

HEALTH LITERACY MANAGEMENT IN ISLAMIC BOARDING SCHOOLS: A CASE STUDY OF MADINATUNNAJAH

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Abstract

Health literacy in adolescents remains a critical issue in developing countries, including Indonesia, particularly within Islamic boarding schools (pesantren) which host millions of students. This study aims to explore the integration of health promotion and health services into the management system of pesantren through a case study at Madinatunnajah Boarding School. Utilizing a qualitative descriptive method with data collection through interviews, observations, and document analysis, the research identifies key components in organizing, implementing, and evaluating health services tailored to the unique pesantren environment. Findings demonstrate that integrating health services into pesantren management contributes significantly to improving health awareness, reducing communicable disease cases, and establishing sustainable health literacy practices among students. This study contributes to the broader discourse on community-based health education models, emphasizing the pivotal role of faith-based institutions in advancing adolescent health literacy. Strengthening health literacy within pesantren institutions offers an innovative solution to address the persistent health inequalities faced by adolescents in faith-based educational environments.

Keywords: Health literacy, Islamic boarding school, pesantren, health management, adolescent health, Indonesia.

INTRODUCTION

According to Lewis' theory, the definition of the school health model is a guideline or pilot that serves as a reference in overcoming health problems in schools and educational institutions. In the context of health education management, this is a pilot management pattern. So that every educational institution needs a model and concept of reference to assess, evaluate, treat, seek consultation or knowledge about various health problems. It is important for psychomotor, emotional, social skills, psychosexual status, and moral, spiritual, and physical traits (Lewis KD, et al, 2009).

The philosophical foundation of health education is that schools are very influential by young people to acquire knowledge, socio-emotional skills including self-regulation and resilience, and critical thinking skills that are supported by healthy physical, spiritual, and spiritual skills. Access to safe and supportive education and school environments is linked to more regular health outcomes. The implementation of targeted health management benefits the reduction of school dropout rates and the achievement of higher educational achievement, educational performance, employment and productivity. WHO has long recognized the link between health and education and the potential of schools to play a central role in safeguarding the health and well-being of students. In 1995, WHO introduced the Global School Health Initiative, which aims to strengthen approaches to improving health in schools. Health problems in educational institutions can be solved better if a school has treatment services that are also the right strategy (Adhanom T, 2021).

The philosophical concept of education issues needs to be combined with health problems because disease cases often occur due to lack of health education. The Great Dictionary of the Indonesian Language edition of Balai Pustaka states that science is knowledge in a certain field, which is systematically arranged according to a certain method, and through it certain phenomena in that field (knowledge) can be explained. Meanwhile, the Great Dictionary of the Indonesian Language edition of Balai Pustaka explains that the word education comes from the word didik which means to maintain and provide training (teaching, guidance, leadership) in moral intelligence and spiritual intelligence. Meanwhile, the definition of education is the process of changing the attitudes and

behaviors of a person or a group of people in order to mature a person through educational efforts, processes, methods, teaching and training activities (KBBI, 2023).

Regarding preliminary research and pilot studies on pesantren based on research by Ariguntar T, Hapsari Y, Labib M, et al as a pilot study in the Journal of Tahdzibi: Management of Islamic Education Volume 6 No.1 May 2021 in 2021, data was obtained where the most cases were anemia which was 26.7%, then the second case of respiratory tract infections was 13.4%, The third is skin disease as much as 16%, the fourth is gastrointestinal disease and fever which is 6.4%, the fifth is depression and mental disorders as much as 5.3%, the sixth is sore throat and fatigue 4.8% and the seventh is eye disease, headache and joint pain as much as 3.2%, but the Madinatunnajah Islamic Boarding School in South Tangerang has managed to overcome most of the various problems of these diseases.

Regarding the discussion of indicators of healthy Islamic boarding schools, based on theory and various studies, it was found that indicators of healthy Islamic educational institutions consist of primary indicators and secondary indicators. The main indicator is that all families in Islamic boarding schools are used to eating fruits and vegetables, exercising, and conducting early detection of possible diseases. Therefore, activities at Islamic boarding schools are closely related to health problems.

The focus of the research in this study is the Health Education Management Model Based on Islamic Boarding Schools at the Madinatunnajah Islamic Boarding School, South Tangerang. The main goal is to improve the health status of students through health education and health services in order to improve the health status of all Islamic boarding school students, namely in terms of providing health education to Islamic boarding school students and also providing treatment.

