

Duties of Physical Education, Sports, and Health Teachers in School Health Effort

Sahabuddin^{A-E*}

Sports Coaching Education, Faculty of Sports and Health Sciences, Makassar State University

ABSTRACT

This research is descriptive research using the survey method. The subjects of the research used were 8 elementary school teachers in Soreang District, Pare-Pare City. The instrument used was a questionnaire and to analyze the data, quantitative descriptive statistics were used with percentages. This study aims to determine how high the duties of physical education and health teachers are in implementing the School Health Effort program in elementary schools in Soreang District, Pare-Pare City. The results showed that the duties of physical education, sports and health teachers in implementing the School Health Effort in elementary schools in Soreang District, Pare-Pare City were mostly in the frequent category with a percentage of 41.8%, in the always category 39.3%, in the rarely category 16.18%, in the never category 2.1%.

Keywords: Teacher's Duties; PJOK; School Health Efforts

Corresponding author:

*Sahabuddin, Makassar State University, Jalan Wijaya Kusuma Raya No.14, Makassar City, South Sulawesi, Indonesia, 90222. Emails: sahabuddin@unm.ac.id

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INTRODUCTION

Health is very important for the human body, because without a healthy body, humans will not be able to do every activity perfectly, and everyone wants their body to always be healthy and free from disease (Sari, 2013). Everyone is aware of the importance of health, and that awareness will reach its peak if someone is sick (Afandi, 2013). Health is a gift from God, but a healthy condition does not happen by itself. Health is obtained through positive efforts and behaviours that are indeed aimed at being healthy (Sayudi, 2014). Therefore, healthy living behaviour must be started since childhood, both in the family environment, school and in society (Obesitas et al., 2016). In the family environment, the role of parents tends to be more dominant in forming a healthy living character (Bhaktiar, 2016), while in the school environment, the role of teachers is very important in training children to learn healthy lifestyles from an early age (Prasetyo et al., 2014). For this reason, optimizing the role of School Health Efforts and teachers, especially physical education and health teachers, greatly influences children to live healthily (Cahya Pratama, 2018).



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Schools are well-organized institutions and are a place for character formation (Praditya, 2017) and a medium that can instil an understanding of healthy living habits (Habibie, 2016). It is not uncommon for schools through their students to be able to influence the healthy living behaviour of the child's parents (Apriani, 2016). In every school, there is a non-curricular institution called School Health Efforts which is a health service for school-age children (Sholeh & Prihanto, 2017) to ensure that children (students) understand their health and can grow and develop into physically and mentally healthy humans (Nugroho, 2017). To improve health knowledge, it must be instilled in school-age children including the community group aged 6 to 12 years in Elementary School, 13 to 15 years in Senior High School, and 16 to 18 years in Senior High School age (Pratama & Kuntjoro, 2018).

The existence of School Health Efforts in schools is very beneficial in terms of monitoring the growth and development of school-age children, especially in terms of their nutritional status and health (Rochmah, 2018). This is because school-age children are an age group that is very vulnerable to the impact of nutritional and health problems (Rakhman & Brata, 2018), their population is also the largest group of children of compulsory school age. This is following UUD No. 23 of 1992 concerning health, article 45 paragraph 1, that health in schools is organized to improve the ability to live healthily students in a healthy environment so that they can become quality human resources (Rosmaneli et al., 2019).

To improve the ability to live healthily and the health level of students, it must be started as early as possible, carried out from Elementary School to secondary school, now its implementation is prioritized in Elementary Schools (Hidayati, 2021). This is because elementary school is a very large community (group), vulnerable to various diseases, and is the basis for further education.

Looking at the description above, it can be seen the role of physical education teachers, and the objectives and benefits of School Health Efforts (Elsye Rahmawaty, 2019). However, the reality in the field is far from what is expected. Based on the survey and interviews conducted by the author, the School Health Efforts in elementary schools throughout Soreang District, Pare-Pare City, are not functioning optimally following the School Health Effort program that has been stated in the School Health Enterprises strata. This can be seen from the School Health Effort room which is poorly maintained and not clean. In addition, the rooms are poorly maintained and dirty because they are rarely cleaned, the school walls are full of graffiti and there is a schoolyard that is still dirty due to the large amount of garbage scattered around. In general, elementary school children do not know how to maintain and care for their cleanliness and health (Kadunga et al., 2020). Elementary school students' attention to personal health is very lacking, let alone the health of their surrounding environment. All of this is seen in their daily behaviour and actions such as littering, having long nails, having long hair, and wearing clothes that are not neat and clean (Friskarini & Sundari, 2020). Meanwhile, students' knowledge about nutrition and healthy food is also considered lacking. Students often buy snacks outside of school which are not necessarily safe for consumption and healthy. In addition, most elementary school children now do not know how to handle minor injuries or what is often called P3K. Education about handling injuries is necessary for students' basic provisions when they experience minor injuries during activities (Hidayati, 2021). The School Health Enterprises function often does not run properly, because often the School Health Service is used by students as a hiding place for one of the subjects

