

Relationship between Health Knowledge and College Students' Healthy Lifestyle in East Jakarta

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ABSTRACT

Students as agents of change should know about health and maintain a healthy lifestyle. In reality, many college students know about health but do not live a healthy lifestyle. The purpose of this study was to determine the relationship between knowledge about health and healthy living behavior among college students in East Jakarta. The research was conducted using a quantitative approach with a correlational method using the Pearson Product Moment correlation technique. A sample of 100 college students was selected using an incidental sampling technique on students in East Jakarta. The Likert scale model was used to measure Knowledge of Health and Healthy Lifestyles. Items validity for the Health Knowledge scale has a limit of $r > 0.2565$, and for the Healthy Lifestyle scale has a limit of $r > 0.256$. The reliability coefficient (α) for the health knowledge scale is 0.862 out of 51 items, while for the Healthy Lifestyle scale is 0.910 out of 58 items. The results showed that the correlation coefficient between knowledge about health and a healthy lifestyle is 0.620 with a significance level or a confidence level of 0.01 (1%). The findings of this research indicate that there is a relationship between knowledge about health and a healthy lifestyle.

Keywords: college students, health, healthy lifestyle, knowledge, knowledge of health.

Introduction

Health is an important aspect of human life. Health knowledge mediates the relationship between health consciousness and health importance; and anxiety moderates and increases the relationship between health consciousness, health knowledge, and health importance. Health Knowledge refers to an individual's storage of information about preventive healthcare behaviors (Rodrigues, and Borges, 2022). As Cambridge University Press and Assessment (2023) says knowledge is facts, information, and skills acquired by a person through experience or education; the theoretical or practical understanding of a subject. Whereas Notoatmodjo (2012) explains knowledge as the result of "knowing" and this occurs after people sense a certain object. According to Taylor and Stanton (2021), even though there are so many high school graduates each year, they have very little health knowledge which includes drug prescriptions, health risk factors, and interpreting test results from doctors.

Health is a state of positive physical, mental, and social well-being – not just the absence of injury or disease – that varies over a long period (Sarafino & Smith, 2016). Meanwhile, according to The WHO constitution (World Health Organization, 2023): "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." An important implication of this definition is that mental health is more than just the absence of mental disorders or disabilities. The National Library of Medicine (2012) defines Health Knowledge as knowledge, attitudes, and health-related behaviors such as pathological or disease processes, prevention, and

treatment. This term refers to both non-health workers and health personnel. Furthermore, in this study, the definition of health knowledge refers to the definition above.

According to Brannon, Updegraff, and Feist (2018), attending college could be good for someone's health. The health benefits of the college appear after graduation. Part of the advantage may be intelligence, which predicts both health and longevity (Gottfredson & Deary in Brannon, Updegraff, & Feist, 2018). As agents of change, college students should have health knowledge and maintain a healthy lifestyle, however, in reality, many students know about health but do not live a healthy lifestyle. Preliminary studies on smoking behavior among Jayabaya University students show inconsistencies between knowledge about the dangers of smoking among students and their smoking behavior. Students know about the dangers of smoking and the adverse effects of smoking on health, but their knowledge is not in line with the expected attitudes and behavior.

College students often make unsupervised health-related decisions and (perhaps for the first time) bear the responsibility for those decisions (Lipnickey, 1988). Student lifestyles are more likely to follow trends that are developing in the current era of globalization. Like students nowadays, they prefer things that are instant, including fast food. In addition, due to changes in increasingly sophisticated technology, students spend more free time on social media, playing online games until midnight, or doing less useful other things, resulting in students being too lazy to do physical activities, not exercising enough, and not getting enough rest. even many students experience insomnia (Mi'raj, 2012).

College Students are people who study at people studying in college (Setiawan, 2023). According to Arnett (in Upton, 2012), this period is usually described as ranging from 18 to 25 years of age and is characterized by exploration and experimentation with lifestyle and career identities. The growing trend among young people to delay entry into Western society has given rise to the term "emerging adulthood" to describe the period between adolescence and adulthood. Arnett (in Upton, 2012) also describes that preparatory adults can focus on themselves because they have few duties or commitments to others (for example, not having children or elderly parents to care for). Preparatory adulthood is an age with many possibilities and many young people feel optimistic about their plans.

