

## **An Overview of School Health Program Implementation among Elementary Schools in Banda Aceh**

Nailul Kharisma<sup>1</sup>, Asniar<sup>2\*</sup>

<sup>1</sup>Nursing Science Program, Faculty of Nursing, Universitas Syiah Kuala, Banda Aceh

<sup>2</sup>Department of Community Health Nursing, Faculty of Nursing, Universitas Syiah Kuala, Banda Aceh

### **ABSTRACT**

The training and guidance for chaperones of school health program (*Usaha Kesehatan Sekolah* or UKS) are very essential to support the entire implementation of *Trias* UKS (three programs of UKS). These programs are expected to prevent health problems on elementary school students such as stunting, underweight, obesity, anemia, worm disease, caries, diarrhea, hepatitis, asthma and cancer that will affect their growth and development. The purpose of this study was to explore the school health program implementation and its related factors among elementary schools in Banda Aceh. The design of study is descriptive explorative using cross sectional study approach. This study involved 30 UKS chaperones in elementary schools which were recruited by simple random sampling method. The data were collected by the questionnaire which was modified from School Health Index, and was completed by self-reported or guided-interview method. The results show that the School Health Service generally was at a good level of implementation (60%). In addition, the factors related to the implementation of UKS, namely perceived benefit (56,7%), perceived barriers (53,3%), perceived self-efficacy (53,3%), activity-related affect (50%), interpersonal influences (63,3%), and situational influences (50%), were identified at the good levels. This study recommends the District Health Office to conduct a continuous supervision on UKS, and empowered the chaperones of UKS and school communities to improve UKS implementation for the health of school-age children.

**Keywords:** School Health Service, Chaperones, Elementary School

### **Korespondensi:**

\* Asniar, Department of Community Health Nursing, Faculty of Nursing, Universitas Syiah Kuala, Banda Aceh  
Email: asniar@unsyiah.ac.id

## INTRODUCTION

Health problems among school-age children in various countries such as malnutrition, stunting, underweight and obesity, are predisposing factors for life-threatening diseases and cancer in adulthood (WHO, 2017). Based on data from WHO (2016) there are 50 million girls and 72 million boys who are obese, while the number of girls and boys who are underweight is 75 million and 117 million in the world. This condition shows the importance of implementing the Health Promoting School (HPS) by providing interventions, increasing resilience, and developing healthy life skills (WHO, 2017).

HPS efforts have been conducted in various countries. Kuponiyi, et al (2016) describes the school health services and practices in public and private elementary schools in Western Nigeria. In these studies it was found that the practice of school health services in Nigeria is not good, but in private primary schools have good health care in accordance with the measurement results of the socio-demographic characteristics, knowledge of the principal of the school and the health care services available in schools. Meanwhile, in the research conducted by Olowokere, et al (2016) on the assessment of the status of the vulnerability of the child's public school and school health programs in the State of Osun, Nigeria found that from 2484 school-age children, 5.7% are not vulnerable, 68.0% have vulnerabilities, 22.7 % more vulnerable, and 3.6% are particularly vulnerable to health problems. It stresses that most children are vulnerable because of lack of

health personnel and services to meet their needs. Based on results it can be concluded that if the implementation of the HPS is not done properly, it will have an impact on the health problems of school-age children.

In Indonesia, the School Health Program (SHP) is targeted to improve the health especially for school-age children. One of government efforts is holding a Healthy School Competition (HSC) every year that aimed to improve the development and implementation of the SHP in Indonesia. Based on data from *Risikesdas* (basic health research which is conducted by Indonesian Ministry of Health) and GSHP (Global School Health Survey), health problems of elementary school students mostly related to their health behaviors and nutrition, such as stunting, underweight, obesity, anemia, intestinal worm disease, malnutrition, eating less vegetables and fruits, brushing teeth less than two times a day, consuming food containing artificial flavors, as well as bad handwashing and defecation behaviors (Ministry of Health, 2018).

