



## Implementing Lifestyle Management Using Health Promotion Model Approach

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### Abstract

**Introduction:** There are problem-related to student's health behavior in Islamic boarding schools, they do not washing their hand before they have their meals, hanging wet clothes in their room, and they do not really care about toilet hygiene. The aim of this research was to know the effect of peer group support to student's lifestyle management using health promotion model approach. **Method:** The design was quasi-experimental, pre-post-test control group the population were students who stayed in Islamic boarding school in Surabaya and Sidoarjo, and the total sample was 100 students, 50 in control group, 50 in the intervention group, the sample taken by simple random sampling. In the intervention group, they've got health education and peer group support while the control only got health education by giving a student lifestyle management module. The independent variable was peer group support and the dependent variable Student's lifestyle management. The data were taken by the questionnaire and were analyzed by the Mann Whitney test. **Result:** The result showed that after the treatment, students in the intervention group have Mean 23.28 SD 4.83 meanwhile the control group has SD 4.27 and Mean 4.38. **Conclusion:** It means that peer group support could change lifestyle management based on the health promotion model. The leaders or caretakers of Islamic boarding schools are expected to continue to monitor the behavior of students in implementing the management of the student's lifestyle and activate the boarding school health center.

**Keywords** *Student, Lifestyle management, Islamic Boarding School Peer Support Group.*

### Introduction

Islamic boarding school is one of the educational institutions to educate students to be pious, noble and have high intelligence [1]. Generally, Islamic boarding schools still need assistance and attention, both in the aspect of healthy behavior, access to health services, and aspect of environmental health. Students in Islamic boarding school studied Islamic religious knowledge more deeply, one of them is the Science of Fiqh Thaharah which is purification or cleanliness. So, if related to the religious arguments about Thaharah the students easily memorized and understood it.

However, there are various problem and behavior that are often found in Islamic boarding school, for example before and after eating the dirty dishes are not washed immediately, food that is scattered is not cleaned immediately, clothes that have been used hanging on in the dormitory, students

sleeping on the floor without blankets and sleeping mats, pillows are often used together, the food served is left open, after defecating the hands are not washed with soap, the toilet is not flushed clean, and wet clothes are dried in the dormitory. Based on the Islamic Boarding School database in 2019 in Indonesia there are 27087 Islamic Boarding School, 4 Provinces with the highest number of Islamic boarding school include, West Java with 8131 Islamic boarding school, in East Java, there are 4561 Islamic boarding school, Banten with 4662.

Islamic boarding school, and in Central Java, there are 3897 Islamic boarding school, [2]. In 2019 the number of Islamic boarding schools in East Java has reached 6,003 with the number of students reaching more than 1 million people, [3]. As a result of Fatmawati's research it was found that there was still

unfavorable healthy living behavior in Islamic boarding school X as much as 48.1% and in Islamic boarding school Y 32.3%, [4]. Students and the Islamic boarding school environment are expected to play a role as agents of change for both families and the community because Islamic boarding schools have a major role in health development in Indonesia, [5]. Lifestyle management needs to be applied to students and all Islamic boarding school communities in daily life. Student lifestyle management is the behavior of students in managing and implementing a clean and healthy lifestyle including promotive, preventive, curative, and rehabilitative efforts, with the aim to improve the health status of students.

Lifestyle management needs to be applied by students in running their lives in an Islamic boarding school in order to increase their productivity and minimize the risk of disease, [6]. Health promotion activities are inspirable from activities to deliver health messages to the Islamic boarding school community, groups or individuals carried out by establishing a network of work, as a vision to form a prima communication forum, in conducting promotion group can be formed in learning, motivating and making lifestyle changes [7].

Health promotion used in a small group is more effective than the lecture method. Everyone involved in group discussion can discuss with each other, share experiences about the condition of the body or psychological. This method does not cost much when compared to curative effort. In group discussions can be done through *Support education, peer group, sharing counseling, and Self Help Groups*. *Peer Group* education is an effort to change health behavior through the student group which emphasizes behavior change, where members of the student group will interact with one another. Student will feel that there are similarities which each other, and can develop a social sense in accordance with the development of personality.

