



Children's Physical Health and Implementation of Post-Pandemic Healthy Behavior

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Abstract

Purpose – The physical condition of children needs to be analyzed in the field, whether COVID-19 affects their health or not, and how to implement post-pandemic healthy living behaviours in the school and community environment so that children are truly safe when hanging out with their friends.

Design/methods/approach – This research uses a case study qualitative method by collecting data using observation, interviews, and document analysis. Source triangulation is a means to assist in the validity of the data.

Findings – The results showed that the children's physical health began to improve. It is supported by the current improvement in children's health, as well as free physical activity that can be carried out at school or in the community. In addition, a COVID vaccine helps the child's immune system to be more robust against disease. The implementation of clean and healthy living behaviours in schools and the community is very supportive, as evidenced by hand-washing equipment in every corner of the house and school.

Research implications/limitations – The limitations of this study are the narrow research subjects, so general conclusions cannot be drawn. However, the research results can be stakeholder input to invite the public to continue implementing health protocols.

Practical implications – The results show field findings found a decline in the prokes provision of infrastructure for clean and healthy living behavior in schools and the community.

Originality/value – This study proves that young children are far away from COVID-19. It is proven at home and school. Many children are in good health and fit and doing everyday activities.

Keywords: Post COVID-19 pandemic; Children's Physical Health; Healthy behavior

Paper type: Research paper

Introduction

The improve the quality of life so that you do not get sick quickly, you need to take small steps such as eating nutritious food, exercising, and maintaining health (Hotima, 2020; Nasiatin et al., 2021; Susanto et al., 2016). The reality today is that many people have declined in maintaining their health, and good habits that used to be often decreased. Public awareness about a clean and healthy lifestyle is now slowly changing to how it was before the pandemic (Faradila, 2022). A clean and healthy life should continue to be implemented because, besides COVID-19, many infectious diseases will still attack children. It needs to increase applying a clean and healthy lifestyle to avoid all kinds of diseases. A clean, healthy lifestyle is essential for every human (Parra Carriedo et al., 2020). Because these habits invite our bodies to eat healthy and balanced food, sleep regularly, take care of the environment, not consume alcohol, etc.

On the other hand, physical health is a significant factor in children's development because, with a healthy physique, children can carry out any activity anywhere. Positive cases of COVID-19 in early childhood were recorded at 12.8% or around 351,336 in July 2021. at the same time, the death toll reached 777 people. The highest percentage of deaths was in the 0-2 year age group, followed by 16-18-year-olds and 3-6 year-olds in 5 provinces, namely DKI Jakarta, West Java, East Java, Central Java, and D.I. Yogyakarta (Amri, 2021). With this number, it is a warning for all parties to always look after and prioritize children because children are the future and the group most at risk during this pandemic. The Indonesian state has not been completely freed from the COVID-19 pandemic. There are still several positive cases in each province, meaning the people of Indonesia must not be careless and always follow health protocols. The government has made several efforts, including vaccines, implementing health protocols, and imposing restrictions on community activities. The three breakthroughs yielded significant results in October in Lampung Province. It is permissible to conduct limited face-to-face learning (Barus, 2021; Elyazar et al., 2011).

The implementation of limited face-to-face meetings in Lampung Province for schools started on October 3, 2021, in various areas of Lampung Province. Limited face-to-face learning activities have been carried out in Indonesia in 514 districts/cities and 417 regions in the enforcement of restrictions on community activities level 1-3 areas. According to the Ministry of Education, Culture, Research and Technology, if counted, 540,000 schools, or around 91%, are allowed to do limited face-to-face learning, both at the early childhood education, Basic Education, and Secondary Education levels. With the implementation of limited face-to-face learning, the government should pay more attention to readiness schools, especially in Early Childhood Education, in dealing with limited face-to-face learning. It means that with the implementation of limited face-to-face learning, early childhood will meet their peers at school and interact without any distance. Besides that, do not let limited face-to-face learning become one place for spreading COVID to children. We all know that early childhood cannot be separated from playing because it has become a habit every hour of the day, even every minute.