Ramadhany (2012) revealed that various diseases that now often attack humans are diseases caused by unhealthy lifestyles, including lack of exercise because they are too busy with work or because of hobbies with instant food. Therefore, they face illness, disability, and even death. Problems such as metabolic diseases, joint and bone problems, heart disease, hypertension, obesity, violence, and so on, can be caused by an unhealthy lifestyle. According to Taylor (2015), in America, many risk factors result from the way people live or behave. Some of the behavioral risk factors associated with health, include (1) Heart disease (smoking, high cholesterol, obesity, and lack of exercise); (2) Cancer (smoking, diet, environmental factors); (3) Stroke (high blood pressure, smoking, diabetes, high cholesterol, sedentary, obesity); (4) Injury from a road accident (not wearing a seat belt, etc.); and (5) Chronic lung disease (smoking, environmental factors).

The lifestyle of the average person includes many behaviors that are risk factors for disease and injury. Adults with a healthy lifestyle that includes exercising, eating a diet full of fruits and vegetables, not smoking, and not drinking too much, can expect to live 12 years longer than they should (Kvaavik in Sarafino & Smith, 2016). Each of these four behaviors increases the likelihood of a longer life. Health behavior is any activity that people engage in to maintain or improve health, regardless of their acquired health status or whether the behavior achieves that goal. Researchers have noted that a person's health status influences the type of health behavior they engage in and the affirmation of motivation for it (Kasl & Cobb; Parsons in Sarafino & Smith, 2016). Unsafe conditions threaten human health in almost any environment – in traffic, at home, at the workplace, and on the beach – resulting in massive amounts of illness, injury, and death every year.

In many cases, these health problems could have been avoided if the victim or others had used reasonable precautions. The results showed that during the Covid-19 pandemic, early and consistent government provision of health information likely reduced the initial severity of the pandemic in Africa but was not a panacea (Fitzpatrick, et.al., 2021).

In line with the results of Zakaria and Zainal Abidin's (2014) research on students showing that there were no significant results between knowledge and practice and selected types of a healthy lifestyle were detected as highly known and practiced. The barrier to practicing healthy life is identified among the students as time constraints, work burden, weak time management, and consciousness of a healthy lifestyle. Likewise, the research results of Sajwani, et.al. (2009), that the knowledge, attitudes, and practices of medical students in Karachi suggest that superior knowledge about healthy lifestyles does not necessarily result in better practices.

Research on junior high school students also showed results that were not much different. The results of the research by Chemperek, Zołnierczuk-Kieliszek, and Płowaś (2003), show that it is poor the realization of knowledge of healthy eating habits, especially among junior high school students including the family and the media. In girls, the lack of acceptance of their appearance was recorded, which resulted in the desire to lower body weight and to apply slimming diets.

The discrepancy between knowledge about health and a healthy lifestyle is explained in the theory of cognitive dissonance, the dissonance theory postulates that an underlying psychological tension is created when an individual's behavior is inconsistent with his or her thoughts and beliefs (Thompson, Schaefer, & Menzel, 2012). Festinger (1957) defines cognitive dissonance as a state of discomfort resulting from a discrepancy between two or more attitudes and between attitudes and behavior. Dissonance occurs when there is an opposite relationship, which is caused by the denial of one cognitive element against another, between cognitive elements within the individual. This opposite relationship occurs when there is denial between one cognitive element and another.

From the various research results and theories put forward by the experts above, it is concluded that research regarding the relationship between knowledge about health and healthy lifestyles is still interesting to research. Thus, the aim of this research is to find out whether there is a relationship between knowledge about health and healthy lifestyles among college students in East Jakarta.

Method

The method used in this research is correlational quantitative where the researcher wants to measure the relationship between the Health Knowledge variable and the College Students' Healthy Lifestyle variable. The conceptual definition of Health Knowledge is health-related knowledge, attitudes, and behaviors such as pathological or disease processes, prevention, and treatment. Aspects of Health Knowledge that will be used in measuring instruments are health-related knowledge, attitudes, and behaviors. Conceptual definition A healthy lifestyle is a way of life that reduces the risk of serious illness or premature death. Measuring tools are prepared using the aspects of nutrition, physical activity, resting habits, addiction, stress, and individual safety included in the definition used.

