

## Study on Implementation of School Health Program (UKS)

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**Abstract.** School Health Efforts are an important prospect in efforts to prevent disease and improve children's health. This study aims to describe the implementation of UKS, namely the implementation of the three main UKS programs, the role of teachers, and infrastructure. This research is qualitative research with a phenomenological approach. Data was collected through in-depth interviews and documentation with 10 informants. The results showed that the types of UKS activities included health education, health services, and fostering a healthy school environment. UKS activities are not routinely carried out and experience problems in their implementation. The teacher's role in UKS activities includes providing information, assessing, examining, and guiding students to clean independently. Regarding the currently available infrastructure, it is still limited and does not meet the minimum level of UKS services improvement of UKS infrastructure facilities, improvement of teacher knowledge, and skills in UKS management is very much needed.

**Keywords:** *Three UKS Main Programs, Teacher's Role, Infrastructure*

**Abstrak.** Upaya Kesehatan Sekolah merupakan prospek penting dalam upaya pencegahan penyakit dan peningkatan kesehatan anak. Penelitian ini bertujuan untuk mendeskripsikan pelaksanaan UKS sekolah, yaitu pelaksanaan tiga program utama UKS, peran guru, dan sarana prasarana. Penelitian ini merupakan penelitian kualitatif dengan pendekatan fenomenologis. Pengumpulan data dilakukan dengan wawancara mendalam dan dokumentasi kepada 10 orang informan. Hasil penelitian menunjukkan bahwa jenis kegiatan UKS meliputi pendidikan kesehatan, pelayanan kesehatan, dan pembinaan lingkungan sekolah yang sehat. Kegiatan UKS tidak rutin dilakukan dan mengalami kendala dalam pelaksanaannya. Peran guru dalam kegiatan UKS antara lain memberikan informasi, menilai, memeriksa dan membimbing siswa dalam melaksanakan kebersihan secara mandiri. Mengenai infrastruktur yang tersedia saat ini masih terbatas dan belum memenuhi tingkat minimal pelayanan UKS. peningkatan sarana prasarana UKS, peningkatan pengetahuan dan keterampilan guru dalam pengelolaan UKS sangat dibutuhkan.

**Kata kunci:** *Tiga Program Pokok UKS, Peran Guru, Sarana Prasarana*

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## **Introduction**

Based on the joint decision of the four ministers regarding the guidance and development of School Health Business (UKS), improving the quality of education and student achievement that pays attention to healthy behavior and living environment requires guidance and development of UKS in every school (Kemendikbud, 2018). School Health Business (UKS) is a public health effort that is run in schools with students and their environment as the main target.

National data shows that there are still schools that have not implemented UKS, and do not yet have the facilities and infrastructure that can support the implementation of UKS in schools. The data reported that 68.35% of schools do not have UKS and 64% of schools do not have proper latrines. In addition, 30% of schools do not have water and do not have sufficient water sources and 35.19% of schools do not have hand washing facilities, and 61% of schools have canteens that do not meet food sanitation hygiene standards (Kemendikbud, 2018).

The implementation of UKS that does not run optimally is caused by health education activities, health services, and the development of the school environment that is not carried out properly (Apriani & Damai, 2018), (Rahmah, 2016). The implementation of UKS that does not run optimally is caused by health education activities, health services, and the development of the school environment that is not carried out properly (Mulyadi, 2019). The availability of adequate facilities and infrastructure is a determining factor for the implementation of the UKS program as a whole (Prasetyo, et al., 2014). The minimum standard strata of UKS infrastructure are clean water, a hand washing area, a functioning toilet/latrine, a trash can and a yard/yard, functioning sewerage, a UKS corner, and doing three m plus once a week (Kemendikbud, 2018). The necessary facilities and infrastructure include UKS equipment, medicines, and others (Bayu, 2019).

