

Efforts to Increase Awareness of Holistic Health Among Z Generation in Urban Village K, Central Java

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Abstract

Competitive sports involve complex dynamics and high pressure that can trigger anxiety, including among soccer players who have already competed at Dormitory X. Excessive anxiety has the potential to interfere with athletes' performance. This study aims to explore pre-match and in-match anxiety among soccer players, identify its causes, and determine the sources of anxiety experienced. Participants consisted of four main subjects (soccer athletes aged 12–17 years residing at Dormitory X) and two supporting subjects (coaches familiar with the athletes). Subjects were selected using purposive sampling with criteria including anxiety experience and involvement in matches in 2024. The research approach used was qualitative narrative, with data collection methods including interviews, observations, and documentation, analyzed using Miles and Huberman's analysis technique. The results showed that athletes experienced anxiety before and during matches, stemming from internal factors (such as self-doubt) and external factors (such as pressure from expectations). The anxiety management strategies used included thought regulation, behavior control, breathing techniques, and support from Asrama X through competition preparation and joint spiritual activities such as night prayers and reading the holy book (the Qur'an or the Bible). These strategies proved effective in reducing anxiety, as reflected in the athletes' achievements in the competition.

Introduction Section

Urban Village K is an administrative village located in L Subdistrict, S City, Central Java Province, covering an area of 1.234 km². Topographically, Urban Village K is bordered by Urban Village S to the north, Urban Village M to the east, Urban Village J to the west, and Urban Village P to the south. In terms of demographics, the village comprises 13 neighborhood units (RW) and 48 community units (RT), with a total of 3,117 households and a population of 9,363 residents (PHBS Profile of Urban Village K, 2024). Neighborhood units X of Urban Village K holds various potentials, including its designation as a *Kampung GERMAS* (Healthy Living Community Movement) and its recognition as a Center of Excellence (CoE) model due to the integration of maternal and child health services, adolescent health services, and elderly health services. The population of Neighborhood units X consists of three community units (RT) with a total of 103 households. The age- and sex-disaggregated population distribution of RW X in 2024 is presented in the following diagram:

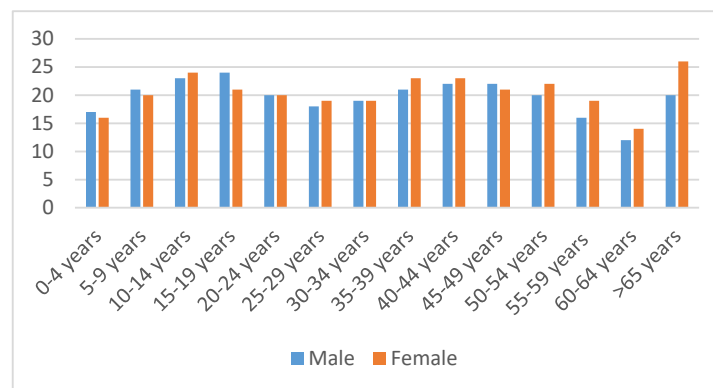


Figure 1. Age and Sex Distribution

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Based on Figure 1, the population of Neighborhood Unit X in Urban Village K is predominantly within the 10–24-year age range, with the number of males exceeding that of females. In other words, the majority of residents are in the productive age group, classified as part of Generation Z, who have the potential to serve as a valuable asset for sustaining generational continuity in Urban Village K. However, most members of Generation Z in Neighborhood Unit X are primarily occupied with school and university activities, which limits their regular participation in community programs. Nonetheless, some continue to engage in major annual events, such as Independence Day celebrations and Eid al-Fitr gatherings.

In terms of educational attainment, the majority of residents in Neighborhood Unit X, Urban Village K, have completed education up to the junior high school level. In addition, a significant proportion have pursued and completed senior high school, bachelor's degrees, or diploma programs. Regarding occupations, most residents are students at either school or university. Furthermore, a portion of the population is unemployed or engaged in household management. There are also residents employed as civil servants or retirees, as well as others serving in the military, working as educators, or serving as healthcare professionals.