Fulfilling children's rights needs to be a top priority in handling a pandemic, both from the assumption of food and other health. The involvement of all parties is significant to keep children healthy when limited face-to-face learning is running. One of the regulations related to limited face-to-face learning is health control. Health is divided into social, mental, physical and environmental health (Dewi, 2012; Stellman et al., 2008). Physical health for children needs to be maintained because physical health is a priority for children to be active. Physical health is a healthy body and avoiding disease (Adliyani, 2015). Physical health and lifestyle greatly help the development and growth of children. A healthy lifestyle, namely consistently applying good habits in creating a healthy life and avoiding bad habits that can interfere with health, must manage a healthy and balanced diet and regular physical activity (Tumiwa-Bachrens, 2018). When the child is at school later, the child will hold and even attach limbs in every game or corner of the room. At that time, the child will interact with friends whom we do not know their peers are or are experiencing pain. The indications that a child has COVID are flu, fever, dry throat, and coughing (L. Amalia et al., 2020; Brüssow & Brüssow, 2021). This warning needs to be given

to the community, school principals, and teachers so that they understand the symptoms experienced by children and can choose which children may go to school and which children may not. Schools must strictly implement behaviour and live a healthy life so that schools do not become a place of contamination with COVID-19, bearing in mind that children cannot be separated or must be physical distancing at school.

Several studies examining post-pandemic learning have been carried out by many researchers (Adhariah, 2018; Elshafey & Alsakhawi, 2022; Henning et al., 2022; Julianto, 2016; Krissanthy et al., 2020; Maden et al., 2022; Mulya, 2020; Munipiddin et al., 2018; Pezoa-Fuentes et al., 2023; Sobarna et al., 2020). research explains that learning in post-pandemic schools has not been thoroughly carried out 100% in schools because, considering that the COVID-19 pandemic still exists, there are no new policies regarding implementing learning fully in 2021. After 2022, face-to-face learning will be allowed to be completed. In addition, research on the behaviour a lot of clean and healthy living after the pandemic has also been carried out (Aini & Sriasih, 2020; Anggraini & Hasibuan, 2020; Douglas et al., 2021; Karo, 2020; Khairul Anam, 2016). The research revealed that someone must be implemented the behaviour of living clean and healthy because healthy behavior living is robust evidence for tackling the spread of the COVID-19 virus to stabilize health. No research describes the physical condition of children after the pandemic and how the condition of school and community support in maintaining a culture of clean and healthy living after the pandemic, bearing in mind that COVID-19 will not completely disappear (Duarte, 2021). So there must be a strategy and support in schools and the community to keep children healthy. For this reason, researchers are interested in knowing current post-pandemic child health and how schools and the environment support it to implement behavior healthy lifestyles for children.

Methods

The research method used in this study is qualitative (J et al., 2015; Robert k Yin, 2019). The subjects used in this study were 25 teachers in district or city schools in Lampung province and 25 parents in villages/rural areas in the regency or city of Lampung province. This research was conducted for one month in the school and community environment of the district/city of Lampung province. Collect research data using observation, interviews, and document analysis. Data analysis techniques use data reduction, data display, and data verification for data validity using triangulation sources (John W. Creswell, 2017). The researcher presents Figure 1 of the data processing flow in this article.

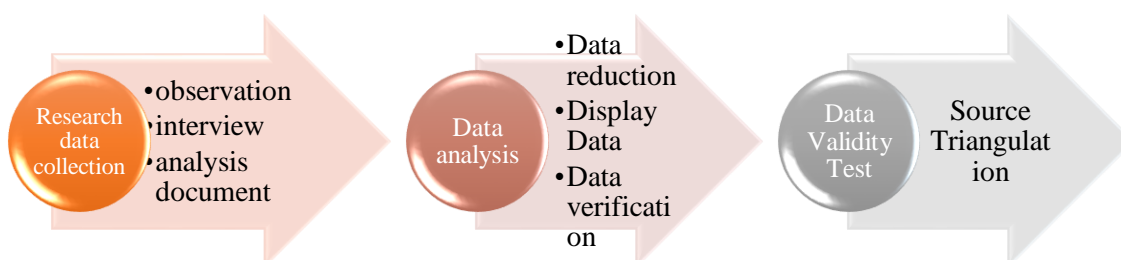


Figure 1. Data Processing Flow

Result and Analysis

The research results that the researchers conducted in the field were interviews with indicator questions about the effects of the COVID-19 pandemic on children's physical health. The effects of the COVID-19 pandemic on children's physical health, in general, affect children's physical health. According to the results of the interviews, it was observed that during the COVID-19 pandemic, there were various policies in schools. In this case, the teaching and learning process was not carried out face-to-face, so there was minimal interaction. Children tend to be more

passive and less interactive, so using gadgets as a supporting medium also influences children's activity in socializing. Children become more interested in their gadgets than in playing outside. Children become less responsive and lack empathy. Also, care about the environment. Children prefer to be alone and engrossed in their gadgets. Similar to how the lack of movement caused by learning media contributes to an unfit and unhealthy body in children.

