

THE INFLUENCE OF PARENTS' COMMUNICATION ON PERSONAL HYGIENE BEHAVIOR IN PRESCHOOL AGE CHILDREN

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Abstract

This study aims to determine the effect of parental communication on personal hygiene behavior in preschool-aged children. This research is associative quantitative research with a survey method. This study collected data using a parent communication questionnaire (26 items) and a personal hygiene behavior questionnaire (20 items). This research uses the associative quantitative method. This study involved 110 respondents who were selected using proportionate stratified random sampling. Data collection using a questionnaire. The data analysis used is a simple linear regression test. The resulting data processing results show that most of the samples have good personal hygiene (96.4%) and a level of parental communication (92.7%). The calculation results show that the coefficient of determination of parental communication has an effect of 10.3% on personal hygiene behavior in preschool-aged children. Regression results show that parental communication has a significant positive effect on personal hygiene behavior ($\beta=0.163$, $p < 0.05$). In this way, it can be concluded that personal hygiene behavior in children means that the better the communication between parents, the better the personal hygiene behavior in children, conversely the lower the communication between parents and children, the lower the personal hygiene behavior in preschool-aged children.

Keywords: *Parental communication, personal hygiene, personal hygiene behavior, preschool-age children*

Introduction

According to the 2021 Indonesia Health Profile, cases of diarrhea, especially in DKI Jakarta, occupy the top 6th position with the most cases out of 34 provinces in Indonesia, with a total of 142,936 cases (Ministry of Health, 2021).

Many factors affect the degree of health, both individual health and public health. One of them is healthy living behavior and also personal hygiene. Personal hygiene is one of the basic prevention at the individual level to maintain personal hygiene and health, especially to avoid the risk of disease infection (Zuriyanda et al., 2021). Instilling and implementing healthy lifestyle behaviors can be instilled from an early age. This is because it is one of the very basic education and very decisive for the development and habits in the future. If it is used from an early age by instilling education and applying good attitudes, of course later when adults the attitudes and morals that develop are good (Bagiastra & Damayanti, 2019). Therefore, providing education and implementing healthy habits in early childhood is very well done, where early childhood has strong memory skills so health education given at an early age will have a great chance of becoming a healthy habit at later stages of life (Mardhiati, 2019).

All activities that can help improve individual health, can be applied to children as early as possible, one way is through personal hygiene. Personal hygiene is an effort made by individuals to maintain personal hygiene to avoid disease (Asthiningsih & Wijayanti, 2019). Fulfillment of personal hygiene is influenced by various factors such as cultural factors, individual or family social values, knowledge of personal hygiene, and perceptions of self-care (Putri et al., 2016). Associated with preschool-aged children, personal hygiene plays an important role. The low resistance of the child's body at this age allows for many diseases to be suffered if the child's hygiene is not paid attention to. Parents play an important role in helping instill and implement personal hygiene behavior in children from an early age (Asthiningsih & Wijayanti, 2019).

The application of personal hygiene in everyday life in children at an early age is a very appropriate thing for instilling good health habits at their age. This is because, with the habit of

personal hygiene from an early age, the child will have a sense of cleanliness and tidiness, can train himself to live a healthy and clean life, and have self-confidence and independence. In addition, personal hygiene is also very useful for children at an early age who are experiencing a growth period and are very susceptible to disease. About personal hygiene in children, several factors can affect personal hygiene in children, namely, predisposing factors (knowledge, attitudes, beliefs, traditions, cultural values or norms that a person believes in. Supporting factors (public health centers, medicine, latrines), clean water and so on) and driving or reinforcing factors, factors that determine whether health measures receive support or not. These factors manifest in attitudes and behavior. The behavior of other influential people (parents, family, teachers, community leaders, religious leaders, health workers, janitors, and power holders) can motivate someone to behave (Green, 1980).

In preparing children to form new habitual behaviors, it can be done by getting used to daily behavior as early as possible to apply clean and healthy living behaviors so that children avoid the risk of disease transmission and other infectious diseases. The formation of this new habit begins with the role of the family by giving examples of healthy behavior and practicing good communication to increase children's understanding of the new behavior being carried out. Children's environmental conditions and communication between children and parents are needed in forming and instilling children's character and attitudes toward disease prevention (Jauhari, 2020). One way to shape personal hygiene behavior in children is to communicate with children repeatedly, instill habits and then apply them in their daily lives. Communication that is done repeatedly will be able to influence children unconsciously and children will get used to doing personal hygiene, communication can also build good relationships between parents and children. There is an important role for adults in providing knowledge and habits for children to get proper self-care habits such as maintaining child hygiene, what he eats, what he wears, getting used to washing hands before and after eating with clean water and soap, after handling animals, all must be implemented early on, and one of them is by communicating and implementing it (Aydos & Tugrul, 2015).

