LAPORAN
PENELITIAN PENGEMBANGAN IPTEK

LITERASI KESEHATAN, AKTIVITAS FISIK DAN PERILAKU MAKAN GURU TERHADAP DUKUNGAN TERHADAP PROGRAM PROMOSI KESEHATAN DI SEKOLAH BERBASIS NILAI ISLAM (I-HELP) DI SMP DAN SMA MUHAMMADIYAH PROVINSI DKI JAKARTA

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SURAT PERJANJIAN KONTRAK KERJA PENELITIAN LEMBAGA PENELITIAN DAN PENGEMBANGAN UNIVERSITAS MUHAMMADIYAH PROF DR HAMKA

Nomor : 232 / F.03.07 / 2021
Tanggal : 19 April 2021

Bismillahirrahmanirrahim

Pada hari ini, Senin, tanggal Sembilan Belas, bulan April, Tahun Dua Ribu Dua Puluh Satu, yang bertanda tangan di bawah ini **Prof. Dr. Suswandari, M.Pd**, Ketua Lembaga Penelitian dan Pengembangan Universitas Muhammadiyah Prof. DR. HAMKA, selanjutnya disebut sebagai PIHAK PERTAMA; **Dr SARAH HANDAYANI SKM, M.Kes**, selanjutnya disebut sebagai PIHAK KEDUA.

PIHAK PERTAMA dan PIHAK KEDUA sepakat untuk mengadakan Perjanjian Kontrak Kerja Penelitian yang didanai oleh RAPB Universitas Muhammadiyah Prof. DR. HAMKA Tahun 2020/2021.

Pasal 1

PIHAK KEDUA akan melaksanakan kegiatan penelitian dengan judul : **LITERASI KESEHATAN, AKTIVITAS FISIK DAN PERILAKU MAKAN GURU TERHADAP DUKUNGAN TERHADAP PROGRAM PROMOSI KESEHATAN DI SEKOLAH BERBASIS NILAI ISLAM (I-HELP) DI SMP DAN SMA MUHAMMADIYAH PROVINSI DKI JAKARTA** dengan luaran wajib dan luaran tambahan sesuai data usulan penelitian Bacth 1 Tahun 2020 melalui simakip.uhamka.ac.id..

Pasal 2

Bukti luaran penelitian wajib dan tambahan harus sesuai sebagaimana yang dijanjikan dalam Pasal 1, Luaran penelitian yang dimaksud dilampirkan pada saat Monitoring Evaluasi dan laporan akhir penelitian yang diunggah melalui simakip.uhamka.ac.id.

Pasal 3

Kegiatan tersebut dalam Pasal 1 akan dilaksanakan oleh PIHAK KEDUA mulai tanggal 19 April 2021 dan selesai pada tanggal 20 November 2021.

Pasal 4

Berdasarkan kemampuan keuangan lembaga, PIHAK PERTAMA menyediakan dana sebesar Rp.10.000.000,- (Terbilang : *Sepuluh Juta*) kepada PIHAK KEDUA untuk melaksanakan kegiatan tersebut dalam Pasal 1.

Pasal 5

Pembayaran dana tersebut dalam Pasal 4 akan dilakukan dalam 2 (dua) termin sebagai berikut;
(1) Termin I 50 % : Sebesar 5.000.000 (Terbilang: *Lima Juta Rupiah*) setelah PIHAK KEDUA menyerahkan proposal penelitian yang telah direview dan diperbaiki sesuai saran reviewer pada kegiatan tersebut Pasal 1 yang dilengkapi dengan tanda tangan asli dekan dan ketua program studi.

(2) Termin II 50 % : Sebesar 5.000.000 (Terbilang: *Lima Juta Rupiah*) setelah PIHAK KEDUA mengikuti proses monitoring dan evaluasi serta mengunggah laporan akhir penelitian dengan melampirkan bukti luaran penelitian wajib dan tambahan sesuai Pasal 1 ke simakip.uhamka.ac.id.

Pasal 6

(1) PIHAK KEDUA wajib melaksanakan kegiatan tersebut dalam Pasal 1 dalam waktu yang ditentukan dalam Pasal 3.

(2) PIHAK PERTAMA akan melakukan monitoring dan evaluasi pelaksanaan kegiatan tersebut sebagaimana yang disebutkan dalam Pasal 1. Bila PIHAK KEDUA tidak mengikuti Monitoring dan Evaluasi sesuai dengan jadwal yang ditentukan, tidak bisa melanjutkan penyelesaian penelitian dan harus mengikuti proses Monitoring dan Evaluasi pada periode berikutnya.

(3) PIHAK PERTAMA akan mendenda PIHAK KEDUA setiap hari keterlambatan penyerahan laporan hasil kegiatan sebesar 0,5 % (setengah persen) maksimal 20% (dua puluh persen) dari jumlah dana tersebut dalam Pasal 4.

(4) Dana Penelitian dikenakan Pajak Pertambahan Nilai (PPN) dari keseluruhan dana yang diterima oleh PIHAK PERTAMA sebesar 5 % (lima persen)

Jakarta, 19 April 2021

PIHAK PERTAMA
Lembaga Penelitian dan Pengembangan
Universitas Muhammadiyah Prof. DR. HAMKA
Ketua,

Prof. Dr. Suswandari, M.Pd / M.Kes

PIHAK KEDUA
Peneliti,

Dr SARAH [illegible] ANI SKM,

Mengetahui
Wakil Rektor II UHAMKA

Dr. ZAMAH SARI M.Ag.

ABSTRAK

Intervensi penutupan sekolah adalah program kedaruratan yang harus dilakukan untuk menurunkan penularan virus corona (Covid-19). Namun, intervensi tersebut juga berisiko meningkatkan prevalensi obesitas pada anak dan remaja. Salah satu peran penting pada program promosi kesehatan adalah peran guru. Guru berperan sebagai pendidik sekaligus juga model yang baik untuk murid-muridnya. Hal yang penting dapat mendorong guru menjalankan fungsi tersebut pada program adalah tingkat literasi kesehatanPenelitian ini bertujuan untuk melihat tingkat literasi kesehatan guru, perilaku makan serta aktivitas fisik guru serta hubungannya dengan dukungan pelaksanaan program promosi kesehatan di sekolah Muhammadiyah (I-HELP) di Provinsi DKI Jakarta. *Self-rated health* (SRH) adalah indikator kesehatan umum yang sederhana dan mudah diukur, juga merupakan prediktor terbaik dari pemanfaatan layanan, biaya, dan kematian. Desain penelitian adalah cross-sectional, yang mengumpulkan variabel independen dan dependen pada suatu waktu. Responden penelitian adalah guru sekolah Muhammadiyah di Provinsi DKI Jakarta yang terdiri dari SD, SMP, SMA, dan SMK. Teknik pengambilan sampel dilakukan secara purposive, dengan jumlah sampel sebanyak 141 guru. Pengambilan data dilakukan pada bulan Juli-Agustus 2021 dengan sebaran self-rated health responden. Distribusi responden yang SRH buruk adalah 2% dan SRH baik adalah 2%. Wanita 2.373 lebih berisiko mengalami SRH yang buruk dibandingkan pria. Responden yang tidak memiliki BPJS memiliki risiko 2.405 berada pada SRH buruk dibandingkan yang memiliki BPJS. Mayoritas tingkat literasi kesehatan responden adalah memadai 83% memadai.

