

Effectiveness of Education on Increasing Knowledge, Attitude, and Practice of Hygiene Behavior and Health Attitudes of Preschool-Aged Teachers

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Abstract. Hygiene Behavior and Health Attitudes (HBHA) is a vital behavior to achieve maximum health, HBHA should start from children's age so until adult age will apply it in everyday life. HBHA in schools is a set of behaviors practiced by students, teachers, and the school community based on awareness as a learning outcome so that they can independently prevent disease, improve their health, and play an active role in creating a healthy environment. HBHA at school is one of the manifestations of HBHA in general but based on observations, and it is known that it cannot apply better, one of the reasons in the low level of teacher knowledge about HBHA that it cannot provide an excellent example to their students. The purpose of this community dedication was to provide education to the level of knowledge, attitudes, and practice of preschool-aged teachers of HBHA in Amanah Preschool-Aged, Langkat Regency, North Sumatera. The community dedication design is a quasi-experimental method with one sample pretest-post design. The population in this study were all Amanah Preschool-Aged teachers in Langkat Regency, North Sumatera. The source of research data is primary data and data collection done by interview and observation. Before the education is carried out, an assessment of the teachers' knowledge, attitudes, and practice regarding HBHA is conducted, then after training, it is reassessed. From the results of the implementation of community service, it is known that there is an increase in knowledge, attitudes, and practice about HBHA of Amanah preschool-aged teachers after being given education.

Keywords: Hygiene behavior and health attitudes, Education, Knowledge, Attitude and practice, Preschool-aged teachers

Abstrak. *Perilaku Hidup Bersih dan Sehat (PHBS) merupakan suatu perilaku yang penting untuk mencapai kesehatan yang maksimal, PHBS seyogyanya dimulai dari usia dini sehingga sampai usis dewasa akan menerapkannya dalam kehidupan sehari-hari. PHBS di sekolah adalah sekumpulan perilaku yang dipraktikkan oleh peserta didik, guru dan masyarakat lingkungan sekolah atas dasar kesadaran*

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sebagai hasil pembelajaran, sehingga secara mandiri mampu mencegah penyakit, meningkatkan kesehatannya, serta berperan aktif dalam mewujudkan lingkungan sehat. PHBS disekolah merupakan salah satu perwujudan PHBS secara umum, tapi berdasarkan hasil pengamatan diketahui masih rendahnya aplikasi PHBS di sekolah-sekolah yang dapat disebabkan masih rendahnya pengetahuan guru sehingga tidak dapat memberikan contoh PHBS yang baik kepada siswa-siswanya. Tujuan pengabdian masyarakat ini adalah untuk menganalisis efektivitas pemberian edukasi terhadap tingkat pengetahuan, sikap, dan perilaku guru PAUD terhadap PHBS. Desain pengabdian ini adalah quasi experiment dengan metode one sample pretest-post design. Populasi dalam penelitian ini adalah seluruh guru PAUD RA Amanah di Kecamatan Binjai, Kabupaten Langkat, Sumatera Utara. Sampel penelitian diambil dengan menggunakan teknik total sampling. Sumber data penelitian adalah data primer, pengambilan data dilakukan dengan cara wawancara dan observasi. Sebelum dilakukan edukasi, dilakukan penilaian terhadap pengetahuan, sikap dan tindakan guru-guru mengenai PHBS, Kemudian setelah edukasi dilakukan penilaian kembali. Dari hasil pelaksanaan pengabdian masyarakat diketahui terdapat peningkatan pengetahuan, sikap dan tindakan guru-guru TK setelah diberikan edukasi mengenai PHBS.

Kata Kunci: Perilaku hidup bersih dan sehat, Pengetahuan, Sikap, Perilaku, Pendidikan anak usia dini

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1. Introduction

In school, Hygiene behavior and health attitudes (HBBA) is a set of behaviors practiced by students, teachers, and the school community based on awareness as a learning outcome so that they can independently prevent disease, improve their health, and play an active role in creating a healthy environment. There are several indicators used as a measure to assess HBHA in schools, namely washing hands (with running water and soap), consuming healthy snacks in school canteens, using clean and healthy latrines, regular and measured exercise, eradicating mosquito larvae, not smoking at school, weighing and measuring height every month and taking out the trash in its place [1] [2].