METHOD

This research approach uses qualitative design and positive deviant approaches, so that it can be a model in health education management. The purpose of this study is to analyze the management of health education in Islamic boarding schools. Madinatunnajah Islamic Boarding School Jl. Jombang-BSD No. 97. Jombang Village, Ciputat District, South Tangerang City, Banten Province. The qualitative approach is research that aims to describe and analyze phenomena, events, social activities, attitudes, beliefs, perceptions, and thoughts of the community individually and in groups.

Research methods are a series of research methods or activities that are based on basic assumptions, philosophical and ideological positions about problems that arise. Basically, research methods are scientific ways to obtain information for specific purposes and uses. A study has a specific research plan that outlines the procedures or steps that must be taken, the duration of the research, the data source and data collection conditions, and how to obtain and process the data. The purpose of research planning is to use the right research methods, planning activities that provide comprehensive answers to research questions that arise in various regions in the era of autonomy allowing for different handling of the problems faced.

Place and Time of Research

The location of this research is the Madinatunnajah Islamic Boarding School on Jl. Jombang-BSD no. 97. Jombang Village, Ciputat District, South Tangerang City, Banten Province. Meanwhile, the data source of this study is the subject who provides information to complete the necessary information, namely health workers at the Madinatunnajah Islamic Boarding School Poskestren on Jl. Jombang-BSD No. 97. Jombang Village, Ciputat District, South Tangerang City, Banten Province. The research will be conducted starting in June 2023.

Data Collection Techniques

Qualitative research aims to understand social phenomena from the perspective of participants using various strategies. Participants are people who are interviewed, observed, questioned, opinionated, thoughtful and observational. This meaning can be understood well if the interaction with the object is carried out through in-depth interviews and observations in the environment where the phenomenon occurs. Therefore, this study uses in-depth interviews and observation techniques for a flexible research strategy. In addition, materials written on the subject or written by institutions are often used to supplement the necessary information.

This last step is called the documentation technique. All of this is done to get correct and responsible information. As the main instrument, the researcher used three data collection techniques, namely interviews, observations, and documentary studies.

Data Analysis Techniques

The data processing technique used is the collection of data obtained through different data collection techniques (in-depth interviews, observations and documentation studies) into separate field records for each method. The field records that have been collected are then collected into a data collection system (filling system) which is each coded (coding). The analysis was carried out using speech or conversation analysis methods, content analysis, and interaction analysis. In addition, analysis continues to be carried out systematically, based on the "systematic discovery" approach, which is the analysis of discoveries, to the generation of theoretical-hypothesis

constructions, which are built continuously during the research process (theoretical generation while the research) and derived from field data (grounded theory generation).

RESULTS AND DISCUSSION

Aspects of Health Education Management Planning

1. Planning of the Secretary of the Islamic Boarding School

Proof of the achievement of the Madinatunnajah Islamic Boarding School-Based Health Education Management Model is that teachers and teachers are disciplined in implementing a healthy lifestyle, as well as a low sickness rate and more healthy students than sick. Discussing planning issues so that they can be applied optimally, students must have high morals. Regarding the promotive, preventive, curative aspects of health from the promotive side, according to Ustaz Eko, it is to provide education with various media and methods of delivering health education. Then preventive is to plan disease prevention with the right strategy. From the curative side, the relationship with planning is to provide health education according to the specifications of each disease.

Health education management planning is carried out by knowing the ability of school health business services. Although the researcher sees the disadvantage of the pesantren health post in Madinatunnajah is the absence of doctors in the School Health Business, but with good cooperation it can also be realized the condition of an excellent healthy pesantren can also be realized. According to Ustaz Eko, there is no formal health education, what exists is health coaching in formal school lessons. There are volunteers from outside the pesantren who help provide health services at the pesantren to carry out health education management in the student care bureau. After being discussed through work meetings and leadership meetings, all problems must also be discussed from the leadership level. Outside the Islamic boarding school, there is a chemistry farma clinic, but this clinic is outsourcing, not internal medical personnel of the Islamic boarding school.

