



Improving Health Behavior Standard Through Modern Islamic Boarding School

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Abstract

The purpose of this study is to explain health behavior standard of modern Islamic boarding school. The sample was determined purposively in Modern Islamic Boarding School in Banten Province, of Indonesia and respondents were 90 people with simple random techniques. This research uses descriptive quantitative method and data from the questionnaires. The results of this research showed that health behavior residents of Islamic boarding schools can be improved by predisposing factors such as (category of fairly good education and good income category), enabling factors (facilities for clinic/poskestren included: room/place, the medical and non-medical equipment and medicines in the good category) and strengthening factors (cadres of Poskestren, management aspect of clinic/poskestren, aspect of observation on the health and from the aspect of healthy behavior in the good category). A dominant factor to improving health behavior residents of Islamic boarding schools is the reinforcing factor.

Introduction

In the constitution number 36 of 2009 concerning health is explained that the definition of health is “a prosperous state of the body, soul, and social which allow every person to live productively socially and economically”. Thus, the government has a responsibility to be able to support all Indonesians to live productively in healthy conditions (Kementerian Kesehatan Republik Indonesia., 2009). The educational objectives of Islamic boarding schools, in general, are towards civil society, through education that is civilized, flexible, adaptive and flexible with processes that are open and oriented towards the interests of religion, the world, and the hereafter.

The other side residents culture of Islamic boarding schools (pondok pesantren) that is often overlooked is the health of students (santri), usually, there are still many Islamic boarding schools that preserve traditional cultures in which students in Islamic boarding schools is required to behave according to a

traditional lifestyle in order to preserve culture and there are those who already have modern infrastructure, but those who implement modern life-styles are not many in number. In Islam, there is an order to worship, nothing else for the benefit of every Muslim himself. A Muslim who is always worshipping as means to always be close to his God, when he likes and sorrows, because God is a place where people are grateful and to Him, they ask for help (Jauhari, 2011). Besides that, there are also other factors that influence the health behavior of the boarding school residents, among others, health selection of prospective students, health promotion, health knowledge, health facility services, environmental health regulations, health promotion education, and preventive behavior. Fahham (2011) said there are two government policies implemented to help boarding schools out of the sanitation problems they face, namely Health Pesantren Post (poskestren) from the Ministry of Health and eco-boarding schools Ministry of Environment

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Life and Forestry. However, not all pesantren can access one of the policies the. For this reason, the Government needs to increase the reach of the pesantren health post program and eco-boarding schools

Healthy is a complete condition, both physical (physic) or non-physical (mental/spiritual), reason and social which allows a person to carry out life activities properly. That is, being healthy here is not merely free from various diseases, but emphasizes more about being healthy physically, spiritually, intellectually, and socially (Husan, 2014). Basically there are 4 (four) levels of disease prevention in general, namely: basic level prevention (primordial prevention), first level prevention (primary prevention) which includes health promotion and special prevention, second level prevention (secondary prevention) which includes early diagnosis and appropriate treatment, and third level prevention (tertiary prevention) includes prevention of the occurrence of defects and finally rehabilitation. The four levels of prevention are closely related, so that overlapping conditions often occur (Noor, 2008).

About 66.7% of students receive health education. Significant knowledge in Clean and Healthy Life Program (CHLB) related to education and health class was observed ($P < 0.05$), including in-depth knowledge of measured exercise, weight and height, smoking, and healthy latrines. Meanwhile, there were no significant differences observed between attitudes toward CHLB and health education at different grade levels. Furthermore, CHLB is associated with health education, including exercise practices and the use of clean and healthy toilets. School Health Promotion: A Cross-sectional study on the Clean and Healthy Life Program (CHLB) Behavior among Islamic Boarding Schools in Indonesia (Susanto, et.al., 2016).

