

Santri Husada Cadres Empowerment Promotive and Preventive Agents at Pondok Pesantren Jabal Noer

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Abstract

Health issues affecting both communicable and non-communicable diseases are a double burden for Pondok Pesantren (PP) Jabal Noer. Numerous factors, particularly behaviour and natural ones, cause the emergence of these issues. Furthermore, there were problems with health services that required precautionary actions. Pos Kesehatan Pesantren, often known as Poskestren, has not yet functioned as a centre for preventative and promotional services. This paper is aimed at explaining several strategies that may be used to empower people and optimize the role of Poskestren cadres as agents of promotion and prevention. The primary agents of population transformation in the Pesantren community, the Santri Husada cadres, are involved in this process of community empowerment. Cadre empowerment was carried out for two months through training activities and mentoring of Santri Husada cadres. After that, to ensure the sustainability of the empowerment process, cadres are also given support in creating preventive and promotional programs in addition to monitoring and evaluation services. Seventy-five per cent of Santri husada cadres reported an increase in knowledge and preventive abilities as a result of the program empowerment. Additionally, 70% of the programs created by cadres through Poskestren have been created with an emphasis on promotion and preventive aspects, which are their main tasks and functions. The empowerment program needs to involve the participation of Santri as the main population in promotional and preventive agents. There needs to be a reorientation of health services in Pesantren so that the Poskestren are not just objects but must be positioned as subjects who are actively involved in health services.

Keywords: Empowerment; Cadre; Poskestren; Promotive; Preventive

Abstrak

Masalah kesehatan yang mempengaruhi penyakit menular dan tidak menular menjadi beban ganda bagi Pondok Pesantren (PP) Jabal Noer. Banyak faktor, terutama perilaku dan yang alami, menyebabkan munculnya masalah ini. Selain itu, ada masalah dengan layanan kesehatan yang memerlukan tindakan pencegahan. Pos Kesehatan Pesantren, yang sering dikenal sebagai Poskestren, belum berfungsi sebagai pusat layanan pencegahan dan promosi. Tulisan ini bertujuan menjelaskan beberapa strategi yang dapat digunakan untuk memberdayakan masyarakat dan mengoptimalkan peran kader Poskestren sebagai agen promosi dan pencegahan. Agen utama transformasi populasi di komunitas Pesantren, kader Santri Husada, terlibat dalam proses pemberdayaan masyarakat ini. Pemberdayaan kader dilakukan selama dua bulan melalui kegiatan pelatihan dan pendampingan kader Santri Husada. Setelah itu, untuk menjamin keberlanjutan proses pemberdayaan, kader juga diberikan dukungan dalam membuat program preventif dan promosi selain layanan monitoring dan evaluasi. Tujuh puluh lima persen kader husada Santri melaporkan peningkatan pengetahuan dan kemampuan preventif sebagai

hasil dari pemberdayaan program. Selain itu, 70% program yang dibuat oleh kader melalui Poskestren telah dibuat dengan penekanan pada aspek promosi dan preventif, yang merupakan tugas dan fungsi utama mereka. Program pemberdayaan perlu melibatkan partisipasi Santri sebagai populasi utama dalam agen promosi dan preventif. Perlu adanya reorientasi pelayanan kesehatan di Pesantren sehingga Poskestren tidak sekedar objek tetapi harus diposisikan sebagai subjek yang terlibat aktif dalam pelayanan kesehatan.

