

Evaluation of the Policies of the Education Office and the Health Office on the Availability of Facilities and the Implementation of UKS in Junior High Schools in the Southern Aceh District, Indonesia

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Abstract. The policy and implementation of UKS in South Aceh District Junior High School is an effort to implement school health efforts to maintain and improve the ability to live a healthy life and the health status of students and create a healthy school environment. This study aimed to determine the policy of the Education and Health Office on the organisation and implementation, as well as the availability of infrastructure and funding sources for implementing UKS in South Aceh District Junior High School. This research uses qualitative and quantitative approaches with descriptive research. The subjects of this study were the Education and Health Offices, the head of the health centre, and the school principal. Data collection techniques are conducted through observation and interviews, and technical analysis is used through qualitative analysis, namely reduction, presentation, and verification, while quantitative analysis is the calculation of percentages. The results of the research on the implementation of UKS in junior high schools in the South Aceh district showed that:

- 1) Regulations for the implementation of UKS in the Education Office and Health Office are available, namely Regent Regulation Number 20 of 2021, but the implementation of the policy has not gone as expected from the provisions.
- 2) The organisation of School Health Efforts is structurally apparent, but the implementation management or resource arrangement still has to be addressed so that UKS can run well.
- 3) Implementing the School Health Program has not been running for all junior high schools because not all supporting indicators are available for the UKS to be implemented optimally.
- 4) The availability of facilities and infrastructure supporting the implementation of the UKS is minimal, and even schools do not have a UKS room.
- 5) The availability of funds is still minimal, relying only on BOS funds for the implementation of UKS, and there has been a need for budget planning since the beginning with the basis of laws governing UKS budgeting.

Keywords: Evaluation; Policy; Implementation of UKS.

INTRODUCTION

Health education is a strategic field of science that aims to improve the quality of life of Indonesian people, both physically and mentally. This step can be done optimally through educational institutions because the school is where the teaching and learning process takes place, which

will educate students to move in a better direction. Schools are expected to improve the health status of students as school residents who reflect a healthy life physically and mentally. Schools must be a place to get optimal health services, ensure the teaching and learning process takes

place well, create supportive conditions, and achieve students' ability to live healthy lives.

Health is organised to improve the ability of students to live a healthy life in a healthy environment so that students can learn, grow, and develop harmoniously and optimally into more qualified human resources. This is in line with the objectives of national education as stated in Law No 20 of 2003 concerning the National Education System, which states that: "National education aims to educate the nation's life and develop the whole Indonesian human being, namely a human being who believes and is devoted to God Almighty, has a noble character, has knowledge and skills, is physically and mentally healthy, has a steady and independent personality and a sense of community and national responsibility".

Based on the Joint Decree (SKB) of the Minister of Education, the Minister of Health, the Minister of Religious Affairs, and the Minister of Home Affairs No 2/P/SKB/2003, No MA/230B/2003, No 445-404 of 2003 dated July 23, 2003 concerning the School Health Effort Advisory team is the primary legal basis for the creation of policies on School Health Efforts (UKS) as one of the educational policies to achieve a healthy generation of schools, known as school health promotion.

The purpose of School Health Efforts (UKS) is to improve the quality of education and learning achievement of students by improving clean and healthy living behaviour and the health status of students and learning citizens as well as creating a healthy environment, thus enabling harmonious and optimal growth and development in the context of the formation of a whole Indonesian human being.

The root of a healthy school is health education, and the school environment must be healthy [1]. Schools that have implemented UKS are characterised by involving the principal, teachers, students, community health centres and all parties related to school health issues, creating a healthy and safe school environment, providing health education in schools, providing access to health services, having school policies and efforts to promote health and playing an active role in improving community health.

UKS is an integrated cross-program and cross-sectoral effort to improve health status and shape healthy living behaviour of school-age children in schools and religious colleges. UKS is a school activity that cannot be separated from

school life, both for students and teachers or employees. The implementation of UKS at the basic education level (kindergarten and primary school) is different from the secondary level (junior high school and senior high school). The author [2] states that School Health Efforts (UKS) are efforts made to improve the health of school-age children in every pathway, type, and level of education from kindergarten (TK) to senior high school, vocational, or even aliyah (SMA/SMK/MA).

The implementation of school health has a focus and purpose at each level or educational unit. At the secondary education level, the implementation of UKS is more focused on preventing risky behaviours such as drug abuse (narcotics, psychotropic substances and other addictive substances), unwanted pregnancy, unsafe abortion, sexually transmitted infections, adolescent reproductive health, accidents and other trauma. This behaviour is vulnerable to adolescents because it is the characteristic of adolescents who are always curious, like challenges, and want to try new things.

So far, there are still schools that think the implementation of UKS is only limited to the existence of UKS rooms, especially in primary schools. UKS in several elementary schools is not optimally utilised.

