

DESCRIPTION OF KNOWLEDGE, ATTITUDES AND ACTIONS OF STUDENTS OF SD NEGERI BUENG CALA ON CLEAN AND HEALTHY LIVING BEHAVIORS

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Abstract

Clean and healthy living behavior in schools is a set of behaviors that are practiced by students, teachers and the school community as learning outcomes, so that they are able to independently prevent disease, improve health and play an active role in creating a healthy environment. The aim of the study was to find out the description of the knowledge, attitudes and actions of class VI students at SD Negeri Bueng Cala towards clean and healthy behavior. This research is descriptivewith a sample of 57 respondents using the total sampling technique. The instrument used was a questionnaire in the form of a statement with a total of 24 statements, and the results of data analysis are presented intable form of frequency distribution and percentage.The results of this study indicate that the knowledge of class VI students at SD Negeri Bueng Cala regarding Clean and Healthy Behavior (PHBS) is in the high category, namely 31 respondents (54.39%). The attitudes of students regarding PHBS were in the positive category of 33 respondents (57.89%). The actions of students regarding PHBS were in the category of 32 respondents (56.14%). Based on the results of the research, it is hoped that students will be able to prevent disease, strengthen children's skills in clean and healthy living behavior, improve children's mental and social development, and improve students' abilities to protect themselves from harmful substances.

Keywords: *Knowledge, attitude, action, PHBS*

1. INTRODUCTION

The Healthy Indonesia Program is one of the programs from the 5th Nawa Cita agenda, which is to improve the quality of life for Indonesian people. The Healthy Indonesia program will then become the main program for Health Development, which is then planned to be achieved

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through the Ministry of Health's Strategic Plan for 2015-2019. The Healthy Indonesia Program is implemented by upholding three main pillars, namely: (1) implementing a healthy paradigm, (2) strengthening health services, and (3) implementing national health insurance (JKN). The application of a healthy paradigm is carried out with a strategy of mainstreaming health in development, strengthening promotive and preventive efforts, as well as community empowerment (Kemenkes RI, 2016).

One of the promotive and preventive efforts is health promotion regarding clean and healthy living behavior in schools. PHBS in schools is an activity to empower students, teachers and the school community to want to adopt a healthy lifestyle to create healthy schools. The benefits of PHBS in schools are able to create a clean and healthy environment, improve the teaching and learning process and students, teachers and the school environment become healthy (Ministry of Health RI, 2011). WHO states that health is one of the rights of individuals to be able to carry out all forms of daily activities or routines. In order for a healthy life to be implemented, everyone must be able to have good behavior, namely Clean and Healthy Behavior. PHBS is a strategy used to create independence in creating and achieving health and is a behavior that is applied based on awareness which is the result of learning that can enable individuals or family members to improve their health level in the field of public health (Depkes RI, 2010).

Clean and Healthy Living Behavior (PHBS) is a set of behaviors that are practiced on the basis of awareness as learning outcomes that make a person or family self-help in the health sector and play an active role in realizing public health. Clean and healthy living behavior is divided into various settings, namely household settings, educational institutions (schools), health institutions, workplaces and public places (Ministry of Health, 2014). During school time, it is very important for children to be taught how to live a clean and healthy life. Clean and healthy behavior education (PHBS) in schools is designed to facilitate or strengthen children's skills in clean and healthy behavior. This greatly affects the mental and social development of children, one of which is increasing the ability to protect themselves from harmful substances (Notoatmodjo, 2012).

Even though cleanliness is common, it needs to be instilled through routine activities from an early age. Understanding the link between "hygiene" and health can influence a person to adopt hygienic behavior or practices (Notoatmodjo, 2012). The 2009 Indonesia Health Profile presents data that only 64.41% of facilities have had environmental health care, which includes educational institutions (67.52%), workplaces (59.15%), places of worship (58.84%), health facilities health (77.02%) and other facilities (62.26%). This shows that the development of PHBS in settings other than households, namely in educational institutions, workplaces, public places and health facilities, has not worked as it should (Kemenkes RI, 2011). Personal hygiene problems that are quite common among elementary school students are: 86% of students have dental problems, 53% of students cannot cut their nails, 42% of students cannot brush their teeth, 8% of students do not wash their hands before eating. The complexity of school children's health problems needs to be addressed in a comprehensive and multi-sectoral manner (Kemenkes RI, 2011).

