

AVAILABILITY OF INFRASTRUCTURE AND CLEAN AND HEALTHY LIVING BEHAVIOR IN PUBLIC AND PRIVATE JUNIOR HIGH SCHOOLS: A COMPARATIVE STUDY

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ABSTRACT

Introduction: Students can achieve a high level of health and obtain good learning achievements by maintaining clean and healthy living behavior (PHBS). **Aims:** analyze differences in knowledge, attitudes, and practice in private and public junior high school students regarding PHBS. **Methods:** This research used a comparative design. The study subjects were grade IX students from a private and public junior high school in Surabaya with total sample of 185 students. The observed variables were knowledge, attitude, and practice on clean and healthy living behavior. Data were statistically analyzed using Independent T-test for the continuous data, and chi-square test applied to the categorical data. **Result:** showed that the average knowledge score of private and public junior high school students is still sufficient (34.5 ± 12.3), while attitude (63.7 ± 10.4) and practice (53.4 ± 6.4) regarding clean and healthy living behavior (PHBS) in private and public junior high school students were categorized as positive and good. Statistical analysis revealed that there was different score for knowledge of PHBS between students in private and public junior high school ($p = 0.002$), but score of attitude and practice were not different between two groups, with p-value of 0.084 and 0.746, respectively. **Conclusion:** It concluded that knowledge on clean and healthy living seems not followed by the attitude and practice in daily living of students in state and private junior high school students.

Keywords: attitudes, clean and healthy living behavior, knowledge, practice

INTRODUCTION

One of the efforts to create quality human resources who are able to compete is the need for health surveillance measures. Health surveillance can be started from the pre-school level, elementary school (SD), junior high school (SMP), and senior high school (SMA) (Lina, 2016). So far, health surveillance has also been carried out by the government in the community on school students. The Ministry of Health together with other cross-sector related School Health Units (UKS) carried out various efforts through UKS activities, including health screening and periodic checks, provision of blood-added tablets for young girls, fostering healthy school canteens, immunization, and fostering school health cadres (Surabaya Health Office, 2019). This activity is carried out by the primary healthcare center in the school

environment which has a routine schedule for conducting health screening and checking the implementation of Clean and Healthy Behavior (PHBS) in schools including at the junior high school level (Surabaya Health Office, 2019).

In addition, to prevent health problems, internal efforts are also made, namely from students; students are expected to be able to carry out clean and healthy behaviors in their daily lives. According to the Indonesian Ministry of Health (2011), PHBS is a series of behaviors carried out by humans on the basis of awareness which are the result of the learning process and allow individuals, families, groups or communities to independently help themselves in maintaining health, and participate actively in the achievement of public health. PHBS contains all the behaviors that must be practiced in order to achieve the highest level of health. In practice, PHBS is

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implemented in several settings, one of which is at school educational institutions. PHBS within the scope of the school is an activity that aims to enable students, teachers and the school environment to adopt a healthy lifestyle to create a healthy school. The benefits of PHBS in schools are to create a clean and healthy environment, improve the learning process, and nourish students, teachers and the school environment.

More operationally, according to Becker (cited in Notoatmodjo, 2014), healthy behavior, including PHBS, includes knowledge, attitudes and practices. Healthy living habits at school can be done by washing hands with running water and using soap, providing clean and healthy latrines, regular and measured exercise, eliminating mosquito larvae, not smoking in school, weighing and measuring height every month, and throwing garbage in its proper place (Indonesia Ministry of Health, 2011).

According to Suryani (2017), the things that affect PHBS in students are knowledge, attitudes, facilities, school support (teachers), and parental support. Among these factors, the most dominant is the facilities at school. If school facilities are available, students will be encouraged to implement PHBS (Indonesia Ministry of Health, 2011). The knowledge and attitudes possessed by students have an effect on student practice regarding PHBS (Chandra, Fauzan and Aquarista, 2017).