2. Planning of UKS Supporting Informants

The problem of organizing in Islamic boarding schools is a health problem carried out by the health workers themselves in the School Health Business (UKS) or Poskestren. Especially in the promotive aspects (efforts to encourage growth and development of health), preventive, curative, constructive and health preservatives. Constructive means health development, preventive (prevention), curative (treatment/cure), rehabilitation (placement of a person according to the last condition of his health, preservative (maintaining a person's situation that has been healthy and the natural environment that has been good for health).

3. Teacher Support Informant Planning

With regard to promotive, preventive and curative aspects of health, health education management planning must be carried out in accordance with Islamic principles. At the Madinatunnajah Islamic boarding school, Ustaz Wahid as a yellow book teacher gave the view that educators must also give health advice at every opportunity, according to their respective health knowledge. Health promotion is carried out by providing medical direction and advice. Health prevention is an effort to prevent diseases so that disease cases do not occur. Then curative for students is to give medicine to sick students.

Discussing the problem of health education management planning, the meaning of healthy according to students is defined as a condition that is excellent and feels fit and fit to carry out educational activities with a fresh and positive mind. The definition of illness according to students is feeling unwell and not fit so that they do not maximize participation in learning activities both inside and outside the classroom. The definition of healthy in Islam is the condition of being able to worship well in the general sense, namely going to school well, or in a special sense, namely studying Islamic religious knowledge and being able to carry out daily "ubudiyah" worship well because it has a healthy physical and spiritual health.

4. Planning Focus Group Discussion Santriwati

Health education management in terms of where, who (who) does, how (how), when (when), what is done (what) and why (why) according to the students interviewed by the researchers is a healthy lifestyle so that a healthy body condition is realized. And studied in promotive, preventive, curative, constructive, and health preservative aspects.

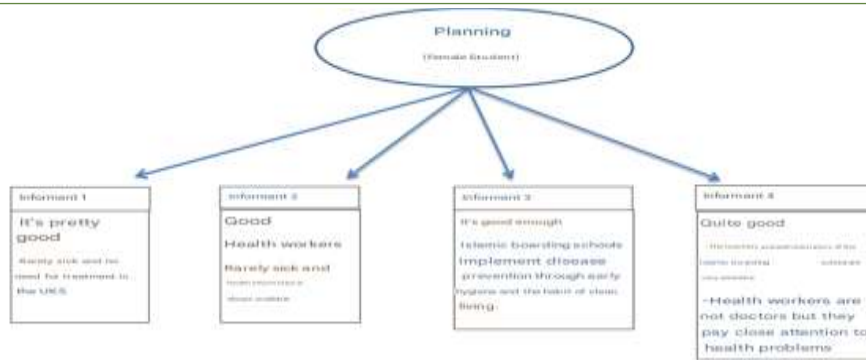


Figure 1 Planning Flow Chart (Santri Putri)

Health education management planning from the side of the student's guardian, of course, before the student enters the pesantren, he has been given provisions about health education by his parents and the student also understands his body, for example, food taboos and congenital diseases that he suffers from so that when entering the pesantren, the pesantren administrator has received health records about the students who want to enter the pesantren. If health is given to students at the Islamic boarding school, either directly or indirectly, it is important because the parents' expectations are also so that the students are always healthy while attending the Islamic boarding school. Parents of students do not know in depth about the organizational structure as well as the planning, implementation and treatment in the School Health Business (UKS). However, the student's guardian can explain and provide information about the student's health history to the management of the pesantren as health data during school. When coming to visit, the guardians of the students should also pay attention to their health.

Aspects of Organizing Health Education Management

1. Organizing Key Informants of the Secretary of the Lodge

Understanding the organization of Ustadz Eko as the executive secretary strongly emphasizes the importance of responsiveness in urgent cases. In discussions and communication between bureaus. Regarding promotive, preventive and curative aspects of health in the context of organizing health issues in addition to strengthening coordination between bureaus, also the emphasis on health issues during work meetings (raker). It is important for cognitive, affective and psychomotor.