The results showed that there was a positive and significant influence on the management of the pesantren's educational environment on the healthy behavior of Islamic students. The creative and proactive efforts needed from boarding schools to improve the effectiveness of boarding schools in managing the educational environment through

maintenance of facilities and infrastructure and more focused and innovative Islamic academic development, so that the behavior of Islamic students in boarding schools in Central Java, Indonesia can be improved (Sari, 2016). According to Green and Kreuter (2005), there are 3 (three) main factors in health behavior, namely predisposing factors (attitudes, tradition or culture, value system, education level, economic level), enabling factors (infrastructure, health facilities) and reinforcement factors (attitudes of leaders, teachers, employees, administrators, rules or order.

Method

This research is a quantitative descriptive study, using descriptive analysis or descriptive statistics is a statistic that serves to describe or give an overview of the object under study through sample data or population, without analyzing and making conclusions that apply to the public. The sample used random sampling are Al Hasyimiyah, Daar El Qolam and Darul Qur'an Islamic Moderen Boarding School with the number of respondents each boarding school is 30 people so that the overall respondents amounted to 90 people. Data from questionnaires in this study are quantitative data which will be analyzed descriptively by percentage. To determine the type of descriptive percentage obtained by each indicator in the variable, and the descriptive calculation of the percentage then interpreted into the sentence (Akdon & Ridwan, 2013). Analysis of data to explain the implementation of health standards based on guiding guidelines and the implementation of boarding schools health posts and health behavioral factors, if the average percentage falls into the category of 1% - 50% it is said to be poor and if between the average process enters into 50% - 100% is good.

Results and Discussion

The result of research showed that based on majority of the boarding school residents who were respondents were as follows: male and female santri as many as 49 respondents (54.40%), then employees as many as 17 respondents (18.90%), teacher council or teacher as many as 15 respondents (16.70%)

continued with the manager of poskestren as many as 6 respondents (6.67%) and poskestren coach as many as 3 respondents (3.33%). This can be explained the responden as resident who leaves and interaction everyday in boarding school are employees, teacher, manager and organizer. Based on the level of education that at most the level of education is the level of high school equivalent as many as 62 respondents (68.89%), then undergraduate as many as 15 respondents (16.67%), followed by the level of junior high school equivalent to 8 respondents (8.89%) and postgraduate of 5 respondents (5.56%). The level education of responden majority at high school caused much more the teacher stiiil as student in university or as teacher dedication usually ain two or three years.

Based on the level of income that at most the level of income is above Rp.5,000,000 as many as 45 respondents (50%), then between Rp. 3,500,000-Rp.5,000,000 for 22 respondents (24.44%), then between Rp. 1,500,000-Rp. 3,500,000 as many as 15 respondents (16.67%), and between Rp. 500,000-Rp.1,500,000 as many as 8 respondents (8.89%). The income data show that majority of respondent has high income it is convenient as modern Islamic boarding school who attended for teacher and employees welfare. Judging from the self-observation survey indicators conducted by residents of Islamic boarding schools, it was found that as much as health observations in

the neighborhood around boarding schools in the good category amounted to 88.11% and as much as 11.89% in the poor category. In the other words that environment at boarding school by residents feel good caused relative atmosphere of the environment and spatial planning are neatly arranged like modern Islamic boarding school in another place.

The healthy behavior of the boarding school residents by 90.67% in the good category and the remaining 9.33% in the poor category, as usually at modern boarding school used internal system how to keep healty and how to outpatient to klinik, poskestren or puskesmas so that all resident quickly prevent if there are are sick. Then in the nutritional aspects, especially the santri in the good category was 86% and the remaining 14% were in the poor category, in every boarding school there is food menu daily and be change every day until everyweek this is intended to combine tastes and tastes so that nutritional needs are met. Generally, the survey observes the residents of Islamic boarding schools in a good category, where they have sufficient awareness to maintain their health and healthy behavior. This fact to be consisten with mission of boarding school that gave good and exellencies to all student for be better in studying and be a good students. In Figure 1, it can be explained that the health behavioral factors of Islamic boarding schools are as follows:

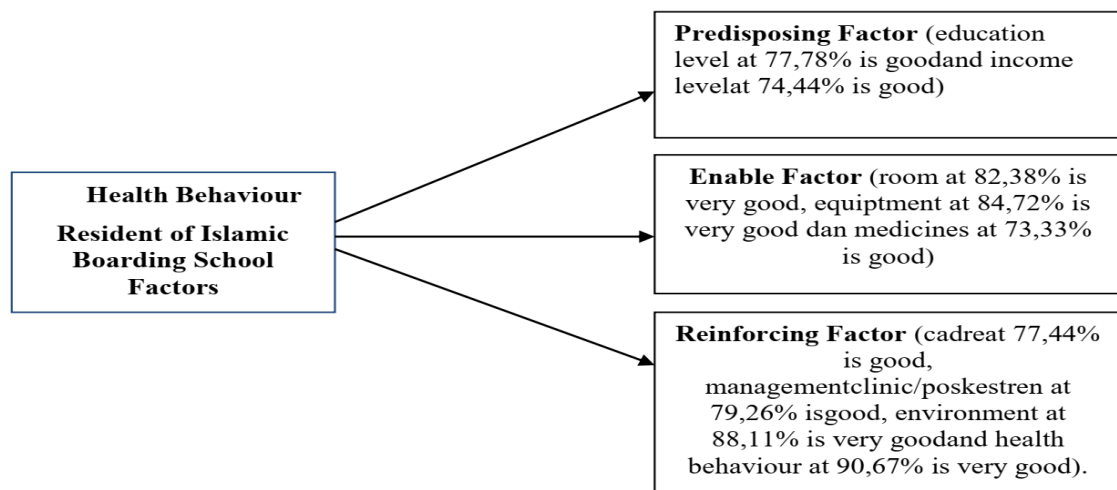


Figure 1 : Health Behaviour Resident of Islamic Boarding School Factors

Predisposing factors (education level of 77.78% of respondents in the category of fairly good education and income level of 74.44% of respondents in the good income category), poor practices on personal and room hygiene among the santri and proposed a training intervention, it is same like an intervening how education and knowledge to be improv for personal healthy behaviour. Overall, there was a significant increase in knowledge and personal behavior after the intervention and room hygiene was significantly improved among boys and those who received leaflets having developed a specific training materials, school-based hygiene training intervention improved knowledge and personal behavior. Its effect on room hygiene particularly for female santris needs further strengthening of the intervention in this Islamic boarding school setting (Widyasari et.al, 2020). Cleanliness is something that is very important for Muslims, the obligation to maintain cleanliness is directed to each individual. Personal hygiene or self-care is one solution in maintaining health for students. Personal hygiene is more influenced by individual values and practices. Other factors are cultural, social, family, and individual factors such as knowledge about health and perceptions about individual needs and comfort. (Hasan, 2016). Most of 67,9% respondents, had a picture of clean and healthy living behaviors that was sufficient. The gradual delivery of information by health workers was necessary to increase the santri's knowledge about PHBS. The involvement of religious teachers and religious teachers is needed in an effort to increase students' awareness of the importance of clean and healthy living behavior. There is a need for directed and continuous planning to improve quality for implementation. Continuous assistance It is important to do with the community in Islamic boarding schools so that the information submitted is in accordance with the established standards. (Bahjatun et.al, 2019)

