



Analysis Of Health Education Implementation In Blitar District Primary Schools

Widyarnes Niwangtika^{*1}, Isna Khuni Mu'alimah², Winda Khoirun Nisak³, Devi Nur Asyah⁴

^{1,2,3,4}Universitas Nahdlatul Ulama Blitar, Indonesia
niwangtika@gmail.com*

Abstract: Health education is an activity carried out by schools to shape student's habits of maintaining cleanliness and healthy living. The presence of this activity is expected to improve the level of health and hygiene among students. The objective of this research is to assess the implementation of health programs in elementary schools. This research is a quantitative descriptive study. Data collection was conducted through the distribution of questionnaires to teachers, students, and school health unit coordinators in several elementary schools in Blitar Regency. This study was conducted in April 2024. The results indicate that some schools have not fully implemented activities to support student's health.

Keywords: *Health Education, Elementary School, Blitar*

Abstrak: Pendidikan kesehatan merupakan salah kegiatan yang dilaksanakan sekolah untuk membentuk perilaku hidup bersih dan sehat siswa. Adanya kegiatan ini diharapkan tingkat kesehatan dan kebersihan pada siswa meningkat. Tujuan penelitian ini adalah mengetahui implementasi pendidikan kesehatan yang ada di sekolah dasar. Jenis penelitian ini adalah penelitian deskriptif kuantitatif. Metode pengumpulan

data dilakukan dengan penyebaran angket kepada guru, siswa, dan pembina UKS di beberapa sekolah dasar di Kabupaten Blitar. Penelitian ini dilaksanakan pada bulan April 2024. Hasil dari penelitian ini adalah sebagian sekolah belum sepenuhnya melaksanakan kegiatan untuk menunjang kesehatan siswa.

***Kata Kunci:** Pendidikan Kesehatan, Sekolah Dasar, Blitar*

INTRODUCTION

Health is a condition where physical, mental, and social functions are balanced and free from various diseases. Healthy physical and mental conditions enable various activities to be carried out effectively and allow for a more productive life (Ismadi, 2023). According to Citrawathi (2014), there are four factors that influence a healthy life: heredity, behavior, environmental factors, and healthcare services. Heredity is a factor that cannot be changed because it is present in the body from birth and inherited in the form of genes, such as diabetes and hemophilia. Another factor that significantly affects health is the environmental factor. A clean environment is one that is free from waste and pathogens that cause diseases. Behavioral factors are one of the aspects that can be modified by providing appropriate knowledge and education.

Health education is a process designed to improve individuals' and communities' knowledge, skills, and attitudes regarding health and ways to maintain and enhance it. Health education at the elementary school level aims for students to understand, practice, and become accustomed to activities that support a clean and

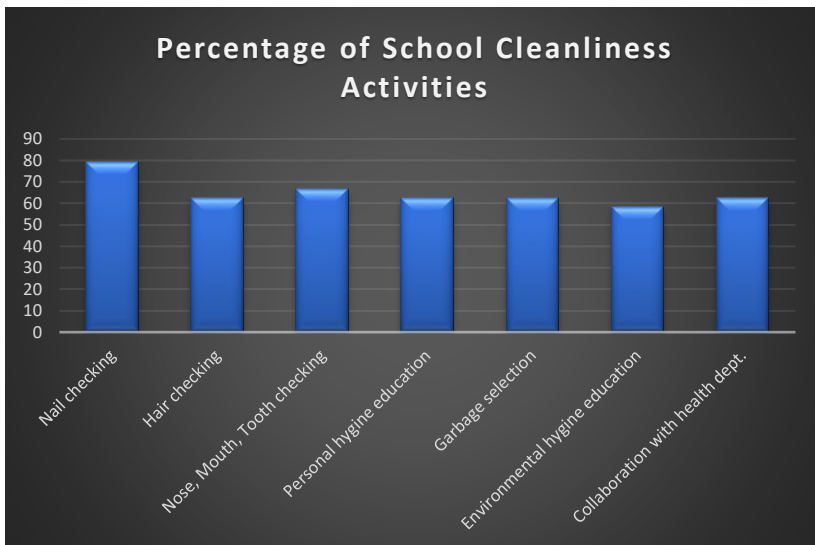
healthy life. Clean and healthy living behavior is one form of effort to achieve public health (Kemenkes, 2011). Clean and healthy living behavior in educational institutions can be seen through programs such as routine handwashing with soap, consuming healthy food, maintaining environmental cleanliness, and following appropriate immunization schedules. The implementation of health education programs is important because it can serve as a benchmark for schools in improving the health and cleanliness standards of their students. The objective of this study is to assess the implementation of health education in elementary schools in Blitar Regency.

