The Role of The Physical Education Supervisor in The Development of Healthy Culture Living for Elementary School Students

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Article

The Role of The Physical Education Supervisor in The Development of Healthy Culture Living for Elementary School Students

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Abstract

South Kalimantan's golden age development cannot be divorced from education development. The golden generation can reach the golden age. They are categorized as young generations with healthy physical and spiritual human resources, a cautious disposition, and a strong personality. To reach this golden age, the effort must continually be made to develop a healthy existence for the golden generation, especially for primary school kids (SD). This library-based study aimed to determine the influence of elementary school physical education supervisors in establishing a healthy culture South Kalimantan. From the study results and the data of the central government agencies and south Kalimantan, it can be concluded that the physical education supervisor has an important role in (1) supervising, controlling, and assisting in the design and implementation of an interesting physical education learning program, to motivate students to engage in routine physical activity; and (2) supervising, controlling, and assisting in the design and implementation of a healthy school program to keep students in good health. It indicates that they can directly oversee, supervise, and assist the learning process in a school that promotes a healthy lifestyle culture. It is desired that this study's findings will be considered by all elementary school physical education supervisors in South Kalimantan while promoting a culture of healthy living among elementary school students.

Keywords

Role of the physical education supervisor, children health, academic achievement.

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Good diet and health habits positively affect students' academic performance. It is recommended to instill this practice and incorporate the food concept into the curriculum, particularly for elementary and college students (Al-Emami, 2017). This statement serves as the introduction or opening of this paper. It affirms that healthy lifestyle habits and eating patterns can be incorporated into a curriculum designed to improve students' academic performance. In addition, it was used by primary school pupils as their golden era of development. When children already have a healthy lifestyle, it is hoped that they will continue to maintain this habit to improve their academic performance. This way, the primary children's healthy lifestyle habits are an investment in the nation's future. Developing a healthy lifestyle habit in them will spread it throughout the community.

On May 2, 2012, the Minister of Education and Culture first highlighted the golden generation at the National Education Day Commemoration. From 2010 to 2035, Indonesia's human resource potential comprised an exceptionally productive population. This is a demographic dividend (demographic bonus) from God that is extremely valuable if handled and utilized properly. So, it can be argued that the golden generation is a generation of productive age that is extremely valuable and valuable when managed and employed effectively so that intelligence and competitiveness become defining characteristics of its members (Wibowo, 2013). Character is the primary determinant of human excellence. However, the character also requires psychological and physical well-being (Manullang, 2013).

Moreover, according to Adisasmito (2007), quality human resources are characterized by physical strength, outstanding health, and knowledge of science and technology. Syafiq (2007) contends that there will be no intellectual and productive human resources absent health. In addition to all other human rights, the right to health must be satisfied before any others may be met.

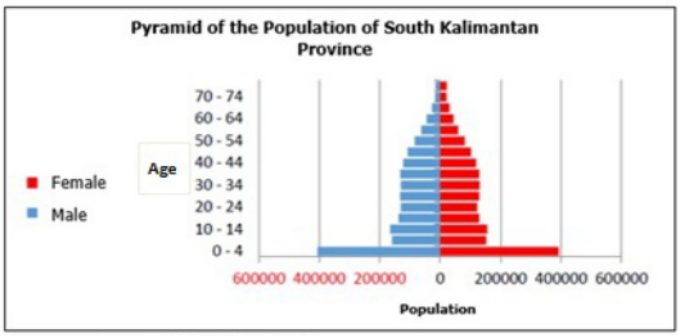
However, numerous kid health issues must be addressed quickly to prepare for this golden generation. In Indonesia, stunting is still a problem that requires special care since the country ranks fifth in the world for stunting difficulties (Titaley et al., 2019). Due to malnutrition, stunting is a condition of delayed growth and chronic development (Ariati et al., 2018). Children's stunting is caused by inadequate nutritional intake (Vonaesch et al., 2017). In addition, family circumstances play a significant role in stunting. One example is a family in which the mother of the kid is an Indonesian woman who works abroad and leaves her child with her father (Ng, 2019). Stunting in childhood can affect adult IQ and communication difficulties (Hanifah et al., 2018). In Indonesia, particularly in distant locations, a lack of medical workers and health facilities results in suboptimal health care for children (Pardosi et al., 2017). The health of the nation's children as the nation's future generation is a shared responsibility, necessitating coordination between all parties.

Developing the province of South Kalimantan towards the golden age must also address the above-mentioned health issues among youngsters. Some developments are directly felt or enjoyed, whereas the majority are not. In addition, this process involves developing habits and behavior. Therefore it takes time for a society's culture to emerge. Meanwhile, elementary school-aged children are in their golden years of growth and development when they require solid values and habits as their foundation. If this is done with high school students, the effect is not as powerful as with elementary school students, but the habit might become profoundly ingrained in their lives.

The purpose of this study is to present a concept proposal regarding the role of health education supervisors in fostering a culture of healthy living among elementary school students in South Kalimantan. We recognize that formal and non-formal educational institutions have a role in delivering information and health education to children (Shohel & Howes, 2018).

South Kalimantan Children's Health Condition

In 2017, South Kalimantan had an abundance of golden generation stock. It is based on the area's local youngsters (0-14 years old). This age group has a greater proportion than the other age groups. At that age, they are still in elementary school (elementary school – junior high school). This generation will require much attention as they enter a period of enormous growth. Several years from now, a prosperous generation will result from the success of this generation's preparation. Successful education (whether intellectual or moral education, depending on the age of the children) can provide a sufficient foundation for future growth.