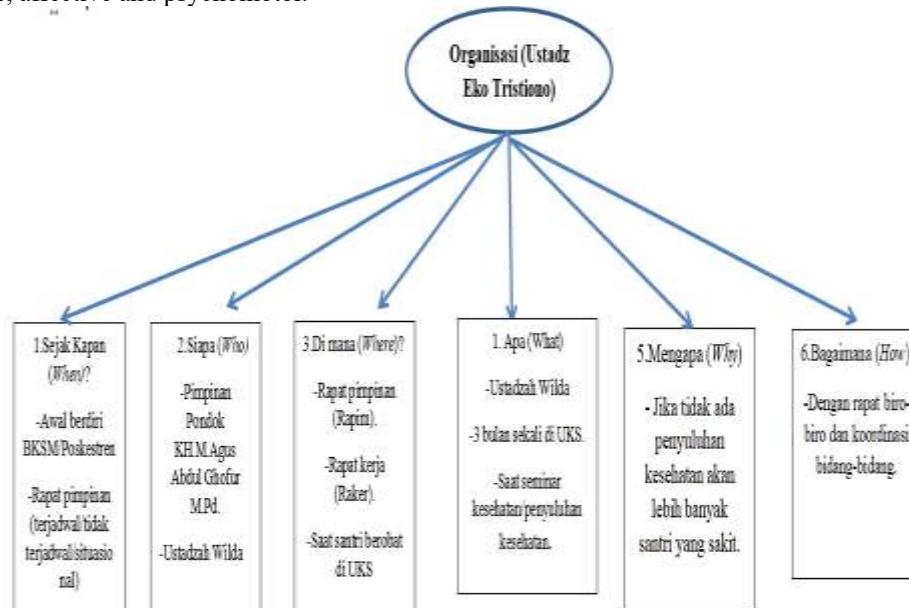


Figure 2 Organizational Flow Chart (Ustadz Eko Tristiono)

Examining the organization of health education management, the executive secretary said that the organization of health problems at the Madinatunnajah Islamic Boarding School was carried out by health coaches. For example, the laundry problem, the main point in the laundry problem is the maintenance of clean clothes. Currently, the Madinatunnajah Islamic Boarding School always pays attention to personal hygiene which includes clothes, bed sheets, pillowcases and mattresses. Because for the prevention of diseases, especially skin diseases, this is important. The organizing unit is the joint leader of the head of the health bureau as a health coach who will later collaborate with the business bureau. For disease prevention issues, food issues are also important. The regulation of food problems in Madinatunnajah is regulated both in terms of meal time, type of food to be consumed and nutrition aspect

The issue of organizing health education management in the context of the purpose and purpose of maintaining health must be clearly explained to students. Awareness of treatment also affects learning achievement later. If students are sick, their learning achievement can also decrease, students are also given the knowledge to be able to provide first aid if they are sick, especially in emergency illnesses or given first aid provisions in accidents or P3K only after being able to overcome their own vehicles. Students can report to the health department or for example transfer treatment to the School Health Business if further treatment is needed, for example, surgery if the illness is severe or requires hospitalization, students are also given reading media and pamphlets or brochures to increase their knowledge.

2. Organizing According to UKS Supporting Informants

Promotive, preventive and curative aspects of health in the context of organizing are carried out by if there are sick students, treatment is immediately carried out. If a health counseling is immediately held in front of the students, and for those who do not immediately install health pamphlets or posters for health education. Understanding students from a cognitive perspective, that is, students' views on health must have intelligent health knowledge. Then the affective of students develops constructively, what is meant by affective is the attitude and emotions and emotions of students when receiving health education, students respond with open values and open acceptance. Then psychomotor which is the effort of students to achieve a healthy and physical condition of excellent students in participating in educational activities. Promotive health efforts are the first efforts or prevention stages carried out to improve health. Promotive health education is carried out through increasing balanced nutritional intake, exercising as needed and providing health-related education or education. Preventive health education is an effort carried out with various measures to avoid the occurrence of various diseases and health complaints that threaten in the future. Then curative in health is intended for treatment aimed at curing disease, reducing suffering from disease, controlling clinical symptoms, or controlling disease worsening.

Tracing the organization of health education management, it is necessary to discuss environmental health, of course, also pay attention to waste management issues. In this case, the local environmental agency (DLH) also assists this pesantren in waste management. Waste management both in the bedroom, classroom, and pesantren yard is collected in garbage cans that have been provided to be given to DLH officers later. For food problems, this pesantren does not have cleaning service personnel because all the work of sweeping, tidying and mopping the floor is all done by students. For hygiene issues, both female and male students are emphasized to maintain the cleanliness of the environment, but from my observation, female students are more diligent and attentive to personal hygiene and environmental problems compared to male students.

