

Analysing the Healthy Public Policy's Impact on the School Health Program: *Usaha Kesehatan Sekolah (UKS)*

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Abstract: According to WHO document, health is clearly connected to educational accomplishment, quality of life and economic productivity. Research conducted in both developing and developed countries shows that school health programs in each nation can concurrently decrease common health problems, increase the efficiency of the education system, advance public health and improve education to do with social and economic developments. Since 1950, WHO has long been an important task in promoting the health of children through schools. In Indonesia, *Usaha Kesehatan Sekolah (UKS)* is one of the school health programs coordinated by the four Ministries. Many studies showed that there has been no optimal implementation yet of *UKS*. The healthy public policy concept could be a tool to analyse the possible policy shifting and strive to incorporate the concept of health promotion in *UKS*. This paper describes the possible policy changes on *UKS* program to be a health promoting school. Those changes needed healthy public policy to succeed.

1 INTRODUCTION

health problem. That is because the school age group has a bigger quantity percentage than any other age group. Most of Indonesia's children aged 5 to 19 years of old go to school. 99.09% of children aged 7 to 12 years of old go to elementary school. Meanwhile 94.72% of teenagers aged 13 to 15 years old participate in junior high school. 70.61% of adolescents aged 16 to 18 years old go to senior high school (Education Officer of East Java, 2016; Statistical Board of East Java, 2016). According to the Health Promotion Board, of the Ministry of Health (2011), the target range of the health promotion program at school could be fourfold minimally, because of the children's ability to reach their family population with the information.

Globally, school health programs have been developed with a comprehensive approach to health education and health promotion programs in school by WHO (1997) since 1950. The approach has to be suppressed based on the reason that school health programs can't be reached independently. It needs

Usaha Kesehatan Sekolah is Indonesia's school health promotion program, which has the potential to overcome the public health problem through an organised movement with a comprehensive and holistic approach, alternatively called *Health Promoting School*.

Health Promoting Schools (*HPS*) has been adopted as a health promotion program documented by the Ministry of Health (Ministry of Health, 2011). There are six elements of *HPS*, as a healthy school indicator, developed by WHO-SEARO (2003) used by the Indonesia Health Promotion Board. Methodologically, *HPS* is very strategic, because there is *Usaha Kesehatan Sekolah (UKS)* acting as the board that will be implementing it.

The implementation of the six elements of *HPS* will be smooth if *UKS* adopts the element as well. Unfortunately, *UKS* has only implemented three elements out of the six, called *TRIAS UKS*, to run their program. Table 1 shows the elements that should be implemented in each of the school's health program documents.

Table 1: The description of the elements in each of the documents for Health Promoting School

Element	WHO-SEARO (2003) Health Promoting School document	Ministry of Health, RI (2011) Health promotion at school document	Ministry of Education, RI (2012) <i>UKS</i> document
1	Engages health and education officials, students, teachers & representative organizations, parents, and community leaders in efforts to promote health	Engages health and education officials, students, teachers & representative organizations, parents, and community leaders in efforts to promote health	Not clearly mentioned
2	Strives to provide a safe, healthy environment	Strives to provide a safe, healthy environment	Fostering a healthy school environment
3	Provides school health education	Provides school health education	Organization of health education
4	Provides access to health services	Provides access to health services	Provision of health services
5	Implements health-promoting policies and practices	Implements health-promoting policies and practices	Not clearly mentioned
6	Strives to improve the health of the community	Strives to improve the health of the community	Not clearly mentioned

Table 1 show that *UKS* document just mentioned three elements out of six should be implemented to be Health Promoting School. The other three elements that are not implemented are element 1, element 5 and element 6. All of them seem about networking among sectors involved in *UKS*.

