

Analysis of Clean and Healthy Living Behaviour in Modern Islamic Boarding School

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Abstract. The attentiveness of parents and children toward modern Islamic boarding schools is increasing nowadays. This has led many students come to study at Islamic modern boarding schools, which to some extent create a lot of concerns such as cleanliness and healthy living behaviour. As the place is crammed with a lot of people, maintaining cleanliness, as an effort to prevent and control various diseases that may arise among the students, is a very important matter. The purpose of this research is to analyze clean and healthy living behaviour in modern Islamic boarding schools. This research is a quantitative cross-sectional study. The results of this study showed that most of the Santri (students) in modern Islamic boarding schools have had good behaviour towards cleanliness, while a small number of them fail to do so. Most of the well-behaved students have taken advantage of the existing health care facilities at the modern Islamic boarding schools, while the less behaved students have acted conversely. Almost all of the well-behaved students were not having disease or experiencing scabies, while their counterpart were affected by scabies and other various diseases.

Keywords: Behaviour, Clean, Healthy, Boarding School

1 Introduction

Nowadays, Islamic boarding schools are becoming one of the most favourable options for parents to enrol their children to get education. Many Islamic boarding schools are adapting to the current trend while fulfilling the needs of future challenges. This resulted to the shift of Islamic boarding school to becoming modern Islamic boarding schools that combine general knowledge and religion. This phenomenon, to some extent, has attracted parents in metropolitan cities to send their children to Islamic boarding schools[1].

Islamic Boarding Schools (*Pesantren*) are religious educational institutions as well as social institutions that have a strong influence in society[2]. This fact shows that the existence of Islamic boarding schools has great leverage to create quality and resilient next generations of the nation. Based on Education Management Information System data, there are 27,732 Islamic boarding schools with a total of 3,666,467 students (*Santri*). Based on the 2019 database of Directorate of *Pesantren* Ministry of Religious Affairs, there are 27,722 Islamic boarding schools in Indonesia with a total of 4,173,027 *Santri*.

The *pesantren*'s population data, to some extent, has raised a flag of awareness toward health matter. The density of *pesantren*'s inhabitants may trigger a serious health concern, in terms of preventing and controlling various diseases that may arise among students in the *p*

pesantren's environment. This effort may help *pesantren* to have an optimal health improvement impact for residents in the Islamic boarding schools. Clean and Healthy Living Behaviour (CHLB) aims to make as many members of the community as possible to be the agents of change to improve the quality of daily living behaviour which ultimately leads to a clean and healthy life[3].

The results of research conducted by Emy Rianti et al (2016), concerning Personal Hygiene in an Islamic Perspective, stated that: Islam's attention to cleanliness is very high, not only to cleanliness but also to purity (*taharah*). Cleanliness in Islam is not only about visible cleanliness (*hissiy*), but also cleanliness that is not visible in its essence (*ma'nawi*)[4]. Cleanliness is one of the actions that Allah loves, as Allah states in Surah At-Taubah:

فِيهِ رَجَالٌ يُحِبُّونَ أَنْ يَتَّطَّهَرُوا وَاللَّهُ يُحِبُّ الْمُطَهَّرِينَ

“ there are people who want to clean themselves up. And Allah loves clean people”. (QS. at-Taubah: 108).

In a hadith, Abu Malik al-Harith bin Ashim al-Ash'ari Ra stated that the Messenger of Allah said:

النَّظَافَةُ تَدْعُو إِلَى الْإِيمَانِ

“ Purification is a half of faith”.

The purpose of this research is to analyse clean and healthy living behaviour in modern Islamic boarding schools in Indonesia.

2 Literature Review

Reading through various literature concerning clean and healthy living behaviour in modern Islamic boarding schools, the researchers found that the topic of clean and healthy living behaviour (CHLB) in Islamic boarding schools has a quite significant interests. Some of the research that have been published in journal articles stated that some health supporting programs have been integrated in Islamic boarding school service posts (*Poskestren*). This service has shown certain effect on personal hygiene practices and the incidence of infectious diseases in *pesantren*. Furthermore, it is suggested that the *Poskestren* program can be used as an opportunity to develop community-based health promotion and prevention of infectious diseases to improve the health quality of students[5]. Other articles related to CHLB are proceedings articles which showed that *Poskestren* management has an effect on Santri's hygiene behaviour, especially for *pesantrens* in rural areas which still use water tanks (*Kulah*) as a source of water to meet their daily water needs[6].

