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THE RELATIONSHIP OF TEACHERS' ROLE AND STUDENTS' ATTITUDES TOWARDS CLEAN AND HEALTHY LIVING BEHAVIOR IN ISLAMIC BOARDING SCHOOLS

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ABSTRACT

The Relationship of Teachers' Role and Students' Attitudes Towards Clean and Healthy Living Behavior In Islamic Boarding Schools. Clean and Healthy Living Behavior (PHBS) is a practice carried out by students, teachers, and school members as part of learning to be proactive in preventing and maintaining health and playing an active role in forming a healthy environment. Children of school age are very susceptible to disease. PHBS is often associated with the number of diseases that occur in school-aged children. The method used in this study is quantitative, with a cross-sectional study design. The sample in this study was 136 respondents using the two-stage cluster technique. Data were taken using a questionnaire from the students of SMP Pondok Pesantren Mumtaz Ibadurrahman provided data using a questionnaire. According to the research findings, factors related to PHBS are the teacher's role. The teacher's role and attitude are factors that influence PHBS. Therefore, teachers should increase their support and education to students, emphasizing the importance of implementing PHBS through the learning process and encouraging cooperation activities to clean the classroom environment. Ion activities to clean the pesantren environment.

INTRODUCTION

Clean and Healthy Living Behavior (PHBS) is a practice carried out by students, teachers and school residents as part of learning to be proactive in preventing and maintaining health and playing an active role in creating a healthy environment. The scope of PHBS encompasses practices such as washing hands with soap, eating healthy food, using healthy latrines, disposing of rubbish in designated areas, abstaining from smoking, drugs, alcohol, or psychotropic substances, refraining from using addictive or dangerous substances, avoiding careless spitting, and eliminating mosquito larvae. School-age children are very vulnerable to disease. Many diseases that affect school-aged children are frequently associated with PHBS. When PHBS in schools is not implemented properly, children who attend school are very vulnerable to diseases such as diarrhea, worms, toothache, and malnutrition, which results in poorer health. [(2)].

A study of 13,824 children aged 9 to 15 years in four ASEAN countries (India, Indonesia, Thailand, and Myanmar) found that only 38.4% of children practiced PHBS [(3)]. According to 2017 data from the Ministry of Health, the percentage of districts or cities with a national

PHBS policy was 60.89%. A total of nine provinces managed to achieve 100% of the target, namely West Sulawesi, Gorontalo, Bali, Yogyakarta, Central Java, DKI Jakarta, Riau Islands, and Bengkulu. The provinces with the lowest numbers are Papua (3.45%), West Papua (15.38%), and NTT (18.18%). According to 2013 Riskesdas Banten data, the eight districts or cities with the lowest percentage of residents on PHBS are Lebak Regency (12.7%), Pandeglang (14.7%), Serang (20.8%), Serang City (30.1%), Cilegon City (37.1%), and Tangerang City (47.4%). South Tangerang City has the highest PHBS coverage, namely 56.1% [5]. Tangerang City continues to have the lowest PHBS incidence rate.

Factors that influence PHBS include predisposition (knowledge, attitudes, age, gender), supporters (facilities), and drivers (the roles of parents, teachers, community leaders, and health workers) [6]. Paraso et al. 2020 conducted a study at Eileen Christian Middle School Manado that found that knowledge (p-value = 0.005), attitude (p-value = 0.005), role of teachers (p-value = 0.013), and infrastructure (p-value = 0.002) are important for PHBS students. Likewise, a study conducted by Febri et al. in Depok City in 2019 revealed that knowledge (p-value = 0.003), attitudes (p-value = 0.043), the role of teachers (p-value = 0.034), and school facilities (p-value = 0.002) were related to PHBS in Sugutamu Elementary School students, Depok City [8].

The results of a preliminary study conducted on 15 students at the Mumtaz Ibadurrahman Islamic Boarding School showed that 9 students had long nails and 10 students did not wash their hands before or after eating. Researchers also made observations in classrooms and dormitories that looked dirty and contained food waste that was not thrown directly into the trash. The role of UKS in schools does not appear to be very active. Based on these problems, researchers are interested in examining the relationship between the role of teachers and the attitudes of students towards PHBS in Islamic boarding schools.

MATERIALS AND RESEARCH METHODS

The method used in this research is quantitative, with a cross-sectional study design. The study was conducted on junior high school students at Mumtaz Ibadurrahman Islamic Boarding School. The research population consisted of 465 students. Each generation consisted of five classes. There are 188 students in class 7, 145 in class 8, and 132 students in class 9. The samples were calculated by testing the two-proportion hypothesis using the two-stage cluster technique, and 136 samples were obtained. In this study, PHBS is the dependent variable, while age, gender, attitudes, knowledge, the role of teachers, the role of peers, and facilities and infrastructure are independent variables. A questionnaire sheet is used to measure all variables.

