



# Evaluation of the School Public Health Program in 61 Middle Schools in Sumbawa Regency

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**Abstract:** This research aims to obtain an overview of the implementation of the UKS program. The subjects in this research were 61 junior high schools in Sumbawa Regency. Meanwhile, data collection techniques include observation techniques, in-depth interviews, and document study. For the evaluation model, the CIPP model is used. And data analysis is carried out interactively. The results of the evaluation based on the context component of the 61 schools evaluated, 46 stated that they were still experiencing difficulties in increasing prevention and resilience to the bad effects of narcotics, cigarettes, alcoholic drinks, and other dangerous drugs; then for the input component, there were still 37 schools that stated that UKS supervisors had not received training, while 19 schools stated that facilities were needed to be improved, and for the budget, 61 schools had a budget allocation; in the process component, at the planning and implementation stage all schools have program implementation plans, but at the monitoring and assessment stage this is not optimal; Meanwhile, for the Product component, no one has evaluated the impact of the UKS Program. It can be concluded that the implementation of UKS in 61 schools does not fully refer to the 2014 UKS implementation guidelines.

**Keywords:** Middle School UKS; Program Evaluation; UKS Program in Sumbawa Regency

## Introduction

Schools are fundamental organizations that can not only be used as a place to obtain formal education but can also be organized institutions in an effort to improve and maintain the health status of the community. Schools are the right and efficient place to implement health promotion programs. Health promotion is needed in schools not because of the large number of students, but because children, teenagers, and youth alike face serious health threats, such as the threat of Non-Communicable Diseases (NCDs). The results of a WHO study in 2018 showed that 70% of global deaths were caused by non-communicable diseases (RI Ministry of Health, 2020). Even in Indonesia itself, World Health Assembly data (Forouzanfar, et al, 2016) shows that 73% of deaths are caused by non-communicable

diseases (NCDs). Therefore, since 2015 early detection of NCDs has been recommended throughout the world to reduce by one-third premature deaths caused by NCDs (Cao, et al, 2018).

Risikedas data in 2018 shows a number of dominant factors causing the occurrence of Non-Communicable Diseases in society, including; 95.5% of Indonesian people do not consume enough vegetables and fruit. Then 33.5% of people lack physical activity, 29.3% of people of productive age smoke every day, 31% have central obesity and 21.8% have obesity in adults (Ministry of Health of the Republic of Indonesia, 2023). Even though PTM is categorized as a degenerative disease, the results of research conducted by the Indonesian Ministry of Health's Health Research and Development Agency show that currently the development of PTM in Indonesia is increasingly

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worrying. The reason is that the increasing trend of NCDs is followed by a shift in disease patterns, which are now starting to threaten the productive age group, including teenagers, Republic of Indonesia Ministry of Health, 2023). This will certainly be a threat to Indonesia to produce the nation's next generation who are healthy and intelligent towards a developed Indonesia in 2045 (Ministry of National Development Planning, 2023).

Based on data from the Central Statistics Agency (BPS) Kab. Sumbawa in 2023, the population will be 527,607 people. Meanwhile, 130,801, or 25% of the total population of Kab. Sumbawa is a youth age group including the senior high school age group. This means that if we refer to the changing pattern of trends in non-communicable diseases (NCDs), around 25% of Sumbawa residents are at risk of experiencing non-communicable diseases. Therefore, various efforts are needed to optimize prevention. Prevention efforts are of course accompanied by monitoring efforts. Monitoring efforts have their own level of difficulty when viewed from the number and distribution of the community. Supervision efforts will be easier to carry out on community groups. One form of community group that can be easily monitored, especially in the implementation of disease prevention, is the community within the scope of educational institutions (schools). Schools as places where the most interaction occurs with the community must be actively involved in efforts to improve and maintain the level of public health, especially now that all schools are supported by the School Health Business (UKS) program whose main function is preventive and promotive.

