

Health communication patterns of clean and healthy behavior in islamic Boarding School

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ABSTRACT

The information received by Santries from various sources regarding infectious diseases in Pondok Pesantren's environment is still confusing, which causes the Santries to be confused about finding reliable sources of information for their own health. They have sought this information through various sources. The purpose of this study is to determine who is the primary source of dissemination of health communication information related to Clean and Healthy Behavior and the health communication process within the Islamic boarding school in Sukabumi Regency, West Java, Indonesia. This study used a qualitative research method; then, the final results presented the health communication pattern among Islamic Boarding School in Sukabumi Regency. A case study approach was used in this study. The unavailability of updated, relevant data shows that the Central Government is still not actively moving towards the success of the PHBS Program at the national level in general and the education level of Islamic boarding schools in general. The difference between the provisions of the central government and the teachings of the Islamic religion that is applied in the Islamic Boarding School environment is one of the obstacles to implementing PHBS at the education level. The health information available in the mass media cannot be used by Santries to obtain information related to health. This research concludes that health information from Kyai's teachings are the primary sources of health information in the Pesantren environment, supported by health information written in the Al- Quran and Al-Hadiths. Santries can receive health information outside the Pesantren environment through medical personnel, mass media, and information from the school. Suggestions from this research are PHBS counseling for Kyai and Santries according to national health standards under the guidance and supervision of the Ministry of Health.

Keywords: Health communication; islamic boarding school; health communication patterns; health information source; clean and healthy lifestyle

Pola komunikasi kesehatan perilaku hidup bersih dan sehat di Pondok Pesantren

ABSTRAK

Informasi yang diterima santri dari berbagai sumber mengenai penyakit menular di lingkungan Pondok Pesantren masih simpang siur sehingga menyebabkan Santri bingung mencari sumber informasi yang dapat dipercaya untuk kesehatannya sendiri. Mereka telah mencari informasi ini melalui berbagai sumber. Tujuan penelitian ini adalah untuk mengetahui siapa sumber utama penyebaran informasi komunikasi kesehatan terkait Perilaku Hidup Bersih dan Sehat (PHBS) dan proses komunikasi kesehatan di lingkungan pondok pesantren di Kabupaten Sukabumi, Jawa Barat, Indonesia. Penelitian ini menggunakan metode penelitian kualitatif, kemudian hasil akhir mempresentasikan pola komunikasi kesehatan di kalangan Pondok Pesantren di Kabupaten Sukabumi. Pendekatan studi kasus digunakan dalam penelitian ini. Tidak tersedianya data relevan yang terupdate menunjukkan bahwa Pemerintah Pusat masih belum aktif bergerak menuju keberhasilan Program PHBS di tingkat nasional pada umumnya, dan tingkat pendidikan pesantren pada umumnya. Perbedaan antara ketentuan pemerintah pusat dengan ajaran agama Islam yang diterapkan di lingkungan Pondok Pesantren menjadi salah satu kendala pelaksanaan PHBS di tingkat pendidikan. Informasi kesehatan yang ada di media massa tidak dapat dimanfaatkan oleh Santries untuk memperoleh informasi terkait kesehatan. Kesimpulan dari penelitian ini adalah informasi kesehatan dari ajaran Kyai merupakan sumber utama informasi kesehatan di lingkungan Pesantren, didukung oleh informasi kesehatan yang tertulis dalam Al-Quran dan Al-Hadits. Informasi kesehatan yang berasal dari luar lingkungan Pesantren dapat diterima oleh Santri melalui tenaga medis, media massa, dan informasi dari pihak sekolah. Saran dari penelitian ini adalah penyuluhan PHBS bagi Kyai dan Santri sesuai standar kesehatan nasional di bawah pembinaan dan pengawasan Kementerian Kesehatan.

Kata-Kata kunci: Komunikasi kesehatan; pondok pesantren; pola komunikasi kesehatan; Sumber informasi kesehatan; gaya hidup bersih dan sehat

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INTRODUCTION

One of the health development missions in Indonesia is to mobilize and empower the community to adopt a Clean and Healthy Life Behavior (after this written PHBS/*Perilaku Hidup Bersih dan Sehat*). According to the PHBS (Indonesia, 2011), PHBS is a set of behaviors that are practiced based on awareness as a result of learning, which makes a person, family, group, or community able to help themselves (independently) in the health sector and play an active role in realizing public health. The main goal of the PHBS movement is to improve the quality of health through a process of awareness which is the beginning of the contribution of individuals in living clean and healthy daily life behaviors.