3. Organizing Focus Group Discussion Santriwati

Promotive, preventive, curative, constructive, and health preservative aspects. Problems in the context of organizing health education management from the side of female students, discussing the management of health education in the Madinatunnajah Islamic boarding school, the students, especially female students, in interviews and discussions with four female students, obtained results that the definition of healthy according to the students means that health complaints do not exist and are not sick. In student interviews, the definition of illness according to the students is that there are unpleasant complaints in the body so that it interferes with daily activities. With a fit body, students have cognitive, affective and psychomotor skills that are also maximum.

4. Implementation According to Teacher Support Informants

Regarding the promotive, preventive and curative aspects of health education management in implementation issues including the treatment of sick students, the provision of health education, health counseling, and the provision of health information for disease prevention and education to maintain environmental cleanliness. According to Ustaz Wahid, the implementation of treatment can support the cognitive side, namely being intelligent in facing problems, then affective, namely responsive in learning, and psychomotor is good, namely assertive students in the sense of immediately acting when they see things that are not right. For example, immediately pick up food waste in the middle of the field.

Formulation of Health Education Management Model at Madinatunnajah Islamic Boarding School, South Tangerang

The model in health education management research in Madinatunnajah can survive as long as effective communication and synergy between educators continues to be applied. From this model, the most important part of management that plays a role in success is cooperation between bureaus during treatment, namely the curative aspect. The obstacles that can occur in this model are communication that is sometimes poorly established due to lack of discussion, then health workers have limited facilities and infrastructure so that for cases of emergency illness it is necessary to be referred out of the pesantren. If this model is applied in other Islamic boarding schools, the possibility is that the leadership of the Islamic boarding school does not necessarily support the health aspect, as has been established in the Madinatunnajah Islamic Boarding School. The results of the study showed that all students interviewed had a normal Body Mass Index (BMI). This is the result of successful health management. The Madinatunnajah Islamic Boarding School has succeeded in realizing the cognitive, affective and psychomotor aspects of students through promotive, preventive and curative patterns in the indicators of healthy pesantren such

as there are educational information communication tools (health posters), Islamic boarding schools implementing a clean and healthy lifestyle (PHBS), wearing masks when coughing and cold, buying food and drinks in healthy canteens, using healthy toilets, measurable exercise, cleaning mosquito larvae, Smoking is prohibited in Islamic boarding schools, each weighing and measuring height once every 6 months, maintaining mental health. The curative aspect in Madinatunnajah is also accompanied by rehabilitative actions, accompanied by the provision of health counseling.

Then the research findings and research results from observations and observations in Madinatunnajah are that the key to the success of the Madinatunnajah pesantren in winning the healthy pesantren competition in the South Tangerang city held by the Nahdatul Ulama health institution South Tangerang branch can be realized because of the collaborative communication between bureaus in the pesantren, both health workers and other fields, such as the parenting bureau and the business bureau. Then the Madinatunnajah Islamic boarding school has implemented strategic management and systematic quality management related to health education management, for example establishing partnerships with guardians of students to work together so that educational activities remain interactive. Communication with guardians of students is maintained and communication with residents around the pesantren and community leaders around the pesantren is also well established. Various activities such as sports or during the distribution of sacrificial animals involving the community also support the implementation of conducive learning activities.

Understanding the promotive aspects of health education management in Madinatunnajah is carried out with a persuasive approach strategy so that if there is health advice from educators, it is obeyed by students, both individually and together. In the context of preventive health education management, this is done by coordinating well with each other, achieving constructive health communication, then from the curative side of the implementation of health education management, good results are also realized due to solid cooperation among all educators. When analyzed from the cases of diseases in the Madinatunnajah Islamic boarding school, there are the top 5 most cases of diseases which include respiratory diseases, digestive diseases, skin diseases, psychological diseases and joint pain and headaches. The cognitive aspect of a healthy lifestyle in Madinatunnajah is manifested by the awareness to always behave cleanly and healthily. The affective aspect is applied in the prevention of diseases. The students heal faster, this makes the condition of healthy students can be realized faster. The psychomotor aspect is shown by the partnership strategy of the Madinatunnajah Islamic boarding school in overcoming health problems, which is inseparable from the role of the South Tangerang Health Office, as well as the local health center that helps health services. There is also a Kimia Farma clinic located right in front of the pesantren which helps health services with cooperation with institutions from outside is also Madinatunnajah's strategy in realizing maximum health education management conditions so that it becomes a healthy pesantren at the South Tangerang level.