In Indonesia, the types of schools are divided into two, namely private and public schools. According to Kusmananda and Priambodo (2017), many people in general have the opinion that public schools are better than private schools. However, not all public schools are better than private schools. According to the Ministry of Education and Culture (2020), in the scope of the City of Surabaya in 2020 there are 63 public junior high schools and 261 private junior high schools, each of which has different characteristics. It is hoped that all junior

high schools in Surabaya already have the availability of facilities and infrastructure for PHBS properly in line with the PHBS assessments that are carried out by the primary healthcare center on a regular basis.

Problems related to health behavior in junior high school are still quite high. The 2015 survey provided an overview of health risk behaviors among students aged 12-18 years in Indonesia, among others: 36.3% of students had a bad habit of washing hands, 44.6% of students had a habit of not eating breakfast, 32.1% of students had a lack of physical activity, and 4.4% of students had ever consumed alcoholic beverages (Center for Research and Development of Public Health Efforts, 2015). In addition, the 2019 *Global Youth Tobacco* survey found that among students aged 13-15, 19.2% of students consisting of 38.3% boys and 2.4% girls are currently smokers. This figure has increased in the last five years, namely in 2014, students aged 13-15 years who became smokers amounted to 18.3%, consisting of 33.9% boys and 2.5% girls (Health Promotion of Indonesia Ministry of Health, 2019; World Health Organization, 2020)

In addition, referring to previous research , Listiyani (2013) found that there was no difference in the knowledge of public and private elementary school students regarding PHBS ($p=0.999$; $\alpha=0.05$). Furthermore, Adjitama and Wahjuni (2019) found that there was no difference in practice regarding PHBS students of Islamic Junior High School of Al-Irsyad Al-Islamiyyah and Public Islamic Junior High School of 1 Kediri City ($p=0.661$; $\alpha=0.05$). Based on this background, it is also necessary to know the differences in knowledge, practices and attitudes of PHBS among public and private junior high school students, as well as how the availability of PHBS infrastructure in these schools supports students.

Students can achieve the highest degree of health by maintaining a clean

and healthy life. Students can avoid disease and have a healthy physical and mental condition, so that students can participate in the learning process optimally and secure a good learning achievement (Indarti, 2017). Therefore, the researchers examined the availability of PHBS facilities and infrastructure in public and private junior high schools and the level of knowledge, attitudes and practices of students' PHBS in the two types of schools.

METHOD

The research design used in this study is a comparative design or comparison with the online survey method, namely the Google Form. The population is the ninth grade students of one of the selected private and public junior high schools in Surabaya, amounting to 413 people consisting of 271 public students and 142 private students. Responden dijangkau dengan menghubungi wali kelas untuk membagikan link kuesioner di grup kelas masing-masing. Respondents were reached by contacting the homeroom teacher to share the questionnaire link in their respective class groups. The inclusion criteria of this study are that respondents are ninth grade students who are enrolled in the targeted private and public junior high schools and are willing to take part in a series of studies. Meanwhile, the exclusion criteria were students were not willing to be respondents and refused to participate at the beginning or in the middle of the research. Total respondents obtained from the data collected were 227 respondents consisting of 77 private students and 154 public students. After that, data cleaning was carried out and obtained a sample of 185 students who met the inclusion criteria, namely 57 private students and 128 public students respectively. Data collection was carried out in September-October 2020.

The variables studied were the availability of PHBS facilities and infrastructure in both schools as well as the

knowledge, attitudes, and practices of students regarding PHBS. Furthermore, the data were analyzed quantitatively and qualitatively. The quantitative analysis used the Independent T-test and chi-square difference test, while the qualitative analysis was based on the observation of the availability of PHBS facilities and infrastructure in two schools. The instrument for the availability of facilities and infrastructure for PHBS in educational institutions uses the observation sheet used by the primary healthcare center to evaluate the implementation of PHBS in schools (Health Office of Surabaya City, 2020). Furthermore, for the student's PHBS knowledge, attitude and practice instruments were adapted from the research instrument using a questionnaire (Situmorang, 2015).

