

An overview of clean and healthy living behavior practices in the Islamic boarding school (*pondok pesantren*) environment



Fajrul Falah Farhany^{1*}, Ichlasul Amalia², Meyka Budi Rachmawati³, Winda Ernia⁴,
Hanggoro Tri Rinonce⁴, Happy Indah Kusumawati³, Rahadyana Muslichah⁵

¹Department of Health Policy and Management, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Yogyakarta, Indonesia;

²Department of Biostatistics, Epidemiology, and Population Health, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Yogyakarta, Indonesia;

³Department of Basic and Emergency Nursing, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Yogyakarta, Indonesia;

⁴Department of Anatomical Pathology, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada/RSUP Dr. Sardjito, Yogyakarta, Indonesia;

⁵Department of Nutrition and Health, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Yogyakarta, Indonesia;

*Corresponding author:

Fajrul Falah Farhany;
Department of Health Policy and Management, Faculty of Medicine, Public Health and Nursing, Universitas Gadjah Mada, Yogyakarta, Indonesia;
fajrul.falah.f@mail.ugm.ac.id

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INTRODUCTION

The Law of the Republic of Indonesia Number 36 of 2009 on Health Articles 4 and 5 states that everyone should have the same opportunity to obtain access to health.¹ This includes ensuring the health of students and staff living in an Islamic boarding school (IBS) or *pondok pesantren*. To improve the health of a community in *pondok pesantren*, a program of community empowerment in the health sector or community-based health efforts (CBHE) exists in the form of IBS health unit or in Bahasa called *poskestren*.

Poskestren, according to the Regulation of the Ministry of Health of the Republic of Indonesia Number 1 of 2013 concerning Guidelines for the Implementation and Development of Islamic Boarding School Health Posts, have activities that include health promotive and preventive measures without curative and rehabilitative aspects with the spirit of cooperation. In their activities, *poskestren* has cadres who receive guidance from and are supervised by the nearby public health centers (*puskesmas*).²

Indonesia has many IBS spread from

Sabang to Merauke. According to data released by the Ministry of Religion Affairs of the Republic of Indonesia in 2021, there are approximately 27,630 IBS spread across 34 provinces with 4,089,955 students.³ In the Special Region of Yogyakarta (DIY) Province, there are 319 IBS spread currently over 5 districts and cities, with 35,211 students living in *pondok pesantren* and 14,281 non-resident students. Most of the students have to live in the *pondok pesantren* dormitory during their study period, which allows the emergence of many health problems due

ABSTRACT

Introduction: *Perilaku hidup bersih dan sehat* (PHBS) or also called clean and healthy living behavior (CHLB) in English practices in a congregate setting such as Islamic boarding schools (IBS) or *pondok pesantren* plays a vital role in maintaining the health of each individual living in the area. This study aimed to provide an overview of students (*santri*)' CHLB practices at the Assalafiyah Mlangi II Terpadu IBS.

Methods: This quantitative non-experimental study was conducted using a survey method in July-September 2022. A non-probability sampling with a total sampling of 841 students was used. The data were collected using self-administered questionnaires developed on Google Forms and imported to Microsoft Excel for further data analysis. Additional observations of the environment and student activities were also used. Several indicators were assessed, including personal health maintenance, CHLB implementation, and environmental cleanliness.

Results: The results showed that the students consume fruit less than 2 times per day (more than 80%), vegetables less than 3 times per day (male student 42.33% and female student 50.7%), drinking 6-9 glasses of water (18%), none of the female students (0.00%) have routine exercise schedule with the duration 90-120 minutes per week, and only female students (56.90%) have regular sleep patterns of 6-8 hours per day. The CHLB practices implementation and environmental cleanliness used the indicators of good handwashing practices, regular bathroom and dormitories cleaning, and the overall cleanliness of the Islamic boarding school achieved good performance, which scored more than 40%. Meanwhile, 44.04-67.85% of the students reported average scores for the available cleaning and healthcare facilities.

