



IMPLEMENTATION OF THE SCHOOL HEALTH PROGRAM (UKS) IN IMPROVING CLEAN AND HEALTHY LIVING BEHAVIOR (PHBS) : A QUALITATIVE STUDY AT SMPN 6 SINGOSARI

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Abstract

The UKS program is closely linked to the promotion of PHBS, but its suboptimal implementation often hinders the improvement of PHBS in schools. The purpose of this study was to determine the implementation of the UKS program in improving PHBS at SMPN 6 Singosari. The research method used was qualitative with a case study approach. Data collection techniques through in-depth interviews, FGDs, observation, and documentation. Informants consisted of 4 interview informants and 8 FGD informants. The results of this study indicate that health education has been integrated into the curriculum; health services are provided internally and externally; and the healthy school environment program has focused on sanitation, land use, disease prevention, and ensuring schools are free from smoking, drugs, and bullying; PHBS at SMPN 6 Singosari has not yet met the 8 PHBS indicators in schools; Supporting factors include the availability of a UKS room, collaboration with the Singosari Community Health Center, and active mentors. Inhibiting factors include limited funding, the quantity and quality of human resources, and student non-compliance with UKS regulations. Recommendations include establishing and developing school health cadres, integrating health education into routine Friday programs, optimizing health promotion media, and collecting data on health infrastructure.

Keywords: *Implementation program ; PHBS ; UKS*

1. Introduction

A healthy school environment not only ensures student comfort and safety but also contributes to improved academic achievement and quality of life. This aligns with the primary objective of the UKS to create a healthy, safe, and supportive school environment. UKS has a mission to improve students' ability to adopt clean and healthy lifestyles by instilling healthy principles through health education, health services, and fostering a healthy school environment, known as the UKS Trias (Dinatha et al., 2023). The UKS program's efforts to promote health in the school environment are closely linked to PHBS (Healthy Living Behavior), including introducing and promoting the eight PHBS indicators to students. The eight indicators of PHBS in schools include washing hands with running water and soap, consuming healthy snacks in the school canteen, using clean and healthy toilets, exercising regularly and systematically, eliminating mosquito larvae, not smoking at school, weighing and measuring height every six months, and disposing of waste properly.

According to data from the Indonesian Health Survey, the proportion of individuals practicing good PHBS is still less than half of the population, at 41.3% nationally. This aligns with the health issues of school children, which indicate that three diseases frequently affect school-aged children (5-17 years) : diarrhea (3.7%), worm infestation (2.5%-6%), and dengue fever (0.80%), most of which are related to PHBS (Indonesian Health Survey (Ski), 2023). Meanwhile, in the Singosari Community Health Center work area, based on the results of the Singosari Community Health Center's performance assessment, the achievement of educational institutions that meet PHBS indicators is in the sufficient category with a

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percentage of 65.7%. Based on the profile of the Singosari Community Health Center (Puskesmas),

many health problems remain among school-age children, including poor implementation of PHBS (Healthy Living Environment), dental caries, worms, refractive errors or visual acuity, and nutritional issues. This may be due to the suboptimal implementation of the UKS in supporting school children's health and PHBS implementation in schools. Therefore, optimal implementation of the UKS to improve the health of the school community and prevent disease through improving PHBS in schools is crucial. This aligns with one of the UKS implementation activities, namely developing PHBS educational methodologies and fostering a culture of PHBS (Kemendikbudristek, 2021). The UKS focuses not only on education but also on providing adequate sanitation facilities, preventive and promotive health services, and developing student character awareness of the importance of health.

Based on a preliminary study conducted at SMPN 6 Singosari, it was discovered that no research has yet addressed the implementation of the UKS program in improving PHBS at the school. SMPN 6 Singosari is a semi-urban school located in a high-mobility environment, often hampered by limited access to adequate health support facilities. This finding suggests that the implementation of PHBS (Healthy Living Environment) in schools has not yet met the eight PHBS indicators. This finding is supported by PHBS observation data conducted by the Singosari Community Health Center in 2024, which revealed that five PHBS indicators were still unmet. Furthermore, during educational and training activities for PMR members at SMPN 6 Singosari, 13 of 34 students were found to be severely underweight and two were obese. This observation supports the lack of implementation of one of the PHBS indicators in schools, namely weighing and measuring height. The lack of PHBS indicator achievement at SMPN 6 Singosari may be related to the implementation of the UKS, which includes the TRIAS UKS.