The implementation of school health program in Aceh includes health screening with general medical examination and oral health conducted by health workers, teachers and school health volunteers (*Dokter Kecil*). The target of screening coverage for elementary school students in 2017 in Aceh is precedence for grade one, about 93.089 (82%) of students (Provincial Health Office, 2018). The health services in school-age children in Banda Aceh focuses on the hygienic behavior related problems such as diarrhea, dengue, malaria, and oral

health problems. Therefore, the school health services in school prioritized the efforts of improving health promotion and prevention. Students' health screening in Banda Aceh is about 96.06% of the 11 UPTD puskesmas (Dinkes, 2016).

Chaperones involvement in SHP implementation is greatly affect the successful of implementation in the school. Teacher role is as educators who provide knowledge for students about health behavior, help provide health care and oversight of the health of the school environment. Rahmaningrum (2017) describes the role of teachers in implementing SHP in elementary school 1 Pedes Sedayu Bantul based on three main programs (*Trias* UKS). In these studies, it was found that in the aspect of health education teachers has been running role well, in the aspects of health care there is a role less dominant implemented as carry out regular health checks every six months, while the coaching of healthy environment aspect already perform the role well such as to inviting students for greening, maintaining the clean classroom and school environment. Meanwhile, Martunus (2013) describes the role of teachers in implementation of SHP in Elementary School No. 026 intersection Loa Janan Ilir sub-district have been implemented both as educators and control health education activities related to the cleanliness of the school environment. However, the role of teachers as role models are lack because during school hours teachers often smoke.

Based on the results of the data showed that there is the data about the

implementation of the SHP and the teacher's role as executor of SHP, but there has been no research on the factors that affected the implementation of the SHP based on nursing theory Health Promotion Model which focuses on chaperones for SHP.. Therefore, to identify these factors, researchers used the HPM approach developed by Pender (2014). According to Pender's Health Promotion Model (Sakraida, 2008, in Alligood & Tomey, 2014), in cognitive and affective behavior aspect, there are several factors that influence the behavior of health promotion that includes perceived benefits of action, perceived barriers to action, perceived self-efficacy, activity related affect, interpersonal influences such as family, couples, caregivers, norms, support and model, and situational influences. In the context of the implementation of the SHP, these factors can contribute to the successful implementation of the SHP. Therefore, this study will look at the description of the factors that affect the implementation of the SHP in elementary schools in Banda Aceh.

## **METHOD**

This research used descriptive method with cross sectional study design conducted on June 12-29 2019 in elementary school in Banda Aceh. The sample in this study is 30 units of SHP with the target is the chaperones of SHP in elementary school in Banda Aceh. The sampling technique used is a simple random sampling method.

Data collection is done by self-report and interview guided method using a

questionnaire consisting of three parts: the demographic data, the questionnaire factors, and implementation of SHP. This research was conducted after obtaining a letter of ethical clearance from the Committee of Ethics, Faculty of Nursing, Universitas Syiah Kuala.

The data analysis used is univariate analysis. Univariate analysis used to describe the distribution of frequencies and percentages for each variable.

## RESULTS

Based on research that has been done, obtained the following results:

Table 1. Characteristics of Respondents (n = 30)

No.	Demographic Data	Frequency	Percentage
1.	Gender		
	a. Man	2	6.7
	b. woman	28	93.3
2.	Age		
	a. Late Teens (22-24)	2	6.7
	b. Early Adult (30-34)	4	13.3
	c. Late Adult (36-45)	18	60
	d. Elderly Early (48-55)	5	16.7
	e. Elderly End (59)	1	3.3

Table 1 shows that the most gender distribution is female (93.3%). The most age distribution is late adult (60%).

Table 2. Implementation of SHP (n = 30)

No.	The Implementation of SHP	f	%
1.	Good	18	60
2.	Less	12	40
<b>Total</b>		30	100

Table 2 shows that the implementation of the SHP in elementary schools in Banda Aceh generally are at a good level (60%).

Table 3. Perceived Benefits toward the Implementation of SHP (n = 30)

No.	Perceived Benefits	f	%
1.	Good	17	56.7
2.	Less	13	43.3
<b>Total</b>		30	100

Table 3 shows that the perception of benefits of the implementation of SHP in elementary schools in Banda Aceh are at a good level (56.7%).