The measurement of the variable availability of school facilities and infrastructure is based on the school PHBS assessment guidelines from the Health Promotion of Health Office of Surabaya City, which can be classified as follows: 1st category: if the number of "yes" answers is 1-2 (red strata), 2nd category: if the number of answers is "yes 3-4 (yellow strata), 3rd category: if the number of "yes" answers is 5-6 (green strata), and 4th category IV: if the number of "yes" answers is 7-8 (blue strata) (Health Office of Surabaya, 2020). This variable is measured by comparing the eight predefined indicators with the facts of the school in question. Each indicator filled in will be assessed by checking "Yes" and a value of 1. The indicators include: (1) facilities and infrastructure for students to wash their hands with running water and use soap with a maximum component of two classes 1) having a place for washing hands with soap (CTPS); (2) the facilities and infrastructure for students to consume healthy snacks in the school canteen with components of healthy snacks sold in school canteen or stalls meeting the requirements as a healthy and clean canteen; (3) the facilities and infrastructure

for students to use clean and healthy latrines or toilets with a toilet or latrine component that meet clean and healthy requirements and an adequate number, i.e. 1 toilet for 50 students; (4) facilities and infrastructure for students to exercise regularly and measured with the component that there is a regular exercise schedule for students; (5) facilities and infrastructure to eradicate larvae in the school environment with components being no larvae in the toilet tub and scheduled eradication of mosquito nests (PSN) activities at least once a week; (6) facilities and infrastructure for students and teachers who do not smoke in schools with component of smoking ban in schools as evidenced by the prohibition of smoking in the school room or area by the leadership as well as the existence of promotional media on smoking prohibition in school environments; (7) facilities and infrastructure for students to measure body weight and height every six months with the component of each student having a School Child Health Card Book (KMS) or student health check register, and there is a schedule for checking the health of school children regularly; and (8) facilities and infrastructure for students to throw garbage in a place with components of trash bins that meet the requirements and the number of trash bins is adequate, i.e. 1 class 1 bin. The more scores that are qualified, the better the school level or strata in implementing PHBS.

Furthermore, the total questions on the questionnaire on PHBS school amounted to 56 questions consisting of 20 questions on PHBS knowledge, 20 questions on PHBS attitudes, and 16 questions on PHBS practices. The highest score of PHBS knowledge that students can achieve is 53 with the following classification: low knowledge, if the correct answer is <56% of the total score (<30); sufficient knowledge, if the answer is 56-75% of the total score (30-39); good knowledge, if the correct answer is $\geq 75\%$ of the total score (≥ 40). Furthermore, the

highest score of PHBS attitudes that can be achieved by respondents is 80 with attitude classifications including: negative attitude, if the respondent's score is <50% of the total score (<40) and positive attitude if the score obtained is $\geq 50\%$ of the total score (≥ 40). The highest score of practice regarding PHBS that can be achieved by respondents is 64 with the category as follows: low practice, if the answer score is <56% of the overall score (<36); sufficient practice, if the answer score is 56-75% of the score. Overall (36-47); and good practice, if the answer score is $\geq 56\%$ of the overall score (≥ 48) (Arikunto, 2006; Sudjana, 2012). Before the research was carried out, the researcher obtained a certificate of passing the ethical test from the ethics committee of the Faculty of Dentistry, Airlangga University with a diploma number: 318 / HRECC.FODM / VII / 2020.

RESULT

Based on Table 1, respondents from each school with an average age of 15 who came from private junior high schools were 57 students (47.6%) and from public schools were 128 students (52.4%). The respondents of this study were only ninth grade students. According to gender, students from private schools consisted of 27 male students (47.4%) and 30 female students (52.6%), while students from public schools consisted of 61 male students (47.4%) and 67 female students (52.3%).

Table 2, 3 and 4 list the results of the observations at the two schools that were used as research locations. Based on Table 2, the information obtained from schools shows that public junior high school has twice the number of students compared to private junior high school students. In addition, both schools already have a School Health Units (UKS) room, but private junior high schools do not yet have teachers trained on implementing UKS (Table 3).