Based on the aforementioned issues, the researcher used an intrinsic case study to gain a deeper understanding of the uniqueness and essence of the problem. The context of this study is to determine the relationship between policy, facility availability, and the active role of the school community in operationalizing the UKS Trias program. This study explores the experiences, obstacles, and realities faced by the school. Therefore, this study is expected to provide a comprehensive picture of the dynamics of UKS program implementation in improving PHBS (Healthy Living Behavior). Therefore, the researcher is interested in conducting an in-depth study of the implementation of the UKS program in improving PHBS at SMPN 6 Singosari.

2. Method

This research uses a qualitative research type with a case study approach. The case study approach in qualitative research is used so that certain events or phenomena obtained can help researchers maintain a holistic view (Nurahma & Hendriani, 2021). Therefore, a case study approach was used in this study, with the aim of understanding the implementation of the UKS program in improving PHBS in schools that will be studied comprehensively so as to solve existing problems. Data collection techniques in this study were through in-depth interviews using semi-structured interviews, FGDs on topics related to problems arising from the implementation of UKS in improving PHBS at SMPN 6 Singosari, observations related to PHBS at SMPN 6 Singosari, and documentation in the form of photos and reports of UKS activities. This study used 4 informants for in-depth interviews and 8 informants for FGDs.

The selection of informants for in-depth interviews was based on the informants' competence in understanding policies, UKS implementation at SMPN 6 Singosari, and parties who directly experience the implementation of the UKS program in improving PHBS at SMPN 6 Singosari. In this case, the Principal plays a strategic policy maker as well as a decision maker regarding the budget. UKS supervisor plays a role in supervising, mentoring, and ensuring the technical sustainability of the UKS program implementation in schools. UKS members were selected because they act as drivers with strategic and evaluative understanding of UKS activities, while students who are not UKS members were chosen because they directly experience the impact of the UKS program implementation in improving PHBS at SMPN 6 Singosari. Meanwhile, the selection of informants for the FGD, namely UKS members, was chosen because of their direct involvement in field operations, which allows for in-depth discussions regarding the dynamics of daily activity implementation. In this study, the technique of checking the validity of the data was carried out through a credibility test that included triangulation of sources, techniques, and theories.

Data analysis was conducted using a systematic thematic analysis approach. The process began with manual coding, where data from interviews and FGDs were transcribed in depth and then grouped into relevant information units. The next step involved categorization, namely grouping these codes into

broader sub-themes based on emerging patterns of findings. During the data collection process, the principle of data saturation was applied as the primary reference for determining the stopping point for information collection. Field data was explored until no new information, varying perspectives, or themes were found that could enrich understanding of the UKS implementation phenomenon at SMPN 6 Singosari. With data saturation achieved, the depth of information obtained was deemed sufficient and comprehensive to explain the case under study. After that, interpretation was carried out to compile main themes that represent the UKS implementation phenomenon.

This process concludes with data verification by reviewing the relationship between the identified themes and the theoretical framework used to ensure the validity of the research findings. This research has obtained ethical clearance from the Research Ethics Commission of the Malang Ministry of Health Polytechnic, No. DP.04.03/F.XXI.30/01131/2025.

3. Result and Discussion

Implementation of Health Education

The implementation of health education at SMPN 6 Singosari is carried out through intracurricular, co-curricular, and extracurricular activities. As stated by the Principal of SMPN 6 Singosari and the UKS instructor, as follows:

"Health education through intracurricular activities incorporates health material into subjects such as science, religion, crafts, and sports. Health education and specific health-related assignments are usually held in extracurricular activities, because they have dedicated time and a dedicated instructor, making them easier to monitor. For extracurricular activities, it's just the Red Cross (RMR) program." (RH, November 10, 2025).

"The school used to hold activities to check students' physical fitness by recording their running times. So, if I'm not mistaken, they were given a run distance of about 500 meters." (AU, November 10, 2025).

This health education model, which is integrated with intracurricular, co-curricular, and extracurricular learning, aligns with Lawrence Green's theory of health behavior, which concludes that intracurricular learning forms predisposing factors, co-curricular learning forms enabling factors, and extracurricular learning forms reinforcing factors. However, this integration is still partial and has not been coordinated holistically. Even though PHBS has been included in the curriculum, students still lack knowledge and understanding of the concept. As stated by a student at Singosari State Junior High School 6:

"I don't know about PHBS and PKHS, and I've never seen any socialization or activities related to PHBS PKHS." (JR, November 10, 2025)

