

The Influence of Health Promotion Interventions on the Knowledge and Attitudes of Islamic Students Regarding Clean and Healthy Living Behavior at Islamic Boarding Schools in Batang Hari Regency

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ABSTRACT

Islamic boarding schools are one of the educational institutions in Indonesia. Students at Islamic boarding schools gain knowledge from teachers, kyai or ustadz. The increasing number of students in Islamic boarding schools has created habits such as eating together on one tray, not washing hands with soap before eating, sharing toiletries, and even sharing clothes. This bad habit causes an increase in the number of students suffering from illnesses such as acute respiratory infection, diarrhea, typhus and scabies. Clean and healthy living behavior in Islamic boarding schools is a collection of behaviors that are practiced on the basis of awareness as a result of learning, which makes the Islamic boarding school community independently able to prevent disease, improve their health, and play an active role in creating a healthy environment. This research aims to determine the effect of peer education methods on Clean and Healthy Living Behavior of Santri in Islamic Boarding Schools: Study on students of Irsyadul 'Ibad Islamic Boarding School, Batanghari Regency. This research is a quasi-experimental design research with a two-group pre test-post test control group design. The sample size is 84 respondents divided into 2 groups, namely the Peer Education experimental group with 42 respondents and the control group with 42 respondents. Each group lives in a different dormitory. The results of the bivariate analysis test with the Wilcoxon T-Test showed that the intervention group (peer educators) Knowledge $p = 0.006$, attitude $p = 0.003$ and the control group knowledge $p = 0.000$, attitude $p = 0.009$. So it can be statistically concluded that the peer education method influences the knowledge and attitudes of students regarding clean and healthy living behavior in the Batanghari Regency Islamic Boarding School. It is hoped that Islamic boarding schools can give more attention to students about the importance of the PHBS program in Islamic boarding schools.

Keywords: Health Promotion, Peer Education, PHBS, Santri

INTRODUCTION

PHBS in schools has several indicators which are used as measures to assess PHBS in schools consisting of 8 indicators, namely; washing hands with running water and using soap, consuming healthy snacks in the school canteen, using clean and healthy latrines, regular and measured exercise, eradicating mosquito larvae, not smoking at school, weighing and measuring height every month, and throwing away trash in place (Proverawati, 2012).

The World Health Organization (WHO) in 2018 stated that the achievement of implementing PHBS in school settings was 22.5% with a target of 65%. The national target for educational institutions implementing PHBS is 70%. Based on data from the Indonesian Ministry of Health in 2018, coverage of clean and healthy living behavior in the regions is still

low, only 35.8% of schools have implemented clean and healthy living behavior (PHBS) from the national target of 70% in 2018.(Resiyanthi, 2021).

Islamic boarding school is an Islamic educational institution with a boarding school system (joint education), then an independent community is formed whose members are students, teachers/clerics and the families of the Islamic boarding school itself. The term cottage is taken from the Arabic language Funduq, which means hotel, a place to live for rent.(Daulay's son, Haidar.)The term boarding school is a place to stay to gain knowledge from the Islamic boarding school itself.(Tilarso, Hario. 2005)

In Indonesia, there are 27,28 Islamic boarding schools, consisting of 13,446 (49.4%) Saafi Islamic boarding schools, 3,064 (39.4%) Khaafi Islamic boarding schools, and 10,708 (39%) integrated Islamic boarding schools. .3%), which has a total number of students, namely 3,642,738 individuals consisting of 1,895,580 (52.0%) men and 1,747,158 (48.0%) women.(Regulation of the Minister of Health of the Republic of Indonesia.2013)Based on demographics, the growth in the number of Islamic boarding schools in Indonesia is quite significant, a number of 23,329 from 28,839 (82.74%) on the island of Java and a number of 64 or 2.75% in Eastern Indonesia.(Islamic Boarding School Database.2022)

Batanghari Regency Area Specifically, there are 20 Islamic boarding school classes. Islamic boarding schools can have a fairly influential role both in terms of education, externally and internally and intelligence as a benchmark in the concept of the students' frame of mind. So Islamic boarding schools are often referred to as tools for cultural transformation. In learning at Islamic boarding schools, students are not only looking for knowledge but also skills that must be mastered, but most importantly, the three most important aspects of education, namely psychomotor, affective and cognitive, are given stimulatedly and in a balanced way to the students.

