

TEACHERS' KNOWLEDGE ABOUT CLEAN AND HEALTHY LIVING BEHAVIOR (PHBS) IN SPECIAL NEEDS SCHOOLS

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ABSTRACT

This study aims to determine the level of teachers' knowledge about Clean and Healthy Living Behaviors (PHBS) at SLB Negeri 1 Bengkulu City. The research method used was quantitative with a cross-sectional design. The results showed that the majority of respondents had a high level of knowledge about Clean and Healthy Living Behaviors (PHBS): of the 38 respondents, 27 (71.05%) were categorized as high. In conclusion, the teachers' level of knowledge is categorized as high.

Keywords: Teachers, Knowledge, PHBS, Special Needs School

INTRODUCTION

Clean and healthy living behaviors are crucial in the school environment, particularly in Special Needs Schools (SLB). Law Number 36 of 2009 concerning Health states that school health is a crucial factor supporting students in learning, developing, and growing in healthy conditions (Suskha et al., 2024; Utomo et al., 2022). PHBS (Clean and Healthy Living) is a crucial effort to improve the quality of life of the community, particularly in educational settings. The implementation of PHBS in schools is clearly regulated in the Ministerial Regulation, as part of health development in educational institutions. However, the implementation of PHBS in SLB remains understudied, even though students with physical and mental disabilities require a more inclusive approach.

PHBS is a priority government program through community health centers (Puskesmas) and is part of the implementation of health development, as outlined in the Ministry of Health's 2010-2014 Strategic Plan (Renstra). Its goals are not limited to cleanliness but are broader and more comprehensive, encompassing changes in the physical, biological, and social and cultural environments of the community, thereby creating a health-conscious environment and encouraging clean and healthy living behaviors. This is also regulated in Regulation of the Minister of Health of the Republic of Indonesia No. 2269/Menkes/Per/X/2011, which outlines guidelines for implementing PHBS (Clean and Healthy Living) in various institutions, including educational institutions (Putri et al., 2023; Selviana et al., 2018).

Schools, as places of learning for Indonesian children, have not yet fully implemented clean and healthy living, despite being a wonderful thing. In reality, many schools are still less than clean and beautiful, even appearing barren due to the lack of

refreshing trees. Many schools still have trash scattered around them. Even though bathrooms and toilets are available, they are often unsanitary and even look dirty, disrupting the surrounding environment. Schools, as educational institutions and places for children to learn, should implement proper and beneficial waste management practices. However, many schools still fail to properly sort and manage waste. Children often throw trash into drains and rivers, despite being frequently taught that throwing trash into rivers and drains can cause flooding and become a breeding ground for diseases that harm themselves and others (Simbolon, 2018).

The role of teachers in schools is crucial for students and their pupils. Therefore, a student's success in implementing PHBS (Healthy Living Environment) in the school environment is inseparable from the various attitudes and actions of teachers, who serve as role models for their students. Every student is required to maintain school health in accordance with the examples set by their teachers at school. Therefore, the presence of teachers in schools is not only to teach and educate students, but also to provide examples that students can emulate. If teachers consistently teach good PHBS habits to their students, their students will automatically find it easier to practice PHBS, and teachers are expected to continuously monitor their students' implementation of PHBS (Kanro, 2019).

Initial observations at SLB Negeri 1 Bengkulu City showed that several PHBS elements had been implemented, such as washing hands before eating, maintaining classroom cleanliness, and providing trash cans and sanitation facilities. However, implementation was inconsistent across classes. Some teachers appeared to actively assist students, even using visual media to facilitate understanding for students with intellectual disabilities. On the other hand, some teachers are inconsistent and only implement PHBS as a formality. Interviews and observations indicate that only around 30–40% of teachers have received formal PHBS training. Furthermore, supporting facilities such as washbasins and soap are not evenly distributed or in adequate condition. Schools also lack a consistently implemented PHBS evaluation system based on quantitative indicators. Furthermore, teachers still smoke on school grounds, although not directly in front of students. This clearly contradicts PHBS principles, which emphasize the importance of creating a smoke-free educational environment.