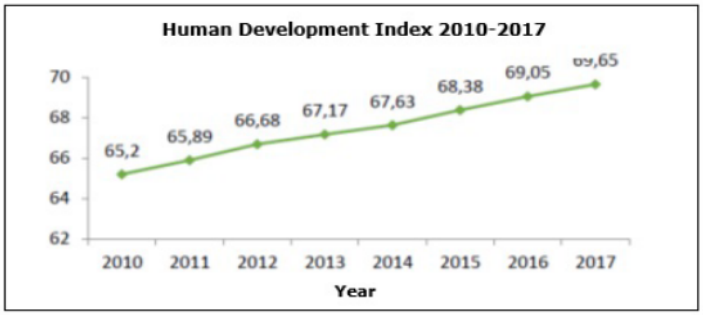


Source : Regency or City Statistics Office

Figure 1. *Pyramid of South Kalimantan Province Population*

According to the Population Pyramid of South Kalimantan Province in 2017, the population of South Kalimantan is dominated by young people. This is based on the age range of 0-14 years (early age), which is more in quantity than the age range above (798,662 individuals, including 406,766 men and 391,854 women). The expansion of the graph at a young age demonstrates that South Kalimantan's population has a young structure. The short upper portion of the pyramid indicates that the mortality rate among the elderly population remains high. This condition necessitates an elderly population policy.

However, the policy toward a relatively big youth population demands considerable consideration. In addition to having a high number, such a development at this age necessitates considerable government intervention.

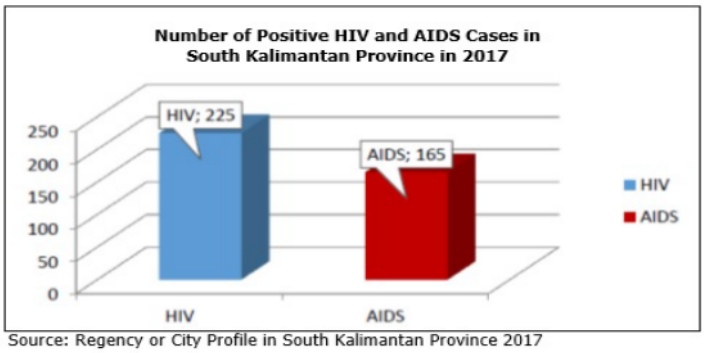


Source : BPS South Kalimantan Province 2017

Figure 2. *Human Development Index 2010 -2017*

The Human Development Index in South Kalimantan has increased from 65.2 in 2010 to 69.65 in 2017 based on new techniques throughout the period 2010-2017, as depicted in the graph above; the state of human development in South Kalimantan is "moderate." Compared to 2016, South Kalimantan's HGI increased by 0.87 percent in 2017. From 2016 to 2017, the HGI-forming components rose as well. The life expectancy of newborns has increased by 0.10 years compared to the previous year, to 68.02 years. Compared to 2016, 7-year-olds now can attend school for 12.46 years, an increase of 0.17 years.

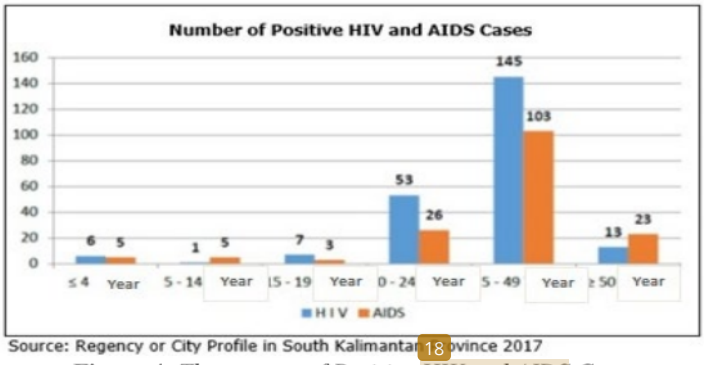
Meanwhile, the average education level of the population aged 25 and over increased by 0.10 years from the previous year to 7.99 years. An increase in its constituent components caused the 2017 increase in the Human Growth Index (HGI). Adjusted per capita expenditure is the component of the HGI that is accelerating the most rapidly. It is possible to interpret morbidity as multiple morbidities, both the incidence and prevalence of a disease. Morbidity is the rate of disease occurrence in a population over time. Morbidity is also a factor in determining the level of public health. Disease control measures are required to reduce morbidity and death. Disease control aims to lower the incidence, prevalence, morbidity, or mortality of a disease to a locally acceptable level. Infectious diseases, both direct infectious diseases and animal-transmitted diseases, will be the focus of this chapter's discussion of disease control.



