



Study of the Readiness of Specific Services for Senior High School's Health Clinic in Jayapura

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Abstrak. Sekolah Menengah Atas (SMA) sebagai suatu institusi pendidikan bertanggung jawab menjamin terciptanya lingkungan sehat yang mendukung aktivitas belajar peserta didik. Namun pada kenyataannya kesehatan lingkungan sekolah belum sepenuhnya bisa terjamin. Berbagai riset penelitian terdahulu menemukan berbagai ancaman kesehatan peserta didik yang berasal dari dalam lingkungan sekolah, seperti belum bebasnya sekolah dari asap rokok. Tujuan penelitian ini untuk mendeskripsikan kondisi terkini ketersediaan sarana dan prasarana UKS yang ada di SMA Kota dan Kabupaten Jayapura. Metode yang digunakan adalah pendekatan *deskriptif kuantitatif* dengan desain *cross sectional* serta Analisis *Univariat*. Instrument penelitian mengacu pada standar minimal UKS/M SMA sesuai Peraturan Menteri Pendidikan Nasional Republik Indonesia Nomor 24 Tahun 2007. Sample penelitian terdiri dari 32 sekolah negeri dan swasta di kota dan kabupaten Jayapura. Hasil penelitian menunjukkan bahwa tidak terdapat perbedaan yang ekstrim antara kesiapan sarana dan prasarana UKS di SMA/M di wilayah Kota dan Kabupaten Jayapura. Namun sekolah negeri sebagian besar memiliki ketersediaan sarana dan prasarana UKS yang lebih memadai dibandingkan dengan sekolah swasta yang tersebar di wilayah Kota dan Kabupaten.

Abstract. Senior High School (SMA) as an educational institution is responsible for ensuring the healthy environment that supports students' learning activities. However, in reality, the health of the school environment cannot be fully guaranteed. Various previous research studies have found various threats to the health of students originating from within the school environment, such as schools that are not yet free from cigarette smoke. The purpose of this study is to describe the current condition of the availability of School's Health Clinic facilities and infrastructure in high schools in Jayapura City and Jayapura District. The method used was descriptive quantitative approach with cross sectional design and Univariate Analysis. The research instruments refers to the minimum standard of Senior High

School's health clinic according to the Regulation of the Minister of National Education of the Republic of Indonesia Number 24 Year 2007. The sample consisted of 32 public and private schools in Jayapura city and Jayapura district. The results showed that there was no extreme difference between the readiness of Senior High School's Health Clinic facilities and infrastructure in Jayapura City and District. However, public schools mostly have more adequate availability of Senior High School's Health Clinic facilities and infrastructure compared to private schools spread across the City and District areas.

INTRODUCTION

The Joint Regulation (SKB) No. 6/XPB/2014, No. 73 Year 2014, No. 41 Year 2014, and No. 81 Year 2014 concerning the Development and Enhancement of School/Madrasah Health Efforts (UKS/M), Chapter I Article 1 states that UKS/M encompasses all activities carried out by schools to improve the health quality of all students in every educational pathway, type, and level. With the presence of specialized UKS/M services at each educational level, it is expected that all students can demonstrate clean and healthy living behaviors and growing and developing with it.

Senior High Schools (SMA) as an educational institution are responsible for ensuring the creation of a healthy environment that supports the learning activities of students. However, the health of the school environment is not fully guaranteed. The Basic Health Research (2018) found an increase in the prevalence of smoking among school-age children. This indicates that education about the dangers of smoking in the school environment is not optimal. This statement is supported by further research from the Global Youth Tobacco Survey in 2019, which reported that 36.72% of school children had ever smoked. This phenomenon has become a social problem in the education world that has not yet found an effective solution. Furthermore, other research states that students have seen their teachers smoking at school (Abigael, 2020). In other words, the quality of the learning environment of current students is still not entirely healthy.

UKS/M plays a role in helping schools address various health issues among school-age children and adolescents. Kemdikbud (2021) stated that smoking is one of several health issues that are prioritized in the school-age children environment in Indonesia. Other health issues include reproductive health, nutrition, personal hygiene, sanitation, mental health, drugs, violence, and accidents, STIs and HIV/AIDS, non-communicable diseases, and communicable diseases. Additionally, Rahmawaty (2019) added that other health issues vulnerable to be found among high school students include suicide and pregnancy with complications.