The Ministry of Health of the Indonesia Republic stated that in 2017, Indonesia was in the third position of the infectious disease spread cases caused by unsanitary and healthy living habits after India and China. One of the efforts made by the Central Government to implement PHBS is to routinely conduct public health screening, which generally starts from the environmental structure of Islamic boarding schools, Indonesian National Military-Indonesian National Police Departement, dormitories, all prisons in the country, and the general public.

PHBS consists of several indicators, namely washing hands with running water and using soap, throwing garbage in its place, and so on, but this study limits itself only to the application of PHBS in educational institutions in Islamic boarding schools (after this written as *Pondok Pesantren*). The importance of school health is contained in Health Law no. 36 of 2009 article 79, which reads School health is held to improve the ability of students (after this written as *Santries*) to live healthy in a healthy environment so that *Santries* learn, grow and develop harmoniously and as high as possible become quality human resources.

One of the boarding-based educational institutions widely scattered in Indonesia is *Pondok Pesantren*, where *Santries* live and study in a boarding school environment which is usually in the form of an Education complex under the guidance of a teacher (after this written as *Kyai*). *Pondok Pesantren* are in great demand in Indonesia because they have a

unique way of education in building a balanced life between the world and the hereafter. As the province with the most extensive distribution map of *Pondok Pesantren* in Indonesia, West Java has participated in campaigning for the PHBS in public school settings and *Pondok Pesantren* in particular based on guidelines from the Ministry of Health of the Republic of Indonesia. The West Java Provincial Health Office believes educational institutions are strategically positioned to promote and instill PHBS values and a healthy lifestyle. School *Santries* are also potential agents of change to promote PHBS in the school, family, and community environment.

Disease transmission in boarding education institutions is frequent, especially in *Salafiah Pesantren*, synonymous with traditional (classical) *pesantren*. Disease transmission among *Santries* and teachers in a dormitory environment spreads faster than other educational institutions. The high intensity of repeated interactions between individuals and shared facilities in the living and learning environment becomes a difficult obstacle to breaking the disease spread chain. Thus, various unclean living behaviors are still found in traditional Islamic boarding school (Wahyudin & Arifin, 2015).

One of the infectious diseases caused by unsanitary life behavior and often attacks *Santries* in *Pondok Pesantren*, especially *Salafiah Pesantren*, primarily located in rural areas such as in Sukabumi Regency, is a scabies skin disease which is better known as "*Budug*" in Indonesia. Scabies in *Pondok Pesantren* is considered a "compulsory" disease suffered by *Santries* until the birth of the *Santries* label "*Budug*" which means *Santries*, who is filthy, dirty, and shabby in appearance. A bad stigma has long been attached to the *Santries* of the *Salafiah Pesantren*, who adhere to an effortless and straightforward lifestyle.

The main objective of the *Salafiah Pesantren* is to produce religious experts with a straightforward worldly lifestyle. The buildings of the *Salafiah Pesantren* are generally elementary, with poor sanitation systems, lack of natural lighting, and neglected indoor air ventilation. Clean water for bathing, washing, and latrines is made simple without thinking about waste disposal and used jointly by all residents. Healthy and balanced food is

also put aside by the system. The presence of infectious diseases among *Salafiah Pesantren* residents, especially *Santries*, is considered very reasonable and familiar to the extent of misunderstanding news circulating on social media which says that the infectious disease experienced by *Santries* is an attempt to detox the body as part of self-purification so that they can absorb more of the religious life in *Pondok Pesantren*.

Santries have sought this information through various sources, both health workers/ Public health centers, through interpersonal channels such as discussions with *Kyai/Ustadz*, senior *Santries*, school authorities, as well as the books they have studied themselves in *Pesantren*, as well as through mass media and social media. The implementation of PHBS in *Pondok Pesantren* is not yet ideal, especially in the Sukabumi Regency area, which contradicts what is taught based on Islamic education.

The purpose of this study is to determine who is the primary source of dissemination of health communication information related to Clean and Healthy Behavior, PHBS Program, and the health communication process within *Pondok Pesantren* in Sukabumi Regency, West Java, Indonesia. According to (Babak Moeini, 2016), simple approaches such as health information can be helpful to increase the level of education and health care for people. However, experience has shown that the addition of communication strategies and the use of health education and health promotion specialists to plan and design effective training programs tailored to the target groups is needed in this area.