Table 4. Perceived Barriers toward the implementation of SHP (n = 30)

No.	Perceived Barriers	f	%
1.	Good	16	53.3
2.	Less	14	46.7
<b>Total</b>		30	100

Table 4 shows that the perception of barriers to the implementation of SHP in elementary schools in Banda Aceh are in good category (53.3%).

Table 5. Perceived self-efficacy toward the implementation of SHP (n = 30)

No.	Perceived Self-efficacy	f	%
1.	Good	16	53.3
2.	Less	14	46.7
<b>Total</b>		30	100

Table 5 shows that the perception of abilities on the implementation of SHP in elementary schools in Banda Aceh are at a good level (53.3%).

Table 6. The attitude toward the implementation of SHP (n = 30)

No.	Attitude	f	%
1.	Good	15	50
2.	Less	15	50
<b>Total</b>		30	100

Table 6 shows that the attitude toward the implementation of SHP in elementary Schools in Banda Aceh are at a good level (50%).

Table 7. Interpersonal Influence toward the Implementation of SHP (n = 30)

No.	Interpersonal Influence	f	%
1.	Good	19	63.3
2.	Less	11	36.7
<b>Total</b>		30	100

Table 7 shows that interpersonal influence toward the implementation of SHP in elementary schools in Banda Aceh are at good level (63.3%).

Table 8. Situational Influence toward the implementation of SHP (n = 30)

No.	Situational Influence	f	%
1.	Good	15	50
2.	Less	15	50
<b>Total</b>		30	100

Table 7 shows that that situational influences toward the implementation of SHP in elementary school in Banda Aceh are at a good level (50%).

## DISCUSSION

### The Implementation of SHP in Elementary School in Banda Aceh

This study shows that the implementation of SHP in elementary schools in Banda Aceh are generally at a good level. This study was supported by research conducted by Mahadzir (2014) concerning the activities of UKS in elementary school Lambaro Angan Darussalam sub-district of Aceh Besar, the results of these studies indicate that the implementation of SHP

activities in terms of health education (84.1%), healthcare (84.1%) and development of the school environment (100%) goes well. In addition, research conducted by Mahfud (2015) stated that the implementation of SHP program in elementary school Alian Kebumen district goes well with the percentage of 78%.

The implementation of SHP will give good impact on the health of students in accordance with the purpose of SHP implementation is to improve the behavior of a clean and healthy living, health status and realize a healthy environment for students to improve the quality of education and achievements of learners (Swarjana, 2016).

#### **Perceived Benefits of the Implementation of SHP**

Based on the results of the study there were 56.7% of teachers who perceive the benefits of the implementation SHP well. This study was supported by research Sitepu et al. (2015) which explains the teacher's perception on the implementation of SHP as preventive care and recuperation on students, the implementation of SHP can detect symptoms of the disease that requires immediate referral to the clinic or hospital. This study is not in line with research conducted by Bennett et al. (2016) that concern on the evaluation of the factors that affect the implementation of health promotion programs in schools in Europe, the results of these studies explained that the teachers have benefit perception toward the implementation of health promotion in schools, but they have limited time to implement healthy

behavior. They also mentioned that health behavior is not performed every day because teachers perceived that the living environment not doing healthy habits in accordance with the policies being enforced in schools. Christiana (2014) in her study also mentioned the SHP teachers have less perception towards tackling obesity in school due to lack of knowledge, needs, risks and pressures.

SHP chaperones' perception can be influenced by such a realistic support, good cooperation between health professionals with the school, financial support and facilities so that perception can be realized to be a useful action for the health and well-being of learners.

#### **Perceived Barriers toward the Implementation of SHP**

In this study the perception of barriers include facilities, costs, knowledge and support in implementing SHP. Knowledge and needs of approximately affect individual's perception of an action (Toha, 2003). The results of this study found that 70% of teachers perceived lack of knowledge about the implementation of the SHP. Lack of knowledge affected by limited information provided by health staff about the activities to be carried out in the implementation of SHP so that the implementation is not going well. However, the interest of teachers to participate in socialization activities provided are also influential for knowledge.

