

Program Implementation Analysis Of School Health Unit Program In SD Negeri 3 Kepanjen

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ABSTRACT (10PT)

School-aged children are a critical age group because at that age a child is vulnerable to health problems. In addition to being susceptible to health problems, school age children are also at a very sensitive condition to the stimulus. The general purpose of this research is to analyze the implementation of School Health Program in SD Negeri 3 Kepanjen

The design of this research was quantitative with cross sectional approach. The population of this research was all students in SD Negeri 3 Kepanjen Malang Regency. The sample size was 103 respondents taken by Simple Random Sampling technique. Variable dependent implementation of School Health Unit, independent variable knowledge, attitude, facilities and infrastructure, and teachers and health workers. The result of analysis using logistic regression.

The result of the research shows that there is a correlation between knowledge with the implementation of UKS with value 0.000, there is relationship between attitude with UKS implementation with value 0,000, there is relationship between means of infrastructure with UKS implementation with value 0,026, there is relation between teacher and health worker with UKS implementation with p value 0.000, The more influential factor with the implementation of UKS with value of p value 0,000 is the knowledge variable.

In order for the implementation of School Health Unit to run properly and actively, it requires the knowledge and attitude of the students and the supporting facilities that can be used to implement the School Health Unit program. The existence of guidance from teachers and health workers is also very necessary to support the implementation of School Health Unit.

I. BACK GROUND

One of the strategic efforts to improve the quality of Indonesian people can be done through education and health. In Act Number 23 of 1992 stated that the development of health aims to realize the optimal public health status as one element of the general welfare of the national goal. In addition, Chapter 45 states that "Health is organized to improve the healthy life of learners in a healthy environment, so that learners can learn, grow, and develop harmoniously and optimally into qualified human resources" (Tim Pembina School Health, 2010).

This effort is deemed appropriate to be done through the institution of school education, because the school is a place of learning process. At present there are over



250,000 public, private and religious schools from all levels in Indonesia. The number of schoolchildren is estimated to reach 30% of the total population in Indonesia or about 73 million inhabitants. Data from Global School Healty Survey (GSHS) in 2015 shows that school age children 22.2% have smoked, 11.6% are currently smoking, 44.4% have ever consumed alcohol. It shows the existence of health challenges that is increasing the gap in the application of education and health development (Ministry of Health, 2017).

School-aged children are a critical age group because at that age a child is vulnerable to health problems. In addition to being susceptible to health problems, school-aged children are also in a very sensitive to the stimulus, so they are easily guided, directed, and inculcated good habits, including the ability to live clean and healthy lives. To support this achievement, support from School Health Efforts (UKS) is required, which in its implementation focuses on promotive and preventive efforts as well as curative and rehabilitative efforts of quality (Bahar, 2011).

School Health Unit (SHU) is an effort undertaken to improve the health of school-aged children in every pathway, type, and level of education from kindergarten to high school, or vocational. School Health Unit is an integrated cross-program and cross-sectoral effort in order to improve health status and establish healthy life behavior of school-aged children residing in schools and religious colleges. School Health Unit is a school activity that can not be separated in school life, both for students and teachers or employees at the school.

Guidance and Development of School Health Enterprises is an integrated, conscious, planned, directed and responsible education and health effort to instill, cultivate, develop and guide to appreciate and enjoy the principles of healthy living in everyday life. It is an integrated program of 4 departments: Ministry of National Education, Ministry of Health, Ministry of Home Affairs, and Ministry of Religious Affairs.

School Health Efforts are implemented in three main programs (TRIAS UKS) which include: health education, health services, and fostering a healthy school environment. Through the implementation of the UKS program is expected to form the mindset of learners who are accustomed to clean and healthy life behavior, always pay attention to the cleanliness of school environment, personal hygiene, reforestation, and utilize clean and healthy school cafeteria facilities. The success of the UKS program is very important in improving learning achievement and health of learners in general (Bahar, 2011).