METHOD

This study is a quantitative descriptive. The subjects of this study are school principals, teachers, students, and school health program coordinators. The data collection instrument is a questionnaire developed with a Likert scale. Sampling was conducted in April 2024. The research was carried out by distributing questionnaires to school principals, teachers, school health program coordinators, and students at 6 elementary schools in Blitar Regency. The questionnaire contained questions related to the implementation and programs associated with school health education. The results of the questionnaire were then analyzed by calculating the number of respondents who answered 'strongly agree,' 'agree,' 'disagree,' and 'strongly disagree. Questionnaire scores: Strongly agree (4), Agree (3), disagree (2), strongly disagree (1).

RESULT

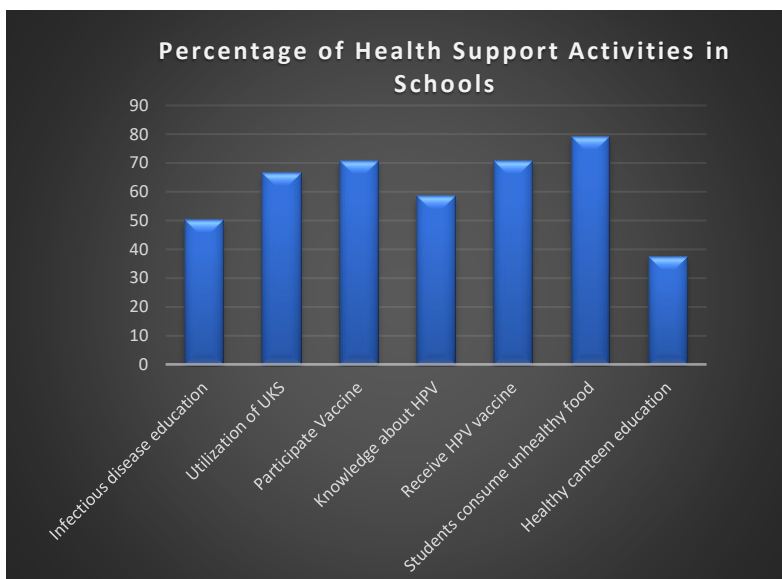
Based on the questionnaires that have been distributed, it is known that the schools have conducted activities such as nail examinations (79%), hair examinations (63%), and nose, mouth, and teeth examinations (67%). The schools' implementation of personal hygiene education for students and parents is relatively low, at 63%, and environmental hygiene education is at 58%. The results can be seen in the following diagram (Figure 1).



Picture 1: Percentage chart of cleaning activities

In addition, the results of the questionnaire analysis related to the implementation of health support activities in schools show that only 50% of schools have conducted socialization about communicable and non-communicable diseases. The percentage of schools utilizing the School Health Unit (UKS) is 67%. Schools have also participated in immunization programs, particularly HPV immunization for grades 5 and 6, with a coverage rate of 71%.

However, regarding the healthy canteen program, many schools have not received socialization about it, resulting in a figure of 38%, and the number of students consuming unhealthy food remains very high at 79%. The results can be seen in the following diagram (Figure 2).



Picture 2: Percentage chart of health support activities in schools

Health education has been implemented in all six schools, however some activities have not been carried out effectively. Activities such as nail, hair, nose, mouth, and teeth checking have been conducted by some schools, though not regularly. Nail, hair, nose, mouth, and teeth examinations are important activities that help ensure student hygiene and can detect potential health issues among students (Natalia & Anggraini, 2022). Nail and hair examinations can be carried out independently by the school with the assistance of the School Health Unit (UKS) staff, while nose,

mouth, and teeth examinations can be supported by the local public health center or health department.

In addition to routine examinations, some schools also conduct socialization programs on personal hygiene and environmental cleanliness for students and parents. These socialization activities are one way to build understanding and awareness of the importance of maintaining personal and environmental hygiene (Nurdin & Ahmad, 2024). An understanding of personal and environmental cleanliness creates an ideal teaching and learning environment (Bora et al., 2020). Teachers play a crucial role in these socialization activities as they can provide examples and motivation to students in applying personal and environmental hygiene practices.

Health support activities that have been implemented by schools include the utilization of the School Health Unit (UKS), immunization programs, and healthy canteens. The UKS is one of the programs aimed at improving the quality of education by promoting healthy living habits (Lestari et al., 2023). As a health support facility in schools, UKS is not yet widely utilized. This is because some schools lack complete medical supplies, so students who are ill are often advised to go directly to the nearest public health center.

Immunization activities, particularly HPV, have been carried out by most schools. However, some schools are still unaware of information related to HPV immunization. HPV (human papillomavirus) immunization is intended to prevent cervical

cancer (cancer of the cervix) (Setyawati, 2014). Cancer remains one of the leading causes of death worldwide. According to The International Agency for Research on Cancer (IARC), over 200,000 deaths in Indonesia are due to cancer, especially cervical cancer. HPV immunization is prioritized for children aged 9-14 years to prevent cervical cancer (Kim et al., 2023).