Several previous studies focusing on UKS in high schools include Wibowo (2017), who compared healthy lifestyle behaviors among high school students in urban and rural areas, and Aji and Faridha (2020), who compared the implementation of UKS in public and private high schools. The subjects in both studies came from high schools outside of Papua. The results of these previous studies found no significant differences between them. However, upon further examination of the implementation of UKS in schools, research by Raudiah et al. (2020) and Safitri et al. (2021) found that the implementation of UKS in some schools is still inadequate. This indicates that overall, the implementation of UKS in schools has not reached its maximum potential. This statement is supported by research on UKS in the Papua region by Lahinda et al. (2022), which conducted a survey on students' understanding of UKS in vocational high schools in Merauke City. The study found that students' understanding of UKS falls into the moderate category. In other words, the results indicate the need for further guidance regarding the importance of UKS in the school environment, especially in Papua.

From the 45 high schools spread across the city and regency of Jayapura, almost all have UKS/M (School Health Unit). However, based on the results of researchers' visits to several randomly selected schools throughout the years 2019 to 2022, not all UKS/M units have facilities and infrastructure that meet minimal standards. Similarly, the implementation of the UKS Triad, which includes Health Education, Health Services, and Health Development, has not been maximized.

The above confirms the suboptimal role of UKS/M units in schools. Therefore, it was a suitable step when in September 2022, the Papua Provincial Government officially launched a UKS Development Team (Rewapatra in *Tribun Papua*, 2022) to improve UKS services to realize the Healthy School/Madrasah Program. With the establishment of this team, it is hoped that the role of UKS will have a positive impact on the quality of students in Papua.

Furthermore, to support the program initiated by the Papua Provincial Government, there is a need for a study regarding the current conditions of UKS/M units spread across Papua. This study aims to provide a general overview of the readiness of facilities and infrastructure available in high school level UKS units, which can then be used as a reference in decision-making to successfully implement the Healthy School/Madrasah Program in Papua.

METHOD

This study employed the Survey method, a quantitative research approach that utilizes identical sets of questions distributed to various research samples, followed by data processing and analysis (Sugiyono, 2011). The research instrument used in this study was based on the facilities and infrastructure indicators outlined in the Minister of National Education Regulation of the Republic of Indonesia Number 24 Year 2007, which establishes standards for facilities and infrastructure in elementary schools (SD/MI), junior high schools (SMP/MTs), and senior high schools (SMA/MA). These indicators are elaborated into 16 assessment items, as depicted in Table 1.

Table 1. Facilities and Infrastructure in UKS/M (Minister of National Education Regulation of the Republic of Indonesia Number 24 Year 2007)

No	Type	Ratio	Description
1	Luas Minimum	12m ²	
2	Tempat tidur	1 set/ ruang	kuat dan stabil
3	Lemari	1 buah/ ruang	dapat dikunci
4	Meja	1 buah/ ruang	kuat dan stabil
5	Kursi	2 buah/ ruang	kuat dan stabil
6	Catatan kesehatan peserta didik	1 set/ ruang	
7	Perlengkapan P3K	1 set/ ruang	
8	Tandu	1 buah/ ruang	
9	Selimut	1 buah/ ruang	
10	Tensimeter	1 buah/ ruang	
11	Termometer badan	1 buah/ ruang	
12	Timbangan badan	1 buah/ ruang	
13	Pengukur tinggi badan	1 buah/ ruang	
14	Tempat sampah	1 buah/ ruang	
15	Tempat cuci tangan	1 buah/ ruang	
16	Jam dinding	1 buah/ ruang	

Data collection was carried out in all high schools scattered across the city and regency of Jayapura, including both public and private institutions. The total number of high schools serving as the population was 50 schools, consisting of 26 high schools in the city of Jayapura (7 public and 9 private) and 24 high schools in the regency of Jayapura (9 public and 15 private). From the total population, a sample of 32 schools was selected for the research, drawn randomly from each school criterion, including public, private, urban, and rural schools. The collected data were then analyzed using comparative analysis techniques to assess the comparison of the readiness of facilities and infrastructure in UKS among high schools in the city and regency of Jayapura. Conclusions were drawn based on the findings of the data analysis study.

