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Forewords

Praise and gratitude to Allah SWT, because of Allah's love for us so that we are still given a long life and can carry out our various daily activities. May all our activities become our acts of worship, Aamiinnn

in accordance with the commitment of the Jurnal Serambi Ilmu Journal to continue to improve the quality of its manuscripts since the volume 22 number 1 has been published full in English.

We are also be proud that the number of submitted manuscripts is quite large, but only a few are acceptable and worthy of publication. This means that Jurnal Serambi Ilmu has become one of the scientific publications that are considered by experts and education enthusiasts.

For this reason, Jurnal Serambi Ilmu is committed to continuing to maintain the quality, service and discipline that applies in scientific publications.

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Factors Affecting the Implementation of School Health Programs for Elementary School

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Abstract

The purpose of this study was to know how the influence of knowledge, facilities, infrastructure and the role of teachers on the implementation of the School Health Program Program (UKS) in elementary schools in Simpang Kiri, Subulussalam City. This study includes survey research. Sources of data are all school principals and UKS totaling 30 people. The data collection technique is a questionnaire. Data were analyzed by univariate and bivariate analysis with chisquare test approach. The results showed that the implementation of the program had a close relationship with the knowledge of teachers, facilities and infrastructure and the role of teachers in each school. This means that the better the knowledge of teachers, facilities and infrastructure and the role of teachers in each school, the better the implementation of the school health program program (UKS) in that school. In the implementation of UKS in the Simpang Kiri working area, Subulussalam City, several parties involved in the UKS program have not implemented their roles and functions optimally, as well as the available facilities and infrastructure are not adequate so that the implementation of UKS has not functioned properly.

Keywords: school health program, infrastructure, knowlage, teacher role

INTRODUCTION

School age children are the nation's next generation of young people in the future. A healthy, quality, productive, and competitive nation is largely determined by the degree of health and quality of life in the age group. School-age children are a vulnerable group because they are in a period of growth and development, it is necessary and proper to understand and introduce health from an early age. So that at the next age, from adolescence to old age, a pattern of clean and healthy living behavior is embedded and they are usually independent in maintaining their health, and even change their environment (Ministry of Health, 2015).

One of the efforts that can be done to improve the health status of students is through the school health program forum (UKS). Law Number 36 of 2009 concerning Health Article 76 states that "Health is held to improve the ability to live healthy" so that students learn to grow and develop harmoniously and as high as possible to become quality human resources. The school health program, as one of the programs directly

related to school children, has been initiated since 1976 and was strengthened in 1984 (Ministry of Health of the Republic of Indonesia, 2019).

According to the Indonesian Ministry of Health (2017), these health problems will generally hinder the achievement of children's achievements, so a joint effort is needed to overcome these problems. One of them is by developing a container for health services in schools in the form of School Health programme. School health efforts or UKS are carried out to improve the health of students in every path, type, and level of education from elementary to high school equivalent. The purpose of the UKS program is to improve the ability to live a healthy life and the health status of students as well as to create a healthy environment so as to increase the harmonious and optimal growth and development of children in the context of forming a complete Indonesian human being.

The implementation of the UKS program is expected to form the mindset of students who are accustomed to clean and healthy living behavior, by always paying attention to the cleanliness of the school environment, personal hygiene, doing greenery, and utilizing clean and healthy school canteen facilities. The success of the UKS program is very important in improving learning achievement and the health of students in general. School Health Efforts are an effort to encourage the younger generation to be free from disease, develop positive national character, and strong leadership traits (Entjang 2010).

School-age children are strategic targets for the implementation of health programs, because in addition to their large numbers, they are also easy-to-reach targets because they are well organized. Health checks are carried out by health workers together with other trained personnel, health workers here are medical personnel, nursing staff or other puskesmas officers who have been trained as UKS implementing staff. UKS teachers are classroom teachers or teachers who are appointed as UKS supervisors in schools and have been trained on UKS (Esensi 2012).