Kata Kunci : Literasi kesehatan, promosi kesehatan di sekolah, guru, Muhammadiyah

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BAB I
PENDAHULUAN

1.1 Latar Belakang

Data Riset Kesehatan Dasar (2018) didapatkan proporsi penduduk Indonesia kelompok umur lebih dari 10 tahun yang berperilaku *sedentary lifestyle* selama 3-5,9 jam yaitu 33,5%. Proporsi *sedentary lifestyle* lebih dari 6 jam lebih banyak pada perempuan, penduduk dengan pendidikan rendah, dan tinggal di area perkotaan. Berdasarkan Data Riset Kesehatan Dasar (2018) menunjukkan bahwa DKI Jakarta tergolong provinsi dengan penduduk aktivitas kurang aktif tertinggi di Indonesia yaitu sebesar 47,8%(1). Data dari 298 survei berbasis sekolah dari 146 negara dan wilayah pada tahun 2016, terdapat 1,6 juta siswa berusia 11-17 tahun tidak cukup aktif secara fisik sebesar 81,0% dengan 77,6% laki-laki dan 84,7% perempuan(2).

Program promosi kesehatan di sekolah yang terbukti berdampak pada pembentukan perilaku sehat siswa, perilaku makan sehat, peningkatan aktivitas fisik dan penurunan perilaku sedentary yang semua merupakan faktor risiko obesitas pada anak-anak(3,4). Sekolah Muhammadiyah di Provinsi DKI Jakarta adalah salah satu sekolah yang memiliki kurikulum local berbasis nilai ajaran Islam dan Kemuhammadiyahan. Intervensi dengan pendekatan keagamaan dalam pembentukan perilaku sehat telah terbukti cukup signifikan di tingkat dunia. Pendekatan berbasis keagamaan banyak digunakan untuk intervensi kesehatan masyarakat (5,6).

Tingkat keberhasilan program promosi di sekolah ditentukan oleh berbagai pendekatan lokal yang menggerakkan seluruh warga sekolah, pimpinan sekolah, guru, karyawan, murid dan juga orangtua murid. Program promosi kesehatan di sekolah yang mendapatkan dukungan seluruh warga sekolah terbukti signifikan terhadap kesehatan warganya, termasuk diantaranya adalah pencegahan obesitas. (7,8). Salah satu peran penting pada program promosi kesehatan adalah peran guru. Guru berperan sebagai pendidik sekaligus juga model yang baik untuk murid-muridnya. Hal yang penting dapat mendorong guru menjalankan fungsi tersebut pada program adalah tingkat literasi kesehatan(9). Guru yang memiliki tingkat literasi kesehatan yang tinggi akan mempengaruhi perilaku makan yang baik dan akan menjadi pendidik dan model yang baik untuk muridnya (10).

Literasi kesehatan sangat penting bagi masing-masing individu karena hal ini berhubungan dengan informasi kesehatan, bagaimana cara memperolehnya agar dapat meningkatkan pengetahuan kesehatan serta membantu individu atau masyarakat dalam pengambilan keputusan dalam upaya mempertahankan dan meningkatkan kesehatan(11). Berdasarkan data yang dikumpulkan pada program *Nutrition Goes to School* (NGTS) pada tahun 2020 beberapa topik yang masuk pada prioritas program NGTS di DKI Jakarta adalah terkait dengan pedoman gizi seimbang, konsep isi piringku, konsumsi sayur dan buah, sarapan pagi, jajanan sehat, konsumsi air putih, membaca label pangan, tablet tambah darah dan cuci tangan pakai sabun. Pengumpulan data ini dilaksanakan dalam kerangka Kerjasama SEAMEO-Recfon dengan Universitas Muhammadiyah Prof Dr HAMKA dalam implementasi program Islamic Health Promoting School Program (I-HELP). I-HELP adalah program promosi kesehatan berdasarkan ajaran agama Islam yang dikembangkan oleh tim Fakultas Ilmu-Ilmu Kesehatan (FIKES) Universitas Muhammadiyah Prof Dr HAMKA (UHAMKA).

Berdasarkan permasalahan di atas, peneliti bermaksud untuk meneliti tentang tingkat literasi guru dan perilaku makan guru di sekolah menengah pertama dan atas Sekolah Muhammadiyah di Provinsi DKI Jakarta.

1.2.1. Urgensi Penelitian

1. **Majelis Dikdasmen PWM DKI Jakarta**

   Mengetahui potensi pengembangan sekolah sehat di Provinsi DKI Jakarta dan daya dukung untuk dukungan kebijakan dan program.

2. **Dinas Pendidikan Provinsi DKI Jakarta**

   Mengetahui potensi pengembangan sekolah sehat di Sekolah Muhammadiyah Provinsi DKI Jakarta dan kebijakan akademik untuk dukungan kebijakan dan program.

3. **Dinas Kesehatan Provinsi DKI Jakarta**

   Mengetahui permasalahan pengembangan sekolah sehat berbasis agama dan mengetahui usulan kebijakan untuk pengembangan kebijakan dan program.

4. **Lembaga Penelitian dan Pengembangan Universitas Muhammadiyah Dr HAMKA**

   Mendapatkan basis bukti ilmiah untuk pengembangan konsep I-HELP di sekolah Muhammadiyah DKI Jakarta.

BAB II

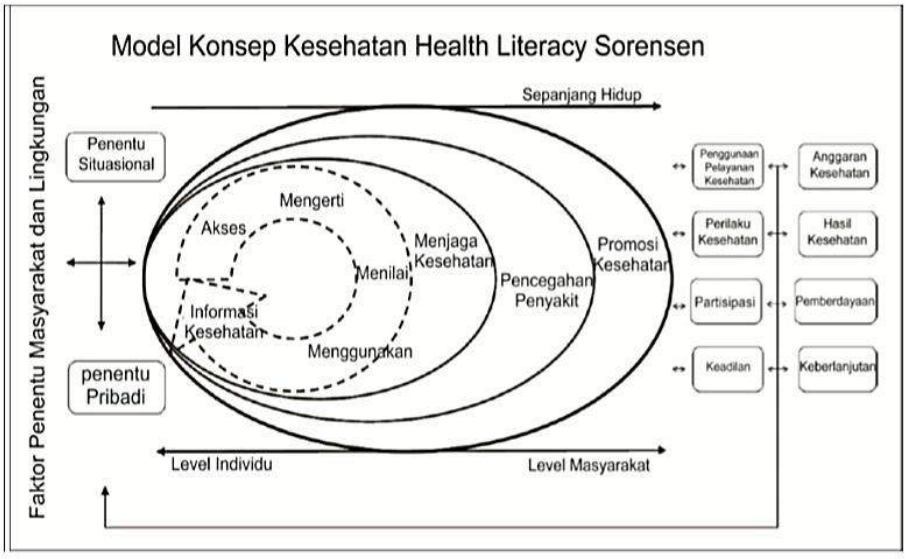
TINJAUAN PUSTAKA

2.1. Literasi Kesehatan

Literasi kesehatan memiliki keterkaitan dengan pengetahuan, motivasi dan kompetensi seseorang dalam mengakses, memahami sampai dengan menerapkan informasi kesehatan dalam membuat penilaian serta mengambil keputusan di kehidupan sehari-hari. Hal ini terkait perawatan kesehatan, pencegahan penyakit dan promosi kesehatan agar seseorang dapat mempertahankan dan meningkatkan kualitas hidup mereka. Literasi kesehatan yakni sejauh mana individu dan kelompok dapat memperoleh proses, memahami, mengevaluasi dan bertindak pada informasi yang dibutuhkan untuk membuat keputusan kesehatan masyarakat yang bermanfaat bagi masyarakat. Serta memfungsikannya dalam dalam lingkup perawatan kesehatan (12).