Therefore the government has made a policy in the form of Sustainable Development Goals (SDGs) which are seen as based on the scope of health, namely ending hunger, achieving food security and improving nutrition, as well as encouraging sustainable agriculture, ensuring a healthy life and promoting prosperity for all people in all areas. age, guaranteeing gender equality and empowering all women and ensuring the availability and sustainable management of water and sanitation for everyone (Ishartono, 2015).

Based on research conducted by Damarsari (2016), regarding the description of clean and healthy living behavior in school-age children at SD Negeri Jambon Kulonprogo, the results showed that the behavior of disposing of garbage as many as 18 students (56.3%) was in the good category, and the behavior of consuming snacks in school-age children at SDN Jambon kulonprogo as many as 23 students (71.9%) were in the sufficient category. The initial data that the researchers obtained at SD Negeri Bueng Cala was that the total number of students in class VI was 57 people, 27 male students and 30 female students and had 24 teaching staff. The phenomenon that the researchers found was based on the results of interviews with 10 students of SD Negeri Buengcala, 4 children still did not understand how to maintain personal hygiene such as dental hygiene, cleanliness of nails and hands, 4 children were not used to washing hands before and after eating snacks. In addition, 2 children are not used to flushing the toilet after defecating / urinating. As for the habit of disposing of trash, it is still seen that students do not dispose of trash in the places provided by the school. Based on these data, it is necessary to make efforts to find out about knowledge, attitudes, and actions.

2. BEHAVIOR CONCEPT

2.1 Definition of behavior

Behavior is an action or activity of the human being itself which has a very broad expanse, including: walking, talking, crying, laughing, working, studying, writing, reading, and so on. From this description it can be concluded that what is meant by human behavior is all activities or human activities, both those that are directly observed, and those that cannot be observed by outsiders (Notoatmodjo, 2012). According to Skinner, as quoted by Notoatmodjo (2012), formulates that behavior is a person's response or reaction to stimuli or stimuli from outside. Because this behavior occurs through the process of a stimulus to the organism, and then the organism responds, Skinner's theory is called the "SOR" or Stimulus-Organism-Response theory. Judging from the form of response to this stimulus, behavior can be divided into two (Notoatmodjo, 2012):

a) Closed behavior (convert behavior)

Closed behavior is a person's response to a stimulus in a veiled or closed form (convert). Responses or reactions to this stimulus are still limited to the attention, perception, knowledge, awareness, and attitudes that occur in the person receiving the stimulus, and cannot be clearly observed by other people.

b) Open behavior (over behavior)

A person's response to a stimulus in the form of real or open action. The response to the stimulus is clear in the form of action or practice, which can easily be observed or seen by others.

2.2 Classification of health behavior

Health behavior according to Notoatmodjo (2012) is a response of a person (organism) to a stimulus or object related to illness or disease, the health care system, food and drink, and the environment. From this limitation, health behavior can be classified into 3 groups:

1) Health maintenance behavior (health maintenance)

This behavior is a person's efforts to maintain or maintain health so as not to get sick and efforts to heal when sick.

2) Search behavior

Seeking behavior or use of health systems/facilities or often called health seeking behavior. This behavior is related to someone's efforts or actions when suffering from illness and or accidents.

3) Environmental health behavior

This behavior is when a person responds to the environment, both physical and socio-cultural environment, and so on.