Environment or situation can affect the perception if the object perceived is a human (Walgito, 2010). In this study, 70% of teachers who perceived less support

from health centers so it's become one of the obstacles in the implementation of SHP in an elementary school in Banda Aceh. Gurning and Daulay (2018) in his study explains that coaching by health center in Padang Kota Matinggi Padangsidimpuan in the implementation of SHP is not yet fully implemented and the results showed that the coaching from health centers is bad (37.5%). Sitepu et al. (2015) in his study mentioned teachers have the barriers perception that they do not understand in detail about medicines that should be given to students. The health workers rarely provide treatment-related socialization and first aid for students.

Health officers have a very important role in providing guidance about SHP. Based on the guidelines for the implementation of SHP in schools (2014) mentions that SHP coaching include the supervision of learners (health education and health services), fostering the SHP chaperones (training and technical assistance), development of infrastructure (the infirmary and notebooks health checks learners ), development environment (physical and non-physical environment), the research and development in the form of the effect of the application of health behavior, healthy canteen, and a healthy environment.

### **Perceived self-efficacy toward The Implementation of SHP**

The ability of a person is affected by age, the elderly age will have a better experience. In this study, the age of the respondents was dominated by late adolescence (36-45 years) with a percentage of 60%. It shows that when a

person is in the productive age the experience, knowledge and skills of SHP could be better, so the ability of the implementation of SHP also fits well. The results shows that the chaperones of SHP in an elementary school in Banda Aceh have a good perception on self-ability toward the implementation of SHP (53.3%).

In addition, it was found that 46.7% of teachers in general have less capability perception towards the implementation of SHP. This is caused by lack of knowledge in addressing and resolving student's health problems. Fitriana and Puspitarini (2018) explained that the teacher's knowledge is one of the deciding factors in the successful implementation of SHP. It can be conclude that knowledge affected the teachers' ability in undertaking health actions.

If the SHP chaperones' ability is good, it will realize the implementation good SHP implementation. Therefore, to enhance these capabilities, training and skills development for teachers in SHP implementation is needed

### **The attitude towards The Implementation of SHP**

According Notoadmodjo (2010) attitude is a form of evaluation or reaction of one's feelings towards something that supports the (favorable) and do not support (unfavorable). The attitude of the individual are not necessarily embodied in an action, therefore, to realize that action need a support in the form of human resources, facilities, and costs to bear these attitudes could be realized as the desired action. Notoadmodjo (2014) says

there are three things that cause an attitude does not always materialize in an act such as the situation at the time, the experience themselves or others, and the size of the experience of self.

Personal experience has a great influence on the formation of attitudes. In this study, 50% of teachers have a good attitude towards the implementation of the SHP. It can be seen from feeling happy with the implementation of SHP, the feeling is important to be a role model for students, collaborate with among teachers, students and the community, hawker control, do counseling, check up on students health and others. Feelings and actions has emerged for such a memorable such as coaching experience and training provided by health care workers in the implementation of *Trias* UKS so that the majority of teachers in elementary schools in Banda Aceh have a good attitude towards the implementation of the SHP.

The attitude of chaperones towards the implementation of the SHP influenced by personal experience and others. The attitude must be overcome through the guidance and support from health workers, school and other communities that contribute to the implementation of SHP in an elementary school in Banda Aceh.

#### **Interpersonal Influence toward The implementation of SHP**

Sitepu et al. (2015) in his research described that the parental very has an important role on the health of students because children spend a lot of time at home and only a little at school. Nies and McEwen (2010) cited in Swarjana (2016)

formed one of comprehensive school health program, call the involvement of families and communities as partners and support for the smooth running of the school health program to achieve the goals. Therefore, health professionals should inform the benefits of parental involvement for students to improve the implementation of the SHP in the school so it will be realized a clean and healthy living behavior in school-age children.

Family participation is very important in the implementation of SHP. The school might request information concerning the health status of children on parents to anticipate when an emergency occurs on children at school so it can be dealt with immediately. This indicates that the school should have specific documentation on the health status of children in school as a handle as well as a proof of the responsibility of the school in addressing health problems that occur in children so that they can be informed to family.