Kata kunci: Pemberdayaan; Kader; Poskestren; Promotif; Pencegahan

INTRODUCTION

PP. Jabal Noer is one of the Islamic boarding schools in Sidoarjo Regency that uses a combination of Salafi and modern approaches. According to the pilot survey, the Santri respondents had a variety of health problems, including (1) scabies (62%), (2) acute respiratory infections (ARI) (55%), (3) gastritis (26%), (4) hypertension (16%), and other conditions like anaemia, asthma, typhoid, allergies, and so on. There is a kind of disease, both communicable and non-communicable. Several factors contribute to these different problems, including behavioral and environmental ones. It was also found that inadequate preventative attempts were caused by problems with health services. Several risk factors that are linked to these health issues include a clean and healthy lifestyle (PHBS). From the pilot test, 28% do not change their clothes frequently, 25% still share towels, 16% do not wash their hands with soap and running water, and a large number of them hang clothes improperly. A number of environmental problems were also noted, such as inadequate ventilation in the rooms, inadequate waste sorting and processing, a lack of greenery, and inadequate hygienic sanitation facilities. One further serious problem is that the Islamic Boarding School Health Post (Poskestren) has not been used to maximize its potential as a centre for preventative and promotional services. The Poskestren has only been used as a restroom and a minimal medical area. The Poskestren should be used as an empowerment centre by maximizing the pesantren community's participation (Kemenkes RI, 2013). Additionally, there is no organized system in the Poskestren of PP. Jabal Noer to keep and report on the medical histories of all Santri. Based on studies, the efforts to prevent health issues in pesantren are more difficult. However, there is still potential for improvement for PP. Jabal Noer. It has 198 active Santri members with 20 Santri Husada cadres, the Poskestren management committee, the backing of administrators, the local community, health facilities (Puskesmas), and other stakeholders. To restore and strengthen Poskestren's position as a centre point for promotional and preventive initiatives inside the Islamic Boarding School PP. Jabal Noer is considered appropriate to be the primary point of service and empowerment. It is believed that this solution is significant to the problems and could serve as a spur to the realization of "Pesantren Bersahaja" (bersih, sehat, harmonis, dan sejahtera). The empowerment efforts in this case are based on the PRECEDE-PROCEED Theory (Predisposing, Reinforcing, and Enabling Constructs in Educational/Ecological Diagnosis and Evaluation: Policy, Regulatory, and Organizational Constructs in Educational and Environmental Development) by Green & Kreuter. PRECEDE is specifically used in the intervention planning process, while PROCEED is used in the implementation and evaluation of interventions (Saulle et al., 2020). The application of this concept is highly suitable for comprehensively empowering Santri Husada cadres as promotive and preventive agents. Furthermore, PRECEDE-PROCEED is also essential to ensure that empowerment can occur sustainably (Glanz et al., 2008). Prasetyowati et al. (2022) carried out kind of empowerment initiatives in pesantren, involving the community in self-assessment surveys at Pondok Pesantren Nurul Hidayah Jember. This made it possible for the

pesantren community to recognize problems, rank them according to importance, and create workable alternatives. At Pondok Pesantren Al-Muhajirin, health promotion efforts were also made with the goal of achieving "Pondok Pesantren Bebas Scabies" (Popabes) (Mardiana et al., 2020). As a result, both male and female students knew more about Clean and Healthy Living Behavior (PHBS). Meanwhile, it was discovered that Santri Husada cadres' performance as preventative and promotional agents in pesantren was weak based on an examination of the Poskestren program at Pondok Pesantren Durrotu Aswaja in Semarang (Hulaila et al., 2021). This is a significant gap that needs to be addressed because besides the weak role of cadres, empowerment of the Islamic boarding school community is often conducted in the short term and incidentally, without considering the sustainability to achieve self-sufficiency in pesantren community. Therefore, this paper aims to present alternative empowerment efforts that can be carried out by optimizing the role of cadres as promotive and preventive agents.

GENERAL DESCRIPTION OF THE COMMUNITY, PROBLEMS AND TARGET SOLUTIONS

General description

PP. Jabal Noer is located on Jl. Mangga, RT 16 RW 02, in Geluran Village, Taman District, Sidoarjo Regency. The location of Pesantren is 400 meters from the Geluran Village Office and about 1.7 kilometres from Puskesmas Taman. Because PP. Jabal Noer is located in a residential region with a high population density, it is well-positioned for commercial activities including industry and shopping. PP. Jabal Noer has one Poskestren unit and a two-story building. There are 198 active Santri at PP. Jabal Noer, including 97 male students (49%) and 103 female students (51%). The program's target description is provided in Table 1.