This situation indicates that students with special needs are highly dependent on teachers to develop healthy lifestyle habits. Therefore, teacher knowledge is a key factor in the successful implementation of PHBS (Sugiritama et al., 2021; Hayati et al., 2017). Unfortunately, most teachers still have limited understanding of the concepts, indicators, and strategies for effective PHBS implementation in the classroom.

As crucial agents in the educational process and behavior formation, teachers play a strategic role in instilling PHBS values. Teachers' knowledge of PHBS significantly influences their ability to guide students toward healthy behaviors. Research by Hayati et al., (2017) confirmed a positive relationship between teacher knowledge and student healthy behaviors, particularly in maintaining personal hygiene and the school environment. However, similar research in Special Needs Schools (SLB) is still limited, although the characteristics of SLB students differ from those in regular schools, necessitating a more specialized approach.

Research on PHBS (Health and Wellness) was previously conducted by Yuandra & Ginting (2020) at Public Elementary School 046579 in Lau Peranggunen Village, Karo Regency. They found that 72% of students lacked knowledge regarding PHBS and 63% lacked PHBS practices. The analysis revealed a significant relationship between knowledge and PHBS practices, with a p-value of 0.046.

Several previous studies, such as those by Pramana (2023); Sumarmi et al., (2018), emphasized the crucial role of teacher knowledge in supporting health promotion programs in schools. However, most of this research was descriptive in nature and generally conducted in regular schools. Unlike regular schools, SLB schools are significantly impacted by the diverse disabilities of their students, requiring teachers to possess additional skills to convey PHBS concepts more contextually. Pramana (2023) also revealed that low health literacy among special needs (SLB) teachers is due to limited training and minimal integration of PHBS into teaching and learning activities. The implementation of school policies related to PHBS also tends to be administrative, rather than substantive. This highlights the urgent need for a systematic, scientific approach to examine the relationship between teacher knowledge and clean and healthy living behaviors (PHBS) and PHBS implementation in special needs (SLB), particularly to strengthen evidence-based inclusive education policies.

Low teacher literacy also impacts the integration of PHBS materials into the curriculum and daily learning. Evaluation of PHBS programs that does not use quantitative indicators is also a barrier, resulting in many programs remaining mere formalities without demonstrating real long-term success. This situation emphasizes the importance of empirical data-based research to examine the extent to which teacher knowledge influences PHBS practices in special education settings.

Based on this gap, this study focuses on SLB Negeri 1 Bengkulu City with the aim of analyzing the relationship between teacher knowledge and student PHBS implementation. The quantitative approach used is expected to provide new contributions in the context of special education, which has previously been largely researched through qualitative and descriptive approaches. The findings of this study are expected to not only provide a contextual overview, but also serve as a basis for developing teacher training modules and a reference for future comparative studies.

METHODS

Study Design: This study used a quantitative approach with a cross-sectional design, allowing assessment of the relationship between variables at a single point in time. **Setting and Duration:** The study was conducted at SLB Negeri 1 Bengkulu City from July to August 2025.

Population and Sample: The population consisted of all permanent teachers at SLB Negeri 1 Bengkulu (n = 30). As the population was fewer than 100, total sampling was applied. Thus, all 30 teachers participated.

Research Instruments: - Independent Variable (X): Teachers' Knowledge of PHBS. Assessed through a 19-item multiple-choice questionnaire.- Dependent Variable (Y): PHBS Implementation by Teachers. Assessed through a 15-item Likert scale questionnaire.

Data Analysis: Univariate analysis for descriptive statistics, and Chi-Square test for assessing the relationship between teachers' knowledge and PHBS implementation.

RESULTS

Univariate Analysis

Table. 1
Frequency Distribution of Respondent Characteristics by Age (n = 30)

Kategori	Mean	Standar Deviasi
Usia	39,5 Tahun	11,58

Based on Table .1, it shows that the average age of respondents is 39.5 years with a standard deviation of 11.58.

Table 2
Distribution of Respondents by Gender (n=30)

Gender	Frekuensi (n)	Persentase (%)
Male	7	18,42
Female	31	81,58
Total	38	100

Based on Table 2, it can be seen that the majority of respondents were female, namely 31 people (81.58%).

