Health Knowledge in Class VII Middle School Students in Yogyakarta State Middle School 14

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Abstract: The research intends to determine how high the health knowledge of seventh grade students in SMP Negeri (State Junior High School) 14 Yogyakarta. This research was descriptive research using survey method. The research instrument was questionnaires with multiple choice test. The samples of the research were the 34 students of seventh grade at SMP Negeri 14 Yogyakarta. The data analysis technique was using descriptive quantitative data analysis. Based on the result, the health knowledge of the seventh grade students in SMP Negeri 14 Yogyakarta is mostly on the medium category. 50% of the students were in medium category, 23.52% of the students were in good category, 14.70% of the students were in less category, 8% of the students were very less category and 2.94% of the students were in very good category.

1 INTRODUCTION

School is one formal forum that tries to carry out the process of changing behavior through the education process. Physical education does not only aim to make students fit, but also has a role to play in providing health education. Health education is an effort to teach students how to maintain and respect the body as a whole by developing and improving physical, social, and emotional abilities so that they have an awareness to achieve a healthy life behavior. Health education is part of the overall health effort (promotive, preventive, curative, and rehabilitative) which focuses on efforts to improve healthy living behaviors (Kriswanto, 2012).

Physical education (PE) is given in junior high schools which can cover a variety of cognitive, affective, and psychomotor aspects. These three aspects can be achieved by various efforts in the hope that students can experience the best of learning. The material taught is about the development of adolescents, balanced diet of healthy nutrition, and description of mental health because health does not only consist of physical health but also psychological health. The vast majority of studies show evidence of positive associations of physical activity and mental health measures.

The researcher conducted a series of observation regarding the knowledge given during the physical education learning. However, the time to deliver health education material was very limited so that the students could not understand the material delivered by the teacher. Students could not apply the health knowledge in everyday life. There are still many students who have not been able to identify unhealthy food ingredients in their daily lives, there are still some students who find it difficult to apply health knowledge have an issue in controlling emotions and fighting each other. The hope of giving good health knowledge physically, psychologically, and also socially is that students can apply the knowledge in their daily lives and become wiser individuals in maintaining health. Therefore, there is a gap between the health knowledge that has been given, with what they practise in everyday life, in terms of balanced healthy nutrition diet, mental health and sustainable adolescent development. That healthy lifestyle could make students a better person. Based on the description above, the researchers wanted to conduct a study entitled “Health Knowledge in Seventh Grade at SMP N 14 Yogyakarta”. This study aims to find out how far health knowledge is delivered for the students.


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2 RESEARCH METHOD

2.1 Research Type

This research is a descriptive study with a survey method. The instrument in this study is a questionnaire in the form of multiple choice questions. This study describes seventh grade students’ health knowledge at SMP N 14 Yogyakarta.

2.2 Research Time and Place

This research will be conducted at SMP N 14 Yogyakarta, which is located at Jalan Tentara Pelajar, Bumijo, Jetis, Yogyakarta City, Yogyakarta Special Region. The study was conducted on March 2019.

2.3 Research Target/Subject

The population in this study is seventh grade students, who were in Class VII A, VII B, VII C and VII D. Each class has 34 students. The researcher used purposive sampling technique (Suharsimi, 2010) with certain considerations.

2.4 Data, Instrument, Data Collection Technique

The instrument is a tool that is chosen and used by researchers in collecting data so that the activity becomes systematic (Arikunto, 2013). The instrument in this study was questionnaires. The questionnaire used in this study is a questionnaire with close ended questions which answers have been provided so that the respondent can only choose the answer that matches his opinion.

Before conducting the trial, the researcher conducted a validation / expert judgment in this study with Drs. Sriawan, M.Kes. The trial of the research instrument was conducted in Yogyakarta State Middle School 14 with 34 students. Based on the trial results, it shows that out of 36 questions there are 4 items that fail, namely numbers 4, 9, 32 and 35 (r count < r table), the reliability coefficient is 0.960.

The data needed in this study is in the form of health knowledge of seventh grade students at SMP Negeri 14 Yogyakarta. The steps used for data collection are explained as follows (1) before the questionnaire was shared, the researcher explained to the seventh-grade students at SMP N 14 Yogyakarta about the procedure for working on the question, (2) after all students were clear or understood about the procedure in working on the questions, the questions were distributed to all seventh-grade students who have been agreed to participate.