At the Madinatunnajah Islamic boarding school, students experience cognitive, affective and psychomotor development whose results have been seen. The cognitive aspect of the interviewed students, they have high motivation to learn and good academic scores. The affective aspect of the students interviewed, they are active in participating in academic activities at the pesantren, because they have a fit and healthy body. Then the psychomotor aspect of the interviewed students is that they are active in exercising and enthusiastic in carrying out extracurricular activities. With the management of health education that is carried out in a structured manner, the health behavior of students is also disciplined, so that the cognitive, affective and psychomotor aspects of students also develop. As well as achieving physical and spiritual health that supports maximum learning achievement. The success of Madinatunnajah in realizing the planning, implementation, and treatment of health education management can also be realized with good eating and drinking habits, a healthy lifestyle such as exercising, taking vitamins for immunity, not buying food and drinks carelessly, so that starting from a healthy personal life, health is also realized among all students as a whole.

Environmental cleanliness is also maintained because beauty and neatness are the basis of health. In the context of Islam, of course, cleanliness is part of faith, so that efforts to seek medical treatment for example are recommended in Islam and the relationship between health hygiene and good treatment can be realized for the sake of a maximum health arrangement so that teaching and learning activities are achieved optimally. Cognitive, affective and psychomotor development also develops with Islamic principles.

School Health Business Equipment Equipment

Table 3 details the different types of equipment and equipment needed for school health efforts. Each category includes a description of the quality and condition of the equipment that must be met to ensure functionality and safety. Here are the details of each type of fixture:

	Kind	Sum	Description
1	<u>Furniture</u>		
1.1	Check bed	1 set/space	Strong, stable, and safe.

1.2	Cupboard	1 piece/chamber	Strong, stable, and safe. Lockable.
1.3	Tables and chairs	2 pieces/chamber	Strong, stable, and safe.
2	<u>Other Equipment</u>		
2.1	Student health records	1 set/space	
2.2	P3K Supplies & Medicines	1 set/space	It does not expire.
2.3	Oxygen Cylinder	1 piece/chamber	Functional conditions
2.4	Blanket	1 piece/chamber	Functional conditions
2.5	Sphygmanometer	1 piece/chamber	Functional conditions
2.6	Body thermometer	1 piece/chamber	Functional conditions
2.7	Body Scales	1 piece/chamber	Functional conditions
2.8	Height gauge	1 piece/chamber	Functional conditions
2.9	Trash can	1 piece/chamber	Functional conditions
2.10	Hand wash water faucet	1 piece/chamber	Functional conditions

The table as mentioned above illustrates the standard equipment and equipment that must be present in the school health room. Each item has an important role in supporting safe and efficient health services for students.

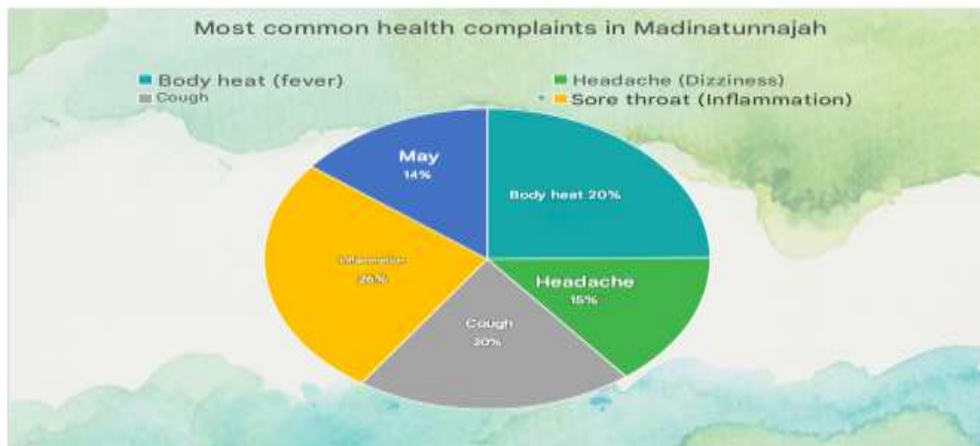


Figure 3 Graph of the Most Health Complaints in Madinatunnajah

The graph above shows the distribution of the most health complaints that occur in Madinatunnajah. Based on the pie chart, we can see the various types of health complaints and their percentages.