RESULTS AND DISCUSSIONS

Results

The presence of UKS (School Health Unit) in schools is an essential aspect in supporting the implementation of school programs to create a healthy physical and mental environment for students. This research provides a general overview of the readiness of schools in facilitating students with UKS that meet minimum standards according to the Minister of National Education Regulation of the Republic of Indonesia Number 24 Year 2007 concerning standards of facilities and infrastructure for elementary schools (SD/MI), junior high schools (SMP/MTs), and senior high schools (SMA/MA) as detailed in Table 1.

This research was conducted over approximately five months with a sample of 32 schools out of a total population of 45 schools scattered across the city and regency of Jayapura, comprising both public and private schools.

1. Facilities and Infrastructure of Special Health Unit (UKS) Services at the Senior High School Level in Urban Areas

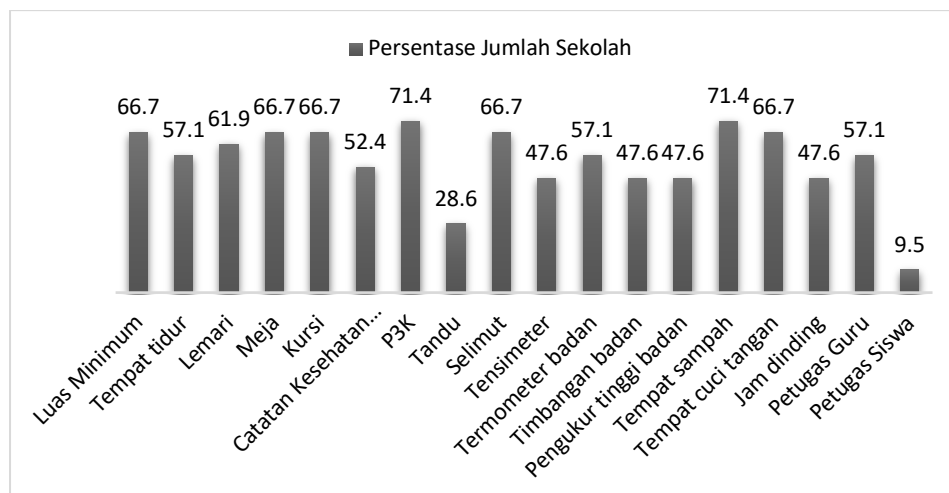


Figure 1. Percentage Graph of Minimum Standards for UKS at the Senior High School Level in Urban Areas

Figure 1 shows the percentage of sample schools in Jayapura City according to the minimum UKS standards. A total of 21 schools were sampled, consisting of both public and private schools.

Based on the graph, not all schools in urban areas have optimal facilities and infrastructure readiness. Out of the 21 sampled schools, 7 schools or 33.3% of the sample even stated that they do not have a UKS room due to a lack of space in the school. Additionally, 2 schools or 9.5% have not involved students in UKS management, and 6

schools or 28.6% of the sample stated that they do not have stretchers in the UKS room. The most found UKS facilities in schools are first aid kits (Kotak P3K) and trash bins, with 15 schools or 71.4% of the sample having these facilities.