The implementation of HBHA efforts in schools directly combines the potential of parents, teachers, and health workers as well as the Head of Education Office, Head of Health Office, and across local sectors. Teachers are directed to help the implementation of HBHA in the structure of educational institutions. Besides, teachers are expected to be able to encourage their children to implement health care habits. According to Green, teachers have a role in children's behavior in maintaining their health. The teacher can

act as a counselor, instructor, motivator, manager, and model in showing something like healthy life behavior [3].

Early childhood is a child whose age has not yet entered a formal educational institution such as elementary school, they remain at home or participate in activities in the form of various preschool-aged educational institutions, such as playgroups, kindergartens, or daycare centers. Early childhood is children aged 0-8 years. The first five to six years of a child's life is a golden age, which is a "sensitive period" and only comes once. Therefore, conditions are needed following the needs of children so that children's growth and development can be achieved optimally [4]. A healthy child is a child who can grow and develop well, his soul develops according to his age level, active, happy, so organized, clean, and can adjust to his environment. A healthy child will usually be able to study well [4] [5].

Basic health research in 2013 reported that the risk behavior carried out by school-age groups was that eating fewer vegetables occurred by 95%, not brushing teeth properly by 92.3%, and not washing hands properly by 80%. Risk behaviors of preschool-age children can be influenced by behavioral health habits that are not well fostered when the child is still in pre-school/early age [6]. The teacher's role is very strategic for the application of HBBA in schools, and the teacher is the most appropriate role model because, in addition to teaching, teachers can practice HBHA in schools so students can emulate it. Good behavior regarding HBHA is essential for every teacher so that it can be a good model, that providing education will increase the understanding and practice of HBBA in schools by teachers.

The purpose of this study was to analyze the effectiveness of providing education in improving the knowledge, attitudes, and practice of preschool-Age teachers in Hygiene behavior and health attitudes in Amanah Preschool-Aged in Langkat, North Sumatera.

2. Method

This type of research used in this study is a quasi-experimental with one sample pretest-posttest design method, which compares the knowledge, attitudes, and practice of preschool-age teachers regarding HBHA before and after the intervention is given in the form of HBBA education. The study population was all Amanah Preschool-Age teachers, Langkat Regency, North Sumatra, which amounted to 15 people. The source of research data is primary data, including data on teachers characteristics, knowledge level, attitudes, and practice of HBHA. The assessment of the level of knowledge,

attitudes, and practice of preschool-age teachers uses a questionnaire that has valid and reliable. This study measures sociodemographic, including age, gender, education level, years of service, level of knowledge, attitudes, and practice of preschool-age teachers towards HBBA. The data used in this study are primary data obtained from observations and direct interviews using a questionnaire. Data analysis was using SPSS and analyze using Dependent T-Test, which saw the difference in the average score of knowledge, attitudes, and practice after HBBA education was given to Amanah preschool-age teachers.

3. Result and Discussion

Basic characteristic of Amanah Preschool-age teachers

Characteristics of respondents in this study include age, sex, level of education and length of service, for more details can be seen in Table 1 below:

Table 1. Basic characteristic of Amanah Preschool-age teachers

Characteristic	Frequency (person)	Percentage (%)
Age (years)		
≤ 45 years	15	100
> 45 years	0	0
Gender		
Men	2	13.3
Women	13	86.7
Education		
Senior High School	5	33.3
Bachelor	10	66.7
Working period		
≤ Ten years	10	66.7
> 10 years	5	33.3

Based on the above table, based on aged, all of them aged > 45 years, based on gender, it is known that the majority of teachers are female as many as 13 people (86.6%) and male teachers as many as 2 people (13.3%). Teachers of high school education level are five people (33.3%), and teachers with bachelor graduate are ten people (66.6%), based on working period, about 10 people (66.6%) has been teaching more than 10 years.