In the optimal implementation of the UKS program, it is necessary to have close cooperation between: predisposing factors (teacher knowledge, teacher attitudes, socioeconomics, traditions and beliefs) supporting factors (facilities and infrastructure), driving factors (the role of teachers, health workers) (Pratiwi, 2014). In UKS services, those who implement and implement a healthy environment are UKS cadres with supervision from teachers who are given responsibility after the teachers are arranged and guided by Puskesmas officers. The lack of knowledge of UKS cadres and lack of active participation in the implementation of UKS causes the UKS program to be held by UKS teachers alone so that the provision of health services cannot be optimal. Health services in schools are prioritized on efforts to improve health (promotive), disease prevention efforts (preventive), and healing and recovery efforts (curative and rehabilitative) (Ryadi, 2016).

The implementation of UKS must be carried out properly so that the school becomes a place that can improve the health of students. Implementation of school health programs as an effort to achieve the goal of developing optimal health and life skills. The implementation of a good health program can produce quality students. Improving the quality of Indonesian people requires various efforts, including through

education and health efforts both at school and outside of school. There are several factors that must be considered in the implementation of school health efforts, namely the knowledge, skills and attitudes of a teacher regarding the implementation of UKS (Essence 2012).

The Subulussalam City Health Office in 2016 noted that School Health Program services experienced a decline in services from 2017. In 2018 school health services amounted to 78.9%. Meanwhile, in 2019, 65.8% carried out school health program services from 154 schools in Subulusallam City. Many obstacles were encountered so that the service did not reach 100% (Subulussalam City Health Profile, 2018).

Based on the report from the Simpang Kiri Health Center in Subulussalam City in 2019 that the number of elementary schools in the Simpang Kiri health center working area are 10 schools, which run school health program (UKS) as many as 4 schools, and do not run school health programas many as 6 schools due to lack of facilities and infrastructure. infrastructure and lack of special training for teachers who are in schools (Puskesmas Simpang Kiri, Subulussalam City, 2019).

The results of the initial survey by researchers to several schools located in the work area of the Simpang Kiri Health Center in Subulussalam City, there are still many schools that have not implemented UKS properly, due to the lack of services provided by the Puskesmas and there are many other obstacles. The lack of budget to support the procurement of facilities and infrastructure to maximize the implementation of UKS, for example, in one of the schools located in the work area of the Simpang Kiri, the school already has a UKS room, but it is rarely used, according to one teacher, the lack of special training for schools and teachers is a factor in the less than optimal function of UKS.

There are still students who do not know the role and benefits of UKS. Based on the description above, the researcher is interested in researching what are the "Factors that affect the implementation of the School Health Program Program (UKS) in the work area of the Simpang Kiri Health Center, Subulussalam City in 2020" with the aim of knowing what factors affect the success of the program program. school health in the area.

RESEARCH METHODS

Data source

In accordance with the nature of survey research, the data sources for this research are spread across the work area of the Simpang Kiri Health Center in Subulussalam City in 2020, all school principals and UKS totaling 30 people in the area are used as data sources in this study.

Data collection technique

Primary data is conducting interviews using a questionnaire that has compiled the information you want to know in accordance with the research objectives which contains the knowledge of teachers, facilities and infrastructure, and the role of teachers. By adopting the Widiya Nailaufar Lubis questionnaire (2016). Secondary data is data obtained indirectly that can support the completeness of primary data. This data was

obtained from the Simpang Kiri Health Center in Subulussalam City in 2020 as well as other references related to research.

Data Management

After collecting data, data processing is carried out as follows: Editing, namely at this stage the researcher checks the data that has been collected which includes the completeness of the identity and answers given by the respondent and corrects errors in filling out, when obtaining incomplete questionnaire data, the researcher immediately asks the respondent.

- 1. Coding, which is to provide the codes on the questionnaire sheet. For each correct answer is given a value of 1 (one) and for the wrong answer is given a value of 0 (zero).
- 2. Transferring, namely data that has been coded and has been arranged sequentially to be entered into the table according to the sub-variables studied.
- 3. Tabulating, that is, after the data is compiled into a frequency distribution table, the total value for each sub-variable is then given.