2. Facilities and Infrastructure of Special Health Services (UKS) at the Senior High School Level in the District

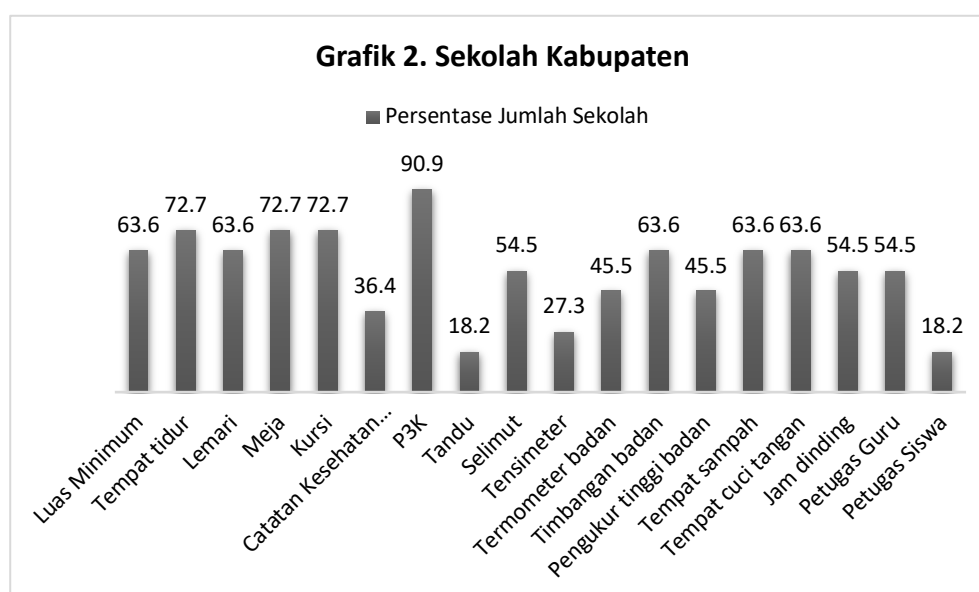


Figure 2. Percentage Graph of Minimum UKS Standards at the Senior High School Level in the District

Figure 2 shows the percentage of sample schools in Jayapura District according to the minimum UKS standards. A total of 11 schools were sampled, consisting of both public and private schools.

Based on Figure 2, it can be observed that not all schools in the district have optimal facilities and infrastructure readiness. Out of the 11 sampled schools, 4 schools or 36.4% of the sample stated that they do not have a UKS room due to a lack of space in the school. Additionally, 2 schools or 18.2% of the total sample have not involved students in UKS management. Furthermore, 2 schools or 18.2% of the sample indicated that they do not have stretchers in the UKS room, and 3 schools or 27.3% of the total sample showed a lack of sphygmomanometers. The most commonly found UKS facilities in schools are first aid kits (Kotak P3K) and trash bins, with 10 schools or 90.9% of the sample having these facilities.

