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DEVELOPMENT OF HEALTH EDUCATION MANAGEMENT MODELS IN ELEMENTARY SCHOOLS

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ABSTRACT

This study aims to explain the development of the Health Education Management model, especially for elementary school students. The methodology used is Research and Development. This research was conducted at an elementary school in the city of Banda Aceh. Data was collected using questionnaires, in-depth interviews, and observations. Analysis and testing of data using t-test. The results showed that there were significant differences in students' understanding before and after the intervention. Implementation of effective and efficient health education management in primary schools in Banda Aceh City. These results were proven by statistical t-test at a significance level of 0.919, ie $0.000 < 0.005$.

Keywords: Management, education, health.

INTRODUCTION

Banda Aceh City is one of the areas that is consistent in the implementation of school health education by participating in various health education activities, including (1) Assessment of coaches at the provincial, district/city and sub-district levels with aspects assessed include coaching, training, and involvement activities. school; (2) Assessment of schools with the aspects assessed include cleanliness of class facilities/infrastructure, teachers' rooms, canteens, toilets, clean water, handwashing places, places of worship, conditions of trash cans, and health rooms; (3) Assessment of students' health behavior, including knowledge about health, clean and healthy living habits (PHBS); (4) Assessment of the implementation of health services, such as the implementation of health screening and counseling by health workers and (5) training of health cadres (Salfiyadi, 2022).

Health education in schools aims to encourage the independence of students to live healthy, and maintain and improve the health of individuals, families, and the environment (Karasimopoulou et al., 2012), (Bourassa et al., 2020), (Nutbeam, 1997). One effort to improve health from an early age for elementary school-age children is by providing an understanding of health so that it can give birth to a generation that is healthy and cares for health in the future (Guével & Jourdan, 2009).

Health education in schools not only has an impact on students' physical health in the sense of being free from various diseases but also must have an impact on creating a healthy school environment (Kirby et al., 2013), (Salvi & Salvi, 2015). A healthy school environment will in turn have an impact on creating a comfortable and conducive learning atmosphere (Gurpinar et al., 2010), (Report, 2003). The alleged comfort of educational experts is one important factor that can improve learning achievement (Au et al., 2008), (Lee et al., 2008), (Langford R, Bonell CP, Jones HE, Pouliou T, Murphy SM, Waters E, Komro KA, Gibbs LF,

Magnus D, Campbell R, 2014) Langford R, Bonell CP, Jones HE, Pouliot T, Murphy SM, Waters E, Komro KA, Gibbs LF, Magnus D, Campbell R, 2014). Thus, the commitment of schools through the School Health Effort (UKS) which is formally present in every school and responsible for dealing with health issues in schools is very urgent in realizing the goals of health education in schools.

An institution like a school can be said to be well managed if it is run with ideal, structured, and systematic management (Blackstock & Webster, 2007). Management function consists of planning (planning), organizing (organizing), running (leading), and supervising (controlling) or better known as the POLC framework (Walsh et al., 2018), (Bridges et al., 2011). These activities are needed to realize the goals of health education in schools such as clean and healthy behavior among students (Margolis, 2013), (Astuti & Info, 2017), (Gitlin, 2003).

However, based on observations made by researchers in several schools in Banda Aceh, they found that the school environment was disorderly with rubbish, dirty toilets, snacks, and canteens that were not healthy. Based on interviews with the Principal, researchers also discovered severe managerial problems in health education management. As UKS does not work as it should, there is no UKS coach, lack of medicines and health equipment, limited funds, and lack of health training until there is no clear management concept in managing health in schools.

From the results of interviews with teachers and school principals in Banda Aceh City, the researcher concluded that the problem of health education management in several Banda Aceh schools was a fundamental problem that caused educational goals not to work properly.

This research is expected to contribute both theoretically and practically. First, theoretically, this research can enrich knowledge in the field of human resource development that manages health programs in primary schools. Second, this research

is practically expected to be useful for school institutions in making policy.

