



Health Transformation at Asy-Syifa' Islamic Boarding School: Evidence from a Self-Assessment Survey

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ABSTRACT

Empowering pesantren communities is a strategic approach to improving health quality in environments that often face challenges such as anemia, poor clean and healthy living behavior (PHBS), and inadequate environmental sanitation. This study was conducted at Pesantren Tahfidzul Qur'an Putri Asy-Syifa', Malang City, aiming to increase students' awareness and healthy behaviors through self-assessment surveys (Survei Mawas Diri/SMD) and educational interventions. A total of 30 female students aged 12–18 years participated in the study, which consisted of surveys, group discussions, and health education-based interventions. The SMD results identified anemia as the top health issue based on the USG (Urgency, Seriousness, Growth) matrix. Interventions included "Isi Piringku" nutrition education, counseling on communicable and non-communicable diseases, and training in proper tooth brushing techniques. Evaluation showed high levels of attendance, engagement, and positive feedback from participants. The intervention effectively increased students' health knowledge and awareness, although improvements in supporting facilities and program sustainability are still required. This empowerment model has the potential to be adapted in other pesantren to promote a healthier and more self-reliant school environment.

KEYWORDS

Community Empowerment, Pesantren, Self-Check Survey, Clean and Healthy Living Behavior

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INTRODUCTION

Islamic boarding schools (pesantren) are educational institutions in Indonesia that play a vital role in teaching religion and shaping the moral and ethical character of students (santri) (Fitri & Ondeng, 2022). The communal living conditions where students sleep, eat, study, and use bathroom facilities together make pesantren environments particularly vulnerable to the spread of infectious diseases (Perajaka & Ngamal, 2021). Health in pesantren settings still requires serious attention from various





stakeholders. Three key aspects that need to be addressed are access to health services, clean and healthy living behavior (PHBS), and environmental sanitation (Hulaila et al., 2021).

Since clean and healthy living behavior has not yet become a consistent habit among students, strong commitment from pesantren leaders, active participation from students, and support and empowerment from the community are essential (Ayatullah, 2023). According to Lensoni et al., (2020), preventive efforts can be achieved by promoting PHBS practices such as regular handwashing with soap, regular exercise, balanced nutrition, maintaining environmental cleanliness, avoiding smoking, drinking sufficient water, wearing masks when ill, practicing proper cough etiquette, and maintaining physical distance.

Community empowerment in the context of pesantren health aims to equip residents with knowledge and skills to manage their own health and environment, ultimately fostering an independent and health-conscious community (Riyadi & Akhmadi, 2022). This process involves problem identification, analysis of inhibiting and supporting factors, and the formulation of problem-solving plans.

According to data from Kementerian Agama RI, (2024) East Java had 6,438 pesantren during the 2021/2022 academic year, with a total of 995,300 students. In Malang City alone, there are 74 pesantren, including modern, salaf, tahfidz, and university-based boarding schools (Kemenag, 2024).

To address these challenges, nursing professional students, in collaboration with Ciptomulyo and the Malang City Health Office, conducted a community service activity at Pesantren Tahfidzul Quran Putri Asy-Syifa'. This is a tahfidz-based Islamic boarding school in Malang that had not previously conducted any health-related surveys within its environment. The pesantren currently houses 30 female students (santriwati).

The community service activity at Asy-Syifa' was carried out through a Self-Assessment Survey (Survei Mawas Diri/SMD) aimed at increasing student awareness of the health issues within their environment. The central question addressed in this program was: How can students participate in improving clean and healthy living behaviors at Pesantren Tahfidzul Quran Putri Asy-Syifa', Malang City, based on the results of the self-assessment survey? This empowerment initiative is expected to enhance students' understanding of health issues in their environment and encourage them to take proactive steps in improving their health status.