Research articles that are relevant to CHLB are as follows: First, a research conducted by Fadhila H & Sigit M (2022). The findings of this study indicated that most Santri have good cultural values, but poor CHLB practices[7]. Second, a research article written by Mohammad et al (2021). The results of this study showed that the plant-based diet of the Sundanese people has no effect on iron deficiency anaemia status. Instead, it is associated with the consumption of animal foods that are less rich in iron. Increasing access to animal menus in school canteens can be an approach to prevent iron deficiency anaemia among *santri* in *pesantren*[8]. Third, a research conducted by Calista N, et al (2020), the results of the study showed that female

adolescents have a higher fat intake than male adolescents, with a significant p value = 0.001. Overall, eating patterns in *pesantren* are monotonous and inadequate in nutrition. There is a coexistence of undernutrition and overnutrition among adolescents in *pesantren*. Therefore, monitoring food intake and nutritional status of adolescents is one of the keys in preventing adolescent malnutrition in the short term and diet-related diseases in the long term[9]. Fourth, research article by Agus AA, et al (2021), the results of the study stated that *santri* with poor CHLB tend to experience respiratory tract infection which is 7.15 times more often *santri* with good CHLB[10]. Fifth, an article written by Bahjatun N, et al (2019), the results stated that out of a total of 271 *santri*, the majority of *santri* at around 67.9% had adequate descriptions of CHLB, as many as 32, 1% is good, and as many as 0.7% is less[11]. Sixth, a research article written by Tantut S, et al (2016), the results stated that the knowledge factor related to CHLB of *santri* at *pesantren* in Indonesia is knowledge about sports, while there was no significant difference with attitude[12].

3 Theoretical Basis

3.1 Behaviour

According to the theory developed by Lawrence W. Green (1980), human's health level of behaviour, either for individual or community, is influenced by two main factors, namely behavioural causes and non-behavioural causes. Behavioural factors are influenced by three main factors: predisposing, reinforcing, and enabling. In simple terms, the Precede Green model perceives that behaviour is a combination of functions encompassing predisposing factors, enabling factors and reinforcing factors.

3.2 Clean and Healthy Living Behaviour

Clean and Healthy Living Behaviour is all health behaviours that are carried out through personal awareness, so that families and all members can help themselves in the health sector and have an active role in community activities. The main goal is to improve the quality of health through awareness process, which can be the beginning of individual's contribution in living a clean and healthy daily life behaviour. The main benefit is the creation of people who are health conscious and have the knowledge and awareness to live a life that maintains cleanliness and meets health standards. The CHLB order involves several elements that are part of the place of activity in daily life, and arrangements that can become nodes to start the awareness process about clean and healthy living behaviour in the household, at school, at work, in health facilities, and in public places[3].

3.3 CHLB in Modern Islamic Boarding School

CHLB is a set of behaviours that are practiced on the basis of awareness as learning outcomes, so that *pesantrens* are able to prevent disease, improve health independently, and play an active role in creating a healthy environment. The importance of implementing CHLB for *pesantren* community is also in accordance with the mandate of Law no. 36 of 2009 concerning health (chapter 11), which stipulates that everyone is obliged to behave in a healthy life to realize, maintain, and promote the highest possible health. In general, there are seven

CHLB indicators in *pesantren* which are explicated in the Regulation of the Minister of Health of the Republic of Indonesia No. 2269/ Menkes/PER/XI/2011, namely: 1) washing hands with soap, 2) consuming healthy food and drinks, 3) using healthy latrines, 4) throwing garbage in the trash, 5) not smoking, not consuming narcotics, alcohol, psychotropic and other addictive substances (Drugs), 6) not spitting in any place, 7) eradicating mosquito larvae, and other ways of maintaining health that can be added as needed[3].

3.4 CHLB at Islamic Boarding Schools during the Covid-19 Pandemic

The practice of CHLB in *pesantren* during the covid-19 pandemic are as follows: 1) washing hands with soap in running water, 2) maintaining distance, 3) using masks and/or face shields, 4) throwing garbage in its place, 5) snacking in healthy canteens, 6) using healthy latrines, 7) regular and measurable exercise, 8) eradicating mosquito larvae, 9) not smoking in *pesantren*, 10) weighing and measuring height every 6 months, 11) maintaining personal hygiene, 12) maintain reproductive health, 13) maintain mental health, 14) consuming healthy food, 15) using clean water[13].

4 Research Methods

This research is a quantitative study with cross-sectional study design assessing the relationship between clean and healthy living behaviour with the incidence of disease in modern Islamic boarding schools. This research was conducted at the Al-Hamidiyah modern Islamic boarding school, Depok, West Java. The sample in this study were students (*santri*) who have been living in Islamic boarding schools for at least six months. The total sample of this study is 56 respondents, conducted through informed consent. The data is processed and analyzed quantitatively.

5 Result and Discussions

5.1 Description of Students Cleanliness Behaviour in Modern Islamic Boarding Schools



Fig. 1. An overview of the cleanliness behaviour of santri in modern Islamic boarding schools

The Pie chart 1 shows that most *santri* in modern *pesantren* have good behaviour towards cleanliness, namely 46 (82.10%), and only a few, namely 10 (17.90%) students who display bad behaviour.