The realization of good personal hygiene behavior in children requires the role of parents in conveying, planting, and implementing and how parents can communicate it to children so that good healthy behavior habits will arise. Thus, parents are very influential and responsible for personal hygiene behavior in children so that children can get used to implementing personal hygiene behavior in their daily lives and the future.

Method

This research uses the associative quantitative method. This study involved 110 respondents who were selected using proportionate stratified random sampling. In this study, researchers used primary data obtained through questionnaire respondents. The questionnaire data collection technique is carried out by giving a set of questions or written statements to respondents to answer (Sugiyono, 2019). The form of the statement in the closed questionnaire is using a Likert scale, namely, the respondent only chooses the answers that have been provided by the researcher, so the respondent only chooses according to the limited choices. Respondents were asked to fill in or choose answers according to the reality of the respondent's life, then the instrument was used to determine the effect of parental communication on the personal hygiene behavior of preschool-aged children. The data analysis used is a simple linear regression test.

Findings and Discussions

Based on the results of testing the hypothesis with a simple linear regression test, the result is $p\text{-value} = 0.0001 < 0.05$, so it is stated that there is a significant influence of parental communication on personal hygiene behavior in preschool-aged children. With a value of $(r_{xy}) = 0.321$, which means that parental communication has a positive relationship with personal

hygiene behavior in children, meaning that the better parental communication, the better personal hygiene behavior in children, conversely the lower parental communication to children, the lower the personal hygiene behavior in preschool-aged children. Parental communication has an influence on personal hygiene behavior in children, meaning that the better the parental communication, the better the personal hygiene behavior in children, conversely the lower the parental communication with children, the lower the personal hygiene behavior in preschool-aged children. The coefficient of determination (R Square) = 0.103. This coefficient implies that the influence of parental communication on the personal hygiene behavior of preschoolers is 10.3%.

Conclusion

Based on the results of research conducted by researchers, it can be concluded that parental communication has a significant positive effect on personal hygiene behavior in children. This means that the more there is a positive influence on personal hygiene behavior in children, it means that the better the communication between parents, the better the personal hygiene behavior in children, conversely the lower the communication between parents and children, the lower the personal hygiene behavior in preschool-aged children. That way it can be concluded that if parents want their children to have good personal hygiene behavior, good parental communication is also needed. and this study implies that parental communication influences personal hygiene behavior. Children who receive and receive high parental communication certainly have a higher level of personal hygiene behavior than children who receive moderate and low parental communication. Parents are expected to be able to communicate with children at preschool age to improve personal hygiene behavior in their daily lives.

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Sample Figure Characteristic Respondent

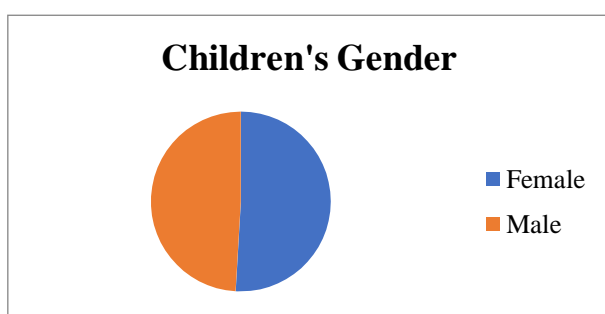


Figure 1. Distribution of Respondent Data by Children's Gender

Characteristics of respondents based on the sex of the child consist of boys and girls. the number of respondents' children in this study amounted to 110 people consisting of 56 girls and 54 boys. that the percentage of the number of respondents based on the sex of the child is female, namely 56 respondents with a percentage of 51%, and respondents with male sex, namely 54 people with a percentage of 49%. Based on these data it can be seen that the majority of the sex of the respondents' children in this study were female.

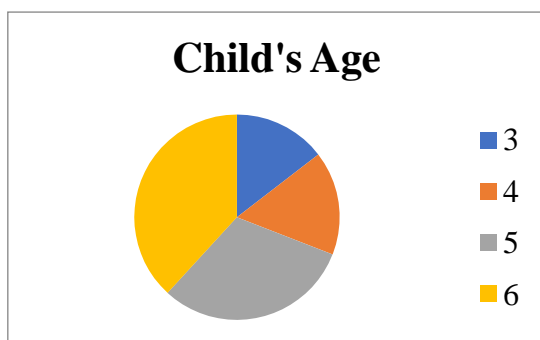


Figure 2. Distribution of Respondent Data by Children's Age

Based on Figure 2 it can be seen that the majority of the age of respondent's children are 6 years old as much as 38%, the age of the respondent's children who are 5 years old is as much as 31%, the age of the respondent's children who are 4 years old is 16% and as many as 15% of the respondents' children are 3 years old.