1. Radang/Faringitis (26%)

The most dominant complaint in Madinatunnajah is strep throat, which accounts for 26% of the total health complaints. This suggests that many residents are experiencing problems with infections or irritation in their throats, possibly due to certain environmental factors or habits that affect throat health.

2. Batuk/Cough (20%)

Cough complaints are in second place with 20% of the total complaints. Coughing can be caused by a variety of factors such as viral or bacterial infections, allergies, or other health conditions. This considerable percentage shows the need to pay attention to environmental conditions and lifestyle habits that can trigger coughing.

3. Body Heat/Febris (20%)

Complaints of fever or body heat are also significant, the same as cough, which is 20%. Fever is usually a sign of an infection in the body, so this figure indicates that many people have an infection that requires medical attention.

4. Headache/cephalgia (15%)

Headaches or dizziness account for 15% of total health complaints. These complaints can be caused by various factors such as stress, dehydration, vision problems, or other medical conditions. This percentage shows the importance of stress management and general health in the community.

5. Stomach (20%)

Ulcer complaints have the same percentage as cough and body heat, which is 20%. Digestive problems such as ulcers can be triggered by irregular diet, stress, or unhealthy food consumption. This figure shows the need for education about healthy eating and stress management.

Thus overall, this graph illustrates some of the major health complaints faced by Madinatunnajah residents. Problems such as strep throat, cough, fever, headache, and ulcers demonstrate the need for a comprehensive approach to addressing public health, including prevention and health education efforts to reduce the prevalence of these complaints. Improved health services and public awareness campaigns on healthy lifestyles can help reduce these complaints in the future.

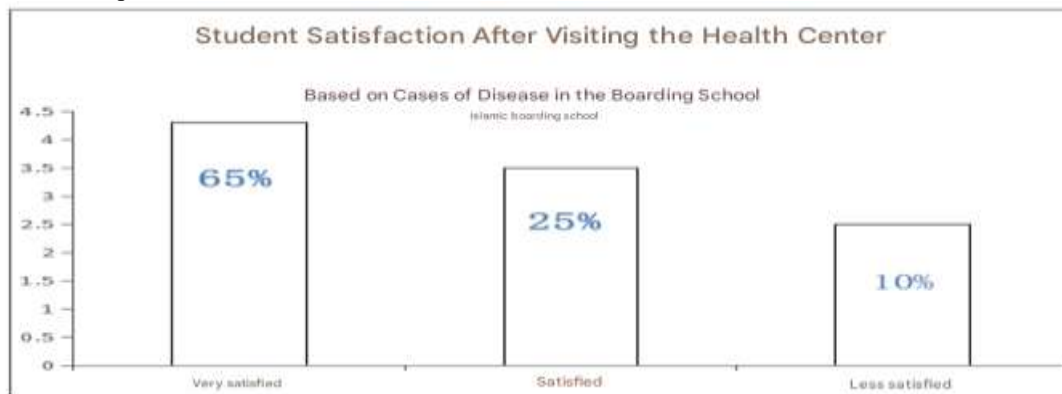


Figure 4 Graph of Student Satisfaction After Visiting the Health Center

The graph above shows the level of satisfaction of students after visiting the health center at the Islamic Boarding School, which is based on the cases of diseases they experienced. This graph shows three categories of satisfaction: very satisfied, satisfied, and dissatisfied.

1. Very satisfied (65%)

Most of the students, which is 65%, are very satisfied with the services they receive at the health center. This high level of satisfaction shows that the majority of students feel that the health services provided meet or even exceed their expectations. Factors that may contribute to this level of satisfaction include the quality of medical care, the professionalism of the healthcare workers, the cleanliness of the facilities, and the speed of case handling.

2. Satisfied (25%)

Around 25% of students stated that they were satisfied with the services provided. Even though they were not satisfied with the first group, this group still showed that the health center was able to provide good and adequate services. This satisfaction reflects that some students find that the facilities and services provided are sufficient to meet their health needs, although there may be some areas that can still be improved.