Enabling factors (room/place clinic/poskestren as much as 82.38% in good category, then equipment at 84.72% of respondents in good category and medicines as much as 73.33% in good category). That fact same as While students of Islamic boarding school

that utilize health care facilities when sick is poskestren (90.20%), the dominant factor influencing the personal behavior of santri of Islamic boarding schools is health services, although the correlation is relatively weak. (Emy et.al, 2019). Reinforcing factors (cadres of poskestren where Islamic students are involved at 77.44% in good category, then from the management aspect of klinik/poskestren at 79.26% in good category, then from the aspect of observation to the health of the pesantren's environment of 88.11% in the good category and from the aspect of healthy behavior by 90.67% in the good category). Salvari et.al, (2019) founded there was a relation of respondent characteristics and air quality to scabies prevalence on students of boarding school. The significant relationship of residential density, ventilation, and age towards the occurrence of scabies should be further investigated in order to prepare for elimination programs. Febrika et.al, (2016) show there is a connection between behaviour and scabies, it can concluded that the level of knowledge, myths, and allowances indirectly affecting scabies through clean living. Having good attitudes and subjective norms to be actively involved in Poskestren. But there are still some respondents with poor behavioral control. The attitude and control variables have a positive relationship with the intention to be actively involved in the Poskestren. Behavioral control and intention also have a direct positive relationship with active behavior in Poskestren. Students also improve the existing subjective norms because they see no relationship between subjective norms and students' intentions to be actively involved in Poskestren. The need for health promotion media in the boarding school dormitory environment to add information to students. (Faishal and Pulung, 2016). Arifa et.al, (2017) said that the health of education treatment gives a change on the female student behavior in their personal hygiene. Knowledge and attitudes are mostly involved in good category while practice is mostly in the medium category.

In generally from the percentage, then it can be seen that the most dominant factor in the behavior of Islamic boarding schools is 83.12% of reinforcing factors, then 79.99% of the enabling factors and 76.11% of the

predisposing factors. Increasing the capacity of the Islamic boarding school, one of its efforts is to conduct routine monthly payments that are paid through monthly contributions submitted to the management of the Islamic boarding school. Where this aims to complete the facilities and infrastructure of existing clinic/poskestren so that this participation is important to be preserved as an effort to joint responsibility. As Zuhriya (2015) have seen how the clean and healthy living behavior (PHBS) of students who are already good, that is, always wash their hands before eating and after defecation and none of the students have ever used drugs, while PHBS for students who lack is the act of avoiding disease transmission.

In an effort to early detection of pesantren residents, in several other pesantrens, they have conducted medical tests before being declared to have entered the Islamic boarding school, of course, this is an early prevention effort for contracting the disease or anticipating certain diseases from the prospective santri. On the other hand, health standards are important in order to realize healthy and intelligent santri, so that diseases that arise mainly from congenital factors can be minimized to contract. The other side, Ikhwanudin (2010) founded that the students response to health is still spared from a modern medical perspective, because pesantren have a different culture from the community outside the pesantren as seen from the first, in health care, students still defend themselves from disease and health in a simple way. Second, in an effort to utilize the health system, students ask for health knowledge that students understand. Third, environmental health problems, santri, environment, and values, culture, and religious values that exist in pesantren.

As an effort to manage household/ domestic waste, both from the activities of bathing, washing, kitchens and so on, especially Islamic boarding schools have not provided special facilities in the form of processing and managing simple waste. So, that the utilization can be felt ecologically and economically, then so that domestic wastewater does not cause water quality the land decreases the Islamic boarding schools have not yet used an efficient (IPAL) system that still uses recharge systems

in the soil/is discharged into the soil/dumped into the pond. That it has an adverse impact on the environment such as poor drainage/gutter which often causes mosquitoes or nesting to develop rodents such as mice, snakes, cockroaches, scorpions or millipedes and so on. The boarding schools health infrastructure must be a good condition, Susanna and Sumarni (2014) founded that bacteriological quality of water, clean water facilities, latrines, food management facilities and partial eating areas more than 50% have not yet met the requirements.