Source: Regency or City Profile in South Kalimantan Province 2017

Figure 3. *The amount of Positive HIV and AIDS Cases in South Kalimantan Province in 2017*

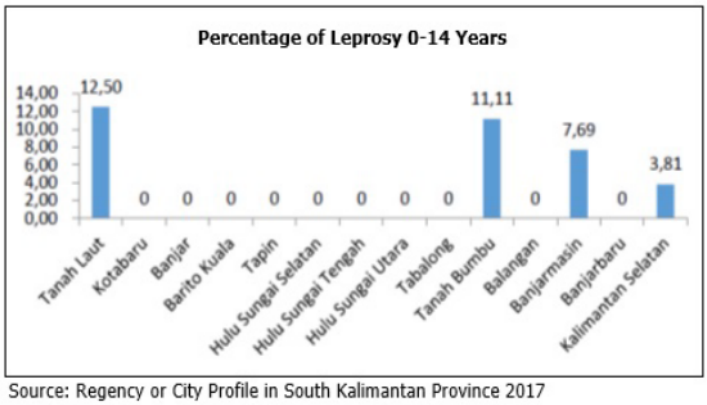
Based on the preceding image, HIV cases are more prevalent than AIDS. In 2017, 225 HIV-positive individuals and 165 AIDS cases were discovered and reported in the province of South Kalimantan. The high number of HIV and AIDS cases found and reported demonstrates that the HIV and AIDS Prevention Program in the District / City is becoming more effective and active and that it has succeeded in dismantling the estimate of HIV and AIDS "icebergs" hidden in their area, as well as increasing citizens' awareness of HIV and AIDS, so that they want to be tested through VCT and HIV testing. Based on data from the South Kalimantan Province Public Health Office (2018), men had a larger proportion of HIV and AIDS patients than women. The proportion of male HIV patients is 63%, whereas the proportion of female HIV patients is 37%. Approximately 66 percent of AIDS patients are male, while just 34 percent of AIDS patients are female. The rising number of male cases in 2017 results from the expanding reach and tolerance of major population communities. Males are the key to the chain of transmission that becomes the source of HIV AIDS, which is the predominant risk. Thus a greater effort is required to eliminate HIV and AIDS among men. The increasing prevalence of HIV and AIDS among women results from the increased focus on them by some initiatives, particularly the Key Population Groups through Sexual Transmission Prevention Programs.



Source: Regency or City Profile in South Kalimantan Province 2017

Figure 4. *The amount of Positive HIV and AIDS Case*

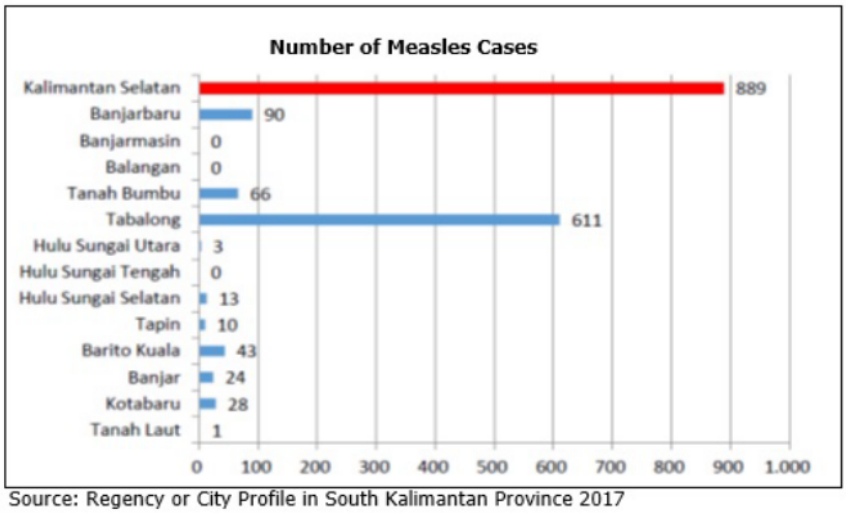
The number of HIV and AIDS cases is highest in the age group of 25-49 years, with 145 HIV cases and 103 AIDS cases, followed by the age group of 20-24 years, with 53 HIV cases and 26 AIDS cases, and the age group of 5-14 years, with 51 HIV cases and 1 AIDS case. The high incidence of HIV and AIDS among those of productive age is owing to a lack of information about HIV and AIDS prevention and transmission and a more permissive culture about actions deemed to contravene religious and cultural norms. Education, mass media, and Youth or Community Organizations should be utilized to provide as much information on HIV and AIDS (Definition, Transmission, Prevention, Care, and Treatment) to Young People as soon as feasible. The presentation of knowledge through audio-visual IEC (Communication, Information, and Education) media can be a powerful learning tool because it is more appealing to the Productive Youth demographic.