3. Facilities and Infrastructure for Special Health Services at Senior High Schools (SMA) - Public Schools

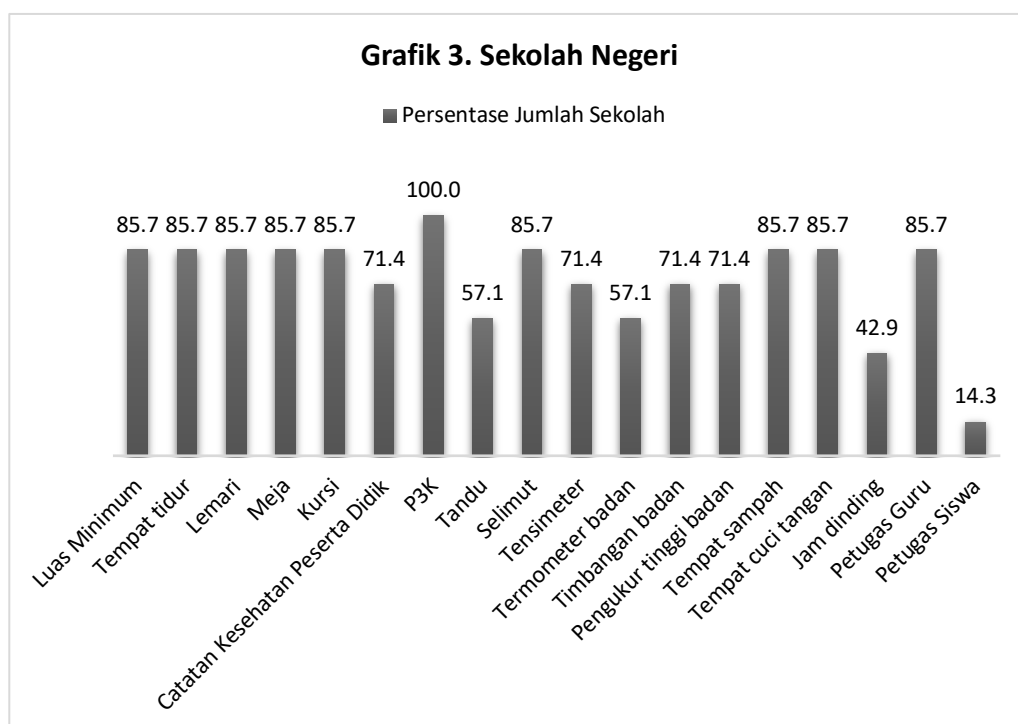


Figure 3. Percentage of Minimum UKS Standards in Public Schools

Figure 3 illustrates the percentage of sample public schools according to the minimum UKS standards. A total of 7 schools were sampled, consisting of both urban and rural schools in Jayapura. Based on the graph, it can be observed that most public schools, both in urban and rural areas, have met the minimum UKS standards. This is evident from the percentage, where on average it has reached above 75%. Moreover, all sampled schools have first aid kits (Kotak P3K), and all schools have a UKS room, although not all facilities and infrastructure inside are fully provided. However, it is noteworthy that only 1 school involves students as officers in the UKS, while the others only involve teachers as responsible parties.

4. Facilities and Infrastructure for Special Health Services at the High School Level Private Schools

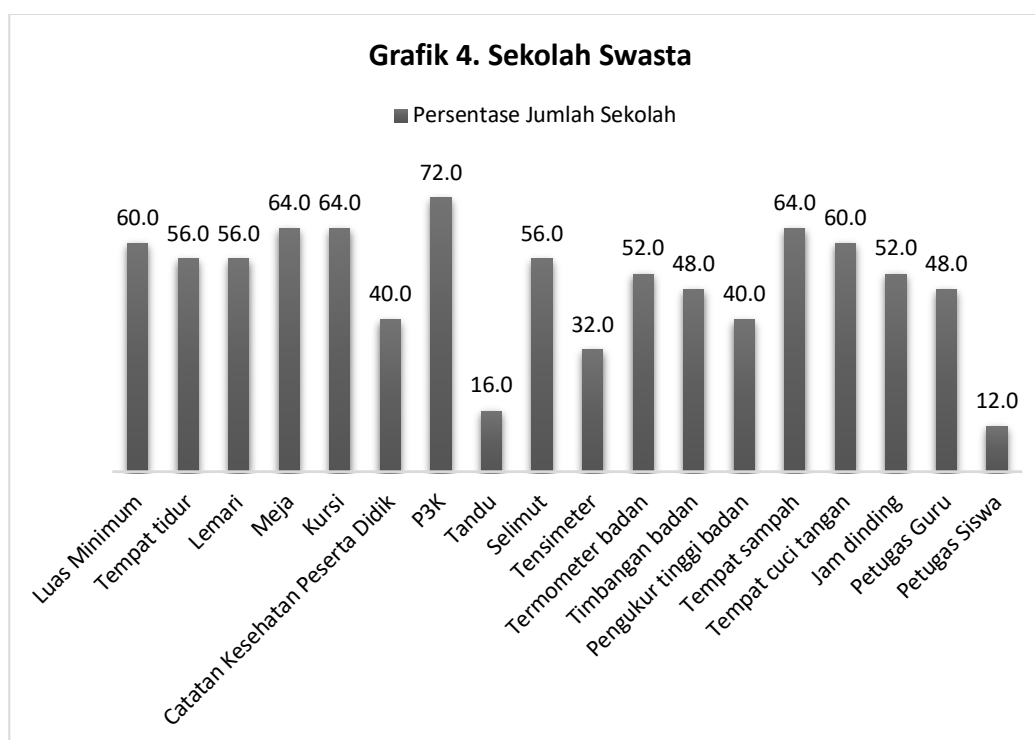


Figure 4. Percentage of Minimum Standards of UKS at Private Schools

Figure 4 shows the percentage of sample private schools according to the minimum UKS standards. A total of 25 schools were sampled, consisting of both urban and rural schools in Jayapura City and Jayapura Regency.