If elementary school students suddenly feel unwell, the school immediately contacts parents to pick up their children. UKS is the implementation of TRIAS UKS, namely a healthy school life environment, health education, and health services in schools.

The School Health Efforts implementation program must review infrastructure, knowledge, students' attitudes in the health field, school stalls, daily food or nutrition, dental health, and personal health. The current situation still shows that the principle of healthy living and the degree of health of students has not been achieved. Health education activities are more about teaching in nature and adding knowledge and less about the practical aspects that can be applied to everyday life.

The three stages of health services for students that must be pursued include promotive (health improvement), preventive (prevention), curative (treatment), and rehabilitative (recovery). Meanwhile, developing a healthy school environment is more emphasised regarding the phys-

ical, mental, and social environment. Coordination in implementing the program needs to be optimised because it is currently not well established at each level of the UKS Advisory Team, and between agencies, collaboration must be increased according to their needs and interrelationships.

Improving the quality of education, staffing, human resources, and infrastructure has not been balanced with the objectives of UKS. The lack of knowledge of teachers who teach health education or teachers who handle UKS and school health cadres trained in the health field, education and services should be a serious concern.

The implementation of the School Health Business policy in the Education and Health Office of South Aceh District has not been optimal, as evidenced by the UKS activities carried out, where the involvement of health centres only conduct health checks that are not routine and just carry out examinations and treatment as needed or have not become routine and quality programmed planning and actions and have a maximum quantity.

Efforts to improve the quality of health for students in the South Aceh district require cross-sectoral policies between the education and health offices and schools. School Health Effort is one of the education policies where the education office, especially with the health office directly related, must be a policy maker and decision maker for agencies or institutions below it, as well as implementers of policies originating from agencies or institutions above it.

As a policy maker and decision maker in collaboration with the Health Supervisory Team, the education and health office does not make a UKS policy easy; it must go through several policy processes. The policy process can be understood as a series of stages or phases of activities to make a policy. The policy-making process is a series of interdependent stages in order of time. These stages are the policy agenda-setting stage, the alternative formulation stage (policy formulation), the policy determination stage, the policy implementation stage, and the policy evaluation stage. The author [3] states that public policy cannot be played with, made carelessly, implemented recklessly, and never controlled or evaluated.

Based on studies or research related to school health, efforts are limited to the policy implemen-

tation stage. It does not discuss how the policy formulation process is determined and what problems exist in the field that need to be solved, so there are still schools whose UKS implementation is not running optimally. The UKS policy must be oriented to the problems that arise in the field and the goals to be achieved by the South Aceh District Education Office. Therefore, there needs to be a more comprehensive study related to this issue so that the implementation of the School Health Effort is optimised and achieved according to the expected goals.

METHOD

This research is a mixed methods research, which is a research step that combines two approaches in research, namely qualitative and quantitative. Mixed research is a research approach that combines qualitative research with quantitative research [4].

Determination of research subjects began with the head of the health office 1 person and the education office 1 person, followed by the head of the health center 3 people and 3 coaches from 3 regions. Ehen each region was assigned a school principal, namely 5 people from 5 selected schools, so the number of subjects was 13.

To obtain research data, the data collection technique used by the author uses interviews and questionnaires by distributing questionnaires.

RESULTS AND DISCUSSION

Based on the results of the researcher's analysis of the research findings above, the following results were found:

1. Policies for implementing UKS in junior high schools in South Aceh Regency. Implementing the School Health Program (Trias UKS) policy in the Junior High School of South Aceh District has not been as expected. This is evidenced by the lack of excellent and equitable implementation of activities such as socialisation of health issues such as PHBS (Clean and Healthy Living Behavior), sexual harms and how to prevent them, adolescent health, and hand washing. Every policy that is implemented indeed has a legal basis above it. Concerning the implementation of UKS, there is a regulation, namely the regulation of the regent of South Aceh district, which is based on the rules above.

Every policy that wants to be implemented must look for or identify existing or occurring problems and find solutions arranged in the form of policy formulation, in the form of forecasts carried out at the formulation stage, providing many alternative policies. This forecasting can test a plausible, potential, and normatively valuable future, estimate the consequences of existing policies on those proposed, recognise constraints in achieving goals and estimate the feasibility of various options.

Then, choose the best one and seek policymakers' support [5].

2. Organising School Health Efforts in Junior High Schools in South Aceh District. Organising in UKS is the process of selecting, forming working relationships, and compiling a description of the duties and authority of UKS coaches and implementers from the centre to the education unit. Through this kind of organisation, it is expected that a unity of tasks and a clear organisational structure will be formed to foster and implement UKS. The selection of resources responsible for the guidance and implementation of UKS should consider interests, abilities, emotions, intelligence, personality, educational background, and experience.

