Journal of Public Health Sciences (JPHS)
Vol. 3, No. 02, pp. 57-65
journal.iistr.org/index.php/JPHS
DOI: 10.56741/jphs.v3i02.455

Enhancing the Level of Awareness on Healthy Lifestyles among Seventh-Grade Students

[1]Mufidah Isnaini, [1]Dhesi Ari Astuti*, Cyril B. Romero
Corresponding Author: * dhesi@unisayogya.ac.id
[1] Universitas 'Aisyiyah Yogyakarta, Yogyakarta, Indonesia
[2] University of Nueva Caceres, Naga City, Philippines

ARTICLE INFO

Article history
Received 17 October 2023
Revised 31 March 2024
Accepted 2 April 2024

Keywords
Adolescents
Healthy Lifestyle
Knowledge
Seventh-Grade Students

ABSTRACT

This study investigates the level of knowledge on healthy lifestyles among seventh-grade students at a public junior school in Yogyakarta, Indonesia. Utilizing quantitative descriptive research, data was collected through a questionnaire administered to 64 students. Analysis revealed a varied distribution of knowledge levels, with 53.1% demonstrating sufficient understanding, and 9.4% exhibiting limited knowledge. The findings underscore the importance of improving health education to empower students to make informed decisions. Collaborative efforts with Community Health Centers and implementation of healthy living initiatives are recommended to enhance students' health literacy and promote healthier lifestyles. These findings contribute to the ongoing discourse on enhancing health education among youth, with implications for promoting well-being and positive health outcomes.

This is an open-access article under the CC–BY-SA license.

Introduction

A healthy lifestyle encompasses physical, mental, and social well-being, supported by balanced nutrition, regular exercise, sufficient rest, and stress management [1]. Educating individuals, especially adolescents, on healthy living is crucial for fostering self-care habits and awareness of health importance [2]. The implementation of Public Health Clean and Healthy

Behavior (PHBS) is influenced by factors like social and economic status, knowledge, attitudes, health status, and personal habits [3]. Individuals with good health knowledge tend to exhibit healthier behaviors. Conversely, an unhealthy lifestyle can lead to conditions like Metabolic Syndrome, increasing the risk of heart disease, stroke, and diabetes [4].

Research indicates that individuals with depression often engage in unhealthy behaviors such as smoking, excessive alcohol consumption, and physical inactivity [1]. Unhealthy lifestyle factors are associated with impaired physical and mental health, emphasizing the importance of interventions to support individuals with such lifestyles [2]. Moreover, the clustering of unhealthy lifestyle behaviors can impact disease outcomes [5]. Individuals with multiple unhealthy behaviors are less likely to seek primary healthcare, highlighting the need for interventions beyond traditional healthcare settings [6].

The relationship between unhealthy lifestyles and adverse health outcomes, including depressive symptoms, underscores the importance of addressing lifestyle factors in promoting overall well-being [7]. Social support plays a significant role in encouraging clean and healthy living behaviors, especially in communities [8]. During the COVID-19 pandemic, there is a risk of negative lifestyle changes, such as increased consumption of unhealthy foods, emphasizing the need for continued education and support for healthy living practices [9].

Community empowerment in health development is a crucial aspect that involves collaborative efforts between the government, regional authorities, and the community to prevent, control, and address Public Health Threats and Measures (PTM) [10]. One effective strategy for promoting healthy living and preventing Non-Communicable Diseases (NCDs) is through initiatives like the Healthy Living Community Movement, which emphasizes the importance of holistic health behaviors [10]. Schools play a vital role in promoting a healthy lifestyle through the implementation of clean and healthy living behaviors among students, teachers, and the school community, fostering disease prevention and health improvement [11]. Knowledge in the health sector is essential to support a healthy lifestyle, highlighting the significance of health education in promoting well-being [12].

Research conducted in schools has shown varying levels of knowledge about healthy lifestyles among students, with implications for their health behaviors and outcomes [13]. Additionally, preliminary studies have revealed that students' understanding and application of healthy lifestyle concepts can impact their nutritional status, emphasizing the need for comprehensive health education interventions [14]. Understanding the context in which community health workers operate is crucial for enhancing their performance and promoting community health [15]. Effective community health programs, such as the Community Health Extension Program in Ethiopia, have demonstrated successes and challenges in achieving universal coverage for primary healthcare services [16].

