

Efforts to Raise Awareness About Clean And Healthy Lifestyle In Students As Well As Efforts to Implement New Habits With Various Training On School Health Business Activities In Modern Pesantren Al Mukhlisin Tanjung Morawa

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ABSTRACT

The implementation of School Health Efforts is the spearhead of empowerment in the school environment to behave clean and healthy life. School Health Efforts can improve health status and shape the clean and healthy behaviour of students including: health education, health services and fostering a healthy school environment as a step to improve the optimal quality of student health. The purpose of UKS is to improve the quality of education and learning achievement of students through improving physical and spiritual clean living behaviour so that students can grow and develop harmoniously and optimally along with independence in activities and ultimately become qualified human beings. The success of coaching and development of School Health Efforts (UKS) will be seen or reflected in the clean and healthy living behaviour of students, and this is the expected impact of the overall pattern of coaching and development of UKS. School Health Business activities are an activity that can foster clean and healthy

Keyword: Santri, School Health Effort, Healthy and Clean Behaviour

ABSTRAK

Pelaksanaan Usaha Kesehatan Sekolah merupakan ujung tombak pemberdayaan dilingkungan sekolah agar berperilaku hidup bersih dan sehat. Usaha Kesehatan Sekolah dapat meningkatkan derajat kesehatan serta membentuk perilaku hidup bersih dan sehat peserta didik meliputi: pendidikan kesehatan, pelayanan kesehatan dan pembinaan lingkungan sekolah sehat sebagai langkah untuk meningkatkan mutu kesehatan peserta didik yang optimal. Tujuan UKS adalah meningkatkan mutu pendidikan dan prestasi belajar peserta didik melalui peningkatan perilaku hidup bersih jasmani dan rohani sehingga anak didik dapat tumbuh berkembang secara harmonis dan optimal seiring dengan kemandirian dalam beraktifitas dan pada akhirnya menjadi manusia yang berkualitas. Keberhasilan pembinaan dan pengembangan Usaha Kesehatan Sekolah (UKS) akan terlihat atau tercermin pada perilaku hidup bersih dan sehat peserta didik, dan ini merupakan dampak yang diharapkan dari keseluruhan pola pembinaan dan pengembangan UKS. Kegiatan Usaha Kesehatan Sekolah merupakan suatu kegiatan yang dapat menumbuhkan perilaku bersih dan sehat sehingga menghasilkan manusia yang sehat jasmani dan rohani pada santri di pesantren Al Mukhlisin di Tanjung Morawa.. Tim pengabdian masyarakat yang dibiayai oleh Universitas Sumatera Utara melalui lembaga LPPM yang terdiri dosen Fakultas



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Kedokteran dengan departemen berbeda dan juga dosen dari Fakultas Kesehatan Masyarakat bergerak memberikan pelatihan untuk meningkatkan pengetahuan dan ketrampilan santri untuk dalam kegiatan usaha kesehatan sekolah serta memberikan prasarana dan sarana alat-alat yang diperlukan dalam kegiatan Usaha Kesehatan Sekolah yang dibutuhkan dan belum tersedia di pesantren tersebut, seperti tempat tidur untuk siswa yang sakit, lemari peralatan obat-obatan, termometer dan alat-alat untuk P3K sehingga dengan kegiatan pengabdian masyarakat ini dapat menghasilkan yang berguna bagi masyarakat di pesantren Al Mukhlisin Tanjung Morawa.

Keyword: Santri, Usaha Kesehatan Sekolah, Perilaku Hidup Sehat dan Bersih

1. Introduction

Health is a fundamental and valuable component of human well-being, as poor health can interfere with an individual's ability to perform daily activities effectively [1]. Maintaining good health therefore requires the adoption of appropriate healthy behaviors. However, evidence from the field indicates that healthy living practices are still often overlooked, particularly among younger generations [2]. Clean and healthy living behavior (Perilaku Hidup Bersih dan Sehat, PHBS) is an integral component of health promotion, as improvements in health status should be supported by consistent practices that promote cleanliness and healthy lifestyles [3]. Healthy living behavior encompasses both observable and non-observable activities undertaken by individuals to maintain and improve their health status [4].

Health promotion in the community aims to improve, maintain, and protect health across physical, mental, and social dimensions. These objectives can be achieved by encouraging the transformation of unhealthy behaviors into healthy practices and by creating a clean and supportive living environment [5]. From a preventive perspective, the implementation of clean and healthy living behavior is essential for reducing unhealthy lifestyle practices while encouraging and sustaining healthier behaviors [6]. Such practices should therefore be promoted across various settings where people live, work, study, play, and interact with others [7]. Consistent implementation of clean and healthy living behavior can contribute to improved health status and reduce the risk of disease transmission, particularly because every individual is potentially exposed to health risks [8]. Furthermore, health-promoting behaviors should be introduced and maintained across all age groups rather than being limited to a particular stage of life [9].

