

The Relationship Between Religiosity And Clean And Healthy Living Behavior Toward Integrated Islamic Elementary School Students In Padang City, West Sumatra

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Abstract

This study aims to observe the relationship between religiosity and clean and healthy living behavior toward pupils of 7 to 8 years old. A quantitative correlational research design was utilized for this study to examine the relationship between religiosity and clean and healthy living behavior. The population in this research is all of the students in the Integrated Islamic Elementary School in Padang City, West Sumatra Province. The research sample used simple random sampling to obtain 103 children as samples in the Integrated Islamic Elementary School students in Padang City, West Sumatra Province. Data collection uses instruments of religiosity in the form of a scale of religiosity during the implementation of pupils' religious education which is obtained from teachers and parents which includes: (1) knowledge, (2) beliefs, (3) rituals, (4) experience, and (5) practice. In the other hand, the knowledge about clean and healthy living behavior is measured by adapting from the JUMSIH program (Yufiarti, 2019) in the form of a knowledge scale. It consists of 19 indicators in questions such as to begin asking about the benefits of washing hands until asking about the consequences caused by the disease to those whose hands are not clean. Based on data analysis using Pearson's product-moment correlation test, it was found that the correlation coefficient (r_{xy}) was $r_{xy} = 0.294$ with $p = 0,000$ ($p < 0.001$). The results showed that the alternative hypothesis is accepted, there is a positive relationship between religiosity and knowledge of clean and healthy living behaviors in integrated Islamic elementary school students in Padang City. The higher levels of religiosity, the higher level of positive behavior for pupils who's clean and healthy have in their life. Moreover, the relationship between religiosity and clean and healthy living behavior of children needs to be a special concern for educators and parents. Parents and teachers in the school must install good religiosity values in the learning process at school or home so that there is synchronization between parents and teachers to engage the children for clean and healthy living behavior.

Keywords: Religiosity, Clean and Healthy Living Behavior, Integrated Islamic Elementary School.

Introduction

Health is a right possessed by every human being as well as an indicator of the success of a nation (Pake et al., 2018). As quoted in the law of the Republic of Indonesia Number 36 in 2009 regarding health. Its degrees are affected by four variables; Health, empathy, environment, behavior, health services, and descendant. One of all factors, the behavior is a major influence on the level of public health (Liza, 2016). Therefore, healthy living is a major prerequisite for improving health status and increasing human resources.

Various sustainable programs carried out by the government to realize the vision of Indonesian healthy life in 2025 by prioritizing the health of Indonesian children such as supplementary food programs for school children, supplementary feeding programs for breastfeeding for infants, Junior doctor programs, healthy school programs, improved nutrition for toddlers, provision of vitamin A, immunizations, Healthy Environment programs, including healthy living behavior. Healthy behavior carried out by children at an early age will have a crucial contribution to their adulthood in the middle of social life (Candrawati & Widiani, 2015).

According to the national report on basic health research in 2015 stated that behavioral factors greatly affect health in harmony with hygiene conditions. The impact was concluded because of low awareness and attention in cleanliness, there are still many various diseases that arise such as dengue fever, diarrhea, intestinal worms, and vomiting. The most common hygiene problems among elementary school students including; unable to brush their teeth is 42%, problems with teeth are 86%, unable to cut nails is 53%, and not washing hands before eating is 8%. However, some diseases which a lot of students suffered were dental caries is 74.4% and intestinal worms are about 60-80%, (Kementrian Kesehatan RI, 2015). Therefore, these problems can be overcome by requiring comprehensive efforts from various sectors.

Planting behaves a clean and healthy life early on can be started from the school environment. The positive impact in healthy behavior will be felt by all parties by doing various efforts such as caring, maintaining, and improving the health of the environment. It is therefore necessary to identify services and programs on hygiene and health in early childhood education. All parties (parents of teaching staff, caregivers, families, and children) must be engaged jointly in carrying out a service program to maintain environmental safety (Julianti et al., 2018).

According to (Purna & Suyasa, 2013), Clean and Healthy Behavior is a family lifestyle point of view that always cares about protecting the health of all family members. Health behavior carried out by each family member based on full awareness so that all their family is healthy and they do health activities in their community (Lina, 2017).

According to some research (Aulina & Yuli, 2019; Margowati & Astuti, 2017; Moerad et al., 2019; Novitasari et al., 2018), various health activities knowledge which provided for the students have a positive impact for the student in healthy. Children who are healthy at the beginning of their life from the age of five not only grow into healthy adults but also more educated, get more education, and contribute more from economic aspects (Yuniar & Putri, 2019).