Based on graph 4, the majority of private schools, both in urban and rural areas, have not yet met the minimum standards. This is evident from the highest percentage, which is the availability of first aid kits (P3K) in 18 schools or 72% of the total sample. However, other indicators show percentages below 65%. Specifically, in terms of stretcher availability, only 4 schools have stretchers on campus. Moreover, only 3 schools involve students as UKS officers, while the rest only involve teachers as responsible persons. Additionally, 11 private schools stated that they do not have a dedicated room that can be utilized as UKS.

Discussion

The data found and outlined in the research results serve as benchmarks for analysis. The achievements resulting from this research are explained as follows:

1. Comparison of Facilities and Infrastructure for Special UKS Services at the High School Level in Urban and Rural Areas

This study aims to conduct a comprehensive comparison of the readiness of facilities and infrastructure for special UKS services in high schools between urban and rural environments in the Papua region, specifically in Jayapura City and Jayapura Regency. Graph 5 shows the comparison of the facilities and infrastructure for special UKS services in question.

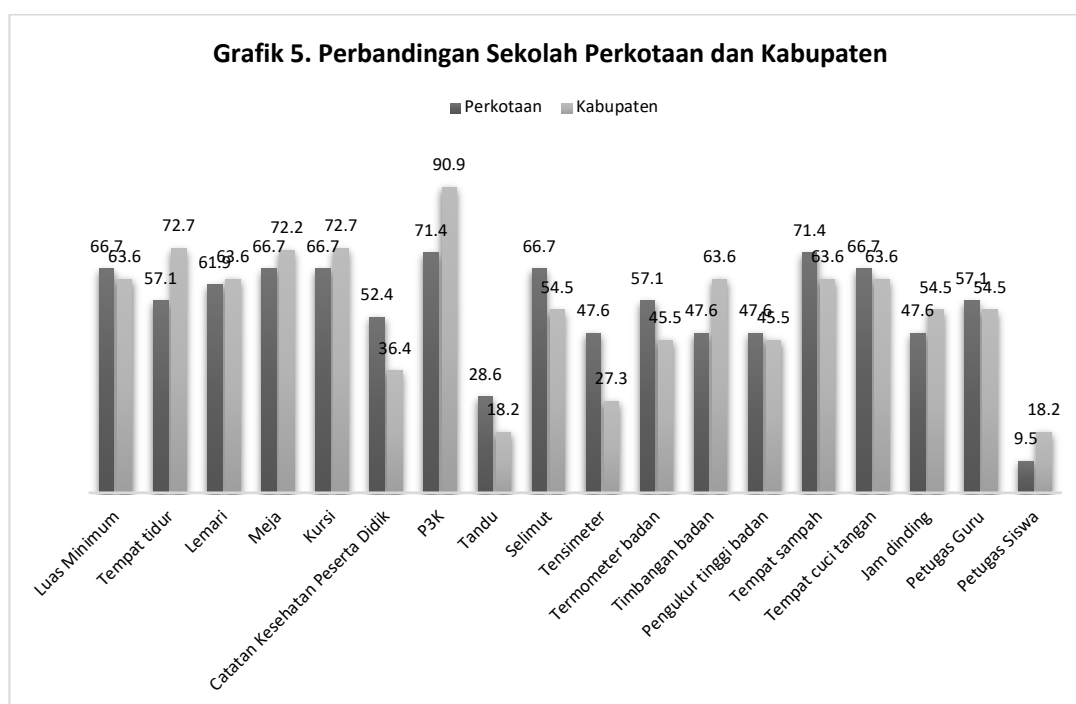


Figure 5. Comparison Graph of Urban and Rural Schools

2. Comparison of Facilities and Infrastructure for Special Health Services at the High School Level between Public and Private Schools

Besides comparing between urban and rural schools, the purpose of this research is to compare the facilities and infrastructure of special health services at the high school level between public and private schools. Graph 6 shows the comparison of the research results in question.

