

## THE IMPLEMENTATION OF SCHOOL HEALTH PROGRAM AT SURABAYA DISTRICT, INDONESIA

Muji Sulistyowati\*

\*Department of Health Promotion and Behavior Science, Faculty of Public Health,  
Universitas Airlangga

\*Corresponding author: Muji Sulistyowati, muji-s@fkm.unair.ac.id

---

### ABSTRACT

**Background:** A school has a certain role and strategic standing to improve health by encouraging and promoting the health itself. One of the instances in urging health in a school is the availability of School Health Program, as it is labelled as *UKS* (School Health Units) in Indonesia. Many studies have pointed that *UKS* has not been implemented optimally. Only few of studies have examined the attainment of *TRIAS UKS* which constitutes as the principal program of *UKS*. Therefore, this study analyses the practical attainment of *TRIAS UKS* in several primary schools at Surabaya along with determinant factors which are able to affect the insufficiency.

**Materials and Methods:** This study refers to descriptive-observational study with cross-sectional type as the study design. The sample of the study is primary schools located in each part of Surabaya which is north, south, west, east, and center which has been selected by applying proportional stratified random sampling.

**Result:** As findings of the analyses reveal, there is a total of 71.7% for *UKS* has reached optimal strata, 25.9% as plenary strata of attainment, and the total of 2.4% on standard strata.

**Conclusion:** The implementation of School Health Program in primary schools levels in Surabaya needs to be more effective and intensified.

**Keywords:** Performance, Primary School, School Health Program

## 1.0 Introduction

School Health Units (*UKS*) frequently denotes as the implementation of Health Promoting School (HPS) that was established by WHO. With the idea of HPS, it is expected that schools have a significant role to create and produce proper educated and health future generations (WHO, 2018). In Indonesia, *UKS* has been expanded since few decades ago, and was reinforced in 1984 by formalizing Team Coach (*Tim Pembina*) *UKS* in every level of administrative government. Minister of Health, Minister of Education, Minister of Religion, and Minister of Home Affairs have issued a collective decree that deliberates the implementation of coaching and establishing *UKS* in each school degree, such as kindergarten, elementary school, junior high school, senior high school and its equivalent (Menteri Dalam Negeri Republik Indonesia, 2003). Then it was regenerated with another collective decree in 2003, and the latest is *PBM* 4 ministers number 73 in 2014 by contributing Madrasah as another objective.

*UKS* functions prominently in improving the quality of learners' life in schools. Not only to intensify the standard of health, but also to be expected in improving the quality of their education and achievements in schools (Kementerian Pendidikan dan Kebudayaan, 2012) (Permatasari, 2012). In addition, *UKS* has a considerable potential to promote and encourage health in general since the percentage of children in school age is the highest compared to the other age groups (Badan Pusat Statistik, 2018), (Kementerian Pendidikan dan Kebudayaan, 2017). *UKS* owns three principal programs which are labelled as *TRIAS UKS*. It comprises some activities of 1) the implementation of health education, 2) the implementation of health service, and 3) the development of schools or madrasah as healthy environments. A particular condition is created by TP *UKS* Pusat (Untara, 2013) that there are four strata in the implementation of *UKS*, which are minimal, standard, optimal, and plenary. These strata are prescribed by a certain attainment of a school in complying several criteria of the practice of *TRIAS UKS*. Minimal strata is given to schools that reach the lowest attainment of *TRIAS UKS*, whereas plenary strata is presented to schools which are best at the implementation of *TRIAS UKS*.

Kemendikbud (Kementerian Pendidikan dan Kebudayaan, 2012) asserts that, through plenty of undertaken studies or observations, the results indicate that generally the implementation of *UKS* has not achieved the expected level that is able to improve and intensify the idea of healthy life and health standard of students. Likewise, this result is confirmed by another result of a study that examines the implementation of *UKS* in two state Madrasah Tsanawiyah schools (*MTsN*) in Blitar which clarifies that both schools do not implement *TRIAS UKS* optimally. Permatasari (2012) states that *MTsN* 1 in Blitar has merely performed proper the first idea of *TRIAS UKS* since it achieves a score of 85.7% for the health education based on standard strata. Meanwhile, the other two criteria of *TRIAS UKS* are not in really good scores, there is only 60% for health service in standard strata, and 63.2% for the development of a healthy school environment. For *MTsN* Kepanjen Kidul, the implementation of *TRIAS UKS* are claimed as not optimal and less proper due to the score for standard strata of the implementation of *TRIAS UKS* is less than 75%. Another data comes from another finding of a study that analyzes the implementation of *TRIAS UKS* in elementary schools of Blimbing district, Malang. According to this study, Limbu *et al* (2012) conveys that tools and facilities provided in their *UKS* are not equipped and satisfied, so that in this case the implementation of *TRIAS UKS* is detained, also this problem emerges due to the lack of fund in order to supply adequate tools.