they don't like, or as a place to play during recess. In addition, the levels of elementary schools in Soreang District, Pare-Pare City are not yet known, even though the good and bad of the School Health Service can be seen from the programs that have been run by the School Health Enterprises.

Physical education and health teachers have a more important role than health workers or other school communities. School Health Enterprises is part of school activities and is taught by physical education, sports and health teachers. Physical education, sports and health teachers know more about health science, anatomy, physiology, and injury management than other teachers (Suganda et al., 2021). Therefore, physical education, sports and health teachers have an important role in the health of their students and are expected to be involved in activities in the School Health Program (Aminah et al., 2021). The responsibility and management of school health programs and health education are mostly held by physical education, sports and health teachers. However, in reality, in Public Elementary Schools throughout Tiroang District, Pinrang Regency, it is not yet known how optimal the role of physical education teachers is in School Health Program activities (Lahinda et al., 2022).

Efforts to foster health in school-age children need to be developed, considering that this group has great potential as a human resource in development, especially in the health sector (Dzakwan et al., 2023). One of the efforts to improve the quality of human resources is through the development of health services for school-age children (Budi, 2023). To expand the reach of health services through School Health Efforts, it is necessary to undergo cross-program and cross-sectoral cooperation by paying attention to predetermined operational policies, such as health services in schools for students and other school communities (Santi & Irsyada, 2023).

RESEARCH METHODOLOGY

This research is a quantitative descriptive research. Descriptive research is research that only describes the state or status of the phenomenon that occurs at that time. This research uses a survey method and data collection techniques using a questionnaire in the form of a written statement given to respondents to be filled in according to the actual situation. This study intends to determine the duties of physical education, sports and health teachers in school health efforts. The population referred to in this study are all physical education, sports and health teachers at elementary schools throughout Soreang District, Pare-Pare City. The sample in this study is the entire population, namely physical education, sports and health teachers, which are 8 teachers. The variables in this study are the duties of elementary school physical education teachers in improving the implementation of School Health Effort activities. The duties of elementary school physical education teachers in binding the implementation of School Health Effort activities, the involvement of physical education, sports and health teachers in terms of implementing increased knowledge and providing School Health Effort services, creating a healthy school life and carrying out assessments of the results of School Health Effort activities. To measure this variable, a closed questionnaire is used. In this study, the method used is a survey method using a questionnaire as a data collection tool. Compiling questions based on the factors that make up the construct. The questions must be a description of the content of the factors, each question must be specific to the factor. From these factors, questions are then compiled that can provide a picture of the condition of the factors

Table 1. The research population and sample

Variable	Factor	Test Items	Number of Questions
Duties of Physical Education, Sports and Health Teachers in School Health Units	Health Education	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11,	11
	School Health Services	12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26	15
	Healthy School Living Environment	27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43	17
Total			43

The questionnaire in this study was in the form of questions and statements that wanted to know the duties of physical education teachers in implementing School Health Effort activities. This questionnaire was presented in a closed form with four choices, namely "Always" (A), "Often" (O), "Rarely" (R), and "Never" (N). The answers from respondents were given by giving a mark (√) in the column provided. The way to take scores in this questionnaire, there are four alternative answers to positive and negative questions. This can be seen in the table below.

Table 2. Scoring alternative answers to positive and negative questions

Alternative Answers	Positive	Negative
Always	4	1
Often	3	2
Rarely	2	3
Never	1	4

As a benchmark for the high or low-reliability coefficient, the interpretation put forward by Suharsimi Arikunto (1993) is used as follows:

Table 3. Reliable Categorization

Value	Category
0,800 – 1,000	Very high
0,600 – 0,800	High
0,400 – 0,600	Enough
0,200 – 0,400	Low
0,000 – 0,200	Very Low

Data analysis used in this study uses descriptive analysis techniques. The static data analysis used is descriptive statistics that describe data in the form of frequency, and percentage. Furthermore, to determine the Role of Physical Education Teachers, high, sufficient and low intervals are used. Determining the interval is by finding the maximum score (the highest score obtained) and the minimum score (the lowest score obtained), then finding the ideal mean (Mi) by dividing the maximum score plus the minimum score. Then find the ideal standard deviation (SD), by subtracting the maximum score from the minimum score by 6 (normal standard deviation).