Data analysis

Univariate and Bivariat Analysis,

Univariate analysis is used to see the frequency distribution of each variable studied, both the dependent variable and the independent variable in the form of a proportion with an ordinal scale.

Bivariate analysis was carried out to see the relationship between the dependent variable and the independent variable using the chi-square test with the following equation: Formula: $x^2 \sum_{E} = \frac{(0-E^2)}{E}$

Note: x^2 : Chi square, 0: Frequency of Observations, E: Frequency of Expectations. The assessment is carried out as follows:

- a. If the p value 0.05, it can be concluded that there is a relationship between the independent variable and the dependent variable.
- b. If p value > 0.05, it can be concluded that there is no relationship between the independent variable and the dependent variable. Data processing is presented using a probability value with the following criteria:
- 1. If the table is 2x2, and there is no E value (expectation) >5, then the test used should be Continuity Correction.
- 2. If the 2x2 table shows the value of E (expectation) <5, then the test used should be Fisher Exact.
- 3. If the table is more than 2x2, for example 3x2, etc., the Person Chi square test is used.

RESEARCH RESULTS AND DISCUSSION

Research result

The univariate analysis consisted of research variables which included teacher knowledge, facilities and infrastructure, and the teacher's role with the implementation

of the school health program program (UKS). The results of data analysis are as follows:

Table 1
Distribution of the Frequency of UKS Program Implementation
Knowledge of Teachers and Facilities/Infrastructure with Program Implementation
UKS at the Simpang Kiri City Health Center
Subulussalam 2020

	Sabarassaram 2020								
No.	UKS Program Implementation	Frekuensi	Persentase						
1	Yes	18	60,0						
2	No	12	40,0						
	Total 30		100						
No	Teacher Knowledge	Frekuensi	Persentase						
1	Hight 14		46,7						
2	Low	16	53,3						
Total	30	100							
No	Facilities and infrastructure	Frekuensi	Persentase						
1	Complete	12	40,0						
2	Not Complete	18	60,0						
	Total	30	100						
No	Teacher Role	Frekuensi	Persentase						
1	play a role	13	43,3						
2	Not Play Role	17	56,7						
Total	30	100							
	Total	30	100						

Source: primary data (processed), 2020

Based on Table 1, from 30 respondents it is known that the implementation of the UKS program achieved 18 people (60.0%) and 12 people (40.0%). Thus, it can be seen that as many as 18 respondents answered that the distribution of the UKS Program Implementation Frequency (School Health Program) at the Simpang Kiri Health Center in Subulussalam City in 2020 gave optimal results, while only 12 respondents stated that the distribution of the UKS Program Implementation Frequency was (School Health Program) at the Simpang Kiri Health Center in Subulussalam City in 2020 is not optimal. Furthermore, to find out the level of teacher knowledge related to the distribution of the frequency distribution of the UKS Program (School Health Program) at the Simpang Kiri Health Center in Subulussalam City in 2020, it can be seen in the table above.

Based on table 1 above, it can be seen that of the 30 respondents who did the research, it was known that the teachers had high knowledge of 14 people (46.7%) and 16 people with low knowledge (53.3%). This shows that teacher knowledge in the Frequency Distribution of the UKS (School Health Program) Program Implementation at the Simpang Kiri Health Center in Subulussalam City in 2020 can be said to be still low, in the sense that the word still needs to be improved.

From 30 respondents, it is known that the frequency of facilities and infrastructure with the implementation of the UKS (School Health Program) program at the Simpang Kiri Health Center in Subulussalam City in 2020 gave complete comments as many as 12 people (46.7%) and incomplete comments as many as 18 people (53.3%). In addition, it can be seen that there are 13 teachers (43.3%) who play a role and 17 people who do not play a role (56.7%). Thus, it shows that the level of the teacher's role in the UKS (School Health Program) Program at the Simpang Kiri Health Center in Subulussalam City in 2020 is still low.