Some of previous results have testified that the implementation of *UKS* programs in schools has not been optimal. One of the indicators is that the unsteady implementation of *TRIAS UKS* as the principal program of *UKS* itself. The findings discussed in Sulistyowati and Megatsari (2015) point that such attempts of monitoring and evaluation are not conducted periodically towards any attainments of *TRIAS UKS* in schools. In fact, the development performed by team coach of *UKS* is by coaching the implementation of *TRIAS UKS* (Deschenes et al. 2007) . Merely few of studies have conducted the investigation of the implementation attainment of *TRIAS UKS*. This study purposes to examine the implementation attainment of *TRIAS UKS* at some elementary schools in Surabaya based on indicators of *UKS* strata (Untara, 2013), along with determinant factors that influences the attainment.

## 2.0 Materials and Methods

This study refers to descriptive-observational study corresponding with cross-sectional design for drawing the data. This study was conducted in Surabaya which is identified as an urban area. The population of study consisted of all state elementary schools in Surabaya, and the partial population were drawn as the sample of study by applying proportional stratified random sampling, which stratifies the sample as the representations of five regions in Surabaya which are Western Surabaya, Northern Surabaya, Central Surabaya, East Surabaya, and South Surabaya. Therefore, there were 85 schools selected as the analytical data. The respondents employed of each sample in this study were schools' principals, *UKS* teachers, or teachers who became a part of implementation team of *UKS*. The total of respondents which involved in this study was 85 individuals. Table 1 shows the characteristic distribution of respondents which involve in this study.

It can be seen, from Table 1, that most of respondents are dominated by who have bachelor degree and teachers who teach in class, even though there are three schools' principals. Moreover, most of the respondents (60%) have their working period for more than 10 years.

**Table 1:** Characteristic Distribution of Respondents in State Elementary Schools Surabaya in 2015

Respondents' Characteristics	n	%
Educational Background		
D1	2	2,4
S1	75	88,2
S2	8	9,4
Occupation		
Teachers in classes	61	71,8
<i>UKS</i> Teachers	21	24,7
Principals	3	3,5
Working Period		
1 - 5 years	14	16,5
6 -10 years	20	23,5
More than 10 years	51	60
Total of Respondents	85	100

Legend: D1=Diploma degree; S1=Bachelor degree; S2=Master degree

The primary data of study was collected by interviewing with questionnaire and sustained by observation with check-list attainment of *TRIAS UKS* corresponding with the indicator of *UKS* strata by Team Coaching Central *UKS* in 2008. The data refers to independent variable which also involves the respondents' levels of education, their attitudes relate to the implementation of *UKS*, their motives as the part of *UKS*'s implementation team, and possible factors that relate to the implementation of *UKS* in schools. In addition, there was a complementary collected as secondary data which is derived from recorded documents in schools as analytical tools.

In this case, respondents were asked to sign the inform consent as an evidence that they have agreed to be the analytical data for this study. After this regulation, the primary data was drawn by interviewing respondents with given questionnaire. Besides, the quantitative data was analysed by descriptive statistic and inferential statistic to note any relations between variables.

### 3.0 Result

This study is managed to describe internal and external factors that may influence the attainment of principal programs of *UKS* in schools. This is commonly named as *TRIAS UKS* which can be perceived through different kinds of strata that are minimal, standard, optimal, and plenary. Each strata has each indicator that must be achieved. Table 2 shows partial indicators that must be achieved in each strata. A school can be defined has achieved a certain strata if it has implemented the indicator of the strata including the strata below.

