

**Implementation of School Health Business (SHB) at State Elementary School (ES)  
Siulak Mukai District, Kerinci District**

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**Abstract**

**Introduction:** School Health Business is a public health business carried out in schools with students and the school community. **Objective:** The purpose of this SHB program is to improve the quality of education and learning achievement of students who pay attention to healthy behavior and living environment. **Method:** This study uses qualitative research methods with a descriptive observational approach. **Result and Discussion:** The results of this study in the aspect of health education Health education was provided from the Public Health Center, but it did not run optimally, because it was not continued continuously and not all schools had the opportunity to attend small doctor training in health education efforts. **Conclusion:** Health education is not optimal because not all schools can conduct counseling independently and small doctor training is not entirely given to ES in Siulak Mukai District, Health services are not optimal, because facilities and infrastructure are not adequate in some of the schools studied, not all ES in Siulak Mukai District have a healthy school environment.

**Keywords:** School Health Business (SHB); Health Education; Health Services; Healthy Environment;

## **Introduction**

School is an institution or means in carrying out learning services or educational processes. Schools as formal educational organizations, have a responsibility in improving the quality of education. The implementation of educational units in a good, organized and systematic manner so that the processes that occur in them can be a major contribution to the social life of the community (Tulangow, Kolibu, & Engkeng, 2019)

SHB was released in 1976 and strengthened by the existence of Joint Regulation (SKB) 4 Ministers on SHB (School Health Business) is a joint regulation between the Ministry of Cultural Education, Ministry of Health, Ministry of Religion, and Ministry of Home Affairs Number 6/X/PB/2014, and Number 73 of 2014, Number 41 of 2014, and Number 81 of 2014 concerning the development and development of School/Madrasah Health Business (TUTI ROFIKOH, 2023)

The basis for consideration of the issuance of the regulation is to improve the quality of education and learning achievement of students who pay attention to healthy behavior and living environment, it is necessary to foster and develop school health businesses for each school / madrasah (Herwansyah, Amir, & Lesmana, 2019)

Joint Regulation 4 of the Minister of 2014 concerning School Health Business Development and Development (SHB) explains that SHB Development and Development is an education and health effort that is carried out in an integrated, conscious, planned, directed and responsible manner in instilling, growing, developing and guiding to live the likes and implement the principles of healthy living in everyday life (Hidayat, 2020)

This program is an integrated program of 4 ministries: Ministry of Education and Culture, Ministry of Health, Ministry of Home Affairs, and Ministry of Religious Affairs (Government, 2021). Through several regulations, it shows that the government has and is trying to improve the degree of public health, including the school community.

This includes in order to educate the nation's life and for the achievement of national education goals are strongly supported by the health of students in an educational institution. To support the creation of healthy students, schools can realize it by activating school health business programs that aim to improve optimal health so as to maximize children's potential and achievement for learning. This program consists of three main activities called the School Health Business Trias covering aspects of health education, health services, and fostering a healthy school life environment (Nurhayu, Shaluhiyah, & Indraswari, 2018)

School health business is a public health effort carried out in schools with students and the school environment community as the main target (Amir, 2018). SHB teachers and students are the primary members, the school community, or parents, as well as community nurses, in this case health workers from Public Health Center become supporters of implementing the success of school health programs. The importance of SHB activities is supported by the fact that the school age group in Indonesia is the largest age group (Mashfufa, Aini, Setyowati, & DM, 2020). The age group of 5 – 9 years is

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almost 24 million people, the age group of 10 – 14 years is more than 22 million, and the age range of 15 – 19 years is around 20 million people.<sup>4</sup>

In 2012, the Ministry of Health conducted an evaluation of the implementation of Trias SHB in 10 provinces with three main components in human resources, management, and infrastructure. The results of the evaluation carried out by the Ministry of Health showed that the human resources element found that there were still many SHB guidance teachers who had not received training, Principals and Madrasahs did not support SHB, lack of teacher motivation as SHB implementers because there were no credit scores for SHB guidance teachers, there was no health material guidebook for teacher handling, and there were still many health workers who had not been trained by SHB (Larasati & Nurhayati, 2015)

Based on data from the Central Bureau of Statistics of Kerinci Regency in 2015, the number of elementary schools is 230 ES spread across 16 sub-districts. Siulak Mukai sub-district, has 7 ES consisting of 6 State ES.