RESULTS AND DISCUSSION

Data Description

Table 4. Distribution of responses to the questionnaire on the duties of physical education, sports and health teachers in school health efforts

No.	Response	Frekuensi	Persentase
1	Always	110	39,3%
2	Often	117	41,8%
3	Rarely	47	16,8%
4	Never	6	2,1%
Total		260	100%

Based on Table 4 above, the responses regarding the duties of physical education, sports and health teachers in health efforts were 280 responses, and it is also known that the teacher respondents who responded "Always" = 110 responses (39.3%), "Often" responses = 117 responses (41.8%), "Rarely" responses = 47 responses (16.8%), and "Never" responses = 6 responses (2.1%).

The results of the analysis of respondents' answers to the indicator statements "health education", "health services at school" and "healthy school health environment".

Table 5. Distribution of responses to statements of indicators of physical education, sports and health teachers' duties in school health efforts

No.	Response	Indikator					
		Health Education		Health Services in Schools		School Life Environment	
		F	%	F	%	F	%
1	Always	34	60,7	35	24,1	48	42,9
2	Often	20	35,7	44	39,3	46	41,1
3	Rarely	2	3,6	27	23,3	18	16,1
4	Never	0	0,0	6	6,7	0	0,0
Total		56	100	112	100	112	100

Based on Table 5 above, the response to the indicator statement "Health education" was 56 responses. It is known that the response of physical education, sports and health teachers who gave the response "Always" = 43 people (60.7%), the response "Often" = 20 people (35.7%), the response "Rarely" = 2 people (3.6%), and the response "Never" = 0 people (0.0%). Furthermore, the response to the indicator statement "Health services in schools" was 112 responses. It is known that the response of physical education, sports and health teachers who gave the response "Always" = 43 people (60.7%), the response "Often" = 20 people (35.7%), the response "Rarely" = 2 people (3.6%), and the response "Never" = 0 people (0.0%). Likewise, the response to the indicator statement "School Living Environment" was 112 responses. And it is known that the response of the Physical Education, Sports and Health teachers who gave the response "Always" = 48 people (42.9%), the response "Often" = 46 people (41.1%), the response "Rarely" = 18 people (16.1%), and the response "Never" = 0 people (0.0%).

Frequency distribution

Table 6. Statistics on data on the duties of physical education, sports and Health Teachers in school health efforts

Statistics	Value
N	8
Mean	141,50
Average	5,37
Range	43,00
Standard Deviation	15,18
Variance	230,57
Minimum	121,0
Maximum	164,0

After conducting a quantitative descriptive analysis of the research data on the role of physical education teachers in school health efforts, it was found that from the 8 teachers who were observed, several statistical values were identified as a description of the characteristics of the teacher's role as follows: The average value is (mean) 141.50 points, the average standard error is 5.37 points, the variance value is 230.57 points, the standard deviation is 15.18 points, the lowest value (minimum) is 121 points, the highest value (maximum) is 164 points.

Interpretation of assessment norms for categories of physical education, sports and health teachers' tasks in school health efforts

As for the distribution of the verification results of the category of assignment values for physical education, sports and health teachers in school health efforts from 8 people, the results can be seen in Table 7 below.

Table 7. Distribution of categories and frequency of values of the status of the duties of physical education, sports and health teachers in school health efforts

No.	Rating Scale	Frequency	Percentage	Category
1	> 135,0	0	0,0	Very Good
2	119,8 – 135,0	2	25,0	Good
3	104,7 – 119,8	4	50,0	Enough
4	89,5 – 104,7	2	25,0	Poor
5	< 89,5	0	0,0	Very Poor
Total		8	100	

Based on Table 7 above, the duties of physical education, sports and health teachers in school health efforts are known to include 0 people (0.0%), 2 people (25.0%), 4 people (50.0%), 2 people (25.0%) in the "very good" category and "sufficient" category and "very lacking" category.

Interpretation of the indicator category "health education"

The distribution of the verification results of the category of the indicator value of "health education" for the duties of physical education, sports and health teachers in school health efforts from 8 respondents, the results can be seen in Table 8 below.