Belu Regency is one of the regencies that has problems with the provision of clean water for drinking due to the low water discharge from the springs and the high cost of constructing waterways. This makes it difficult to implement

community and school sanitation (Stefanus, 2020). Based on observations found in the Amahatan Catholic elementary school, the quality of the school environment's health is still lacking even though the UKS program is being implemented. This is due to limited facilities and infrastructure as well as the role of teachers who are still lacking in supporting and directing students to be able to utilize UKS services effectively. This study describes the implementation of the UKS program at Amahatan Catholic elementary school, Raimanuk District, Belu Regency.

### **Method**

This research is qualitative research with a phenomenological approach (Creswell, 2016). Informants were determined by using a purposive sampling technique. There were 10 informants in this study related to the implementation of UKS in the Amahatan Catholic elementary school. Data collection was carried out using in-depth interviews and documentation methods. Data collected in the form of recordings are converted into written form. This is done by converting the collected data from a recorded form into written form. Data were analyzed qualitatively and compared with existing theories and literature (Sugiono, 2016). Data analysis includes data reduction, data presentation, and conclusion.

### **Result**

Table 1.

*Characteristics of Key Informants Study on UKS Implementation at SDK Amahatan, Raimanuk District, Belu Regency.*

Name	Age	Education	Profession
CJ	63	Primary school	Farmer
MK	29	Bachelor	Teacher
MD	38	Bachelor	Teacher
YU	35	Senior High School	Teacher
GA	57	Senior High School	Farmer
AC	54	Bachelor	Headmaster
FO	10	Primary school	Student
RD	10	Primary school	Student
MM	10	Primary school	Student
IB	28	Associate's degree	Midwife

Table 1 shows that the age of the informants varied between 10-63 years. The educational background of the informants varies from elementary school to undergraduate education. Most of the informants' jobs are teachers and students with three people each and the last one is a midwife with one person.

#### **A. UKS Overview**

##### **1. Overview of UKS activities**

###### **a. Health education**

Health education is given to students in the form of counseling on Clean and Healthy Living Behavior (PHBS) in schools which consists of disposing of garbage in its place, washing hands with soap before and after eating, and brushing teeth properly and correctly. Health education is carried out using lectures and demonstrations in front of the class. This can be proven from the results of interviews as follows:

*"...The activity is providing health information such as how to take care of oneself and the environment in which you live, for example by washing your hands and brushing your teeth..." (Informant IV)*

*"...Nurses used to talk about how to keep us clean and healthy. Like, we have to throw candy packages in the trash, the way we brush our teeth, wash our hands properly, check neatness and clean our nails. The teacher did it in front of us, and then we joined..." (Informant IX)*

*"...Yes, it is indeed carried out, there is counseling about PHBS..." (Informant X)*

###### **b. Health services**

Health services to students are in the form of dental and oral examinations, administration of diarrhea medicine and worm medicine, examination of the use of table salt (iodized), giving repeat immunizations, and screening in first graders. This can be proven from the results of interviews as follows:

*"...Officers give diarrhea medicine and deworming medicine for children..." (Informant IV)*

*"...Health officers used to come to check the children's teeth and mouth, check the table salt, weigh the children's weight and height, and they every year carry out immunizations and screening for children..." (Informant VI)*

c. Fostering a healthy school environment

Coaching in the school environment focuses on cleanliness in the classroom and around the school environment with a school environment service schedule and pickets in the classroom that have been made and given by the teachers. This can be proven from the results of interviews as follows:

*"...Yes, it is usually carried out in schools, for cleaning our environment here there is community service every Friday..." (Informant III)*

*"...On Fridays, we usually have a schedule to clean the school environment. Sometimes we are in the front yard or beside the toilet. The teacher is for cleaning. We also have pickets in class, so every morning or after school, we work for tomorrow, so we don't have to come early..." (Informant VII)*