The population of this study was students from several universities in East Jakarta residing in East Jakarta. The sampling technique is incidental sampling. Data collection techniques using a Likert scale. This scale is a closed statement using four categories of answers, namely Strongly Agree (SS), Agree (S), Disagree (TS), and Strongly Disagree (STS). The scale has two kinds of items, favorable and unfavorable. Data analysis was performed to test the hypothesis using product moment correlation statistics from Karl Pearson.

The Health Knowledge scale measuring tool in the form of a questionnaire was tested directly on a sample of 100 students in East Jakarta. The rule for calculating item validity refers to the r count used with a significance level (α) of 0.01 (1%) of 100 research subjects ($N=100$), thus the r for the product moment is 0.2565. After being analyzed by conducting a validity test using the Pearson product-moment formula, 51 valid items were obtained with a limit of $r > 0.2565$ at $N=100$. Whereas on the Healthy Lifestyle scale, 58 valid items were obtained with an r count limit > 0 , with $N = 100$, and the remaining items were invalid or failed with an r count limit < 0.256 .

From the results of the reliability test, the reliability coefficient (α) for the Health Knowledge scale was 0.862 out of 51 items. The test results show that the reliability coefficient (α) has an r table, namely 0.2565. This means that the 51 items on this scale are consistent. From the test results, the reliability coefficient (α) for a healthy lifestyle scale was 0.910 out of 58 items. The test results show a reliable coefficient (α) in has r table which is 0.1966. This means that the 58 items on this scale are consistent.

Results

The results of calculating the correlation between knowledge about health and a healthy lifestyle are 0.620 with a significance level or with a confidence level of 0.01 (1%), thus it can be concluded that there is a significant relationship between knowledge about health with a healthy lifestyle. From these results, it can be seen that the p-value $<\alpha$ (α) is 0.01 (1%). So, H_0 is rejected and H_a is accepted. This means that there is a significant relationship between knowledge about health and a healthy lifestyle for students in East Jakarta. The higher the health knowledge, the higher the healthy lifestyle (See Table 1.).

Tabel 1.

Correlation of knowledge about health with a healthy lifestyle

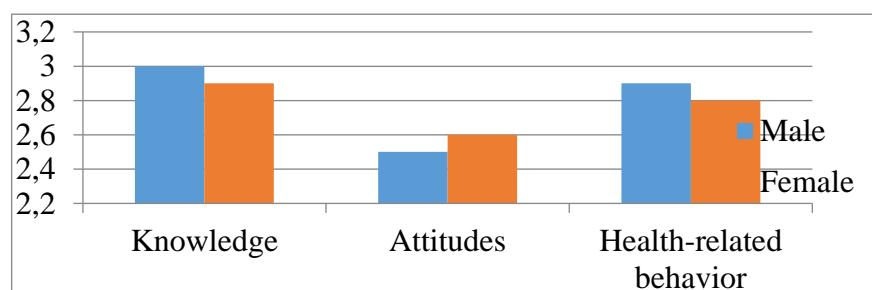
		Health Knowledge	Healthy Lifestyles
Health Knowledge	Pearson Correlation	1	.620**
	Sig. (2-tailed)		,000
	N	100	100
Healthy Lifestyles	Pearson Correlation	.620**	1
	Sig. (2-tailed)	,000	
	N	100	100

**. Correlation is significant at the 0.01 level (2-tailed)

Researchers also analyzed the aspects of Health knowledge and healthy lifestyle based on demographic data, as an additional result of the main study. Here are the results:

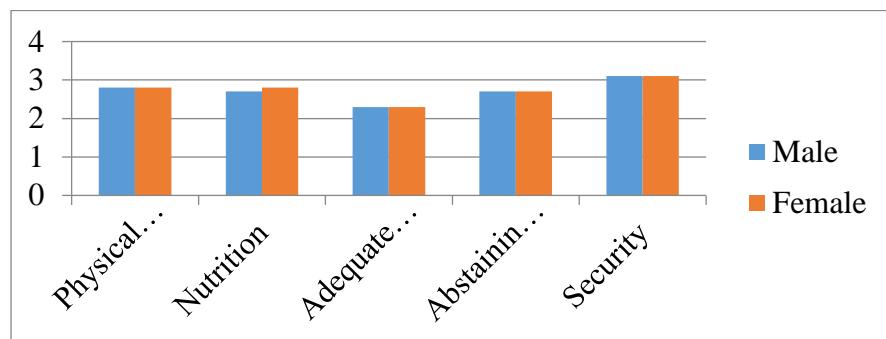
Figure 1.

Sample description by gender Health Knowledge



The results showed that the aspects of knowledge about health in male and female students were higher than attitudes toward health and health-related behavior. Knowledge and behavior related to health in male students is higher than in female students, but in attitudes towards health female students have higher results than male students.

Figure 2.
Sample description based on gender Healthy Lifestyle



In the results above, it was found that the healthy lifestyle practiced by male and female students was the same in almost all aspects, except for the nutritional aspect where female students had higher results than male students.

Figure 3.
Sample overview by age Knowledge of Health

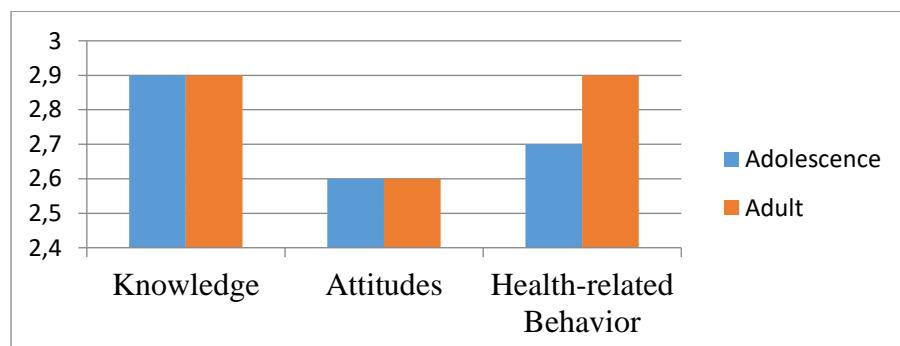
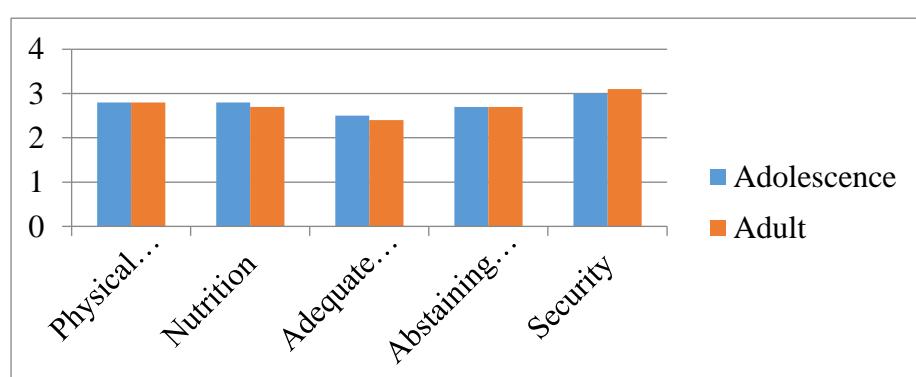


Figure 4.
Sample description based on age Healthy Lifestyle



From the above results, it was found that knowledge about health and attitudes towards health did not differ between students who were still classified as teenagers and students who had entered adulthood. However, in health-related behavior, it was found that students who have entered adulthood have better behavior.

The graph above shows that students who are adults are more concerned about safety to protect themselves from injury, compared to teenage students. Meanwhile, teenage students are better at maintaining nutrition and adequate rest than adult students. Meanwhile, in consuming substances, adolescents and adults have the same tendency.