Some schools have canteens, but some still sell packaged foods containing preservatives. Such canteens cannot be considered healthy canteens. Additionally, students sometimes buy food from outside the school area, which contributes to high consumption of unhealthy food among students. Unhealthy food can interfere with children's growth and development (Wulandari, 2022), thus requiring special attention to the food consumed by students, especially while at school. Having canteens that offer a variety of healthy foods provides an alternative solution for obtaining clean and nutritious food. Moreover, socialization about healthy canteens to school authorities is also necessary to provide education on healthy food (Prasetyaningrum et al., 2020).

CONCLUSION

Health education in elementary schools includes several activities that can be carried out, such as personal and environmental hygiene checks, utilization of the School Health Unit (UKS), immunization, and implementation of healthy canteens. Some elementary schools in Blitar Regency have conducted health and hygiene support activities, but they are not yet optimal. Socialization regarding personal and environmental cleanliness

has not been carried out regularly. There is a need for attention and collaboration with the local health department to improve children's health education, particularly at the elementary school level.

REFERENCES

- Bora, I. F. R., Sum, T. A., & Naru, A. L. 2022. Implementation of a Clean and Healthy Lifestyle for Early Childhood Education. *Proceedings of the 2nd International Conference on Education, Humanities, Health and Agriculture, ICEHHA 2022*.
- Carolina, Putria. 2018. Pendidikan Kesehatan Tentang Diabetes Melitus Pada Keluarga Di Kelurahan Pahandut Palangkaraya. *Jurnal Surya Medika*. Vol 4 No. 1
- Citrawathi, D. 2014. Pengembangan Model Pendidikan Kesehatan Integratif Dan Kolaboratif Di Sekolah. *Prosiding Seminar Nasional FMIPA Undiksha Ke 4*.
- Gordon, L., & McKinney, K. (2021). "Health Education and Promotion: A Comprehensive Approach." *Journal of Health Education Research & Development*, 39(2), 123-135
- Ismadi, Hadi. 2023. Analisis Pendidikan Kesehatan Sekolah. *Jurnal Kependidikan*, Vol 7 No. 2.
- Kemenkes. 2011. Pedoman Pembinaan Perilaku Hidup Bersih dan Sehat (PHBS).
- Kim, J., Park, S., Cho, Y., & Sok, S. 2023. Effects of a Human Papilloma Virus (HPV) Prevention Education among Girls in

- 6th Grade Elementary School, South Korea. *Sage Journals*, Vol 13 (3).
- Lestari, A., Rafi'ah, R., Maliga, I. & Hasifa, H. 2023. Pemanfaatan Program Usaha Kesehatan Sekolah (UKS) Dalam Upaya Peningkatan Kesehatan Masyarakat di Sekolah Dasar Negeri Songkar. *Jurnal Masyarakat Mengabdikan Nusantara*, Vol. 2 No. 2.
- Miller, M., & Kaur, M. (2020). "Evaluating the Effectiveness of Health Education Programs." *International Journal of Public Health Education*, 12(4), 456-467.
- Natalia, S., & Anggraeni, S. 2022. Skrining Kesehatan Anak Sekolah sebagai upaya deteksi Kesehatan sejak dini. *Journal of Community Engagement in Health*, Vol. 5 No. 1. 47-50.
- Nurdin, S., & Ahmad, Z. 2024. Peningkatan Perilaku Hidup bersih dan Sehat melalui Kegiatan Sosialisasi. *Mohuyula: Jurnal Pengabdian Kepada Masyarakat*, Vol 3 No. 1, 27-31.
- Prasetyaningrum, Y. & Kadaryati, S. 2020. Edukasi Penyelenggaraan Kantin Sehat pada Pengelola Sekolah di Wilayah Kecamatan Depok, Kabupaten Sleman, Yogyakarta. *E-DIMAS: Jurnal Pengabdian Kepada Masyarakat*, Vol. 12 No.1.
- Sari, Indah P. 2013. Pendidikan Kesehatan Sekolah Sebagai Proses Perubahan Perilaku Siswa. *Jurnal Pendidikan Jasmani Indonesia*. Vol. 9 No. 2.
- Setyawati, Dewi. 2014. Human Papilloma Virus Dan Kanker Serviks. *Al-Sihah: Public Health Science Journal*, Vol. 6 No. 2

- Smith, J., & Thompson, P. (2022). "Strategies for Effective Health Education in Diverse Populations." *Health Education Journal*, 81(1), 45-60
- Wulandari, Y. et al. (2022). Parenting Kesehatan Diri Dan Lingkungan: Pentingnya Gizi Bagi Perkembangan Anak. *Jurnal Multidisipliner Bharasumba*, 1(1), 93-99.