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### RESEARCH ARTICLE

#### RELATIONSHIP BETWEEN KNOWLEDGE AND ATTITUDE OF STUDENTS WITH IMPLEMENTATION CLEAN AND HEALTHY LIFE BEHAVIOR (PHBS) ORDER OF SCHOOLS.

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#### Abstract

Clean and health life behaviour (Perilaku Hidup Bersih dan Sehat/PHBS) in order School is an attempt to empower students, teachers and the public school environment in order to know, willing, and able to practice healthy hygiene practices as well as play an active role in creating a Healthy School. Based on data from the City Health Office Banjarbaru, since the year 2012 in order PHBS school program has not reached the target. In the year 2012 amounted to 17.1%, in 2013 14.5%, in 2014 by 15.7%, and in 2015 amounted to 61.17%. Although it has increased coverage in 2015, but has yet to reach the target set. Therefore, we need a scientific study to explore the cause in terms of students' knowledge and attitude factors. The design of this study was an observational analytic with cross sectional approach that aims to determine the relationship between knowledge and attitudes of students by PHBS order Elementary School / equivalent Banjarbaru 2016. The population in this study were all students of SD / MI equal both public and private the region Banjarbaru derived from the data Banjarbaru City Department of Education from 2015 to 2016 year. Results showed that there was no correlation between students' knowledge of PHBS (p-value = 0.416) and attitude students' attitude towards the implementation of PHBS (p-value = 0.657) with a clean and healthy living behavior at school. There should be an ongoing dissemination of PHBS order the school to students, parents and teachers in order to have a comprehensive knowledge of PHBS that established cooperation in the implementation of the order PHBS school.

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#### Introduction:-

PHBS in order School is an attempt to empower students, teachers and the public school environment in order to know, willing, and able to practice clean and healthy living behavior and participation in realizing the Healthy Schools (Kemenkes RI, 2011). Application of PHBS in school is an absolute necessity as the emergence of a variety of diseases that often affects children of school age (6-12 years), such as intestinal worms, diarrhea, toothache, sore skin, poor nutrition and other things that turned out to be generally related to PHBS (Azwar A, 1995 ).

School age (including early age group) was the golden era for instilling the values of PHBS and potential as agents of change to promote good PHBS in the school environment, family, and society (Ony L, 2010). National target implementation of PHBS in order school in 2015 amounted to 70%. Based on data from the City Health Office Banjarbaru, since the year 2012 in order PHBS school program has not reached the target. In the year 2012 amounted to 17.1%, in 2013 14.5%, in 2014 by 15.7%, and in 2015 amounted to 61.17% (Dinas Kesehatan Kota Banjarbaru, 2015).

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The behavior of a clean and healthy living-related knowledge and attitudes in response to disease or other health problems. According to research conducted by Zitty Koem (2015) found a significant relationship between students' knowledge with a clean and healthy life behavior in elementary school Inpres Sukur. In addition, this study also found that there is a significant relationship between students' attitudes with a clean and healthy life behavior in elementary school Inpres Sukur. Research on PHBS in order especially to primary schools still have not been done in Banjarbaru. Therefore, it is necessary to do research on the relationship between knowledge and attitudes with the school in order PHBS SD / MI equally Banjarbaru 2015.

#### Methods:-

The design of this study was an observational analytic with cross sectional approach that aims to determine the relationship between knowledge and attitudes of students by PHBS order Elementary School / equivalent Banjarbaru. The population in this study were all students of SD / MI equally both public and private in the Banjarbaru derived from the data Banjarbaru City Department of Education from 2015 to 2016 year. The population is spread across 78 elementary schools (SD) State / Private and 11 (MI) (Dinas Pendidikan Kota Banjarbaru, 2015).

Of the 89 primary schools located in Banjarbaru, researchers divided the study area into 4 clusters. Making the area to be sampled in the following manner (Hasan, 2003; Suryono, 2011): (1) Dividing the population into subgroups; (2) Select one or several groups of these groups with the raffle; (3) Determine a sample of one or a number of randomly chosen group. The independent variable in this study is a Clean and Healthy Life Behaviour (PHBS).

While the dependent variable is the knowledge and attitudes of students. The data analysis techniques are: (1) The univariate analysis is used to identify and explain the frequency distribution and percentage of each dependent variable is the knowledge, attitudes, and behavior of Clean and Healthy Lifestyle (PHBS); (2) The bivariate analysis is used to describe the relationship between two variables, each dependent variable that include knowledge and attitudes, with the independent variable is a Clean and Healthy Life Behaviour (PHBS) using the chi-square test with 95% confidence level.