Conclusion: In general, according to students' perceptions, implementing CHLB at the Assalafiyah Mlangi II Terpadu IBS is good enough, but the medical equipment is insufficient. Additionally, the condition of the school health unit or UKS is inadequate, so it is necessary to improve infrastructure and medicines. Furthermore, healthy *santri* cadres are needed as role models for other students in implementing CHLB and improving health status through promotive and preventive efforts.

Keywords: Clean And Healthy Living Behavior; Congregate Setting; *Pondok Pesantren*; *Santri*.

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to a large number of students with various backgrounds living together.⁴

One problem that has always been a scourge in *pondok pesantren* is related to *perilaku hidup bersih dan sehat* (PHBS), or called clean and healthy living behavior (CHLB) in English. A study showed that CHLB practices in Islamic boarding schools in Jember Regency were classified as poor, as evidenced by survey results which showed that there were still kitchens, bedrooms, and bathrooms that were not clean. Students complained of being tired and easily sleepy, lack of interest in maintaining good personal hygiene, especially the cleanliness of the hair, ears, and clothes, and other CHLB practices in the Islamic boarding school environment.⁵

A study showed that *pondok pesantren* are still vulnerable to environmental hygiene and sanitation problems. This can be seen in terms of improper waste management, inadequate clean water quality, CHLB practices which have not been maximized in the Islamic boarding school environment, and the lack of information and access to health.⁶

Meanwhile, research found that boarding school dormitories are also places vulnerable to the spread of skin diseases.⁷ Scabies (also called “*gudiken*” in Javanese) seems to be a “normal” regular disease for students living with IBS. There is a popular public misconception about this skin disease that a student has not been said to be a real student if they have never been exposed to a skin disease while studying at a *pondok pesantren*.⁸

The CHLB practices must be instilled and preserved by all members of the IBS environment, starting from students, teachers, and staff. CHLB is a form of embodiment of healthy life orientation in the culture of individuals, families, and communities, which aims to improve, maintain, and protect their health physically, mentally, spiritually and socially.⁹

CHLB practices are essential behaviors to be instilled and preserved by all members in the *pondok pesantren* environment, starting from students, teachers, and staff. CHLB is a form of embodiment of healthy life orientation in the culture of individuals, families, and communities, which aims

to improve, maintain, and protect their health physically, mentally, spiritually and socially.⁹ Meanwhile, clean and healthy living behavior is an effort to transmit experiences about healthy living behavior through individuals, groups and the wider community with communication channels as a medium of various information. A wide variety of information can be shared such as educational materials to increase knowledge and improve attitudes and behaviors related to a clean and healthy way of life.¹⁰

Moreover, during the Corona Virus Disease 2019 (COVID-19) pandemic, CHLB practices such as conducting routine hand hygiene, wearing masks, and maintaining the environment where students live are crucial to do. Those measures are intended to prevent the transmission of COVID-19 in the IBS so that the students, teachers, and staff living are safe from the COVID-19 virus transmitted through the air.¹¹

CHLB is a practice that must be taken to achieve optimal health status for everyone. Healthy conditions do not necessarily occur, but must always be pursued from unhealthy to healthy living and creating a healthy environment. This effort can be started by instilling a healthy mindset in the IBS community, which one must start and cultivate. It is important to realize the health status of the IBS community as high as possible as an investment to develop productive human resources. In pursuing this behavior, a mutual commitment is needed to support each other in improving the health status of the community, especially in the *pondok pesantren* environment, so that health development can be achieved optimally.¹²

One of the *pondok pesantren* in the Special Region of Yogyakarta that requires students to live in is the IBS which is located in Mlangi District, Sleman Regency. The common health problems related to the student's clean and healthy lifestyle are still frequently found there. In addition, there has never been a study to evaluate the implementation of CHLB practices in the Assalafiyah Mlangi II Terpadu IBS. Therefore, this study aimed to provide an overview of CHLB practices implementation at the Assalafiyah Mlangi II Terpadu IBS, Sleman, Yogyakarta, as the

basis for future health training for health cadres.

