

# Description of Health and Clean Life Behaviors and Improving Student Cognitiveness in Islamic Primary School

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## Description of Health and Clean Life Behaviors and Improving Student Cognitiveness in Islamic Primary School

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### Abstract

Health and Clean Life Behaviors (CHLB) should be applied in daily life so that diseases cannot easily infect human. Children aged from 7 until 14 years have to be taught with CHLB concretely and theoretically. This research explores the general CHLB of Islamic Primary School Gunungpati, Semarang, and to improve CHLB cognition by applying Asset-based Community Development (ABCD). This research applied the mixed-method of qualitative and quantitative methods. The sample of the research consisted of the fifth-graders of the school. They were taken by purposive sampling. The research subjects consisted of principals, home teachers, sports teachers, and various cognitive categorized learners. The applied instruments were interview guideline and CHLB cognitive test. The techniques of analyzing data were triangulation and test of CHLB cognitive improvement by using N-Gain test. The findings showed that the teaching-learning processes, especially dealing with CHLB, were still teacher-centred learning and lack of maximizing CHLB. In the learners' cognitive improvement test, the learners had improvements with a score of N-Gain test 0.47. It meant the improvement was categorized moderate.

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## INTRODUCTION

Clean and healthy life behaviours (CHLB) is essentially a preventive behaviour of an individual or a family from various diseases. (Jayanti et al., 2011). A healthy individual works and thinks to improve his achievement. Developing CHLB is promoted through various health promotion. It has the purpose to help individuals, families, groups, and people realize, participate, and be capable of practising CHLB. It is done through the various learning process in preventing health problems (Kemenkes RI, 2011).

Based on Indonesian Health Profile (2019), the community awareness of keeping health and environment was still low. In Indonesia, those meeting the Health and Clean Behaviors only consist of 32.3%. Therefore, to encourage health and clean behaviours, regulation support for promoting CHLB policy in regions is needed. Based on the reality of low CHLB in Indonesia and an intention to support the government policy of promoting CHLB, this research focuses on CHLB problems at Primary School or Islamic Primary School.

Based on the health profile of Semarang in 2018, the dengue fever cases were mostly suffered by children aged 5-9 years old and 10-14 years old. Each of the age range consisted of 26 cases or 25%. The toddler and school-aged children categories (0-14 years old) had the most proportion. It reached 69%. Diarrhoea sufferers in Semarang, 2018, were 2.99%. It had the most frequent cases suffered by people aged older than five years old, with a percentage of 19.8% cases.

Meanwhile, the lowest cases were found on a group of people aged younger than one-year-old, with a percentage of 0.30% cases. Based on the sex types, the diarrhoea cases in Semarang, in 2018 and suffered by females, were 54% higher than the cases suffered by males with 46%. The diarrhoea sufferers, based on the aged category of 5-9 years old, had 12%.

Based on Gunungati Health Public Center's data in 2019, there was an increased rate of diarrhoea cases from May to June with a percentage of 25%. The case increase also occurred in Dengue Fever sufferers and Dengue

Shock Syndrome (DSS) in September 2019. There were six cases and dominated by sufferers aged 7 and 12 years old. Four of the cases were Dengue Fever. There were also 12 primary school-aged children suffered Dengue Fever from January until September 2019. There were four schools in which one of them had a student suffering Dengue Fever. There were also students from eight schools suffered Dengue Fever. It was also found that Al Islam Primary School to have the highest rate of Dengue Fever cases. Three cases suffered by children aged 6 and 10 years old. According to Maryunani (2013), CHLB program is categorized into five environmental stages: school, domestic, health institution, public, and working environment CHLBs.

School CHLB has eight indicators: washing hands by using flowing waters and soaps, consuming hygiene foods at the school canteen, using clean and health toilets, exercising regularly, wiping out the mosquito larvae, not smoking at schools, measuring the weight and height, and throwing rubbish in the dustbin. These factors should be done properly to create health and clean behaviours at school.