Source: Regency or City Profile in South Kalimantan Province 2017

Figure 5. *The Percentage of Leprosy 0-14 Years*

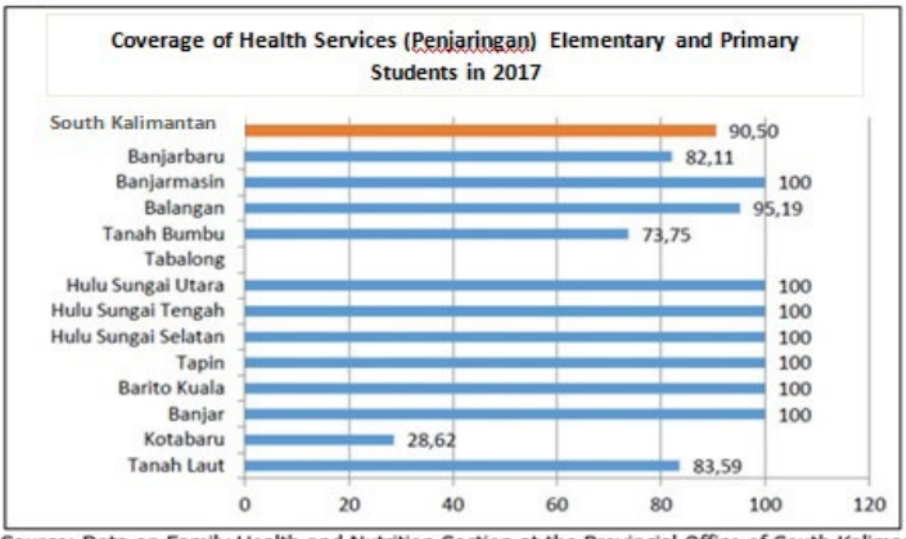
The percentage of new cases of leprosy among children ages 0 to 14 in South Kalimantan Province in 2017 was 3.81 percent, as shown in the image above. According to Regency / City, Tanah Laut Regency had the highest rate of new leprosy cases 0-14 years old at 12.50 percent, followed by Tanah Bumbu Regency at 11.11 percent and Banjarmasin City at 7.69 percent. Due to the high incidence of new cases of leprosy in children ages 0 to 14, leprosy patients can be a source of transmission within the family, among neighbors, and at school. Diphtheria is caused by the Corynebacterium diphtheriae bacterium, which infects the upper respiratory tract. Typically, diphtheria affects children ages 1 to 10. The number of diphtheria cases in 2017 was 954, with the number of diphtheria cases, including infectious diseases being quite low. The number of diphtheria cases, including infectious diseases, was also relatively low. According to data from the South Kalimantan Province Public Health Office (2018), there were 12 cases of diphtheria in South Kalimantan in 2017. According to provinces/cities, Tabalong District had the most diphtheria cases with six, followed by Banjarmasin City with three. The measles virus, commonly known as Morbilli or Measles, is a member of the Paramyxovirus family. Transmission can occur by an infected individual's contaminated airborne droplets (spit). Early manifestations of this disease include fever, ruddy patches, coughing colds, and red eyes (conjunctivitis), followed by a widespread rash. The majority of measles cases affect youngsters in pre-school and elementary school. If an individual has had measles, he will be immune to the disease for the remainder of his life.



Source: Regency or City Profile in South Kalimantan Province 2017

Figure 6. *The number of measles cases*

The number of measles cases in the province of South Kalimantan in 2017 was 889, as depicted in the image above. Tabalong Regency had the most measles cases with 611 cases, followed by Banjarbaru City with 90 cases and Tanah Bumbu District with 66 cases. Measles is considered an outbreak if there are five or more cases during four consecutive weeks that occur in clusters and are supported by epidemiological evidence. Maintaining children's health is to produce generations of healthy, intelligent, and valuable individuals and reduce child mortality. From the time a fetus is still in the womb, through delivery, until the age of eighteen, efforts are made to maintain children's health. Infant visits are doctors, midwives, or nurses to infants aged 29 to 11 months at health care institutions and homes, the integrated healthcare center, and other locations. This indicator is important for measuring the effectiveness of MCH program management in newborn health protection. Maintaining children's health is to produce generations of healthy, intelligent, and valuable individuals and reduce child mortality. From the time a fetus is still in the womb, through delivery, until the age of eighteen, efforts are made to maintain children's health. Infant visits are visits by doctors, midwives, or nurses to infants aged 29 days to 11 months in health care institutions and at home, integrated healthcare centers, and other locations. This measure is important for monitoring the effectiveness of KIA program management in promoting infant health.



Source: Data on Family Health and Nutrition Section at the Provincial Office of South Kalimantan

Figure 7. *Coverage of Health Services (selection) of Elementary & Primary Students in 2017*

The level of health service coverage (selection) among primary school children in South Kalimantan Province was 90.50 percent, based on the available data (2,885 people). 83.26 percent of Puskesmas in South Kalimantan province provide health services (netting) to schoolchildren (194 Puskesmas). Through the integration of reports with Family Health activities and Puskemas reports implementing sports health in the working region, percentage indicators of Puskesmas implementing sports health for elementary school children are acquired.

Banjar, Barito Kuala, Tapin, Hulu Sungai Selatan, Hulu Sungai Tengan, Hulu Sungai North, and Banjarmasin City are among the districts/cities that have already achieved 100 percent coverage of primary school health services, as seen in the image above, which was taken in 2017. The lowest performance was in the district of Kotabaru (28.62 percent). Nonetheless, one regency/city lacks data, namely Tabalong Regency.

The statistics mentioned above indicate that the government must pay close attention to the number of disease occurrences. Additional data shows that the public health service has reached primary schools. However, the role of school residents or stakeholders, such as physical education supervisors, does not reflect full involvement. Still, the principal, in partnership with the public health service, bears sole responsibility for health services for schoolchildren. It is more about the therapy activities than the development of healthy lifestyle practices. In this instance, another party must bolster these positions in the classroom.