This study has implications as a guideline for the Central and Local Governments to make *Kyai* as health cadres and supervise the implementation of PHBS in *Pondok Pesantren*, considering that the *Santries* of *Salafiah Pesantren* has very high trust and honor for their *Kyais*. According to the research results by (Wahyudin, 2013), *Kyai* must guide people in developing healthy, mature attitudes and a solid determination to act together strategically to catch up with lags.

PHBS counseling for *Kyai* and *Santries* according to national health standards under the guidance and supervision of the Ministry of Health will significantly encourage the implementation of clean and healthy living

habits in the community, especially in boarding schools that have a high level of spread of infectious diseases. This study can also be used as an evaluation by the management of *Pondok Pesantren* in implementing a healthy lifestyle for all residents. Exemplary PHBS implementation in schools and *Pondok Pesantren* will have good implications for improving the health of the Indonesian people. Academically, this study can enrich the study of health communication with a focus on school health information sources.

RESEARCH METHODS

This article used qualitative methods that allowed the researcher to interpret and explain a phenomenon holistically by using words without depending on a number. According to (Lexy J. Moleong, 2017) qualitative methodology is a research procedure that produces descriptive data in written or oral words from the people and the observed behavior. In this article, the author used a case study approach because it is considered appropriate and suitable with the phenomenon, where the implementation of PHBS in *Pondok Pesantren* in rural areas of the Sukabumi Regency is still far from ideal. The local government claims that it is sufficient to educate and socialize the PHBS implementation in *Pondok Pesantren*. However, many *Santries* in rural areas still do not understand or even implement the PHBS Program from the Ministry of Health of the Republic of Indonesia.

The informants in this article were chosen by the purposive sampling technique to obtain the data and answer the objectives. Secondary data was obtained from stakeholders like West Java Provincial Health Office and Sukabumi District Health Office. The key informants in this study are senior *Santries* living in the *Pondok Pesantren* in the rural areas of the Sukabumi Regency. These characteristics were chosen so that informants could compare their life behavior before living in the *Pesantren* and while living in the *Pesantren* environment and could provide a comprehensive explanation of the culture of life in the boarding school. Several criteria for selecting informants in this study include (1) Ten senior *Santries* who lived and studied formal education inside or outside *Pondok Pesantren* for at least one year and had

suffered from infectious diseases in the *Pondok Pesantren* environment. (2) Five senior *Santries* who have consciously searched for health information have become health cadres or participated in disseminating health information communications within the *Pondok Pesantren*. (3) Two *Kyai* in the *pesantren* environment. (4) Two policymakers and authorities for the PHBS Program in the school environment and the general public, both at the central and regional government levels. (5) Two medical and health personnel directly involved in the implementation and supervision of PHBS in the Sukabumi Regency.

Data collection was carried out by non-participatory observation using the sense of sight of conditions, situations, the process of activities that occur at *Pondok Pesantren*, and especially observing how the *Santries* behave while inserting open and in-depth interviews with informants in the *Pondok Pesantren* area, as well as collecting supporting documents both from the *Pondok Pesantren* repository, and related government agencies.

Data analysis was performed by reducing the data, sorting, and selecting relevant data/information. Furthermore, the display data in the form of descriptions data or information about the context focuses and answers to the research questions posed in a narrative. Based on the narrative description data, the researcher formulated the constructs conveyed by the informants to formulate relevant concepts. The final stage is drawing conclusions and verification by drawing objective conclusions based on the subjectivity of the data provided by the research informants and the records of participating observations. The three stages of data analysis are interconnected and continue throughout the research.