2.5 Data Analysis Technique

The data analysis technique used was descriptive statistical techniques. Descriptive statistics were used to describe the collected data (Darmadi, 2014). The analysis used in this study uses quantitative descriptive techniques with percentages. The frequency is to find the relative frequency (percentage) (Sudjiono, 2010) as follows:

\[ P = \frac{F}{N} \times 100\% \] (1)

Information:
P = Percentage sought (Relative Frequency)
F = Frequency
N = Number of Respondents

Determination of Score by using Reference Norm Research (PAN) according to (Syarifudin, 2010) in Table 1 as follows:

<table>
<thead>
<tr>
<th>No</th>
<th>Norms</th>
<th>Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>X &gt; M + 1,5 SD upward</td>
<td>Excellent</td>
</tr>
<tr>
<td>2</td>
<td>M + 0.5 SD &lt; X ≤ M + 1,5 SD</td>
<td>Good</td>
</tr>
<tr>
<td>3</td>
<td>M – 0.5 SD &lt; X ≤ M + 0.5 SD</td>
<td>Sufficient</td>
</tr>
<tr>
<td>4</td>
<td>M – 1,5 SD &lt; X ≤ M – 0.5 SD</td>
<td>Less</td>
</tr>
<tr>
<td>5</td>
<td>X ≤ M – 1,5 SD</td>
<td>Very Less</td>
</tr>
</tbody>
</table>

(Source: Syarifudin, 2010: 113)

3 RESEARCH RESULTS AND DISCUSSION

3.1 Research Results

The description of the results on health knowledge in seventh-grade students at SMP N 14 Yogyakarta was measured by 32 item questionnaires in the form of multiple choices, with a score range from 0 to 1. Based on the results, a minimum value = 15, maximum value = 30, the mean value is = 24.35, median = 25, and the standard deviation = 3.52.
Table 2. Description of health knowledge in seventh-grade middle school students

<table>
<thead>
<tr>
<th>Interval</th>
<th>F</th>
<th>%</th>
<th>Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>( &gt; 29.65 )</td>
<td>1</td>
<td>2.94</td>
<td>Excellent</td>
</tr>
<tr>
<td>26.12 - 29.64</td>
<td>8</td>
<td>23.53</td>
<td>Good</td>
</tr>
<tr>
<td>22.59 - 26.11</td>
<td>17</td>
<td>50</td>
<td>Sufficient</td>
</tr>
<tr>
<td>19.05 - 22.58</td>
<td>5</td>
<td>14.71</td>
<td>Less</td>
</tr>
<tr>
<td>( \leq 19.05 )</td>
<td>3</td>
<td>8.82</td>
<td>Very Less</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>34</td>
<td>100</td>
<td></td>
</tr>
</tbody>
</table>

Table 2 is presented on the following diagram:

![Health Knowledge for Seventh Grade Students](diagram)

Figure 1: Diagram of health knowledge for junior high school students in class VII in Yogyakarta State Middle School 14.

Based on the table and figure above, it is known that health knowledge for seventh grade students in SMP N 14 Yogyakarta were in different category. 2.94% of the student participants were in the excellent category, 23.52% of the student participants were in the good category, 50.00% of the student participants were in the medium category, 14.70% of the student participants were in less category and 8.8% of the student participants were in a very less category. The dominant result in health knowledge for seventh grade students in Yogyakarta State Middle School 14 was medium.

### 3.1.1 Knowledge Factors on Healthy Diet

Knowledge factors on healthy diet in this study were measured by 10 statements, with a range of scores 0 to 1. The minimum value = 5, maximum value = 10, mean value = 7.73, median = 8, and standard deviation = 1.32. It is presented in the following diagram.

![Knowledge Factors on Healthy Diet](diagram)

Figure 2: Knowledge factors on healthy diet diagram

Based on the tables and figures above, it can be seen that the knowledge factor towards healthy diet which is included in the excellent category is 5.88%, in the good category is 23.52%, in the sufficient category is 32.29%, in less category is 26.47% and very less categories at 8.82%.

### 3.1.2 Mental Health Knowledge Factors

The research result on mental health knowledge in this study was measured by 12 items, with a range of scores 0 to 1. It obtained a minimum value = 6, the maximum value = 12, the mean value = 10.21, median = 11, and standard deviation = 1.56. It is presented in the following diagram.