Meanwhile, from the results of interviews conducted in communities where the majority of the environment is in villages, some parents concluded that the pandemic did not affect the physical condition of the child, regarding the physical development during the pandemic for children, physically the child's development was normal like children in general. Their growth was good, and also good physical development. Every day children are allowed to interact with their surroundings and be able to adjust to their peers. Even though it is a pandemic, Most parents do not prevent children from playing and interacting with their friends but still limit playing time.

In contrast to the interview statements conducted at school, The existence of a pandemic affects the physical health of children at school. The activity that is usually carried out becomes limited in carrying out physical activity at school due to a reduction in activities due to online learning and a reduction in activities in carrying out physical activities such as the elimination of swimming, gymnastics and sports activities at school. The goal is to protect children from the spread of this virus. However, the occurrence of this pandemic has affected the physical health of children while at school, where schools are lacking in training children's gross and fine motor skills because learning is held online, which makes children less free to move outside the room, as well as for activities related to their friends. Supposed to give happiness, where the intended happiness can provide a support system for increasing the child's immunity to increase, but due to the existing pandemic situation, online here has become a means of maintaining children's health for the spread that occurs.

The results of interviews with early childhood education teachers stated that COVID-19 greatly affected children's physical health at school, as it is known that this COVID can be transmitted through the air. It is very influential because children will interact with their friends. Schools have started implementing face-to-face learning at school, but with strict health protocols, this must always be under the teacher's supervision. At school, some children do not feel comfortable wearing masks due to the heat, causing discomfort for children in learning activities. Activities outside the classroom are minimal. It is because there are fears that children can catch COVID from their friends even though they do not show signs of having COVID.

Meanwhile, the results of interviews with the community or parents who have children aged 4-6 years show that COVID-19 has a considerable impact. Even 10% of children's physical health in the community environment will be disrupted. One of the physical health problems for children during a pandemic is that this pandemic condition is complex for children to interact with, this disorder is experienced during a pandemic for those who are active enough to play outside with their friends and do many activities outside the home, but their movements are minimal. Based on the interview results, it was also conveyed by one of the community members or the child's parents that there was a difference in the physical health of children during the pandemic and before the pandemic. The child's physical health before the pandemic developed very well because he moved freely in the sense that the child freely socialized or easily interacted with friends at and outside of school.

However, on the contrary, after this pandemic, children's physical health did not develop properly, and the level of decline was quite large, namely in children's physical and motor aspects. Because children are limited in their space for movement or spend more time at home, it is tough to interact directly with their friends. This matter will make children stressed and very disturbed by daily activities. From a child's point of view, children's immunity is easily weak because they rarely do activities that produce sweat and are rarely exposed to sunlight.

The situation was also experienced at school. The results of interviews with teachers said that at the start of the coronavirus increase, children no longer went to school offline, but the teachers gave homework or assignments for children to study at home. In general, the symptoms that occur when exposed to the Coronavirus in children can be in the form of a cold cough such

as a cold which is generally mild and will heal on its own. Respiratory tract diseases also become dangerous for children when they attack the lungs, namely inflammation of the lungs or pneumonia. Symptoms of pneumonia are coughing, fever and difficulty breathing, characterized by fast breathing and shortness of breath. It is only a cough or a common cold, even if someone is sick. So there is no difference in children's physical health after exposure to COVID-19. However, the difference is in children's mental health. Namely, children get angry quickly and feel afraid to meet new people around them.

While the results of interviews with one of the people or the child's parents showed that there were differences in the physical health of children during the pandemic and before there was a pandemic in the community, it makes no difference for differences in health after the child is exposed to the naked eye, when the child has recovered/negative from the COVID virus, the child returns to normal before being exposed to COVID. They remain active in playing and studying, but their health returns normal. It is just that, in general, when they are infected, they experience much milder symptoms than adults and lower their immunity. Because in learning, there is something that is carried out at school even though it is not complete at school, so there is a slight delay in doing the assignment. If the child's condition is not healthy, such as doing assignments and not finishing at school, we will direct them to be taken home and done again at home until it is finished, even though slowly because of physical conditions that do not allow it, so we have to be patient waiting for the child to finish doing his assignment. If the child is sick and wants to go to school, we will still be waiting to complete his assignment. Sometimes some children know when they are sick but insist they want to go to school.