School Health Business (UKS) is defined as a form of effort to improve and maintain the level of health aimed at school-age children, which is important in improving the physical quality of the population (Setiawan and Hidayat, 2017). UKS is also defined as a public health effort carried out in schools with students and their living environment as the main target (Mahardhani, 2016). In its implementation, the UKS function is carried out based on the UKS TRIAS, that is health education, health services, and fostering a healthy school environment (Jumri, 2020). The three main functions of the UKS certainly aim to form a better healthy lifestyle for the school community. The UKS program not only aims to shape students' attitudes and behavior which leads to changes in better healthy lifestyles, but also aims to improve the quality of education and learning achievements of students, as well as creating a healthy educational environment, thereby enabling students' harmonious and beneficial growth and development. for yourself as well as for society (Kemendikbud, 2021). However, the existence of the UKS program does not necessarily guarantee that the community and school environment will be healthy.

Program implementation, infrastructure and human resources are also important indicators in the UKS program.

**Method**

This research is qualitative research, formative research that emphasizes what people experience. The targets or objects in this research were 61 junior high schools in Sumbawa Regency. The selection of information sources was carried out using the principles of appropriateness and adequacy using a purposive sampling technique, where researchers selected informants themselves based on predetermined criteria.

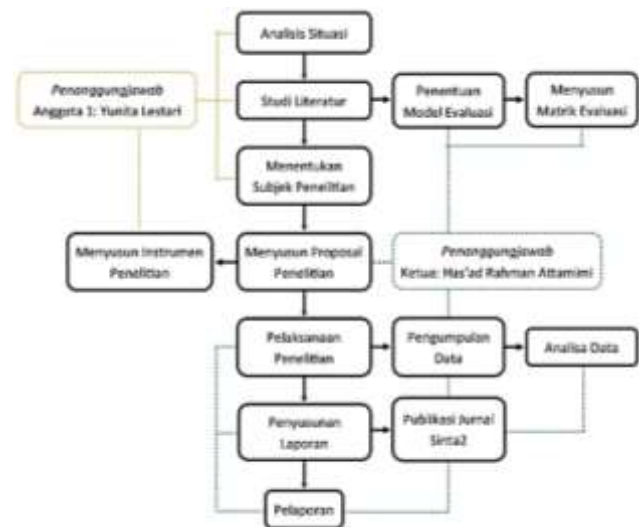


Figure 1. Research Implementation Flow

Data collection was carried out by means of observation, in-depth interviews, and document study. The data collected is in the form of a description of the availability and condition of UKS facilities and infrastructure, the competence of UKS supervisors, the budget for implementing the UKS program, the form of UKS activities, as well as the response given by the school community to the UKS program at school. Meanwhile, for data analysis, because in qualitative research, conceptualization, categorization, and description are developed on the basis of "events" it is also impossible to separate data collection and data analysis activities from each other. So, the data analysis that will be used is interactive data analysis. Data analysis developed by Miles and Huberman (1992) consists of four stages, including data collection, data reduction, data analysis, and conclusion drawing/verification. The flow or stages in this research are shown in Figure 1.

## Result and Discussion

in Sumbawa Regency, in the period November 2022 to February 2023 are presented in Table 1.

The results or findings in the implementation of the evaluation of the UKS program at 61 junior high schools

**Table 1.** Results or findings from the implementation of the evaluation of the UKS program at 61 junior high schools in Sumbawa Regency

Component	Indicator	Findings
Context	The school has achieved the 5 basic objectives of implementing the UKS program	Reduced morbidity rates for school children by 23, Improved health of students (physical, mental, social) by 18%, Knowledge, attitudes and skills to implement the principles of healthy living and actively participate in efforts to improve health in schools by 24%, Coverage of health services for children schools 25%, Resistance and vitality against the bad effects of narcotics, cigarettes, alcohol and other dangerous drugs 10%
Input	The school has the facilities and resources to support the UKS program, the school has competent UKS supervisors, and the school has budget resources to support the implementation of the UKS program	All schools have facilities and infrastructure to support the UKS program. Only 36 schools have UKS coaches who have received training. 60 out of 61 schools have budget allocations to support the implementation of the UKS program.
Process & Product	Students gain additional competencies related to health	Education about Clean and Healthy Living Behavior (PHBS) 94.5%, Education about basic principles of disease prevention 69%, Education about Physical Health 72%, Education about Anti-Smoking and Drugs 75%, Education about the impact of Early Marriage and HIV-AIDS 45%, First Aid Cadre Development 43%
	Students receive health services at school	Tersedia Obat-obatan diruang UKS 91%, Terdapat Rujukan Medis 71,2%, Terdapat BimbinganKonseling 59%
	Students receive health insurance while they are in the school environment	Every building in the school has been tested for feasibility by the relevant agency 61%, Clean water facilities are available 90%, There are controlled irrigation channels 63%, Every room has "ventilation" 74%, "Healthy canteen" is available 69.9%, There are rules/ policies that free the school environment from cigarette smoke 65%, There are rubbish disposal sites available 84.9%, Hand washing facilities available 93.2%, There are rules/policies that support environmental cleanliness maintenance actions 71.2%