Table. 3
Distribution of Respondents Based on PHBS Knowledge Level

Kategori	Frekuensi	Persentase (%)
Low	3	7,89
Medium	8	21,05
High	27	71,05
Total	38	100

Based on Table 5, it is known that the majority of respondents have a high level of knowledge regarding clean and healthy living behaviors (PHBS). Of the 38 respondents, 27 (71,05%) fall into the high category.

DISCUSSION

PHBS encourages a clean and healthy lifestyle among students, teaching staff, and other school staff to create a healthy school. To create a healthy environment, PHBS activities at school include things like washing hands with soap before and after eating, consuming nutritious snacks, using clean toilets, exercising regularly, eradicating mosquito larvae, not smoking at school, disposing of trash in its place, and providing social services to the school community (Salim et al., 2022).

One of the most important factors in generating individual action is knowledge. Knowledge can be argued to be a driver of individual behavior because it supports individual attitudes and enhances self-confidence. Because knowledge is fundamental to the

development of attitudes and skills, it can improve the health of school-age children (Cahyani et al., 2022).

Knowledge is formed when someone applies logic to recognize an event, especially an event that has never happened before. To gain experience, a person must be able to think critically. Information that awakens awareness in accordance with one's existing knowledge is one type of knowledge gained from experience, either independently or through collaboration with others (Nurhidayah, 2021).

Human behavior, reflected in attitudes, behavior, and knowledge, will continue to develop over time as a result of experience and interaction with the environment. When a person receives medical care, their behavior is a response to internal and environmental factors. A person's health will be influenced by their understanding of how to implement a clean and healthy lifestyle (PHBS), which increases awareness of the importance of protecting oneself and the environment and actively participating in local health efforts (Zulkifli, 2024).

In the context of healthy behavior, Lawrence Green's theory explains that a person's behavior is based on several factors. Predisposing factors include knowledge, education, gender, and age; enabling factors include school facilities and resources; and reinforcing factors include the role of leadership and school hygiene regulations. The results of research by Kusumawardhani et al., (2025) showed a significant relationship between teacher and employee knowledge and PHBS at SMPIT Islamia with a p-value of 0.004. The majority of teachers and employees of SMPIT Islamia have good PHBS knowledge and behavior. This is also supported by the good ability of teachers and employees of SMPIT Islamia to answer the basic knowledge prepared by researchers in the questionnaire regarding PHBS and apply it directly in real life.

Furthermore, research by Santoso (2022) showed a relationship between knowledge levels and Clean and Healthy Living Behaviors (PHBS) in schools. A person's knowledge level can be influenced by various factors, such as social media, family, and work environment. It is hoped that broader knowledge can be translated into better attitudes and actions related to clean and healthy living behaviors.

More knowledge makes people better. This is evident in their knowledge, attitudes, and behavior. When people receive medical care, their behavior is a response to internal and environmental factors. A person's health is influenced by how effectively they learn about clean and healthy living (PHBS) (Kurniawati et al., 2025).

CONCLUSION

The conclusion is that the majority of respondents have a high level of knowledge regarding clean and healthy living behaviors (PHBS). Of the 30 respondents, 27 (90%) fall into the high category.

SUGGESTIONS

For Public Health Study Programs

Public Health study programs are recommended to expand community service activities and applied research focused on clean and healthy living behaviors (PHBS) in special schools (SLB). This effort is crucial to deepen students' knowledge and develop practical skills in implementing school-based health interventions. Furthermore, material on

health promotion in educational settings should be integrated into the curriculum so that graduates have stronger competencies and can act as agents of change in the community.

For Schools

Schools are expected to continuously improve their PHBS implementation programs, especially for teachers with moderate implementation. This effort can include training, regular evaluations, and the provision of supporting facilities such as hygiene, sanitation, and a healthy learning environment. Furthermore, internal school policy support is needed so that the implementation of PHBS is not merely understood but can be implemented consistently and become an example for students with special needs.

For Future Researchers

For future researchers, it is recommended to examine other factors that potentially influence PHBS implementation, such as attitudes, motivation, social support, and school regulations. A qualitative or mixed-methods research approach can be considered to delve deeper into the reasons why some teachers with advanced knowledge have not fully implemented PHBS. The research can also be expanded to other schools to obtain a more comprehensive comparison and picture of PHBS implementation in various educational contexts.

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