



## Peer Group Support Practice Using Health Promotion Model Approach To Increase Perceived Benefit Of Action And Perceived Self Efficacy.

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### Abstrak

*Berbagai permasalahan tingkah laku yang sering ditemukan di pondok pesantren seperti tidak mencuci tangan sebelum makan, menggantung baju basah di dalam kamar dan kurang peduli pada kebersihan lingkungan sekitar. Tujuan penelitian ini untuk mengetahui pengaruh Peer Group Support terhadap Perceived benefit of Action dan Perceived Self Efficacy Santri dalam Menjalankan manajemen Life style Santri dengan pendekatan health promotion model. Desain penelitian menggunakan quasy ekperimental (pre-post test control group design). Sampel adalah santri mukim di pondok pesantren An Najiyah Surabaya, As Syafiiyah Sidoarjo dan Al Jihad Surabaya sebesar 150 santri, terdiri dari 75 santri kelompok perlakuan dan 75 santri kelompok kontrol dengan menggunakan simple random sampling. Pada kelompok perlakuan dilakukan suatu perlakuan penyuluhan dan Peer Group Support sedangkan pada kelompok kontrol hanya diberikan penyuluhan melalui modul manajemen life style. Variabel independen adalah Peer Group Support dan variabel dependennya adalah Perceived benefit of Action dan Perceived Self Efficacy. Instrumen menggunakan kuesioner. Analisis penelitian menggunakan uji Wilcoxon Signed Ranks Test, Mann Whitney test . Hasil penelitian menunjukkan sesudah diberikan peer group support pada kelompok perlakuan didapatkan 92% santri mempunyai Perceived benefit of Action positif dan 100% mempunyai keyakinan yang tinggi sedangkan pada kelompok kontrol 72% masih mempunyai Perceived benefit of Action negatif dan 60% santri mempunyai perceived self efficacy rendah tentang manfaat manajemen life style santri. Berdasarkan hasil penelitian dapat disimpulkan Peer Group Support dapat mengubah persepsi santri dan meningkatkan keyakinan santri terhadap kemampuan yang dimiliki dalam menjalankan manajemen life style santri dengan pendekatan health promotion model*

**Kata Kunci :** kelompok dukungan sebaya, kemandirian diri, manfaat tindakan

### Abstract

*There are problem related to students health behavior in Islamic boarding school, such as they do not washing their hand before they have their meals, hanging wet clothes in their room, and they do not really care to the toilet hygiene. The aims of this research was to knowing the effect of peer group support to perceived benefit of action and perceived self efficacy by applying students lifestyle management using health promotion model approach. The design was quasy experimental, pre post test control group the population were students who stayed in Islamic boarding school in An Najiyah, As Syafiiyah and Al Jihad Surabaya, and the total sample was 150 student, 75 in control group, 75 in intervention group, the sample taken by simple random sampling. In intervention group they've got health education and peer group support while the control only got health education by giving a student lifestyle management module. The independent variable was peer group support and dependent variable were perceived benefit of action and*

*perceived self efficacy. The data taken by questionnaire and was analyzed by Wilcoxon signed test and Mann Whitney test. The result showed that after the treatment, students in intervention group have positive perceive benefit of action was 92% and 100 % have high perceived self efficacy, meanwhile in control group there were 72% students who have negative perceived benefit of action and 60% have low perceived self efficacy. It means that peer group support could change the students perception and increasing self efficacy to set a going lifestyle management based on health promotion model approach.*

**Keywords** : peer support group, self efficacy, benefit of action

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## **INTRODUCTION**

Islamic boarding school is a place to educate students so they can be more faithful, having a good manner and having high intelligence. Most of Islamic boarding school still need an attention, not only about the health service access but also about environment sanitation and health behavior. The problems with the students health behavior are getting meals together in in one plate, putting the trash in a random place, hanging the dirty cloth in every corner, sleeping in the floor without mattress and blanket, using a same pillow, putting the meals in uncovered condition, washing their hand without soap after going to the toilet, flushing the toilet improperly, and hanging the wet clothes in their room. If this condition does not change, it will be a great predisposing factors to be trigger some of health problems like diarrhea, scabies, and others transmission diseases.