METHOD

This research is a quasi experimental design research with a two-group pre test-post test control group designJThe sample size was 84 respondents divided into 2 groups, namely the Peer Education experimental group with 42 respondents and the control group with 42 respondents. This research aims to determine the effect of health promotion interventions on the clean and healthy living behavior of students at the Irsyadul 'Ibad Islamic boarding school, Kubu Kandang Village, Batanghari Regency..Each group lives in a different dormitory. Data analysis used paired t-test and Wilcoxon to determine differences in values before and after treatment.(Notoatmodjo.S, 2012).

RESULTS AND DISCUSSION

Results

1) Respondent Characteristics

Table 1 Characteristics of respondents based on gender, age and PHBS information in 4 treatment groups at Irsyadul Ibad Islamic Boarding School students (n=84)

Characteristics	Experiment Group		Control Group	
	f	%	f	%
Age				
12-15 Years	20	47.6	22	52.4
16-19 Years	22	52.4	20	47.6
Gender				
Man	12	28.6	13	31.0
Woman	30	71.4	29	69.0
History of Obtaining PHBS Information				
Ever been	15	35.7	13	31.0
Never	27	64.3	29	69.0
If "already have" where did you get the information from?				
Parent	2	4.8	4	9.5
Media	5	11.9	3	7.1
Health workers	6	14.3	3	7.1
Friend	2	4.8	3	7.1

Table 1 states that The gender in each group is equal. The most vulnerable respondents were respondents aged 12 years and over, namely 52.4%, and the rest were under 14 years of age. The results of the Kolmogorov-Smirnov statistical test showed that the significance value of students' pre-test and post-test knowledge and attitudes was smaller than 0.05. This means that the data is not normally distributed. Therefore, the statistical difference test uses Wilcoxon.

Table 2 Effect of Health Promotion Interventions on Clean and Healthy Living Behavior (PHBS) (n=84)

Variable	Knowledge (Experimental Group)		Knowledge (Control Group)	
	Before	After	Before	After
Knowledge				
Mean	10.80	12.60	10.00	10.70
elementary school	3,279	2,355	3,055	2,043
Min-Max	7-13	9-15	7-12	8-14
95% CI (Lower-Upper)	9.63-12.10	11.63-13.50	8.95-11.70	9.75-11.90
P-Value	0.006		0,000	
	Attitude (Experimental Group)		Attitude (Control Group)	
	Before	after	Before	after
Mean	38.85	39.95	38.50	39.75
elementary school	8,657	7,925	8,703	8,805
Min-Max	33-53	35-55	30-51	30-52
95% CI (Lower-Upper)	35.85-43.89	37.50-45.83	34.54-43.70	36.77-43.23
P-Value	0.003		0.009	

Discussion

1) Knowledge

The results of the research in the experimental group showed that the average knowledge before the intervention was given was 10.80 with a standard deviation of 3.279. The lowest knowledge value is 7 and the highest is 13, the interval estimation results with a 95% confidence level of average knowledge before intervention is given is in the range of 9.63-12.10. Meanwhile, after the intervention the average knowledge result was 12.60 with a standard deviation of 2.335. The lowest knowledge value is 9 and the highest is 15. The interval estimation results with a 95% confidence level with the average knowledge after being given intervention are in the range of 11.63-13.50. Meanwhile, in the control group, the average prior

knowledge result was 10.00 with a standard deviation of 3.055. The lowest knowledge value is 7 and the highest is 12, the interval estimation results with a 95% confidence level for the average prior knowledge are in the range of 8.95-11.70. Meanwhile, after the results the average knowledge was 10.70 with a standard deviation of 2.043. The lowest knowledge value is 8 and the highest is 14. The interval estimation results with a degree of confidence of 95% with the average knowledge after being in the range of 9.75-11.90.

The research results show that there is an increase in knowledge among students about clean and healthy living behavior (PHBS). This increase is due to additional information and understanding received by students in the form of health promotion interventions. The increasing knowledge that occurs among students is increasingly supported by the statement from Notoatmodjo (2012), Knowledge is the result of sensing which will change understanding for the better through the senses of the eyes, nose and ears supported by appropriate media and methods. The intensity of attention and perception of objects greatly influences sensing to produce knowledge. Apart from that, the increase in respondents' knowledge regarding clean and healthy living behavior (PHBS) was due to the respondents (students) being very enthusiastic about listening and answering the questions that the author conveyed to respondents during the intervention.