Menurut WHO dalam *Health Promotion Glossary* mendefinisikan literasi kesehatan sebagai tingkat pengetahuan seseorang, keterampilan pribari serta kepercayaan diri untuk mengambil tindakan dalam upaya meningkatkan derajat kesehatan dengan mengubah diri sendiri dan pola hidupnya. Sehingga tidak hanya sekedar membaca media seperti *leaflet, pamphlet,* poster serta media lain tetapi juga mengakses informasi kesehatan dengan efektif yang sangat penting digunakan dalam pemberdayaan.(13).

Kerangka teori penelitian adalah sebagai berikut.



Gambar 2. 1. Kerangka teori. Sumber (14)

2.2. Program Promosi Kesehatan

Beberapa upaya yang selama ini sudah dikembangkan oleh pemerintah adalah adanya program Upaya Kesehatan Sekolah (UKS) di tingkat SMA yang dikoordinir oleh Puskesmas setempat. Namun, sayangnya tidak semua SMA mempunyai kegiatan UKS yang aktif dan rutin. Untuk lebih meningkatkan efektivitas program kesehatan usia remaja khususnys tingkat SMA, maka penting untuk mengembangkan suatu strategi promosi kesehatan berbasis sekolah.

Promosi kesehatan di sekolah merupakan suatu upaya untuk menciptakan sekolah menjadi suatu komunitas yang mampu meningkatkan derajat kesehatan masyarakat sekolah melalui 3 kegiatan utama: 1) penciptaan lingkungan sekolah yang sehat; 2) pemeliharaan dan pelayanan di sekolah; 3) upaya pendidikan yang berkesinambungan. Sebagai suatu institusi pendidikan, sekolah mempunyai peranan dan kedudukan strategis dalam upaya promosi kesehatan. Apabila promosi kesehatan ditujukan pada usia sampai dengan 12 tahun saja, yang berjumlah sekitar 25 juta, maka mereka akan mampu menyebarluaskan informasi kesehatan kepada hampir 100 juta populasi masyarakat umum yang terpajan promosi kesehatan(15).

Sekolah mendukung pertumbuhan dan perkembangan alamiah seorang anak, sebab di sekolah seorang anak dapat mempelajari berbagai pengetahuan termasuk kesehatan. Promosi kesehatan di sekolah membantu meningkatkan kesehatan siswa, guru, karyawan, keluarga serta masyarakat sekitar, sehingga proses belajar mengajar berlangsung lebih produktif. Dalam promosi kesehatan sekolah, keluarga anak sekolah dapat dipandang sebagai 2 aspek yaitu: 1) sebagai pendukung keberhasilan program promosi kesehatan di sekolah (support side); 2) sebagai pihak yang juga memperoleh manfaat atas berlangsungnya promosi kesehatan di sekolah itu sendiri *(impact side*)(16).

Pada segi pendukung keberhasilan, promosi kesehatan di sekolah seringkali akan lebih berhasil jika mendapat dukungan yang memadai dari keluarga si murid. Hal terkait dengan intensitas hubungan antara anak dan keluarga, dimana sebagian besar waktu berinteraksi dengan keluaraga lebih banyak. Konsep inilah yang oleh Organisasi Kesehatan Dunia di sebut dengan menciptakan "*Health Promotion School*" atau sekolah promosi kesehatan. Dapat dikatakan program Usaha Kesehatan Sekolah dilaksanakan dengan baik pada sekolah

tersebut. Pada dasarnya, setiapnya sekolah memiliki kemampuan dan kebutuhan yang berbeda-beda sesuai situasi dan kondisinya masing-masing dalam mewujudkan “Sekolah Promosi Kesehatan”. Namun yang terpenting adalah bagaimana ia dapat menggunakan “kekuatan organisasinya” secara optimal untuk dapat meningkatkan kesehatan masyarakat sekolah (17).

Gambar 2.2. Program Promosi di SekolahSumber: (18)

BAB III

METODE PENELITIAN

3.1. Desain Penelitian

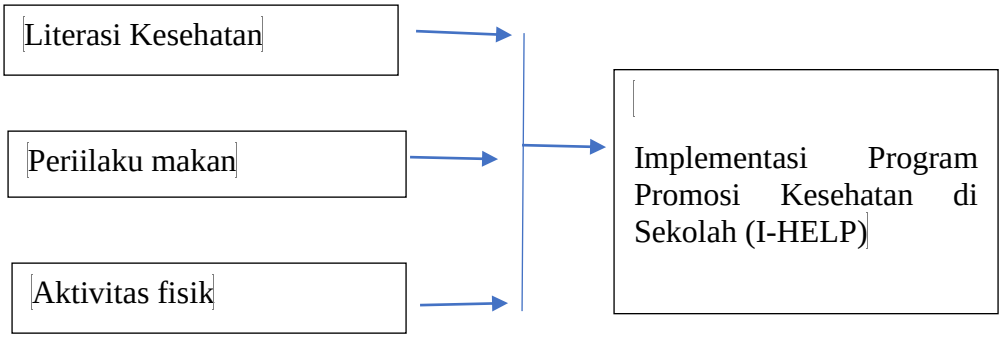
Desain penelitian adalah cross sectional, yaitu mengumpulkan variabel independent dan dependen pada suatu waktu.

3.2. Populasi dan Sample

Populasi penelitian adalah Kepala Sekolah dan Guru penanggungjawab program promosi kesehatan di sekolah. Jumlah SMP dan SMA Muhammadiyah di DKI Jakarta adalah 59 sekolah.

Sampel penelitian adalah 177 orang. Sampel adalah perwakilan dari pimpinan sekolah dan dua orang penanggungjawab promosi kesehatan di sekolah.

3.3. Kerangka Konsep



Gambar 3.1. Kerangka Konsep Penelitian

3.4. Roadmap Penelitian

Gambar 3.2. Roadmap penelitian dosen

3.5. Pengolahan Dan Analisis Data

3.6. Instrumen Penelitian

Instrumen penelitian untuk peneliltian ini adalah HLS-EU telah mengembangkan *instrument* berupa HLS-EU-Q yang digunakan dalam mengukur literasi kesehatan dan tidak hanya digunakan dalam pengukuran klinis tapi juga dalam komunitas dan populasi. Instrumen ini terdiri dari 3 versi yakni HLS-EU-Q47 yang merupakan matriks asli dengan terdiri dari 47 pertanyaan, HLS-EU-Q16 yakni versi singkat dengan 16 pertanyaan dan HLS-EU-Q86 yang merupakan versi terkait matriks dan konsep pengembangan.