Table 1. Characteristics of Respondents Based on Gender and Age

Variable	Private (n= 57)	Public (n=128)	Total (n=185)
	n (%)/average±SD	n (%)/average±SD	n (%)/average±SD
Gender			
Male	27 (47.4%)	61 (47.7%)	88 (47.6%)
Female	30 (52.6%)	67 (52.3%)	97 (52.4%)
Age (years)	15 ±1	15 ±1	15 ±1

Table 2. The Number of Students in Private and Public Junior High Schools

	Private Junior High School	Public Junior High School
Total	599 students	1074 students
Male	362 students	576 students
Female	237 students	498 students

Data Source: School Register, 2020

Table 3. Facilities and Infrastructure School Health Units in Private and Public Junior High Schools

	Private Junior High School	Public Junior High School
Trained teacher for School Health Units	-	3 teachers
School Health Units room	Available	Available

Data Source: School Register, 2020

Then, based on the results of the calculation of the availability of PHBS facilities and infrastructure in Table 4: for indicator 1, the number of sinks in private junior high school is quite a lot, but the existence of several sinks is in the same location and placed at several points, so they are not centered at the front of the class, respectively, while in public junior high school the sinks are located at several points and at the front of each class as well. Then for indicator 2, the researcher could not assess the canteens in both of the schools, because when the observation took place, the canteen was not in operation. For indicator 3, the number of toilets in private junior high schools is not sufficient because there are only six toilets for students in the school, but the number of students is 599. Furthermore, the number of toilets in public junior high

school is adequate, namely there are 20 toilets with a total of 1,074 students. For indicator 4, private and public junior high schools have carried out a routine and regular exercise schedule for all students through Physical Education, Sports and Health (PJOK) lessons which were held for each class, which, during the pandemic, the students carried out at their homes. Before the pandemic, the two schools also had a gymnastics agenda with teachers and other school residents which were held on Fridays. For indicator 5, the water tub in the toilet of private junior high school is quite clean, but during the pandemic the cleaning was not carried out too regularly, also for some student bathrooms there were mosquito larvae. However, according to the teacher's representative, before the pandemic, there was a schedule of eradication of mosquito nests (PSN)

activities which was carried out once a week by involving student participation in turn, each class every week, while for public junior high school, the toilets in this pandemic were clean, because the water tub in the toilet is emptied, so it doesn't

cause mosquito larvae to appear. In this school there is also a regular PSN implementation which is carried out once a week in conjunction with the implementation of mutual cooperation in the school environment.

Table 4. Comparison of the Availability of PHBS Facilities and Infrastructure in Private and Public Junior High Schools

No	Indicator	Private		Public	
		Yes	No	Yes	No
1.	Facilities and infrastructure for washing hands (maximum 2 classes have 1 Handwashing with Soap (CTPS) place)		v	v	
2.	Facilities and infrastructure for consuming healthy snacks in the school canteen (healthy snacks sold in the canteen meet the requirements and the school canteen also qualify as a healthy and clean canteen)	-	-	-	-
3.	Facilities and infrastructure for using clean and healthy latrines or toilets (toilets or latrines meet the clean and healthy requirements and the number is adequate, i.e. 1 toilet for 50 students)		v	v	
4.	Facilities and infrastructure for regular and measurable exercise (there is a regular exercise schedule for students)	v		v	
5.	Facilities and infrastructure to eradicate larvae in the school environment (there are no larvae in water tub or toilet and there are scheduled mosquito nest eradication activities (PSN) at least once a week)	v		v	
6.	Facilities and infrastructure for school residents don't smoke at school (there is an appeal for the prohibition of smoking in the school room or area, by the headmaster as well as the existence of promotional media on smoking prohibition in the school environment)		v	v	
7.	Facilities and infrastructure for students to measure body weight and height every 6 months (student having a School Child Health Card Book (KMS) or student health check register, and there is a schedule for a health check of school children regularly)		v		v
8.	Facilities and infrastructure for students to dispose of garbage in its place (bins meet requirements with an appropriate number, i.e. 1 class 1 bin)		v	v	
Total		2	5	6	1

Furthermore, for indicator 6, in the private junior high school there is no poster urging smoking in schools, but in the public junior high school one is available.