Community involvement in health planning and services, as seen in programs like Community-Based Health Planning and Services in Ghana, has been instrumental in improving health outcomes and service utilization [17]. The role of community health volunteers in promoting safe motherhood practices in rural areas has been effective in enhancing the utilization of obstetric care services [18]. Furthermore, initiatives like social prescribing projects have shown positive outcomes in facilitating community engagement and addressing individual health needs [19].

Investigating teenagers' knowledge about healthy lifestyles within the context of a public junior high school allows for insights into the effectiveness of existing health education programs and identifies areas for improvement. The research objective is to investigate and describe teenagers' knowledge about healthy lifestyles at a public junior high school in Yogyakarta, Indonesia building upon the background and findings of the preliminary study.

Material and Methods

The research design employed in this study is quantitative descriptive research, aimed at delineating the status of the subject matter, specifically focusing on teenagers' knowledge about healthy lifestyles within the research setting. Employing a cross-sectional approach, data collection occurred at a single point in time to capture a snapshot of students' knowledge regarding healthy lifestyles. The study was conducted at SMPN 1 Mlati, Yogyakarta, Indonesia (a public junior school), with a target population comprising both male and female students in seventh-grade classes, totaling 128 individuals. Utilizing simple random sampling, participants were chosen randomly, ensuring representation across the population. Inclusion criteria encompassed students willing to participate as research respondents and those in good health, resulting in a sample size of 64 students.

The primary research instrument utilized was a questionnaire consisting of 47 written questions. Data processing involved manual entry into a master table followed by analysis through univariate statistical tests, employing frequency distribution. Data analysis was conducted using SPSS software. Ethical considerations were paramount throughout the research process, ensuring respondent confidentiality and obtaining approval from the ethics committee (Ethical Approval No. 2692/KEP-UNISA/III/2023).

Results and Discussion

A. Respondent Characteristics

The analysis of seventh-grade students' characteristics revealed an almost equal distribution between genders, with 51.6% being male and 48.4% female. See Table 1. When considering the sources of information regarding healthy lifestyles, the majority of students

(59.4%) relied on mass media, followed by information from friends (35.9%). A smaller proportion reported obtaining information from family members (4.7%), while none cited health workers as a source. Examining Body Mass Index (BMI) categories, the majority of students fell within the normal range (18.5 – 25.0 BMI), comprising 59.4% of the sample. A notable portion was categorized as "skinny" (BMI 17 – >18.5), accounting for 34.4% of students. Conversely, a small percentage were classified as either "fat" (BMI >25 – 27) at 4.7%, or "obese" (BMI >27) at 1.6%.

Table 1. Distribution on Gender, Source of Information, Body Mass Index

Characteristics	Freq.	Percentage
Gender		
Male	33	51.6
Female	31	48.4
Source of information		
Mass media	38	59.4
Friends	23	35.9
Family	3	4.7
Health workers	0	0
Body Mass Index (BMI)		
Skinny 17 – >18,5	22	34.4
Normal 18,5 – 25,0	38	59.4
Fat >25 – 27	3	4.7
Obesity >27	1	1.6
Total	**64**	**100**

In terms of information sources, the majority of respondents, 38 individuals (59.4%), relied heavily on mass media for acquiring information. This trend aligns with Ref. [20] 's assertion that mass media and social platforms play pivotal roles in the lives of individuals, especially in the contemporary millennial era. The rapid advancement of technology in the digital age has facilitated easy access to the latest information, corroborating the widespread use of mass media among respondents.

An analysis focusing on a specific respondent, identified by the initials "AM," revealed a reliance on mass media for information, along with a thin body mass index and poor knowledge scores. This indicates that while mass media serves as a prominent information source, it may not comprehensively influence respondents' knowledge levels. It underscores the importance of ensuring accurate and factual information dissemination to the public. Emphasizing the significance of media, Ref. [21] highlights its impact on audiences across cognitive, affective, and conative dimensions, as well as the varying positive and negative effects of social media.

Interestingly, no respondents, including both male and female students, as well as health workers, cited obtaining information from health professionals. This observation underscores the unique perspective of health workers in disseminating health-related information.

According to Ref. [22], health workers play a crucial role in promoting public health awareness, contributing significantly to the advancement of promotive and preventive healthcare services. This notion resonates with Notoatmodjo's theory, as cited in Ref. [23], emphasizing that exposure to diverse information sources correlates with broader knowledge acquisition tendencies.