#### Results And Discussion:-

##### Univariate Analysis:-

**Table 1:-** Characteristics of Respondents Research.

Variable	Frequency	Percentage (%)
<b>Knowledge</b>		
Not good	73	36,9
Good	125	63,1
<b>Attitude</b>		
Negative	93	47,0
Positive	105	53,0
<b>PHBS</b>		
Not good	97	49,0
Good	101	51,0
<b>Total</b>	198	100

Based on Table 1 it can be seen that the respondents' knowledge about Behavior Clean and Healthy Life Behaviour (PHBS) in order school with a good knowledge of 73 (36.9%). These results show that the distribution of knowledge about school PHBS in order on the respondent dominated by good science. Elementary school students are young age group that can easily receive new knowledge and innovations, as well as having a strong desire and motivation to deliver the knowledge and experience they received to others. Knowledge and experience received at school about a clean and healthy life behavior, providing motivation for him to carry out at home and can affect the elderly as well as the surrounding communities (Notoatmodjo, 2012).

Based on the survey results revealed that as many as 125 respondents good knowledge includes knowledge about washing hands before eating and to use running water, using latrines healthy, regular exercise, and smoking behavior in schools by the percentage of correct answers 100%. While the respondents with less good knowledge of as many as 73 respondents. Based on the results of calculations known to respondents on a good throw garbage and diseases caused by the trash is a question that most unknown of respondents, respectively 79.5% and 61.6%.

Knowledge of the respondents in this study predominantly good knowledge of PHBS in school, this may be because students have gained knowledge of good hygiene practices and healthy (PHBS) of health workers, in addition to the knowledge about the behavior of clean and healthy living has also been studied because it was adopted on a stand-alone learning programs such as health sciences or sport (Asmira, 2012). Attitudes of respondents to PHBS order in schools dominated by the positive attitude that is equal to 105 (52.0%), while negative attitudes toward school PHBS order by 93 (47.0%).

It is known from the calculation of respondents who have a positive attitude toward school PHBS order on hand washing by 96.2% stated strongly agree, strongly agree answer to the question of the benefits of exercise amounted to 76.2%, answered strongly agree on the use of latrines healthy at 90, 5%, answered strongly disagree on the use of cigarettes in the school environment by 78.1%, and answered strongly disagree about littering by 84.8%.

In addition, the formation of a positive attitude held by the respondents is as much as 63.1% of respondents already know and understand about how clean and healthy behaviors in school, it will lead to positive thinking. Positive thinking will produce a positive attitude as well, so expect an attitude that has been formed will produce a clean and healthy living behavior was good (Diana FM, Susanti F, Irfan A., 2013) (Breckler SJ, Wiggins EC., 1989).

Clean and healthy life behavior (PHBS) are indicated by respondents predominantly good behavior which amounted to 101 (51%). Healthy behavior is a good habit of maintaining health, where the habit is already running in a long time so it seems to have become a habit that is inseparable from the person. That condition requires that the behavior or health habits to be implanted as early as possible, one of them habituation healthy behavior at school (Rorimpandey H, Queen A.J, Tumuraaang MN, 2013).

Known from 101 respondents who have good behavior PHBS are 97 respondents who behave poorly to PHBS. From the results of the calculation are known from 97 respondents there are 9 still do PHBS washing hands with soap, 9 respondents still eat snacks are not healthy, 32 respondents do not use latrines healthy and clean, 11 respondents do not exercise regularly, 59 respondents have not eradicating wiggler, 4 respondents had smoked at school, 62 respondents do not do the weighing and height regularly, and 7 respondents have not made dispose of waste in place.

From these results, known as much as 32 (33%) of respondents not using healthy latrines in schools. This behavior is a clean and healthy living behavior that most have not been carried out by the respondents in this study. Latrines are used by students and teachers is a qualified health latrine (goose neck with septic tanks, cemplung closed) and maintained clean. A healthy latrine that does not pollute drinking water sources, odorless dirt, untouched by animals, do not pollute the surrounding soil, easy to clean and safe to use (Arifah, 2009).

#### Analysis Bivariat:-

**Table 2:-** Test Results Statistics Relationship Between Knowledge and Attitude by PHBS in Schools.

Variable	PHBS		Total	p-value
	Not good	Good		
Knowledge				
Not good	33 (45,2%)	40 (54,8%)	73 (100%)	0,416
Good	64 (51,2%)	61 (48,8%)	125 (100%)	
Attitude				
Negative	44 (47,3%)	49 (52,7%)	93 (100%)	0,657
Positive	53 (50,5%)	52 (49,5%)	105 (100%)	

According to the table 2 can be seen that there was no correlation between knowledge and behavior of Clean and Healthy Lifestyle (PHBS) order the school (p-value = 0.416). The data showed respondents with less knowledge of good will but have a clean and healthy life behavior as much as 40 (54.8%). It is based on the answers of respondents, unknown although respondents have less knowledge, but he has to do 8 steps Clean and healthy life behaviors at school order.

