

**THE EFFECT OF PEER GROUP EDUCATION TOWARD SNACKS BEHAVIOUR IN
SCHOOL AGE CHILDREN
IN SDN 07 (ELEMENTARY SCHOOL), BUKITTINGGI**

Yaslina, Aldo Yuliano, Def Primal

STIKes Perintis Sumbar

Email: yaslina03@yahoo.com

Abstract

Almost all of school age children (95-96 %) tend to have school snacks at school. Beside the relativity of lower level of nutrition ingredients, the food safety is the one thing should be concerned. The health problem related to unhealthy picking up school snacks for children are hazard poisonous, cancer, food borne disease and some children body's growth and developmental problem. Unhealthy picking up school snacks can be prevented and reduced by giving them a health education which can be implemented by involving these children directly as a peer educator group to the school's health program. In these circumstance, this research was aimed to describe the effect of peer group education towards the picking up of school snacks behaviour in SDN 07 (elementary school), Bukittinggi. The research design was pre and post test quasi experiment, and it was picking up of school snacks behaviour differentiation between pre and post peer group education hypothesis. There were 10 students in a peer educator group while 57 students as respondent. Picking up school snacks identified by giving samples some questionnaires beside the peer educator group were prepared almost 6 weeks in a purpose to act as an educator for their friends as research samples. Demonstration method and booklet media were conducted along thesee research processes. It revealed that the mean rate of pre-education for picking up the school snacks behaviour is 12.66 with 1.065 deviated standard, while the post-education is 15.5 with 1.025, respectively. Finally, the statistical test figured with 0.0000 p-value and tent to 5% of alpha value which indicated that there is a significant differentiation between pre and post aducation relating to picking up of school snacks behaviour at school.for sum up, it is very important to the health program parliament and school coordinator to involve students as a peer group health educator in controlling and persuading health behaviour and attitude related to school age children.

Keyword : peer group education, picking up school snacks behaviour, school age student.

Background

Good health in school age children is important to achieve the growth and the optimal of children aged the. School children is asset the so that the state hope every child can be a member of the productive later on. This can have happened if family, society and government led to the development of, provide a safe environment and for their school children (potter & amp; perry, 2004). Sistem defense normal bodies can be supported adekuat attention in protecting of the physical and stress, A diet who perfect, rest and exercises (wong et al, 2002).

School age children build diet regardless of supervision parents, besides that began to feel many things are various, this means they starting to like various hawker (potter & amp; perry, 2009 a son prefer hawker at the school, so it needs supervision the best of members of a family (edelman & amp; mandle, 2006). About 99 % of the children school fill energy by relying on of snacks be around the vicinity of the school.

The results of the study drug monitoring agency and food BPOM), some food hawker school children it has dangerous chemicals. Of 163

sample of snacks children tested in 10 provinces, as many as 80 sample or 50 percent of them do not qualify quality and security. Most hawker the troubled containing borax, formalin, a preservative substance, substance dangerous colours, and do not containing salt beriodium. Thus Hawker around they risk high to be consumed (BPOM, 2004). Food and drug supervisory agency (BPOM) came to the conclusion 45 % hawker processed food and instant in the school tainted danger food microbiologists and chemical .

Efforts to improve health and the prevention a time health problems a result of behavior snack can be done with health promotion and health prevention in school age children pertaining with the provision of snack environment a healthy for school children, provide education health very emphasis on practices snack behavior healthy. Health education in schools can be done by involving children directly. Strategic efforts in involving the role of actively school children could be done through a group approach their peers (peer group). Health education that are more oriented towards to the group age (peer group) is effective used in school children, Because they feel this approach more motivate, and enjoy socialization and support group, and setting activities can be done at the school by involving berebagai components parents, teachers, the community and government.

Blekeer (2001) said that education institutions or school is a choice the most appropriate to Method

The research was done in elementary school 07 gulai bancan from 56 people that consist of students grades 4 and 5 and as edukator as many as 10 people. The data collection process is performed by measuring behavior snack before it was given treatment using a questionnaire, next done training edukator for 6 weeks to the time 1.5-2 hours / session and edukator provide education health in peer group

undertake of education in school age children , because can reach a large number of target groups age , in addition malignancies is so closely with the school legally empowered and ease in organizing or operasional. Research of Bantarti (2000) shows that education age of HIV/ AIDS made during 3 months , can provide the effect on greater knowledge and attitude students for HIV/ AIDS.

Based on the data obtained in primary schools is urban village 07 kubu gulai bancan been gained data that children seen often dilingkungan there were fewer snacks for a school like hawker food that is not closed, hawker somay on street vendors, a beverage bright red, seen many food vendors around a foot of five school, 3 of 5 children who in an interview stated hawker they were usually somay, meatballs, drink ice, snacks. The results of the interviews had on school teachers said that school children often avoid the problem of diarrhea, gastritis and someone had abdominal thypus so that being kept in hospital. Teacher says the kids are often reminded not to snack carelessly, but their behavior difficult for them to change and in schools did not involving children directly in doing health education .