According to Table 1, out of the total 64 respondents, 33 (51.6%) were male, while 31 (48.4%) were female. As highlighted by Ref. [24], gender serves as a significant determinant affecting an individual's health behavior, acting either as an enabling or predisposing factor. Theoretical perspectives suggest that alongside environmental influences, genetic factors inherent in gender also shape behavioral tendencies. However, gender alone does not exclusively dictate the adoption of healthy lifestyle behaviors among respondents. Both male and female participants are equally exposed to information regarding health. Nonetheless, studies, such as that of Ref. [25], indicate that females tend to exhibit better knowledge levels compared to their male counterparts. This difference may stem from females having more opportunities to engage in reading or discussions within their social environment.

Within the school, there are students whose Body Mass Index (BMI) falls within the thin or obese categories due to a lack of understanding regarding healthy lifestyles. Achieving a normal BMI necessitates a comprehensive grasp of health-related concepts, including knowledge of dietary patterns. Maintaining a normal BMI yields numerous advantages, encompassing both health benefits and the attainment of an ideal body shape.

A key driver behind alterations in teenagers' dietary habits is their limited nutritional knowledge, leading to erroneous eating patterns. Enhanced nutritional knowledge among teenagers is pivotal in steering them toward making informed choices regarding nutritious food options. This assertion finds support in Ref. [26] study, which underscores a robust correlation between nutritional knowledge and nutritional status. The examination of healthy lifestyle knowledge among seventh-grade students, as detailed in Table 2, reflects varying levels of understanding within the cohort.

B. Data Analysis

Among the surveyed students, a majority, comprising 53.1%, demonstrated a basic or introductory level of comprehension categorized as "More Aware." This suggests a fundamental awareness of healthy lifestyle principles but may indicate room for further education and development in this area.

Table 2. Distribution of Knowledge

No.	Knowledge	Freq.	Percentage
1.	Less Aware	6	9.4
2.	More Aware	34	53.1
3.	Much Aware	24	37.5
	Total	**64**	**100**

A notable proportion of students, accounting for 37.5%, exhibited a commendable understanding classified as "Much Aware." This indicates a more comprehensive grasp of healthy lifestyle concepts, suggesting these students possess the knowledge necessary to make informed choices regarding their well-being. However, a minority, representing 9.4% of the respondents, displayed limited knowledge labeled as "Less Aware." This suggests a need for targeted interventions to enhance understanding and awareness of healthy lifestyle practices among this subgroup.

Referring to Table 2, it's evident that a significant portion of seventh-grade students possess adequate knowledge, with 34 respondents (53.1%) falling into this category, while a minority exhibit limited understanding, comprising 6 respondents (9.4%). These findings underscore the ongoing need for enhancements in students' comprehension of healthy lifestyles. The prevalence of respondents categorized as having "sufficient" knowledge might stem from a lack of realization regarding the profound impact health knowledge, particularly concerning healthy lifestyles, can exert on individual behavioral choices. This notion aligns with Ref. [27], which emphasizes the pivotal role health knowledge plays in shaping health-related behaviors.

Addressing this gap necessitates concerted efforts from educators to bolster students' understanding of healthy lifestyles. Collaborative initiatives with Community Health Centers, the implementation of healthy living community movements, and the promotion of clean and healthy living behaviors are crucial strategies aimed at fostering healthy behaviors among students. Notably, the school's collaboration with the public health center in Mlati exemplifies such efforts.

Conclusion

The analysis of knowledge on healthy lifestyles among seventh-grade students reveals a mixed picture. While a significant portion of students demonstrate a satisfactory understanding of healthy lifestyles, as evidenced by 53.1% falling into the "sufficient" category, there remains a notable minority with limited knowledge, comprising 9.4% of respondents. These findings underscore the ongoing need for improvements in students' comprehension of healthy lifestyle principles. Efforts to enhance health education and promote awareness of healthy behaviors among students are crucial. Collaborative initiatives with Community Health Centers and the implementation of healthy living community movements and clean and

healthy living behaviors are vital strategies in this regard. Moreover, the correlation between health knowledge and behavioral choices highlights the importance of integrating comprehensive health education into the curriculum. By equipping students with the necessary knowledge and skills, educators can empower them to make informed decisions that positively impact their health and well-being. The findings of this study echo similar trends observed in previous research, emphasizing the widespread need for improvements in health education among students. Collaboration with healthcare institutions and the dissemination of evidence-based health information are essential steps in promoting healthy behaviors among the youth.

Conflict of Interest

The authors declare that there is no conflict of interest.