Fatmawati and Saputra (2016) said that teacher's role in realizing PHBS in santri can done by providing information regarding PHBS, provides information about the importance of bathing with water clean, and get used to maintaining environmental cleanliness with get used to throwing out trash in place and provide a place adequate garbage disposal. Not to forget also the stool waste produced by Islamic boarding schools periodically has not been scheduled to do cleaning or suctioning periodically so as not to cause pollution (smell) in the Islamic boarding school environment which provides less comfort and development of animal flies or animal carriers and disease spreaders. Giving vitamins and improving nutrition is a necessity that needs to be considered where the age as a santri or student in the growing period so that it requires adequate vitamin and nutritional elements, of course not only rely on nutrition to eat in the kitchen periodically. So, that it can help students to do activities well. As a result of the percentage of indicators available, the self-monitoring survey indicators have the highest percentage of 88.26%, which means that there is a high awareness of the pesantren residents about the health standards in boarding schools so that they are very careful to maintain health and quickly treat if contracting the disease.

Thus, all Islamic boarding school students are expected to transfer online to the post office, so that when there are an examination and treatment, health insurance funds programe can be optimized so as to minimize santri to go home or hospitalize around his house. Based on a list of types of diseases that are often complained or experienced by residents

of Islamic boarding schools in Poskestren each of the average each month, it is found that the disease experienced by many patients who come and treat headaches/migraines usually indicates a lack of lack of rest time or quality of sleep so that santri insist on thinking and reading precisely this will result in the students' weak eyesight, then the disease of scabies which is still experienced by some boarding school residents is a personal hygiene which is less noticed later on allergies with temperature differences, against water and so on. Herpes is a skin disease that can be quickly transmitted through touch between the skin or other media so that this treatment is carried out quickly and fever is caused by weak body conditions which are preceded by weakness and deep heat.

If seen from the percentage, then it can be seen that the most dominant factor in the behavior of Islamic boarding schools is 83.12% of reinforcing factors, then 79.99% of the enabling factors and 76.11% of the predisposing factors. Virahani and Wulandari (2020) said that one form of government support for the development of poskestren is in capacity building activities poskestren as well as providing assistance for poskestren kit and capacity building of poskestren is intended for Islamic boarding schools. After the improvement activities poskestren capacity is expected to boarding schools actively implementing health programs mandiri accompanied by a public health center.

This indicates that the reinforcing factor is an important factor, because in Islamic boarding schools have a characteristic where the role of administrators/managers of Poskestren has the influence to form certain disciplines, especially maintaining the environment of Islamic boarding schools, pesantren leadership policies given to Poskestren managers become the main focus in solving problems health and environment in Islamic boarding schools, and the role of santri in carrying out the rules / regulations as one of the husada cadres, so that the level of awareness and care about handling health and environmental problems in Islamic boarding schools will be completed independently. Then efforts for healthy behavior among the boarding school residents have been

considered but need to be increased again as a more important prevention effort.

Furthermore, enabling factors where facilities and infrastructure need to be repaired and expanded, so that it can serve more patients and isolation or bed space needs to be added, with the hope that all sick boarding school residents go into isolation/inpatient rooms so that they do not have the potential to spread illness to his friend. Then the medicines also need to be added in the poskestren so that the residents of the pesantren are sick to avoid getting drugs installs or outside the poskestren. The predisposing factors, where the level of education and level of income have the carrying capacity for the realization of healthy behavior. Because residents of Islamic boarding schools are located and domiciled in a limited area at the same time, so this factor becomes a less important part because awareness of health behavior in Islamic boarding schools is indeed not seen from the level of education and income. Of course, this is due to the consideration of diseases that are infected in the pesantren environment. As we know, modern Islamic boarding schools have a good level of education, including good income levels, so that counseling and prevention efforts will have a quick response to change their health behavior. On the other hand with a good level of income, it will potentially have a BPJS (Social Insurance Administration Organization) or other health insurance so that Poskestren can work more broadly in order to carry out its business functions properly.

Conclusion

The resident factors of Islamic boarding schools health behavior standard can be improved by predisposing factors, such as; (category of fairly good education and good income category), enabling factors are (facilities for poskestren included: room/place, the medical and non-media equipment and medicines in the good category) and strengthening factors are (cadres of poskestren, management aspect of poskestren, aspect of observation on the health and from the aspect of healthy behavior in the good category).

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