For indicator 7, private and public junior high schools do not yet have the School Child Health Card Book (KMS) or student health check register which are used when routine examinations of student are carried

out from the primary healthcare center. The health check schedule is also based on the implementation of the primary healthcare center. Furthermore, for indicator 8, in the private junior high school there is no waste separation between wet and dry types of waste, while in the public junior high school, there is already waste separation and this school has implemented zero plastic in the school environment, so there is no use of plastic packaging in school, especially in the school canteen.

Based on the results of these observations, the questions about

availability of PHBS facilities and infrastructure in public junior high school that filled are six, which means that the availability of PHBS facilities and infrastructure in this school is classified as third category or green strata, while in private junior high school, the questions filled are twp., which means that the availability of facilities and infrastructure for PHBS in the private school is categorized as I or red strata (Table 4), so it can be interpreted that the availability of facilities and infrastructure in the public junior high school better than the private school.

Table 5. Comparison of Knowledge, Attitude and Practices on PHBS

Variable	Private (n= 57)	Public (n=128)	Total (n=185)	<i>p-value</i>
Knowledge score	28.9±12.2	36.5±11.8	34.5±12.3	0.002*
Attitude score	61.7±9.7	64.6±10.6	63.7±10.4	0.084
Practice score	53.1±6.7	53.5±6.3	53.4 ±6.4	0.746

Note: Data are presented in (n (%)); *) significant results ($p < 0.05$)

Furthermore, according to Table 5, the average acquisition score of knowledge on private and public junior high schools students is included in the sufficient knowledge category. Moreover, for the average attitude score, the average attitude score for these two school groups was included in the positive attitude category. Furthermore, for the average PHBS practice score, the average score for these two school groups was included in the good practice category, so from these results, it could be interpreted that the scores of PHBS knowledge, attitudes and practices in public junior high school students were better than private students.

Based on the results of statistical analysis with the Independent T-test difference test, (Table 5) a p -value of 0.002 ($p < 0.05$) was obtained for the PHBS knowledge score of private and public junior high school students, p -value of 0.084 ($p < 0, 05$) for the PHBS attitude score of private and public junior high school students, and a p -value of 0.746 ($p >$

0.05) for the PHBS practice score for private and public junior high school students. This value indicates that there is a difference in the PHBS knowledge score between private and public junior high school students, but there is no difference in the PHBS attitude and practice scores.

Furthermore, based on Table 6, the level of knowledge of students regarding PHBS, in private junior high school students was mostly in the low category, namely 32 students (56.1%), while the public junior high school students were in the good category, namely 62 students (48.4%). The level of student attitudes regarding PHBS for most private and public junior high school students was in the positive category, namely 56 students (98.2%) and 125 students (97.7%), respectively. The level of student practice regarding PHBS in both private and public junior high school students was in the good category, namely 46 students (80.7%) and 104 students (81.3%) respectively.

Table 6. Differences in the Level of Knowledge, Attitudes, and Practice Regarding PHBS in Private and Public Junior High School Students

Variable	Private (n=57)	Public (n=128)	Total (n=185)	<i>p-value</i>
Knowledge Level				
Low	32 (56.1%)	44 (34.4%)	76 (41.1%)	0.014*
Sufficient	9 (15.8%)	22 (17.2%)	31 (16.7%)	
Good	16 (28.1%)	62 (48.4%)	78 (42.2%)	
Attitude Level				
Negative	1 (1.8%)	3 (2.3%)	4 (2.2%)	0.799
Positive	56 (98.2%)	125 (97.7%)	181 (97.8%)	
Practice Level				
Low	1 (1.8%)	1 (0.8%)	2 (1.1)	0.839
Sufficient	10 (17.5%)	23 (17.9%)	33 (17.8%)	
Good	46 (80.7%)	104 (81.3%)	150 (81.1%)	