The observational results conducted in the Islamic Primary School about the learners' CHLB cognition showed the learners' cognitions were moderate. It was proven with the pretest score. It was three scores higher than the minimum criteria applied by the school, 75. The school's learning activity process was still focused on the teachers while learners only applied CHLB if their teachers saw them. It made the CHLB awareness of learners was poor. Therefore, one of the applied model to improve learners' cognition is asset-based community development approach (ABCD) is an effort of society development. It puts human to find out their potentials and turn them into powers. Only by finding out the powers, potentials, and assets, humans are expected to know and initiate to improve (Salahuddin et al., 2019).

<sup>6</sup>The ABCD model could assist the national government in developing proper human sources for education and health. It is proven by the global necessity to create better quality. The local community that promotes it could utilize these

multiple aspect assets more effectively to improve children's health and education results (Caan et al., 2015).

1 This research aims to analyze the CHLB at Islamic Primary School Gunungpati and improve the learners' CHLB cognition from the background.

## METHODS

The applied learning method is a mixed-method, combining quantitative and qualitative researches. In the first stage, the data were collected and analyzed quantitatively. Then, it was followed by collecting and analyzing the data qualitatively. The research was carried out in Islamic Primary School Gunungpati, Semarang during the even semester, in 2019/2020.

The population consisted of Islamic Primary School learners. The samples, 32-fifth graders, were obtained by purposive sampling. The selected research subjects were the principal as the man in charge, sports teachers who taught about health, the fifth grade home teacher that always observed the learners' behaviours, and three learners with high, moderate, and poor initial cognition. The applied HCP criteria were: score higher than 75, categorized as high; a score between 50 - 75, categorized moderate; and score lower than 50, categorized low.

The qualitative data were obtained from observation and interview of CHLB aspects at the school while the quantitative data were obtained from the pretest and post-test. The post-test was applying the ABCD approach. Before conducting the research, the research instruments were validated by experts so that they would be reliable to apply.

The techniques of analyzing data were triangulation by providing conclusions of the qualitative stage's observation and interview and examining the improvement or N-Gain of CHLB cognition after applying the ABCD approach.

## RESULTS AND DISCUSSIONS

The findings of this research are grouped based on the objectives. The first is to examine the

Health and Clean Behaviors of Islamic Primary School Learners Gunungpati qualitatively and examine cognitive improvement after being taught by the asset-based community (ABCD). The initial cognitive test results obtained an average score of 80.2 on 32 learners. The score had met the minimum criteria, 75. For the learners' score achievement categories, they are shown in Table 1.

**Table 1.** Start test category CHLB

Number	Categories	Numbers of Learners
1	High	11
2	Moderate	15
3	Low	6

The Table shows moderate category learners as the dominant category. It is in line with the obtained average score, having three score point differences from the minimum criteria.

The questionnaire results with eight indicators are shown in Table 2.

**Table 2.** The Frequency of Learners toward School CHLB

No	Indicators	Always	Seldom	Never
1	Washing hands by flowing water and using soap	4	20	8
2	Having meals at the school canteen	26	4	2
3	Using clean and health toilets	32	0	0
4	Exercising regularly	16	10	6
5	Wiping out the mosquito larvae at school	0	0	32
6	No smoking	1	3	28
7	Measuring the weight and height regularly	0	3	29
8	Throwing rubbish into the dustbin (no littering)	30	2	0

Table 2 shows some indicators had not been achieved by the learners, such as washing hands using soap and flowing water, wiping out the mosquito larvae at school, and regularly measuring the weight and height. It meant the learners had not achieved the indicators completely.

The factors of these unachieved indicators were: the valves at the school or houses could not smoothly and properly flow; the learners were not involved in wiping out the mosquito larvae because there had been janitors to settle it, and there were no activities to measure weight and height because the school did not have weight and height scales.