The main target in this study is elementary school students because it is the largest group of school age children who apply compulsory schooling. This age group is also very effective in shaping healthy lifestyles and habits and is a vulnerable age group for health problems and is an investment of the community that is expected to live healthy (Hilderia, 2006). In East Java, there are 40,033 public and private schools, of which 26,569 public and private primary schools, while only 12,383 schools have UKS facilities (East Java Provincial Education Office 2014). In Kabupaten Malang there are 1170 primary schools, and 100% have UKS (Kemendikbud Pusat Data dan Statistik, 2013). However, so far there are still schools assume that the implementation of UKS is limited to the existence of UKS space, especially in elementary school (SD). Even the UKS in a number of primary schools is not optimal utilization. This is because if the elementary school students suddenly feel unwell, the school directly contact the parents to pick up his son. Whereas the implementation of UKS is the implementation of TRIAS UKS is a healthy school life environment, health education, and health services in the school as a whole. In the implementation of the UKS program in terms of facilities infrastructure, knowledge, attitude learners in the field of health, school stalls, daily food or nutrition, dental health, and personal health of the evaluation and observations made Ministry of Education and Culture (Kemendikbud Directorate General of Education Basis, 2012), so far still shows

that the principle of healthy life and health status of learners felt not reached as expected, health education activities are more teaching, knowledge addition and less emphasis on practical aspects that can be applied to everyday life. In addition, the lack of human resources (HR) such as the lack of teachers who teach health education or teachers who handle UKS and school health cadres trained in health both education and service (Kemendikbud Directorate General of Education, 2012).

The results of the initial survey of researchers, SD Negeri 3 Kepanjen located in Penarukan street no. 117 RT. 2 RW. 4 Kelurahan Kepanjen Kecamatan Kepanjen Malang Regency is a school that has a permanent school building facilities, has 10 study rooms, 1 office and there is 1 UKS room, 1 library room, and a separate bathroom between men and women. Each room has a first-aid kit and its own hygiene kit such as a fiber shab, broomstick, cikrak, and thresher. According to Minister of National Education Regulation no. 24 Year 2007, the minimum space of UKS space is 12 square meters, while in SD Negeri 3 Kepanjen only about 6 square meters and its location is incorporated with the office. Although the UKS space owned by this school is small, it is not an issue in SD Negeri 3 Kepanjen because the UKS space is not used daily by students. The UKS room in this school contains one bed, a wall posters, a window, curtains, a small table with 2 drawers, a sitting chair, a cupboard, a weight scales, a height gauge, a thermometer, a small cart and a first aid kit containing drugs such as wound tape, wound gauze, betadine, revanol, gauze adhesive tape, scissors, eucalyptus oil, oralite, antacids, paracetamol, diarrhea drugs and bodrexin. But the completeness of facilities and infrastructure in this school is not supported by health programs. Namely the activities of students only focused on learning in the classroom and sports only. Health workers designated as UKS managers are regular classroom teachers and students designated to be small doctors, but the role of small doctors in the school is less effective because the small doctors only keep the routine on Monday and rarely get coaching. The role of health workers is only to help the sick students and then call the parents of the students so that the students are discharged. Implementation of the UKS program in the school in the form of gymnastics morning on Tuesday to Friday, the existence of physical and sports lessons, the holding of tooth brushing and hand washing together but very rarely implemented, sometimes provide lessons on reproductive health and drugs are inserted in the sidelines of the lesson and itupun very minimal, In addition, the students' health checks are only done on grade 1 students in the form of weight weighing, height measurement and dental examination. Also there is a 5K program in the classroom with a picket schedule in the form of cleaning the classroom and the front yard of the class, performing hair, nail, ear and clothing checks of their own friends. Therefore the role of UKS in the school is still lacking.

Based on the phenomenon that occurred in SD Negeri 3 Kepanjen about the implementation of UKS program that has not been implemented properly, the researchers are interested to take the title Analysis of School Health Implementation (UKS) in SD Negeri 3 Kepanjen Malang Regency.

This study aims to analyze the implementation of School Health Program in SD Negeri 3 Kepanjen Malang Regency.

RESEARCH METHODS

This research is a quantitative research with cross sectional approach that is type of research that emphasizes at measurement time or observation data of independent and dependent variable only once at one time. In this study the population is all students of class III and class VI in SD Negeri 3 Kepanjen Malang Regency as many as 138 students.

The number of samples of this study were 103 respondents with sampling technique using simple random sampling. Data analysis using chi square test and logistic regression.