Note: Data are presented in (n (%)); *) significant results ($p < 0.05$)

Based on the results of statistical analysis with the comparative chi square test (Table 6), the p -value was 0.014 ($p < 0.05$) for the students' level of PHBS knowledge. The level of PHBS attitude obtained p -value of 0.799 ($p > 0.05$). In addition, for the PHBS practice level, the p -value was 0.839 ($p > 0.05$). This value indicates that there is a difference in the level of knowledge about PHBS in private and public junior high school students, but there is no difference in the level of attitude and practice of PHBS.

DISCUSSION

PHBS guidance is needed so that PHBS in the school environment can run well. In educational institutions, PHBS guidance is placed through School Health Unit (UKS) activities. PHBS coaching is carried out through three activities, including empowerment, atmosphere building, and advocacy (Indonesian Ministry of Health, 2011).

Through empowerment activities, students are accustomed to maintaining personal and environmental hygiene. Teachers often remind students of the need to maintain cleanliness. The delivery of PHBS values is always inserted into every learning activities, for example when going to rest, after exercising, after playing, and

after resting time, the teacher always reminds or orders students to wash their hands frequently to keep their hands clean at all times. This is to train children to keep their bodies clean at all times (Abidah and Huda, 2018).

Furthermore, the atmosphere building activity is carried out by appointing educators or teachers as the person in charge of UKS who has responsibility for UKS activities including the implementation of the PHBS program. The person in charge of the UKS is also obliged to attend meetings or outreach held by the primary healthcare center. In addition, to create an environmentally friendly school atmosphere, the use of media is also needed, for example, the installation of a smoking ban banner in the school environment. The use of media makes it easier for schools to convey information about the PHBS program to school residents, especially students (Abidah and Huda, 2018).

Furthermore, advocacy activities are carried out by administrators from districts or cities or provinces to the person in charge of educational institutions, educators and administrators of educational institutions in their cities, so that they can participate in PHBS development activities in their respective educational institutions. One example of this activity is that the person in charge of

educational institutions must provide policy or regulatory support and facilitate the practice of PHBS in educational institutions by providing supporting facilities. In addition, advocacy is also carried out to fund donors, including entrepreneurs, to help efforts to successfully develop PHBS in educational institutions (Kemenkes RI, 2011).

According to the results of observations, the existing PHBS facilities and infrastructure at private and public junior high schools are already readily available. However, there are several facilities that need to be improved on in their functions and cleanliness so that the implementation of PHBS in the next school can run optimally and can be used by students and other school members in practicing PHBS to the fullest. As in private junior high school, the availability PHBS facilities include a wash basin for washing hands, a bathroom with a toilet, a school health unit room, and a trash can. However, the existing bathroom is still lacking in cleanliness. In addition, trash cans have not been differentiated into organic and inorganic waste. Unlike in public junior high school, the bathrooms are clean, even during this pandemic, the water tubs are emptied. In addition, the trash cans at the school have also been differentiated.

According to the results of the interview also, the process of fostering PHBS implementation through empowerment in the environment of the two junior high schools is quite good, where teachers insert PHBS values to students in the curriculum taught in the classroom and can go through advice or reminders that are conveyed directly by the teacher to students throughout the school period. In changing student behavior, the presence of teachers is a very important factor in implementing health promotion. At school, teachers become role models for students; therefore, one of the factors driving students to get a good PHBS is the teacher. In the UKS in private junior high