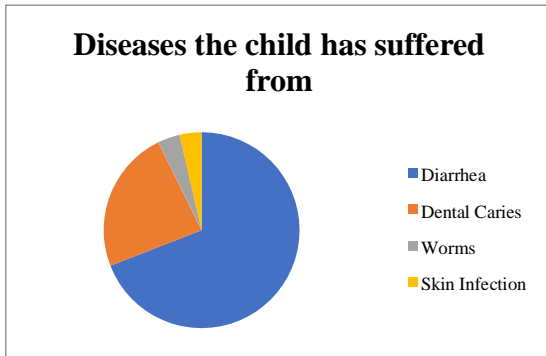


Figure 3. Distribution of Respondent Data by Diseases the Child has Suffered From

Based on Figure 3 it is known that the respondents were known that the disease that had been suffered by the respondent's child with diarrhea (69%) was the disease that had been experienced by the respondent child with the largest number. While the lowest disease or the least number ever experienced by the respondent's children were skin infections and helminthiasis (4%).

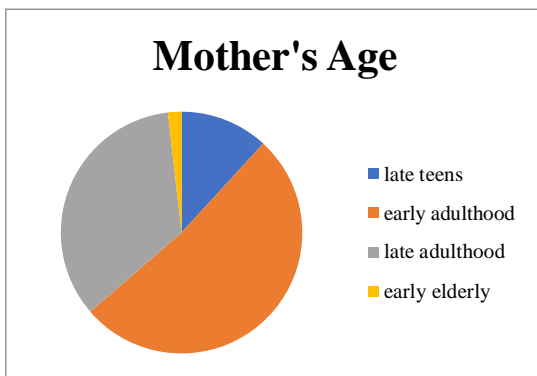


Figure 4. Distribution of Respondent Data by Mother's Age

In this study, the respondents who filled out the questionnaire ranged in age from 19 to 53 years. The age categorization of respondents in this study refers to the Indonesian Ministry of Health (Al Amin & Juniati, 2017), which is divided into late adolescence at the age of 17-25 years, early adulthood at the age of 26-35 years, late adulthood at the age of 36- 45 years and early elderly with ages 46-55 years.

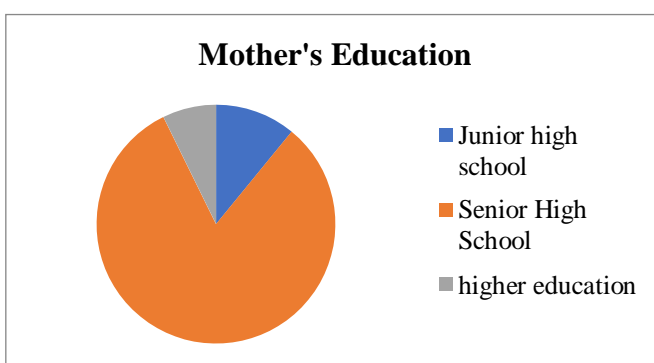


Figure 5. Distribution of Respondent Data by Mother's Education

Based on Figure 5 it is known that the respondents with the last education in Senior Highschool (82%) are the largest group. Meanwhile, respondents with the last education from High School (7%) are the least group.

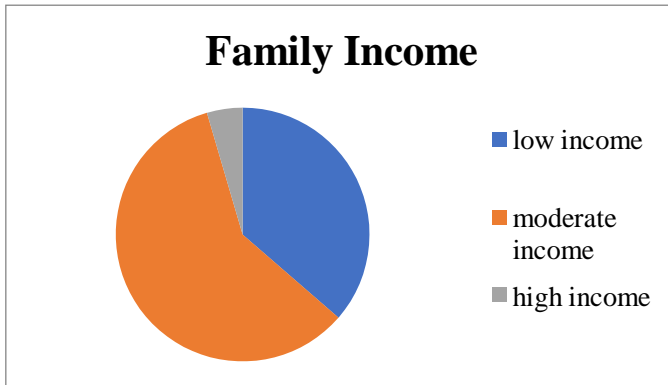


Figure 5. Distribution of Respondent Data by Family Income

Respondent's income data were categorized into three groups, namely low-income groups (<Rp 500,000.00–Rp 1,999,999.00), medium-income groups (Rp 2,000,000.00–Rp 4,999,999.00), and high-income groups (Rp 5,000,000.00–Rp 20,000,000.00). Based on Figure 4.6 it can be seen that the percentage of the income of respondents with low-income groups is 36%, moderate income is 59%, and high income is 5%. This proves that some respondents have a moderate income level group (59%).