2.3 Behavioral domains

According to Bloom, as quoted by Notoatmodjo (2012), divides this behavior into 3 domains (areas/areas), even though these areas do not have clear and firm boundaries. The division of this area is carried out for the benefit of educational purposes, namely to develop or improve the three behavioral domains, which consist of the cognitive domain, the affective domain, and the psychomotor domain. In further developments by educational experts and for the purpose of measuring results, the three domains are measured from:

1) Knowledge

Knowledge is the result of knowing, and this occurs after someone senses a certain object. PeSensing of objects occurs through the five human senses, namely sight, hearing, smell, taste and touch alone. At the time of sensing to produce this knowledge is strongly influenced by the intensity of perceptual attention to objects. Most of human knowledge is obtained through the eyes and ears (Notoatmodjo, 2014). Notoatmodjo (2014) explains that knowledge is something that is known by people or respondents related to health and illness or health, for example: about disease (causes, ways of transmission, ways of prevention), nutrition, sanitation, health services, environmental health, family planning , etc

Factors that affect one's knowledge:

a) Internal factors

• Peeducation

PeEducation means the guidance given by a person to the development of other people towards certain ideals that determine humans to act and fill life to achieve safety and happiness. Education is needed to obtain information such as things that support health so that it can improve the quality of life.

According to Notoatmodjo (2014), education can affect a person, including a person's behavior towards lifestyle, especially in motivating to participate in development, in general, the higher a person's education, the easier it is to receive information.

• Pework

According to Notoatmodjo (2014), work is an evil that must be done, especially to support one's life and family life. Work is not a source of pleasure, but more a boring, repetitive and challenging way of earning a living. While work is generally a time-consuming activity. Working for mothers will have an influence on family life.

• Age

According to Notoatmodjo (2014), age is the age of an individual that counts from birth to birthday. The more mature, the level of maturity and strength of a person will be more mature in

thinking and working. In terms of public trust, someone who is more mature is trusted by someone who is not yet mature enough. This will come from experience and maturity of the soul.

b) Faexternal sector

- Faenvironmental office

According to Notoatmodjo (2014), the environment is all the conditions that exist around humans and their influences that can influence the development and behavior of people or groups.

- Social culture

Sthe socio-cultural system that exists in society can influence the attitude in receiving information.

There are six levels of knowledge domains, namely:

- Know

Know is defined as remembering a material that has been studied before. Included in this level of knowledge is recalling something specific and all the material studied or stimuli that have been received. Therefore this "know" is the lowest level of knowledge. Verbs to measure that people know about what is learned namely to mention, describe, identify, state and so on.

- Understanding (Comprehension)

Understanding the meaning as an ability to explain correctly about objects that are known and which can interpret correctly. People who have understood the object or material can then explain, cite examples, conclude, predict and so on an object being studied.

- Application(Application)

Application is defined as the ability to use material that has been learned in real (actual) situations or conditions. Application here can be interpreted as the application or use of laws, formulas, methods, principles and so on in other contexts or situations.

- Analysis(Analysis)

Is an ability to describe material or an object into components but still in an organizational structure and has something to do with others.

- Synthesis(Synthesis)

Sthe intended synthesis refers to an ability to carry out or connect parts in a new whole. In other words, synthesis is an ability to develop new formulations from existing formulations.

- Evaluation(Evaluation)

This evaluation relates to the ability to justify or evaluate a material or object. These assessments are based on self-determined criteria or using existing criteria.

2) Attitude

According to Notoatmodjo (2012), attitude is a person's closed response to the stimulus of a certain object which already involves the opinion and emotional factors concerned (happy-unhappy, agree-disagree, good-not good). In other words, attitude is a syndrome or a collection of symptoms in response to a stimulus or object, so that attitude involves thoughts, feelings and attention.

Sikap has 3 main components, namely:

- a. Beliefs (beliefs), ideas and concepts towards an object. In other words, how is one's beliefs and opinions or thoughts about objects.

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- b. Emotional life or emotional evaluation of an object (contained in other words, how is the person's evaluation (contained in emotional factors) of the object.
- c. The tendency to act (tend to behave). In other words, attitude is a component that precedes open action or behavior.

According to Ahmadi, et al (2011), these three components together will form a complete attitude (Total Attitude). Attitudes, knowledge, thoughts, beliefs, and emotions play an important role. Attitude is a tendency to respond either positively or negatively to other people, objects or situations. Attitude is not the same as behavior and sometimes this attitude is only known after someone has behaved. But attitude is always reflected in one's behavior.