In order to improve the quality of Indonesian people, the Government has made various efforts in the health sector, especially for students who are in schools, and create a healthy environment as early as possible for students through School Health Business (SHB).

Based on data from the Kerinci District Education Office in 2022, the number of elementary schools is 230 ES spread across 17 sub-districts. Siulak Mukai District 9 ES consisting of ES include ES 62/III Mukai Mudik, ES 122/III Mukai Tengah, ES 169/III Mukai Mudik, ES 216/III Sungai Langkap, ES 77/III Mukai Tinggi, ES 78/III Mukai Hilir, ES 93/III Mukai Pintu, ES 227/III Renah Pemepick, ES 43/III Sungai Kuning.

Based on data from the Siulak Mukai Health Center, 45% healthy schools, 100% PHBS schools, networking data is carried out for 1 greeting a year, small doctor training is not carried out due to covid-19, 100% network data coverage. School Health Efforts (SHB) in schools are needed in monitoring the growth and development of school-age children, this is because school-age children are a group that is very vulnerable to nutrition and health problems, in addition to their population is also the largest age group of compulsory education children

The importance of health services and education in schools helps children form healthy living habits both for themselves and the surrounding environment. As a public health effort carried out in schools with students and their environment as the main target. SHB has three main tasks which are often called TRIAS SHB. The three main SHB programs consist of health education, health services and fostering a healthy school environment. Education is a conscious and planned effort to build a better human being.

Every human being is born with potentials that need treatment or education, through education is expected to develop existing potentials and can be actualized in everyday life. As explained in Law of the Republic of Indonesia Number 20 of 2003 Chapter 1 Article 1 concerning the National Education System: "Education is a conscious and planned effort to create a learning atmosphere and learning process so that students actively develop their potential to have religious spiritual strength, self-control,

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personality, intelligence, noble character, and skills needed by themselves, society, nation and state.

The results of observations and interviews that have been conducted at the Kerinci District Education Office in 2022, it was found that the Kerinci District Education Office 9 public elementary schools (ES), namely ES 62/III Mukai Mudik, ES 122/III Mukai Tengah, ES 169/III Mukai Mudik, ES 216/Sungai Langkap, ES 227/III Renah Pempicker, ES 43/III Sungai Kuning, ES 77/III High Mukai, ES 78/III Lower Mukai, ES 93/III Lower Mukai, ES 93/III Door Mukai. Based on data from Public Health Center siulak mukai Only 45% of schools are healthy out of 7 schools and small Doctor training is not implemented due to covid-19.

The completeness of facilities and infrastructure in 7 schools is only 45%, the coverage of networking data is 100%, schools with PHBS are 100%. Health education programs in schools are currently not available for special times, so it becomes an obstacle for teachers and officers in carrying out health education through school children is very effective in changing behavior and healthy living habits in general.

On the other hand, the current school health service program is only implemented perfunctory, as elementary schools many do not have SHB rooms. So far, if there are students who need first aid, they can only be obtained in the teacher's room. Likewise, other equipment and equipment have not received attention.

In addition, the ability and knowledge of teachers, SHB officers or SHB managers who are still lacking also affect health services to students. The condition of a healthy school environment also has a role in the creation of students' habits to behave clean and healthy. However, fostering a healthy environment through the maintenance of physical and environmental facilities has not been optimal, such as the unavailability of school facilities that support the creation of a clean and healthy environment.

## **Method**

The type of research carried out is qualitative research carried out in natural conditions by paying attention to research location sites with qualitative data. With research evaluation, research design uses descriptive observational, aims to describe, summarize various conditions of situations that exist in society and try to draw to the surface with a typical study approach.