Table 2
Relationship of Teacher Knowledge, Facilities and Infrastructure and the Role of Teachers with the Implementation of the UKS (School Health Program) Program at the Puskesmas Subulussalam City Left Crossroads in 2020

			UKS P Implem			Т	otal	P	
No	Teachers	Yes			No		otai	Value	α
	knowledge	f	%	f	%	f	%		
1	Hight	12	85,7	2	14,3	14	100	0.021	0.05
2	Low	6	37,5	10	62,5	16	100	0,021	0,05
	Total	18	60,0	12	40,0	30	100		
	Facilities and	UKS Program			T	otal			
No	infrastructure	Implementation			P		α		
		f	%	f	%	f	%	Value	
1	Complec	11	91,7	1	8,3	12	100		
2	Incomplete	7	38,9	11	61,1	18	100	0,012	0,05
	Total	18	60,0	12	40,0	30	100		
No	Teachers Role	UKS Program		n					
		Implementation		T	otal	P	α		
		Yes		1	Vo			value	
		f	%			f	%		
1	Play Role	11	84,6	2	15,4	13	100		
2	Not Play Role	7	41,2	10	58,8	17	100	0,042	0,05
	Total	18	60,0	12	40,0	30	100		

Source: primary data (processed), 2020

The results of the presentation of the data in table 2 show that 14 respondents who have high knowledge, there are 12 respondents (85.7%) whose implementation of the UKS program is carried out, and of the 16 respondents with low knowledge there are 6 respondents (37.5%) who the implementation of the UKS program was not implemented. After statistical testing using the chi-square test with a 95% confidence level, the P value = 0.021, which means it is smaller than (P <0.05). Thus, it can be concluded that Ha was accepted, which means that there is a relationship between teacher knowledge and the implementation of the UKS program at the Simpang Kiri Health Center in Subulussalam City in 2020.

Of the 12 respondents who said the facilities and infrastructure were complete, there were 11 respondents (91.7%) whose UKS program was implemented, and of the 18 respondents who said the facilities and infrastructure were incomplete, there were 7 respondents (38.9%) whose UKS program was implemented.

Based on the statistical test using the chi-square formula with a 95% confidence level, the P value = 0.012, which means it is smaller than (p <0.05). Thus, it can be concluded that Ha is accepted, which means that there is a relationship between facilities and infrastructure with the implementation of the UKS program at the Simpang Kiri Health Center in Subulussalam City. was implemented, and of the 17 respondents whose teachers did not play a role, there were 7 respondents (41.2%) whose implementation of the UKS program was implemented.

By using the chi-square test with a 95% confidence level, the P value = 0.042, which means it is smaller than (p <0.05). Thus, it can be concluded that Ha is accepted, which means that there is a relationship between the teacher's role and the implementation of the UKS program at the Simpang Kiri Health Center in Subulussalam City in 2020.

DISCUSSION

The Relationship of Teacher Knowledge with the Implementation of the UKS at the Simpang Kiri Health Center in Subulussalam City in 2020.

After statistical testing using the chi-square test with a 95% confidence level, the P value = 0.021, which means it is smaller than (P <0.05). Thus, it can be concluded that Ha is accepted, which means that there is a relationship between teacher knowledge and the implementation of the UKS program at the Simpang Kiri Health Center in Subulussalam City in 2020. The results of this study are in accordance with the theory that in acting, a person cannot be separated from what he knows. Someone who knows and understands good and bad tends to take action with all considerations of the consequences that he knows. In the implementation of UKS, a person's knowledge has a great influence in determining his actions. Have the knowledge, attitudes and skills to implement the principles of clean and healthy living and actively participate in efforts to improve health at school, home, and the community environment (Ryadi 2016);

The results of this study are in line with Sapta Widyawati's research in (2010) entitled the relationship between the knowledge level of UKS cadres and the provision of health services at SMP Negeri I Tambakrejo, Bojonegoro Regency with the result P Value = (0.003). And Sri Mulyani's research in (2017) entitled the level of knowledge and expectations of school residents towards school health program programs at the elementary school level in Yogyakarta City, with the result p value = (0.023).