Based on the recapitulation of respondents who are knowledgeable unfavorable by 73 respondents, it can be seen littering the respondents' answers about good and diseases caused by the trash is a question that most unknown of

respondents, respectively 79.5% and 61.6%. The results are consistent with research conducted by Rahayu and Andriyani in 2012 stating that there is no relation between knowledge with a clean and healthy life behavior in students with  $p\text{-value} = 0.432 > 0.05$  (Kementerian Kesehatan RI, 2011).

Knowledge of the respondents is encouraging respondents to behave in a Clean and healthy life good. In addition, the availability of infrastructure or facilities to support the respondents in a clean and healthy living behavior is also one of the driving respondent in applying Clean and healthy life behaviors (Urges MD, 2009).

General infrastructure commonly defined according to several sources. Means is everything that is used as a tool in achieving makana and objectives. Infrastructure is everything that constitutes the main supporting the implementation process. Meanwhile, according to Latuheru Sagne and Brigs in 2008, infrastructure is the physical tools to deliver learning content. From the various definitions according to experts could mean that the infrastructure is supporting resources consist of all forms of the type of building / without building along with its equipment and meet the requirements for the implementation of activities (Arifah S 2010).

The results of this study are respondents who are knowledgeable good but not good on the implementation of Clean and healthy life behavior at school order, as many as 64 (51.2%). It is known that out of 64 respondents have not made a clean and healthy living behavior at school. The behavior of Clean and healthy life that has not been done by the respondents in this study is still some respondent that snack at random, had never done a mosquito eradication, not using latrines healthy, yet do weigh and height, and there are some respondents said they had smoked in the school environment.

Statistical analysis showed that there was no correlation between attitude and behavior of Clean and Healthy Lifestyle (PHBS) in order school ( $p\text{-value} = 0.657$ ). The data showed that the respondents have a positive attitude but having a clean and healthy life behavior is not good for 53 (50.5%). This is because based on the answers of respondents to the behavior of clean and healthy in order schools still do mosquito eradication as many as 23 respondents, yet using healthy latrines were 12 respondents, yet weighing in weight and height as many as 16 respondents, as well as snack at random as much as 3. the results are consistent with research conducted by Irma Sari M 2015 Knowledge and attitudes, behavior of clean and healthy, with the result there is no relationship with the attitude between clean and healthy life behavior  $p\text{-value} 1.000 > 0.05$  (Notoatmodjo, 2010).

Respondents who have a negative attitude but show good behavior towards a clean and healthy living behavior at school order, based on respondents' answers can be seen that as many as 49 respondents who had a negative attitude but have a Clean and healthy life behavior was good. This is because of the 49 respondents who have positive attitude has the lowest score on the item questions trash can cause clogged sewers. This is also consistent with the results of recapitulation of respondents to the knowledge about the effects of littering.

As a clean and healthy life behavior posed by the respondents in the study This is caused by several factors including, the knowledge, the information obtained, families, teachers, peers and playing environment, and facilities available. In addition, according to the 2003 Notoatmodjo there are several factors that influence human behavior including internal factor is characteristic persons concerned are innate (Notoadmojo, 2003). For example, the level of intelligence, emotional level, gender and so on. External factors: environment, both lingkungan physical, social, cultural, economic, political and so on. These environmental factors are often the dominant factor that characterizes the behavior of a person. Human behavior is divided into three dominant namely Cognitive (cognitive), affective (afektive), psychomotor (Psychomotor) (Raharjo AS and Indarjo A, 2014).

### **Conclusion:-**

Good knowledge of PHBS school Order as many as 125 people (63.1%), while 73 (36.9%) had poor knowledge. A positive attitude about school Order PHBS were 105 people (53%), whereas 93 (47%) have a negative attitude. Clean and healthy living behavior in school as much as 101 respondents (51%) in both categories, while 97 (49%) had a poor behavior. Statistical analysis showed that not there is a relationship between knowledge ( $p\text{-value} = 0.416$ ) and attitude ( $p\text{-value} = 0.657$ ) of PHBS in school with a clean and healthy living behavior at school. Hence, it remains necessary to socialize sustained on PHBS order the school to students, parents and teachers in order to have a comprehensive knowledge of PHBS that established cooperation in the implementation of PHBS order of the school, as well as cooperation with the students of public health to provide guidance to students be able to implement PHBS elementary school arrangements in accordance with the requirements.

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