PHBS students are assessed through 12 yes-or-no questions related to personal hygiene, sanitation and healthy lifestyles. We categorize PHBS as good if the score exceeds 14, and as bad if the score is less than 14. Students' knowledge is assessed through 12 true or false questions related to personal hygiene and sanitation. Knowledge is categorized as good if >= 6, and poor if <6. The attitude variable is composed of eight statements. Each positive statement is given a score of 4 with a strongly agree answer, while agree is worth 3. Negative statements with an answer of disagree are given a score of 2, while strongly disagree is worth 1. We categorize attitudes as good if they score more than 27, and as bad if they score less than 27. The teacher's role was assessed using 10 yes-or-no questions about his role in reminding students to maintain health and cleanliness. We classified the teacher's role as good if the score was greater than 9, and as bad if the score was less than 9. Nine yes-or-no questions were used to assess peer influence in terms of both positive and negative effects on cleanliness and health. We categorize the effect as good if the score exceeds 13, and as bad if the score falls below 13. Facilities and infrastructure are assessed through eight yes-or-no questions regarding the availability of facilities and infrastructure that students receive at Islamic boarding schools. The availability of facilities and infrastructure is categorized as complete if >50% is met and incomplete if <50% is met.

RESULTS OF RESEARCH AND DISCUSSION

Table 1. Frequency Distribution of the Relationship between the Role of Teachers and the Attitudes of Santri towards Clean and Healthy Living Behavior in Islamic Boarding Schools

Variable	N	%
PHBS		
PHBS Good	47	34.6
Bad PHBS	89	65.4
Age		
Early Adolescence	71	52.2
Late Teenagers	65	47.8
Gender		
Woman	58	42.6
Man	78	57.4
Knowledge		
Good	15	11.0
Bad	121	89.0
Attitude		
Good	69	50.7
Bad	67	49.3
Teacher's Role		
Good	59	43.4
Bad	77	56.6
The Role of Peers		
Good	102	75.0
Bad	34	25.0
Infrastructure		
Complete	66	48.5
Incomplete	70	51.5
Total	**136**	**100**

According to Table 1, 34.6% of respondents did PHBS well, while 65.4% did poorly. The age distribution of most respondents, including those in their early teens, was 52.2%, and 47.8% included those in their late teens. Chi-square analysis showed there was no relationship between age and PHBS (p-value = 0.153). Then, there were 78 male respondents (57.4%) and 58 female respondents (42.6%). The results of the chi-square analysis did not show a relationship between gender and PHBS (p-value = 1.000).

Knowledge of PHBS for santri students Note that good knowledge is 11.0%, while bad knowledge is 89.0%. The results of chi-square analysis showed there was no relationship between knowledge and PHBS (p-value = 0.332). The proportion of respondents with good attitudes towards PHBS was 50.7%, and 49.3% had bad attitudes. Chi-square analysis shows that there is a relationship between attitude and PHBS (p-value = 0.041). Respondents with a good attitude have a 30.65% chance of doing PHBS.

According to the distribution of teacher roles, 43.4% have a good role, and 56.6% have a bad role. Chi-square analysis shows a relationship between the role of teachers and PHBS (p-value = 0.000). Friends with a good role are 75.0%, and friends with a bad role are 25.0%. Chi-square analysis revealed no relationship between the role of peers and PHBS (p-value = 0.252). Complete facilities and infrastructure account for 48.5%, while incomplete facilities account for 51.5%. Chi-square analysis showed that there was no relationship between infrastructure and PHBS (p-value = 0.911).

Table 2. Bivariate Test ResultsThe Relationship between the Role of Teachers and the Attitudes of Santri towards Clean and Healthy Living Behavior in Islamic Boarding Schools

Factors	Clean and Healthy Living Behavior						OR (95% CI)	*P-value*
	Good		Bad		Total			
	N	%	N	%	N	%		
Age								
Early Adolescence	42	59.2	29	40.8	71	100	1,140	0.153
Late Teenagers	47	72.3	18	27.7	65	100	0.555-0.270	
Gender								
Man	27	34.6	51	65.4	78	100	2,032	1,000
Woman	20	34.5	38	65.5	58	100	0.486–2.032	
Knowledge								
Good	3	20.0	12	80.0	15	100	0.438	0.332
Bad	44	36.4	77	63.6	121	100	0.117–1.635	
Attitude								
Good	39	56.5	30	43.5	69	100	0.442	0.041
Bad	50	74.6	17	25.4	67	100	0.214–0.915	
Teacher's Role								
Good	37	62.7	22	37.3	59	100	11,268	0,000
Bad	10	13.0	67	87.0	77	100	4,824–26,323	
The Role of Peers								
Good	70	68.6	32	31.4	102	100	1,727	0.252
Bad	19	55.9	15	44.1	34	100	0.779–3.827	
Infrastructure								
Complete	22	33.3	44	66.7	66	100	0.900	0.911
Incomplete	25	35.7	45	64.3	70	100	0.443–1.827	

Relationship between Age and PHBS

According to research, age is not related to PHBS. This result is in line with Sari's 2020 research, which obtained a p-value of 0.184, so there is no relationship between the respondent's age and PHBS. According to Lawrence Green (1980) in Widia's 2019 research, age is one of the driving factors in behavior. However, increasing a person's age does not guarantee that it will be accompanied by a level of maturity, understanding and responsibility, especially in behavior. This is because behavior is more likely to be influenced by other factors, such as the character of the environment, the role of parents in educating, and the role of those closest to them, such as teachers and friends of respondents at Islamic boarding schools. As a result, age does not affect PHBS because even adults do not always implement it correctly.