RESULTS

Table 1. Distribution of Frequency of UKS Implementation to Students at SD Negeri 3 Kepanjen

Criteria Implementation of UKS	Frekuensi	Percent (%)
Active	77	74,8
Less Active	26	25,2
Total	103	100

Based on table 1 above it is known that most respondents in the UKS implementation with active category as many as 77 respondents (74.8%).

Table 2. Frequency Distribution Knowledge of students in SD Negeri 3 Kepanjen

Knowledge Criteria	Frekuensi	Percent (%)
Good	71	68,9
Enough	12	11,7
Less	20	19,4
Total	103	100

Based on table 2 above is known that most respondents have knowledge with good category as much as 71 respondents (68.9%).

Table 3. Frequency Distribution of Students Attitudes At SD Negeri 3 Kepanjen

Attitude Criteria	Frekuensi	Percent (%)
Positive	83	80,6
Negative	20	19,4
Total	103	100

Based on table 3 above is known that most respondents have a positive attitude as much as 83 respondents (80.6%).

Table 4. Frequency Distribution of Prasarana Facilities to Students In SD Negeri 3 Kepanjen

Criteria Infrastructure	Frekuensi	Percent (%)
Complete	60	58,3
Incomplete	43	42,7
Total	103	100

Based on table 4 above is known that most respondents considered infrastructure facilities in the complete category as many as 60 respondents (58.3%).

Table 5. Frequency Distribution of Teachers and Health Personnel On Students At SD Negeri 3 Kepanjen

Criteria Teachers and Health Personnel	Frekuensi	Percent (%)
High	57	55,3
Low	46	44,7
Total	103	100

Based on table 5 above is known that most respondents considered teachers and health workers play a high role of 57 respondents (55.3%).

Data analysis

Based on the results of the analysis of Logistic Regression Test shows that the most influential factor variables with the implementation of UKS is the knowledge variable with p-value $0.000 < 0.05$ then H_0 rejected and H_1 accepted so concluded that there is influence between knowledge with the implementation of School Health Enterprises (UKS) at SD Negeri 3 Kepanjen.

DISCUSSION

Knowledge of Students in SD Negeri 3 Kepanjen

The results of the research note that from the total of 103 respondents, most respondents have knowledge with good category as much as 71 respondents (68.9%). And most respondents who have good knowledge of implementing UKS in the active category as much as 69 respondents (67%).

Knowledge or cognitive is a very important predominant in shaping one's actions (overt behavior) (Setiasi, 2013). Knowledge-based behaviors are generally long-lasting, before people adopt new behaviors that occur in a sequential process. School is an institution or place to learn such as reading, writing and learning to behave well. Schools are also an integral part of a society that deals with the real conditions present in society today. School is also the second environment where children practice and grow their personality. (Admodiwiro, 2013). From the results of the study it can be concluded that students who have good knowledge have implemented UKS (school health effort) in high category. In the individual and environmental hygiene indicators students already know one way to keep the class clean is to throw garbage in place, must wash hands with clean water and soap before meals and after meals, and must dispose of garbage in its place.

In indicators of prevention and eradication of the disease students already know to maintain personal hygiene to avoid the disease and immunization at schools held to prevent infectious diseases. In nutritional indicators students already know that drinking water is worth drinking is water that is colorless, odorless, clear and healthy Food is a balanced nutritious food. In accident prevention and PPPK indicators students already know that they should wear sandals or shoes if out of the house. On the indicators of knowing and how to use the health facilities students already know if my friend's school is sick, I have to take him to the UKS room and the health room in the school is used to treat the sick students while in school.

Attitude Students in SD Negeri 3 Kepanjen

The result of the research shows that from 103 respondents, most respondents have positive attitude as much as 83 respondents (80,6%). And most respondents have a positive attitude to implement the UKS with active category as much as 71 respondents (68.9%).

Attitude is a person's closed response to a certain stimulus or object, which already involves the factors of opinion and emotion in question (happy-not happy, agree-disagree, good-not good, etc.). Newcomb, one of the social psychologists, stated that attitude is a readiness or willingness to act and not an exercise of a particular motive. In other words, the attitude function is not yet an action (open reaction) or activity, but is predisposing to behavior (action) or closed reaction (Notoatmodjo, 2007).