RESULTS AND DISCUSSION

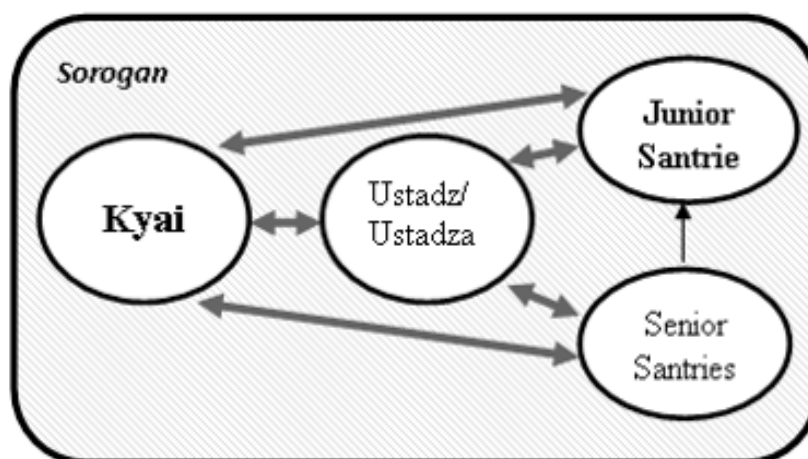
The incidence and prevalence of infectious diseases in Indonesia are still very high, especially in the *Pesantren* community because *Santries* live together with a group of people who have different levels of concern, understanding, and application of personal hygiene in the boarding school environment. In addition, PHBS, especially personal hygiene, generally received less attention from *Santries*.

Ridwan, A.R., Sahrudin, S., Ibrahim, K. (2017) found that *Pondok Pesantren* in Indonesia grows in slum environments, dirty baths and toilets, humid environments, and poor sanitation. The same unhealthy lifestyle was carried out by *Santries* in this study, where they live in a humid environment, lack of ventilation and sanitation systems which are far below sufficient.

Based on the results of a similar study at *Pondok Pesantren* in Kendari City (2017), the low level of personal hygiene for *Santries* in the Islamic boarding school can be seen from the habit of some *Santries* showering only once a day, taking turns using the same towels, often changing clothes with fellow *Santries*, using tools. Sleeping alternately (covers, pillows, bolsters, and blankets), and in front of the rooms the *Santries* look messy and dirty, books, clothes are not neatly arranged, food waste is also only collected in front of the room, not cleaned immediately, and pile up or hang dirty clothes for weeks without washing it.

One of the poor condition of students and TIBS's environment is related to low health literacy and limited availability of health information sources (Bajari, Wahyudin, & Erlandia, 2019). It was also found that *Santries* at *Pondok Pesantren* in the rural areas of Sukabumi Regency usually sleep by placing a mattress on the floor as their bed, and some are just wearing a mat. Before carrying out their routine activities, they cleaned the mattress and piled the sleeping mats on the edge of the *Santries* 'bedrooms, mixing with other *Santries*' sleeping tools.

This study found several reliable sources of health information for *Santries* in *Pondok Pesantren* in Sukabumi Regency-West Java, which was sorted from primary health information sources to additional health information sources. The sources of health information and the PHBS Program cannot stand alone and will always be related to one another. As said by (Schiavo, 2015) that for health communication, the first words that come to mind are 'increased collaboration.' Despite the progress on platforms and support for cross-sectoral communication efforts (for example, across the fields of public health, healthcare, community development, global health, science, and others), too many partnerships and exchanges are still relying solely on the goodwill and hard work of the professionals who pursue



Source: Study Result, 2014

Figure 1 Health Communication Patterns of Hygiene & Healthy Behavior in Sorogan Teaching and Learning Settings in Islamic Boarding School

them. Therefore, health communication can be said as a systematic communication effort to improve the quality of human health (Wahyudin, 2018). Thus, health communication is a multidisciplinary approach to sharing health information (Mulyana et al., 2018). In contrast, the successful implementation of the PHBS program and achieving the goal of equal distribution of health for the Indonesian people in general and school students, particularly, require serious cooperation from many parties.

The *kyai* or teacher is usually the owner of *Pondok Pesantren* and the internal regulator and is considered a religious figure by the surrounding community that his followers always adhere to his advice and suggestions. Therefore, the *Kyai* is considered to have the ability to convey his opinion. In highlighting the position of *Kyai* as a community guide.