Neighborhood Unit X is an area predominantly inhabited by residents with upper-middle economic status. The area tends to be quiet with limited activity due to its relatively small population and the fact that some residents do not reside permanently in the neighborhood. The busy schedules of children and young adults attending school or university, combined with limited awareness of the importance of community engagement, make it challenging to organize regular neighborhood activities such as integrated health services or communal work, particularly among the younger generation. Furthermore, the absence of regular programs targeted at Generation Z has led many of them to spend more time at home.

Interviews with local policymakers in Neighborhood Unit X of Urban Village K and representatives of Generation Z revealed several challenges in optimizing community activities. These include the inconsistent implementation of programs such as the *Kampung GERMAS* (Healthy Living Community Movement) and a lack of health-related education for both parents and Generation Z. This is reflected in low participation rates in health checks, community walks, and communal clean-up activities. Additionally, limited understanding of mental, social, and spiritual health among parents and Generation Z has resulted in social and spiritual health-supporting activities—such as community walks and religious gatherings—being attended mainly by older adults and the elderly. Mental health assessments have yet to be introduced, as the topic remains a cultural taboo within the community. Consequently, information on mental health is scarce and largely obtained through social media, particularly among Generation Z.

The objective of this study is to provide an overview of and propose strategies for enhancing holistic health awareness among Generation Z in Neighborhood Unit X, Urban Village K. The expected benefits include enabling all stakeholders in Neighborhood Unit X to empower young people in organizing positive activities aimed at improving holistic health awareness. Furthermore, Generation Z is expected to gain knowledge and skills to optimize their holistic health by actively participating in activities that promote physical, mental, social, and spiritual well-being, thereby providing a means for them to actualize their potential.

Characteristics of Urban Communities

An urban community refers to a social group oriented toward an industrialized civilization, characterized by heterogeneity in traditions, cultures, and values. Such communities tend to exhibit a higher degree of individualism as a collective, in contrast to the more communal nature of traditional societies (Hartanto et al., 2021). The values and goals embraced by urban communities are often extrinsic in nature, encompassing factors such as wealth, fame, and similar pursuits. This orientation has shaped urban society into an ecosystem driven by consumerism, distancing it from the fundamental human need for shared values and social cohesion, which are inherently indispensable (Setiawan, 2023). These characteristics are closely linked to factors that shape identity, such as culture, socio-cultural dynamics, income levels, politics, and rapidly evolving lifestyles, all of which contribute to making urban communities more competitive (Setiawan, 2023).

One of the most influential factors shaping urban life is the demand for convenience, which fosters an expectation for instant solutions. This tendency is further reinforced by advancements in technology, particularly through the widespread use of sophisticated gadgets (Hartanto et al., 2021). Hartanto et al., (2021) stated that the presence of gadgets, particularly among urban middle-class millennials—young people in multicultural cities born between 1981 and 2000, currently aged 20–40 years—is associated with a greater openness to new ideas and a tendency toward individualism, thereby fostering the emergence of new cultural patterns. Children and adolescents from Generation Z in urban areas also regard gadgets as constant companions, with many reaching for their devices immediately upon waking. They often begin their day by checking screens, reading status updates and group chats on WhatsApp, playing online games, or browsing platforms such as Facebook and Twitter. This habitual engagement can lead to dependency and has the potential to influence the value systems that Generation Z should ideally uphold (Kurniawan, 2021). The instant-gratification mindset prevalent among Generation Z in urban communities has contributed to a decline in work ethic and a diminished sense of appreciation toward parents and teachers. Consequently, this has led to weakened relationships between Generation Z and both their family members and the surrounding social environment (Kurniawan, 2021).

From the above definitions, it can be concluded that urban communities are social groups oriented toward an industrialized way of life, characterized by diverse values and a more individualistic nature. This is largely influenced by exposure to advanced technology, which fosters an instant-gratification mindset and has resulted in weakened interpersonal relationships within families and the broader community, as communication patterns have increasingly shifted to being mediated through gadgets.