According to Ahmadi, et al (2011), attitudes are divided into:

- a. SNegative attitude is an attitude that shows rejection or disapproval of the norms that apply where a person is.
- b. SA positive attitude is an attitude that shows acceptance of the norms that apply where a person is.

SIkap has several characteristics, namely:

- a) Sethen there is the object.
- b) Busually evaluative.
- c) Relatively steady.
- d) Changeable.

According to Notoatmodjo (2012), attitude has several levels:

- a. Receiving means that a person or subject is willing to receive the stimulus given (object) such as a person's attitude towards antenatal care, which can be known or measured by the presence of pregnant women to listen to counseling about antenatal care in their environment.
- b. Responding means giving answers or responses to questions or objects encountered, such as a pregnant woman participating in ante-natal care counseling and being asked or asked to respond to questions given by the extension worker.
- c. Appreciate (valuing), means that the subject or someone gives a positive value to the object or stimulus. In other words, inviting or influencing or encouraging other people to respond like a pregnant woman inviting her neighbors to listen to counseling on antenatal care.
- d. BBeing responsible means that a person has taken a certain attitude based on his beliefs, must be brave to take risks, like a pregnant woman who has attended counseling on antenatal care, must have the courage to spend a little time. In other words, being responsible is the attitude of the highest level.

PeAttitude measurement can be done directly and indirectly such as giving questions indirectly. It can be stated directly how the respondent's opinion or statement regarding an object is by asking questions about the stimulus or object in question, by giving the word "agree" or "disagree" with statements about a particular object.

3) Practice or action (practice)

An attitude has not been automatically manifested in an action (overt behavior). In order to manifest an attitude into a real action, supporting factors or a condition are needed, including facilities and support factors. This practice has several levels:

a) Perception

Recognizing and selecting various objects with respect to the action to be taken is the practice of the first level.

b) Guided response

Being able to do something in the right order and according to the example is an indicator of the second level of practice.

c) Mechanism

If a person is able to do something right automatically, or if something becomes a habit, then he has reached the third level of practice.

d) Adoption

Adaptation is a well-developed practice or action. This means that the action has been modified without reducing the correctness of the action.

Behavioral measurement can be done directly, namely by interviewing activities that have been carried out several hours, days or months ago (recall). Measurements can also be made directly, namely by observing the actions or activities of the respondents. According to Rogers' research (1974) as quoted by Notoatmodjo (2012), it reveals that before people adopt new behaviors within that person a sequential process occurs, namely:

- Awareness, Where the person is aware in the sense of knowing beforehand about the stimulus (object).
- interested, Where people start to be attracted to the stimulus.
- Evaluation, Considering whether or not the stimulus is good for him. This means that the attitude of the respondent is even better.
- try (trial), Where people have started trying new behaviors.
- Accept (Adoption), Where the subject has behaved in accordance with the new knowledge, awareness and attitude towards the stimulus.

3. HEALTHY CLEAN LIVING BEHAVIOR CONCEPT

3.1 Definition of Healthy Clean Living Behavior

Clean and healthy living behavior in schools is a set of behaviors that are practiced by students, teachers and the school community on the basis of awareness as learning outcomes, so that they are independently able to prevent disease, improve their health, and play an active role in creating a healthy environment (Achmad, 2007). Clean and Healthy Living Behavior (PHBS) is a form of embodiment of a healthy paradigm in the culture of individuals, families and communities that is healthy oriented, aims to improve, maintain and protect their physical, mental, spiritual and social health. In addition, the clean and healthy living behavior program aims to provide learning experiences or create conditions for individuals, groups, families, by opening lines of communication, information and education to increase knowledge, attitudes and behavior so that people are aware, willing and able to practice clean and healthy living behavior through advocacy, social support, and community empowerment (empowerment) approaches.