![Mental Health Knowledge Factors](diagram)

Figure 3: Mental health knowledge factors diagram
Based on the table and figure above, it is known that the mental health knowledge factor included in the excellent category was 0.00%, in the good category was 52.94%, in the sufficient category was 23.52%, in the less category was 11.76% and the very less category was very less than 11.76%.

### 3.1.3 Knowledge on Teenage Development Factor

The knowledge of adolescent development in this study was measured by 10 items, with a range of scores 0 and 1. It obtained a minimum value = 2, a maximum value = 10, the mean value = 6.41, median = 6, and standard deviation = 1.94.

![Figure 4: Youth development knowledge factors diagram](image)

Based on the tables and figures above, it is known that the knowledge factors of adolescent development included in the excellent category was 5.88%, in the good category was 20.58%, in the sufficient category was 44.11%, in the less category was 23.52% and in the very less category was less than 5.88%.

### 3.2 Discussion

Health knowledge affects health physically, spiritually and socially, which is known and can be verified. Health knowledge also includes healthy lifestyles obtained from observing, hearing, feeling and can be applied into everyday life. The results show that the SMP N 14 Yogyakarta students dominantly have a sufficient understanding on health knowledge, with a percentage of 50%. It is found that there are different characteristics of seventh grade students in physical education learning process with health knowledge material. The material which has been given to seventh grade students affects the attractiveness of physical education learning. Some are very interested and vice versa and thus it might affect the students’ thinking ability. If the students are interested in health knowledge material, they will try to listen, seek, and learn so that they are able to understand the content material delivered by the teacher. Students lack of health knowledge, so they have not been able to apply it in daily life because healthy living will be applied in daily life if someone has good knowledge about it. It will further explain how far is students’ knowledge on healthy diet, mental health knowledge and adolescent development knowledge. Such good knowledge can support students’ awareness to implement healthy behaviors.

#### 3.2.1 Healthy Diet Knowledge Factors

Based on the results on healthy diet knowledge, most of the students were in the sufficient category (32.29%), which implies that students have sufficient knowledge about healthy diet. The students are less interested in knowledge of healthy diet so that the material explained by the teacher cannot be accepted by students or students do not understand what is conveyed by the teacher. The amount of food information circulating both from print and social media makes students interested and will try the food without knowing the ingredients. It can be seen that the students’ habits of eating unhealthy foods still exist. There are many students buying consume junk food (fastfood) or food at street vendors who usually contain harmful chemicals and also.

#### 3.2.2 Mental Health Knowledge Factors

The students were mostly in the good category of mental health knowledge factors with a percentage of 52.94%. The result implies that most students have a good understanding of mental health. Mental health knowledge material provided by the teacher was largely about behaviors that can be seen by others and can be felt by oneself in everyday life, making it easier for students to understand mental health knowledge. In the learning process, the teacher provided examples of mental health material...
as well as students’ empirical experience in school, family and community so that students can understand mental health knowledge well. It allows students’ physical and psychological development to run side by side which makes a positive impact on them.

3.2.3 Teenage Development Knowledge Factors

The students’ knowledge of adolescent development were mostly included in the sufficient category with a percentage of 44.11%. It could imply that most students have understood physical growth because it can be observed and seen clearly. Students, therefore, can easily understand the material presented by the teacher.

4 CONCLUSIONS AND SUGGESTIONS

4.1 Conclusions

The results of the research and discussion above revealed that mostly the health knowledge of seventh grade students at SMP N 14 Yogyakarta were dominantly in sufficient category. The students who have sufficient health knowledge were 50.00%, students with good health knowledge were 23.52 %, students with less health knowledge were 14.70%, students with very less health knowledge were 8.00% and students with excellent health knowledge were 2.94%.

4.2 Suggestions

Based on the conclusions, there are several suggestions that need to be conveyed. They are (1) teachers should give the students more exposure in health knowledge, (2) schools should always pay attention to students’ health knowledge, knowledge could encourage them to enjoy healthy living, (3) future researchers in this field should use a wider sample and population, so that the analysis of health knowledge for SMP N 14 Yogyakarta students could be identified better.

REFERENCES