Knowledge, attitude and practice of HbHA of Preschool-aged teachers

The assessment of the level of knowledge, attitude and practice of HBHA of respondents is done by calculating the total number of respondents' answers. for more details can be seen in Table 2 below:

Table 2. Knowledge, attitude, and practice of HBHA (Pre-Test dan Post-Test)

Measurement	Pre-Test		Post-Test		<i>p</i>
	Frequency (person)	Percentage (%)	Frequency (person)	Percentage (%)	
Knowledge					
Good	12	80.0	13	86.7	0.014
Enough	3	20.0	2	13.3	
Less	-	-	-	-	
Attitudes					
Good	15	100.0	15	100.0	0.502
Enough	-	-	-	-	
Less	-	-	-	-	
Practice					
Good	10	66.7	14	93.3	0.008
Enough	5	33.3	1	6.7	
Less	-	-	-	-	

Based on the table above, it is known that the level of knowledge about HLB before education is good knowledge about 12 people (80.0%). After being given education, respondents with a good level of knowledge increased to 13 people (86.7%), and respondents with a moderate level of knowledge decreased to 2 people (13.3%). In general, the level of knowledge before being given education already in the good category so that when education was given, the education will further enhance respondents' understanding of the HBBA problem. The results of other studies conducted a known elementary school teacher's level of knowledge about HBBA, namely the indicator of washing hands obtained by 79%, which is in a good category. [8]. Another study also stated that the level of elementary school teacher's knowledge of HBBA was good at around 58.3% [1] [7].

The result of the analysis shows that the *p*-value of <0.05 . The conclusions were the providing education provides a significant change to the level of knowledge about HBBA. This situation can be caused by the high level of teacher education and the start of HBBA applications such as washing hands after playing, before eating and after eating even though the facilities are inadequate, so that when given HLB education the teachers can absorb well.

The results showed the teacher's attitude towards HBBA before being given education was a good majority of 15 people (100%), after being given education, also showed the same amount of good as many as 15 people (100%). Furthermore, an analysis of the differences in attitude scores before and after the provision of education using the dependent T-test, the results *p* value > 0.05 , this shows that the change in attitude scores before and after the provision of education is not significant, so it can be concluded that

in this study providing education is not provide significant changes to the attitudes of preschool-aged teachers.

The attitude of PAUD teachers in this study is already in the good category, and this is because, in general, preschool-aged teachers have begun to understand HBBA. However, it is challenging to implement it entirely because there are still limited HBBA facilities in schools, such as inadequate handwashing facilities, latrines that do not meet conditions, limited trash cans, availability of healthy snacks, and others.

Practice assessment is done by calculating the total number of respondents' answers. Based on the scoring conducted, it is known that the respondent's practice before education is in the good category of 10 people (66.7%), while the practice after being educated has increased to 14 people (93.3%) good behavior and respondents with moderate behavior decreased to one person (6.7%). Furthermore, result from analysis using the dependent T-test, known p-value <0.05 , this shows that there are significant differences in practice level scores before and after the provision of education, so it can be concluded that in this study providing education provides a significant change in the level of practice of preschool-aged teachers in HBBA.

This result is not in line with other research, which states that the practice of elementary school teachers in HBBA in Tanah Gambus are still in the moderate category [10] [11]. Sometimes there is a positive attitude or receiving a stimulus that is not always accompanied by action because even if there are an attitude and the desire to action must be supported by the availability of facilities and infrastructure. Sometimes it is still a separate obstacle to be able to realize the HBBA. Good practice of the teacher is because they already have good knowledge, attitudes that manifest good practice or behaviors. Enough knowledge is very influential on behavior; behavior based on good knowledge and understanding will create more lasting behavior.

4. Conclusion

Education is an essential factor in the application of PHBS in schools. By providing proper education to teachers who will become HBHA role models and completing HBHA facilities, such as rubbish bins, hand washing facilities, clean restrooms, and clean water sources in schools, will facilitate the implementation of HBHA. We hope good health behavior starts with children. Children can begin, and hopefully, this can be replicated to adulthood.

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