3.7. Diagram Alir Penelitian

Tabel 3.1 Diagram Alir Penelitian

FOKUS	DESAIN	PROSEDUR	OUTPUT
Tahun 2019			
Memperoleh data tentang determinan kesehatan mental emosional	Desain penelitian deskriptif analitik. Dengan populasi dan sampel responden survey riset kesehatan dasar tahun 2018.	Peneliti akan mengajukan permohonan penggunaan data kepada Litbangkes untuk dianalisis lanjut. Peneliti bersama tim mahasiswa akan melakukan analisis lanjut penelitian.	Penelitian ini akan menghasilkan dua buah tesis di program studi S2 IKM SPs UHAMKA. Tesis ini lebih lanjut akan ditulis menjadi artikel ilmiah. Penelitian ini akan menjadi baseline untuk pembuatan media intervensi promosi kesehatan.

BAB IV

HASIL DAN PEMBAHASAN

4.1. Hasil penelitian

4.1.1. Karakteristik responden

Tabel 4.1. Karakteristik Responden

Variabel	Frekuensi	Persentase
Jenis kelamin		
Perempuan	100	70,9
Laki -laki	41	29,1
Usia		
Muda	83	58,9
Tua	58	41,1
Lama kerja		
Guru Baru	87	61,7
Guru lama	54	38,3
BPJS		
Tidak memiliki	44	31,2
Memiliki	97	68,8
Vaksin		
Belum vaksin	21	14,9
Sudah Vaksin	120	85,1
Kondisi kesehatan		
Rendah	83	58,9
Tinggi	58	41,1

Tabel 4.1 menggambarkan responden mayoritas responden berjenis kelamin perempuan sebanyak 70,9% dan yang berjenis kelamin laki-laki sebanyak 29,1%. Berdasarkan usia responden umumnya responden berusia muda sebanyak 58,9% dan usia tua sebanyak 41,1%. Berdasarkan kategori lama kerja di dominasi oleh guru baru sebanyak 61,7% dan guru lama sebanyak 38,3%. Responden yang memiliki BPJS sebanyak 68,8% dan yang tidak memiliki BPJS sebanyak 31,2%. Berdasarkan kategori vaksin mayoritas responden sudah vaksin sebanyak 85,1 dan yang belum vaksin sebanyak 14,9% . Apa bila di lihat kondisi kesehatan (self rate health) yang memiliki kondisi kesehatan tinggi sebanyak 41,1% dan memiliki kondisi kesehatan rendah sebanyak 58,9%.

4.1.2. Literasi Kesehatan

Tabel 4.2. Literasi Kesehatan

No.	Pertanyaan	Sangat sulit Skor=1	Cukup sulit Skor=2	Cukup mudah Skor=3	Sangat mudah Skor=4	Kode
1.	Menemukan informasi tentang hidup sehat (1)	1	4	72	64	Q1.
2.	Mencari tahu dimana bisa mendapatkan bantuan dokter dan tenaga kesehatan ketika Anda sakit (1)	1	8	92	40	Q2.
8.	Menemukan/mencari informasi bagaimana mengatur kesehatan mental misalnya stress atau depresi (1)	1	17	90	33	Q8.
13.	Mencari tau tentang aktifitas atau kegiatan yang baik untuk kesehatan mental (1)	1	16	94	30	Q13.
3.	Memahami penjelasan dokter atau tenaga kesehatan yang dijelaskan kepada Anda (2)	1	5	98	37	Q3.
4.	Memahami instruksi dokter atau apoteker bagaimana cara meminum obat yang diresepkan (2)	1	2	90	48	Q4.
9.	Memahami peringatan tentang kesehatan seperti perilaku merokok, kurang olahraga, terlalu banyak minum alcohol (2)	1	6	84	50	Q9.
10.	Memahami mengapa Anda membutuhkan deteksi dini penyakit (*Health Screening*) atau pemeriksaan kesehatan (2)	2	19	97	23	Q10.
11.	Menilai apakah informasi kesehatan di media dapat dipercaya (2)	4	42	76	19	Q11.
14.	Memahami nasehat serta saran-saran kesehatan dari keluarga / teman (2)	1	15	95	30	Q14.
15.	Memahami informasi di media tentang bagaimana menjadi lebih sehat (2)	1	6	99	34	Q15.
16.	Menilai kegiatan sehari-hari yang dapat mempengaruhi kesehatan Anda (2)	1	8	102	30	Q16.
5.	Menilai kapan Anda membutuhkan pendapat dari dokter lain (3)	1	6	100	34	Q5.
6.	Menggunakan informasi yang	1	11	100	29	Q6.

	diberikan oleh dokter untuk membuat keputusan tentang penyakit Anda (4)					
7.	Mematuhi instruksi dari dokter atau apoteker dan tenaga kesehatan (4)	1	4	95	50	Q7.
12.	Memutuskan bagaimana Anda dapat melindungi diri sendiri dari penyakit berdasarkan informasi dari media (4)	2	27	90	22	Q12.

Tabel 4.3. Kategori Literasi Kesehatan Berdasarkan Dimensi

Dimensi	**Kategori**					
	Tidak Memadai HL (0-8)		**Bermasalah (9-12)**		**HL Cukup (13-16)**	
	n	**%**	**n**	**%**	**n**	**%**
Mencari informasi (1)	12	8,5	21	14,9	108	76,6
Memahami informasi (2)	8	5,7	49	34,8	84	59,6
Menganalisis Informasi (3)	141	100	0	0	0	0
Menerapkan informasi (4)	33	23,4	108	76,6	0	0
Literasi Kesehatan						

Tabel 4.4. Kategori Literasi Kesehatan

	Kategori					
	Tidak Memadai HL (0-8)		**Bermasalah (9-12)**		**HL Cukup (13-16)**	
	n	**%**	**n**	**%**	**n**	**%**
Literasi Kesehatan	4	2,8	20	14,2	117	83

4.1.3. Perilaku Sehat

1. Perilaku Makan

Tabel. 4.5. Perilaku Makan

	Diet	1X/mg	2-3X/mg	4-6X/mg	1X/hari	>2X/hari
1.	(Pilihan Jawaban dapat di geser ke kanan) [Sayur (salad sayur, gado-gado, karedok, sayur mentah atau dimasak)	31	32	13	35	27
2.	(Pilihan Jawaban dapat di geser ke kanan) [Buah (buah segar, buah kaleng ataupun frozen), diluar jus.]	36	19	22	42	20
3.	(Pilihan Jawaban dapat di geser ke kanan) [Sereal berserat tinggi atau roti gandum, termasuk oatmel dan kacang-kacangan.]	52	25	19	31	12

Berdasarkan tabel 4.5 menunjukkan bahwa kebiasaan diet yang di lakukan oleh guru kebanyakan memilih mengkonsumsi buah (buah segar, buah kaleng ataupun frozen), diluar jus 1X/mg sebanyak 36 orang. Sedangkan yang mengkonsumsi Sayur (salad sayur, gado-gado, karedok, sayur mentah atau dimasak 1X/hari sebanyak 35 orang. Sedangkan guru yang mengkonsumsi Sereal berserat tinggi atau roti gandum, termasuk oatmel dan kacang-kacangan 1X/mg sebanyak 52 orang.

2. Tingkatan Stress

Tabel 4.6. Tingkatan Stress Responden

Tingkatan Stress	**n**	**%**
Tidak stress sama sekali	18	12,7
Stress sangat rendah	40	28,3
Stress rendah	43	30,5
Stress tinggi	37	26,2
Stress sangat tinggi	2	1,4
Stress sangat tinggi	1	0,7

Tabel 4.6. menunjukkan bahwa tingkat stress guru selama menjalankan tugas pada saat pandemi umumnya responden mengaku stress rendah sebanyak 43 orang, yang mengaku tidak

stress sama sekali sebanyak 18 orang sedangkan yang mengaku stress sangat tinggi sebanyak 1 orang.