Some previous studies have studied the intervention program on hygiene and childcare for early childhood. As (Conti, G. et al., 2016), researched the long-term impacts of two early childhood health behavioral intervention programs such as Carolina Abecedarian Project (ABC) and Perry's Preschool Project (PPP). The results showed that the health intervention program in children's early life could potentially improve early childhood health. Furthermore (Duxbury et al., 2019), conducted an assessment of increased awareness of individual environmental health through a computer-based training program; Interactive board games; Educational posters, and information brochures were found that these programs were effective in supporting health promotion in kindergarten education.

Next, the latest research conducted by (Yufiarti, 2019), which examines the increased knowledge of clean and healthy living on 68 students aged 7-8 years through a Health promotion program (FRI-SIH). The Program proved to be able to improve children's knowledge of how to live clean and healthy. Clean and healthy life skills can be demonstrated by washing hands using soap and running water, a clean bath, and toothbrush behavior that are all basic skills for children to be able to live a healthy life.

Changes in human behavior are caused by several factors: predisposing factors, enabling factors, and reinforcing factors (Febriandi, 2020). Facilitating factors are habits, beliefs, knowledge traditions, and so on. Knowledge about Clean and Healthy Behavior is obtained by early childhood from the family environment and school education environment or similar (Gabur, M. G. J., Yudiernawati & Dewi, 2017). However, in the religious aspect, it can be measured by the level of religiosity. (Yanuarti, 2018), stated that religious affiliation consists of individual and community participation and religiosity in the form of priorities, trust influences health risks through attitudes and behaviors related to health and social support. Religiosity factors play a positive role in health behavior so that it affects a person's health risk (Vibriana, 2017).

A Religious attitude is a condition of one's self in which every activity is always related to his religion. In this case also as a servant who believes in his Lord trying to be able to realize or practice every teaching of his religion based on the faith that is in his heart (Munadi & Rahayu, 2019).

Many previous research results are found about the relationship of religiosity with clean and healthy living behavior in adolescents, adulthoods and the general public such as in the research of (Marzuki et al., 2016; Santoso & Tiwi, 2019; Yuniar & Putri, 2019), but there is still a few researchers examine the relationship of religiosity with clean and healthy living behavior of middle-aged of children in elementary school, especially at integrated Islamic elementary schools.

Based on the relevant research and facts about the problems that have been explained above, it is necessary to research the Relationship between Religiosity and Clean and Healthy Living Behavior toward Integrated Islamic Elementary School Students in Padang City, West Sumatra

Method

This study uses a quantitative approach with a correlational design in which the researcher measures two research variables, namely independent and dependent. The independent variable consists of religiosity while the dependent variable is clean and healthy living behavior. The population in this study is the first-grade students of integrated Islamic elementary school in Padang City who are 7-8 years old. The number of subjects was 103 children, while the sampling technique used simple random sampling.

Data collection methods used are in the form of a scale of religiosity during the implementation of religious education which obtained by children from teachers and parents which includes: (1) knowledge, (2) beliefs, (3) rituals, (4) experience, and (5) practice. While using test techniques conducted by researchers over sampling subjects, the data were collected through research test instruments using the Response Scale, with the following criteria: Agree, Doubt, and Disagree in which the assessment score as follows: if the child answers (a) Agree with a score of 3, (b) Doubt with a score of 2, and (c) Disagree with a score of 1.

Clean and Healthy Living Behavior is measured by adapting from the JUMSIH program (Yufiarti, 2019) in the form of a knowledge scale consisting of 19 indicators in questions ranging from: the benefits of washing hands, illness arising from not washing hands, when to wash hands, hazardous snacks, what you need to keep in mind when buying food, why you need to urinate and defecate in the toilet, the main purpose of the exercise is to keep the environment healthy from rubbish. With the assessment scores as follows: if the child answers (a) Often with a score of 3, (b) Sometimes with a score of 2, and (c) Never with a score of 1. The analysis technique used is Pearson's product-moment correlation test by utilizing a statistical package for social science (SPSS) version 22.0.

Results and Discussion

Table 1. Scale of religiosity and subject score distribution

Category	Subject	Presentation
Low	11	10,67%
Medium	58	56,33%
High	34	33,00%
Total	103	100 %

Based on table 1, it can be concluded that generally the religiosity of grade 1 in integrated Islamic elementary school students in Padang City is in the medium category in a percentage of 58%. Although in general the condition of student religiosity is in the medium category, there are some students in the low category with a percentage of 11% and there are 33% of students who are in a condition of high religiosity status. Teachers in schools also have an important role in helping students engaging students' religiosity through a variety of strategies and guidance services for students so that students' understanding and religious beliefs increase. The services that can be developed by the teachers, in this case, are services in daily activities such as reading the Al-Qur'an, prayer, giving alms, etc. In addition to this, it is certainly necessary to strengthen cooperation between schools and the core role of children's families so that synchronization runs well between the programs carried out by schools and the participation of families.