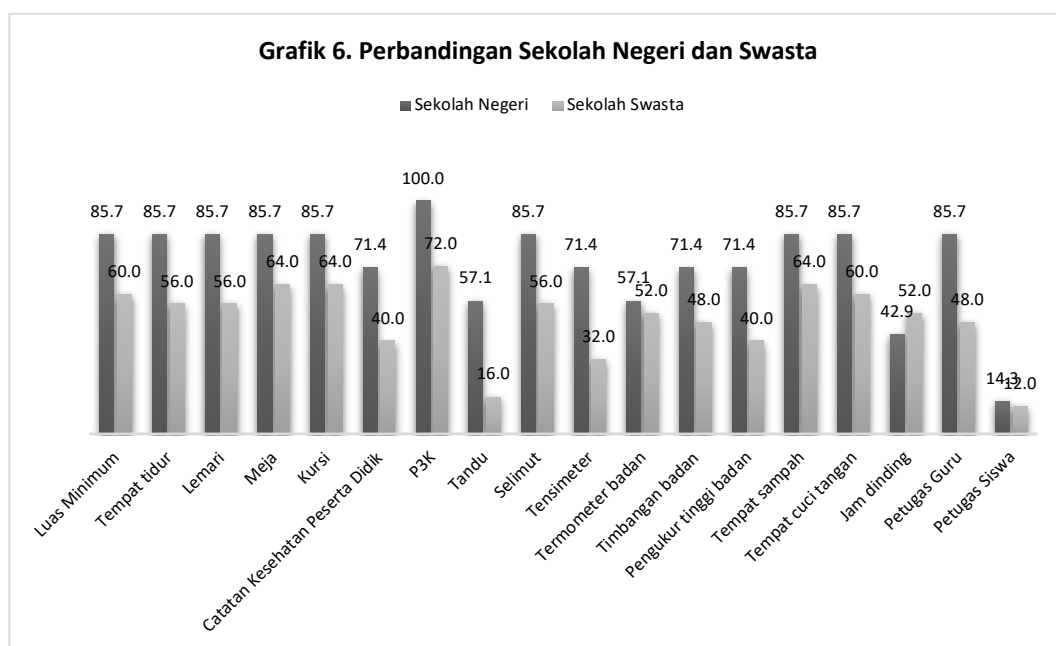


Figure 6. Graph of Public and Private School Comparison

Based on the results shown in Figure 6, there is a significant difference in the availability of facilities and infrastructure in public and private high schools. Generally, public schools have adequate facilities and infrastructure compared to private schools. This statement is supported by the research findings, which indicate that all sampled public schools have first aid kits (Kotak P3K) and UKS rooms, although not all their rooms meet the minimum size requirements. However, compared to private schools, out of the 25 sampled schools, 11 schools do not have a UKS room at all due to a lack of space in the school. This needs attention because, in other words, in terms of UKS facilities and infrastructure, the quality of facilities and infrastructure in private schools is still below that of public schools. The availability of space is one of the factors contributing to the suboptimal provision of UKS facilities and infrastructure in private schools and the ineffectiveness of health programs in the school environment.

If we refer to previous researches that have highlighted the School Health Unit (UKS) at the high school level, such as the study conducted by Wibowo (2017) comparing healthy lifestyle behaviors among high school students in urban and rural areas, and the research by Aji and Faridha (2020) comparing the implementation of UKS in Public and Private high schools. The findings of these studies indicate that there is no significant difference between schools located in urban and rural areas, as well as between Public and Private schools. These conclusions slightly differ from the findings of this research, where it was found that the readiness of UKS in Public high schools is better compared to Private high

schools. However, the readiness of UKS in high schools located in Jayapura City and Regency did not show significant differences. Nevertheless, it is important to emphasize that the readiness of UKS in both Public and Private high schools, whether located in urban or rural areas of Jayapura City and Regency, on average, does not meet the minimum standards.

CONCLUSION

Based on the results and achievements, it can be concluded that: (1) Facilities and infrastructure for special UKS services at the high school level in the city are not all meeting the minimum standards, and this is not significantly different from high schools in the regency, (2) Facilities and infrastructure for special UKS services at the high school level in the regency are not meeting the minimum standards, and this is not significantly different from high schools in the city, (3) Facilities and infrastructure for special UKS services at the high school level in public schools are not all meeting the minimum standards, but their availability is better compared to private schools, (4) Facilities and infrastructure for special UKS services at the high school level in private schools are not meeting the minimum standards, and not as good as public schools.

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