This research was conducted in 7 State Elementary Schools (ES) Siulak Mukai sub-district, Kerinci regency, the research time to be carried out starts from January to February 2023. In-depth interviews are used in qualitative research for reason that researchers can explore known and unknown information experienced by the research subject for this type of interview using an overt interview Because with this type it will be continued with a reference so that the interview does not widen anywhere and focus on the problem. Quality data analysis activities are carried out interactively and continuously until complete, so that the data is saturated. This analysis consists of 3 main things: Data Reduction, Data Presentation and Conclusion/Verification

### **Results and Discussion**

The results of this health education can be seen from the FGD conducted in 7 schools in Siulak Mukai sub-district with the output that most of them already have good knowledge to implement clean and healthy living behaviors, although some of them still lack knowledge related to clean and healthy lifestyles, this can be seen from 83.33% who have good knowledge and 16.67% who do not have poor knowledge.

Therefore, it can be concluded that the results of this study the Public Health Center have made health education efforts in collaboration with various schools in the form of health counseling, but it can be said that it is not optimal because not all schools can conduct counseling safely and small doctor training is not entirely given to ES in Siulak Mukai District.

In the aspect of health services in ES Siulak Mukai District, Kerinci Regency is that there are still several schools that do not have special SHB rooms and complete infrastructure. However, efforts from screening and periodic examinations every 6 months have been comprehensively carried out by the Public Health Center to monitor student growth and development by providing immunizations, examination of eyes, nose, ears also assisted by filling out questionnaires that have been provided.

In the aspect of a healthy school environment, it can be said that it is not entirely good, because there are still schools that have not met health standards such as toilets and classroom density, besides that not all schools already have canteens, schools only supervise when students buy food outside and this opens up opportunities for food eaten by not all students to be optimally supervised.

Health Education is a conscious effort to cause changes in healthy living behavior, both community and social environments that make the process of changing behavior dynamically related to changes that are not just the transfer of material / theory from one individual to another based on awareness from within individuals, groups and communities.

Health education is also part of the three main programs of SHB to focus of the education unit in fostering its students. The reason is, health education is fundamental to start a healthy life in school.

Based on the results of in-depth interviews and triangulation results that have been conducted to see aspects of health education in ES Siulak Mukai District, Kerinci Regency, it is known that health education is carried out by conducting counseling, organizing small doctor competitions and several schools that implement the health system through PJOK / Olaharga subjects.

Broadly speaking, counseling is carried out by the Public Health Center and only some schools have the awareness to contribute to participating in counseling independently. The health counseling that has been given from the Public Health Center to Siulak Mukai District School is such as counseling on tooth brushing, hand washing, reproductive hygiene, the dangers of smoking, dengue fever, influenza and healthy food. This counseling is mostly delivered directly by the Public Health Center.

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This means, health education carried out with health counseling is correct, because counseling is health education (Public Health Education) from an activity or effort to convey health messages to the community, groups, or individuals with the hope, with the message can obtain better knowledge about health, which eventually the knowledge can change their behavior, health counseling is also a process, Where the process has input (input) and output (ouput) and can be seen from 83.33% who have good knowledge and 16.67% who do not have poor knowledge.

However, the implementation of school health business (SHB) in the State Elementary School (ES) of Siulak Mukai District, Kerinci Regency can be said that it has not fully run optimally. This is because SHB coaches and school principals lack the initiative to continue health education that has been carried out by Public Health Center which is motivated by a lack of understanding of the essence of knowledge about SHB.

This also happens because of the lack of training carried out and is very important, because it is the teacher who often communicates with the students. Teachers who have qualified skills because of maximum training are expected to provide directed and structured information and knowledge.

Basically, this is expected to provide an increase in SHB, especially for health improvement in the future. In addition, health education through small doctor competitions is also not fully running optimally. This is because the Public Health Center only prioritizes ES 62 Mukai Mudik and ES 169 Mukai Mudik schools, because other schools cannot be categorized as healthy schools.