The results of the research in the field show that knowledge is divided into two categories, namely high and low knowledge. The results showed that 16 (53.3%) respondents had low knowledge of the implementation of the UKS program, in 1 school 3 teachers were the respondents, namely the principal, and 2 teachers of UKS implementation. Some teachers at school do not know what the purpose of UKS is, and they do not know the UKS program called TRIAS UKS which consists of health education, health services, and treatment.

The provision of a healthy canteen is one of the goal of the UKS program in schools. Knowledge of UKS showed that most of the respondents did not know the purpose of UKS to improve student health and the school environment. Respondents' knowledge about minor doctors showed that most of the respondents knew the duties of minor doctors as an example of friends at school to be clean and healthy. The level of

knowledge of respondents is influenced by several factors, including coaching and counseling about UKS and small doctors from health center health workers. There were several respondents who stated that the factor in the low knowledge of UKS cadres was the lack of guidance and counseling about UKS from health center health workers.

Relationship of Facilities and Infrastructure with the Implementation of the UKS Program

After statistical testing using the chi-square test with a 95% confidence level, the P value = 0.012, which means it is smaller than (p <0.05). Thus, it can be concluded that Ha is accepted, which means that there is a relationship between facilities and infrastructure with the implementation of the UKS program at the Simpang Kiri Health Center in Subulussalam City in 2020. Facilities are all devices or equipment, materials, and furniture that are directly used in the education process in schools. Meanwhile, infrastructure is all basic equipment that indirectly supports the implementation of the education process in schools, for example, the UKS room (Burhan 2017).

The results of this study are in line with Burhan Susilo's research (2017) entitled the availability of school health program facilities and infrastructure (UKS) for elementary schools in Bambanglipuro District, Bantul Regency with the result p value = (0.005). And Widiyanti's research (2013) entitled the availability of school health program facilities and infrastructure (UKS) in State Elementary Schools in Wates District, Kulon Progo Regency with p value = (0.002).

The results of the research in the field show that the facilities and infrastructure are divided into two categories, namely complete and incomplete. From the results of the researchers showed 18 (60.0%) respondents who stated that the facilities and infrastructure were incomplete. From the results of observations, there are several schools with many facilities and infrastructure that are not suitable for use, such as broken and rocking beds, weight scales, broken height measuring instruments. As well as many schools that do not have UKS cadres as much as 10% of the number of students in these schools.

The government is concerned with the condition of the availability of UKS facilities and infrastructure in the Simpang kiri sub-district, Subulussalam City. As for the form of government attention to UKS care, namely the existence of BOS funds (School Operational Assistance) which can be used to purchase UKS facilities and infrastructure as well as every year. The UKS programs that have been successfully implemented include small doctor training, School Children Immunization Month (BIAS), vitamin A administration, height and weight measurement, community service, and hygiene competitions.

However, the government's attention was not matched by a positive response from the school. There are some schools for reasons of lack of human resources to manage UKS so that the maintenance and procurement of equipment is not carried out properly, only to a minimum. The school prioritizes other things such as scouts, physical construction of school buildings rather than managing UKS.

This is a note for the government to provide solutions to schools that have not managed UKS properly so that the availability of UKS facilities and infrastructure is met according to the minimum standards of Permendiknas No. 24 of 2007 and standardization, ratification of the list of educational tools and health services, light medicines and materials in the UKS room. The government must also supervise the school in maintaining the infrastructure and implementing the UKS program so that the infrastructure is maintained and the UKS program can also be implemented properly. Knowledge of UKS facilities and infrastructure to teachers and school employees must be increased so that it is more optimal in handling student health in schools.

The Relationship of the Teacher's Role with the Implementation of the UKS Program

After statistical testing using the chi-square test with a 95% confidence level, the P value = 0.042, which means it is smaller than (p <0.05). Thus, it can be concluded that Ha is accepted, which means that there is a relationship between the role of the teacher and the implementation of the UKS program.