From the results of the study can be concluded that the attitude of students well then the implementation of sanitation which is part of the implementation of the UKS will run well as well, vice versa. In the indicator when washing hands students already know to wash their hands using clean water and soap before meals and after meals and health workers / teachers teach about washing hands. In the indicator of throwing the garbage in place the students know to throw the garbage in place. In the indicator to follow immunization students have been immunized at school. In the indicators following the medical examination students have followed the dental and oral examination and health workers have done health checks and dental and mouth examinations. In the indicator is able to maintain personal hygiene students mengetahui one healthy way of life is to wash hands before and after meals and must maintain personal hygiene to avoid illness. In the indicator is able to maintain the cleanliness of the environment students know one way to maintain the cleanliness of the class is to throw the garbage in its place and the whole school has done the work of cleaning the school grounds. Further research results show that good knowledge does not always affect the good attitude also in affecting the implementation of the UKS. This is because students who have good knowledge can also be negative. Attitudes come from self and instinct, when a person feels that they are right they will behave. But when someone feels it is wrong they will behave badly. Especially in elementary school students who are still in the age of children who are still doing everything according to pleasure only

Facilities Infrastructure at SD Negeri 3 Kepanjen

The results of the study revealed that from a total of 103 respondents, it is known that most respondents considered the infrastructure facilities in the complete category (having UKS space, beds, weight scales, height gauges, classroom shackles, p3k boxes and hygiene kits per class) 60 respondents (58.3%). And most respondents with complete prasana implement UKS in active category as much as 40 respondents (38,8%).

Facilities and infrastructure are a means of supporting the success of a process of effort undertaken in the public service, because if these two things are not available, then all activities undertaken will not be able to achieve the expected results according to plan. According to Permendiknas Chairman. 24 of 2007, facilities are equipment that can be moved, preserving infrastructure is the basic facility to run the school function (Hidayanti, 2014)

From the results of the study concluded that the respondents carry out the School Health Business well when the infrastructure facilities are complete. On indicators of using UKS space students do while in school ailing friends, students should take him to the UKS room. In the indicator of having a bed, weight scales and a height meter in the UKS student room know that there are beds and other tools in the UKS room. In the garbage indicator, P3K and hygiene kits in each class the students know that garbage and cleaners are put in

each class to keep the class clean and every class is a first aid kit. In the indicator there is a place of washing hands of students know that the school has a special place to wash hands. In the indicator of the source of clean water the students know that the source of clean water in the school provided by the school and the condition of a good bathroom is the availability of toilet and clean water. In the indicator of having a Doctor Small in school students know that there is rarely a small doctor training in school. In the indicator has WC / Jamban students know inside each bathroom there is a clean toilet / toilet. In the indicator has a school fence the students know that the school has a guardrail.

The more complete the supporting facilities the more effective an activity. From the above explanation that the process of implementing school health services, there are two very important elements of the UKS programs and infrastructure facilities used to complete the implementation of the program. These two aspects are interrelated because the implementation of a program will affect the type of infrastructure suitable for use. Completeness of facilities and infrastructure is said to fulfill the function if existing UKS facilities and infrastructure can help provide an early prevention process for every injury or illness. It is known that with the complete UKS facilities and infrastructure will facilitate teachers and implementers of health services in schools and students in addressing issues for treatment and prevention.

Teachers and Health Workers at SD Negeri 3 Kepanjen

The result of the research shows that the total of 103 respondents, it is known that most of the respondents consider the teacher and health worker as high as 57 respondents (55,3%). And the majority of respondents with teachers and health workers are high performing UKS in the active category as much as 52 respondents (50.5%).

Programs run in UKS are 3 main programs based on UKS Implementation Program in Primary School Department of Education and Health (2012). Namely health education, health services and fostering healthy school environment. Ahmad Selvia (2009) says health education is a conscious effort to prepare learners in order to grow accordingly, harmoniously, balanced and healthy both physically, mentally, socially and environmentally through guidance, teaching, funding or training required for their current role as well as in the future. Health education seeks to learners realize or know how to maintain health, avoid or prevent things that harm the health of learners.