**Table 2:** Partial Indicators in Each Strata and Principal Programs of *UKS* corresponding with TP *UKS* in 2008

Strata	School Health Program Achievements		
	Health Education	Health Service	Healthy School Environment Development
Minimal	<ul style="list-style-type: none"> <li>- The availability of physical and health education</li> <li>- Teachers provide learning plans of health education</li> </ul>	<ul style="list-style-type: none"> <li>- Conduct a health education about health and dental care, also give immunization</li> </ul>	<ul style="list-style-type: none"> <li>- The availability of minimal facilities of personal hygiene</li> </ul>
Standard	<ul style="list-style-type: none"> <li>- Have a physical education teacher</li> </ul>	<ul style="list-style-type: none"> <li>- Conduct health screening periodically</li> <li>- Conduct a program named 'little doctors'</li> </ul>	<ul style="list-style-type: none"> <li>- Canteens available</li> <li>- Have a casual and ordinary <i>UKS</i> room</li> <li>- Conduct a counseling about school environment without smoke, drug, and alcohol</li> </ul>
Optimal	<ul style="list-style-type: none"> <li>- Health education is conducted in</li> </ul>	<ul style="list-style-type: none"> <li>- Funding for the need of <i>UKS</i> is sufficient</li> </ul>	<ul style="list-style-type: none"> <li>- Have adequate facilities</li> </ul>

	extracurricular activities and integrated	- Have a medium/property for the importance of health education	- Conduct a counseling program about health outside school environment (radius 500 m) by 'little doctors'	- A school environment without smoke, drug, and alcohol has been created in real
				- Have an UKS room completed with a whole facility
Plenary	- Have a certain tutors/teachers for UKS administration	- Conduct a health education partnerships program with related institutions	- Adolescent health counseling (students of 4 <sup>th</sup> -6 <sup>th</sup> grade)	- Canteens serve healthy menu
			- Conduct health activities led by 'little doctors' in schools/neighborhood	- Classrooms qualify health requirements (ventilation and fair lighting)
				- Have UKS rooms completed with ideal tools/facilities

(Source: Team Coach UKS Pusat, RI in 2008)

### 3.1 The Achievement of TRIAS UKS

The results of study indicate that the whole schools as analytical sample of this study have transcended the attainment of minimal strata of TRIAS UKS. Most of elementary schools (71.8%) have achieved optimal strata in the attainment of whole idea of TRIAS UKS. However, the results show that there are differences in the attainment of each TRIAS.

Table 3 points 1<sup>st</sup> TRIAS which states 'the implementation of health education' has been completed with the attainment of plenary strata by almost all schools (90.6%). Yet, the attainment of 2<sup>nd</sup> TRIAS which is the implementation of health service, more than half of the schools (68.2%) are only able to reach standard strata for certain programs. There is only one school which can achieve plenary strata for the implementation of 2<sup>nd</sup> TRIAS. Similarly, for 3<sup>rd</sup> TRIAS, more than half of the total (60%) has reached optimal strata, only a few (36.5%) are able to achieve on the plenary strata of 3<sup>rd</sup> Trias achievement. Surely there are many factors that cause why the achievement of strata in each Trias is not the same.

**Table 3:** Distribution of The Main Program Achievement of UKS in Each Stratum in State Elementary School In Surabaya 2015

Strata	Trias 1 Achievement		Trias 2 Achievement		Trias 3 Achievement		Achievement of Total Trias	
	n	%	n	%	n	%	n	%
Minimal	0	0	0	0	0	0	0	0
Standard	0	0	58	68.2	3	3.5	2	2.4
Optimal	8	9.4	26	30.6	51	60	61	71.7
Plenary	77	90.6	1	1.2	31	36.5	22	25.9

The results show that although most schools in achieving total Trias are in the optimal strata, yet for the achievement in each stratum shows variation. Trias 1 can be achieved until the plenary strata by almost all schools because the indicator on Trias 1 is basically embedded as an indicator in teaching and learning process, especially in the subject of Physical Education.

*Trias* 3 can also be achieved to the optimal strata by more than half of the schools because the *Trias* 3 indicator is basically a standard for a school to be able to carry out the learning process comfortably. Indicators include environmental hygiene, minimum availability of school infrastructure, including UKS spaces. Meanwhile, the achievement of *Trias* 2 can only be achieved by most (68.2%) of schools in Standard Strata, the indicator is actually also part of cooperation with *Puskesmas* as executor of health screening activity in schools. Schools have not been able to achieve indicators that involve residents around the schools, in achieving optimal health efforts.