2. Implementation of UKS activities

The implementation of UKS activities is only carried out in schools and not at the public health center (community health center). In addition, the implementation of education and health checks by the community health center is carried out in the classroom by involving school principals, teachers, and students to support and implement them. This is evidenced by the results of interviews as follows:

*"...It is carried out jointly between the school and health workers as well as teachers and students..." (Informant II)*

*"...So whether there is funding or not, we will continue to carry out UKS activities. Moreover, there are children from the health workers themselves, so it must be implemented..." (Informant X)*

3. UKS implementation period

The UKS implementation at the Amahatan Catholic elementary school for promoting a healthy school environment is carried out every day by students in

the form of class pickets and for the overall cleaning of the school environment every Friday. Education and health checks by community health centers are not routinely carried out and do not have a fixed schedule so the implementation must be adjusted to the academic calendar. This is evidenced by the results of interviews as follows:

*"...Oh, for that day, it is usually not fixed and the UKS program is not routinely carried out..." (Informant II)*

*"...There is no separate day to run UKS, only the time for implementation is usually reconsidered from the community health center and adjusted in schools..." (Informant IV)*

#### 4. UKS implementation constraints

Obstacles in implementing UKS related to health facilities include limited handwashing facilities, no storage space (warehouse), no UKS corner/room and limited toilets for teachers and students, lack of socialization and training on the use of medicines and wounds care, and limited clean water. This is evidenced by the results of interviews as follows:

*"...There are obstacles, such as unavailable UKS rooms, incomplete medicines, lack of health training for elementary school students (little doctors), and socialization to use medicines when children are ill. We also lack understanding and often become overwhelmed. Besides that, there is no water..."(Informant II)*

*"...Aiii, the facilities here are lacking, so the time for learning is used to wash hands. No storage space. There is no UKS corner/UKS room. There is also no massage oil, so students who are sick are immediately taken to the hospital without being treated at school first because there is no medicine available. If possible, socialize such as when to use rivanol, and when to use this drug. There must be an increase in toilets because there are only two toilets and there is no water reservoir. There is only one toilet for the teacher and two for the students, so we often have difficulty urinating, this has happened again and again. There is a well but it is not maintained, so water is dry in the well, there is water too but the water is not used because it is dirty and smells..."(Informant III)*

## **B. Teacher Role Description**

The teachers need to perform the role of an educator, namely teaching students how to wash their hands and dispose of garbage, providing posters as a medium for health education, looking for health materials on the internet, and delivering them to the student. The teacher performs a supervisory role, namely checking the neatness of uniforms, cleanliness of fingernails, and asking students to bring their drinking water. The teacher also performs the role of evaluator, namely by conducting an assessment using the available assessment formats and seeing firsthand the cleanliness and health of students. In addition, the teacher plays the role of a facilitator, namely by providing tissues and toothpaste for students as well-confirmed by parents, principals, students, committee chairpersons, and health workers. There are other roles, namely the teacher as a leader in directing health workers and providing examples of maintaining good hygiene to students. This can be proven by the results of interviews as follows:

*“...Teachers, if I tell you, they will definitely come in to accompany the health workers to see the students and that applies to all of them until the activity is over. For the assessment of the cleanliness and health of students in children’s report cards, there is its format and an assessment is carried out based on the format by looking at the cleanliness and health of students (student sick attendance list)...”(Informant VI)*

*“...Teachers always tells us to keep clean, they usually check who doesn’t wash their hands or wear a mask, it means they must be angry. The teacher has provided toothpaste in the classroom, so if you check who is not brushing your teeth, it means that starting tomorrow you have to bring a toothbrush to school to brush your teeth in front of the class before entering...”(Informant IX)*

## **C. Overview of Facilities and Infrastructure**

### **1. Available Facilities and Infrastructure**

The facilities and infrastructure available at Amahatan Catholic elementary school are brooms, mops, weight scales, classrooms and medicines, hand washing facilities, and glass cleaners. This can be proven by the results of interviews as follows:

*“...Brooms, mops, classrooms and medicines although not complete...”(Informant II)*

*“...Weight scales, medicine, and broom...”(Informant VI)*

*“...Hand washers, brooms, glass cleaners...”(Informant VIII)*

*“...Hand wash bucket, water, broom and mop...”(Informant IX)*

## 2. Facilities and Infrastructure That Need to be Improved

Facilities and infrastructure that need to be improved are the first aid kit, clean water, socialization and training on drugs used in the first aid kit, UKS room/corner, toilets, and weight and height scales. This can be proven by the results of interviews as follows:

*“...There’s only this one first aid kit. This box is also incomplete, the kinds of light medicines we prepare here for UKS. There is already limited to the red medicine rivanol, but there are no kinds of small scissors so the child can hold the scissors and then attach them to the wound. It’s kind of like a box, but it still works like it used to, just go ahead. If possible, the community health center and schools will cooperate to hold socialization and training for the use of medicines in the first aid kit...” (Informant III)*

*“...Water, because if I have a stomach ache and go to the toilet the water always runs out, so I have to endure it or ask for the teacher’s permission to go to my friend’s house nearby to defecate. Even if there is water, we always have to queue because there are only two toilets and there are a lot of people going. There is no room available, usually, when I get sick I go straight home and have never been treated at school...” (Informant VII)*

## **Discussion**

### 1. UKS Program

The results of the study found that the implementation of health education in schools focused on PHBS. The implementation of health education in Elementary Schools related to maintenance, assistance, and health care includes at least twenty variations of activities (Kemendikbud, 2018). Health education is carried out by the community health centers involving principals, teachers, and students using lecture and demonstration methods in front of the class. In addition, the health education



carried out only covers six variations of activities. Health education that has not been implemented includes fourteen variations including not smoking, using healthy latrines, participating in sports activities at school, eradicating mosquito larvae, monitoring body weight regularly, coughing and sneezing etiquette, managing hygiene during menstruation, recognizing the dangers of drugs and alcohol, understanding of physical fitness, knowing how to do first aid and first aid, recognize the importance of immunization, recognize the importance of breakfast, recognize the dangers of diarrhea, dengue, and influenza, know healthy food. Health education through school communities can be a strategic step in improving public health in general and children's health in particular, so it is very important to carry out a variety of health education activities to increase knowledge about personal health as early as possible and train students to be able to practice how to maintain health independently (Nurun & Aim, 2017).

The results of the study found that the health service activities that have been carried out are promoting health promotion which is carried out through health education activities, preventive prevention which is carried out through activities to increase endurance (immunization), healing, and recovery which is carried out through the provision of diarrhea medicine and worm medicine. Health service activities that have not been carried out are creating health promotion areas in schools. Health services in Elementary Schools are carried out in two ways, partly by the school and partly by the community health center (Kemendikbud, 2018). Health services by the school are carried out by delegating its activities to teachers and cadres who have been trained and guided by health workers. In addition, the realization of health services by the community health center is carried out according to the planned time in an integrated manner. The methods needed to carry out health services and have been carried out are health counseling, direct examination, and observation and what has not been carried out are upgrading/training, health guidance, and special guidance (counseling). The school does not only seek education for students but also with community health centers to

become partners in actualizing health services to maintain and improve student health sustainably.

The results of the study found that the implementation of fostering a healthy school environment was centered on the physical environment and only carried out two extracurricular activities, namely community service and fostering environmental hygiene, eradicating sources of disease, and had not carried out eight other activities which included healthy school competitions, inter-class hygiene competitions, drawing/painting, composing, singing, conducting UKS/M jamborees, making schools into UKS tours, and making schools a model for the surrounding community (Kemendikbud, 2018). Fostering a healthy school environment is an effort to create a school environment that can support the educational process to achieve optimal results in terms of knowledge, skills, and attitudes.