Holistic Health (Biopsychosocial-Spiritual Approach)

Undang-Undang Republik Indonesia Nomor 17 Tahun 2023 tentang Kesehatan (Law of the Republic of Indonesia Number 17 of 2023 on Health) defines health as a state of well-being in which individuals are physically, mentally, and socially healthy, not merely free from disease but also capable of engaging in productive activities. Physical health refers to a condition in which the body's organs function properly and normally, without pain or complaints in any part of the body (Harun et al., 2023). Furthermore, Harun et al. (2023) state that mental health refers to a condition in which individuals are able to develop physically, mentally, spiritually, and socially, enabling them to recognize their potential, cope with stress, work productively, and contribute to their community. Spiritual health refers to a sense of harmony and the establishment of connectedness with oneself, with others, with nature, and with God. This dimension can be observed through an individual's active engagement in community life, particularly in religious or faith-based activities (Daryanto et al., 2022). A more comprehensive definition of holistic health which encompasses physical, mental, social, and spiritual dimensions can be outlined as follows:

a. Physical Health

According to the World Health Organization (WHO, 2016), physical activity is defined as any bodily movement that increases energy expenditure or calorie burning, performed for at least 10 minutes continuously. Physical activity includes all movements undertaken during leisure time, for transportation to and from places, as well as activities related to work and daily routines (Chaeroni et al., 2021). Moderate to vigorous intensity physical activity has been shown to improve both physical and mental health (Chaeroni et al., 2021).

According to Waluyani et al. (2022), several issues arise from the lack of physical health awareness among adolescents, including: 1) Anemia, a condition in which the level of red blood cells in the body is below the normal range. Based on the 2018 Basic Health Research (*Riskesdas*), the prevalence of anemia in Indonesia remains high, affecting 32% of individuals in the adolescent age group; 2) Stunting, characterized by prolonged inadequate nutritional intake, resulting from food consumption that does not provide sufficient nutrients for the body. Data from the 2018 Basic Health Research (*Riskesdas*) indicate that 25.7% of adolescents aged 13–15 years and 26.9% of adolescents aged 16–18 years in Indonesia experience stunting. This condition may lead to bullying, difficulties in building self-confidence, anxiety, social withdrawal, and even depression; 3) Obesity, a condition resulting from an imbalance between energy intake and energy expenditure, which increases the risk of diseases such as diabetes, hypertension, and cancer. According to the 2013 *Riskesdas*, the prevalence of obesity among adolescents aged 13–15 years in Indonesia is 16%, consisting of 11.2% classified as overweight and 4.8% classified as obese. Meanwhile, among adolescents aged 16–18 years, the prevalence is 13.5%, comprising 9.5% overweight and 4.0% obese.

Based on the above definitions, physical health can be concluded as the performance of sustained physical activity that expends energy and burns calories through continuous movement for approximately 10 minutes each day. A lack of awareness regarding physical health may result in issues such as anemia, stunting, and obesity, which are prevalent among adolescents.

b. Mental Health

According to the World Health Organization (WHO, 2004), mental health is a state of mental well-being that enables individuals to cope with the stresses of life, realize their abilities, learn and work effectively, and contribute to their community. Mental health is also understood as a state of psychological well-being in which individuals are able to recognize and regulate their emotions, think clearly, interact positively with others, and function effectively in daily life (Wardana et al., 2024). Veda et al. (2023) report that 52% of Indonesians aged 18–24 years perceive themselves as having mental health problems, characterized by mood changes, alterations in sleep quality and appetite, excessive fear or anxiety, severe fatigue, as well as feelings of confusion, forgetfulness, and irritability.

Maulana et al. (2023) suggest several strategies for maintaining mental health, including: (1) Controlling emotions by focusing on positive aspects; (2) Trying new, positive activities when feeling bored with routines; (3) Sharing personal stories with trusted individuals; (4) Spending at least 10 minutes outside each day, taking time to sit or walk in open spaces surrounded by trees and fresh air to reduce stress levels; (5) Exercising and eating healthy foods; (6) Meditating for 15 minutes daily, particularly before bedtime; (7) Finding and engaging in hobbies; (8) Getting adequate rest; and (9) Smiling, as it can help shift one's perspective toward a more positive outlook.