The atmosphere of *peer-group* education, student will find it easier to talk about topics/health problems that they face together in Islamic boarding school, where they will be able to freely interact and openly discuss issues of health through warm and intimate forms of discussion so that they will be able to provide mutual support and motivation.

The health promotion model has been developed by experts, one of which is the health promotion model developed by Nolla Pender, called the Health Promotion Model. The Health Promotion revised model describes variables that have an impact on a person's health behavior, namely: Individual characteristics and experience, aspect of cognition and affection of specific behavior and expected behavior[8]. Individual characteristics and experience consist of previously related behavior and personal factors which include biological, psychological (motivational) and socio-culture factors.

Aspect of cognition and affection of specific behavior consist of: Perceived benefit of Action, perceived barriers of action, perceived self-efficacy (perceived self-improvement), activity-related affect (attitude related to activity), interpersonal influence and situational influence. The expected behavior consists of a commitment to the plan and the urgent choice needs[9]. The purpose of this study was to determine the effect of *Peer Group Support* on the implementation of student's lifestyle management with the health promotion model approach.

## Materials and Methods

The study design uses a quasi-experimental (pre-post test control group design). Samples were settlements in Nurul Huda Islamic boarding school in Surabaya, and Al Hidayah Sidoarjo totaling 100 students using simple random sampling. In the treatment group, counseling and Peer Group Support treatment was carried out while in the control group only counseling was given.

Peer group meetings were held for 8 meetings with a duration of 60 minutes per session. The independent variable is Peer Group Support and the dependent variable is Students Life Style Management. The instrument uses a questionnaire. Data is analyzed using the Mann-Whitney test. 2019. This research has ethical clearance No. 094/EC/KEPK/UNUSA/2019 held by Unusa Ethical Board.

## Result

The results of research on the application of Peer Group Support to the implementation of lifestyle management of students with the Health Promotion approach in Islamic boarding schools in April - June 2019 are as follows:

**Table 1: Distribution of Respondents by Characteristics of Respondents**

No	Respondents Characteristics	Category	Treatment Group		Control Group	
			N	%	N	%
1	Age	12-15 Years	25	50	27	54
		15-18 Years	24	48	22	44
		18-21 Years	1	2	1	2
		Total	50	100	50	100
2	Sex	Female	50	100	50	100
		Total	50	100	50	100
3	Tribe	Javanese	15	30	40	80
		Maduranese	35	70	10	20
		Total	50	100	50	100

Table 1 shows that of the 50 respondents in the treatment group thereafter (50%) were 12-15 years old, and the majority (70%) Madurese. Whereas in the control group most (54%) were 12-15 years old and almost all Javanese. All respondents were female.

**Table 2: Distribution of Management of students lifestyle Before and After given Peer Group Support**

No	Variable	Category	Treatment Group		Control Group	
			N	%	N	%
1	Before given Peer Group Support Student life style Management	Well	2	4	2	4
		Enough	43	86	45	90
		Less	5	10	3	6
		Total	50	100	50	100
2	After given Peer Group Support Student life style Management	Well	50	100	2	4
		Enough	0	0	45	90
		Less	0	0	3	6
		Total	50	100	50	100

Table 2: shows that before being given Peer Group Support, the second was obtained almost entirely (86%) and the 90% treatment group carried out sufficient lifestyle management. After being given peer group support to the treatment group all (100%) the management style of the student's lifestyle was good, whereas in the control group almost all (90%) the management style of the student's lifestyle was sufficient and a small portion (12%) had a good lifestyle management

**Table 3: Difference distribution (difference in pre-post test scores) Management of Students life style**

Group	Mean	Minimal	Maximum	SD	P. Mann Whitney
Treatment	23.28	17	36	4.83	
Control	4.38	-2	19	4.27	0.000

Table 3: The treatment group experienced an increase in score with a mean (mean) of 23.28, while in the mean (mean) control group the increase was 4.38. Based on the Mann Whitney test results obtained  $p = 0.00$

## Discussion

Students' lifestyle management is the behavior of students in regulating and implementing clean and healthy lifestyles which include promotive, preventive, curative and rehabilitative efforts, with the aim to improve the health status of the wife [6]. Based on the results of the study in Table 2 shows that before being given Peer Group Support was found in the treatment group almost entirely (86%) carried out sufficient lifestyle management. Likewise, the control group carries out sufficient lifestyle management.