From the research results can be concluded that the role of teachers and health workers in the high category. In the indicators of examining and teaching dental hygiene of the students, teachers have been teaching how to brush their teeth properly and health workers have done health checks and dental and mouth examinations. In the indicators of information and immunization and disease prevention, students have been immunized in schools and health workers/teachers explained about the benefits of lighting in the classroom. In the indicators of motivating students and participate in maintaining the school environment, all schools have done the work to clean the school yard. In the health cadre training indicators, sometimes there is training of small doctors in schools. In an indicator of teaching to maintain my own health and the environment, teachers/health workers taught me how to maintain good environment at school and at home, health workers/teachers taught me about hand washing and health workers/teachers explained about the benefits of keeping the environment clean. In the indicators teach a balanced diet nutrition menu, my teacher once took a lunch containing a balanced diet.

While the guidance of a healthy school environment according to the UKS Guidelines for Elementary Schools, a healthy school environment coaching program covers the physical environment of the school, namely the maintenance of a clean water reservoir, the procurement and maintenance of landfills, the procurement and maintenance of waste

water, toilet and bathroom maintenance, and tidiness of classrooms, libraries, and places of worship, maintenance of cleanliness and beauty of the yard, and school gardens (including school greening), procurement and maintenance of school fences. The mental and social environment in the form of coaching program is done in the form of health counseling, social service of the school community in the surroundings and surroundings, camping, exploration/excursion, theater, music, sport, scouting, PMR, Doctor Kecil and Cadres of Adolescent Health, carnival, baza , contest.

Analysis Factors that most influence the implementation of UKS in SD Negeri 3 Kepanjen

Based on the results of Logistic Regression analysis obtained significant value p value = $0,000 < \alpha = 0.05$ on the variable of knowledge which means knowledge factors that most affect the implementation of School Health Enterprises.

Knowledge is the result of knowing and this happens after people have sensed certain objects. Sensing occurs through the human senses ie the senses of sight, hearing, smell, touch and taste. Much of human knowledge is acquired through sight and hearing. Knowledge is the basis for the formation of one's actions (Notoatmodjo, 2007). This learning process is influenced by various factors from within such as motivation and external factors in the form of available information and socio-cultural conditions. In general, according to Notoatmodjo (2007) domain level of knowledge (cognitive) has six levels, including: knowing, understanding, using, describing, concluding and evaluating. The main feature in the level of knowledge is the memory of something that is known either through experience, learning, or information received from others.

Knowledge has a role as an initial motivation for someone to behave. Green (2005) mentions knowledge is one predisposing factor to the formation of one's behavior. Good knowledge will affect good behavior as well. According to Notoatmodjo (2007), the factors that influence the action are knowledge, perception, emotion, motivation and others. The behavior of someone is influenced by the knowledge factor. This is consistent with the explanation that "one's behavior is influenced by knowledge and attitude according to KAP concept or knowledge, attitude and practice which mean before to practice ability will be formed preceded by knowledge of a thing (knowledge) , 2007).

Based on the above explanation, it can be concluded that knowledge greatly influence the behavior change, as well as the behavior of students on the implementation of the UKS will be influenced by the knowledge held especially about the implementation of UKS.

CONCLUSION

1. The result of chi square test analysis between knowledge variable and UKS implementation obtained p-value $0.000 < 0,05$ then H_0 is rejected, it means there is a relation between knowledge with the implementation of School Health Business (UKS) in SD Negeri 3 Kepanjen.
2. The result of chi square test analysis between attitude variable and UKS implementation is obtained p-value $0.000 < 0,05$ then H_0 is rejected, it means there is relation between attitude with Implementation of School Health Business (UKS) in SD Negeri 3 Kepanjen.
3. The result of chi square test analysis between the variables of infrastructure and the implementation of UKS obtained p-value value $0,026 < 0,05$ then H_0 is rejected, it means there is correlation between means of infrastructure with Implementation of School Health Business (UKS) in SD Negeri 3 Kepanjen.