The Main Purpose of Physical Education

1) Subjects in physical education emphasize the physical and psychomotor dimensions but do not ignore the cognitive and emotive areas. Physical education encompasses material awareness of the body and its movements, fundamental motor skills, physical fitness, physical activities such as games, rhythmic movements, aquatic and gymnastic movements, body conditioning activities, modifying sports games, individual sports, co[illegible]es and teams, independent life skills in nature, an open and active lifestyle, and sportsmanship (The Ministry of National Education, 2006). The goals of Physical Education subjects (The Ministry of [illegible]tional Education, 2006) are for pupils to develop the following skills: Develop self-processing skills to develop and maintain physical fitness as well as healthy lifestyles through various selected physical and sports activities.
2) Promote [illegible]tter physical growth and psychological development.
3) Improve the ability and basic movement skills
4) Laying the foundation of a strong moral character through internalization of the values contained in physical education, sports, and health.
5) Developing sportsmanship, honesty, discipline, responsibility, cooperation, confidence, and democracy.
6) Develop skills to maintain the safety of yourself, others, and the environment.
7) Understand the concept of physical activity and sports in a clean environment as information to achieve perfect physical growth, healthy lifestyle and fitness, be skilled, and have a sportsmanlike attitude.

Physical education teaches that the duties of physical education teachers are broad and fundamental. Curriculum development ma[illegible]mploy a variety of strategies to accomplish this objective. Some possible approaches to establishing a physical education curriculum include the following (The Ministry of National Education, 2006):

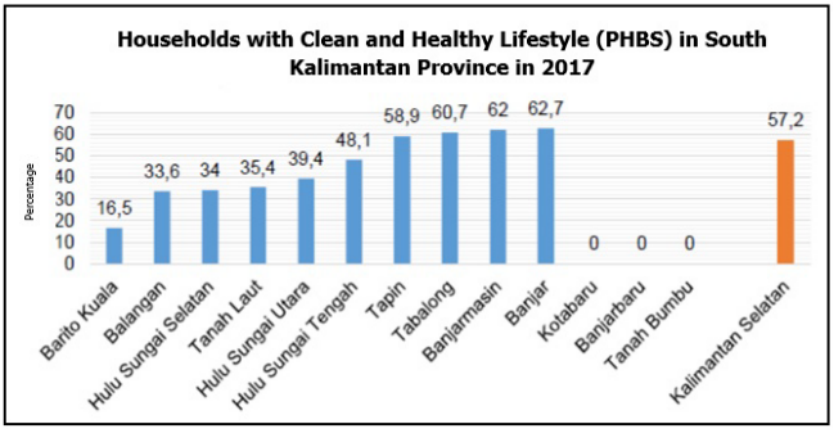
1) Partial motion strategy. A part approach is a method of instruction that progresses from a section to a whole or from a particular to a general, beginning with the instruction of the smallest parts of a skill, which are then merged to form the entire skill.
2) General motion strategy. This strategy is also known as "The Whole Method." In this method of Physical Education, pupils are immediately instructed to play, and all modules are covered simultaneously. Thus, the fundamental playing technique is not separately acquired (specifically). If a fundamental technological issue occurs during play, the game is halted, the error is explained and shown, and the game is resumed regarding family motion. A family movement emphasizes motions that children are already familiar with due to their environment. Youngsters can observe this motion in the easily mimicked movements of animals in everyday life, such as the jumping motion of a tiger, the rushing motion of a horse, and others.
3) Eclectic Method. A strategy that stresses providing students with as many opportunities as possible to actively participate in every activity based on their interests and needs. In this setting, activities have produced that progress from a simple to a more complicated form based on continuous progress.
4) "Sports Education" Methodology In the context of education, sport serves only as a vehicle for the socialization of educational principles (for example, leadership, problem-solving, obedience to applicable rules, sportsmanship, responsibility, and learning to live in society). Even so, pupils can participate in their desired sports more effectively. Therefore, the approach to sports instruction is more suitable for the upper grades.
5) Recreational Education Methodology. This strategy primarily emphasizes "fun" and "excitement" for students. The learning process structure offers pupils a more relaxed environment in which to engage in activities.
6) Physical Fitness Education methodology. This strategy focuses on fostering a culture of healthy living among students through physical activity. Even though physical fitness is the focus of this method, activities can take the shape of self-testing and team games that conform to the notion of continuous improvement, from simple to more complicated kinds of activity.

Concerning the strategy described above, one aspect of physical education is pertinent to this paper: health. Health aspects include the inculcation of a culture of healthy living in daily life, particularly those related to body care to stay healthy, care for a healthy environment, to select healthy foods and beverages, preventing and treating injuries, managing appropriate rest periods, and actively participating in P3K (First Aid for Accident) and UKS (School Health Unit) activities. The health aspect is distinct and implicitly incorporated into all other aspects.

Building a Healthy Culture Through Physical Education

Clean and Healthy Behavior reflects family life patterns that always consider and maintain the health of every family member. PHBS is a form of social engineering that tries to empower as many community members as possible to enhance the quality of their daily behavior in pursuit of a clean and healthy lifestyle. The primary purpose of the PHBS movement is to improve the quality of health through a process of awareness that initiates the participation of individuals in living a clean and healthy lifestyle. The essential benefit of PHBS is forming a health-conscious community equipped with the knowledge and awareness necessary to maintain hygiene and adhere to health standards.

One of the main PHBS arrangements is household PHBS which aims to empower members of a household to know, be willing, and carry out clean and healthy life behaviors and have an active role in the movement at the community level. The main objective of the PHBS structure at the household level is the achievement of healthy households.