Research aims to understand the influence of education age (peer education) of unmannerly snack school-age children in SD 07, kubu gulai bancan Bukittinggi.

(the friends schools) for 4 sunday (2x / sunday, with each of grade 4 and 5 1 / weeks to 4 session with time 30-45 minutes. Metode talk, a demonstration use sheets of turning, audiovisual instrument, confer booklet. After two weeks activities edukator then done the measurement of back on conduct snack which includes knowledge, attitudes and the act of in snack

Result

1. Snacks behaviour (knowledge, attitude and skills) Responden after and before.

Tabel 1
Responden knowlegde, attitude, skills
In Elementary School 07 Maret -Mei Year 2015 (n=56)

Snack Behaviour	treatment				Total
	Pre Test		Post test		
	f	%	f	%	F
Knowledge					
1.Low	6	10.7	0	0	6
2.High	50	89.3	56	100	106
Attitude					
1.Bad	7	12.5	0	0	7
2.Good	49	87.5	56	100	105
Skills					
1.Bad	4	7.1	0	0	4
2.Good	52	92.8	56	100	108
Snack Behaviour					
1. Bad	53	94.6	27	48.2	80
2. Good	3	5.4	29	51,8	32

Tabel 2 Responden's Knowledge, Attitude, Skills
In Elementary School 07 Maret -Mei Year 2015(n=56)

Snack Behaviour	Treatment	N	Mean	Median	SD	Min-Maks
Knowledge	Pre Test	56	4.88	5	1.207	2-7
	Post test	56		5.93	0.806	4-7
Attitude	Pre test	56	3.93	4	1.093	1-5
	Post test	56	4.82	5	0.431	3-5
Skills	Pre test	56	3.86	4	0.923	2-5
	Post test	56	4.8	5	0.519	3-6
Snack Behaviour	Pre test	56	12.66	13	2.065	8-16
	Post test	56	15.55	16	1.025	13-17

3. Different of snack behaviour of peer educator after and before treatment.

Tabel 3
Average value of snack behaviour after and before education

Variabel	Treatment	Mean	SD	SE	Pvalue	N
Snack Behaviour	Pre test	12.66	2.065	0.276	0.000	56
	Post test	15.55	1.025	0.137		

Discussion

1. Snack Behaviour

a) Knows

The analysis shows that the average total a score knowledge was prior to education is 4.4 with standard deviations (sd) 1.174 .Total a score knowledge lowest is 3 and the highest 7 .The condition of being is similar after conducted education .Rata-ratatotal a score knowledge was after conducted education was 6 with standard deviations (sd) 0.2 total a score knowledge lowest is 5 and the highest 7

Knowledge can be defined as a lessons man towards an object by the system panca the senses covering the eye, the nose, the skin, ears and taste buds .Most of knowledge is acquired through education, experience others, mass media and its environment (notoadmojo, 2003). While knowledge hawker healthy can be read as a skill someone to buy food and daily food a clean and containing healthy nutrition to help fulfill the body needs .

Their knowledge about nutrition children are affecting son manners in choosing of snacks happening to them.With their knowledge about nutrition good, children begin to understand of snacks good for his health and that endangers. According to irawati (1992), the level of their knowledge about nutrition someone impact on the attitudes and behavior in pick

food.According to karyadi (1999), child learns about what is eaten and not eaten what is seen and then gratified in the family.Should knowledge children about nutrition and hawker more be strengthened and adapted with the things that often find them so that this knowledge easier applied to his behavior daily.

This research in line with research conducted by harahap and andayani in 2004 of the influence of peer education to knowledge and attitude students in tackling hiv / aids, having given education relevant information of hiv / aids between the given intervention and control groups there is a difference meaningful average score knowledge and attitude higher in the intervention.Group intervention of a more effective and can make a difference on increased knowledge students in reduce hiv / aids.

Other research by garcia & zok (2003) said that intervention promoting the health of education health in school age children and his family was very important given , that they may have knowledge of healthy food nutritious and the impacts that were resulting from the consume hawker wrong through education group age .

b) Attitude

The average total a score in attitude on respondents prior to education is 4.3 with standard deviations (sd) 1.075 .Total a score

of their lowest 2 dan of equal elevation is 5 .Different conditions having given treat education namely the average total attitude having given education is 4.7 with standard deviations (sd) 0.675 .Total a score attitude lowest is 3 and the highest is 5 .