Table 1. Target description

No	Name of target	Characteristics of target	Amount	General problem or targets
1	Non-Economic Target	Santri husada cadres	20	Health Sector
2	Non-Economic Target	Pesantren's stakeholders (Poskestren supervisor and Pesantren management)	10	Health Sector
3	Non-Economic Target	Santri PP. Jabal Noer	198	Health Sector

Problem

1. Poskestren at PP. Jabal Noer has been less than optimum. Poskestren has not been used as a centre for promotive and preventive services, actively performing various measures to avoid health problems and enhance the health state of the pesantren community. Until to right now, it has only offered curative services (basic medical treatment). Additionally, PP. Jabal Noer's Poskestren lacks an organized, integrated system for reporting and documenting each student's medical history (santri) and so also revitalization and strengthening of the Poskestren are needed to restore and reinforce its function as the front line in promotive and preventive efforts at Pesantren.
2. Both communicable and non-communicable diseases are caused by behavioural and environmental variables. There is still a high prevalence of communicable illnesses like typhoid, ARI, and scabies. However, non-communicable illnesses like anemia, hypertension, and gastritis still exist. A few risk factors for these health disorders include inadequate clean and healthy lifestyle behaviors and environmental sanitation and hygiene-related problems. As a result, in order for the Santri Husada cadre to lead the pesantren community as a whole and serve as role models for a healthy lifestyle, they must be given more authority. The goal

of empowering these cadres is also to provide them with the know-how required to oversee the Poskestren and create a range of preventative and promotional initiatives that can benefit all the santri and the entire PP. Jabal Noer community. The impact of these programs is expected to improve the behaviour of the santri and the overall environment of pesantren, thereby offering solutions to various health problems at PP. Jabal Noer.

Based on these problems, some alternative solutions are proposed in Table 2.

Table 2. Problem and solution

No	Problem	Solution	Indicators of goal
1	Poskestren has not been functioning optimally	Empowering Santri Husada cadres through training, mentoring, and capacity-building	The successful implementation of all training, mentoring, and capacity-building activities for cadres, encompasses knowledge and skill enhancement. Improvement of promotive and preventive knowledge and skills for 75% of Santri Husada cadres.
2	The double burden of health problems in Pesantren	Development of promotive and preventive programs for the empowerment of the pesantren community on a larger scale.	70% of Poskestren's programs focus on its primary role and function in promotive and preventive aspects.

Target solution

1. Empowering Santri Husada cadres through training, mentoring, and capacity building
 The goal of this methodology is to empower Santri Husada cadres to lead by example and promote a healthy lifestyle for the entire pesantren community. To effectively resolve the health challenges at PP. Jabal Noer, it is intended that these cadres possess the abilities needed to manage Poskestren and create a variety of promotional and preventive activities that benefit the entire Pesantren community.
2. Development of promotive and preventive programs for the empowerment of the pesantren community on a larger scale. The purpose of this solution is to maximize and restore Poskestren's role as the core of preventive and promotional initiatives in Pesantren. First, advocacy is carried out with the relevant stakeholders.

METHOD

This activity is a research implementation entitled "Analysis of Community Health Situation for the Development of Health Promotion Interventions at Pondok Pesantren Jabal Noer." This activity takes place at Pondok Pesantren Jabal Noer in Sidoarjo Regency, and it involves the entire Pesantren community, with Santri Husada cadres performing as change agents and key drivers. Every week for around two months, Santri Husada cadres receive training and mentoring to strengthen them By building activities with Interpersonal Communication Training, Reproductive health and marriage preparation education, Balanced nutrition education, Anthropometry training, Infectious and non-communicable disease education, Training in the use of Siskestren technology , Poskestren and Islamic Health Officer (Santri Husada cadres) management training, Disaster risk management training, Health promotion skills and media development training After that, the cadres receive training, direction, and monitoring to ensure the sustainability of the empowerment process while also developing their capability and creating preventive and promotional activities. The intended impact of the designed programs is to increase program participation by including a larger segment of the pesantren community.

Programs for waste management and sanitation enhancement, for instance, can help PP. Jabal Noer addresses environmental health concerns. Here is a breakdown of the promotive and preventive programs aimed at empowering the pesantren community: Implementation of Siskestren information technology, Periodic health screening, Media development and health promotion bulletin boards, Pesantren sanitation improvement, Waste management, Peer education, Cadres upgrading and refreshing, Other programs agreed upon with the pesantren community. The goal of this program is for Santri Husada cadres to become more experienced and knowledgeable in preventative and promotional initiatives, empowering them to lead the way in community empowerment. The primary objectives of these initiatives are to improve Santri's quality of life and prevent various health problems in Pesantren.