Health problems are closely associated with inadequate health-related behaviors and living conditions [10]. In principle, individuals are expected to make decisions and take actions based on their knowledge, as behavior may reflect an individual's level of understanding [11]. Nevertheless, knowledge alone does not necessarily result in appropriate health behavior. Individuals may possess adequate knowledge about healthy practices but fail to implement such knowledge consistently in their daily lives [12]. This knowledge-behavior gap highlights the importance of health education interventions that not only improve knowledge but also encourage the practical application and habituation of healthy behaviors.

Pesantren-based schools represent a distinctive educational setting that integrates general education with Islamic religious education [13]. Many students in pesantren-based schools reside in dormitories provided by the institution, where they participate in formal academic activities as well as religious learning, including the study of the *kitab kuning* (traditional Islamic texts) [14]. The residential nature of pesantren creates a unique social and environmental context in which students live, study, eat, and interact closely with one another. Consequently, maintaining personal hygiene and environmental sanitation is particularly important in preventing the transmission of communicable diseases.

Despite their important educational role, health and hygiene practices remain a concern in some pesantren environments [15]. Inadequate sanitation and limited facilities may further increase the risk of health problems, including skin infections such as scabies [16]. Institutional support from *kiai*, *ustadz*, teachers, and pesantren administrators is therefore essential for establishing and sustaining a healthy school environment [17]. In addition, based on an interview with the Head of Facilities and Infrastructure at the Education Office, many schools still have inadequate School Health Unit (Usaha Kesehatan Sekolah, UKS) facilities, and the available UKS facilities have not always been optimally utilized [18].

These conditions indicate the need for community-based interventions that strengthen the role and utilization of UKS while simultaneously improving students' understanding and practice of clean and healthy living behavior. Therefore, this community service program was conducted to promote awareness of the importance of UKS and to strengthen students' understanding and practical application of clean and healthy living behaviors in the pesantren environment.

2. Methods

2.1 Program Objectives and Target Participants

This community service program was designed to strengthen students' understanding of the importance and function of the School Health Unit (Usaha Kesehatan Sekolah, UKS) and to promote the adoption of clean and healthy living behaviors (Perilaku Hidup Bersih dan Sehat, PHBS) within the pesantren environment. The program aimed to enable the target participants to understand the role of UKS in school-based health promotion and to support the development of a planned and measurable UKS program that can be implemented sustainably by the school.

UKS serves as an important platform for health education and promotion in schools, particularly in developing students' capacity to maintain healthy lifestyles and adopt appropriate health behaviors. Through effective UKS implementation, students are expected to receive opportunities and support to grow and develop in a healthy, safe, and supportive educational environment. Therefore, strengthening UKS is not limited to providing health-related facilities but also involves increasing students' knowledge, awareness, and participation in maintaining personal and environmental health.

2.2. Implementation of the Community Service Program

The community service program was implemented through an educational and participatory approach. The main activity consisted of health education on clean and healthy living behaviors, with emphasis on practical daily practices that can be applied by students in the pesantren environment. The educational materials covered personal hygiene, proper handwashing, regular bathing, changing clothes and underwear regularly, avoiding the sharing of personal items such as towels, and maintaining environmental cleanliness.

The educational sessions were delivered through interactive lectures, discussions, question-and-answer sessions, demonstrations, and participatory activities. The combination of these methods was intended to facilitate students' understanding of the materials and encourage them to apply the recommended practices in their daily lives. Interactive activities were also used to create a more engaging learning environment and encourage active participation among the students.

In addition to health education, the program strengthened the operational capacity of the UKS by providing essential facilities and equipment required to support basic student health services. The equipment provided included a patient examination/rest bed, which can be used for examining or temporarily accommodating students who are unwell; a weighing scale for basic monitoring of students' body weight; a medicine storage cabinet for the safe and organized storage of medicines and health supplies; thermometers for measuring body temperature; and first-aid kits containing basic materials and instruments for managing minor injuries and wounds.

2.3. Expected Outcomes

The intervention was expected to produce two main outcomes. First, the educational component was expected to increase students' knowledge and awareness of clean and healthy living behaviors and encourage their consistent implementation in daily activities. Second, the provision of UKS facilities and equipment was expected to improve the capacity of the school to provide basic health services and facilitate the implementation of a more structured and functional UKS program.

The combination of health education, practical engagement, and provision of essential UKS facilities was intended to establish a supportive school environment in which healthy behaviors can be practiced consistently.

In the longer term, the program is expected to contribute to improved student health, reduced health risks, and the development of a healthier and more productive pesantren community.

3. Results and Discussion

3.1. Preliminary Assessment and Identification of UKS Needs

The community service program began with a preliminary site survey to identify the health-related needs of the pesantren and assess the availability of facilities and infrastructure supporting the School Health Unit (Usaha Kesehatan Sekolah, UKS). The assessment indicated that strengthening health education and improving the availability of basic UKS facilities were important to support the implementation of health promotion activities in the pesantren environment.