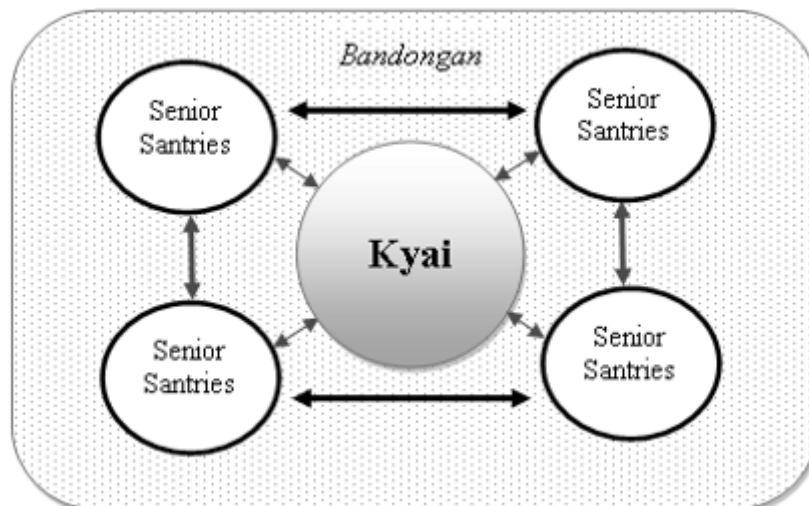
The doctrine of the *Kyai* in teaching health and hygiene at environment of *pesantren* and those who are not (Bajari, Wahyudin, Koswara, et al., 2019). The *Kyai* in their role as communicators of PHBS in boarding schools which in turn this image is expected to be used as a reference for health decision makers in conducting PHBS communication campaign in educational institutions in order to become more persuasive health communicators (Wahyudin & Setiaman, 2019).

The result shows that the role of *Kyai* and *Ustadz* in the socialization of PHBS in rural *Pesantren* is related to the characteristics possessed by *Kyai* or *Ustadz*. In Islam, all forms

of information originating from *Kyai* and *Ustadz* are considered reliable sources and should not be refuted or denied. So high is the respect of the *Santries* for the *Kyai* and their *Ustadz* that they put enormous trust in every *Kyai*'s words and behavior as a guide and role model as they have to behave in everyday life. The character of the *Kyai* in society is also supported by his function as a teacher to guide the people in their daily life so that all their actions follow the teachings of Islam.

Kyai is required to have the ability to explain to the public the main characteristics of the global picture of modern public health following Islamic teachings; what are the essential characteristics of information processing systems; what is the position of science in the education system; how the economic system should be developed; what is the system that people must develop.

This study indicates that the first source of health information for *Santries* is the *Kyai* as the essential element of a *Pesantren* and a professor in Islamic teachings. Being a *Kyai* means that person must have a healthy body and soul. He must be physically and mentally prepared to broadcast the teachings of Islam. In this study, three patterns of health and hygiene information delivery in the *Pondok Pesantren* is usually carried out by *Kyai* to *Santries* during The *Sorogan* setting, group health communication during The *Bandongan* setting or the "deliberation class," and organizational health communication when discussing health



Source: Study Result, 2014

Figure 2 Health Communication Patterns of Hygiene & Healthy Behavior in Bandongan Teaching and Learning Settings in Islamic Boarding School

activities or programs to be carried out.

Kyai, Ustadz, and Senior Santries have a role in providing health and hygiene information to Junior Santries during the Sorogan setting. Interpersonal health communication is thickly applied in the *Sorogan* learning system, occurs directly between the *Kyai* to tutor (after this written as Ustadz), which is then forwarded back to the *Santries* and direct communication between the *Kyai* and the *Santries*. The following illustrates the pattern of health communication in the context of *Sorogan* figure 1.

Group health communication is applied in the *Bandongan* learning or *weton* systems. In this system, a group of *Santries* (between 5-20 *Santries*) listens to an *Ustadz* who reads, translates, explains, and often reviews Islamic books in Arabic. This particular group of *Santries* is called the “deliberation class” (seminar group). Each student listens to his own book and notes (both meaning and description) of difficult words or thoughts. *Santries* inform each other about health and sometimes share them in groups. The *Bandongan* system class group is called *halaqah*, which means the circle of *Santries*, or groups of *Santries* who study under the guidance of a teacher (*Ustadz*). The role of the *Kyai* is necessary for group health communication and acts as a “translator” in the health communication process. It means that recruiting health cadres among *Santries* requires consideration of the *Kyai* as an opinion

leader. Health communication in the *Bandongan* setting occurs between *Kyai* and a group of *Santries* consisting of more than one person in the same educational level, such as health discussions between groups of senior *Santries* and *Kyai*. Usually, health information in a *Bandongan* setting is done in the form of a two-way group discussion about a particular health issue. The pattern of health communication in a *Bandongan* setting is depicted as follows figure 2.