RESEARCH METHOD

The research was conducted at the Banda Aceh City Elementary School. There are primary and secondary data sources in this study. Primary data is data obtained from informants, Human Resources (HR) documents, data on UKS management teachers, school principals, and data on health workers. Secondary data sources are experts, documents, and literature related to human resources. Data collection was carried out through interviews, observation, document review, and focus group discussions. The data is used to present the actual conditions and the development model. Observations were made through the Banda Aceh city government website. FGD was conducted to collect and analyze data related to human resources. The FGD participants consisted of teachers, UKS officers, school principals, and health workers from health. The collected data were analyzed through methods, namely domains, and descriptive analysis.

RESULTS AND DISCUSSION

General description

- 1) This section describes the condition of Human Resources (HR) in Banda Aceh City's public elementary schools, namely UKS teachers who manage health programs. Systematically and in reality, the number of UKS teacher officers in each school is 3 people each school consisting of UKS teachers, school principals, and health staff.
- 2) The human resource profile in primary schools is classroom teachers with undergraduate educational qualifications. With an average degree of undergraduate education (100%).
- 3) The development of a health education management model for elementary school students includes Identification and analysis. The model has a clear work program, is easy to use and can be applied to schools, and can improve student learning outcomes and improve behavior for clean and healthy living.

Presentation of Health Education Management Model Development

- 1) The validation results from the validator are as follows:

Table 1. Summary of Management Expert Validation Results

Validator	Score Average	Percentage	Category
I	34	80,00%	Valid
II	36,75	89,17%	Valid

The table above shows that the validator I gave an average score of 34 which shows the percentage of validity as much as 80% and is categorized as quite valid. Validator II gives a score with an average of 36.75 which shows the percentage of validity as much as 80% and is included in the valid category.

Table 2. Summary of Health Expert Validation Results

Aspect	Expert I		Expert II		Expert III	
	Score	%	Score	%	Score	%
Health Education	11	40,00%	17	80,00%	20	100,00%
Health services	9	26,67%	16	73,33%	19	93,33%
Environmental Health	10	33,33%	18	86,67%	18	86,67%

The table above can be seen wherefrom the three aspects that the researchers validated by experts regarding the developed model the highest was in the aspect of health education with a score of 100%. Where in the health education aspect, the teachers already have most of the material from the UKS government program.

Trials

The results of the trial at the Banda Aceh City Elementary School were divided into two classes in each class consisting of 20 people with a total of 40 students in the first trial. The following is the statistical test result data at the first trial stage as follows:

Table 3. T-Test Results in Trials

Pair	Mean	N	Std. Deviation
PosTest	14.18	40	.549
PreTest	9.98	40	1.544

The table above shows that at the trial stage with the application of the health education management module there were 40 people with a significant value where the pretest scores were 9.98 with a standard deviation of 1.544 and posttest was 14.18 with a standard deviation of 549.

Effectiveness Test Results

Following this, this Hypothesis Test will also be carried out to determine the differences in the increase in students' abilities to the application of the model that has been developed as follows:

Table 4. Hypothesis Test

	F	t	d	Sig	Mean Difference	Std Error
Equal Variances Assumed	.010	-9.385	78	.000	-3.350	.357
Equal Variances Not Assumed		-9.385	77.577	.000	-3.350	.357

The table above shows the homogeneity test and t-test that Sig. (2-tailed) = 0.000. Because of the value of Sig. (2-tailed) less than the significance level = 0.919, namely 0.000 < 0.05.

CONCLUSION

The application of the health education management model greatly assists school institutions in managing health education programs so that good management will have a positive impact on improving student achievement and increasing the ability or behavior to live healthy and clean and achieve optimal health. With the awareness of the importance of health from an early age, it is hoped that the character of students who are tough both in the brain and physically will be formed.

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