Implementation of environmental development, namely cleanliness inside and outside the classroom carried out by the school by involving teachers and students. The fostering of a healthy school environment in the UKS program for the elementary school level includes the physical, psychological and social environment (Kemendikbud, 2018). Fostering a healthy school environment aims to support an optimal educational process both in terms of knowledge, skills, and attitudes so it is necessary to foster a healthy school environment physically and non-physically (Siti, et al., 2017). Non-physical environment development includes paying attention to students and fostering harmonious relationships between teachers, students, committees, parents, and employees so that schools need to work on it for the convenience of all school members. Efforts to foster a non-physical environment can influence and increase student learning concentration in the school environment (Fajar, 2017).

The results of the study found that UKS activities were carried out based on the cooperation and support of all parties including parents, students, school committees, teachers, and health workers. The implementation of the UKS program should be prepared based on the UKS implementation guidelines and made as a

sustainable program, that is, it can be sustainable every year. For this reason, schools must form a UKS Implementation Team and include the UKS work plan as part of the School Activity Plan and Budget (RKAS). The UKS implementation aims to improve the health status of students and create a healthy environment to allow good growth and development. The realization of UKS's success is determined by the implementation of the UKS Trias. In addition, the role and support of all school members, both students, teachers, and the community in the school environment, is to mobilize and strive for the implementation of UKS. The existence and support of all parties can make UKS a vehicle for achieving the desired goals by improving the health status of students (Hendra, et al., 2015).

The results of the study found that the UKS activities at the Amahatan Catholic elementary school were not routinely carried out by the community health center. In addition, there is a schedule of regular visits from the community health center but in practice, UKS activities often experience obstacles so the practice of UKS activities must be re-planned. The time for the implementation of activities is regulated and adjusted to the educational calendar and activities involving students and educators can be arranged properly so as not to interfere with the teaching and learning process. In addition, the implementation of UKS is not held during the exam period (Kemendikbud, 2018).

Construction of facilities and infrastructure including UKS room, bed, weight measuring instrument, height measuring instrument, thermometer, simple medicine (wound medicine, ORS, liniment, sterile gauze, cotton, alcohol, small plaster for wounds, plaster, bandage, scissors, pain reliever/fever reducer, eye drops, eucalyptus oil, and mitella). Other facilities and infrastructure such as jaw models and toothbrushes, service facilities (mouth mirror, sondet, tweezers), Snellen cards, educational information communication media, cupboards, flashlights, drinking water, student health check-up notes, and reference sheets. In addition, there must be separate worship facilities, and a healthy canteen containing preservative-free food, dyes, noodles, and soft drinks. The duties and functions of the Community

health center in UKS are implementers, and coaches, including training/improvement for UKS teachers and cadres (small doctors and adolescent health cadres) regarding the administration of simple medicines and wound care. Students are expected to play an active role in maintaining and supervising the cleanliness of the school environment and class pickets independently. In addition, students are tasked with maintaining security, order, beauty, and kinship (Kemendikbud, 2018).

Facilities and infrastructure need to be improved to support student health. Trias UKS in schools has been successfully implemented optimally because it is supported by complete facilities and infrastructure (Maryam, et al., 2018). In addition, the solution to overcoming student participation and attendance is to design good learning materials and provide gifts or rewards in the form of praise or goods to students who can answer the questions that have been given well. The method of giving rewards in the form of praise or goods influences the student's learning process (Mila, et al., 2018). With high interest, students will be ready to take lessons happily, attentively, and more focused on learning activities. For a variety of student activities related to available UKS funds. Based on the results of interviews with informants, it shows that UKS program funds are not available even though funds are a vital part and are needed as a condition for the smooth running of a program that will be allocated appropriately (Maryam, et al., 2018). Therefore, funding sources for activities in schools can be obtained from school committees, parents, and funds managed by schools through student activities, such as school gardens, cooperatives, and others (Kemendikbud, 2018). Dissemination and training on wound care and drug administration to sick students are very necessary and need to be held to realize good education and health services. Most teachers need to increase their knowledge about health education, one of which is through seminars on health and training on drug administration (Mohammad & Junaidi, 2016).