RESULTS AND DISCUSSION

To empower these cadres, training and mentorship programs are provided to 20 Santri Husada cadres—ten of whom are change agents and ten of whom are male. These cadres possess the necessary expertise to address health-related concerns, such as education on reproductive health, the appropriate age for marriage, stunting prevention initiatives, balanced diets, and the avoidance of infectious and non-communicable diseases. In addition to information, cadres are taught in a variety of skills, such as screening, anthropometry, Siskestren application, Poskestren management, disaster risk management, interpersonal communication, counseling, outreach, media development, and other health promotion strategies. At this level, the empowerment results are measured by comparing the average pre-test and post-test knowledge and skill scores of the Santri Husada cadres.

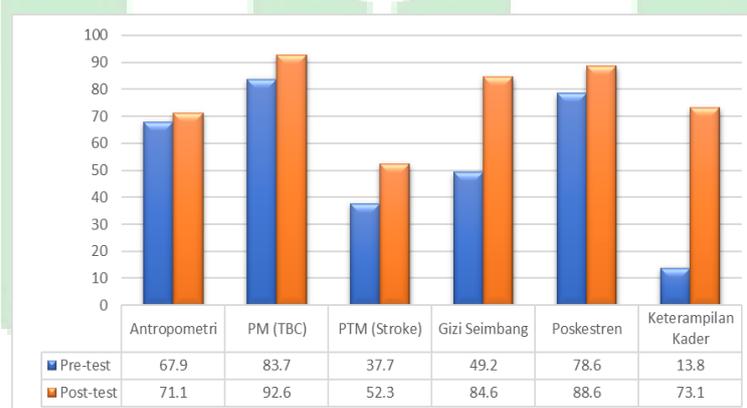


Figure 1: Comparison of Pre-test and Post-test Results for Santri Husada Cadres

Figure 1 illustrates that there are 6 (six) factors connected to knowledge and abilities that were measured, and all of them improved. Over 75% of Santri Husada cadres at PP. Jabal Noer had their knowledge and abilities improved as a result of the training and mentoring. An increase in knowledge regarding the management of infectious and noncommunicable diseases, as well as Poskestren management, and the expansion of anthropometry abilities, reflect cadre capacity improvement. There has even been a significant increase in cadre knowledge of balanced nutrition as well as cadre skills like screening, data administration, media production, and nutrition education (counselling and outreach).

Anthropometry Skills

Santri husada cadres' anthropometry abilities are known to have increased from an average score of 67.9 prior to training to 71.1 after training. Anthropometry is an important approach for determining the nutritional health of the santri in the pesantren. Santri Husada cadres are taught anthropometry skills such as measuring weight and height, waist circumference, and Upper Arm

Circumference (LILA). Santri Husada cadres are also educated to assess nutritional status using BMI and LILA calculations, which is especially important for female santri. It is critical for Santri Husada cadres to grasp fundamental anthropometry skills utilizing the equipment accessible in the pesantren, particularly in Poskestren.

Anthropometry abilities are essential for monitoring, maintaining, and improving health status, particularly the santri's nutritional state. Santri Husada cadres can use these abilities to conduct frequent nutritional status screenings in Poskestren. According to Fitri and Restusari (2017), anthropometry skills are important for cadres to measure nutritional status on a huge scale. As a result, these specific abilities are required to avoid errors while measuring nutritional status indicators, ensuring that nutritional status assessments are carried out accurately and precisely.

Knowledge about Communicable Diseases

Santri Husada cadres at PP. Jabal Noer must have enough knowledge and understanding of infectious diseases to contribute an effective role in addressing these diseases as part of pesantren promotion and prevention initiatives. Furthermore, as previously stated in the early study results, various infectious illnesses, including scabies, acute respiratory infections (ISPA), and tuberculosis (TBC), were detected among the santri at PP. Jabal Noer. As a result, it is critical to provide capacity building for Santri Husada cadres for them to use their newly acquired knowledge and understanding to educate other santri. According to the chart in Figure 2, the average knowledge score of the cadres before they finished training was 83.7, which improved to 92.6 after training. These findings suggest that Santri Husada cadres' awareness of infectious diseases is adequate, allowing them to share their knowledge with the pesantren community. The entire pesantren community should be knowledgeable about infectious diseases and preventive activity. This is because the pesantren's high population density, as well as numerous activities and behaviours conducted in large numbers, might enhance the vulnerability or danger of transmitting infectious diseases. Overcrowding of santri in one room, lack of hygiene and sanitation facilities, inadequate ventilation in the pesantren environment, and the pesantren community's beliefs in interpreting specific diseases that arise among the community are all factors that can contribute to the emergence of infectious diseases in the pesantren environment (Dida & Lusiana, 2021).