Clean and Healthy Living Behavior is a set of behaviors that are practiced on the basis of awareness as learning outcomes that enable individuals/groups to help themselves in the health sector and play an active role in realizing public health status (West Java Health Office, 2010). There are several indicators used as a measure for assessing PHBS in schools, namely:

- a) Washing hands with clean running water and using soap.
- b) Healthy snacks in the school canteen.

- c) Throw garbage in its place.
- d) Participate in sports activities at school in a measurable and regular manner.
- e) Measure your weight and height regularly every 6 months.
- f) Free yourself from cigarette smoke.
- g) Eradicate mosquito larvae.
- h) Urinating (BAK) and defecating (BAB) in the school latrines.

The benefits of instilling and fostering healthy living behaviors from an early age in schools are as follows:

- a) The creation of clean and healthy schools so that students, teachers and the school community are protected from various disturbances and threats of disease.
- b) Improving the spirit of the teaching and learning process which has an impact on student achievement
- c) The image of the school as an educational institution is increasing so as to attract parents' interest.
- d) Improving the image of local government in the field of education.
- e) Be an example of a healthy school for other regions.

3.2 Objective

According to the Indonesian Ministry of Health (1997), the goal of PHBS is to increase the knowledge, awareness, willingness, and ability of the community to live a clean and healthy life, and to increase the active participation of the community, including the business world, in an effort to achieve optimal health status.

3.3 PHBS strategy

Strategy is the method or approach used to achieve PHBS goals. The National Health Promotion Policy has established three basic strategies for health promotion and PHBS, namely:

1. Empowerment Movement

Empowerment is the process of providing information continuously and continuously following the progress of the target, as well as the process of helping the target so that the target changes from not knowing to knowing or being aware (knowledge aspect), from knowing to wanting (attitude aspect), and from wanting to be able to carry out the desired behavior. introduced (aspects of practice). The main targets of empowerment are individuals and families as well as community groups. If the target has moved from the ability to implement it may be constrained by the economic dimension. In this case the person concerned can be given direct assistance, but what is often practiced is by inviting them into the process of community organization (community organization) or community development (community development). For this reason, a number of individuals who have been willing to gather in a group to work together to solve the difficulties encountered. Not infrequently these groups still need help from outside (for example from the government or from benefactors). Therein lies the importance of synchronizing health promotion and PHBS with the health programs it supports (Notoadmodjo, 2012).

2. Building the Atmosphere (Social Support)

Fostering the atmosphere is an effort to create a social environment that encourages individual members of the community to want to carry out the introduced behavior. Someone will be motivated to want to do something if the social environment wherever he is (family at home,

people who are role models/idols, social gathering groups, religious assemblies, and even the general public) approves or supports this behavior. Therefore, to support the community empowerment process, especially in an effort to increase individuals from the knowing phase to the willing phase, it is necessary to carry out an Atmosphere Development. There are three approaches in Bina Ambience, namely: individual approach, group approach, and general public approach (Notoatmodjo, 2012).

3. Leadership Approach (Advocacy)

Advocacy is a strategic and planned effort or process to gain commitment and support from stakeholders. These related parties can be in the form of formal community leaders who generally play a role as government policy makers and government funders. It can also take the form of informal community leaders such as religious leaders, business leaders, and others who generally can play a role as determinants of "policy" (unwritten) in their field and/or as non-government funders. It should be realized that the commitment and support that is sought through advocacy is rarely obtained in a short time. In self-targets and vocations generally the stages take place, namely: a) knowing or being aware of a problem, b) being interested in participating in solving the problem.

4. SCHOOL PHBS CONCEPT

4.1 Definition of school PHBS

PHBS in schools is an effort to empower students, teachers, and the school community to know, want, and be able to practice PHBS and play an active role in creating healthy schools. Clean and healthy living behavior is also a set of behaviors that are practiced by students, teachers, and the school community on the basis of awareness as learning outcomes, so that they are able to independently prevent disease, improve their health, and play an active role in creating a healthy environment (Ministry of Health, 2007).

