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## THE EFFECT OF HEALTHY LIVING BEHAVIOUR WITH THE USE OF EDUCATIONAL MEDIA WORKSHEET ON PERSONAL HYGIENE HABITS IN SCHOOL AGE CHILDREN

Lufthiani<sup>1</sup>, Evi Karota<sup>2</sup>, Ismayadi<sup>3</sup>, Siti Zahara Nasution<sup>4</sup>

<sup>1,2,3,4</sup>Faculty of Nursing, Universitas Sumatera Utara, Medan 20155

Email: : lufthiani@usu.ac.id,

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### ABSTRACT

School-age children are vulnerable to health problems due to biological, behavioral and environmental factors. Currently, there are still many school-age children who have personal hygiene problems. This problem will result in physical disorders, fulfillment of psychosocial needs and personal comfort. School-age children are an ideal time to train motor skills including practicing personal hygiene. This study purpose to improve healthy living behaviour regarding personal hygiene habits in school-age children through educational worksheet media. Method: This study used a descriptive analysis method with a Quasi Experiment approach with a pretest-posttest one group control design. The statistical test used was Paired t-test to determine healthy living behaviour using worksheet media on personal hygiene habits patterns in school-age children in Tanjung Rejo Village. Results: The results of the Paired t-test showed that there was an effect of the using worksheet educational media on the habit patterns and knowledge of school-age children on personal hygiene ( $P=0.000$ ). Conclusion: Personal hygiene is one of the basic human needs that is carried out every day, including hygiene of hair, teeth and mouth, skin, hands and feet, genitalia and clothing. One way to improve personal hygiene in children is to provide health education. Educational media helps health education to make it easier to convey information. The use of worksheet media is one of the educational media that has an influence on the personal hygiene of school-age children because children prefer attractive pictures rather than writing so as to increase children's enthusiasm for participating in the learning process.

**Keywords:** Personal Hygiene, Media Worksheet, School Age Children.

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### INTRODUCTION

School-age children are children aged 6-12 years (Bogale et al., 2018). School-age children are a group that is vulnerable to health problems due to biological, behavioral and environmental factors. Behaviors that can affect health in school-age children are lifestyle and personal hygiene (Kusumawardani et al., 2019). Personal hygiene is one of the basic human

needs that is carried out every day, including hygiene of hair, teeth and mouth, skin, hands and feet, genitalia and clothing (Purbasari, 2020). Health problems in school-age children are often related to personal hygiene (Rochani, 2021). Personal hygiene is personal hygiene and health which purpose to prevent the emergence of disease in oneself and others. Personal hygiene needs to be applied to individuals and their families to avoid disease (Andira & Puspita, 2023). Personal hygiene is the underlying factor that a person can be exposed to disease. Transmission can occur from inadequate sanitation practices. At school-age children, parents no longer fully supervise their children's activities, children's negligence in implementing personal hygiene can trigger the transmission of diseases due to infections that are transmitted to school age children (Yusiana et al., 2022). This incident can certainly affect children's academic performance due to illness because decreased school attendance (Pradhan et al., 2020).

In low and middle income countries, the problem of personal hygiene is in a bad situation due to inadequate health care facilities, which causes the health status of school children to suffer. Lack of response to personal hygiene can increase the prevalence of diarrhea, worms, and acute respiratory infections (ARI) as well as psychological disorders in children such as not feeling comfortable, feeling embarrassed and so on. The increasing prevalence of this disease can cause serious illnesses among school-age children, and even cause death in the school child population (Rochani, 2021). The personal hygiene problem most often experienced by children in Indonesia is dental and oral disease with high disease rates in Indonesia due to a lack of awareness of the importance of maintaining dental and oral hygiene (Wulandari & Linggardini, 2023).

Elementary school-age is an ideal time to train a child's motor skills (Wulandari & Linggardini, 2023). Including training school-age children to practice personal hygiene. One way to improve personal hygiene in children is by providing health education. Health education is not only a process of raising awareness to the community in providing and increasing knowledge in the health sector, but also an effort that is able to bridge behavioral changes, both in society and in organizations and the environment. Health education cannot be separated from the media because through the media, the messages conveyed can be more interesting and understood, so that the target can learn the message and the target can decide to adopt positive behavior (Sunarsih et al., 2023). Educational media can make it easier to convey health education information, so that good behavior is expected after providing health education (Widadi, 2022). The implementation of health education carried out on children is often not paid attention to by children as an audience, so interesting educational media is needed (Brennan, 2016).

This research uses worksheets as an educational medium to improve the personal hygiene of school children in Tanjung Rejo Village. A worksheet is a book shaped like a booklet

that contains things that children must do to improve personal hygiene, such as brushing their teeth, bathing, cutting their nails and others. On the worksheet, there are pictures of the actions that must be carried out by the child and will be presented with attractive and colorful pictures. According to (Khotimah et al., 2020), children prefer pictures over writing, and they like it even more if pictures are made and presented in accordance with good requirements, it will increase students' enthusiasm in participating in the learning process because it is interesting. So the use of worksheet media in implementing health education can be a solution to attract children's attention to implementing personal hygiene.