Attitude is response closed someone to a stimulus or a specific object, who were involved factors opinion and emotions concerned Mucchielli outlines attitude as a trend for persons or the feeling that relatively stable to a particular category, objects, a person

c) Keterampilan/Praktik

Rata-rata total score skill among respondents before done education is 3.3 with standard deviations (primary) 1.160.Total score skill the lowest 2 dan highest similar 5. Different conditions having given treat the total education rata-rata skill having given education is 5 with standard deviations (primary) 0.000.The highest score skills is 5.

Practices or skill is the concept important referring to an ability to perform the movement of muscle or body is necessary to efficient action and effective (obermann & amp; reilly, 2002). Attitude could not fully it is in action, to make it need by factors in support or a condition that allows facilities.

The result of this research in line with an opinion stanhope & amp; lancaster (2004) that the skill in the school age children will be reached, if the given freedom in explorer his means and participating by social environment. Success at this stage will add actualization son if give reward environment, a gift, support for what has achieved.Things that can make child be difficult has not optimum progress if not given free to work, have always been considered incapable of sparking low self esteem children ~

2. Effect Peer educator to snack behaviour

The average behavior snack among respondents before it was given education is 12.66 with standard deviations 2.065 while having given

or situation (green, et all, 1980, in woda, 2009).

The attitude of a the son was important component influence in snack behavior.Attitude is in response evaluative sense that can be shaped positive and negative (azwar, 2008). Of the study attitude by azwar, so positiveness children on health the possibility of not have a direct impact on conduct children to positive, but negative attitude on health almost certainly have an impact on his behavior (sudarmawan, 2013).

education the average behavior jaajn is 15.5 with standard deviation 1.025 .Stasistik test results obtained value p = 0.000 , that means that alpha 5 % are apparently differences signifikan snack behavior among respondents after treatment education .

Children spending behavior is influenced by the nutritional knowledge, attitude, perception, emotion and motivation. This behavior is also influenced by the environment of the family (parents), peers, the media and others (Notoatmodjo, 2003). Peer influence is very great if children have the desire to be accepted in a particular group so children tend to follow the regulations (Hurlock,1980).

According to indonesian dept. of health in 2008 readiness individual on the behavior healthy due to some factors like the perception of susceptibility to disease, potential threats, motivation to get any susceptibility to disease, absence of confidence that change behavior will advantages.Of factors affect the behavioral changes influenced by individual characteristics, individual assessment of the changes that offered interaction with of health workers recommends changes behavior, and experience mencoba change behavior the same (ministry of finance of indonesia; central occupational health, 2008, [http: / / www.depkes.go.id / index](http://www.depkes.go.id/index), obtained date 18 march 2014)



This research in line with the opinions Hurlock (1980), said the influence of their peers (peer group) in a child will be bigger by the presence of wish or desire or prickles of the inner self child is able to be accepted as a member of a particular group, so he decided to adjust her ways to the rules of the group. Surely it was also a factor the emergence of snack habits in children. Elementary school students have already started to having the nature of want to be accepted in groups of playing. So that most of the time they follow the rules that was found in a group including playing in choosing hawker.

This is supported by Frankle and Owen (1993) education age gives lots of gains against its members, as each other providing support, each other motivate and appreciate each other among the people. School age children in sociable over the age making the rules that must be in obey by its members and they learn the for mutual really appreciate, memperliah its ability, guard reputation its members, assist each other in the problem of (Ball & Bindler, 2003).

The research also supported by research conducted by McKinley against nutrients were brought up to a group started by giving training upon educator related information and demonstration nutrients in accordance with the need, were then followed by the provision of education were by educator. As a result, members of the group were brought up capable of; governing nutrients for one month well and correctly, healthy diet, identified that there a diet that is wrong, knowing nutrients a basis for sport and made the group as expert of nutrients (nutritionist) (McKinley, 2008, 4, peer education program, <http://www.mckinley.uiuc.edu/units/healthdpeer.html>, 09 obtained the date of 2014) February Peer education aims to improve knowledge, skills for members of the group especially in

the health sector which included nutritional needs for the body of covering nutrition balanced, healthy diet, prevention of deception food, arrangement menu balanced and nutrients just as exercising. Peer education about nutrients to school children includes: nutritional needs, a decisive manner of food hawker healthy and nutritious, meals to prevent the disease due to a mistake in consume kinds of food (Lezin, 2008, www.adobe.com/prodindex/acrobat/readstep, obtained date 09 march 2014).