4.2 The goal of school PHBS

Clean and Healthy Living Behavior (PHBS) in schools has the following objectives:

1) General purpose:

Empower every student, teacher, and school community to know, want, and be able to help themselves in the health sector by implementing PHBS and playing an active role in creating healthy schools.

2) Special purpose:

- Increase knowledge about PHBS for every student, teacher, and school community.
- Increasing the active participation of every student, teacher, and school community with PHBS at school.
- Making every student, teacher, and community in the school environment independent with PHBS.

3) Benefits of school PHBS

- Every household is improving their health and not getting sick easily.
- Healthy households can increase the work productivity of family members
- With the improvement in the health of household members, the costs previously allocated for health can be diverted to investment costs such as education costs and other businesses that can improve the welfare of household members.

- One indicator assesses the success of the District/City Regional Government in the health sector.
- The increased image of the local government in the health sector can serve as a model for healthy households for other regions.

5. METHODOLOGY

5.1 Types and Research Design

The type of research used in this research is descriptive, which is a research method that is carried out with the main objective of making an objective picture or description of a situation. The design used is cross sectional. Cross sectional is measuring the subvariables in the study at the same time (Notoatmodjo, 2015). The research will distribute questionnaires to respondents by assessing 3 sub-variables, namely in the form of knowledge, attitudes and actions.

5.2 Population and Sample

1. Population

The population is the whole of a variable that concerns research problems (Nursalam, 2013). The population in this study were all grade VI students at SD Negeri Bueng Cala, totaling 57 students.

2. Sample

The sample in this study was total sampling, namely the entire population was used as a sample, totaling 57 students of class VI, SD Negeri Bueng Cala.

5.3 Data analysis

The researcher used data analysis in this study, namely measuring the frequency of distribution according to the descriptive research design, namely to measure the description of clean and healthy living behavior of SD Negeri Bueng Cala students in 2019. (Suwarsih Madya, 2009) said that at this stage various kinds of reduced action research data need to be explained neatly in the form of a narrative followed by matrices, graphs and or diagrams.

To find out the category of each variable is done by determining the average value (\bar{x}), using the Chandra formula:

$$\bar{x} = \frac{\sum x}{n}$$

Where :

\bar{x} : Average

$\sum x$: The total value of the respondents

n : Number of samples

To find out the percentage of PHBS behavior descriptions, the collected data is analyzed using descriptive statistics with the following formula:

$$P = \frac{f}{N} \times 100\%$$

Information:

P = is a percentage number.

f = is the frequency for which the percentage is being sought.

N = Number of frequencies.

And the results obtained are then interpreted in 2 assessments, namely: high and low.

6. DISCUSSION

6.1 Description of Class VI Bueng Cala Public Elementary School Students' Knowledge of Clean and Healthy Behavior

Based on the results of the research, it is known that the frequency distribution of the description of class VI Bueng Cala Public Elementary School students' knowledge of clean and healthy living behavior in 2019 is in the high category, namely 31 respondents (54.39%). The results of this study are in line with research conducted by Chairiani (2016) regarding the description of clean and healthy living behavior for class VI at SD Negeri 32 Banda Aceh. It is known that the knowledge of class VI SD students is in the high category, namely 28 respondents (66.7%) .

Knowledge is the result of knowing, and this occurs after someone senses a certain object. Sensing of objects occurs through the five human senses, namely sight, hearing, smell, taste and touch by themselves. At the time of sensing to produce this knowledge is strongly influenced by the intensity of attention perceptual attention to objects. Most of human knowledge is obtained through the eyes and ears (Notoatmodjo, 2014). One of the factors that influence the level of knowledge is interest. Interest is a function of the soul to achieve something, interest is one's inner strength to increase knowledge (Azwar S, 2007).

According to the researcher's assumption, the high level of knowledge is due to the students' interest in knowing new things. With the high interest of students in knowing new things, especially regarding Clean and Healthy Living Behavior, students can increase their knowledge about PHBS. The existence of a PHBS counseling program in schools from health workers has also increased the knowledge of SD Negeri Bueng Cala students about clean and healthy living behavior (PHBS) in schools.