Esensi (2012), explaining that knowledge, attitudes, and available facilities sometimes do not guarantee the occurrence of one's behavior. Teachers have a considerable influence in influencing students in the implementation of the UKS program. This is not much different from health workers who also have a role in influencing students in implementing UKS factors.

More (Esensi 2012) states that teachers are professional educators with the main task of educating, teaching, guiding, directing, assessing, and evaluating students in children's education through formal education, basic education, and secondary education. The key to school health education is the responsibility of the teacher, where schools are extensions of health education. Teachers have a big influence in changing the behavior of their students because teachers are responsible for supervising students while in school as well as in health behavior. For example, teachers teach how to take care of the school and home environment and motivate students to do community service cleaning the school yard

The results of this study are in line with the research of Ovinda Puspaningrum (2018), entitled the role of PJOK teachers in school health program activities (UKS) at State Elementary Schools throughout Minggir District, Sleman Regency with the result P value = (0.000). And Yoyok Bekti Prasetyo's research (2014) entitled the implementation of the school health program program in an effort to improve the health status of elementary school-aged children in East Lombok, with the result P value = (0.004).

The results of the research in the field indicate that the role of the teacher in the implementation of the UKS program is very influential. From the results of the researchers, 17 (56.7%) respondents stated that teachers did not play a role in the implementation of the UKS program. From the observations, there are several schools that do not have UKS teachers. The lack of cadres who participate in the UKS program, such as not making reports on activities carried out by schools to be submitted to the puskesmas. The reason is that the respondents do not have cadres and there is no attention from the puskesmas in the area. This means that the teacher does not fully have a role in the implementation of his responsibilities. Teachers are not able to manage time in terms of school health efforts, health services have not been fully run

optimally, have not fully taken care of all UKS facilities. In addition, UKS programs have not been implemented optimally.

The role of the UKS teacher is very important in health learning in the school environment, in this case the teacher is more active in delivering lessons in class and through health education to their students. This can help students to be more concerned about health. So it can be concluded that the teacher's role is the most important figure in fostering UKS activities.

The role of the teacher as UKS supervisor in educating students to maintain personal health and maintain the health of the school environment with various actions, for example maintaining personal hygiene, introducing the importance of immunization, introducing healthy food, introducing the dangers of diarrheal diseases, dengue fever and influenza, keeping the environment clean (school and home).), getting used to throwing garbage in its place, knowing how to keep reproductive organs clean, recognizing the dangers of smoking for health, recognizing the dangers of alcohol, introducing the dangers of drugs, knowing how to refuse an invitation to use drugs, and introducing ways to refuse sexual harassment treatment.

If someone is not healthy while attending teaching and learning in the school, for example, fainting often occurs during the flag ceremony because students are not in good health condition. This needs to be handled quickly and does not have to wait for the teacher. The teacher's role in teaching children is given a simple understanding of the state of a person who has fainted. Assistance for the incident of fainting is that the victim should be taken to a shady place, loosened everything that binds the body, given a smell stimulus to the nose, and after realizing it was given minimal water to taste. And if the child has an injury, help for the wound is to clean the wound with alcohol to prevent infection and wrap it with sterile gauze so that no germs enter through the wound surface. For the treatment of children's wounds, understanding is given so that the wounds are not dirty and easily infected with germs.

CONCLUSION

Based on the results and discussion of research on the factors that influence the implementation of the school health program program (UKS) in the work area of the Simpang Kiri Health Center, Subulussalam City in 2020, it can be concluded as follows:

- 1. The implementation of the UKS (School Health Program) Program at the Simpang Kiri Health Center in Subulussalam City in 2020 has a close relationship with Teacher Knowledge. In the sense that the higher the knowledge of teachers in a school, the better the implementation of UKS in that school.
- 2. Implementation of the UKS Program (School Health Program) has a close relationship with Facilities and Infrastructure. in the sense that the better the facilities and infrastructure available to support UKS, the more optimal the implementation of UKS at the school is
- 3. The implementation of the UKS program is very influential with the teacher's role. This means that teachers do not fully have a role in terms of implementing their responsibilities so that the implementation of UKS has not been maximized in that area

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