The conclusion from the first indicator question is that the obstacle to declining children's physical health is that children are not physically optimal due to restrictions on outdoor activities at school. Before the COVID-19 pandemic occurred, outdoor activities such as sports, gymnastics, outbound and other outdoor activities could be implemented effectively. Entirely and optimally different from the conditions during this pandemic, even study hours at school were reduced than usual. So this affects the child's health, and it can be seen from his face that he looks out of shape from an interview with Mrs Yuniar, a teacher at Kindergarten Nurul Islam district. Balik Bukit Lampung Barat stated that, in his opinion, the COVID-19 pandemic made health a top priority. In terms of a healthy lifestyle for early childhood while in the school environment during the COVID-19 pandemic. It was pretty efficient because of this pandemic. Children were required to wear masks and had to be more careful. Be careful in maintaining personal hygiene, such as wearing a mask, washing hands when coming to and from school, and teaching children to get used to a healthy lifestyle like now. It can be done through physical activity and consuming nutritious food, vegetables and fruits. In line with the opinion above, building a healthy lifestyle is quite efficient with the condition that the teacher is able for students to get used to a healthy and clean lifestyle in children during the COVID-19 pandemic. It can be done by reminding children to eat nutritious foods such as vegetables and fruit, exercising regularly and getting adequate rest, sunbathing every morning for about 10-15 minutes, washing hands with soap, and maintain personal hygiene.

Meanwhile, according to the public's view, the COVID-19 pandemic is quite effective in building a healthy lifestyle for children because, as we know, the existence of COVID-19 makes people have to maintain personal hygiene and maintain a healthy lifestyle to stay healthy and avoid COVID-19. So that the child's immune system is robust, parents pay more attention to the food that is given to the child, and the food that is given can also provide sufficient nutrition for the child, such as giving and ordering the child to eat vegetables and fruits more often. In line with these conclusions, this study's second indicator also concludes the interviews' results regarding implementing post-pandemic healthy living behaviours in the school and the community. The results at school show that every child adopts post-pandemic healthy living behaviours in the school environment because schools are starting to strictly adhere to Clean and Healthy Living Behavior (CHLB) in the New Normal era, which is now ongoing and continues to be carried out and has become a habit. This new standard can be fun for children, which means it is a challenge faced by schools, and we as teachers must be able to balance it with disciplined

readiness to apply healthy living behaviours with health protocols. The pandemic has been running for almost three years, which has created new habits for everyone, especially for early childhood, especially at home and at school, starting from small things, namely washing hand sanitizer in every situation, both before and after carrying out activities. Habits from home are also applied when children come to school, before and after playing, eating, and after school. The habit of washing hands at school is made five days a week.

By implementing healthy living behaviours by washing hands, children will be aware and accustomed to doing this. Implementing healthy living behaviors not only in the form of washing hands but healthy food nutrition to maintain body immunity has also begun to be implemented and activated to help the body immunity, such as consuming vegetables and fruit and drinking lots of water. The application of healthy living behaviors can be started by applying the behavioral habits of every child at school because, at school, children can be generalized with good habits in terms of maintaining children's health by washing hands, wearing masks, and bringing healthy supplies from home. Children interact with teachers and their peers at school, which is the primary goal of working together to build healthy lifestyles so all members of the school community can implement them. Adopting a healthy lifestyle is very important during a pandemic or post-pandemic. During a pandemic, children have been taught healthy living behaviours, which they can continue to apply until they learn in the school environment. Implementing healthy living behaviors must also be assisted by the role of parents at home so that the application between home and school is in line. Avoiding the spread of the virus during a pandemic must be accustomed to living a healthy life. Every child, even though they have different habits from home, but when they go to school, they must be able to follow the instructions given by the teacher. With teachers who help implement new behavioral habits, especially healthy living, children will always follow and commit to maintaining an inseparable life. Even though not all children can implement healthy living behaviors at school, most can properly implement healthy living behaviors at school. Children have started to understand and understand the existence of viruses and germs that can cause disease, which viruses and germs are very dangerous and must be watched out for. With many children becoming aware of the importance of healthy living behaviors, children who do not understand this will start following their other friends and getting used to adopting healthy behaviors at school.