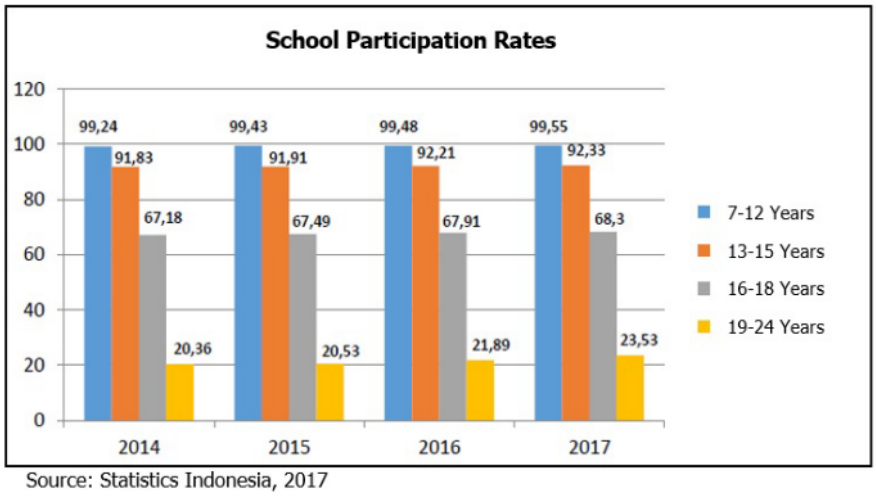
Source: District / City Health Profile 2017

Figure 8. *Households with Clean and Healthy Lifestyle (PHBS) in South Kalimantan Province in 2017*

The Households with a Clean and Healthy Lifestyle (PHBS) percentage in South Kalimantan Province in 2017 is depicted in Figure 8. The region with the highest proportion was Banjar, with a 62.7 percent success rate.

People congregate in public locations to engage in activities intermittently or continually. Considering that the large number of people who will assemble and participate in an activity will also increase the relationship/contact between them, the likelihood of disease transmission both directly and indirectly through intermediaries (in the form of objects, tools used to participate in the activity) will be further increased. Surveillance must be conducted to avoid the spread of disease in public spaces.

Sanitation of public areas to monitor and minimize losses attributable to public locations, particularly those strongly associated with the beginning and spread of disease. The purpose of sanitizing public spaces is to monitor public spaces regularly and to encourage and increase community engagement in producing a clean and healthy environment in public spaces. Several public health agencies have failed to implement the TTU (healthy market) Health Sanitation Inspection, which makes it difficult to monitor public locations that do not comply with health standards (IKL). Additionally, there are still sanitarians who lack training in evaluating public spaces.



Source: Statistics Indonesia, 2017

Figure 9. *School Participation Rates from 2014 to 2017*

Based on Figure 9., the APS for each school-age group from 2014 to 2017 tends to increase annually. In 2017, the 7-12 year old age group was 99.55 percent, the 13-15-year-old age group was 92.33 percent, the 16-18-year-old age group was 68.3 percent, and the 19-24-year-old age group was 23.53 percent. This is conceivable in the 16-18-year-old age group, and the 19-24-year-old age group has entered the labor force and is employed. Following the 9-year compulsory education scheme preceding the 12-year compulsory education program, there was a rise in APS in the 7-12 and 13-15 age groups.

These findings imply that the program for healthy lifestyle choices remains excellent. Numerous public spaces lack access to health services and healthy lifestyles. This image provides ample opportunity for many individuals to participate in adopting a healthy lifestyle in the neighborhood. Meanwhile, data on school attendance indicate a very high score. This demonstrates that the school has become a public space where adopting a healthy lifestyle must be a goal.

The Role of Physical Education Supervisors

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It is crucial to implement school health programs because pupils as a distinct group require protection from diverse environmental risks. Students must be healthy to study efficiently and effectively and develop healthy and intelligent human resources or people in the future. Juniarti (2017) provide primary health services in various elementary schools in the Pangandaran Regency of West Java. This activity highlighted the health difficulties of school-aged children as excess nutritional status, problems with visual acuity, oral health problems, and exposure to violence at home and school. For youngsters with health concerns, direct nursing instructions are issued. The impact of this community service activity is knowledge of the most prevalent issues affecting school-aged youngsters.

Dental health is another type of health program in elementary schools. Implementing oral health education is equally crucial for promoting healthy lifestyles in schools. School Dental Health Business is a public health initiative aimed at maintaining and enhancing the oral health of elementary school pupils through preventive and curative oral dental treatment. Health education, health services, and promoting a healthy school environment are among the UKGS's activities. There are improvements in dental care and health-related student behavior at school. This is a considerable departure from the past practice of conducting dental health-related business in schools. Nonetheless, its implementation is not supported by sufficient staff (Lestari & Indarjo, 2016).

The School Health Business (UKS) is a health program administered in schools, from kindergartens (TK) to junior high schools (SMP) to senior high schools (HS) (high schools). Health promotion in schools is an endeavor to transform a school into a community that can strengthen the school's sense of community through three primary activities: the construction of a healthy school environment, maintenance and service in schools, and ongoing teaching initiatives. These three endeavors are referred to as "UKS Trias." Health education, health services, establishing a healthy school environment, and implementing clean and healthy living all have a significant role in enhancing children's health status and school environment. The research findings of Tangkudung (2018) indicate that: (a) there is a relationship between health education and the implementation of clean and healthy living behaviors (PHBS), (b) there is a relationship between health services and the implementation of PHBS, and there is a relationship between a healthy school environment and the implementation of PHBS. Thus, education plays a significant role in acclimating youngsters to a clean and healthy lifestyle.