References

[1] Cabello, M., Miret, M., Caballero, F., Chatterji, S., Naidoo, N., Kowal, P., ... & Ayuso-Mateos, J. (2017). The role of unhealthy lifestyles in the incidence and persistence of depression: a longitudinal general population study in four emerging countries. Globalization and Health, 13(1). https://doi.org/10.1186/s12992-017-0237-5

[2] Mogard, E., Bremander, A., & Haglund, E. (2022). A combination of two or more unhealthy lifestyle factors is associated with impaired physical and mental health in patients with spondyloarthritis: a cross-sectional study. BMC Rheumatology, 6(1). https://doi.org/10.1186/s41927-022-00260-4

[3] Bennasar-Veny, M., Yañez, A., Pericàs, J., Brage, L., Fernández-Domínguez, J., Tauler, P., ... & Aguiló, A. (2020). Cluster analysis of health-related lifestyles in university students. International Journal of Environmental Research and Public Health, 17(5), 1776. https://doi.org/10.3390/ijerph17051776

[4] Chen, J., Xiang, H., Jiang, P., Yu, L., Yuan, J., Li, F., ... & Sun, X. (2017). The role of a healthy lifestyle in the implementation of regressing suboptimal health status among college students in China: a nested case-control study. International Journal of Environmental Research and Public Health, 14(3), 240. https://doi.org/10.3390/ijerph14030240

[5] Karstensen, J., Primdahl, J., Andersson, M., Christensen, J., & Bremander, A. (2021). Lifestyle factors in patients with rheumatoid arthritis—a cross-sectional study on two Scandinavian cohorts. Clinical Rheumatology, 41(2), 387-398. https://doi.org/10.1007/s10067-021-05905-2

[6] Feng, X., Girosi, F., & McRae, I. (2014). People with multiple unhealthy lifestyles are less likely to consult primary healthcare. BMC Family Practice, 15(1). https://doi.org/10.1186/1471-2296-15-126

[7] Zhang, X., Zhang, L., Liu, Y., Lin, Y., Yang, X., Gong, L., ... & Chang, C. (2023). The relationship between unhealthy lifestyle patterns and depressive symptoms among residents in Beijing, China: a community-based cross-sectional study. Frontiers in Public Health, 11. https://doi.org/10.3389/fpubh.2023.1055209

[8] Ayuningsih, S., Yusriani, Y., & Idris, F. (2022). The effect of social support on clean and healthy life<behavior in fishing communities in Karampuang village, Mamuju regency. Science Midwifery, 10(4), 3017-3024. https://doi.org/10.35335/midwifery.v10i4.752

[9] Yuniwati, C. (2022). Implementation of clean and healthy lifestyle behavior with children's nutritional status the during covid-19 pandemic. Science Midwifery, 10(4), 2843-2850. https://doi.org/10.35335/midwifery.v10i4.726

[10] Kok, M., Kane, S., Tulloch, O., Ormel, H., Theobald, S., Dieleman, M., ... & Koning, K. (2015). How does context influence performance of community health workers in low- and middle-income countries? evidence from the literature. Health Research Policy and Systems, 13(1). https://doi.org/10.1186/s12961-015-0001-3

[11] Slade, G., Bailie, R., Roberts-Thomson, K., Leach, A., Raye, I., Endean, C., ... & Morris, P. (2011). Effect of health promotion and fluoride varnish on dental caries among Australian aboriginal children:

results from a community-randomized controlled trial. Community Dentistry and Oral Epidemiology, 39(1), 29-43. https://doi.org/10.1111/j.1600-0528.2010.00561.x
[12] Mushi, D., Mpembeni, R., & Jahn, A. (2010). Effectiveness of community-based safe motherhood promoters in improving the utilization of obstetric care. the case of Mtwara rural district in Tanzania. BMC Pregnancy and Childbirth, 10(1). https://doi.org/10.1186/1471-2393-10-14
[13] Assefa, Y., Gelaw, Y., Hill, P., Taye, B., & Damme, W. (2019). Community health extension program of Ethiopia, 2003–2018: successes and challenges toward universal coverage for primary healthcare services. Globalization and Health, 15(1). https://doi.org/10.1186/s12992-019-0470-1
[14] Brunie, A., Wamala-Mucheri, P., Otterness, C., Akol, A., Chen, M., Bufumbo, L., … & Weaver, M. (2014). Keeping community health workers in Uganda motivated: key challenges, facilitators, and preferred program inputs. Global Health Science and Practice, 2(1), 103-116. https://doi.org/10.9745/ghsp-d-13-00140
[15] Shea, S. (1992). Community health, community risks, community action.. American Journal of Public Health, 82(6), 785-787. https://doi.org/10.2105/ajph.82.6.785
[16] Khatri, R., Mishra, S., & Khanal, V. (2017). Female community health volunteers in community-based health programs of Nepal: a future perspective. Frontiers in Public Health, 5. https://doi.org/10.3389/fpubh.2017.00181
[17] MacKay, M., Li, Y., Papadopoulos, A., & McWhirter, J. (2023). Overview of the health communication curriculum in Canadian Master of Public Health programs. Journal of Public Health Management and Practice, 29(6), 906-914. https://doi.org/10.1097/phh.0000000000001758
[18] Sakeah, E., McCloskey, L., Bernstein, J., Yeboah-Antwi, K., Mills, S., & Doctor, H. (2014). Is there any role for community involvement in the community-based health planning and services skilled delivery program in rural Ghana?. BMC Health Services Research, 14(1). https://doi.org/10.1186/1472-6963-14-340
[19] Sakeah, E., Aborigo, R., Debpuur, C., Nonterah, E., Oduro, A., & Awoonor-Williams, J. (2021). Assessing selection procedures and roles of community health volunteers and community health management committees in Ghana's community-based health planning and services program. Plos One, 16(5), e0249332. https://doi.org/10.1371/journal.pone.0249332
[20] Sembiring, T. B., Maruf, I. R., Suryadi, S., Suyani, S., & Amin, M. (2022). Understanding the role of social media in shaping millennial generation legal awareness in the digital age. Budapest International Research and Critics Institute-Journal (BIRCI-Journal), 5(3), 18501-18511.
[21] John, S. P., & De'Villiers, R. (2020). Elaboration of marketing communication through visual media: An empirical analysis. *Journal of Retailing and Consumer Services*, *54*, 102052.
[22] Balcazar, H., Lee Rosenthal, E., Nell Brownstein, J., Rush, C. H., Matos, S., & Hernandez, L. (2011). Community health workers can be a public health force for change in the United States: three actions for a new paradigm. *American journal of public health*, *101*(12), 2199-2203.
[23] Ishikawa, T., & Montello, D. R. (2006). Spatial knowledge acquisition from direct experience in the environment: Individual differences in the development of metric knowledge and the integration of separately learned places. *Cognitive psychology*, *52*(2), 93-129.
[24] Breinbauer, C. (2005). *Youth: Choices and Change: Promoting healthy behaviors in adolescents* (No. 594). Pan American Health Org.
[25] Kourilsky, M. L., & Walstad, W. B. (1998). Entrepreneurship and female youth: Knowledge, attitudes, gender differences, and educational practices. *Journal of Business Venturing*, *13*(1), 77-88.
[26] O'Brien, G., & Davies, M. (2007). Nutrition knowledge and body mass index. *Health education research*, *22*(4), 571-575.
[27] Flay, B. R., & Petraitis, J. (1994). A new theory of health behavior with implications for preventive interventions. *Advances in medical sociology*, *4*, 19-44.

Authors



Mufidah Isnaini is currently pursuing her undergraduate studies in Midwifery at the Faculty of Health Sciences, Universitas Aisyiyah Yogyakarta. With a keen interest in serving the community, she actively participates in various student organizations, where she dedicates her time and efforts to initiatives aimed at benefiting society. Through her involvement in these organizations, Mufidah demonstrates a strong commitment to making a positive impact in her community. (email: mufidahisnaini36@gmail.com).



Dr. Dhesi Ari Astuti is an educator and lecturer at Universitas Aisyiyah Yogyakarta. Her doctorate is from Universitas Gadjah Mada. He has expertise in midwifery in the digital era. She has published her ideas in many international journals. She is also a member of the Indonesian Institute of Science and Technology Research. (email: dhesi@unisayogya.ac.id).



Dr. Cyril B. Romero, RM, RN, MAN, Ph.D. is an educator and lecturer at the University of Nueva Caceres, Philippines. She is a chairperson/panel member/adviser of theses and dissertation writings. President of the CODHPE-Phil. (Council of Deans of Health Profession Education) and the Vice President of the ADPCN Reg. V (Association of Deans of the Phil. Colleges of Nursing), Past NOMELEC chair of ADPCN INC, National. (email: cyril.romero@unc.edu.ph).