The results of this study are in line with the results of a study which stated that the majority of respondents, at around 67.9%, have sufficient knowledge of CHLB, while 32.1% of students have good knowledge, and only 0.7% have insufficient knowledge[11]. The results of this study are in line with the results of a research which showed that there is a significant correlation between cultural values and CHLB practices among Santri[7]. In line with the community service article written by Mimatun N, et al (2019), the results of the study show that *santri's* responses to health behaviour are still lacking from the perspective of modern medicine because it has a different culture from outside the *pesantren*. This can be seen from: first, in maintaining the health of *santri* as well as defending themselves from illness in a simple way. Second, *santri* refer to health knowledge that is understood. Third, the environmental health behaviour of *santri* is strongly influenced by the structure and cultural values and religious values that exist in *pesantren*. Fourth, efforts to rationalize CHLB by adjusting cultural and religious values in *pesantren* in order to improve health status[14].

5.2 Analysis of Santri's Clean and Healthy Life Behaviour at Modern Islamic Boarding Schools

Table 1. Relationship between clean behaviour and use of health service facilities and scabies prevalence

Characteristic		Behaviour				P value	OR	95% CI
		good		less				
		n	%	n	%			
Health services	Yes	30	93.80	2	6.20	0.01	7.50	1.42-39.61
	No	16	66.20	8	33.30			
Scabies	No	33	91.70	3	8.30	0.02	5.92	1.32-26.46
	Yes	13	65.00	7	35.00			

Table 1 shows the relationship between students' behaviour and the use of the closest health services in modern Islamic boarding schools (*poskestren*, public health center (*puskesmas*), hospital, doctor's clinic, or midwife's clinic). It appears that respondents who behaved well have used health services more frequently at around 93.80%, while respondents who behaved less did not use health services sufficiently at around 33.30%. The test results show that there is a significant relationship between the hygiene behaviour of *santri* and the utilization of health services, with OR = 7.5 (95% CI: 1.42-39.61). This means that *santri* who behave poorly have a 7.5 times greater risk of not utilizing the health services that are available at modern *pesantren* when they are experiencing health problems.

In line with this research is a research conducted by Enung N & Encep S (2021). The results stated that the health behaviour of *pesantren's* residents can be improved among others through: 1) predisposing factors, namely good education and income; 2) enabling factors, namely clinic/*poskestren* facilities, including rooms, medical equipment, non-medical and medicines in the good category; 3) reinforcing factors, namely *poskestren* officers, aspects of *poskestren* management, aspects of health supervision, and aspects of healthy behaviour in the good category[15]. Likewise, a proceeding article written by Sari R & Sigit M (2017) stated that there were no differences in knowledge. However, there were some differences in attitudes and behaviour of *santri* with access to and without access to health posts towards CHLB[16].

Table 1 also shows the relationship between the clean living behaviour of *santri* in modern *pesantren* and the incidence of scabies. It appears that the *santri* who behaved well mostly did not suffer from scabies, around 91.7%, while the *santri* who behaved poorly, suffered more from scabies, as much as 35%. The results of the statistical test showed that the value of $p = 0.02$, which means that there is a significant relationship between the incidence of scabies and hygiene behaviour, with an OR of 5.92 (95% CI: 1.32-26.46). This means that *santri* in modern *pesantren* with unclean behaviour have a 5.92 times greater risk of suffering from scabies, compared to well-behaved *santri*. Likewise, an article resulting from community service written by Atmajaya, et al (2020), stated that scabies is a skin disease that can be found in almost every *pesantren*, and is considered a disease that is not dangerous. One of the things that supports the occurrence of scabies transmission is the lack of CHLB of *santri* at *pesantren*[17].

Cleanliness and purity are things that receive serious attention in Islam. There are 162 hadiths in the book of *taharah* which discuss cleanliness[4]. Cleanliness and purity are common issue for *santri* or *pesantren* community in Islamic religious education institutions. In daily life, *santri* memorize the teachings of cleanliness. However, there are still *pesantrens* that have not practiced hygiene, so that some *santri* in the *pesantren* still suffer from scabies or other skin diseases.

6 Conclusion

Clean and healthy living behaviour is closely related to the incidence of scabies infection in Islamic boarding schools, including modern Islamic boarding schools. Most of the students in modern Islamic boarding schools have good behaviour towards cleanliness, and a small number of students behave conversely. Most of the well-behaved students take advantage of the existing health care facilities at the Islamic boarding school, including the *poskestren*, *puskesmas*, hospital, or other health clinics near the Islamic boarding school. While some poorly behaved students did not use health services, almost all well behaved students did not have disease or experience scabies incidents. On the other hand, the less behaved students are affected from scabies more frequently. Community empowerment effort in Islamic boarding schools regarding CHLB can improve the health status of students in the Islamic boarding school environment.

In this notion, the researchers suggest the practice of CHLB. It is hoped that the *pesantren* community, both modern and traditional Islamic boarding schools, can play an active role in maintaining and improving their own health status and that of the surrounding community. Islamic boarding schools can add CHLB indicators that are deemed necessary to address health problems experienced by Islamic boarding schools. In the end, healthy *santri* can be achieved. They are perceived as qualified and resilient next generation as well as excellent human resource asset that can build and develop the nation.

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