Health promotion in schools/Islamic boarding schools is a good step in an effort to increase the knowledge of children (students/santri). Therefore, it is very important to carry out health promotion in schools, remembering that health promotion is an effort to increase the ability to behave in a clean and healthy lifestyle. Health promotion has the power to change knowledge, knowledge is an individual's reaction to stimuli originating from outside or within him. This response can be passive (thinking, opinion, attitude) and active (taking action). Thus, health promotion can be an important factor in changing knowledge towards healthy living knowledge, both in terms of the nature of passive knowledge and active knowledge. By promoting health, students/santri (respondents) are invited to understand PHBS concepts and indirectly students increase their knowledge. Through lecture (counseling) and discussion methods, children (students/santri) will be given information by telling stories so that children (students) will more easily understand the message conveyed. Apart from that, children (students/santri) will also be invited to answer questions. questions asked during health promotion interventions. Health promotion is one of the health education efforts. Health education is one of the planned efforts to increase a person's knowledge. This knowledge can raise their awareness and will cause someone to behave according to the knowledge they have.

The results of this research are in line with research conducted by Kurniawan et. al (2019), the results of statistical tests stated that the respondent's PHBS knowledge before treatment was in the sufficient category (40.5%). health on children's knowledge about PHBS. These results are in line with research conducted by Romadonika et. al (2021), the results of statistical tests using the Wilcoxon signed ranks test showed that the knowledge value before and after the intervention had a p-value of 0.000 ($p < \alpha$). So it can be concluded that there is a significant influence of providing health promotion interventions on knowledge about clean and healthy living behavior (PHBS).

2) Attitude

The results of the research in the experimental group showed that the average attitude before the intervention was given was 38.85 with a standard deviation of 8.657. The lowest attitude value was 33 and the highest was 53, the interval estimation results with a 95% confidence level, the average attitude before intervention was given was in the range of 35.85-43.39. Meanwhile, after the intervention, the average attitude result was 39.95 with a standard deviation of 7.925. The lowest knowledge value is 35 and the highest is 55. The interval estimation results with a 95% confidence level with the average attitude after being given the intervention are in the range of 37.50-45.83. Meanwhile, in the control group, the average previous attitude result was 38.50 with a standard deviation of 8.703. The lowest attitude value is 30 and the highest is 51, the interval estimation results with a 95% confidence level for the average previous attitude are in the range of 34.54-43.70. Meanwhile, after the results the average attitude was 39.75 with a standard deviation of 8.805. The lowest attitude value is 30 and the highest is 52. The interval estimation results with a degree of confidence of 95% with the average knowledge after are in the range of 36.77-43.23.

The results of the study showed that there was an increase in attitudes before and after the health promotion intervention, this was influenced by the respondents' knowledge at the time of acquiring knowledge, students started their knowledge from just knowing, it would increase to understanding after being given sufficient information to develop that knowledge along with the ongoing interaction process. dynamic will make knowledge that can become something that ultimately unites with the individual and will influence the attitudes of students. This is because students know how important clean and healthy living behavior (PHBS) is. Indirectly, their minds respond to take action according to what they know. This is in

accordance with Notoatmodjo (2019) who states that knowledge and attitudes are consistently related if the cognitive component (knowledge) changes followed by changes in attitudes.

Attitude is the main thing that is most visible in each individual. Attitude is the result of knowledge that will make a person act according to knowledge, one of which is obtained through health promotion interventions. Providing health promotion to students will be able to influence their attitudes where the knowledge that children have will make students think about taking action. Good knowledge after health promotion has an impact on students' good attitudes. So their attitude patterns tend to be good based on their knowledge. Providing health promotion that is well absorbed can enable students to carry out or put into practice what they know which is considered positive for them. According to Notoatmodjo (2019), attitude is a reaction or response or predisposition to someone's actions, because attitude is not yet an action or activity. The results of this research are in line with research conducted by Kurniawan et.al (2019), the results obtained were that the PHBS attitude of respondents before treatment namely the good category (61.9%). After treatment, the respondent's attitude increased to the good category (85.7%). The statistical results of the respondent's attitude showed a p-value of 0.008, which means that there is an influence of health promotion on children's attitudes about PHBS.

CONCLUSION

Based on the research results obtained, it can be concluded that there is an influence of health promotion interventions on students' knowledge about clean and healthy living behavior (PHBS) in students with a p value = 0.006 for the intervention group and the control group obtained a p value = 0.000. And there is an influence of health promotion interventions on attitudes about clean and healthy living behavior (PHBS) among students with a value of p= 0.003 for the intervention group and the control group with a value of p= 0.000

SUGGESTION

Several research variables have been examined in this study, but there are other factors that have not been studied that also influence student behavior. Therefore, further research is needed to examine other influencing factors.

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