Peer education program according to McKinley (2008) in designed to promote leadership for learners using students as a health education and give welfare for members of his group. Further McKinley suggested students involved in the peer education aims to improve the ability to speak, ability to prepare planning and upgrading friends and improve knowledge of health and welfare (McKinley, 2008, 2, peer education program, <http://www.mckinley.uiuc.edu/units/healthd/peer.html>, obtained february 09) 2014

Conclusion

1. The proportion of / class respondents the most was a class v (was 10-11 years, sex respondents also the largest women).
2. The results of the distribution snack behavior that includes knowledge, attitudes and skill concerned hawker obtained value rata-rata after treatment larger than before treatment ~
3. Test results obtained stasistik on that there is influence against peer education snack behavior school age children ($p = 0.000$) ~

REFERENCES

- Allender, J.A., & Spradley, B.W. (2005). *Communnity health nursing: Promoting and protecting the public's*



- health. (6thEd.). Philadelphia : Lippincott Williams & Wilkins.
- Achjira, K.A.H. (2006). *Pengaruh penyampaian pendidikan kesehatan reproduksi oleh kelompok sebaya (peer grup) terhadap pengetahuan kesehatan reproduksi remaja di Kelurahan Kemiri Muka depok*. Tesis. Depok: Tidak dipublikasikan.
- Bleeker, A. (2001). *Presentation for the second international drugs and young people conference*. (<http://www.peer.ca/ableeker.pdf>, diperoleh tanggal 6 Februari 2014).
- Bantarti, W. (2000). *Pengaruh pendidikan kelompok sebaya terhadap pengetahuan dan sikap tentang HIV/AIDS pada siswa siswi SMU di Kotamadya Depok*. Tesis. Program Studi Ilmu Kesehatan Masyarakat UI.
- Depkes (2008). *Pedoman Pendidikan Kelompok Sebaya Krida Bina Perilaku Hidup Bersih dan Sehat Bagi Anggota Saka Bakti Husada*. Jakarta
- Edelman & Mandle. (2006). *Health promotion: Trhought the lifespan*. (6th Ed.). Mosby : St Louis.
- Egger, G., Donovan, R.J., & Spark, R. (1993). *Health and media: Principles and Practices for health promotion*. Australia: McGraw Hill Book Company.
- Ergene, T., Cok, F., Tuner, A., & Unal, S. (2005). *A controlled-study of preventive effects of peer education & single session lectures on HIV/AIDS knowledge and attitudes among university students in Turkey*. Vol 17. (<http://proquest.umi.com/pqdweb>, diperoleh tanggal 25 Maret 2014).
- Green, L.W., & Kreuter, M.W. (2000). *Health promotion planning: An educational and environmental approach*. (2th Ed.). London: Mayfield Publishing Company.
- Garcia, AC and Zock, A (2003), *Peer Education In Nutrition For Childrents: Canadian Journal of Dietetic Practice and Research*. (<http://proquest.umi.com/pqdweb>, diperoleh tanggal 29 Maret 2014)
- Hitchcock, J.E., Schubert, P.E., & Thomas, S.A. (1999). *Community health nursing: Caring in action*. Albani: Delmas Publisher.
- Hockenberry, M.J., & Wilson, D. (2009). *Wong's essentials of pediatric nursing*. (8th Ed.). St Louis: Mosby.
- Kozier, E, Blais and Wilkinson. (2004). *Fundamental of nursing concepts, process, practice*. St.Louis ; The Mosby Year Book Inc.
- McDonald, J., Roche, A. M., Durbridge, M., et al. *Peer education forom evidenced to practice: An alcohol & other drugs primer*. (2003; <http://www.nceta.flinders.edu.au/pdf/peer-education/entire-monograph.pdf>, diperoleh tanggal 5 MAREt 2014).
- Notoatmodjo, S. (2010). *Ilmu Perilaku Kesehatan*. Jakarta: Rineka Cipta.
- Pender, N.J., Murdaugh, C.L., & Parsons, M.A. (2002). *Health promotion in nursing practice*. (4th ed.). New Jersey: Pearson Education, Inc.
- Potter, P.A., & Perry, A.G. (2005). *Fundamental of Nursing : concepts, process and practice* (4thed). Alih bahasa : Yasmin, A., dkk. Jakarta: EGC
- Potter, P.A., & Perry, A.G. (2007). *Basic nursing : Essentials for practice* (4thed). St.Louis: Mosby
- Population Council.(2000). *Peer education and HIV/AIDS: Past experience, future direction*. (http://www.popcouncil.org/pdfs/peer_

- ed.pdf, diperoleh tanggal 2 Februari 2014).
- Stanhope, M., & Lancaster, J. (2004). *Community and public health nursing*. (6th Ed). Mosby : St Louis.
- Wong, D.L., et al. (2001). *Wong's essentials of pediatric nursing*. 6th edition. St Louis, missouri: Mosby
- Zhu, L., Petersen, P. E., Zhang, B. X., et al. (2005). *Oral health knowledge, attitudes & behavior of adults in China*. (http://www.who.int/oral_health/publications/), diperoleh tanggal 24 Februari 2014).