school, the school has not appointed and trained a UKS coordinator from local teachers. So far, student representatives who have participated in the Intra School Organization (OSIS) have been assigned to help carry out UKS activities. In addition, the use of health promotion media such as banners regarding smoking prohibition in schools is not yet available. In contrast to the implementation of UKS in public junior high school, the school has selected three local teachers to be trained as UKS coordinators who are responsible for UKS activities including the implementation of the PHBS program. These teachers include teachers of Physical Education, Sports and Health (PJOK), Islamic Religion, and Biology subjects. In addition, the use of banner media regarding smoking prohibition in schools has also been made available. The use of media such as banners can make knowledge of PHBS in students richer. There are still many students who have low knowledge of PHBS who are unable to explain that the sources of information about PHBS that are obtained by students at school and in the home environment are still minimal. As explained by Notoatmodjo (2012), knowledge can be obtained from the experiences of others that are shared with us, besides that it can come from books, friends, parents, teachers, radio, television, posters, magazines and newspapers (Wulandari and Pertiwi, 2018). This is in accordance with research from Nasiatin and Hadi (2019) which proves that the role of teachers is closely related to clean and healthy living habits (PHBS) in elementary school students.

Furthermore, the process of developing PHBS through building an atmosphere in private junior high school is still less optimal than in public junior high school. This can be assumed that from the results of observations regarding the implementation

Based on the results of observations and interviews, the researcher concluded that the availability of PHBS facilities and

infrastructure in private schools is still not running optimally, especially for UKS which are not yet fully functioning properly. Even though the existence of UKS allows students to practice hygiene and healthy living habits properly, this is in line with the results of the research by Simbolon and Simorangkir (2018) which is that there is a significant relationship between the implementation of UKS and the implementation of PHBS for students in elementary schools in the Pancur Batu Health Center Work Area, Deli Serdang Regency.

In addition, based on the results of statistical analysis, it was found that there was a significant difference ($p < 0.05$) in the scores and levels of knowledge about PHBS between private and public junior high school students. This is contrary to the findings of Listiyani (2013) which show that there is no significant difference between the type of school and the respondent's knowledge of healthy behavior because the level of knowledge in the two schools is equally good.

Furthermore, based on the results of statistical analysis, it was found that there was no significant difference ($p > 0.05$) in the scores and attitudes regarding PHBS between private and public junior high school students. This is different from the results of statistical analysis which state that the scores and levels of knowledge between private and public junior high school students are different. This contrasts with the results of research from Duroso (2011) which states that there is a relationship between students' knowledge and attitudes toward PHBS of Tlogo Cluster 3 Tamantirto Kasihan Bantul Public Elementary School students. The higher the knowledge about PHBS, the better the attitude of PHBS (Duroso, 2011). According to the results of the study, the level of knowledge of private junior high school students about PHBS is mostly lacking, while most state students are already good. For the PHBS attitude level, almost all students from the two

types of schools had a positive attitude about PHBS.

Furthermore, based on the results of statistical analysis, it was also found that there was no significant difference ($p > 0.05$) in scores and levels of practice regarding PHBS between the schools. This is in accordance with the results of research from Adjitama and Wahjuni (2019) that there is no difference in practice regarding PHBS students of Islamic Junior High School of Al-Irsyad Al-Islamiyyah and Public Islamic Junior High School of 1 Kediri City. Based on the research results, most of the practices regarding PHBS in private and public junior high school students were both good. This shows that although PHBS facilities in private junior high school are less than public school, private students still have the awareness to do PHBS.

The level of knowledge and practices of PHBS private and public junior high school students are both good. This is consistent with research from Sulastri, Purna and Suyasa (2015) which states that there is a significant relationship between the level of knowledge and PHBS of school children in SDN areas of Puskesmas Selemadeg Timur II. This shows that a good level of knowledge will enable students to practice PHBS well.

CONCLUSION

The availability of PHBS facilities and infrastructure in public junior high school is better than private junior high school. In addition, there are differences in the knowledge scores of public and private junior high school students, but for scores and attitudes and practice students toward PHBS there is no difference. It is suggested for both schools to further improve facilities and infrastructure as well as fostering the implementation of PHBS including empowerment, atmosphere building, and advocacy so that students can optimally practice PHBS in the school environment.

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