METHODS

This quantitative non-experimental study was conducted using a survey method at the Assalafiyah Mlangi II Terpadu IBS in July-September 2022. The target population in this study included 841 students of the Assalafiyah Mlangi II Terpadu IBS. Sampling was done using a non-probability sampling method, namely the total sampling technique. Total sampling is a sampling technique where the number of samples is the same as the population.¹³ Data collection was conducted through self-administered questionnaires developed on Google Forms accompanied by mentoring the students to answer the questionnaire questions. Furthermore, observations of the environment and student activities were also used.

Questions related to the implementation of CHLB practices were given to subjects, including the application of hand washing, the application of good bathing, activities to clean bedrooms and bathrooms, activities to clean the cottage environment and around the cottages the provision of medical equipment. This questionnaire is a self-made one with the weakness of no validity and reliability testing. The data obtained were transferred and tabulated to Microsoft Excel, then the results were summarized using descriptive analysis. The results obtained are then presented in a forum to learn more about the health training cadre needed to answer the challenges and opportunities to develop access and health facilities in the face of the digitalization era.

RESULTS

The total sample that participated in this study was 841 students from the Assalafiyah Mlangi II Terpadu IBS, consisting of 421 males and 420 females, as shown in [Table 1](#).

CHLB is a movement to strive for cleanliness and health of one's own accord and can transmit it to those around him. CHLB indicators include maintaining personal health with a healthy lifestyle and protecting the surrounding environment.

Thus, CHLB in the Assalafiyah Mlangi II Terpadu IBS can be interpreted as behavior or actions taken by a group of people in *pondok pesantren* to maintain personal hygiene, health, and the environment. The CHLB indicators in Table 2 provide an overview of the Assalafiyah Mlangi II Terpadu IBS students in maintaining personal health related to consuming fruits, vegetables, drinking water habits, exercise routines, and sleep duration.

As many as 87.64% of male students and 91.4% of female students of the Assalafiyah Mlangi II Terpadu IBS stated that they consumed fruit less than 2 times daily. Meanwhile, in consuming vegetables

daily, 41.33% of male students stated less than 3 times. Furthermore, only 47.11% of female students stated that they consumed 3-6 cups of water daily.

As many as 40.14% of male students stated that they had exercised more than 3 times in one week, in contrast to female students who were only 22.61%. More than half of the respondents, both male students (59.85%) and female students (83.33) stated that, on average, they only did 0-30 minutes of exercise in one week. A total of 56.90% female students of respondents stated that the average duration of their sleep was less than 6 hours. Meanwhile, as many as 48.93% of male students sleep 6-8

hours daily.

The second CHLB indicator can be seen from the cleanliness of the environment around the IBS, the place where students carry out daily activities and the facilities provided to support the cleanliness of the surrounding environment. The results of this description can be seen in Table 3.

As many as 50% of male and female students stated that implementing CHLB related to hand washing was good. The results of these statements were comparable to the implementation of CHLB related to the cleanliness of bedrooms and bathrooms, stating that the boarding school environment was good. Likewise, regarding the cleanliness of schools and mosques as much as 60.57% of the male students said it was good, and 51.95% of the female students said it was very good.

As many as 50% of the respondents agreed that the cleaning equipment

Table 1. Ages and gender of the subjects

Subject Characteristics	Male		Female	
	n	%	n	%
11-14 y.o	227	53.91	215	51.19
15-18 y.o	194	46.08	205	48.80
Total	421	50.05	420	49.94

Table 2. Health maintenance indicators

Indicator	Male (n)	%	Female (n)	%
Daily fruit intake				
< 2 times	369	87.64	384	91.4
2-3 times	47	11.16	30	7.14
> 3 times	5	1.18	6	1.42
Daily vegetable intake				
< 3 times	174	41.33	213	50.7
3-4 times	145	34.44	106	25.23
> 4 times	102	24.22	101	24.04
Daily drinking water consumption				
1-3 cups	106	25.17	104	24.76
3-6 cups	197	46.7	198	47.14
6-9 cups	79	18.7	79	18.80
> 9 cups	39	9.26	39	9.28
Weekly routine exercise				
None	36	8.55	114	27.14
1 time	103	24.46	148	35.23
2 time	74	17.57	48	11.42
3 time	39	9.26	15	3.57
> 3 times	169	40.14	95	22.61
Weekly duration exercise				
0-30 minutes	252	59.85	350	83.33
30-60 minutes	96	22.80	49	11.66
60-90 minutes	33	7.83	12	2.85
90-120 minutes	12	2.85	1	0.00
More than 120 minutes	28	6.65	8	1.90
Weekly sleep duration				
< 6 hours	184	43.70	239	56.90
6-8 hours	206	48.93	170	40.47
> 8 hours	31	7.36	11	2.61