In this era of digitalization, both *Kyai* and *Santries* must be literate in technology, both website, and application-based. *Kyai*, in this study, looks for digital-based information sources such as figures, videos, pictures, or narrative audio recording as their learning aids to be conveyed to *Santries*, and *Santries* can use existing technology to find information about health and personal hygiene. This method applied for low and adequate health literacy *Santries* in *Pondok Pesantren*. A similar study by (Moran, MB, Chatterjee, JS., Frank, LB., Murphy, ST., Baezconden-Garbanati, LA., 2016) found that the narrative such as in film worked equally well for individuals with low and adequate health literacy and was considered to be more acceptable than the non-narrative film by both groups. These findings have important implications for health communication policy and recommendations.

In addition, *Kyai* and *Ustadz* apply what is

taught in the *Al-Quran* and *Al-Hadith* regarding the method of often giving interrogative sentences before discussing a topic to help *Santries* in a position to be ready to receive and process information. This question is essential to make the *Santries* more focused on thinking about something. *Kyai* and *ustadz* convey information from the positive and negative sides so that the *Santries* can better understand the limits of the information provided.

The holy books studied in *Pondok Pesantren* include concise texts to texts consisting of thick volumes regarding *hadith*, *tafsir*, *fiqh*, *fiqh proposals*, and *tasawuf*. The similarity of the books taught and the teaching system resulted in the homogeneity of life views, culture, and religious practices among *Kyai* and *Santries*. In reality, the traditional *Pondok Pesantren* education system, which is usually considered very "static" in following the *Sorogan* and *Bandongan* systems in translating classical Islamic books, does not merely talk about form by forgetting the teaching content contained in those books. The *Kyai*, as readers and translators of the book, read not only the text but also provide personal views (interpretations), both regarding the content and language.

One of how the *Al-Quran* is taught is by setting an example through the stories of former people in narrative ways. The element of art or beauty of the information conveyed can influence those who receive the information. People are quicker to remember information that catches their attention through narrative storytelling. A similar study by Baezconde-Garbanati, LA., Chatterjee, JS., Frank, LB., dan Murphy, ST. (2014) summarized that narratives might be particularly successful in changing behavior among vulnerable populations, such as those with low income, low education, and low literacy levels, who also tend to be the ones suffering the most significant health disparities.

Several examples of health and personal hygiene information were conveyed by *Kyai* to *Santries* at *Pondok Pesantren* through previous stories as told in the *Al-Quran* and *Al-Hadith*, such as the story of Prophet Muhammad SAW, who had prevented transmission of infectious diseases by quarantining the sufferer. *Santries* use this knowledge to deal with infectious disease incidents in the *Pesantren* environment in the future. In addition, the book *Ta'limu muta'alim* (knowledge of morality) teaches about ways to

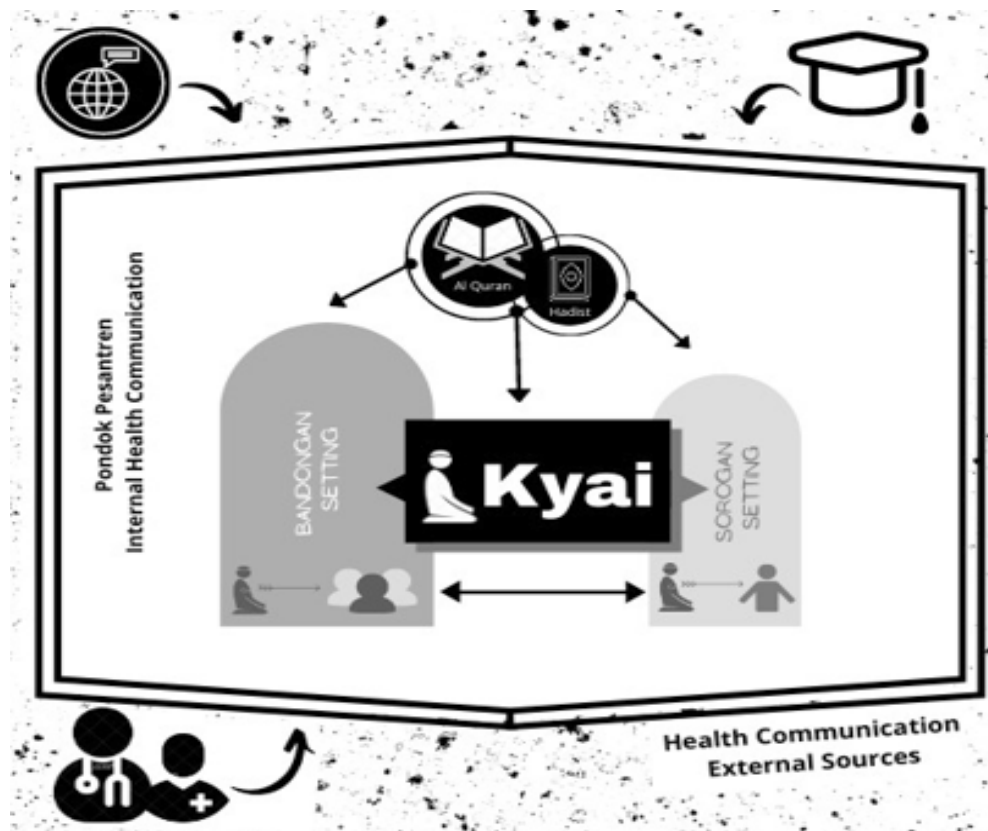
treat diseases. A similar book that teaches the same is the Book of *Safinah*. Another example of a story that *Kyai* and *Ustadz* recounted to *Santries* is the story of Prophet Ibrahim a.s. when burned, it turns out to be alive and not injured because he read a prayer asking for blessings from Allah SWT. This prayer became known in the boarding school environment as the prayer of Prophet Ibrahim.