MATERIALS AND METHODS

The community empowerment initiative was conducted at Pesantren Tahfidzul Qur'an Putri Asy-Syifa', Malang City, through a series of structured stages. The activity began with obtaining permission and coordinating the schedule, which was carried out by the Ciptomulyo Public Health Center team in August 2024. The next stage involved the implementation of a Self-Assessment Survey (Survei Mawas Diri) on September 7, 2024. This was conducted by nine professional nursing students from Poltekkes Kemenkes Malang, accompanied by clinical instructors and health promotion officers. A total of 30 female students (santriwati) participated in completing the survey instrument designed to identify existing health problems in the pesantren environment. The survey tool was adapted from the Malang City Health Office (Dinkes, 2024). Following the survey, a Pesantren Community Deliberation was held on September 11, 2024, attended by representatives from the Malang City Health Office. During this session, the survey results were presented, and a prioritization of health problems was conducted using the USG (Urgency, Seriousness, Growth) matrix. The discussion concluded with identifying appropriate health interventions to address the prioritized issues. The final stage was the implementation of health interventions, which took place on September 14, 2024, from 1:00 PM to 2:30 PM (WIB). The





interventions were delivered by the nursing students and included education on the “Isi Piringku” balanced nutrition guidelines, health education on communicable and non-communicable diseases, and training on proper tooth brushing techniques. The activity concluded with an interactive discussion to reinforce the health messages provided during the intervention.

RESULTS AND DISCUSSION

Result

a. Respondents' Demographic Data

The demographic data of the respondents in this study consists of age and educational status. The following is a table showing the distribution of respondent characteristics among the female students at Asy-Syifa' Islamic Boarding School in Malang City

Table 1. Distribution of Respondents' Characteristic

Respondeny Characteristic	n	%
Age (Year)		
12-16	23	76,7
17-25	7	23,3
Education		
SMP	16	53,3
SMA	14	46,7

Based on Table 1, it is known that the majority of female student respondents at Asy-Syifa' Islamic Boarding School in Malang City (76.7%) were aged 12–16 years, and most of them (53.3%) were at the junior high school (SMP) education level.

b. Results of the Introspective Survey (SMD)

The results of the Introspective Survey (SMD) filled out by the female students at Asy-Syifa' Islamic Boarding School in Malang City are presented in Table 2 below.

Table 2. Results of the Introspective Survey (SMD) at Asy-Syifa' Islamic Boarding School in Malang City

Question	Yes	No
I. Behavior		
1. Do the students always use iodized salt for cooking/eating?	28	2
2. Do the female students receive iron (Fe) tablets?		
3. Do the female students have specific health symptoms (such as fever, fatigue, or tiredness)?	2 3	28 27
II. Non-Behavioral		
Physical and Nutritional Data		
1. Is the students' Body Mass Index (BMI) within the normal category and good nutritional status?	20	10
Sanitation and Environtmet		
2. Is the water used for bathing, cooking, and ablution clean (not cloudy, tasteless, colorless, odorless)?	30	0
3. Is the kitchen clean, not muddy, with dry walls, good ventilation, and adequate lighting?	26	4
4. Is the pesantren yard clean, neatly arranged, not muddy, and free from scattered trash?	30	0
Knowledge		



Question	Yes	No
5. Do the students have information about non-communicable diseases (Heart disease, Diabetes Mellitus, Hypertension, Stroke, etc.)?	13	17
6. Do the students have information about other communicable diseases (Tuberculosis, Malaria, Leprosy, etc.)? Health Access	18	12
7. Do the students seek help from health facilities when they are sick?	24	6
8. Are the students enrolled in Dana Sehat/BPJS Kesehatan/KIS programs?	16	14



Figure 1. Introspective Survey Activity

c. Results of Health Problem Prioritization

The results of the health problem prioritization at Asy-Syifa' Islamic Boarding School in Malang City are presented in Table 3 below.