### Context Components

Evaluation results of 61 junior high schools in the district. Sumbawa showed that of the 5 UKS goals, 46 (63%) schools expressed difficulty in achieving the goals. This is also confirmed by a number of statements made by UKS supervisors and teachers in a number of schools being evaluated, that male students are still difficult to control regarding smoking.

*"I often get reports from the public who see a number of students hiding smoking, especially boys, some of whom are hiding in food stalls, some behind the school and also on the side of the road." (Mr. L, 32 years old)*

The issue of smoking is a very crucial problem among teenagers, especially middle school age. A number of research results also conclude that the smoking habit of middle school children is difficult to control, the main factor is social interaction. Abdillah (2021), in the results of research conducted on the smoking behavior of junior high school students, explains that smoking behavior in junior high school students is difficult to control because they do it with

their peers. Novariana (2022) in his research results also concluded that there is a significant relationship between peers and smoking behavior. So, it can be concluded that the smoking habit of junior high school students is largely influenced by peer interactions.

### Input Component

In the input component, there are at least 3 things that are the object of evaluation, namely, HR qualifications, facilities and infrastructure, and budget allocation. In relation to HR qualifications, for UKS supervisors, out of 61 schools there are 37 (60.7%) schools whose UKS supervisors in their schools have never received training, while for students who are UKS members from each school, an average of 77% of students have received training. minimum basic health examination training such as: measuring height, weight, abdominal circumference, and calculating body mass index.





**Figure 2.** Height, Weight and BMI Measurement Training (SMP IT Hamzanwadi Lunyuk students)

Meanwhile, for Facilities and Infrastructure, each school evaluated has facilities and infrastructure to support the UKS program. Not unlike Sarana, budget allocations to support the UKS program have also been allocated by each school. However, of the 61 schools evaluated, there were still 19 (31.15%) schools whose supporting facilities needed to be repaired and updated because they were no longer functioning well. This is in line with the results of research conducted by Mahfud, (2016) and Janwarin (2021) where a number of facilities and infrastructure supporting the implementation of the UKS program, apart from being limited, also need to be improved. Fariyah (2022), in her research results, concluded that there is a significant relationship between the implementation of the UKS program and budget availability. According to Matin (2016), the success of the implementation of the UKS Program in schools is also determined by the support of facilities and infrastructure.



**Figure 3.** UKS Facilities and Infrastructure (SMP N 1 Lape)

### *Process Component*

#### *Planning*

The planning stage is the first step in producing a program or activity. Planning is designed as a guide and reference for the implementation team. The formulation of the program implementation plan must be carried out jointly by the entire implementation team. The program plan contains details of program implementation starting from objectives, targets, benefits, implementation time, frequency, cost budget plan,

success indicators and how to measure them, person in charge and program evaluation plan.

The UKS Implementation Team in each school evaluated has made a UKS program plan every year, but is still not equipped with success indicators and an evaluation plan. The UKS program plan is prepared at the end of the school year and discussed in a coordination meeting with the UKS supervisory team at the start of the school year. The process of preparing the plan involved all members of the UKS implementation team, student parents and the school committee. In line with the results of research conducted by Fatmawati, et al (2019) and Lumbanraja (2022), the school and the school committee together plan and determine the allocation of funds for UKS which are prepared in the School Activity Plan (RKS) and RABS/School Expenditure Budget Plan in accordance with the guidelines. implementation of the UKS program (Kemendikbud, 2019).