4. The result of chi square test analysis between teacher and health personnel variables with UKS implementation obtained p-value $0,000 < 0,05$ then H_0 is rejected, it means there is relation between teacher and health worker with School Health Execution (UKS) in SD Negeri 3 Kepanjen.
5. The result of the analysis of Logistic Regression Test of knowledge variable with p-value 0,000, attitude variable with p-value 0,864, 0,94 infrastructure variable, teacher and health worker 0,026 so it is concluded that the most influence the Implementation of School Health Enterprises (UKS) in SD Negeri 3 Kepanjen of the 4 variables is knowledge

SUGGESTION

1. For Research Sites

It is expected that the active role of the school, whether principals, teachers, or the entire school community in implementing the UKS optimally. In addition, it is expected that better cooperation between the school with the health service or health center related to the implementation of the UKS to run the UKS can be more conducive so that it can be more perceived benefits

2. For Educational Institutions

With the results of this study should educational institutions can provide more optimal guidance and teaching related to the implementation of the UKS in schools so that the implementation of the UKS can run in accordance with the expected results.

3. For Further Researchers

It is expected that further research involving more parties to become respondents to be more studied from various viewpoints. In addition, it is expected that further research with different methods and additional variables that may not exist in this study.

BIBLIOGRAPHY

Admodiwiro. 2003. *Kepemimpinan Kepala Sekolah*. Semarang: Adiwaskito

Afandi, Luthfi. 2013. *Pelaksanaan Program Usaha Kesehatan Sekolah (UKS) di SD Negeri Se-Kecamatan Samigaluh Kabupaten Kulon Progo tahun 2012*. Skripsi. Yogyakarta: Universitas Negeri Yogyakarta.

Amarayah. 2014. *Pengertian Pengetahuan dan Sikap*. <http://amarayah.blogspot.co.id.html> Diakses 09 April 2018.

Arikunto, S. 2006. *Prosedur penelitian suatu pendekatan praktik*. Jakarta: Rineka Cipta.

Bahar, Tatik. 2011. *Upaya Pengembangan Promosi Kesehatan pada Institusi melalui Usaha Kesehatan Sekolah*. <http://tatikbahar.blogspot.com/2011/01>. Diakses tanggal 31 Januari 2018

Bakhtiar, Faisal Azmi. 2017. *Kesehatan Lingkungan Sekolah*. <https://www.scribd.com/document/363440013>. Diakses 4 Februari 2018.

Departemen Kesehatan. 2007. *Usaha Kesehatan Sekolah*. Jakarta: Percetakan Negara.

Depkes RI. 2006. *Petunjuk Pelaksanaan Monitoring, Evaluasi dan Pelaporan Usaha Kesehatan Sekolah*. Jakarta.

Efendi, Feri. 2009. *Keperawatan Kesehatan Komunitas*. Jakarta: Salemba Medika.

- Effendy, N. 1998. *Dasar-dasar keperawatan kesehatan masyarakat, edisi 2*. Jakarta: EGC.
- Ensiklopedia. 2016. *Hipotesis*. <https://id.m.wikipedia.org> diakses tanggal 24 Februari 2018
- Entjang, Indan. 2000. *Ilmu Kesehatan Masyarakat*. Jakarta: PT. Citra Aditya Bakti
- Hidayanti, Anita. 2014. *Definisi dan Ruang Lingkup Sarana dan Prasarana*. Dalam anitahidayatii.blogspot.com diakses pada tanggal 28 Maret 2018.
- Hidayat, Aziz Alimul. 2010. *Metode Penelitian Kebidanan dan Teknik Analisa Data*. Jakarta: Salemba Medika.
- Hidayat, Podo. 2015. *Kelengkapan Sarana dan Prasarana Usaha Kesehatan Sekolah (UKS) di Sekolah Dasar Negeri Se-Gugus Diponegoro Kecamatan Pituruh Kabupaten Purworejo Tahun Ajaran 2013-2014*. Skripsi. Yogyakarta: Universitas Negeri Yogyakarta.
- Hilderia. 2006. *Pelaksanaan program UKS ditingkat sekolah dasar negeri Kecamatan Silimakuta Kabupaten Simalungun*. Skripsi. Medan: Universitas Sumatera Utara.
- Kemendikbud Direktorat Jendral Pendidikan Dasar. 2012. *Pedoman Pelaksanaan UKS di Sekolah*. Jakarta: Kementrian Pendidikan dan Kebudayaan Direktorat Jendral Pendidikan Dasar.
- Kemenkes. 2017. *UKS menjadi transformasi dalam upaya kesehatan di lingkungan*