Relationship between Gender and PHBS

Studies have found no relationship between gender and PHBS. This study is in line with Sari's 2016 study, which obtained a p-value of 0.763 [10]. However, this research is different from Saputra and Suryani's 2021 research, with a p-value of 0.005, which means there is a relationship between gender and PHBS. Gender is one of the respondent's characteristics. PHBS has similarities in its implementation because healthy behavior is not only needed for women or men, in accordance with Green's theory that gender influences health behavior. [11]. Research that has been conducted shows that the percentage of men carrying out PHBS is higher than that of women. Most likely, men have a high level of discipline and responsibility towards cleanliness and health. However, both genders have equal opportunities to implement PHBS effectively.

The relationship between knowledge and PHBS

The research results show that knowledge is not related to PHBS. Bawole's 2019 study, with a p-value of 0.213, is consistent with this research [12]. However, this research differs from Chandra et al.'s 2017 research, which obtained a p-value of 0.029, indicating a relationship between knowledge and PHBS [13].

According to Notoatmodjo (2012), knowledge is the result of the word "know," which can occur when finding a certain object. Human knowledge is acquired primarily through the eyes

and ears. Education, experience, mass media, and the environment are ways to gain knowledge. Knowledge, or perception, is an important domain for shaping one's actions. Knowledge is needed to encourage mental behavior in everyday life. It can be said that knowledge is both a stimulus and a driving force in each person's actions. [14].

The relationship between attitude and PHBS

According to research, attitudes are unrelated to PHBS. These results are similar to a study conducted by Arnoldusmawe in 2020 with a p-value of 0.000 [15]. However, this research is different from Yenie and Dyah's 2020 research with a p-value of 0.151, which means there is no relationship between attitudes and PHBS [16]. Attitude is a determinant of behavior in relation to perception, personality, and motivation. According to Notoatmodjo in Oktaviani 2019, attitudes consist of four levels. In this case, respondents received a positive perception of PHBS in their daily lives. So this attitude encourages respondents to practice PHBS in the environment, including in Islamic boarding schools [9].

The relationship between the role of teachers and PHBS

According to the research, the role of teachers is related to PHBS. This research is in accordance with the study conducted by Roza in 2019, with a p-value of 0.000. Teachers play a crucial role in shaping PHBS behavior in students. Teachers guide and direct students to behave in a healthy manner. Healthy behavior is not only formed by knowledge and good attitudes. However, external factors such as the role of parents and teachers can also serve as an effective PHBS model. Therefore, it is concluded that there is a relationship between the role of teachers and PHBS [17].

The relationship between the role of peers and PHBS

According to the analysis's results, the role of peers is not related to PHBS. This research is not in line with Novi's 2016 study, which obtained a p-value of 0.000, namely that there is a relationship between the role of peers and PHBS. Children always communicate with their friends at school, and psychologically, they will follow what they see in everyday life, including the health behaviors carried out by their friends, so that these factors also influence PHBS [18].

Relationship between Infrastructure and PHBS

According to research, infrastructure is unrelated to PHBS. This result is the same as research conducted by the prosecutor in 2019, which obtained a p-value of 0.245 [19]. This research differs from that of Sarah et al. in 2020, which obtained a p-value of 0.035. This indicates a relationship between facilities and PHBS [20].

Facilities and infrastructure are tools that can aid in the smooth operation of PHBS activities in schools. Good facilities and infrastructure will have a positive effect on student cleanliness. Some facilities, such as inadequate sanitation, an inadequate number of toilets for the student population, a lack of trash cans, and a lack of hand washing facilities, hinder the implementation of PHBS in schools. [21].

CONCLUSIONS AND RECOMMENDATIONS

It was concluded that the factors that have a relationship with PHBS are the role of teachers and attitudes. Meanwhile, age, gender, knowledge, peer role, facilities, and infrastructure have no relationship with PHBS among students at the Mumtaz Ibadurrahman Islamic Boarding School. Researchers provide recommendations, namely the need for cooperation between Islamic boarding schools, especially the role of teachers, to increase support and education for students about the importance of implementing PHBS through the learning process and habituation practices by working together to clean the environment. We must continue our

systematic and continuous habituation towards PHBS in order to create a healthy future generation and improve the nation's health status.

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