3. Aktivitas Fisik

Tabel 4.7 Aktivitas Fisik

Aktifitas Fisik	1-3X/mg	4-7 X/mg	8 X/mg
Aktivitas ringan (berkebun ringan, membersihkan rumah, berjalan santai, kerja voulenteer, dll).]	68	67	0
Aktivitas sedang (jalan cepat, bersepeda, berenang, yoga, berkebun sedang, dll).]	96	41	0
Aktivitas berat (lari, aerobic, kegiatan berkebun berat, sepak bola, basket, dll).]	121	19	0

Tabel 4.7. menunjukkan bahwa hasil deskripsi aktifitas fisik responden yang melakukan aktifitas 1-3X/minggu terbanyak melakukan aktifitas berat dengan skor 121 sedang aktifitas sedang memiliki skor 96. Responden yang melakukan aktifitas 4-7X/mg terbanyak melakukan aktifitas ringan memiliki skor 67. Tidak ada responden yang melakukan aktifitas 8X/mg baik aktifitas ringan, sedang maupun berat.

4.2. Pembahasan

Hasil analisis univariat menunjukkan 14,2% responden penelitian dikategorikan pada kelompok literasi bermasalah. Hal tersebut dapat disebabkan lingkungan social dan lokasi kampus yang berada di wilayah perkotaan yang merupakan daerah megapolitan, dimana tentu berimpas pada pergaulan, penyebaran informasi dan penggunaan media sangatlah luas, pesat dan mudah di akses.

Tingkat stress responden mayoritas responden memiliki tingkat stress yang rendah. Hal ini sesuai dengan penelitian yang dilakukan terhadap guru di Singapura(19).

BAB V

KESIMPULAN DAN SARAN

5.1. Kesimpulan

1. Berdasarkan kategori lama kerja di dominasi oleh guru baru sebanyak 61,7% dan guru lama sebanyak 38,3%. Responden yang memiliki BPJS sebanyak 68,8% dan yang tidak memiliki BPJS sebanyak 31,2%.
2. Mayoritas tingkat literasi kesehatan responden adalah memadai 83% memadai.
3. Kebiasaan diet yang di lakukan oleh guru kebanyakan memilih mengkonsumsi buah (buah segar, buah kaleng ataupun frozen), diluar jus 1X/mg sebanyak 36 orang. Sedangkan yang mengkonsumsi Sayur (salad sayur, gado-gado, karedok, sayur mentah atau dimasak 1X/hari sebanyak 35 orang. Sedangkan guru yang mengkonsumsi Sereal berserat tinggi atau roti gandum, termasuk oatmel dan kacang-kacangan 1X/mg sebanyak 52 orang.
4. Tingkat stress guru selama menjalankan tugas pada saat pandemi umumnya responden mengaku stress rendah sebanyak 43 orang, yang mengaku tidak stress sama sekali sebanyak 18 orang sedangkan yang mengaku stress sangat tinggi sebanyak 1 orang.
5. Tingkat aktifitas fisik responden yang melakukan aktifitas 1-3X/minggu terbanyak melakukan aktifitas berat dengan skor 121 sedang aktifitas sedang memiliki skor 96. Responden yang melakukan aktifitas 4-7X/mg terbanyak melakukan aktifitas ringan memiliki skor 67. Tidak ada responden yang melakukan aktifitas 8X/mg baik aktifitas ringan, sedang maupun berat.

5.2. Saran

Program promosi kesehatan di sekolah perlu diperkuat dengan memasukkan keragaman program edukasi dan dukungan untuk program dukungan program makan sehat, aktivitas fisik dan juga kesehatan mental.

BAB VI

LUARAN YANG DICAPAI

Luaran yang dicapai berisi Identitas luaran penelitian yang dicapai oleh peneliti sesuai dengan skema penelitian yang dipilih.

Luaran Utama

IDENTITAS JURNAL		
1	Nama Konferensi	Arkesmas
2	Website Jurnal	https://journal.uhamka.ac.id/index.php/arkesmas/
3	Status Makalah	Submitted
4	Jenis Jurnal	Terakreditasi nasional
4	Tanggal Submit	18 November 2021
5	Bukti Screenshot submit	

Luaran Tambahan

Prosiding Konferensi Internasional

IDENTITAS KONFERENSI		
1	Nama Konferensi	International Conference on Natural and Social Science Education
2	Website Jurnal	https://conference.uhamka.ac.id/lic/
3	Status Makalah	Accepted

4	Jenis Jurnal	Internasional
4	Tanggal Submit	14 November 2021
5	Bukti Screenshot submit	

BAB VII

RENCANA TINDAK LANJUT DAN PROYEKSI HILIRISASI

Rencana tindak lanjut dan proyeksi hilirisasi adalah sebagai berikut

Hasil Penelitian	1. Mayoritas tingkat literasi kesehatan responden adalah 83% memadai. 2. Kebiasaan diet yang di lakukan oleh guru kebanyakan memilih mengkonsumsi buah (buah segar, buah kaleng ataupun frozen), diluar jus 1X/mg sebanyak 36 orang. Sedangkan yang mengkonsumsi sayur (salad sayur, gado-gado, karedok, sayur mentah atau dimasak 1X/hari sebanyak 35 orang. Sedangkan guru yang mengkonsumsi Sereal berserat tinggi atau roti gandum, termasuk oatmel dan kacang-kacangan 1X/mg sebanyak 52 orang. 3. Tingkat stress guru selama menjalankan tugas pada saat pandemi umumnya responden mengaku stress rendah sebanyak 43 orang, yang mengaku tidak stress sama sekali sebanyak 18 orang sedangkan yang mengaku stress sangat tinggi sebanyak 1 orang. 4. Tingkat aktifitas fisik responden yang melakukan aktifitas 1-3X/minggu terbanyak melakukan aktifitas berat dengan skor 121 sedang aktifitas sedang memiliki skor 96. Responden yang melakukan aktifitas 4-7X/mg terbanyak melakukan aktifitas ringan memiliki skor 67. Tidak ada responden yang melakukan aktifitas 8X/mg baik aktifitas ringan, sedang maupun berat.
Rencana Tindak Lanjut	Hasil penelitian ini akan ditindaklanjuti dengan intervensi perubahan perilaku untuk pencegahan penyakit tidak menular.

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Lampiran 1 Luaran Utama

Teachers Health Literacy in Muhammadiyah Schools in Jakarta Provinces and Healthy Behavior

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Abstract (300 words max)

1) **Background**: Health literacy (HL) is defined as the knowledge and competences of people to meet the complex demands of health in modern society; 2) **Method**: The research design is cross-sectional, which collects the independent and dependent variables at a time. Research respondents were teachers from Muhammadiyah schools in DKI Jakarta Province which consisted of elementary, middle, high, and vocational schools. The sampling technique was carried out purposively, with a total sample of 141 teachers; 3) **Results**: that the physical activity, respondents who did the most activities 1-3X/week did strenuous activities with a score of 121 while moderate activities had a score of 96. Respondents who carried out activities 4-7X/mg the most did medium activities had a score of 67. and 4) **Conclusion**: This study indicated that the health literacy of teachers during pandemic COVID-19 is high for searching and understanding information.