#### **Situational Influence toward the Implementation of SHP**

Situational influences include policies related to school health facilities and supportive environment. In this study, only 16.7% of schools have an adequate physical activity facilities. Physical activity is an essential component for the growth and development of children as well as having several benefits for health and well-being of learners. According to WHO (2019) Regular and adequate physical activity will improve muscle fitness, cardiorespiratory, bone health, reduce the risk of hypertension, coronary heart disease, stroke, diabetes, cancer,



depression, and reduce the risk of falls, fractures the hip or spine and important for energy balance and body weight.

WHO (2010) recommends that children need time to do physical activity every day mild to severe is 60 minutes. This will be achieved by the availability of adequate physical activity in schools. Lack of doing physical activity will cause a variety of complaints, this is according to research conducted by Keane et al. (2017) which explains that 20.4 to 44.3% of girls and 10.1 to 35.4% son who complained of headaches, dizziness, abdominal pain and back pain, feeling weak, irritable, nervous and disturbed sleep caused by a lack of physical activity.

Based on the results about 30 schools in general, only 10% of schools have a school snacks suitable with nutritional standards IOM. According to data from BPOM (2014) 40-44% of snacks at school are not eligible. It has an impact on the students' nutrition that can affect the growth and development of children. Therefore health education about healthy foods to meet nutritional learners by health teams to for students is required. Zamiyati and Khusnal (2018) in his research states that health education about healthy foods affect the knowledge of school children aged 10-12 years in elementary school Pengkol Kulon Progo (p-value <0.01). Thus, with an increasing knowledge of the behavior of unhealthy snack the consumption can be reduced supported by the implementation of healthy school canteen so as to meet the nutritional and prevent various diseases of the children. Nies and McEwen (2010) in Swarjana (2016) described the nutrition services, namely providing food with

adequate nutrition to form healthy eating habits to ensure the health of students and it have a positive impact on academic achievement.

The implementation of school health policies, the provision of facilities and professional development of health and safety schools are still lack. Therefore, it needs the support of the Department of Education and Culture, Public Health Service and schools to undertake the provision of adequate physical activity facilities, and the socialization of the provision of healthy school snacks for school and health policies should be implemented in schools.

## **CONCLUSION**

Based on the results of this study concluded that:

1. The implementation of SHP in elementary schools in Banda Aceh generally are at a good level (60%).
2. Perceived benefits toward the implementation of SHP generally are at a good level (56.7%).
3. Perceived barriers toward the implementation of SHP generally are at a good level (53.3%).
4. Perceived self-efficacy toward the implementation of SHP generally are at a good level (53.3%).
5. Attitudes toward the implementation of SHP generally are at a good level (50%)
6. Interpersonal influence toward the implementation of SHP generally are at a good level (63.3%).
7. Situational influence toward the implementation of SHP generally are at a good level (50%).