Based on the aforementioned definitions, it can be concluded that mental health is a state of mental well-being that enables an individual to cope with life's pressures, recognize their abilities, learn effectively, work productively, and

contribute optimally to their community. Nevertheless, many adolescents continue to experience mental health problems, often characterized by rapid mood changes, which in turn can have an impact on their physical health.

c. Social Health

Health is defined as a state of well-being of the body, mind, and, inclusively, the social dimension, which enables every person to live productively both socially and economically (Health Law of the Republic of Indonesia No. 36 of 2009). Social health is a relational concept in which an individual's well-being is understood in terms of the impact they have on others namely, their social environment and their ability to establish and maintain positive relationships with other individuals or groups, without discrimination based on race, ethnicity, religion or belief, social status, economic standing, or political affiliation (Kristanti et al., 2024).

This implies that social health refers to a condition in which individuals are able to establish positive relationships and interact with others without discrimination, thereby enabling them to better actualize their personal potential.

d. Spiritual Health

Spiritual health refers to a sense of harmony and the establishment of closeness between oneself and others, with nature, and with God, which can be observed through an individual's active engagement in community activities, particularly in religious aspects (Daryanto et al., 2022). **Spiritual health** encompasses the relationship between an individual and God, as reflected in the person's level of religiosity or non-religiosity. This includes practices such as praying, studying religious teachings, connecting with nature, and participating in religious communities or places of worship (Koenig, 2012). An individual is considered to possess good spirituality when they demonstrate a strong sense of hope, optimism, and positive thinking (Carolina & Yanra, 2021). According to Jelang et al. (2024), a lack of spiritual health can have several impacts on an individual, including: (1) experiencing high levels of anxiety; (2) feeling incapable of actualizing one's potential; (3) having excessive worries; (4) feeling unloved; and (5) having limited ability to adapt to various situations.

Based on the definitions above, it can be concluded that **spiritual health** is a state in which an individual develops closeness with others, nature, and God through religious activities. A lack of spiritual health in an individual impacts various aspects of well-being, including the physical resulting in reduced ability to actualize personal potential the mental leading to a greater tendency toward anxiety and the social manifesting as reduced ability to adapt to various situations.

Based on the explanations of physical, mental, social, and spiritual health, it can be concluded that **holistic health** is a condition in which an individual is healthy physically, mentally, socially, and spiritually. A healthy individual is not only free from illness but is also able to engage in productive activities, build and maintain harmonious relationships, and contribute to their surroundings both socially with other individuals and with the natural environment. In this sense, each aspect of health is interrelated and mutually reinforcing.

Definition of Generation Z

Schmidt (as cited in Nusaibah, 2023) defines a generation as a group of people who categorize themselves into certain groups based on year of birth, age, place of residence, and life experiences, all of which significantly influence their developmental period. In generational theory, there are five classifications of human generations based on birth year: the **Baby Boomer generation** (born 1946–1964), **Generation X** (born 1965–1980), **Generation Y** or **Millennials** (born 1981–1994), **Generation Z** (born 1995–2010), and **Generation Alpha** (born 2011–2025) (Codrington et al., 2012).

Generation Z, also referred to as the *iGeneration* or the *Internet Generation*, is the youngest generation currently entering the workforce, born between 1995 and 2010 (Bencsik et al., 2016). This generation is closely associated with technology and is capable of performing multiple activities simultaneously (*multi-tasking*), such as operating social media on a smartphone, browsing the internet on a personal computer, and listening to music through a headset all at the same time. Their familiarity with advanced gadgets has, both directly and indirectly, influenced their personality traits (Ummah, 2019).

Bencsik & Machova (2016) describe generational differences, noting that Generation Z tends to view reality with a lack of long-term commitment and prioritizes happiness based on what they currently have and experience. Other characteristic factors of Generation Z include forming short and predominantly virtual relationships, having an intuitive approach to the internet and technology, adopting a "live in the moment" mindset and being reactive to various situations, as well as demonstrating the courage to initiate ideas and the ability to access information rapidly (Bencsik & Machova, 2016). Additionally, Generation Z often holds perspectives that differ from other generations due to extensive exposure to information through technology and social media, which frequently leads them to engage in less long-term thinking regarding the potential consequences of their actions (Bencsik & Machova, 2016).