Based on the Islamic boarding school database 2019, in Indonesia there are 27.087 Islamic boarding school. The top four are West Java with 8.131, East Java with 4.561, Banten with 4.662. and Central Java with 3.897 (1). Regarding to Fatmawati's research, it showed that there was poor health behavior in X Islamic boarding school as many as 48.1% and in Y Islamic boarding school as many as 32.3%

(2). Islamic boarding school has a great role in Indonesian health development because It has a big potency and contribution. The students in Islamic boarding school can be agent of change for their family and community (3).

Student lifestyle management is a behavior in organizing and running the students healthy lifestyle including promote action, preventive and rehabilitative, where the main purpose is increasing student health level. Student lifestyle management need to put into practice in Islamic boarding school life so they can increase their productivity and minimalize the risk of getting ill (4).

Health promotion is Health promotion enables people to increase control over their own health (5). It requires a good network as a vision to make a communication forum. In applying promote action we could make a group learning, and motivating them how to change into healthy lifestyle. Health promotion that requires small group discussion is more effective if comparing to lecturing method (6) because every student can discuss each other, sharing their experience about their physically and psychology problems. Small group discussion is cheap, take no much budget. The shape of groups can be support education, peer group, counseling, and self help groups.

In peer group support, students support each other and giving compliment each other on how come they handle their problems in a comfy and friendly atmosphere. Peer group support practice in student lifestyle management can be start by discussing light problems till hard problems that had been facing by students with clarifying the problems so that the students could use the support system by expressing their problems. The previous research showed that self efficacy has big impact on self adjustment of students when they stays at islamic boarding school (7) so that's why we make follow up research to measure how peer support can influence the self efficacy it self.

Health promotion model had been developed by many experts. One of the expert is Nolla Pender. She develops health promotion model by explaining variables that has some effect to health behavior, such as characteristic, personal experience, cognition, affection, and specific behavior (8). Characteristic and personal experience consist of previous behavior, biological, psychological and social aspect. Cognition and affection consist of perceived benefit of action, perceived barriers to action, perceived self efficacy, activity related affect. Interpersonal and situational effect. Expected behavior consist of commitment and urgent needs choice (9).

The aim of this research was to knowing the effect of peer group support to student's perceived benefit of action and perceived self efficacy in applying student lifestyle management using health promotion model approach.

## **MATERIAL AND METHODS**

The design was quasy experimental with pre post test control group. The number of sample was 150 student who stayed in Islamic boarding school in An Najiyah Surabaya, Al Jihad Surabaya and As Syafiiyah Sidoarjo and taken by simple random sampling. The student are girl in

senior high school where the age is 14-17 years old. The intervention group was given health education and peer group support meanwhile the control group was using health education delivering by lifestyle management module. Peer group support has done in 8 session for 2 months, each session has 60 minutes, once in a week. First session was talk about health behavior, second about personal hygiene, third was health enviroment, fourth was about first aid, fifth about nutrition, sixth was about reproductive health, seventh about narcotics drugs and the last one was about mental health. The independent variable was peer group support and dependent variable were perceived benefit of action and perceived self efficacy. The research took a time around April-June 2019. Data taken by questionnaire and analyzed by Wilcoxon rank test and Mann Whitney. This research has ethical clearance No. 094/EC/KEPK/UNUSA/2019 held by Unusa Ethical Board.

## **RESULT AND DISCUSSION**

Most of respondents are girl at 16 years old (72%), 16 years is the stage where they are more engage to their friend as peer group (10) it's means that peer group role has big impact in their stage of growth (11).

Based on table 1 obtained pre test data in intervention group there were 7 respondents (9.3%) showed positive perceived benefit of action and 68 (90%) showed negative, as well as in control group there were 3 respondents (4%) showed positive perceived benefit of action and 72 (96%) showed negative. After the intervention indicated by post test data, where in intervention groups there were 69 (92%) respondent showed positive perceived benefit of action and 6 (8%) showed negative. The pre test data on perceived self efficacy showed there were 13 (17.3%) respondents have high self efficacy and 62 (82.7%) has low self efficacy, as well as in control group there were 14 (18.7%) showed

high self efficacy and 61 (81.3%) showed low self efficacy. After the intervention indicated by post test data, where in intervention groups there were 75 (100%) respondent showed high self efficacy meanwhile in control groups showed 39 (40%) respondents have high self efficacy and 45 (60) respondents have low self efficacy.