Keywords: DKI Jakarta, health literacy, Health Promoting School , I-HELP, Teachers.

1. Introduction

The COVID-19 pandemic and public health measures affected all populations' health and well-being (1). School closures are based on evidence and assumptions from influenza outbreaks that they reduce social contacts between students and therefore interrupt the transmission (2). The Health Promoting School (HPS) approach is one of the WHO Global initiatives which strengthens their capacity to promote healthy learning, living and working conditions. The HPS will also influence all members of the schools, including students, teachers, school staff, and parents (3). WHO defines six main pillars of HPS: healthy school policies, a healthy school physical environment, a healthy school social environment, health skills and education, connectedness with parents and the school community, and access to health services in schools and madrasah(4).

The health-promoting schools' program in Indonesia is under a joint decree of four Ministers about Coaching and Development Health Promotion in School and Madrasah. They are Minister of Education and Culture, Minister of Health, Minister of Religion, and The Minister of Internal Affairs of The Republic of Indonesia. The regulation aims to improve student's quality of education and learning achievement by strengthening clean and healthy living behavior and creating a healthy educational environment, thus enabling harmonious growth and development of students(5).

The Islamic Values-Based Health Promotion Program (I-HELP) is a follow-up form of SEAMEO Recfon's collaboration with Muhammadiyah University Prof Dr. HAMKA at the end of 2019. The program, which was run in six assisted schools in Muhammadiyah schools in the DKI Jakarta Province, received assistance to run the program in schools. Schools received socialization about the I-HELP program and continued with follow-up discussions for the commitment of school leaders and teacher capacity building in implementing school health programs for school residents.

Health literacy (HL) is defined as the knowledge and competences of people to meet the complex demands of health in modern society(6) It represents the personal knowledge and competence that accumulate through daily activities, social interactions, and across generations. Intimate knowledge and competence are mediated by the organizational structures and resources that enable people to access, understand, appraise, and use information and services to promote and maintain good health and well-being(7).

2. Method

The research design is cross-sectional, which collects the independent and dependent variables at a time. Research respondents were teachers from Muhammadiyah schools in DKI Jakarta Province which consisted of elementary, middle, high, and vocational schools. The sampling technique was carried out purposively, with a total sample of 141 teachers. Data collection was carried out in July-August 2021. The measuring instrument used was a questionnaire distributed via google-form. Respondents answered the questions after first reading the informed consent. Ethical

clearance for this study was obtained from the Ethics Commission of Universitas Muhammadiyah Prof Dr. HAMKA (Ref No 03/21.07/01246).

Interviewer-assisted questionnaire was used. The first part of the questionnaire assessed socio-demographic variables and past medical illness. For health literacy, a three-level health literacy model was developed by Suka et al. (2013) which included five items for functional HL, five items for communicative HL, and four items for critical HL [15]. Participants were required to rate each item on a 5-point Likert scale ranging from 1(strongly disagree) to 5 (strongly agree).

3. Results and Discussion

3.1. Results

Table 1. Characteristic of Respondent

Variable	Frequency	Percentage
Sex		
Female	100	70,9
Male	41	29,1
Age		
Young	83	58,9
Old	58	41,1
Length of Working		
Junior teacher	87	61,7
Senior teacher	54	38,3
National Assurance		
None	44	31,2
Active assurance	97	68,8
Vaccined		
None	21	14,9
One or two dose	120	85,1

Table 1 show that the analysis of the results describes that the majority of respondents are female as much as 70.9% and male as much as 29.1%. Based on the age of the respondents, 58.9% of the respondents were young and 41.1% were old. Based on the category of length of work, it was dominated by new teachers as much as 61.7% and old teachers as much as 38.3%.