6.2 Description of the Attitudes of Grade VI Bueng Cala Public Elementary School Students Towards Clean and Healthy Behavior

Based on the results of the study, it was found that the frequency distribution of the attitudes of Grade VI Bueng Cala Public Elementary School students towards clean and healthy living behavior in 2019 was in the positive category, namely 33 respondents (57.89%). The results of this study are in line with research conducted by Wowor (2013) regarding the attitudes of students in grades I-VI towards clean and healthy living behavior, showing that 90.8% of students have a very good attitude towards PHBS at school.

According to Notoatmodjo (2012), attitude is a person's closed response to the stimulus of a certain object which already involves the factors of opinion and emotion concerned (happy-disagreeable, agree-disagree, good-bad). In other words, attitude is a syndrome or a collection of symptoms in response to a stimulus or object, so that attitude involves thoughts, feelings and attention. There is a significant relationship between attitudes about Clean and Healthy Behavior (PHBS) and the degree of closeness to action. This shows that the positive attitude of the respondents is shown by the attitude of accepting, responding, appreciating, and being responsible for Clean and Healthy Behavior.

According to the researchers' assumptions, the high positive attitude of students regarding clean and healthy living behavior (PHBS) is due to the level of knowledge of students who are mostly good. Attitudes are derived from the knowledge of the respondents. Thus to determine the attitude must be based on the knowledge of respondents. The attitude of the students was also influenced by the habituation factor carried out by the Health Workers when giving counseling

about PHBS in the Bueng Cala Public Elementary School environment. Habits about washing hands with soap, disposing of trash in its place, urinating and defecating in the school latrines during the counseling can leave a mark on positive attitudes among SD Negeri Bueng Cala students.

6.3 Description of the Actions of Grade VI Bueng Cala Public Elementary School Students on Clean and Healthy Behavior

Based on the results of the research, it is known that the distribution of the frequency of descriptions of the actions of grade VI Bueng Cala Public Elementary School students on clean and healthy living behavior in 2019 is in the carried out category, namely 32 respondents (56.14%). Research results This is not in line with research conducted by Yanti (2012) regarding the actions of our hopeful school children in a dead end village regarding clean and healthy living behaviors tend to be lacking, it is proven that 62.5% of our hopeful school children have less action. The behavior of a person or community regarding health is determined by knowledge, attitudes, beliefs, traditions and so on from the person or community concerned. Besides that, limited facilities, attitudes and behavior of health workers will also support and strengthen the formation of behavior or action (Gomo 2013). According to Notoatmojo, action is a movement or action of the body after receiving stimulation or adaptation from within or from outside the body in an environment. An attitude has not been automatically manifested in an action (overt behavior). In order to manifest an attitude into a real action, supporting factors or a condition that allows it are needed, including facilities and support factors.

According to the researchers' assumptions, the high number of actions taken by students regarding clean and healthy living behavior (PHBS) is influenced by attitudes. This happens because an attitude has not been automatically manifested in an action (over behavior). To realize an attitude in action required supporting factors. Students' actions regarding PHBS were also influenced by school environmental factors which had implemented clean and healthy living behaviors at school such as washing hands with soap before and after eating, and after playing dirty. Other PHBS practices practiced at SD Negeri Bueng Cala are throwing garbage in the space provided, urinating and defecating in the school toilet.

7. CONCLUSION

Based on the results of research conducted at Bueng Cala Public Elementary School on 57 respondents, the researcher can collect the results of the research as follows:

1. The knowledge of grade VI Bueng Cala Public Elementary School students regarding clean and healthy living behavior in 2019 was in the high category, namely 31 respondents (54.39%).
2. The attitude of grade VI Bueng Cala Public Elementary School students towards clean and healthy living behavior in 2019 can be seen from the attitude being in the positive category, namely 33 respondents (57.89%).
3. The actions of class VI Bueng Cala Public Elementary School students towards clean and healthy living behavior in 2019 can be seen from the actions being in the carried out category, namely 32 respondents (56.14%).

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