## 2. Teacher's Role

The results of the study found that teachers played an important role in implementing the UKS program. This is evidenced by the teacher's participation in providing information, assessment, and examination as well as directing students to carry out personal and environmental hygiene. In implementing UKS in the teaching and learning process, UKS teachers and supervisors can use group learning methods, discussions, individual learning, assignments, direct examinations, field trips, role-playing, lectures, demonstrations, question and answer, simulations, dramatization, guidance (counseling) and role-playing (Kemendikbud, 2018).

The knowledge and good attitude of teachers about health promotion programs in schools for dental and oral health as well as personal and environmental hygiene in elementary school students affect the implementation of health education activities for students. The teacher is a role model or role model for students so that if the teacher has the right knowledge about clean and healthy living behavior, the information will be conveyed properly to students (Mizam & Clara, 2020). In addition, the teacher's knowledge and explanations can also affect the increase in students' knowledge about personal hygiene sanitation (Ellya & Sugiyono, 2016). Efforts to develop UKS in schools on an ongoing basis must be supported by interested stakeholders including teachers (Zakia, et al., 2019). Research shows that teachers who provide knowledge and skills about the principles of healthy living have a positive effect on the behavior of fifth-grade elementary school students to behave in a healthy life (Erlisa & Esti, 2015).

## 3. Facilities and Infrastructure

Facilities and infrastructure are one aspect that must receive the main attention of every education manager because their existence is very helpful in the learning process, especially in terms of personal and environmental hygiene. The availability of UKS facilities and infrastructure is an output indicator used to measure the success of UKS implementation (Kemendikbud, 2018).

The results of the study indicate that the available facilities and infrastructure are still inadequate for both students and teachers, so it is very necessary to work on it. Facilities and infrastructure are determinants of student learning motivation so repairs and maintenance are needed by school principals, teachers, and students (Saniatu & Uep, 2018).

The results showed that the condition of facilities and infrastructure based on the UKS standard strata level in elementary schools was the minimum strata, the Amahatan Catholic elementary school could not fulfill it because there was only clean water, hand washing facilities, functioning toilets/latrines, and trash cans, and yard. Amahatan Catholic elementary school doesn't have a working drain and UKS corner. This is because the UKS program does not have its own costs in its implementation.

Construction of facilities and infrastructure including UKS room, bed, weight measuring instrument, height measuring instrument, thermometer, simple medicine (wound medicine, ORS, liniment, sterile gauze, cotton, alcohol, small plaster for wounds, plaster, bandage, scissors, pain reliever/fever reducer, eye drops, eucalyptus oil, and mitella) (Kemendikbud, 2018).

Improvement of facilities and infrastructure related to hygiene and wound care, so it is necessary to make efforts to support UKS in a better direction. The improvement and procurement of facilities and infrastructure are very necessary, the results of the study show that adequate facilities and infrastructure can support the smooth learning process (Sanjaya, 2010).

### **Conclusion**

Types of UKS activities include health education which focuses on clean and healthy living behavior, while health services are only carried out by health workers so schools are passive. In addition, fostering a healthy school environment only prioritizes the physical environment. UKS activities are not routinely carried out and have obstacles in their implementation. The teacher's role in UKS activities includes providing information, assessing, checking, and guiding students to clean

independently. The currently available infrastructure is still limited and does not meet the minimum level of UKS services for fostering the school environment. Barriers to the implementation of UKS are limited school infrastructure, lack of participation, and socialization of the use of first aid to students and teachers.

#### *Suggestion*

It is hoped that the school can improve the UKS infrastructure and facilitate the improvement of teachers' knowledge and skills in UKS management. There is a need for further research on the implementation of UKS activities, especially regarding the development of the non-physical environment.

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