Table 2. Distribution of Health Literacy Item

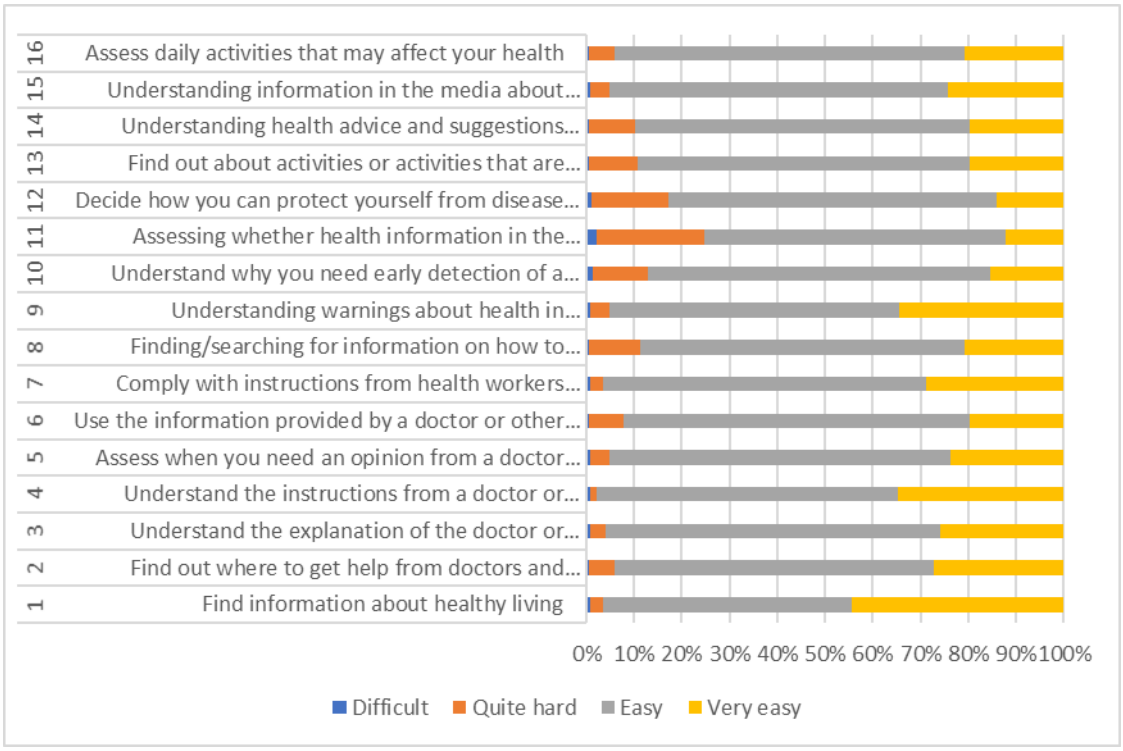

Table 3. Categories of Health Literacy

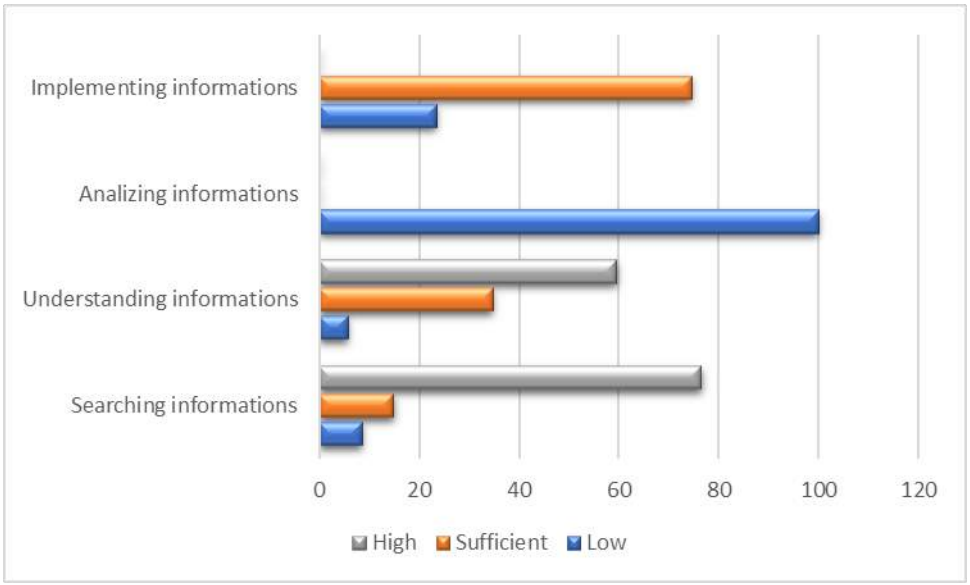

Table 4. Healthy Behavior

Physical Activity	1-3X/week	4-7 X/week
Low (gardening, house cleaning, walk, voulantary activities).	68	67
Moderate (jogging, biking, swimming, yoga, etc).	96	41
High (running, aerobic, football, basketball, etc).	121	19
Diet	**1-3 X/week**	**1-2 X/day**
Salad, gado-gado, fruit and vegetables	66	75
Frozen fruit	57	84
Oatmel, sereal, nuts	79	62

Table 4 show that the physical activity, respondents who did the most activities 1-3X/week did strenuous activities with a score of 121 while moderate activities had a score of 96. Respondents who carried out activities 4-7X/mg the most did medium activities had a score of 67. There were no respondents who did activity 8X/mg either light, moderate or high activities. Based on the dietary habits carried out by the teachers, most of them chose to consume fruit (fresh fruit, canned or frozen fruit), excluding juice 1X/mg as many as 36 people. Meanwhile, 35 people consume vegetables (vegetable salad, gado-gado, karedok, raw or cooked vegetables 1X/day. While teachers consume high fiber cereals or whole wheat bread, including oatmeal and nuts 1X/mg as many as 52 people.

1.2 Discussion

Limitations related to the sample were present.

4. Conclusion

This study indicated that the health literacy of teachers during pandemic COVID-19 is high for searching and understanding information. But, low in analyzing it. Health promotion programs, especially those based on Islamic values, can be strengthened to increase the capacity of teachers to improve health literacy.

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Conflicts of Interest: The authors declare no conflict of interest.

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Lampiran 2 Luaran Tambahan

The Teacher's Self-Rated Health in Muhammadiyah Schools Jakarta Province

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Abstract. Self-rated health (SRH) is a simple, easy-to-measure indicator of general health also the best predictor of service utilization, cost, and mortality. Moreover, it is a valid and reliable measurement, notably for those who do not have cognitive impairment. The aim of this study is to find the determinant fo Self-Rated Health of teachers in DKI Jakarta, Province. The research design is cross-sectional, which collects the independent and dependent variables at a time. Research respondents were teachers from Muhammadiyah schools in DKI Jakarta Province which consisted of elementary, middle, high, and vocational schools. The sampling technique was carried out purposively, with a total sample of 141 teachers. Data collection was carried out in July-August 2021. the distribution of self rated health of respondent. The distribution of respondents who are in poor SRH is 2% and good SRH is 2%. Women are 2,373 more at risk of being in poor SRH compared to men. Respondents who do not have BPJS have a risk of 2,405 being in poor SRH compared to those who have BPJS.

Keywords: self-rated health, teachers, DKI Jakarta

1. Introduction

COVID-19 has put multiple stresses on people's lives. Starting from fears of contracting COVID-19, worrying about dying and losing family members and friends to stress due to being laid off and experiencing a decrease in income. On the other hand, media reports constantly reporting on the numbers and circumstances of the sick and dead add to the fear and stress. So that people who did not experience anxiety or depression before the pandemic became excessively worried and depressed during the pandemic(20) DKI Jakarta is the province with the highest number of COVID-19 infections in Indonesia. The number of infections in July 2021 cumulatively, there were 814,653 cases with 3,327 new cases(21).

The number of civil servant teachers in DKI Jakarta is the highest in DKI Jakarta, which is 33,037(22). Meanwhile, the Muhammadiyah School in DKI Jakarta is a private school under the management of the Basic Education Council and the Middle Board of the Muhammadiyah Region. There are 89 schools in total, ranging from elementary to high school levels(23).

The level of anxiety and depression of the Indonesian population during the COVID-19 pandemic at the end of May 2020 was 55% experiencing anxiety disorders and 58% experiencing depression. Populations who are vulnerable to anxiety and depression are women, young people (20-30 years old), people with low education, high school or less, residents who have been laid off/laid off/unemployed or decreased in income and residents who are located in areas with cases of COVID-19(24).

Self-rated health (SRH) is a simple, easy-to-measure indicator of general health also the best predictor of service utilization, cost, and mortality. Moreover, it is a valid and reliable measurement, notably for those who do not have cognitive impairment (25). Several population studies have shown that indicators of physical health status, such as chronic health problems, have the strongest association with SRH. Schools as one of the arrangements in health promotion programs in institutions are important in the formation of healthy behavior and reducing risky behavior.

Health promotion in schools is one of the WHO concepts which is one part of a health promotion strategy in various settings. The success of health promotion efforts in many countries has been shown to have a positive impact on changes in individual, school environment and also public health status including various problems in schools, such as not smoking, healthy eating, physical activity, and others (26,27). SRH also called self-reported health, self-rated health, or perceived health) refers to a single question such as "in general, would you say that your health is Very poor, poor, fair, good or very good? and a survey questionnaire in which participants assessed various dimensions of their health. This survey technique is commonly used in health research for its ease of use and power in measuring health. Indonesia has the fourth largest education system in the world with a teacher population of 2.7 million people and 45.3 million students.

The role of teachers is important on health promotion program at school. The WAVE study intervention in UK found that teachers felt restricted in the resources that could be devoted to achieve and encourage the obesity prevention at school. But, the interventions should be hands-on, easy to manage and flexible to the needs of individual schools(28)

2. Method

The research design is cross-sectional, which collects the independent and dependent variables at a time. Research respondents were teachers from Muhammadiyah schools in DKI Jakarta Province which consisted of elementary, middle, high, and vocational schools. The sampling technique was carried out purposively, with a total sample of 141 teachers. Data collection was carried out in July-August 2021. The measuring instrument used was a questionnaire distributed via google-form. Respondents answered the questions after first reading the informed consent. Ethical clearance for this study was obtained from the Ethic Comission of Universitas Muhammadiyah Prof Dr HAMKA (Ref No 03/21.07/01246).