Knowledge about Non-communicable Diseases

Education on noncommunicable diseases such as hypertension and stroke is one form of capacity building provided to Santri Husada cadres. This training will help cadres improve their awareness and knowledge of risk factors, disease symptoms, and preventative and management approaches. Furthermore, the cadres are taught on early detection procedures and first assistance for patients with noncommunicable diseases. This is critical since, according to early study findings, noncommunicable disorders such as hypertension, anaemia, gastritis, asthma, and others were discovered among the santri at PP. Jabal Noer. According to the comparison of pre-test and post-test results in Figure 2, Santri Husada cadres' understanding of non-communicable diseases increased from an average score of 37.7 before the training to 52.3 after that. As a result, it can be inferred that the cadres' education on noncommunicable diseases was thoroughly accepted and understood. This is consistent with the community service activities carried out by Putra et al (2023), who provided education on non-communicable disease prevention through the implementation of Clean and Healthy Living Behavior (Perilaku Hidup Bersih dan Sehat or PHBS) in the Pondok Pesantren Darul Ulum Jombang environment. Improved awareness will result in positive changes in Santri attitudes and behaviours, also minimizing the risk of noncommunicable diseases.

Knowledge about Balanced Nutrition

The implementation of balanced nutrition has particular challenges in the pesantren environment since the food management and food intake regulation must accommodate a large number of santri with diverse nutritional needs. As a result, there is a need for knowledge of a balanced diet (Yusnita, 2017). Knowledge of balanced nutrition is critical for the pesantren population, particularly for Santri Husada cadres functioning as promoters and prevention agents. The cadres must be educated in a balanced diet as role models and advocates of a healthy lifestyle. With this understanding, cadres can encourage the pesantren community to pay more attention to their nutritional intake, including promoting for pesantren stakeholders to constantly enhance food management and dietary arrangements for the santri. As a result, nutritional concerns in the pesantren ecosystem can be addressed. This is exactly what happens at PP. Jabal Noer. Balanced nutrition education is delivered through the delivery of materials on the notion of meeting balanced nutrition, balanced nutrition guidelines, and the relationship between optimal body weight and balanced nutritional intake in preventing various health conditions. Various techniques of instruction are used, such as presentations and conversations, simulations, and engaging educational games. Santri are also encouraged to engage in cooking demos and to prepare healthy meals that are simple and easy to prepare. These educational strategies attract the attention of the participants, resulting in a large improvement in knowledge from an average score of 49.2 prior to the program to a quick increase to 84.6 thereafter. Cadres can use innovative instructional methods like this to educate other santri. Creative educational models like this can be continued by cadres to educate other santri and pesantren community as a whole.

Poskestren Management Skills

The comprehension and skills of Santri Husada cadres at PP. Jabal Noer related Poskestren management have been shown to improve both before and after training, with an average score increase from 78.6 to 88.6. The cadres are taught managerial skills such as Poskestren program development and evaluation, recording and reporting of santri health data, monitoring and evaluation of Poskestren visits, Poskestren financial management, and inventory and consumables management. The cadres are also given pocketbooks that serve as a guide for managing Poskestren in accordance with the requirements specified by the Republic of Indonesia's Ministry of Health. The performance of the staff and Santri Husada cadres within a Poskestren is directly tied to its success. According to Fisabilillah et al. (2020), several factors influence Poskestren success, including the number of trained Santri Husada cadres, the availability of healthcare funding, improved personal hygiene, improved environmental health, increased knowledge about health, improved clean and healthy living practices within the pesantren community, increased adherence to hygiene and sanitation practices, and a decrease in illness rates among the santri. As a result, the involvement of experienced Santri Husada cadres is critical in assuring the success of various Poskestren programs, particularly those aimed at promoting and preventing health problems in the Pesantren community.