#### *Movement and Implementation*

The movement and implementation of the UKS program is still largely unfulfilled. Health education through the implementation of the UKS Program is still very dependent on the Community Health Center. Adolescent health materials, especially those related to the prevention and control of communicable and non-communicable diseases, adolescent reproductive health, and juvenile delinquency, are still not provided by schools. So far, the implementation of the UKS Program, such as cadre development and training, has mostly been carried out together with PMR activities. Activities that have been carried out by KKR (adolescent health cadres) include helping with early detection of illnesses from their friends, handling first aid, accompanying and accompanying sick friends, as well as looking after and supervising their friends during ceremonies. Adolescent health cadres also collaborate with Community Health Centers in each region, and assist in carrying out health checks in schools. KKR has undergone training and coaching carried out by the Puskesmas in each region every year.

#### *Supervision, Control and Assessment*

Supervision, control and assessment of the implementation of the UKS Program are carried out every year. Each school carries out an assessment of the implementation of the UKS Program in the form of a final stage evaluation. However, there are still 21 schools where reporting on the implementation of the program is only made to the school principal. This is in line with the results of research conducted by Atika (2020) where the Tlogosari Kulon 01 Semarang State Elementary School in implementing UKS program monitoring activities has not been carried out according to

instruments, reporting has not been carried out according to the correct format, and evaluation techniques have not been carried out according to the rules. Meanwhile, according to the Guidelines for Implementing UKS in Schools by the Director General of Basic Education, Ministry of Education and Culture in 2014, reports on the implementation of UKS in schools are submitted to the District UKS TP regularly. Reports on the results of UKS implementation in schools are prepared and submitted twice a year. These reports are in the form of a semi-annual report submitted in July, and an annual report submitted in January.

Supervision, control and assessment can be carried out in various ways, one of which is through reporting. The aim is to know the effectiveness, results and appropriateness as well as deviations that may occur in the implementation of UKS activities in schools. This report is also useful as reference material for evaluation of the UKS Program throughout the District so that coaching and upgrading by the UKS Advisory Team can run according to target and be effective.

#### *Product Component*

Product components in the implementation of the UKS Program in 61 Middle Schools in the District. Sumbawa is still not fully fulfilled. The product component in this evaluation is an assessment of the impact of the UKS program. The results of the assessment show that all schools evaluated have never carried out an assessment of the impact of the UKS Program on schools, either by the Implementing Team or the UKS Advisory Team. Measuring or assessing the impact of the UKS program is actually integrated into the process component, where the assessment is only carried out to monitor the development of student health and the environment but is not used as a basis for drawing conclusions to assess the impact of the program. In fact, according to the 2014 UKS Guidelines, the success of UKS implementation should be measured by assessing the impact of the program on students' health. The impact assessment consists of measuring the increase in students' KAP (Knowledge, Attitude, Practice) regarding healthy living, increasing community participation in implementing UKS, as well as increasing students' health status. This is assessed by looking at changes between before program implementation and after implementation (pre and post treatment), or looking at changes that occur every year.

According to the instructions from the UKS/M Implementation Guidelines, evaluation of the implementation of the UKS program is a coaching activity through measuring the results achieved by a program. These results are compared with predetermined targets. The aim is to perfect the implementation of the UKS program in the future. The

elements evaluated include changes in the level of knowledge about health, changes in students' PHBS attitudes and behavior, students' health status, changes in environmental conditions, as well as the level of success of UKS/M coaching and management activities (Kemendikbud, 2017).

#### **Conclusion**

Based on the results of the evaluation of 61 junior high schools in Sumbawa Regency, all subjects evaluated had not fully implemented the UKS program in accordance with the applicable UKS implementation guidelines. So it is recommended to schools, especially junior high school level in the district. Sumbawa to be able to implement the UKS program according to the 2014 UKS implementation guidelines

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The authors declare no conflict of interest.

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