Discussion

Knowledge about health with a healthy lifestyle influences a person's healthy behavior, in this study, there is a conformity of the research results with the established hypothesis. The results of this study are also in line with the results of previous research which discussed the same two variables as in research conducted by Wati (2013) on "The Relationship Between Awareness of Healthy Living and Self-Management with Healthy Behavior in Jonggring Salaka Nature-loving Students, State University of Malang"; where it was found that there was a positive relationship between awareness of healthy living and self-management with healthy behavior.

Health knowledge is important because it can encourage someone to control good living habits. Knowledge, attitudes, and behavior related to health will encourage students to adopt a healthy lifestyle for daily activities such as doing sports, eating a balanced nutritional diet, and getting enough sleep so that students can be fit and prevent illnesses that can interfere with their activities as students. Knowledge alone did not reduce all risky activities, especially gatherings within other people's homes. Even early in the pandemic, income loss or stress were commonly reported. Our results suggest that early and consistent government provision of health information likely reduced the initial severity of the pandemic in Africa but was not a panacea (Fitzpatrick, et.al., 2021).

Based on the data obtained from the analysis of research items, the knowledge about health possessed by students in East Jakarta is high. Students generally have knowledge about health obtained from formal and non-formal information. One of the factors that influence this is knowledge and education, where students understand more information related to health such as pathology, things that can prevent disease, treatment, and also from daily activities that support people to maintain health. Research by Brener and Gowda (2001) shows that those who reported receiving health information from their colleges or universities were likely to be "traditional" college students.

The results also show that adolescents tend to adopt a healthy lifestyle compared to adults. The strongest determinants of adolescent health worldwide are structural factors such as national wealth, income inequality, and access to education. Furthermore, safe and supportive families, safe and supportive schools, together with positive and supportive peers are crucial to helping young people develop to their full potential and attain the best health in the transition to adulthood (Viner, et.al., 2012).

The results showed that the aspects of knowledge about health in male and female students were higher than attitudes toward health and health-related behavior. This is possible because of the massive amount of information that today's young generation obtains via the internet. Advances in information technology have been used by students to obtain health information. Nearly 60% of US colleges provided health resources on their websites, 49% provided health information, 48% provided links to outside resources, and 28% provided interactive Web-based health programs. The most common topics of Web-based health resources were mental health and general health (Jue, & Metlay, 2011).

Knowledge and behavior related to health in boys is higher than in female students, but in attitudes towards health female students have higher results than male students. The results showed that male and female adolescent smokers accounted for 69.2% and 30.8% of the sample (Eo, Lee, & Kim, 2023).

In the results above, it was found that the healthy lifestyle practiced by male and female students was the same in almost all aspects, except for the nutritional aspect where female students had higher results than male students. The results of Carson's research (2022) show that the difference in average height by gender is decreasing. This indicates that women's nutritional consumption is getting better so that they can achieve almost the same height as men.

From the results above it was found that knowledge about health and attitudes towards health did not differ between students who were still classified as teenagers and students who had entered adulthood. However, in health-related behavior, it was found that students who have entered adulthood have better behavior. It's the same with concern for safety to protect yourself from injury. Darling, et., al. (2011) reported that most injuries in the youth hockey program studied were the result of intentional contact, and were generally more severe.

Meanwhile, teenage students are better at maintaining nutrition and adequate rest than adult students. This habit seems to be related to eating habits when living at the parent's house and when students have to live separately from their parents. According to Wimpenny, et. al., (2018), leaving home and leaving education are associated with negative changes in diet and may present opportunities for effective diet and obesity intervention.

Consuming substances, adolescents, and adults have the same tendency. Higher alcohol intake in early adulthood was associated with a higher risk of CRC (colorectal cancer), later in life that was not driven by early adulthood smoking and midlife alcohol intake, pointing to early adulthood as a plausibly susceptible window for CRC development (Hur, et., al., 2021).

Conclusion

The results showed that: "There is a significant positive relationship between knowledge about health and a healthy lifestyle among college students in East Jakarta." The results of this study can be used as supporting data to sharpen indicators of aspects of health knowledge; broaden the subject of research so that research results can be generalized to a wider population, the results of this study can be a reference for actors who have an interest in health promotion, so that students can maintain health by adopting a healthy lifestyle, preventing disease by reducing the risk of serious illness.

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