Health promotion programs in schools and *UKS* should have the same goals, i.e. to increase the student's health status involved the whole school community. The optimisation and effective coordination between the two sectors will increase the achievement of the school health program goals. Sulistyowati and Megatsari (2015) have shown that the Steering Committee, as a coordinator of the school health program, do not understand about *UKS* including *TRIAS UKS*. Other research conducted in Indonesia also has shown the minimisation of the *UKS* programs achievements' (Sulistyowati and Megatsari, 2015; Ministry of Education, 2012; Permatasari, 2010; Maghfiroh, 2011; Mukminin, 2012; Mursyal, 2013; WHO, 1998).

The less optimal implementation of the *UKS* program can be enhanced by implementing the other three elements of HPS. These are all about networking. The networking optimisation can be reached through a public policy approach. **Healthy public policy** is a strategy of health promotion that can be used to make sure the shifting policy changes on implementing Health Promoting School are from *UKS's* terms.

This paper aimed to analyse the possible policy changes to do with the *UKS* program with a healthy public policy concept analysis.

2 METHODS

This was a review paper with the intention of describing the possible policy changes in the *UKS* program in order to become a Health Promoting School, using a healthy public policy concept analysis. The analysis was taken from a few studies on *UKS* in Indonesia and few HPS research studies. Moreover, WHO documents were also used.

3 RESULT AND DISCUSSION

3.1 Usaha Kesehatan Sekolah (*UKS*)

UKS is a health promotion program in the school-lead sector ran by the Ministry of Education (Ministry of Educational, 2012). *UKS* has been developed in Indonesia since 1980, consolidated by the formation of a Steering Committee at all government levels in 1984. Joint Decree 4 (Ministry of Health, Ministry of Education, Ministry of Home Affairs, and Ministry of Religious Affairs) established in 1984, updated in 2003 and 2014, regulating the guidance and development of the *UKS* rules in pre-school, elementary school and junior school up until senior high school. These rules strengthen the implementation of *UKS*. *UKS* is a mandatory program that should be implemented by each school, according the Act of the Ministry of Education no 39, 2008, reinforced by the Act of Health no 36, 2009. The rules assert that the legal basis of *UKS* implementation is tough.

3.2 Public Policy

Policy is a plan of action for tackling political issues, according to Webster's dictionary. It is a "line of argument rationalising the course of action of governments". Many experts state the definition of policy, in which the outline covers: 1) there is a goal that should be achieved, 2) there are processes in place to obtain that goal, 3) the actions proposed could be from individuals or groups, inside or outside the government and 4) it needs input to apply the strategy.

Public policy defined by Thomas Dye (2012) is what the "government choose to do or not to do". This definition has been confirmed by George C. Edwards III, and is a government action for goal achievement. *UKS* as a program is a product of public policy and is a form of public service.

Regional governments, presented by the four Ministers involved in developing *UKS*, should be responsible for its successful implementation. It means that the success of *UKS* in becoming a Health Promoting School needs coordination and contributions from other sectors, not just the health sector. The role, level of responsibility and contributions from the four sectors minimally is expected to make *UKS* become a Health Promoting School with optimal achievements in the six listed elements.

3.3 Health Promotion

As a fundamental human right, all people should have access to basic resources for health (WHO, 1998). Health is defined by WHO (1998) not merely the absence of disease or infirmity, but a complete state of physical, social and mental wellbeing. *UKS* as a school health program is compulsory in order to achieve a whole state of wellbeing in the school community. It is based on the WHO's global school health initiative which emphasizes school capacity as a healthy place to live, learn and work (WHO, 1998).

Meanwhile, health promotion is determined by the WHO (1998) as the process of enabling people to increase their control over, and to improve, their health. Health promotion represents a comprehensive social and political process. It is not only comprised of actions directed at strengthening the skills and capabilities of the individuals, but also action directed towards changing the social, environmental and economic conditions, so as to ease their impact on public and individual health (WHO, 1998).

As a health promotion program in a school, the implementation of *UKS* should have a positive impact on the school community. Based on the health promotion concept, *UKS* should be implemented by coordinating all related sectors and between other programs.