Table 8. Distribution of categories and frequency of values of the "health education" indicator

No.	Rating Scale	Frequency	Percentage	Category
1	27,4 <	0	0,0 %	Very Good
2	25,8 – 27,4	4	50,0 %	Good

3	24,2 – 25,8	1	12,5 %	Enough
4	22,6 – 24,2	2	25,0 %	Poor
5	< 22,6	1	12,5 %	Very Poor
Total		8	100	

Based on Table 8 above, the status of the indicators of the "health education" indicators of the duties of physical education, sports and health teachers in school health efforts is known to be included in the "very good" category = 0 people (0.0%), "good" category = 4 people (50.0%), "sufficient" category = 1 person (12.5.0%), "less" category = 2 people (25.0%) and "very less" category = 1 person (12.5%).

Interpretation of the indicator category "health services in schools"

As for the distribution of the verification results of the indicator value category "health services at school" for the duties of physical education, sports and health teachers in school health efforts from 8 respondents, the results can be seen in Table 9 below.

Table 9. Distribusi kategori dan frekuensi nilai indikator "layanan kesehatan di sekolah"

No.	Rating Scale	Frequency	Percentage	Category
1	52,6 - <	1	12,5 %	Very Good
2	45,2 – 52,6	1	12,5 %	Good
3	37,8 – 45,2	3	37,5 %	Enough
4	30,4 – 37,8	3	37,5 %	Poor
5	< - 30,4	0	0,0 %	Very Poor
Total		8	100	

Based on Table 9 above, the status of the indicator "health services in schools" for the duties of physical education, sports and health teachers in school health efforts is known to be in the status of the "very good" category = 1 person (12.5%), "good" category = 1 person (12.5%), "sufficient" category = 3 people (37.5%), "less" category = 3 people (37.5%) and "very less" category = 0 people (0.0%).

Interpretation of the indicator category "healthy school living environment"

The distribution of the verification results of the category of assignment values for physical education, sports and health teachers based on the indicator of "healthy school living environment" for physical education, sports and health teachers in school health efforts from 8 respondents, the results can be seen in Table 10 below.

Table 10. Distribution of categories and frequency of values of the indicator "healthy school living environment"

No.	Rating Scale	Frequency	Percentage	Category
1	56,1 - <	0	0,0 %	Very Good
2	49,2 – 56,1	2	25,0 %	Good
3	42,3 – 49,2	3	37,5 %	Enough
4	35,4 – 42,3	3	37,5 %	Poor
5	< - 35,4	0	0,0 %	Very Poor
Total		8	100	

Based on Table 10 above, the status of the indicator "healthy school living environment" from the duties of physical education, sports and health teachers in school health efforts is known that those included in the "very good" category = 0

people (0.0%), "good" category = 2 people (25.0%), "sufficient" category = 3 people (37.5.0%), "less" category = 3 people (37.5.0%) and "very less" category = 0 people (0.0%).

Discussion

Based on the description of the results of the physical education and sports teacher's duties in the health efforts of elementary schools in Soreang District, Pare-Pare City, there are 3 factors, namely:

Health education factors

"Very high" = 4 people with a presentation of 50.0%. This means that physical education teachers have good education and knowledge about health.

Service factors in school health efforts

"Enough" = 3 people with a percentage of 37.5%, this is reflected in the responses of respondents regarding the duties of physical education, sports and health teachers who often provide counselling on personal health, physical education, sports and health teachers conduct health screenings, likewise teachers often make referrals from the school if students experience injuries or illnesses, and teachers often supervise school stalls or canteens to maintain cleanliness and do not forget that physical education teachers often conduct health counselling for adolescent students at the school concerned.

Environmental factors for healthy school life

"Enough" = 3 people with a percentage of around 37.5%. The role of physical education teachers in creating a healthy school environment by get used to a healthy lifestyle at school. Based on the results of the study above, it means that physical education, sports and health teachers have been able to fully implement a healthy school environment program, such as: throwing garbage in its place, washing hands before eating, changing clothes after exercise, and conducting regular health checks.

The results of this study indicate that the duties of physical education teachers in school health efforts are included in the low to sufficient category, each 37.5%. Based on 3 factors, namely health education factors, UKS health service factors, and healthy school environment factors, then among the 3 factors, the highest factor is efforts in providing school health education with a percentage of 50%, while the health service factor with a percentage of 37.5% and 37.5% from the school environment factor. This means that the duties of physical education and sports teachers in school health efforts are in the sufficient category.

CONCLUSION

Based on the descriptive analysis of data, research results and discussion, it can be concluded that: The status of the duties of physical education, sports and health teachers in school health efforts is in the "Sufficient" category.

CONFLICT OF INTEREST

Authors declare no conflict of interest in this manuscript.

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