Table 3. Results of Health Problem Prioritization at Asy-Syifa' Islamic Boarding School in Malang City

Health Problem	Value			Value Summary	Priorities Scale
	Urgency	Seriousness	Growth		
Anemia	4	4	1	9	I
Skin Health Problems (e.g., Tinea Versicolor, Infected Wounds)	3	2	3	8	II
Dental Caries & Oral Health Issues	3	3	1	7	III
Knowledge of Infectious Disease or Non-Infectious Disease	2	2	2	6	IV

Based on Table 3, it is known that anemia is the top health problem priority with a total score of 9 at Asy-Syifa' Islamic Boarding School in Malang City



Figure 2. Pesantren Community Discussion (MMPP) Activity

d. Results of Intervention

The discussion resulted in three main interventions to address health problems in the pesantren. These interventions were designed to improve the knowledge, awareness, and health practices of the female students through an educational and participatory approach:

“Isi Piringku” Nutrition Education

This education aimed to enhance students’ understanding of the importance of balanced nutritional intake in preventing anemia. The material presented included an introduction to the main components of a healthy plate, such as carbohydrates, protein, vegetables, and fruits. Additionally, information on the importance of consuming iron tablets as supplementary nutrition was also provided.

Education on Non-Communicable and Communicable Diseases

This session provided knowledge about diseases such as diabetes, hypertension, tuberculosis, and malaria. Students were encouraged to recognize early symptoms, understand prevention methods, and the importance of early detection. The session was delivered interactively through group discussions and visual aids to facilitate understanding

Education on Proper Tooth-Brushing Techniques

This education aimed to raise students’ awareness of the importance of maintaining dental and oral hygiene. The correct tooth-brushing technique was directly demonstrated, and participants were given the opportunity to practice it. The materials also highlighted the negative impacts of poor dental health on overall health.

The interventions were carried out in the form of interactive counseling involving active student participation. The students showed high enthusiasm throughout the activity, as reflected by the number of questions asked and discussions held during the sessions. These interventions are expected to encourage sustainable positive behavior change within the pesantren environment.



Figure 3. Education Activity

The results of the introspective survey at Tahfidzul Quran Putri Asy-Syifa' Islamic Boarding School in Malang City showed that anemia is the main health problem and a top priority. The majority of respondents were aged 12–16 years, which is a vulnerable age group prone to iron deficiency due to increased nutritional needs during adolescence. This is consistent with the research conducted by Muchtar & Effendy, (2023) which stated that iron deficiency in adolescents can reduce immune function, affect physical and cognitive development, and increase the risk of long-term health problems. Therefore, it is important to raise awareness about the importance of sufficient nutritional intake, especially iron, in supporting adolescent health. The low consumption of iron tablets among some of the female students reinforces the need for education-based interventions, particularly those related to nutrition fulfillment and iron intake.

The educational program provided, such as “Isi Piringku,” successfully increased the students' awareness of balanced eating patterns. This aligns with the research conducted by Atasasih & Mulyani, (2022) which stated that appropriate nutrition education can improve understanding of the importance of consuming nutritious food in balanced portions and encourage better behavior in food choices. The interactive activities not only motivated the students to understand the importance of nutrition but also facilitated discussions on how to apply healthy eating habits in their daily lives at the pesantren. This success was reflected in the enthusiasm shown by the students during the activity and their increased knowledge about nutrition.

In addition, counseling on communicable and non-communicable diseases is a strategic step in building collective health awareness. Education on diseases such as tuberculosis and hypertension is highly relevant, considering the pesantren environment is vulnerable to the spread of infectious diseases. Through a comprehensive and integrated approach, it is expected to reduce disease transmission rates while also promoting healthy living behaviors among students and the surrounding community. The implementation of a healthy lifestyle such as maintaining personal hygiene, eating nutritious food, and engaging in regular physical activity should become part of the culture practiced in the pesantren.

Skin health problems, such as scabies and infected wounds, were identified as the second priority in problem determination. Continuous education on personal and environmental hygiene is essential to address this issue. The implementation of community-based health programs involving female students as agents of change can be an effective approach. Research by Hadi et al., (2022) showed that hygiene education programs specifically designed for adolescents can improve their understanding of the importance of maintaining skin cleanliness, thereby effectively reducing the risk of skin diseases such as scabies and infections.