The pesantren has a residential system in which some students live within the school environment. This condition creates a setting in which students conduct many daily activities together, including studying, eating, resting, and interacting with one another. Therefore, adequate knowledge of personal hygiene and clean and healthy living behaviors (Perilaku Hidup Bersih dan Sehat, PHBS) is particularly important. The initial assessment also highlighted the need to strengthen students' understanding of practical hygiene behaviors, including proper handwashing, regular bathing, changing clothes and underwear regularly, avoiding the sharing of personal towels, and maintaining environmental cleanliness.

These findings are consistent with the concept that health promotion in residential educational institutions should address both individual behavior and the physical environment. Knowledge of healthy behavior is more likely to be translated into practice when students have access to appropriate facilities and receive continuous support from the school community.

3.2. Health Education on Clean and Healthy Living Behavior

The first intervention component consisted of health education on clean and healthy living behaviors. The educational materials emphasized practical hygiene practices that can be incorporated into students' daily routines. Particular attention was given to proper handwashing, regular bathing, changing underwear after bathing, avoiding the use of shared towels, and maintaining personal and environmental cleanliness.

The educational sessions were delivered through interactive lectures, discussions, question-and-answer sessions, demonstrations, and participatory activities. Rather than using a conventional one-way lecture approach, the facilitators encouraged students to respond to questions and participate actively throughout the sessions. This approach allowed the students to clarify information, relate the material to their daily experiences, and practice the recommended behaviors.

The implementation of the health education activity is presented in Figure 1, which shows the delivery of the educational materials by the facilitators. The interaction between the facilitators and students during the learning process is shown in Figure 2. The active involvement of the students during the educational activities is illustrated in Figure 3. These activities indicate that the program provided opportunities for students to participate directly rather than simply receiving information passively.

The use of interactive educational methods is particularly relevant in health promotion because knowledge alone does not always lead to behavioral change. Demonstrations, discussions, and direct participation can help bridge the gap between knowledge and practice by allowing participants to understand how healthy behaviors should be implemented in everyday situations. Thus, the intervention was designed not only to increase students' awareness but also to encourage the formation of sustainable hygiene habits.

The community service activity began with a preliminary site survey to identify the needs of the pesantren, particularly the availability of facilities and infrastructure required to support the implementation of the School Health Unit (Usaha Kesehatan Sekolah, UKS). The activity was conducted at an Islamic boarding school (pesantren) in Tanjung Morawa, where some of the students reside within the pesantren environment. This

residential setting highlights the importance of promoting personal hygiene and clean and healthy living behaviors (Perilaku Hidup Bersih dan Sehat, PHBS) as part of the students' daily routines.

The educational program focused on several essential personal hygiene practices, including proper handwashing, bathing at least twice a day, changing underwear after bathing, and avoiding the sharing of personal items such as towels. These practices are particularly important in a communal residential environment because close interaction among students and the shared use of facilities may increase the risk of transmitting infectious diseases. Therefore, establishing good hygiene practices from an early stage is expected to contribute to the maintenance of students' physical health and overall well-being. In the long term, healthy and disciplined habits may also support students' ability to participate actively in educational activities and achieve better learning outcomes.

The implementation of the educational activities involved a participatory approach. Lecturers involved in the community service program initially delivered the educational materials and demonstrated appropriate hygiene practices. The students were then encouraged to practice and reinforce the knowledge they had acquired through direct participation. This approach also provided an opportunity for students to apply the knowledge and skills gained during their academic education in a real community setting.

To create a more engaging and interactive learning environment, the educational sessions employed question-and-answer activities, demonstrations, and learning through songs. The participants were encouraged to actively respond to questions and participate in singing activities related to clean and healthy living behaviors. Documentation of the educational process, including the delivery of materials, interaction with participants, and implementation of the learning activities, is presented in Figures 1–4. As shown in Figure 1, the facilitators introduced the educational materials to the students, while Figure 2 illustrates the interaction between the facilitators and participants during the learning session. The students' active participation in the educational activities is shown in Figure 3, whereas Figure 4 documents the implementation of the interactive learning approach through singing and group activities.



Figure 1. The facilitators introduced the educational materials to the student



Figure 2. illustrates the interaction between the facilitators and participants during the learning session



Figure 3. The students' active participation in the educational activities



Figure 4. documents the implementation of the interactive learning approach through singing and group activities

The use of participatory and interactive methods was intended to make the educational materials easier to understand and remember. Rather than relying solely on conventional lectures, the combination of explanation, demonstration, question-and-answer sessions, and singing encouraged students to become actively involved in the learning process. This approach is considered particularly appropriate for health education among school-aged students because practical demonstrations and repetitive activities can help transform knowledge into daily habits. Consequently, the activity was expected not only to increase students' understanding of personal hygiene but also to encourage the consistent application of clean and healthy living behaviors within the pesantren environment.

4. Conclusions

The health education and training activities at the Al Mukhlisin Modern Islamic Boarding School in Tanjung Morawa are promotional and preventive efforts to increase students' knowledge, awareness, and skills in implementing clean and healthy living behaviors. These activities are expected to foster sustainable healthy living habits and increase students' active participation in creating a clean, healthy, and safe Islamic boarding school environment.

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