The other factors were smoking learners due to the environmental influence factor of learners' activities. The Health Department of the Republic of Indonesia (2018) explains that smoking is important for learners. The reason is - cigarette has dangerous substances for health. Thus, the school community is not allowed to smoke. The intention of learners to smoke emerged because they imitated the surrounding examples. They also thought that smoking was a symbol of matureness. Besides that, from the indicators, each individual was found recognizing the surrounding through their senses. From the senses, they constructed knowledge influenced by the intensity of learners observing an object (Notoatmodjo, 2010).

The interview results with the principal showed that the principal was aware and understood about CHLB. He could also guide the school community properly about CHLB. Unfortunately, the practices of CHLB had many hindrances, such as the applied method to teach the learners. The method was still focused on the teacher. It got worsened because the health institution did not always provide socialization. The CHLB practices at the school was one of the school objectives written in the vision and mission. It was in line with these following interview result excerpts.

- P : How did you find the importance of CHLB at school?  
 KS : Very important. Therefore, in the school vision, it is stated a healthy school

For learners' CHLB conditions, the interview result experts are as shown below.

P : What factors made learners did not practice CHLB?

KS : Immaturity. The learners are still primary school learners. Thus, we understand if they are sometimes a bit difficult to tell.

The excerpts with the principal found the common influential factor of the learners' CHLB implementation. The next step to apply CHLB at schools was done by the principal through sport-teacher coordination. He considered that the teacher knew better the theories about cleanliness. It was in line with this interview result excerpt.

P : What media did you find supporting CHLB implementation the most at school?

KS : it is true we need additional cleaning personnel. but school finances don't allow it. But the health curriculum in this school is on sports lessons, so to find out the cleanliness needs in this school, sports teacher have better answers than me. Besides that, as a health worker, if you want to give lessons about health, i give you time.

The sport-teacher interview showed that the school's facilities had not been complete to promote CHLB at the school, such as posters about healthy life. The learners' conditions about CHLB are shown in the following interview excerpt.

P : What factors made learners did not practice CHLB?

GO : They are still kids, so they are sometimes reckless. I mean they were sometimes littering, recklessly having meals without knowing the nutrient contents.

The interview excerpt showed that typically the learners still had not been able to promote CHLB at school. Furthermore, the sports teacher expected to support the CHLB practices at school, as shown below.

P : What media did you find supporting CHLB implementation the most at school?

GO : There are many. It is commonly done with posters about unhealthy life impacts, playing CHLB videos



for learners, and regularly cleaning the environment together.

The interview result showed various demanded media about CHLB by the sports teacher. On the other hand, based on the interview results with the fifth-grade home teacher, the teacher admitted the importance of CHLB. The teacher had arranged the cleaning group pickets, but sometimes some learners did not do it. It was because they were brought in as if they were still at home.

The interview with the home teacher showed that school needed parental supports to promote CHLB. It is in line with this following interview result.

- P : What factors made learners did not practice CHLB?
- WK : Parents' habitual factors at home are the causes of CHLB inculcation difficulties for the learners. The learners do their activities by imitating older persons around them. I warned the learners if the class was still dirty. Thus, they were afraid if they were going to litter.

The learners' conditions about CHLB are shown in the following interview excerpt.

- P : What media did you find supporting CHLB implementation the most at school?
- WK : The media are such as an educative video about CHLB. Of course, they should be easily understood and practised together with the teachers at school.

The excerpt proved that CHLB media provisions were important for the learners. They were important to be practised together with all the school community. It was what the home teacher wanted for CHLB implementations.

The interview results of the learners with different categories are presented in Table 3.