A good organisation needs to be followed by exemplary implementation. Therefore, it requires the collaboration of various parties involved through hard work and intelligent work, collectively and collegially. Existing resources can be optimised to achieve the organisation's vision, mission and work program in line with the work plan that has been prepared.

3. Implementation of the UKS Program in Junior High Schools in South Aceh District Each UKS coach and implementer works according to their duties and functions to achieve the set goals. The UKS implementation program in education units involves intracurricular and extracurricular activities. Extracurricular activities are carried out through environmental health programs, health education and health maintenance efforts.

The implementation of the UKS programs includes:

1) A healthy school environment by developing healthy school facilities, maintaining the cleanliness of rooms and school grounds, providing sanitation that meets health requirements, and establishing good relationships between teachers, students, and the community/parents.

2) Health education and counselling related to personal and environmental health, prevention and eradication of infectious diseases, healthy food and balanced nutrition, positive attitudes and habits, prevention and first aid in accidents.

3) Students' health maintenance efforts related to periodic individual health checks, efforts to prevent and eradicate infectious diseases, and dental health efforts.

4) Extracurricular activities through little doctors, school health cadres, the development of live pharmacies, larva monitors, and school health business competitions [5].

4. Availability of UKS Facilities and Infrastructure in Junior High Schools in South Aceh District. The results showed that many schools still do not have a UKS room and supporting equipment, as well as the availability of other facilities or equipment, so it is specific that the school does not implement the Trias UKS activities. The fulfilment of UKS infrastructure and facilities supports the creation of a healthy school environment. A healthy school environment can support students' optimal growth and development and shape clean and healthy living behaviour. To implement the UKS program, UKS infrastructure and facilities are needed, including UKS rooms, school sanitation, and school canteens. Simple facilities and infrastructure for UKS in schools include a weight scale, height measuring instrument, and Snellen Chart.

The author [6] states that school education infrastructure is classified directly and indirectly.

The barriers found in implementing the UKS are regarding the provision of facilities and infrastructure. It was found that there are still many schools that do not have a UKS room, many UKS supervising teachers have not been trained, schools and madrasahs do not have a small doctor or adolescent health care, lack of motivation of teachers as UKS implementers because there is no credit score for UKS supervising teachers, there is no health material guidebook for teachers' handbooks, and there are still many health workers who have not been trained in UKS.

According to [7], the current obstacle to school health services is the absence of adequate UKS facilities and infrastructure, as well as equipment and other equipment that have not received attention. In addition, health education programs are not available for a particular time, so it becomes a problem for teachers and officers to car-

ry out health education. One of the keys to solving the problem is funding because funds are needed to finance the implementation of the UKS program; without sufficient funds, it is challenging to develop the UKS program.

5. Availability of funding sources for implementing UKS in primary schools in the South Aceh district. The budget is the most decisive factor in implementing school health efforts.

In its implementation, it will encounter substantial obstacles if the availability of funds or budget allocations is not available every year, only hoping from the government even though the government should have ordered it with the law of 4 ministries. This is revealed from the research results obtained in the field based on interviews with related parties; the budget problem is the main thing that must get attention. According to [8], healthy funds are money/goods received or collected by the School Health Effort Implementation Team (UKS) either from students, school committees, the government or the community for implementing the School Health Effort (UKS) program.

CONCLUSIONS

Based on the results of the research obtained, it can be concluded as follows:

1) Regulations for the implementation of UKS in the Education Office and Health Office are available, namely Regent Regulation No 20 of 2021, but the implementation of the policy towards the implementation of the Trias UKS in junior high schools in South Aceh District has not gone as expected.

2) The Organisation of School Health Effort is very clear in structure. However, the implementation management or resource management still needs to be addressed so that the UKS can run

well in every junior high school in South Aceh District.

3) School Health Efforts have not been well implemented in all junior high schools in South Aceh District because not all supporting indicators for implementing UKS are maximally available to increase students' knowledge and understanding of the implementation of health education, health services and environmental development.

4) The availability of facilities, infrastructure and supporting indicators for implementing the UKS is minimal; many schools still do not have UKS rooms, other supporting equipment, and school environments that are not by existing regulations.

5) The availability of funds is still minimal, relying only on BOS funds for the implementation of UKS and the need for budget planning since the beginning with the basis of laws governing UKS budgeting.

Based on the results:

1. It is necessary to conduct a thorough evaluation because the leadership policies contained in the Perbub have not been implemented, but in the field, they do not work as expected.

2. It is necessary to optimise the organisation and movement between elements of UKS builders and implementers so that UKS is implemented in junior high schools in the South Aceh District Education Office.

3. It is necessary to prepare a budget plan early every year for the needs of facilities and infrastructure so that UKS can be implemented optimally every year.

4. It is necessary to improve the human resources of UKS supervising teachers by involving related elements through training and health coaching clinics.

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