KANTIN DAN JAJANAN SEHAT DI SEKOLAH

PERAN KANTIN DAN JAJANAN SEHAT DI SEKOLAH

- Penyedia kebutuhan berbagai makanan dan minuman bagi peserta didik dan juga warga sekolah lainnya.
- Media pembelajaran tentang pangan yang aman dan bergizi sesuai pelajaran yang telah diberikan di sekolah.
- Media penunjang kreatifitas peserta didik.
- Sarana penerapan standar kebersihan dalam menyiapkan, mengolah, menyajikan makanan dalam kehidupan sehari-hari.
- Sarana pembentukan pola makan bergizi seimbang.



TIPS MENGENALI MAKANAN/MINUMAN YANG AMAN:

1. Warna tidak mencolok
2. Makanan tidak terlalu kenyal
3. Tidak mengandung bahan pengawet
4. Makanan/Minuman tidak menunjukkan sudah basi/ kadaluarsa

MENGGUNAKAN JAJANAN SEHAT DI SEKOLAH



Perbanyak serat pangan (dari sayur dan buah)



Batasi makanan yang terlalu asin



Perbanyak makanan segar, kurangi makanan siap saji



Batasi makanan yang digoreng (gorengan)



Kurangi minuman manis

CEGAH GENERASI MICIN DENGAN JAJAN SEHAT YUK!



MENCUCI TANGAN DENGAN AIR YANG MENGALIR DAN MENGGUNAKAN SABUN

1. Basahi tangan
2. gunakan sabun
3. Gosok kedua telapak tangan
4. gosok punggung tangan dan ulangi
5. Gosok ibu jari dengan gerakan memutar
6. Gosok bagian jari dan kuku dengan gerakan mengunci
7. Gosok sela-sela jari
8. Gosok pergelangan tangan kiri dan kanan
9. Bilas menggunakan air mengalir

Kapan saja harus mencuci tangan?

- Sebelum dan sesudah makan
- Setelah bersin dan batuk
- Setelah menyentuh permukaan kotor
- Setelah menyentuh sampah
- Setelah BAB dan BAK

Figure 3. Poster health education