As is known, each school has opportunity to contribute to participating in the small doctor competition by preparing small doctor candidates in their respective schools to take part in the selection that will be selected from the local Public Health Center. The school will facilitate and nurture small doctor candidates selected from the school to be included in the selection of small doctors. However, what happened in the field was that the Public Health Center immediately prioritized several schools without providing training to all schools in Siulak Mukai District.

This condition is not in accordance with the theory of Aliviamita, et al in 2019 which stated that small doctors are students who meet the criteria and are selected by teachers and receive training to participate in carrying out some of the efforts to maintain and improve health for themselves, friends, family, and the environment. Because the competition process does not involve the entire school to select students who will follow the little doctor. Public Health Center immediately prioritizes only certain schools. Thus, from the health education that is said to be not optimal, the researchers traced the results of health education provided to students in ES Siulak Mukai District with the FGD method with outpu tmost already have good knowledge to implement clean and healthy living behaviors, although some of them still lack knowledge related to clean and healthy lifestyles.

Therefore, it can be concluded that health education has a great influence on students' knowledge of health, because through health education, students will also get a lot and wide of information, which aims to increase student knowledge related to the

importance of health to carry out clean and healthy living behaviors. It is also mentioned by Utami, et al in 2020 stated that most students' knowledge before health education was carried out was less than 63 students (46.2%) and students' knowledge after health education was mostly good, namely 58 students (50%).

The WilcoxonSignedRank analysis shows that there is an influence of health education on students' knowledge about PHBS at ES Kraton 5 Bangkalan ( $p = 0.000 < \alpha = 0.05$ ). That is, with optimal health education, the better the output of student knowledge and public health degrees in ES students of Siulak Mukai District.

### **Health Care**

Health services are efforts to improve (promotive), prevent (preventive), treatment (curative), and recovery (rehabilitative) carried out on students and the environment.

Based on the results of interviews with related informants, it was found that the health services carried out from the Public Health Center were properly carried out which began with promotive efforts, namely health education, treatment and recovery. The Public Health Center conducts regular screening and examination every 6 months to be able to monitor the growth and development of students, one of which is by providing immunizations, examination of eyes, nose, ears and assisted by filling out questionnaires.

This screening check was carried out by P2P officers who descended directly to the Siulak Mukai District School in Kerinci Regency, while some schools have also independently monitored students' weight and height and established SHB money specifically to provide first aid to students who are equipped with adequate infrastructure facilities, but there are still many infrastructure facilities that are not adequate from the standards that should be due to facilities and The requested infrastructure has not been fulfilled by the Public Health Center. SHB acts as a place for health checks, thus if SHB is able to be carried out routinely and regularly with adequate facilities and infrastructure, the healthy living behavior of students will also be regular and increase. So the availability of SHB infrastructure facilities and the implementation of SHB programs that are carried out regularly can improve healthy living habits.

Infrastructure is one part of the input, while the input is one of the subsystems. Infrastructure facilities really need to be implemented to support students' skills to be ready to compete with the rapid pace of technology. Infrastructure facilities are an important part that needs to be prepared carefully and continuously, so that it can always be guaranteed that a smooth KBM will always occur.

In the implementation of education, infrastructure is needed to produce effective and efficient KBM. In accordance with the statement submitted by Riant et al in 2019 which stated that from the results of the research conducted, which amounted to 0.925 between the availability of SHB facilities and infrastructure with healthy living behavior in students included in the good category or had a high relationship. So, there is a high relationship between the availability of SHB facilities and infrastructure with healthy living behavior. To support healthy living behaviors, it takes regular habits, healthy food and support from parents.

In addition, with the information obtained, it was found that the medical referral mechanism was carried out from the school. The ES of Siulak Mukai District is entirely correct, because if there are students who are sick and cannot be handled by the school, then the school that brings the SHB card and registers at the registration point to carry out the treatment for free and is immediately given treatment to the student concerned.

Although it is unfortunate that some schools still have inadequate infrastructure facilities in the available SHB room, in terms of SHB being one of the important components in an educational institution must function properly. SHB programs must be able to touch the realm of habituation to healthy living behavior, and of course must be in line with school programs. Involving parties related to health and the environment, such as Public Health Center, and the community will be more successful in school programs with adequate facilities and infrastructure and ESM.