## REFERENCES

- Alligood, M. R., & Tomey, A. M. (2014). *Nursing theorists and their work*. St. Louis, MI: Elsevier.
- Aryastusi, D. (2010). *Faktor-faktor yang berhubungan dengan pelaksanaan UKS pada guru Sekolah Dasar se-wilayah puskesmas Pegandan Semarang*, retrieved from <http://repository.uinjkt.ac.id/dspace/bitstream/123456789/33184/1/WI-DIYA%20NAILAUFAR%20LUBIS-FKIK>.
- Azwar, S. (2013). *Sikap manusia: Teori dan pengukuran*. Yogyakarta: Pustaka Belajar.
- Bennet, A. E., Cunningham, C., & Molloy, C. J. (2016). An evaluation of factors which can affect the implementation of a health promotion programme under the *School for Health in Europe* framework. *Evaluation and Program Planning*, 57, 50-54.
- Christiana, M. (2014). analisis kepedulian guru Usaha Kesehatan Sekolah terhadap penanggulangan kegemukan pada anak Sekolah Dasar di kota Semarang. Skripsi.
- Ministry of Health. (2009). *Sistem kesehatan nasional*. Jakarta. <http://www.depkes.go.id/resources/download/pusdatin/profil-kesehatan-indonesia/profil-kesehatan-indonesia-2009.pdf>
- Ministry of Health. (2018). *LSS sebagai pendorong peningkatan UKS di Indonesia*. <http://www.depkes.go.id/article/view/17082100014/lss-as-an-enhancement-of-uks-increase-in-indonesia-.html>.
- Provincial Health Office. (2016). *Profil kesehatan kota Banda Aceh 2016*. Banda Aceh: Dinas Kesehatan Kota Banda Aceh.
- Provincial Health Office. (2018). *Profil kesehatan Aceh 2017*. Banda Aceh: Dinas Kesehatan Aceh.
- Eo, Y. S., & Kim, J. S. (2019). Factors affecting health-related behaviors in younger school -age Korean children. *Journal of Pediatric Nursing*, <https://www.sciencedirect.com/science/article/pii/S0882596319301137>
- Fitriana, L. B., & Puspitarini, Z. (2018). Faktor penentu keberhasilan program UKS PAUD di PAUD wilayah desa Wedomartani Sleman Yogyakarta. *CHMK Nursing Scientific Journal*. 2(2).
- Keane, E., Kelly, C., Molco, M., Gabhainn, S. N. (2017). Physical activity, screen time and the risk of subjective health complaints in school-age Children. *Preventive Medicine*, 96, 21-27.
- Ministry of Education and Cultural Affairs. (2012). *Pedoman pembinaan dan pengembangan usaha kesehatan sekolah*. Jakarta. <http://www.mebermutu.org/admin/lampiran/pedoman-pembinaan-uks.pdf>
- Kuponiyyi, O. T., Amoran, O. E., & Kuponiyyi, O. T. (2016). School health services and its practice among public and private primary schools in Western Nigeria. *BMC Res Notes*, 1-10.

- Martunus. (2013). Peran pelaksana usaha kesehatan sekolah dalam kesehatan anak SD Negeri No.026 Simpang Tiga Kecamatan Loa Janan Ilir. *eJournal Ilmu Sosiatri*. 1(2). 51-64.
- Musaad, S. M. A., et al. (2017). The impact of environmental, parental and child factors on health-related behaviors among low-income children. *Apprtite'* 112, 260-271.
- Mustofa, A. F. (2010). *Hubungan motivasi, persepsi, dan beban kerja terhadap kinerja guru UKS dalam pelaksanaan Usaha Kesehatan Gigi Sekolah (UKGS) di Sekolah Dasar Negeri (SDN) kecamatan Pringapus kabupaten Semarang*, <https://lib.unnes.ac.id/1470/1/7093.pdf>
- Notoatmodjo, S. (2010). *Promosi kesehatan teori dan aplikasi*. Jakarta : Rineka Cipta.
- Notoatmodjo, S. (2014). *Perilaku kesehatan*. Jakarta : Rineka Cipta
- Olowokere, A. E., & Okanlawon, F. A. (2016). Assessment of vulnerability status of public school children and existing school health programmes in Osun State, Nigeria. *International Journal of Africa Nursing Sciences* (4), 42-50.
- Sitepu, H., Ratag, G. A. E., & Siagian, I. T. Peran serta masyarakat sekolah dalam pelaksanaan program Usaha Kesehatan Sekolah di SMP Negeri 1 Manado. *Jurnal e- Biomedik (eBM)*. 3(3).
- Widyanto, F. C. (2014). *Keperawatan komunitas dengan pendekatan praktik*. Yogyakarta: Nuha Medika
- Yuliani. (2010). *Persepsi guru mata pelajaran tentang pelaksanaan layanan bimbingan konseling di SMPN 06 Teluk Kuantan Desa Jaya Kopah Kecamatan Kuantan Tengah Kabupaten Kuantan Singingi*, [http://repository.uin-suska.ac.id/11401/1/2010\\_201094KI.pdf](http://repository.uin-suska.ac.id/11401/1/2010_201094KI.pdf)
- Zamiyati, M. (2018). *Pengaruh penyuluhan kesehatan terhadap pengetahuan tentang makanan sehat pada anak sekolah usia 10-12 tahun di SD Negeri Pengkol Kulon Progo*, <http://digilib.unisayogyana.ac.id/4381/1/NASKAH%20PUBLIKASI.pdf>