Based on the discussion above, it can be concluded that Generation Z, also known as the *iGeneration*, comprises individuals born between 1995 and 2010 who have a strong attachment to technology. Their ability to use advanced technology enables them to adapt more quickly to changes and perform multiple tasks simultaneously.

Bronfenbrenner's Ecological Theory

Bronfenbrenner (1979) stated that individual development occurs in a complex manner through interactions between individuals, surrounding objects, and symbols present in their environment. According to Hilmi et al. (2018) explained that each environmental system influences individual development as follows:

a. Microsystem

The microsystem is the closest and most immediate social environment surrounding an individual, including family, teachers, peers, school, neighborhood, and other elements encountered in daily life.

b. Mesosystem

The mesosystem is the second level structure, encompassing the interconnections between two or more different microsystems. Examples include the relationship between family experiences and school experiences, school experiences and religious experiences, family experiences and peer interactions, or family relationships with neighbors.

c. Exosystem

The exosystem refers to the third level structure where the individual is not directly involved in interactions but is still influenced by the environment, affecting their development.

d. Macrosystem

The macrosystem is the outermost layer of the individual's environment, including ideology, traditions, religion, laws, customs, and broader societal changes that influence the individual.

e. Chronosystem

The chronosystem represents the interaction of environmental systems over time, encompassing changes in these systems and creating new conditions that affect individual development.

Based on the analysis of issues in Neighborhood Unit X, Urban Village K, which shows a lack of holistic health awareness encompassing physical, mental, social, and spiritual health, the research question of this study is: *"How can efforts be made to increase holistic health awareness among Generation Z in Neighborhood Unit X, Urban Village K?"*

METHOD

This study is a qualitative research employing a descriptive method. The data sources include both primary and secondary sources. The primary data were obtained from semi-structured interviews with the policymakers of Neighborhood Unit X, Urban Village K, a focus group discussion with five Generation Z representatives from Neighborhood Unit X (born between 1995–2010), and observations of integrated health service activities, daily social activities of the community, and spiritual activities through religious gatherings. Secondary data were obtained from literature related to the research topic, including journal articles, books, and other relevant sources. Data collection was conducted through semi-structured interviews.

RESULTS

Based on observations at the Integrated Health Service in Neighborhood Unit X, Urban Village K, only approximately 2 Generation Z individuals participated in physical health checks, with no mental health screenings conducted. In the following month, participation increased to about 4 Generation Z members, with one assisting health cadres in conducting health education. Religious activities, such as the Subuh recitation at the nearest mosque, were attended by around 2 Generation Z individuals initially, increasing to approximately 5 participants in the subsequent week, usually accompanied by their parents. During congregational prayers, most male Generation Z members attended Maghrib prayers, but social interactions were limited to brief greetings. Over approximately three weeks, only 2–3 youths engaged in outdoor activities like playing football in the neighborhood. Overall, Generation Z participation in social activities was minimal, occurring mainly when gatherings had clear purposes, such as youth organization events.

Based on interviews with stakeholders, the TP-PKK Health Division of Urban Village K reported that nearly 50% of female youth in Urban Village K suffer from anemia. This is largely due to frequent consumption of sweet drinks, such as iced tea, and poor dietary habits. Although the local health center has facilitated an iron tablet program specifically for female youth in schools and at the integrated health service, many youth remain irregular in consuming them. Interviews with health cadres in Neighborhood Unit X revealed that despite the availability of integrated health services including those for toddlers, youth, elderly, and pregnant women participation among youth is still low. Health service activities, which include physical health check-ups and educational sessions, have yet to attract more than 20 youth participants per session.