Education supervisors are responsible for overseeing, evaluating, and controlling the implementation of a program or task in an education unit. Several studies have demonstrated that the role of children's supervisors in reducing hazards that negatively impact children and adolescents is to identify children's needs (Munro, 2011). In addition, children's supervisors' aid frontline practitioners (services) in providing high-quality care, risk assessments, and individualized action plans (NSPCC, 2015).

Al-Emami (2017) investigated the role of school health supervisors in the Jordanian city of Ma'an. According to the findings of his study, school health supervisors play a significant role in the academic year 2016-2017 in all health education areas indicated in the Ma'Aan municipal school questionnaire. Except for the reproductive health sector, there are no statistically significant differences in the function of the health supervisor in increasing the effectiveness of the health education area in the public schools of Ma'Aan based on gender variation and educational level. Except for the fields of personal and environmental health, there are no statistically significant differences in years of experience. In addition, there are no substantial differences between specialty variations, except for reproductive health. This study demonstrates that the function of the health supervisor is crucial to the success of health education in schools.

Although the function of physical education supervisors is significant, children's success in achieving a healthy lifestyle is also determined by the involvement of school citizens in general. Mulyani et al. (2017) presented the findings of their study on the role of school residents in implementing the UKS. At the Elementary School level, the degree of understanding of school residents regarding School Health Efforts (UKS) is exemplary. Regarding expectations, school inhabitants have high hopes for the School Health Efforts (UKS) implementation in schools. It would be beneficial for elementary school children to access UKS information to expand their knowledge and understanding. Teachers at the elementary level use their knowledge of UKS services to improve the health of their students. For the Office, delivering UKS-related training for teachers so that teachers' knowledge and ability to construct healthier schools increases. For the school to function optimally, it is vital to evaluate the implementation of the UKS with the participation of all school inhabitants, including students, teachers, and parents of students.

Considering some of the data supplied in the preceding part, as well as the conclusions of the study, it is possible to show in this paper the function of the supervisor of physical health education in developing healthy lifestyles among primary school students. The elementary school enrollment rate exceeding 90 percent is extremely high, although not yet 100 percent. Children of elementary school age are already in school, so the program for elementary school children is identical to the curriculum for all children of primary school age. What is the best method to develop a culture of healthy living? Obviously, through curriculum-programmed habits. This will complement the public health service's health service program, which has been operating efficiently. According to Munro (2011) and Al-Emami (2017), the educational supervisor's role and the health supervisor's function are crucial to this program's success. They are a part of the school, which can perform the control function for the everyday tasks of the physical education instructor.

In education, the duty of supervision or oversight is not limited to determining if all actions have been carried out following the plan or program but goes beyond this. A comprehensive understanding characterizes education supervision. The actions of supervision consist of identifying the conditions or conditions of personnel and materials necessary for the formation of an effective teaching and learning environment and making attempts to achieve those criteria. In education, supervision always refers to activities that enhance the learning process. Educational supervision is described as providing instructors with professional assistance to enhance their capacity to manage the learning process effectively and efficiently (Bafadal, 2004).

According to Burton and Brueckner (1978), school monitoring is essential because:

1) Good supervision focuses his attention on the principles of education and methods of learning, as well as the growth of these in accomplishing the broad educational goals.
2) The purpose of supervision is the improvement and development of the teaching and learning process as a whole; this means that the purpose of supervision is not only to improve the quality of teaching of teachers but also to foster the growth of the teaching profession in the broadest sense, which includes the provision of facilities that support the smooth teaching and learning process, the improvement of the quality of teachers' knowledge and skills, and the provision of guidance and coaching in the teaching profession.
3) The focus is on the learning environment, not an individual or group. Everyone, including teachers, school principals, and other school personnel, is a peer who shares the goal of fostering environments conducive to effective teaching and learning.

Given the significance of the function of the educational supervisor, numerous concepts can be used to describe the role of the physical education supervisor in South Kalimantan elementary school children's formation of a healthy living culture. These responsibilities include:

a. Oversee, direct, and assist in creating and executing appealing physical education learning programs that encourage students to engage in regular physical activity. In this section, the role of the physical education supervisor is described in detail as follows:

1) Elementary school physical education supervisors are responsible for controlling the learning process's focus and fundamental requirements. This means that supervisors of physical education can determine:

a) What themes are necessary for primary school students in a certain region? For instance, in a district with smallpox incidences among primary school students, this topic must be incorporated into the curriculum.

b) Supervisors can assist teachers in determining the health-specific learning objectives for each unit of instruction. It does not have to be uniform within a province, but it is essential to consider the fundamental requirements of each region.

2) Supervisors can guide physical education teachers in developing their curriculum. In this instance, it entails fostering the healthy lifestyle practices of children and learning how to live a healthy lifestyle. In addition to teaching and learning activities centered on sports, elementary school students have fundamental health needs that must be met through health education. This realization is crucial to the teaching and learning process.

3) Supervisors of physical education can take preventative steps and potentially take action against health education teachers who disregard health components and promote a healthy living culture in their learning programs. This is the responsibility of the physical education supervisor.