Statistical test by Wilcoxon signed rank test in intervention group of perceived benefit of action obtained  $P=0.000$ ,  $Z=7.874$  whereas in control groups  $P=0.000$ ,  $Z=4.243$  and in intervention groups of perceived self efficacy obtained  $P=0.000$ ,  $Z= 7.874$  whereas in control groups  $P=0.001$  and  $Z = 3.44$ , indicated that there were significant differences in perceived benefit of action and perceived self efficacy between intervention groups and control group after delivered the health education and peer support group.

### Perceived benefits of action

Perceived benefits of action is individual perception of the benefit action that motivating directly and indirectly to the person to have a healthy behavior in planning an action to get the best result. The important things that it is related to individual potency (9). In this research perceived benefit of action was student of Islamic boarding school perception about the benefit of healthy lifestyle. In the table 1 the intervention group and control group before the students got

intervention showed that most of students have negative perceived benefit of action related to student lifestyle management. It might happened because Islamic boarding school has a simple behavior related to tradition and subculture that develops since the Islamic boarding school was established. This condition was supported by Islamic boarding school inadequate infrastructure such as having meals together in one plate, they don't wash their hand before and after having meals. it is a high risk behavior to get infectious transmitted disease. But this condition has changed after students got peer group support, based on table 1 showed that respondents have positive perceived benefit of action in intervention group so in control group even the number was higher in intervention group, 69 (92%). After the education, the healthy life style has change, they start to practice what they've got such as, washing hand before and after having meals, every each student using one plate, putting the dirty clothes in basket, this condition related to what Bandura's theory that social support in this is peer support is one of factor that can increasing self efficacy (12). Peer support not only improve self efficacy but also improve to self care (13)

### Perceived self efficacy

Perceived self efficacy is an individual belief of healthy life behavior (14). In this research, perceived self efficacy was a student's ability

**Table 1. Perceived Benefit Of Action And Perceived Self Efficacy In Intervention And Control Groups Before And After Intervention**

|                             | Intervention Group     |      |           |     | Control group          |      |           |    |
|-----------------------------|------------------------|------|-----------|-----|------------------------|------|-----------|----|
|                             | Pretest                |      | Post test |     | Pretest                |      | Post test |    |
|                             | $\Sigma$               | %    | $\Sigma$  | %   | $\Sigma$               | %    | $\Sigma$  | %  |
| Perceived benefit of action |                        |      |           |     |                        |      |           |    |
| Positive                    | 7                      | 9.3  | 69        | 92  | 3                      | 4    | 21        | 28 |
| Negative                    | 68                     | 90.7 | 6         | 8   | 72                     | 96   | 54        | 72 |
| Wilcoxon Test               | $P = 0.000, Z = 7.874$ |      |           |     | $P = 0.000, Z = 4.243$ |      |           |    |
| Perceived self efficacy     |                        |      |           |     |                        |      |           |    |
| High                        | 13                     | 17.3 | 75        | 100 | 14                     | 18.7 | 39        | 40 |
| Low                         | 62                     | 82.7 | 0         | 0   | 61                     | 81.3 | 45        | 60 |
| wilcoxon test               | $P=0.000, Z=7.874$     |      |           |     | $P=0.001, Z=3.411$     |      |           |    |
| Mann Whitney                | $P=0.000$              |      |           |     |                        |      |           |    |

belief to apply student lifestyle management. In the table 1 the intervention group and control group before the students got intervention showed that most of students have low perceived self efficacy related to student lifestyle management. And having high perceived self efficacy after the intervention, especially in intervention group where there were 75 respondents (100%) have high self efficacy whereas in control group 39 (40%). It showed that students had changed, they have self efficacy to practice healthy lifestyle behavior in Islamic boarding school by cleaning the environment around the room, washing their hand by soap after going to the toilet, putting the trash in trash can, handling the stress by praying and be happy.

Perceived self efficacy is a must to practice student lifestyle management. Student who has high self efficacy can make evaluation that student lifestyle management is a great thing. If there is failure during the practice the students believe that the failure came from inadequate effort. Student who has low self efficacy will bringing down the effort to practice the student lifestyle management, because they thinks that it came from their inability. Student with high self efficacy will getting themselves stronger to face all the obstacle (15). self efficacy is related to how students practice healthy behaviour in boarding school, it's important things to practice so they can minimalize and avoid the transmitted disease.

## CONCLUSION AND RECOMMENDATION

Peer group support can change the perception and increasing student efficacy about how to practice lifestyle management using health promotion model. And for further research we hope the researcher will advance the methode and variable especially about how to improve the health behavior.

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