That is, it can be concluded that health services have not been optimal, because the facilities and infrastructure are not adequate in some of the schools studied and it can be said that the SHB Room as a health service for students who experience illness, injury, and even work accidents when carrying out practical activities and SHB service places provided for first aid before being referred to the nearest health center can be said to have not been able to function optimally.

With inadequate infrastructure facilities and no response from the Public Health Center, of course, the implementation is inseparable from costs or funds, as a support for the achievement of previously planned programs. Activities that require funds, need to be considered and regulated that can be obtained from parents of students, and SBPP, other non-binding donation Presidential Instructions, and funds sought by schools through student activities such as school garden products.

### **Healthy School Environment**

A healthy school environment is a school condition that can support the growth and development of students optimally and form clean and healthy living behaviors so as to avoid negative influences.

Fostering a healthy school environment which is one of the important elements in fostering school resilience must be carried out, because a healthy living environment is needed to improve the health of students, teachers, and school employees, as well as increase student absorption in the teaching and learning process.

Based on the results of interviews that have been conducted by triangulating, it is known that schools already have clean water, hand washing stations and toilets.

However, indicators of a healthy school environment, one of which is room density, there are still many schools that have not met health standards, aspects of class density based on the number and distance are determined that there are still 3 students who are very dense in one class, namely ES 62, ES 78 and ES 122 because they have students who can reach 25-30 students. ES 62 Mukai Mudin, ES 78 Mukai Mudik and ES 122 Mukai Tengah have many students in one class can be 25 to 30 students so it is very dense



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in one class, as many as 42.85% have class density and there are still 57.14% who do not have class density.

In addition, it can also be seen that schools in Siulak Mukai District do not overall have a school canteen. This shows that, not all schools can be said to already have a healthy school environment, because it can be seen from the density of classes and also the available canteens.

The Directorate of Elementary Schools, Ministry of Education, Culture, Research and Technology in 2021 stated that schools should have canteens, schools that do not yet have adequate healthy canteen supporting infrastructure, can optimize their infrastructure by paying attention to personal hygiene, environmental cleanliness, and food safety. This school healthy canteen is a place where education unit residents including students can buy healthy food and drinks, either nutritionally balanced main meals or snacks. Healthy food supports optimal student achievement and growth.

Therefore, the roles of principals, teachers, parents and also the Public Health Center are interrelated. The headmaster should monitor the progress of crime scene activities in the implementation of balanced nutrition for school students together with the school committee, teachers, parents, students, canteen managers and/or hawkers. Crime scene roles include:

1. Collecting data on PJAS vendors regarding the name of the trader, the type of PJAS sold, numbering.
2. Socializing Food Safety for the school community
3. Organizing activities related to efforts to improve Food Safety including the implementation of school Food Safety practices
4. Monitor the implementation of good food handling, processing and serving methods in the school cafeteria
5. Ensure that improvement efforts continue to be carried out by the school canteen, including ensuring that canteen managers use good and clean food processing or serving equipment.

Therefore, it can be concluded that not all schools in Siulak Mukai District have a healthy school environment. However, schools that do not yet have canteens and teachers have the initiative to supervise, so this is very in accordance with the role of teachers in schools to actively supervise food or snacks that are good for consumption and not good for consumption both in the school environment in the school cafeteria and outside the school by paying attention to the type of food sold and the cleanliness of the PJAS provider and peddlers.

### **Conclusion**

Health Education has been carried out by the Public Health Center in collaboration with various schools in the form of health counseling, but it can be said that it is not optimal because not all schools can conduct counseling independently and small doctor

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training is not entirely given to ES in Siulak Mukai District. Health services have not been optimal, because the facilities and infrastructure are not adequate in some of the schools studied.

Not all ES in Siulak Mukai District have a healthy school environment. Schools that do not yet have a canteen, efforts are made to be supervised by ES teachers in Siulak Mukai District and this is very in accordance with the role of teachers in schools

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