4) Supervisors of physical education can collaborate with several stakeholders regarding training and health services for children. So teachers who have not mastered the topic of healthy living might be instructed by health professionals from other agencies. Similarly, the health service activities of Community Health Centers (Puskesmas) should be coordinated with the school's physical education curriculum. This can be achieved by formal coordination between physical education supervisors and relevant agencies.

Inactivity in children contributes to obesity and cardiovascular disease (Koolhaas et al., 2017). Implementing physical activity in schools and encouraging healthy behaviors at home can minimize the incidence of childhood obesity (Khoo & Morris, 2012). Physical activity is recommended regardless of the ability to lose weight because it can minimize the chance of developing chronic diseases (O'Neil & Nicklas, 2007; Zoeller Jr, 2007).

In addition, regular exercise promotes the development of social skills and conduct, self-confidence, and, in certain circumstances, scholastic and cognitive growth (Bailey, 2006). It is considered that children's physical activity influences their cognitive and emotional development as they age (Bidzan-Bluma & Lipowska, 2018). Thus, it is considered that frequent sports and physical activities have an association with academic accomplishment (Morales et al., 2011; Shen, 2017).

However, the impact of sports and normal physical activity on academic attainment differs due to the involvement of several other variables (Somers et al., 2019). Sports education has been demonstrated to strengthen students' confidence, develop their athletic capabilities, and enhance their functional abilities in children with impairments (Bertills et al., 2018). Teachers must provide particular attention to students with unique needs to learn more efficiently (Baharuddin & Dalle, 2019). Based on gender, it was discovered that male students exerted a greater influence than female students in promoting academic accomplishment through physical activity (Kyan et al., 2018). Physical education supervisors must guarantee that physical education teachers assist pupils in comprehending the connection between physical exercise and health (Hanrahan et al., 2019). In addition, physical education teachers must be familiar with and implement strategies and circumstances for preventing infectious diseases among children (Obeng-Gyasi et al., 2018). In addition, teachers must be able to create a curriculum that fosters teacher-student connection because such engagement can motivate children to participate actively in sports activities and wish to exercise regularly at school or home (Smuka, 2012). Therefore, schools must provide a place for children to engage in physical activity and play (Mwoma et al., 2018). By requiring students to exercise, schools participate in attempts to prevent childhood obesity and preserve health through routine physical or physical activity (Gao et al., 2018).

b. Supervise, direct, and help design and execute healthy school programs to maintain the school's cleanliness, sanitation, and hygiene.

To ensure gender equality in schools, health education must cover sanitation and hygiene issues during menstruation for women. This is crucial for girls' health and self-esteem (Blake et al., 2018). School interventions help improve children's sanitation and hygiene practices in their schools and homes, which has a good influence on student health and the environment (Hetherington et al., 2017; Khatoon et al., 2017).

Schools that implement hygiene education by diligently washing hands with clean water and soap and maintaining sanitation and hygiene can reduce the incidence of diarrheal diseases and other diseases linked to sanitation and hygiene problems in students and have a positive effect on the hygiene habits, sanitation, and hygiene in each student's home (McMichael, 2019). Sanitation and cleanliness programs in schools can also enhance children's health, which positively affects student attendance in the classroom (Njau, 2016).

Even when considering the stunting situation in Indonesia, educational institutions play a vital role in preventing the disease by educating children about cleanliness and hygiene. Stunting problems in Indonesia are primarily caused by sanitation, hygiene, and sanitation issues (Torlesse et al., 2016). However, the family is essential in ensuring that children receive appropriate nourishment (Nurrizka & Maharani, 2019). To overcome the impediment, multiple parties must collaborate (Titaley et al., 2019).

To protect children's health, schools must supply and maintain clean water facilities, hand washing practices, sanitation, and hygiene (Joshi & Amadi, 2013). To guarantee that these facilities are functioning effectively, there must always be an official evaluating and controlling the quality of clean water facilities, toilets, and other amenities (Chatterley et al., 2014). And this can be one of Jasamani's responsibilities as an education supervisor. In addition, ensuring that physical education teachers educate pupils on the value of cleanliness is also essential since teachers play a crucial role in instilling in children the daily habits of cleanliness, sanitation, and hygiene maintenance (Kerich et al., 2017). In addition to parents, teachers are the primary source through which children learn about personal hygiene to prevent contagious diseases (Ghanim et al., 2016).

The tasks of the physical education supervisor in light of previously described study findings. Residents and parties affiliated with the school must actively participate in the creation of a healthy living culture. It cannot be done simply by health professionals (Public health service). The health program in schools will be more successful and sustainable due to the role of physical education supervisors in the classroom teaching and learning process.

Closing

Not only do healthy lifestyle choices affect health, but for students, especially elementary school pupils (SD), they also impact academic ability. They, primary school pupils, are the golden generation whose current circumstances will define the future of a nation. If they are now healthy, it is hoped that the next few years will play a significant part in the nation's development. Building a culture of healthy living is not simple; it must begin with the habituation of young people. Establishing a healthy living culture in elementary school (SD) becomes a significant investment program with a lasting influence.

This involves the participation of numerous stakeholders. The health situation in South Kalimantan still presents numerous obstacles, particularly childhood diseases. Schools play a crucial role in helping to solve this problem. Therefore, physical education supervisors in South Kalimantan elementary schools have become one of the alternatives for the creation of a culture of healthy living. For the success of the health program in South Kalimantan, their involvement in controlling and setting the learning process's emphasis, fundamental needs, and supervisory responsibilities is crucial.

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