## RESEARCH METHODS

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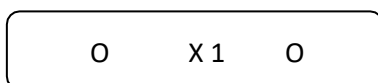
The type of research used is descriptive analysis with a Quasi Experiment approach with a pretest-posttest one group control design with educational activities using Worksheet Media. This research purpose to analyze healthy living behavior by using Worksheet Educational Media on the Personal Hygiene Habit Patterns of School Age Children.

Data analysis was carried out in two ways, namely: univariate analysis which was carried out to determine the characteristics of respondents' demographic data and pre-test and post-test knowledge questionnaires. Knowledge about healthy living behavior of school children, children's personal hygiene patterns, then analysis was carried out using frequency and proportion distribution tables. Bivariate analysis of the independent and dependent variables used the Paired t-test statistical test to determine healthy living behavior using worksheet media on personal hygiene habit patterns in school-age children in Tanjung Rejo Village.

The intervention was carried out for 6 months, consisting of 3 educational meetings and monitoring the use of worksheet educational media in the Tanjung Rejo Village area.

This research design can be described as follows:

Figure 1. Pretest-Posttest Design



Information:

O1 = Pre-test in the group of school age children

O2 = Post-test in the group of school-aged children

X1 = Personal Hygiene Worksheet Media

The population in this study were all school age children in Tanjung Rejo Village using a purposive sampling technique. The number of samples taken was 60 children with the following inclusion criteria: Families with school age children, Children aged 6–12 years can read and write, Respondents in the Tanjung Rejo sub-district area.

## RESULTS AND DISCUSSION

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Table 1 shows the demographic data for the implementation group respondents in this study, the majority of whom were aged 11 years (30%) and 12 years (30%). There were 30 male respondents (50%) and 30 female respondents (50%). Based on class in elementary school (SD), the majority of respondents were in grade 6 of elementary school, 12 people (60%).

From the pretest results which can be seen in table 2, it shows the percentage of personal hygiene knowledge of school age children before health education was carried out using worksheet media, 20% had poor knowledge, 55% had sufficient knowledge, and 25% had good knowledge. After health education was carried out, the percentage results led to good changes, namely poor knowledge to 5%, sufficient knowledge to 25% and good knowledge to 70%. From test Paired t-test obtained value ( $P=0.000$ ).

The results of observing the personal hygiene behavior of school-age children also experienced changes which can be seen in table 3. When the pretest was carried out, the observation of personal hygiene behavior was 40% less, 50% of the personal hygiene behavior was adequate and 10% of the personal hygiene behavior was good. After being given health education using worksheet media, children's personal hygiene became better, namely personal hygiene decreased to 10%, sufficient to 35%, and good to 55%. From the Paired t-test, the value was obtained ( $P=0.000$ ).

Table 1. Frequency Distribution of Adolescent Data Based on Respondent Characteristics  
Source: Researchers own construction, 2018

| Respondent Characteristics | Frequency (f) | Percentage (%) |
|----------------------------|---------------|----------------|
| <b>Age</b>                 |               |                |
| 7 years                    | 6             | 10.0           |
| 8 years                    | 3             | 5.0            |
| 9 years                    | 6             | 10.0           |
| 10 years                   | 9             | 15.0           |
| 11 years old               | 18            | 30.0           |
| 12 years old               | 18            | 30.0           |
| <b>Total</b>               | <b>60</b>     | <b>100.0</b>   |
| <b>Gender</b>              |               |                |
| Man                        | 30            | 50.0           |
| Woman                      | 30            | 50.0           |
| <b>Total</b>               | <b>60</b>     | <b>100.0</b>   |
| <b>Class</b>               |               |                |

|                     |           |              |
|---------------------|-----------|--------------|
| 2 elementary school | 6         | 10.0         |
| 3 elementary school | 3         | 5.0          |
| 4 elementary school | 6         | 10.0         |
| 5 elementary school | 9         | 15.0         |
| 6 elementary school | 36        | 60.0         |
| <b>Total</b>        | <b>60</b> | <b>100.0</b> |

Tabel 2. Frequency Distribution of Personal Hygiene Knowledge Before and After Using Worksheet Media (n=60)

| Personal Hygiene Knowledge | Pretest |      | Post test |      | Q     | PValue |
|----------------------------|---------|------|-----------|------|-------|--------|
|                            | F       | %    | F         | %    |       |        |
| Good Knowledge             | 15      | 25.0 | 42        | 70.0 | 7,904 | 0,000  |
| Sufficient Knowledge       | 33      | 55.0 | 15        | 25.0 |       |        |
| Lack of Knowledge          | 12      | 20.0 | 3         | 5.0  |       |        |
| <b>Mean Score</b>          | 33.33   |      | 33.33     |      |       |        |