3. Result

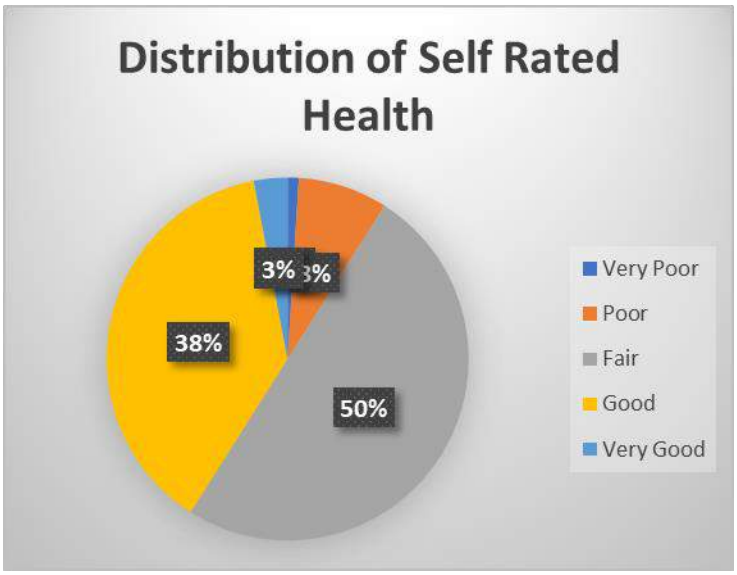

Figure 1. Self Rated Health

Figur 1 show the distribution of self rated health of respondent. Most of them (50%) perceived fair condition. The other (8%)poor and (1%) very poor conditon. All of those categories (59%) then put in one group, poor SRH. All of the 38% respondent rated that they were good condition and 3% in a very good condition. The last two categories then count in group Good SRH, which is 41%.

Table 1. Characteristic of Respondent

Variable	Frequency	Percentage
Sex		
Female	100	70,9
Male	41	29,1
Age		
Young	83	58,9
Old	58	41,1
Length of Working		

Junior teacher	87	61,7
Senior teacher	54	38,3
National Assurance		
None	44	31,2
Active assurance	97	68,8
Vaccined		
None	21	14,9
One or two dose	120	85,1

Table 1 shows that the majority of respondents are female as much as 70.9% and male as much as 29.1%. Based on the age of the respondents, 58.9% were young respondents and 41.1% were old. Based on the category of the length of work, it was dominated by new teachers as much as 61.7% and old teachers as much as 38.3%. Respondents who have BPJS are 68.8% and those who do not have BPJS are 31.2%. Based on the vaccine category, the majority of respondents had already vaccinated as much as 85.1 and those who had not been vaccinated were 14.9%. What if you look at the health conditions (self-rate health) that have high health conditions as much as 41.1% and have low health conditions as much as 58.9%.

Table 2. Bivariate Analysis

	Self-rated health							
	Poor SRH		**Good SRH**		**Total**		**PR**	
	n	**%**	n	**%**	n	%	**95% CI (min-max)**	**P-Value**
Sex								
Female	65	65	35	35	100	100	2,373	0,021
Male	18	43,9	23	56,1	41	100	(1,131-4,979)	
Age								
Old	38	65,5	20	34,5	58	100	0,623	0,180
Young	45	54,2	38	45,8	83	100	(0,312-1,246)	
Length of Work								
Junior Teacher	50	57,5	37	42,5	87	100	0,860	0,669
Senior Teacher	33	61,1	21	38,9	54	100	(0,430-1,719)	
National Assurance								
Not Active	32	72,7	12	27,3	44	100	2,405	0,024
Active	51	52,6	46	47,4	97	100	(1,109-5,215)	

Vaccined COVID-19								
Not yet	12	57,1	9	42,9	21	100	0,920	0,862
Vaccined	71	59,2	49	40,8	120	100	(0,360-2,350)	

Table 2 show the data above indicate that young respondents have poor health conditions than young people. The distribution of women were 65% in poor SRH, and 35% in good SRH. Women are 2,373 more at risk of being in poor SRH compared to men. Based on the results of the analysis above, P-Value > 0.05, it can be concluded that there is no relationship between health conditions and the age factor with a value of 0.180. The data shows that the majority of new teachers' health conditions are lower than those of old teachers. While the high health conditions are generally new teachers compared to old teachers.

Based on the results of the analysis above, P-Value > 0.05, it can be concluded that there is no relationship between health conditions and length of work with a value of 0.669. The data above shows that respondents who have low health conditions do not have BPJS as much as 72.7% and respondents who have high health conditions and do not have BPJS as much as 27.3%. Respondents who have BPJS with poor SRH are 52.6% and high health conditions are 7.4%. Based on the results of the analysis above, P-Value <0.05, it can be concluded that there is a relationship between health conditions and BPJS ownership (p-value 0.024). Respondents who do not have BPJS have a risk of 2,405 being in poor SRH compared to those who have BPJS.

The data above shows that the majority of respondents who have poor SRH have been vaccinated as much as 59.2% and respondents who have low health conditions have not vaccinated as much as 57.1%. Respondents who have not been vaccinated with high health conditions are 42.9% and 40.8% have been vaccinated. Based on the results of the analysis above, P-Value > 0.05, it can be concluded that there is no significance relationship between health conditions and vaccined status (p-value 0.862).

Discussion

Good health conditions are the key to being able to carry out activities comfortably. Family support is one of the main foundations for maintaining physical and spiritual health (29). Based on research by Abidin et al (2020) that there is a relationship between the function of maintaining family health and preventing the transmission of COVID-19(30). The function of health maintenance includes aspects of environmental health, health of physical needs, health of nutrition and health of personal hygiene. This is where the level of family responsiveness is maintained which will affect family behavior in solving family health problems.

During this pandemic, vaccines are the first line of defense against COVID-19. based on a survey of COVID-19 vaccine receipts in 2020 in Indonesia, 64.8% (n=112.888) have received the vaccine, while 7.6% have refused. (n=112.888). When viewed, the percentage of vaccines based on female sex was 65% (n=53,149) and 65% for male (n=56,248). While the recipients of the covid-19 vaccine according to BPJS insurance users were 66% (72,374)(31).

The public's feeling of doubt in following the vaccine is a big challenge to increase acceptance. People need the most reliable source of information about the COVID-19 vaccine. Should prompt further study of the root causes and need for awareness campaigns. Interventions should involve reinvigorating confidence in national health authorities and structured awareness campaigns that offer transparent information about the safety and efficacy of vaccines and the technology used in their production.(32).

Every teacher is required to always provide maximum learning even with all the limitations. Without denying the problem of teachers in carrying out online learning is technology and information.

This challenge becomes its own ease and difficulty for every teacher in the learning process. With the hope that it will not affect the teacher's own health condition(33). Flexible learning processes in different places made Sadikin and Hamidah (2020) conclude in their research to overcome the effectiveness of distance learning teachers and lecturers can provide motivation so that the spirit of independent learning is far from supervision(34).

Based on Gallagher (2016) several factors that cause a person's SRH to get worse when associated with several nutritional serological measures, health conditions, and biomarkers of exposure to toluene, cadmium, lead, and mercury. Also race/ethnicity, income, education, access to health care, food security, exercise, poor mental and physical health, use of prescription drugs, and various health outcome measures (e.g., diabetes, thyroid problems, asthma)(35). Based on the results above, older people are more likely to have poor health conditions. This is in line with the research of Mildestvedt et al (2018) that there is an influence of the factor of increasing age with deteriorating health conditions. Sleep problems, somatic health complaints, and unmet needs in interpersonal relationships are all associated with decreased SRH. These factors are all modifiable and can be managed both within and outside the primary care setting to improve SRH(36).

Conclusion

The distribution of respondents who are in poor SRH is 2% and good SRH is 2%. Women are 2,373 more at risk of being in poor SRH compared to men. Respondents who do not have BPJS have a risk of 2,405 being in poor SRH compared to those who have BPJS.

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