**Table 3.** The interview results with the learners

Categories	Meanings of CHLB	Clean and clear water	CHLB awareness
High	Recognizing	Recognizing	Aware
Moderate	Recognizing	Recognizing	Aware
Low	No idea	No idea	Not aware

The Table shows the importance of CHLB. Unfortunately, the learners were not aware of them. Based on the CHLB data analysis of the school, the pretest of CHLB cognition was moderate. It was due to the habits of learners to obtain teacher-centred learning. It is in line with Puspitasari (2019). She found that learning by involving learners would improve their knowledge. Low CHLB knowledge also leads to disease (Nasution, 2020; Zukmadini, 2020).

According to Nasiatin (2019), CHLB is important to do as soon as possible since the early childhood age. Therefore, learners have to be taught with learning to improve their CHLB knowledge. One of them is by using the environment (Lina, 2016; Solehati, 2015). It can be done by functioning an organization as an environment to provide knowledge about CHLB. It is in line with the intention of the principal. The researcher could provide innovative learning to teach CHLB for the learners. That was the reason to apply the ABCD approach. The ABCD approach allows learners to intensively learn CHLB (Candrawati & Widiani, 2015).

Low awareness of CHLB importances on the learners made the researcher believed that ABCD would be appropriate to make them aware (Misener & Schulenkorf, 2016). As the considerations of applying the ABCD approach were the use of assets, in the forms of learners with high knowledge, could explain the learners about CHLB for learners with low CHLB (Baker, 2014).

The pretest and post-test results of CHLB cognition are shown in the Table.

**Table 4.** The Pretest and Post-test Results of Cognition

	Pretest	Post-test
Numbers of the Students	32	
Average	80.3	89.6
Total of Proficient Learners	21	30
Improvement difference	9.3	

From the Table, there are improvements from the pretest and the post-test. The average improvement score is 9.3 between the pretest and

the post-test. The learners' proficiency also improved from 21 learners into 30 learners. On the other hand, the unproficient learners, after being intervened by the ABCD approach, were only two learners.

For the statistic test, the N-gain normalized test was used and obtained a value of 0.47. It meant there was CHLB cognitive improvement, categorized moderate. It showed that learners taught by ABCD had better improved CHLB cognition. The results showed the influence of CHLB cognition of the learners after being intervened by the ABCD approach. Then, the active learners made the other students not feel clumsy to ask by providing the learning. They corrected each other with less accurate answers.

The stages that made the ABCD approach improve CHLB cognition were when they could express their peers' skills. Thus, when the learners explained something to their friends, other learners would also understand it. The ABCD approach made solid learning among the learners and could improve their cognition. It is in line with Suryaningsih (2020). She found that learning together with friends could improve knowledge through flexible manner. Thus, they were not afraid to ask questions about their friends.

Besides that, during online learning, learners had a chance to watch videos for learning purposes. The videos could be played repeatedly after being downloaded. This watching video behaviour could also make learners memorized and understood the materials. Rehusisma (2017) found that videos could influence learners' learning activities. It was in line with current research.

The use of such an approach is needed. Moreover, the ABCD approach is one approach that uses the existing asset, the learners with high cognition to teach their friends. It was in line with Blicklem (2018). He found that the ABCD approach could improve CHLB. It was also strengthened by Li (2012), Rokhzi (2016), & Mahmudah (2018). They stated that ABCD implementation could facilitate learners to develop their potentials and what results of the mentoring team expected. Therefore, the ABCD approach is recommended to be a learning

approach. It is also supported by a study conducted by Whiting (2012).

## CONCLUSION

Based on the findings, qualitatively the Clean and Healthy Life Behaviors of learners at Islamic Primary School Gunungpati were not active during the learning due to teacher-centred learning. The school was also lacked educative media to stimulate the learners CHLBs. There had not been any peer-mentoring to promote CHLBs.

Quantitatively, the learners' clean and healthy life behaviours at Islamic Primary School Gunungpati showed moderate CHLB initial cognition. After the implementation of the ABCD approach, the learners' cognition were improved. Thus, the ABCD approach could improve the learners' CHLB cognition.

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