### 3.2 The Relation of Internal Factors and External Factors with TRIAS UKS Achievements

Some factors that cause why the achievement of strata in each *Trias* is not the same could be internal and external factors from school side. Those factors, in this study, include the level of knowledge of respondents, attitudes and motivation, as well as enabling factors in schools that are external factors in influencing the achievement of *TRIAS* UKS.

**Table 4:** Cross Distribution of Internal factors and External Factors with *Trias* UKS Achievement at State Elementary School in Surabaya 2015

Factor	Trias Achievements							
	Standard		Optimal		Plenary		Total	
	n	%	n	%	n	%	n	%
Knowledge Level								
Low	0	0	12	14.12	5	5.9	17	20
Medium	1	1.18	15	17.64	9	10.6	25	29.4
High	1	1.18	34	40	8	9.4	43	50.6
	$p = 0,385$							
Attitude								
Enough	0	0	2	2.35	0	0	2	2.35
Supporting	2	2.35	59	69.4	22	25.88	83	97.65
	$p = 1,000$							
Motivation								
Medium	0	0	12	14.12	2	2.35	14	16.47
High	2	2.35	49	57.65	20	23.53	71	83.53
	$p = 0.537$							
Enabling Factors								
Inadequate	2	2.35	57	67.06	22	25.88	81	95.3
Adequate	0	0	4	4.7	0	0	4	4.7
	$p = 0,609$							
Total	2	2.4	61	71.7	22	25.9	85	100

The result showed that almost all respondents (83.53%) have high motivation in implementing achievement indicators of *Trias* UKS. Although 16.47% have moderate motivation to implement it. And the respondents with high motivation and the most being in



school with the achievement of *TRIAS* UKS Optimal Strata. Based on the results of the correlation test between motivation with achievement of *TRIAS* UKS 0.5,537 significance value greater than the value of  $\alpha=0,05$ . The conclusion is that there is no significant correlation between respondent motivation to *TRIAS* UKS achievement in school.

Most of the respondents (95.3%) argue that enabling factors which include power, funds, and time are insufficient to implement *TRIAS* UKS. Most of them are in schools with achievement of Optimal Strata (67.06%) and 25.88% at school with achievement of Plenary Strata. All respondents who think that the appropriate enabling factors for the implementation of *Trias* UKS are in schools with the achievements of the Optimal Strata. These results are in line with others studies [8], [4], [15] which indicate that the implementation of school health activities is not optimal because it lacks funding and executive staff in schools. The correlation test results obtained significant value 0,609 higher than the value of  $\alpha=0,05$  so there is no relation between enabling factors with the achievement *TRIAS* UKS in school.

The results showed that half of respondents (50.6%) had high knowledge level related to *TRIAS* UKS achievement. But still there are 20% of respondents who have low knowledge level. There are still respondents who are less supportive (2.35%) and have moderate motivation (16.47%) for *TRIAS* UKS implementation.

Based on the enabling factors, that seen from the factors of manpower, funds and time, it was found that 95.3% of respondents felt that the factors of manpower, funds, and time were not sufficient for the implementation of *TRIAS* UKS in their schools. Only 4 respondents (4.7%) stated that the factor of manpower, funds and time was adequate for *TRIAS* UKS implementation in their school. Table 4 shows the relationship between each internal and external factor with the achievement of *TRIAS* UKS.

The high knowledge level of most of the respondents are found in schools with *Trias* achievement of Optimal Strata (40%). Meanwhile in the Plenary Strata, the level of knowledge of most respondents has only moderate knowledge level (10.6%). Correlation test result obtained significance value of 0.385 greater that the value of  $\alpha=0.05$ . This shows that there is no significant relationship between the level of knowledge of respondents with the achievement of UKS *trias* in schools.

There are still 2 respondents who have a less supportive attitude in the implementation of *Trias* UKS, and everything is in school with the achievement of Optimal Strata. This is possible given the current target of learning conducted by teachers is very high. Teachers must achieve certain learning goals in addition to having to perform and met the target of extra-curricular activities. Nevertheless, the correlation test results obtained a significance value of 1.000 more than the value of  $\alpha=0.05$  so there is no significant relationship between attitudes with the achievement *TRIAS* UKS at school in this study.