Table 3. Personal and environmental cleanliness indicator

Indicator	Male		Female	
	n	%	n	%
Adequate hand washing				
Very poor	10	2.37	13	3.09
Poor	61	14.48	61	14.52
Good	234	55.58	229	54.52
Excellent	116	27.55	117	27.85
Bathroom and bedroom cleanliness				
Very poor	7	1.66	3	0.71
Poor	60	14.25	20	4.76
Good	232	55.10	244	58.09
Excellent	122	28.97	153	36.42
CHLB practices to maintain environmental cleanliness				
Very poor	7	1.66	4	0.95
Poor	55	13.06	34	8.09
Good	238	56.53	256	60.9
Excellent	121	28.74	126	30
Availability of cleaning facilities				
Very poor	20	4.75	33	7.85
Poor	142	33.72	158	37.61
Good	214	50.83	204	48.5
Excellent	45	10.68	25	5.95
Health clinic (UKS) facilities				
Very poor	43	10.21	78	18.57
Poor	147	34.91	138	32.85
Good	199	47.2	185	44.04
Excellent	32	7.60	19	4.52
Environmental cleanliness (school and mosque)				
Very poor	9	2.13	7	1.66
Poor	91	21.61	61	14.52
Good	255	60.57	285	67.85
Excellent	66	15.67	67	15.95

facilities already available in IBS are good, but 37.61% of female students stated that they were still inadequate. Meanwhile, concerning the *unit kesehatan sekolah* (UKS), also called school health clinic in English, which are already available facilities, less than 50% of the students stated that they were still lacking.

We conducted a follow-up interview with one of the Assalafiyah Mlangi II Terpadu IBS staff regarding the availability of cleaning facilities and the survey results. According to this staff, the cleaning equipment available was still inadequate. In the four dormitory complexes, each dormitory floor is only allocated a set of cleaning tools (broom, floorcloth, mop floor cleaner, and broomstick). In addition, two vacuum cleaners and disinfectants are available alternately for the four dormitories. The picket schedule has been routinely scheduled, including daily room

pickets and weekly community work held every Friday morning. Evaluation of the cleanliness of the dormitory, including the rooms, bathrooms, and the school environment, is usually done every month at a meeting between the staff of the dormitories and the IBS caretakers.

DISCUSSION

So far, the problem of cleanliness and health in IBS has not been fully resolved. Problems such as scabies (*gudiken*), shortness of breath, fever, cough, runny nose, ulcers, etc are still often encountered.¹⁴ Some of the diseases mentioned are caused because CHLB in the boarding school environment is not yet entirely good. In general, the findings from a survey conducted by the Community Service Team of the Faculty of Medicine, Public Health and Nursing on the practice of implementing a CHLB

show that the implementation in the Assalafiyah Mlangi II Terpadu IBS is in the sufficient category, which is evidenced by less than half of the total 55.1% of students in the IBS said that they had implemented handwashing properly. Also, related to the cleanliness of bedrooms, bathrooms and the student rooms environment, more than 50% of students said that the cleanliness of the bedrooms, bathrooms and the environment of the Assalafiyah Mlangi II Terpadu IBS was clean. In comparison, the other 50% said they were still not clean.