When children go to school, sanitizer. Likewise, with schools, teachers provide masks at school, and they can be worn when children come home from school and when they enter class. That way, children will get used to adopting healthy living behaviors, and teachers will implement healthy living behaviors by inviting children to bring four healthy five perfect supplies and lunch. The teacher also provides enough water so that my child drinks lots of water. Before lunch, the children are invited to wash their hands first with soap. The teacher implements cooperation every day after school and checks the child's nails once a week. When the nails are long, the teacher will provide nutritious food. It will cause disease. The community and parents conveyed the same thing at home. Every child can implement post-pandemic healthy living behavior unity because schools also apply healthy living behaviors. These habits also appear in the home environment and play areas, not infrequently in play areas, prayer rooms/mosques, and parks. Strict hygiene and provided a location for washing has equipped with a hand sanitizer. During the current pandemic, all parents brought masks that their children used when playing.

Discussion

In early 2020 the world was shocked by a new virus variant called Corona shocked by the Corona Virus Disease (COV shocked the world (Ramdani, 2020). Coronavirus Disease 2019 (COVID-19) is a new type of disease that has never been identified in humans before. The virus that causes COVID-19 is called Sars-CoV-2 (Ministry of Health of the Republic of Indonesia, 2020). The disease is referred to as COVID-19, a virus that attacks China, which was discovered 19, to be precise, in the city of Wuhan (Syahfiraputri et al., 2021). COVID-19 is a disease

caused Coronavirus of coronavirus. Coronatands for Corona 'VI' for the virus and 'D' for the disease (Wiresti, 2020). Coronavirus is zoonotic (transmitted between animals and humans).

Coronavirus is a group of viruses originating from the sub-family Orthocoronavirinae in the Coronaviridae family and the order Nidovirales (Ikhwanul Qiram et al., 2021). This virus can attack animals and humans, and in humans, the symptoms are in the form of an infection similar to Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS), except that COVID-19 is more massive in development. Indonesia is also one of the countries affected by this outbreak. Therefore, government action and full awareness from the public are needed so that the spread of this virus can be reduced (Wahidah et al., 2020) (Wahidah et al., 2020) The SARS-CoV-2 or COVID-19 virus pandemic in Indonesia is undergoing a securitization process to eliminate threats (Hariri, 2020). Ongoing COVID-19 (Coronavirus Disease 2019) is an ongoing pandemic that is a respiratory syndrome caused by coronavirus 2. According to (Setyorini, 2020), Corona was initially considered a typical virus. The prediction was then wrong, and this virus can kill humans while spreading very quickly. Symptoms that appear resemble flu, colds, coughing, and fever. Until now, it has not been found with certainty regarding the causCoronaviruss, but it is known that animals spread this virus. This virus can also be transmitted from one species to another, including infecting and being transmitted to humans. The incident then spread to Wuhan, many victims, and other provinces in China (A. Amalia & Sa'adah, 2020). This explanation is yesterday's explanation moment pandemic.

Children's health has dramatically improved, implementing a clean and healthy life and government support by using vaccines to suppress COVID-19 disease. The decreased mortality rate and increased human health evidence this. For this reason, what needs to be emphasized is that all Indonesian people should always maintain and implement behavior to live a healthy life so that every child is always protected from disease getting used to it from an early age. Parents must educate and teach how to maintain health by eating nutritious and balanced food, washing their hands frequently, carrying out immunizations, and exercising diligently. It is such a simple way that you need parents to give it to children so that children stay healthy and active in every activity.

Conclusion

Clean and healthy living behavior has been proven to maintain health and reduce the transmission of the COVID-19 pandemic. Various ways that parents and teachers have used to protect children from a pandemic are very effective, such as getting used to routinely before entering the house or class by washing hands with soap, consuming nutritious food, using masks, disposing of trash in its place, and many other health activities that can be carried out—done at school or home. It is in line with previous studies, which have shown that a clean and healthy lifestyle positively impacts oneself and the environment and brings health and comfort. This research shows that clean and healthy living behavior has been proven to act as a moderator in improving health, which means that the values of clean and healthy living behavior have been internalized in early childhood so that they can accept any conditions and situations with all the consequences. Suggestions that can be offered based on the results of this study are the importance of clean and healthy living behavior and maintaining physical health after the COVID-19 pandemic needs to be strengthened again, among others, by reactivating the tools that the government and health organizations once required, the hope is that this pandemic will not last forever.

Declarations

Author contribution statement

Cahniyo Wijaya Kuswanto conceived the presented idea. Galuh Yuliar Denata developed the theory of early childhood education, physical health, and pandemic COVID-19. Dona Dinda Pratiwi verified the analytical methods. All authors discussed the results and contributed to the final manuscript.

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Data availability statement

The datasets generated during and/or analysed during the current study are available from the corresponding author on reasonable request.

Declaration of interests statement

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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