Another intervention program proper tooth-brushing education targeted oral health issues



identified in the survey. This activity not only improved the students' understanding of dental hygiene techniques but also had a direct impact on their daily practices. This finding aligns with the research conducted by Dara et al., (2024) which demonstrated that education on proper tooth-brushing techniques significantly improves oral hygiene habits, particularly among adolescents.

The results of the discussion using the USG matrix showed that the participatory approach involving the female students was very effective in determining problem priorities and formulating relevant intervention steps. This reflects the importance of community empowerment in creating sustainable change.

Overall, these interventions have shown success in increasing awareness and health practices in the pesantren. However, the sustainability of the program requires more intensive support from external parties, such as the health office, as well as the establishment of health cadres within the pesantren to ensure long-term impact.

Evaluation of Program Implementation

The community empowerment activities at Tahfidzul Quran Putri Asy-Syifa' Islamic Boarding School recorded an excellent attendance rate. All female students fully participated in the introspective survey, discussions, and educational sessions. The presence of supporting parties, such as professional nursing students, health promotion officers from Puskesmas Ciptomulyo, and the Malang City Health Office, was also sufficient to support the smooth implementation of the program. This active participation demonstrated initial enthusiasm and awareness from both participants and stakeholders regarding the importance of improving health quality in the pesantren environment.

The participants' responses to the education and intervention sessions were very positive. The female students showed great interest in the counseling sessions, as indicated by their active engagement during discussions and the number of questions they raised. The use of visual aids and interactive delivery methods helped improve participants' understanding of the materials presented. The pesantren also expressed appreciation for the activity and committed to supporting the sustainability of the program by integrating clean and healthy living behavior (PHBS) into the students' daily routines.

The activity evaluation was carried out through direct observation during implementation, final discussions with participants, and analysis of the introspective survey results. In terms of success, this activity achieved its main goal of increasing participants' awareness of health issues in the pesantren environment. However, several challenges were also identified, such as the lack of supporting facilities to ensure the sustainability of clean and healthy living behavior (PHBS), for example, optimal access to clean water and more permanent health education facilities.

As a recommendation, follow-up actions are needed in the form of developing health cadres in the pesantren to monitor and supervise the implementation of intervention results. In addition, expanding this program to other pesantren in the Malang area could be a strategic step to broaden the positive impact of the activity. Collaboration with other institutions, such as the Department of Education and non-governmental organizations, is also expected to support the sustainability of this empowerment program.

This study has strengths in its participatory approach, involving all stakeholders, including the female students and the pesantren management. The introspective survey provided comprehensive data, allowing interventions to be designed that were relevant to the specific needs of the pesantren. Furthermore, the use of interactive educational methods, such as group discussions and visual aids, successfully improved students' understanding and awareness of clean and healthy living behavior.

However, this study also has some limitations, such as the sustainability of the program depending on support from external parties. In addition, the limited sample size from only one pesantren may affect the generalizability of the results to other pesantren settings.



CONCLUSIONS

The community empowerment initiative at Pesantren Tahfidzul Quran Putri Asy-Syifa' in Malang successfully identified and addressed key health issues, particularly anemia, skin health, and dental hygiene, through participatory approaches and educational interventions. The Self-Check Survey (Survei Mawas Diri/SMD) effectively prioritized health concerns, with anemia emerging as the primary issue. Interventions such as the "Fill My Plate" nutrition education, counseling on communicable and non-communicable diseases, and proper toothbrushing training significantly improved students' knowledge and awareness of clean and healthy living behaviors (PHBS).

The program's success was reflected in high participation rates, active engagement from students, and strong support from stakeholders, including the local health center (Puskesmas) and the city health department. However, ensuring long-term sustainability requires improved facilities and the establishment of health cadres within the pesantren. Expanding this empowerment model to other Islamic boarding schools and strengthening cross-institutional collaboration are recommended strategies for broader impact.

Overall, this study highlights the effectiveness of participatory health education in fostering a healthier and more self-reliant pesantren environment. Continued efforts in infrastructure support and program reinforcement are essential for lasting improvements in community health.

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Conflict of Interest

No conflict interest

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