Health Promotion Skills

Santri Husada cadres' health promotion skills at PP. Jabal Noer is reported to have greatly improved after training, as evidenced by the data provided in Figure 1. The average score for Santri Husada cadres' skills before training and direction was 13.8, which scaled significantly to 73.1 after training and guidance. This achievement is consistent with the targeted empowerment goal of improving the knowledge and abilities of the Santri Husada cadres at PP. Jabal Noer. The achievement of this goal is credited to innovative and interactive strategies. Santri Husada cadres actively participated in the training and guiding process by using Interpersonal Communication (KAP) approaches, discussion methods, presentations, simulations, role-playing,

and even direct instruction. Being a skilled cadre is a necessity. Santri Husada cadre is considered skilled if they have a proactive spirit and the ability to bring about change in the pesantren environment. The criteria for a skilled Poskestren cadre include coming from the Santri community, having a pioneering spirit, being an innovator and a community mover, and being willing to work voluntarily in fulfilling their duties. Cadres need to master health promotion skills because the majority of their responsibilities and authorities involve various promotive and preventive efforts (Ministry of Health of the Republic of Indonesia, 2019). The following are some of the tasks and authorities of Santri Husada cadres Conducting health education activities, Inspecting sanitation (environmental health checks), Conducting face-to-face visits to community leaders, Attending routine meetings of community groups or religious organizations, and Measuring weight and height. , Checking visual acuity, Early detection of mental health and substance abuse issues, Providing health services within their authority, such as administering vitamins, providing iron (Fe) tablets and oral rehydration solutions, and helping sick santri, Recording data in the Poskestren logbook., Updating data on Poskestren targets. Based on the explanation provided above, it is possible to infer that the goal of empowering Santri Husada cadres through training, mentoring, and capacity building has been reached. This includes the successful implementation of all cadre training and mentoring initiatives, which refer to both knowledge and skill growth. Furthermore, 75% of Santri Husada cadres who participated in the program improved their knowledge as well as their promotional and preventive skills then participating in the development of the Poskestren program after being completed with appropriate capability. They also assist with program implementation. 70% of Poskestren-developed programs focus on their major role and function in promotional and preventive elements.

Table 3. The Program Design of Poskestren at PP. Jabal Noer

Promotive Program	Preventive Program
a. Health counseling b. Improving pesantren sanitation c. Clean and healthy environment competition d. Creation of health promotion media: bulletin boards, posters, etc e. Scheduled regular sports or physical activities	a. Routine health screening and early disease detection through Siskestren b. Environmental health inspection c. Immunization d. Mosquito breeding site eradication e. Procurement of first aid facilities and first aid kits (P3K)
Curative Program	Rehabilitative Program
a. Referral to the nearest healthcare facility b. First aid for minor illnesses	a. Follow-up care for patients after treatment at Puskesmas or Hospital

CONCLUSIONS AND SUGGESTIONS

The community empowerment projects have been running well, and the participants, especially Santri Husada cadres from PP. Jabal Noer, have demonstrated great enthusiasm and active participation in all levels of the empowerment process. The cadres took an active role in training, mentoring, and capacity building. The following are the outcomes that can be drawn from these activities:

- a. All cadre training and mentoring activities, including knowledge and skill development, have been completed adequately.
- b. 75% of santri husada cadres who participated in the program improved their knowledge, promotional, and preventive skills.

c. Approximately 70% of Poskestren programs have been created to focus on their principal roles and functions in the promotional and preventive elements.

The results of empowerment projects have also produced useful insights that can be used as best practices in community empowerment within pesantren contexts in the future. Empowering the pesantren community requires the active participation of students (santri) as a crucial population, which Santri Husada cadres can activate as promotional and preventive agents. There is a need for a reorientation of healthcare services within pesantren, changing from recipients to active participants in healthcare services, particularly in the context of community-based promotive and preventative empowerment. Furthermore, assistance from pesantren stakeholders is critical for enhancing the pesantren community's health. This includes administrators, religious teachers (ustadz and ustadzah), students and their parents, community leaders and organizations, Community Health Centers (Puskesmas), and even external entities such as the private sector and social organizations with a vested interest in pesantren community healthcare issues.

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