#### 4.0 Discussion

WHO (1998) stated that schools that promotes health must have certain characteristics “*healthy setting for living, learning, and working*”. Schools that promote health will always be committed to do actions as well as efforts to improve health and wellbeing in the schools

themselves. In Indonesia, the implementation of *Health Promoting School* is implemented through UKS activities in schools. In carrying out its duties and functions UKS uses the *Trias UKS*, which consist of: *Trias 1*-health education efforts; *Trias 2*-health services at schools; and *Trias 3*-the creation of a healthy school environment.

The results of this study are in line with the literature study conducted by Lynagh *et al* (1997) in Deschesnes *et al.* where the results of studies reviewing the implementation of health promotion programs in schools between 1983 and 1995 show that most schools emphasize only one component of health education. Whereas the European HPS Network and WHO (1999) document states that the implementation of school health programs depends on cooperative networks between not only teachers and students in schools but also involving parents and the community as a whole. Therefore, the school health efforts are a broad effort in order to strengthen the role of students to contribute to the achievement of health for the community around the school (Stokes and Mukherjee, 2012).

Attitudes are a closed response from a stimulus or object. Attitude is not yet an action or activity (Notoatmodjo, 2007). Supriadi (2009) states that if the attitude of the principal and teachers well, then the implementation of the UKS will work as well. On the other hand, if the attitude of the principal and the teachers bad, then the implementation of healthy canteen sanitation in schools will also produce bad output. In his further research, Supriadi also stated that good knowledge does not always affect good attitude in influencing the implementation of UKS (Supriadi, 2009). These results are in line with others studies (Limbu, 2012), (Permatasari, 2012), and (Untara, 2013) which indicate that the implementation of school health activities is not optimal because it lacks funding and executive staff in schools.

In the preliminary study conducted by Lubis (2016) obtained data that the course of the UKS at the elementary level in the work area of Pamulang *puskesmas* has not run maximally. This is evidenced by the recognition of the *Puskesmas* which states that the coaching of UKS at the elementary school level has not run evenly and maximal. Lack of human resources, lack of networking, lack of school responses to UKS training conducted by *puskesmas*, and lack of knowledge owned by teachers on the roles and benefits of the UKS are the factors that are perceived to impede the course of UKS coaching at the elementary school. According to Engkoswara and Komariah (2010), in general facilities and infrastructure is meant to be supporting the success of a process of effort made in the public service. This is because if both of these are not available then all activities performed will not be able to achieve any expected results that are appropriate with the plans (Saifuddin, 2014). The more complete supported facilities, then the more effective any activities performed. Facilities and infrastructure are the main support in order to promote a process so that a particular goal can be achieved from a certain event (Supartini, 2004)

## 5.0 Conclusion and Recommendation

Largely, elementary schools in Surabaya which are adopted as analytical sample of this study have reached optimal strata based on the attainment of indicators in *TRIAS UKS*. Some attempts, such as improving society engagement, including students' parents, into school environment will help to optimize the achievements to reach plenary strata.



The implementation of School Health Units in elementary schools levels in Surabaya needs to be more effective and intensified, regardless most of schools have obtained optimal strata. Such effort is needed considering there are few of respondents which still believe the implementation of *TRIAS UKS* is not that significant, and have a minimal motive to conduct *TRIAS UKS*. This is not supposed to be happened regarding the respondents are a part of implementation team of *TRIAS UKS* who will contribute fully to manage all indicators in the achievements of school health matters. Counseling and training about some materials related to *UKS* towards *UKS* implementation team in schools can be provided in order period.

The availability of adequate facilities and infrastructure related to *UKS* also needs to be considered to support the implementation of proper *UKS*. A policy that assigns *UKS* as an entry point to improve students' health and school members can increase the health status of school members. This policy involves adequate and satisfied facilities and infrastructure, including funding and improvement of particular roles such as Team Coach and Implementation Team of *UKS*.

## Acknowledgement

The writer would like to express gratitude to Faculty of Public Health, Universitas Airlangga which supports this study by providing some funding. My gratitude also goes to the respondents in 85 elementary schools that have engaged with the present study.

## Declaration

Author(s) declare that all works are original and there are no conflicts of interest associated with this publication that could have influenced its outcome.