Apart from *Kyai* and books studied in the *Pesantren* as a source of health and hygiene information, it also comes from health medical personnel. The *Santries* entrust treatment through health medical personnel known as *Mantri* to deal with disease attacks. They treat and get information from health care providers about preventing infectious diseases from recurring. Counseling or providing health information from the health nurse includes counseling on food health, healthy bathing practices, the health of the *Pesantren* environment, and others.

The latest data released by the West Java Regional Government Health Office is data on health facilities and infrastructure available in 2018 and widely published in 2019. In 2018 there were 2,039 health workers spread across sub-districts in the Sukabumi Regency, experiencing an increase of about 5, 21 percent compared to the previous year, which totaled 1,938 health workers. The number of midwives was the largest, namely 1,113 people or 56.70 percent of the total health workers in the Sukabumi District.

If the *Santries* have contracted an infectious disease, the primary information they are looking for is information from medical personnel. Medical personnel is responsible for providing education to *Santries* related to ways to prevent transmission of infectious diseases and maintain personal hygiene. However, *Santries* used the information from health workers is only limited to medical treatment, not on the implementation of PHBS daily.

Apart from sources of information from health workers/health care providers and doctors, the village midwife also acts as a source of information needed by the *Santries*. The results of this study in the field indicate that village midwives have a crucial role in disseminating information on PHBS in the *Pondok Pesantren*. The village midwife is a Public health center midwife who then collaborates with the



Source: Study Result, 2014

Figure 3 Health Communication Patterns of Hygiene & Healthy Behavior in Islamic Boarding School

Pesantren to organize Subdistricts Health Department’s activities. The village midwife will periodically come to the *Pesantren* to carry out Subdistricts Health Department activities. The presence of the village midwife at the *Pesantren* encourages *Santries* to obtain health information. *Santriyats* (Female *Santries*) can become health cadres who assist village midwives in Subdistrict Health Department’s activities and other health activities in *Pondok Pesantren*. As local community members, the Health Cadres are selected and reviewed by the community and can work voluntarily. The role of health cadres in each region is quite large and quite heavy.

Based on the results of the (Estrada-Portales, 2016) research, media advocacy in grassroots organizing and activism health information is an essential strategy to accomplish three main objectives: influence and shape public debate about health information, exert pressure over decision-makers for public health decisions, and, most importantly, strengthen and amplify the community’s voice about the application of healthy behavior. Nevertheless, in this study,

neither mass media nor social media can rely on the *Santries* as their primary source of health information.

Findings in the field show that data on the latest health facilities and medical personnel are still limited at both the central and local government levels. The unavailability of up-to-date data that the Indonesian people can widely access may result in the inadequacy of the PHBS application from the factual conditions in the field. In addition, the unavailability of the latest relevant data can cause the knowledge held by Government stakeholders to disseminate the PHBS to become obsolete without any refreshment. The unavailability of the latest relevant data shows that the Central Government is still not actively moving towards the success of the PHBS Program at the national level in general and the education level of *Pondok Pesantren* in general. Another finding from this study is that since 2011, there has never been any re-adjustment of PHBS guidelines in Indonesia, and since 2016, the West Java Provincial Government Health Office has not updated the West Java Provincial Health

Strategic Plan.