Table 2. Scale categories of clean and healthy life behavior and distribution of subject scores.

Category	Subject	Presentation
Low	14	13,59%
Medium	61	59,22%
High	28	27,18%
Total	103	100%

Based on table 2, it was shown that the conditions of knowledge about the clean and healthy life behavior of children were about a moderate category of 59.22%. Some students are in the low category with a percentage of 13.59%. Furthermore, through this study, there were 27.18% of students knowing clean and healthy living behaviors in the high category. This condition shows that the clean and healthy behavior of students has been optimally achieved, the clean and healthy behavior that has been embodied as a manifestation of the faith in the implementation of the adopted religion. Then, to see how strong the relationship between religiosity and knowledge of clean and healthy behavior is used Pearson's product-moment correlation test. Correlation analysis with data processing used computer assistance through the SPSS program.

Based on the results obtained, it is known that the magnitude of the correlation between religiosity with knowledge of clean and healthy living behavior of grade 1 in Integrated Islamic Elementary School in Padang City, West Sumatra is 0.294 with a significant 0,000. If it's compared with the probability of 0.001, it obtained 0,000 <0.001. Therefore the alternative hypothesis (Ha) proposed earlier is accepted which concluded that there is a significant relationship between religiosity and knowledge of clean and healthy living behaviors. So, it can be understood that there is a significant relationship between religiosity with knowledge of clean and healthy behavior of students in the Integrated Islamic Elementary School in Padang City, West Sumatra. The magnitude of correlation 0.294 which means positive can be interpreted, the higher the level of religiosity of children, the higher the knowledge of clean and healthy behavior of children have, and conversely the lower the level of religiosity, the lower the child's readiness.

The influence between religiosity and clean and healthy living behavior is caused by several factors: First, students' religious attitude will affect their daily way of life. This is in line with research conducted by (Fisikawati et al., 2018) namely religious attitude is a state of self where each person doing all his activities is always related to his religion. Therefore, students who have a high degree of religious practice will apply clean and healthy living, because in every religion, specifically the religion of Islam strongly encourages clean and healthy living. This is in accordance with the hadith of the Prophet Muhammad that cleanliness is a part of faith.

This study result is also in line with research conducted by (Jazariyah, 2019), who stated that a clean and healthy living daily program is an effort from school in internalizing the values of hadith about healthy life and cleanliness since early ages. By implementing these values, it

certainly hopes that the children will have clean and healthy living behavior. Therefore, initializing the religion and moral values over earlier children education is surely not only a piece of memorizing and routines but also has to be applied for character building.

Second, students who have a high scale of religiosity will obey the almighty God who has been created them, namely Allah SWT. This is in line with research (Hakim, 2012), the higher one's religiosity people, the more obedient to the one who creates them and will try to implement all the teachings of their religion, one of which is implemented clean and healthy living habits.

Third, to showing the influence between the level of student religiosity on clean and healthy living habits of students, the results of this study also show the frequency of students who have high religiosity more than students who have low religiosity. One of the factors is the integrated Islamic elementary school program in Padang which motivates students to daily apply the religious values of children by implementing clean and healthy living. This is in line with research (Suyatno, 2015) that sees trends among Indonesian parents in choosing education for their children. It was found that the reason middle-class parents were more interested in applying their children to integrated Islamic elementary schools. It was influenced by three factors including sociological factors, theological factors, and academics. The sociological factor is the increasing image of Islamic schools in society. The theological factors due to the believed religious considerations and academic factors were based on high academic achievement have been widely achieved by the students of the Integrated Islamic Elementary

School programs and curriculum in integrated Islamic elementary schools are proven to be able to install Islamic values, and shape the attitudes and behavior of students who obey their Lord. Besides that school programs, the teacher's exemplary attitude as an educator, and the relationship between school friends is considered to play a role in installing good habits, especially in the behavior of clean and healthy living.

Conclusion

Based on data analysis using Pearson's product-moment correlation test, founded that the correlation coefficient (r_{xy}) was $r_{xy} = 0.294$ with $p = 0.000$ ($p < 0.001$). The results show that the alternative hypothesis is accepted, namely that there is a positive relationship between religiosity and clean and healthy living behavior in children. The higher the level of religiosity, the higher the levels of the clean and healthy behavior of children have. Thus, the relationship between religiosity with healthy and clean living behaviors of children needs to be a special concern for educators and parents. Parents and teachers in the school must be installing good religiosity values in the learning process at school or home so that there is synchronization between parents and teachers to engage the children for clean and healthy living behavior.

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