Based on interviews with the management of the nearest mosque in Neighborhood Unit X, participation of youth in mosque activities remains very low. Youth in Neighborhood Unit X only attend congregational prayers at Maghrib and

Isha, primarily because most young people are occupied with school or university activities until late afternoon, and the mosque's location across a main road raises safety concerns among parents. Nevertheless, the mosque management continues to organize religious study sessions to provide general education for the community without age restrictions. However, youth participation in these sessions remains minimal and is rarely observed. Mosque officials reported that youth become actively involved during Ramadan and Eid al-Adha.

Based on a focus group discussion with five youth representatives from Neighborhood Unit X, Urban Village K, it was found that youth understanding of health is still largely limited to physical and mental aspects, with little awareness of social and spiritual dimensions. Factors contributing to the lack of holistic health awareness among youth include parents and educational environments, such as schools and universities, which primarily emphasize physical and mental health without highlighting the importance of social and spiritual aspects. Additionally, youth tend to prioritize academic commitments over social interactions and community activities.

The consequences of this limited holistic health awareness include neglecting regular exercise, consuming unhealthy foods such as sugary and oily items, reduced familiarity with neighbors, excessive time spent on gadgets, and limited knowledge of how to seek help when stressed. Proposed solutions to improve holistic health awareness among youth include educational programs covering physical, mental, social, and spiritual health, targeting both youth and their parents to provide ongoing support and reminders. Furthermore, implementing regular community activities such as sports, religious study sessions, and communal meals for all youth at the neighborhood level can enhance holistic health engagement.

DISCUSSION

Holistic health refers to a state in which an individual is healthy physically, mentally, socially, and spiritually. A healthy individual is not merely free from disease but is also capable of engaging in productive activities, maintaining harmonious relationships, and contributing to their surroundings, both socially with other individuals and within the broader environment. Essentially, all aspects of an individual's health are interrelated. For instance, mental health is manifested through the individual's ability to develop physically, socially, and spiritually. This interconnectedness enables individuals to recognize their potential, manage stress effectively, work productively, and contribute meaningfully to their communities (Harun et al., 2023). A similar situation occurs in Neighborhood Unit X, Urban Village K, where the population is largely dominated by the elderly, followed by Generation Z. Generally, the elderly in Neighborhood Unit X engage in regular activities, including physical health check-ups and utilizing counseling services for both physical and mental well-being. They are also aware of the importance of visiting the community health center, which provides better facilities, and actively participate in social activities such as group walks or recreational outings, which strengthen interpersonal bonds. Religious study sessions facilitated by the local mosque are also actively attended by the elderly.

In contrast, iGen or Generation Z is more preoccupied with academic activities and often feels fatigued after returning home. Limited awareness of holistic health leads most Generation Z members to participate in integrated health service activities primarily for physical health check-ups, although attendance remains irregular. The lack of social and spiritual activities specifically targeted at Generation Z also contributes to weaker connections among peers and neighbors in the community.

CONCLUSION

The greatest challenge faced by the community in Neighborhood Unit X, Urban Village K, is the limited engagement of Generation Z in various activities. This is evident from their low participation in physical health check-ups through integrated health service activities and the insufficient time allocated for regular physical exercise of approximately 30 minutes per day, as reported during counseling sessions. Moreover, communal activities such as neighborhood clean-ups and group walks, intended to foster social cohesion, are still predominantly attended by adults and the elderly. Religious study sessions at the nearby mosque, conducted approximately once a month, are attended by only 2–3 Generation Z members, while most participate only in congregational Maghrib prayers before returning home.

As a result, Generation Z currently exhibits irregular and unhealthy eating habits, limited awareness of their surrounding environment, and a tendency to spend excessive time on electronic devices at home. These issues stem from a lack of understanding and awareness of holistic health including physical, mental, social, and spiritual aspects among both Generation Z and their parents. Future research is recommended to develop practical interventions specifically targeting Generation Z to promote sustainable holistic health.

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Author's contribution

Alvanindya Nafik Ardani : Conceptualization, Methodology, Data Collection, formal Analysis, Writing – Original Draft
Setia Asyanti: Review & Editing, Supervision.

Both authors read and approved the final manuscript.

Conflict of interest

Both the first and second authors declare that they have no conflict of interest in relation to the content and publication of this article.

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