3. Dissatisfied (10%)

As many as 10% of students are dissatisfied with the health services they receive. Although it is a relatively small percentage, it indicates that there are some problems or shortcomings in the service that need to be noticed and fixed. Factors that may cause this dissatisfaction can include delays in handling, lack of certain facilities, or less effective communication between health workers and students.

This graph shows that the majority of students are satisfied with the services they receive at the health center, with 90% of students very satisfied or satisfied. Only 10% felt dissatisfied, which indicates there is room for improvement but is insignificant given the overall high level of satisfaction.

Further improvement in services can be focused on overcoming complaints from dissatisfied groups to achieve more satisfaction among students. This effort can involve improving facilities, speeding up response times, and improving communication between students and health workers. Thus, the health center at the Islamic Boarding School can continue to improve the quality of its services and ensure that all students receive optimal care.

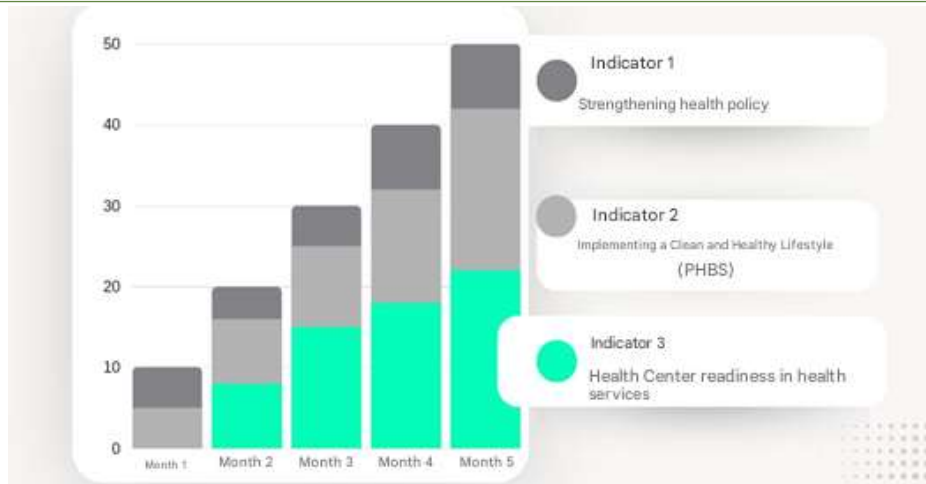


Figure 4 Graph of the Three Most Health Indicators in Madinatunnajah

The graph as mentioned above shows that the development of three health indicators over five months. The three indicators include:

Indicator 1: Strengthening Health Policy

In the first month, health policy shows a low start with a score of about 10. However, there is a steady increase every month. In the fifth month, health policy reached a value of around 45, indicating a significant increase in the strengthening of health policies.

Indicator 2: Implementing a Clean and Healthy Lifestyle (PHBS)

This indicator also increased from the first month to the fifth month. Starting from a score of around 5 in the first month, the implementation of PHBS increased consistently and reached a score of around 30 in the fifth month. This shows that there is an increase in awareness and the implementation of a clean and healthy lifestyle in the community.

Indicator 3: Health Center Preparedness in Health Services

The preparedness of health centers also increased significantly during the five-month period. Starting from a low initial score, there was a steady and consistent increase every month, reaching a high of around 50 in the fifth month. This shows that the health center is increasingly ready to provide health services to the community.

Thus overall, this graph illustrates a consistent improvement in all three health indicators over five months. The strengthening of health policies, the implementation of a clean and healthy lifestyle, and the preparedness of health centers all show positive trends that reflect continuous efforts to improve the quality of public health. This increase is important to ensure that people get optimal health services and implement a healthy lifestyle for common welfare.

CONCLUSION

Integrating health services into pesantren management significantly enhances adolescent health literacy. Madinatunnajah's model offers a practical framework adaptable to other religious-based educational institutions, contributing to broader efforts in adolescent health promotion and aligning with global health education initiatives. This research reinforces the value of culturally embedded health promotion strategies and advocates for continued collaboration between educational and health sectors to foster environments conducive to positive health outcomes among adolescents. Future research should explore the long-term impacts of such integrations and investigate the scalability of this model across diverse pesantren settings, potentially contributing to more comprehensive health strategies within Indonesia's educational framework.

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