The management of student's lifestyle is the clean and healthy behavior of students while in an Islamic boarding school with the aim of implementing good habits in creating healthy lives and avoiding bad habits that can disturb health. In the treatment group and the control group before being given Peer Group Support, it was found that most did not do routine health checks, littering, using hair combs alternately, not eating on time, not cleaning the bathtub at least once

a week and all of them did not do regular exercise, this is probably due to the tight schedule of activities at the boarding school. Implementation of lifestyle management of students is a set of behaviors that are practiced on the basis of awareness as a result of learning that makes students able to help themselves in the health sector and play an active role in realizing health. Lifestyle management is a form of existence of students who are aware, willing and able to practice clean and healthy living behaviors [10].

The indicators of the implementation of the students lifestyle management refer to the indicators of clean and healthy living behaviors, namely washing hands with running water and using soap, consuming healthy food, using clean and healthy bathrooms/latrines, regular and measured exercise, eradicating mosquito larvae, not smoking, weight and height every 6 months, dispose of trash in its place and manage stress well.

Peer group support is one of the methods that increases an understanding effectively [11] being given peer group support to the entire treatment group (100%) the management style of the students life was good, while in the control group almost all (90%) the management style of the students lifestyle was sufficient and a small portion (12%) of the management style of life was good. psychological needs, such as the need to adjust to peers and are accepted by them, the need to exchange thoughts and share feelings, opinions, and experiences which will later be beneficial to themselves in developing and improving their concepts.

Through this method, group members can find life values as the basis of life, and the need to be more self-sufficient in understanding the pesantren, and in which they will be able to discuss and interact with each other, where they will be familiar and healthy, where they will be able to discuss and interact with each other, where they will be familiar and healthy, where they will be able to discuss and become familiar with each other, where they will be able to deal with each other, where they will be able to deal with, and where they will be able to deal with each other. can provide mutual support or motivation among fellow students.

To increase motivation in implementing lifestyle management in daily life, recognition or attention to their social needs is needed, convincing people that everyone is important and useful to the community[12]. This in accordance with Sukartini's Research (2016) which states that peer group support is able to increase the psychological response of people living with HIV[13]. The Pender Health Promotion Model explains that behavior-specific cognitions and affect which includes perceived benefits of action, perceived barriers to action, perceived self-efficacy, activity-related effect can influence individual behavior in performing health

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behavior[14]. After being given peer group support or counseling, both the treatment group and the control group both changed the student's lifestyle management score. Based on the results of the study both the treatment group and the control group both experienced an increase in lifestyle management scores, but the treatment group experienced a greater increase, this can be seen in table 3: the treatment group experienced an increase in score with a mean (mean) of 23.28, while in the mean (mean) control group the increase was 4.38.

Based on the Mann Whitney test results obtained  $p = 0.00$  where  $p < 0.05$ , meaning that there is an influence of Peer Group Support on the management of student's lifestyle. In the control group, although peer group support was not provided, counseling was still provided through the lifestyle management module media.

Clean and health behavior is influenced by how the community's behavior [15] in this case is how the student's behavior in Islamic boarding school. This counseling can increase the knowledge of students. The knowledge of students influences the student's behavior in applying the student's lifestyle management. A person's level of knowledge will affect his perception and someone's perception will affect the health behavior of the individual[16].

## Conclusion and Recommendation

Peer Group Support can influence the implementation of Students' lifestyle management. Increasing students' motivation in implementing lifestyle management is obtained from increasing knowledge through counseling and support that comes from group members. The leaders or caretakers of Islamic boarding schools are expected to continue to monitor the behavior of students in implementing the management of the student's lifestyle and activate the boarding school health center.

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