Table 3. Frequency Distribution of Personal Hygiene Observations Before and After Using Worksheet Media (n=60)

| Observation Personal Hygiene | Pretest |      | Post test |      | Q     | PValue |
|------------------------------|---------|------|-----------|------|-------|--------|
|                              | F       | %    | F         | %    |       |        |
| Good                         | 6       | 10.0 | 33        | 55.0 | 8,548 | 0,000  |
| Enough                       | 30      | 50.0 | 21        | 35.0 |       |        |
| Not enough                   | 24      | 40.0 | 6         | 10.0 |       |        |
| <b>Mean Score</b>            | 33.3    |      | 33.3      |      |       |        |

Clean and healthy living behavior (PHBS) is an effective step to ward off disease to be free from various diseases. Healthy behavior and hygiene can be carried out by maintaining personal hygiene (Gustina et al., 2020). Personal hygiene is an individual effort to maintain cleanliness and health that purpose to prevent disease in oneself and others. Personal hygiene includes hygiene of skin, hair, hand and toenail hygiene, skin hygiene, clothing hygiene, dental and oral hygiene cleanliness of teeth and mouth, and overall body care. Implementing personal hygiene can minimize the entry point for microorganisms from various existing sources so that it can prevent someone from contracting disease.

Based on a pre-test conducted on school-age children's knowledge about personal hygiene, it was found that 55% of respondents had sufficient knowledge, 20% had insufficient

knowledge, and 5% had good knowledge and from the results of personal hygiene observations, 50% had adequate personal hygiene, 40% had insufficient and 10% is good.

From the results of observations that have been made, there are still many children who have lice in their hair, dandruff, black and long nails, and sores on their skin. This is in line with the respondents' lack of knowledge about personal hygiene. Based on the results of research conducted by (Sulandari et al., 2020), it shows that there is a relationship between the level of knowledge about personal hygiene and students' personal hygiene performance. Knowledge is the result of sensing a particular object. Knowledge is an important domain for influencing a person's behavior, the higher the knowledge a person obtains, the better the behavior they demonstrate (Inayah et al., 2018).

The research results showed that the majority of respondents were aged 12 years. Children aged 6-12 years or the final age of children who are in elementary school are experiencing social development. At this age, parents no longer fully supervise their children's activities. Children have begun to adapt to their environment and tend to actively develop their curiosity. At this age, children will socialize more with friends their age and try lots of new things. In this condition, children often neglect personal hygiene, making them vulnerable to disease (Puspita et al., 2017).

School-age children are one of the groups most susceptible to health problems due to environmental factors and poor lifestyles (Romadonika et al., 2021). The increasing burden of infectious diseases among school children due to poor personal hygiene practices and inadequate sanitation conditions remains a concern for developing countries (Suprobo et al., 2022). According to (Oktafia et al., 2021), the implementation of personal hygiene in school-age children is still very minimal. The absence of significant changes in health behavior from year to year results in increasing morbidity rates every year. Based on the pre-test data obtained, it shows that there is still a lack of implementation of personal hygiene among school-age children in Tanjung Rejo Village. To improve the implementation of personal hygiene, health education is provided through worksheet media. After providing health education using worksheet media, the posttest results showed a change in personal hygiene patterns in school-age children in Tanjung Rejo sub-district.

Worksheets is one of the terms for Children's Worksheets (LKA) which are provided for early childhood as effective and efficient teaching materials in the form of printed media as guidelines or basic instructions in carrying out a learning activity in accordance with the basic competencies to be achieved (Adhafina et al., 2023). Worksheets is a book shaped like a booklet which contains things that children should do to improve personal hygiene such as brushing their teeth, bathing, trimming their nails and others.

On the worksheet, the pictures of the actions that must be carried out by children are presented in attractive and colorful pictures. After being given educational media in the form of worksheets, there was an increase in knowledge and changes in personal hygiene behavior among respondents. According to (Khotimah et al., 2020), children prefer pictures rather than writing, especially if the pictures are made and presented according to good requirements, it will increase students' enthusiasm in participating in the learning process because it is interesting.

## CONCLUSION

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School-aged children are a group that is vulnerable to health problems. They are more vulnerable to health problems due to biological, behavioral and environmental risk factors. Behaviors that can affect the health of school-aged children include lifestyle and personal hygiene. Personal hygiene is one of the basic human needs that is carried out every day, including hygiene of hair, teeth and mouth, skin, hands and feet, genitalia and clothing. One way to improve personal hygiene in children is by providing health education.

Educational media helps health education to make it easier to convey information, so that good behavior is expected after providing health education. The educational media used is a worksheet to improve personal hygiene in school children. Based on the research results, the use of worksheet media has an influence on the personal hygiene of school-aged children in Tanjung Rejo Village and there is an increase in knowledge and changes in personal hygiene for the better.

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