This evidence shows that the availability of cleaning facilities does not strongly influence the level of environmental cleanliness. This is because not only is the availability of health facilities a key factor for environmental cleanliness, but there are also many other influencing factors, such as CHLB knowledge, student

practices, and environmental hygiene.¹⁵⁻²⁰

Existing habits and culture in IBS have a moderate-positive correlation with CHLB practices done by students.²¹ The better the cultural values within the students, the better the practice of CHLB will be. This also means that the cultural values possessed by the students will also affect the cleanliness of the IBS environment. A culture in which students will remind each other and respect each other will affect the cleanliness of the existing environment.

Regarding the cleanliness of the student rooms environment, this can be seen from the supporting facilities and infrastructure, for which 50% or half of the respondents said that the cleanliness facilities in the Assalafiyah Mlangi II Terpadu IBS still need to be improved. This needs to be a concern because the cleaning facilities in the form of cleaning tools serve to clean the entire environment in the IBS, be it bathrooms, bedrooms, mosques and classrooms where students learn to teach.

Another important aspect that needs to be highlighted is the lack of proper health facilities in Assalafiyah Mlangi II Terpadu IBS. As many as 33.7% of students stated that the health facilities available were still lacking. Actually, the committee has been trying to establish an *poskestren*. The existence of a *poskestren* is expected to be able to minimize the health problems suffered by the students. This is because *poskestren* are expected to be able to provide prevention and treatment of a disease, or commonly known as promotive and preventive efforts.¹⁴ But the *poskestren* in the Assalafiyah Mlangi II Terpadu IBS did not run as it should.

In addition, the absence of a permanent *poskestren* at Assalafiyah Mlangi II Terpadu IBS and the lack of a health clinic make access for students to the nearest primary health care time-consuming. Research showed that people with poor access to health facilities are more susceptible to disease. Poor access to health facilities can result in minimum testing and delays in early treatment, leading to poorer outcomes and harm to other community members.¹⁵ More attention from the government or empowered local communities is needed to help IBS gain and reach more access to proper health facilities.¹⁶

Access, according to the Big Indonesian Dictionary (KBBI) is a borrowed word from English, namely access which means entrance. In general, access to health services can be interpreted as a form of health services with various services that the community can reach.¹⁷ Access can be divided into several aspects, including geographical, economic and social. Geographic access can be described as the ease of reaching health services as measured by distance, length of trip, type of transportation, and road infrastructure. Economic access emphasizes the ability of the community to allocate its financial capacity to reach health services. Meanwhile, social access concerns communication, culture, friendliness, and service satisfaction.¹⁸

According to the various factors discussed in this study, forming a Healthy Santri Cadres is expected to significantly improve health efforts in the Assalafiyah Mlangi II Terpadu IBS environment. Students who are appointed as cadres have more responsibilities toward other students. Therefore, the debriefing and training of cadres as a milestone in realizing healthy habits in the Assalafiyah Mlangi II Terpadu IBS must be done intensively and continuously. Healthy Santri Cadres have several roles, including 1) providing examples of clean and healthy living behavior, 2) being responsible for the health of other students, 3) carrying out sustainable promotive efforts, especially CHLB, and 4) supervising and monitoring the treatment of CHLB in the IBS.¹⁹ The limitations of this research include how the outcomes were only assessed on the equipment of cleanliness facilities, level of hygiene and the implementation of CHLB in Assalafiyah Mlangi II Terpadu IBS based on students' perceptions.

CONCLUSION

According to students' perception, implementing CHLB at the Assalafiyah Mlangi II Terpadu IBS is good enough, but the medical equipment is insufficient. In addition, the condition of the UKS is inadequate, so it is necessary to improve infrastructure and available medicines. Furthermore, Healthy Santri Cadres are needed as role models for other students in implementing CHLB and improving

health status through promotive and preventive efforts. The results of this study will be used to develop recommendations related to the importance of basic personal health education using CHLB practices to promote and prevent disease transmission in congregate facilities. To improve the overall health outcomes of the students, some measures could be taken, including providing training for health cadres, provision of proper healthcare facilities, and developing digital health interventions such as telemedicine applications for further consultation with healthcare professionals. Further research needs to observe the IBS directly with the point that the CHLB should be studied more in detail based on triangulated data to prevent the bias.

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CONFLICT OF INTERESTS

No conflict of interest to declare.

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