Another finding of this study is that there are contradictory regulations on health regulations by the Central and Local Governments and Islamic teachings that all *Pondok Pesantren* residents understand. If the Central and Regional Government regulations prohibit *Santries* with infectious diseases from being sent home and temporarily leaving the boarding school environment, this is intended to prevent more comprehensive transmission of infectious diseases in communities outside the *Pondok Pesantren*. However, this regulation is different from Islamic teachings in dealing with infectious disease outbreaks. In the *Al-Quran*, it is told how the Prophet Muhammad SAW separated and quarantined people with infectious diseases not to transmit the disease to other people. In the view of *Pondok Pesantren*, if *Santries* who suffer from infectious diseases are not separated from other *Santries* in the sense that they are sent back to their parents' house until they recover, it is feared that they will infect other *Santries* who live in the *Pondok Pesantren* environment. Until now, *Pondok Pesantren* from city to district levels do not have special health facilities to quarantine *Santries* or *Pesantren's* residents who suffer from infectious diseases within the *Pesantren* area.

This study also found that the mass media, which was suspected as a source of health information for *Santries*, was not the primary source. The *Santries'* limitations in accessing information from the media are limited because they can only access mass media, such as social media, radio stations, newspapers, or television, when there are school or college assignments. The health information available in the mass media has not been used by the *Santries* to obtain information related to health.

However, the information that comes from health workers is perceived differently by the *Santries*. In addition to information from different health workers, the ability to process information from *Santries* is also different, causing different understandings. The findings in the field showed that not all *Santries*, especially those in the Sukabumi Regency Islamic Boarding School, entrusted their health to a medical doctor. Many *Santries* are more entrusted with their medical treatment by "seeking treatment" to *Kyai* or *Ustadz*. *Santries* from this group believe that prayers from *Kyai* or

Ustadz are considered more effective in healing and more blessing for themselves than medical treatment.

Based on the study results, it is known that there are internal and external sources of health communication for *Santries* and residents of *Pondok Pesantren*. Figure 3 shows the source of health information for *santries*. The source of internal information is *Kyai* as the figure most respected and trusted by the *Santries* who provides health communication information based on the *Al-Quran*, *Al-Hadith*, and makes the Prophet Muhammad's lifestyle a way of life. While the external source of health communication comes from social media, school, medical personal, and health cadres occurred in an irregular and unsustainable period. If described, the following is the process of exchanging health communication within *Pondok Pesantren* in Sukabumi Regency, West Java, Indonesia.

CONCLUSION

The *Santries* at *Salafiah Pesantren* in Sukabumi Regency are aware of their unclean and unhealthy life habits. However, the *Santries* who do not understand the PHBS Principles, in the end, consider the culture of being less clean in the *Pesantren* environment is normal. Meanwhile, *Santries*, who have a sufficient understanding of the PHBS principles, feel that living in a boarding school environment that does not implement PHBS is a challenge. Awareness to maintain cleanliness and health comes from reliable sources within the *Pesantren* and outside the *Pesantren*. Health information from *Kyai's* teachings is the primary source of health information in the *Pesantren* environment, supported by health information written in the *Al-Quran* and *Al-Hadiths*. *Santries* can receive health information outside the *Pesantren* environment through medical personnel, mass media, and information from the school.

Santries experienced many obstacles in getting information about the prevention and cure of infectious diseases in the *Pesantren* environment. Health literacy among *Santries* is still low; it can be seen explicitly from the low basic information-seeking skills. *Santries* have primarily obtained sources of health information through *Kyai/Ustadz*, yellow books (*Al-Quran* without punctuation), and limited

information from health workers in the village. The *Santries* are also limited in accessing health information through mass media and social media because their access to mass media is very limited. *Santries* can only watch television and are allowed to access mobile phones only on Friday or where there are no recitation/study activities.

However, unfortunately, *Kyai*, as the primary source of health information and the PHBS program in *Pondok Pesantren*, up until this study was completed, had not received any counseling or socialization regarding the implementation of PHBS according to national health standards. Therefore, local governments must pay more attention to making *kyai* or community leaders as health cadres under the direct guidance and supervision of the health office so that health education and the PHBS program launched by the government ten years ago can reach the lives of *Santries* in *Pondok Pesantren* in rural areas of the Sukabumi Regency.

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