The Ottawa Charter identified three basic strategies for health promotion. Number 1) is advocacy (*advocate*) for health to increase the essential conditions for health; the next 2) is enabling (*enable*) all people to achieve their full health potential; and 3) is mediating (*mediate*) between the different interests in society in the pursuit of health. Those strategies are supported by five health promotion action means: 1) building *healthy public policies*; 2) creating supportive environments for health, 3) strengthening community actions for health, 4) developing personal skills and 5) re-orienting health services. *UKS*, with the implementation of TRIAS *UKS*, has not yet fully executed the aforementioned health promotion strategies.

3.4 Healthy Public Policy

As one of the health promotion actions, the WHO (1998) has highlighted the fact that healthy public policy goes beyond the health care sector. It emphasises that health should be on the policy agenda in all sectors, and at all levels of government. One important element in building healthy public policy is the notion of accountability for health.

Governments are ultimately accountable to their people for the health consequences of their policies, or lack of policies. Health promotion policy requires the identification of obstacles to the adoption of healthy public policies in non-health sectors, and the ways of removing them. The aim must be to make the healthier choice the easier choice for policy makers as well as for the public (WHO, 1998).

3.5 Healthy Public Policy Analysis on UKS

The concept of health promoting schools has its roots in Healthy public policy (HPP) that places emphasis on participation (including inter-sector networks), equity, and empowerment (the school community and surrounding). Based on that concept, HPS must fulfil the HPP criteria. It is about making inter-sector networks and developing policies to implement HPS (WHO, 1998). These two things are not yet optimally implemented in *UKS* as a health promotion program in schools.

Table 2: The analysis of strategy with HPP approach to implement the full six elements of HPS

No.	HPS Element	Strategy to implement	Possible Stakeholder involved
1	Engages health and education officials, students, teachers & representative organizations, parents, and community leaders in efforts to promote health	- Advocacy - Networking & collaboration - Capacity building	- government - school - parents - community surrounding
2	Strives to provide a safe, healthy environment	- Networking & collaboration - Resources mobilization & allocation - <i>Capacity building</i>	- government - school - community surrounding - private sector
3	Provides school health education	- Networking & collaboration - Resources mobilization & allocation - <i>Capacity building</i>	- government - school - private sector
4	Provides access to health services	- Networking & collaboration - Resources mobilization & allocation	- government - school - private sector
5	Implements health-promoting policies and practices	- Advocacy - Networking & collaboration - <i>Capacity building</i> - Evaluation	- government - school - community surrounding - parents - private sector
6	Strives to improve the health of the community	- vision building and strategic planning - <i>Capacity building</i> - Evaluation	- government - school - community surrounding - parents - private sector

The WHO (1997) has stated strategies to strengthen HPS implementation at local, national, and regional/international levels. They are 1) vision building and strategic planning, 2) advocacy, 3) networking and collaboration, 4) resource mobilization and allocation, 5) capacity building for both of individual and institutions and 6) evaluation with operational research (WHO, 1997). The previous six strategies should be used to implement the six elements of HPS as well. The strategies are health promotion strategies that underline the healthy public policy approach. Table 2 shows the analysis of the possible strategies used to gain HPS elements, with the potential stakeholder involved.

Table 2 reveals that the government becomes the potential stakeholder involved in the achievement of all HPS elements, besides school as well. The government, including schools, must be a leader in the context of healthy school achievements. That is the point of the policy concept as a tool for programs to succeed. The second most important stakeholder is the community surroundings, including other interconnected sectors. The role of the government, school and community asserts that healthy schools should be the primary policy agenda in those sectors. They must identify all hindrances to applying

healthy school programs so that they can provide healthier choices for school community.

4 CONCLUSIONS

Usaha Kesehatan Sekolah, as one of the health promotion programs in schools, needs a reinforcing factor to shift in to becoming health promoting school, which is a comprehensive healthy school. The government, through the implementation of healthy public policies, will shift the *UKS* in to becoming HPS, by involving schools and community surroundings. The school committee which is the parent's representative should be involved in-depth, including community's key person as well.

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