## References

- Badan Pusat Statistik. (2018). *Persentase Penduduk Usia 7-24 Tahun Menurut Jenis Kelamin, Kelompok Umur Sekolah, dan Partisipasi Sekolah*. Jakarta: BPS. Dipetik 1 24, 2018, dari <https://www.bps.go.id/statistictable/2014/09/05/1533/persentase-penduduk-usia-7-24-tahun-menurut-jenis-kelamin-kelompok-umur-sekolah-dan-partisipasi-sekolah-1-2002-2016.html>
- Deschesnes, M. M. (2007). Comprehensive approaches to school health promotion: how to achieve broader implementation. *Health Promotion International*.
- Engkoswara and Komariah, A. (2010). *Administrasi Pendidikan*. Bandung: Alfabeta.
- Kementerian Pendidikan dan Kebudayaan. (2012). *Pedoman Pembinaan dan Pengembangan Usaha Kesehatan Sekolah*. Jakarta: Kemendikbud.

- Kementerian Pendidikan dan Kebudayaan. (2017). *Rangkuman Statistik Pendidikan Dasar dan Menengah 2016/ 2017*. Jakarta: Kemendikbud. Dipetik 1 24, 2018, dari <http://publikasi.data.kemdikbud.go.id/index.php?thn=all>
- Limbu, R. M. ( 2012). Analisis Pelaksanaan Tiga Program Pokok Usaha Kesehatan Sekolah (TRIAS UKS) Tingkat Sekolah Dasar Kecamatan Blimbing Kota Malang. *The Indonesian Journal of Public Health*, 1(9), 51-66.
- Lubis W, N. (2016). *Faktor–Faktor Yang Berhubungan Dengan Pelaksanaan Usaha Kesehatan Sekolah (UKS) Ditingkat Sekolah Dasar Wilayah Kerja Puskesmas Pamulang Kota Tangerang Selatan*. Jakarta: Universitas Islam Negeri Syarif Hidayatullah.
- Menteri Dalam Negeri Republik Indonesia. (2003). Pembinaan dan Pengembangan Usaha Kesehatan Sekolah. *Keputusan Bersama Menteri Pendidikan Nasional, Menteri Kesehatan, Menteri Agama, dan Menteri Dalam Negeri*. Indonesia.
- Notoatmodjo, S. (2007). *Ilmu Perilaku Kesehatan*. Jakarta: Rineka Cipta.
- Permatasari, D. (2012). *Analisis Pelaksanaan Usaha Kesehatan Sekolah (UKS) di MTsN 1 Kota Blitar dan MTsN Kepanjenkidul Kota Blitar*. Undergraduate Thesis, FKM Unair.
- Saifuddin. (2014). *Pengelolaan Pembelajaran Teoritis dan Praktis*. Yogyakarta: Deepublish.
- Stokes, H. d. (2012). The Nature of Health Service/ School Links in Australia. *Journal of School Health*, 70, 255-256.
- Sulistyowati, M. and Megatsari, H. (2015). The Challenge of Health Schools Program's (UKS) Implementation: The Role of Steering Committee. *Proceeding Seminar Internasional: 1st Joint Conference Indonesia-Malaysia-Bangladesh-Ireland. Banda Aceh*. Indonesia.
- Supartini. (2004). *Buku Ajar Konsep Dasar Keperawatan Anakl*. Jakarta: EGC.
- Supriadi. (2009). *. Hubungan Pengetahuan dan Sikap Kepala Sekolah, Guru UKS dan Pengelola Kantin dengan Kondisi Sanitasi Kantin Di Sekolah Dasar Di Kota Jambi*. Thesis, Universitas Gajah Mada, Jogjakarta.
- Untara. (2013). *Survei Pelaksanaan Program UKS di Sekolah Dasar Se-Kecamatan Kretek Kabupaten Bantul Tahun 2013*. Universitas Negeri yogyakarta. Yogyakarta: Universitas Negeri Yogyakarta.
- WHO. (2018). *School and Youth Health*. World Health Organization: [http://www.who.int/school\\_youth\\_health/gshi/en/](http://www.who.int/school_youth_health/gshi/en/)
- WHO/EURO. (1999). *The European Network of Health Promoting School*. Copenhagen: WHO/EURO. Dipetik 1 24, 2018, dari <http://www.who.dk/webmaster@who.dk>