These findings indicate that health education related to PHBS at SMPN 6 Singosari is only effective in reaching the lowest level of the cognitive process dimension in Bloom's Taxonomy theory, namely remembering. This limitation is crucial considering that low health literacy has a linear correlation with unhealthy lifestyles and a decline in general health (Damopolii et al., 2025). Without strengthening the PHBS concept, health information about PHBS does not have functional meaning that can change student behavior. The absence of health promotion media outside the UKS room also indicates that health education is still carried out as an administrative activity focused in the UKS room. The following is documentation of the health promotion media available in the health school classroom at Singosari State Junior High School 6:



Figure 1. Health Promotion Media in the UKS Room

Implementation of Health Services

The implementation of health services at SMPN 6 Singosari is carried out through internal basic health services, including simple examinations and treatment for sick students by the school health unit instructor, and regular health checks (weight and height checks). As explained by the school health unit instructor:

"The most frequent routine health service is annual weight and height checks. Then, the signature check is given every Friday, involving the PMR and homeroom teachers. Or, as mentioned earlier, if someone is injured, they receive wound care." (AU, November 10, 2025).

Meanwhile, external health services are carried out through collaboration with the Singosari Community Health Center. As stated by the principal:

"We have an MOU with the Singosari Community Health Center regarding health activities such as immunizations, health outreach, the Community Service Program (PKG) that was held today, and the signature check." (RH, November 10, 2025).

Referring to the Five Levels of Prevention concept by Leavell and Clark, SMPN 6 Singosari has implemented three of the five levels of prevention. These include health improvements through health outreach, special protection through immunizations and iron supplementation (TTD) for students, and early diagnosis and prompt treatment through free health checks for school residents and referral health services if the school is unable to handle treatment. However, critical discussions need to be directed at the sustainability of services.

The FGD results indicated that health services tend to be reactive, prioritizing curative efforts over preventive measures. This is evident in the inadequate management of medical logistics. The limited availability of medications during high-risk activities such as class meetings reflects weaknesses in risk-based planning, as stock management remains incidental rather than anticipatory. Therefore, a paradigm shift from incident-based management to a planned, proactive model is necessary. This is because the success of school health programs fundamentally depends on three main pillars: the establishment of an active health council, regular policy reviews, and the establishment of measurable health indicators (Hoke et al., 2024). The following are photos of the observations and documentation conducted:



Figure 2. Report on the Results of Joint Activities with Singosari Health Center

Implementation of Healthy School Environment Development

The implementation of healthy school environment development at SMPN 6 Singosari demonstrates a multidimensional approach, focusing on both physical and non-physical aspects. Physically, healthy school environment development is implemented through sanitation management, efforts to utilize the school yard, and eradicating mosquito breeding sites. This was conveyed by the UKS instructor :

"There is sanitation management, but this is not a UKS program; it's like repairing water taps or drains.

The school also has various programs every Friday: Clean Friday, Healthy Friday, Environmental Friday, and Devotion Friday. So, every Friday, the program varies, and it changes every week." (AU, November 10, 2025)

Non-physically, healthy school development is implemented through the development of the canteen and street vendors around the school, as well as creating a school environment free from smoking, drugs, and bullying. As stated by the UKS instructor:

"UKS frequently conducts inspections in the canteen, usually once a month or two, to monitor the food sold there. We collaborate with the Singosari Community Health Center. Regarding the no-smoking, drug-free, and bullying policies, there are rules that the children here must adhere to, and these are signed at the beginning of the new school year by every parent." (AU, November 10, 2025)

Activities that foster a healthy school environment at SMPN 6 Singosari align with the Trias Epidemiologi concept. In this regard, sanitation management, efforts to utilize the school yard, and eradicate mosquito breeding sites are carried out to control and modify environmental factors. Meanwhile, controlling and monitoring the quality of snacks sold in the canteen and street vendors around the school (for germs and hazardous substances), and an agreement with parents regarding students' prohibition of smoking, drugs, and bullying are included in the control of causal factors (agents). Meanwhile, fostering healthy behaviors through canteen development and street vendors (PKL) around the school is a way to strengthen the host community through increased knowledge.

These findings suggest that the implementation of the Trias UKS (Healthy School Environment) program, which fosters a healthy school environment at SMPN 6 Singosari, has successfully laid the initial foundation for a healthy school ecosystem. However, this integration still demonstrates a top-down approach, with control still dominated by school policy. Although the school has provided infrastructure and regulations, success will depend largely on the extent to which students are able to internalize health as a personal need, not simply compliance with rules. Therefore, future UKS programs need to shift from a rigid external control model to a more participatory student empowerment model, as emphasized in a study on student involvement as active agents of change in school health promotion (Kontak et al., 2025).

Implementation of PHBS in Schools

Efforts to improve PHBS (Clean and Healthy Living) at SMPN 6 Singosari have been integrated through the UKS program. However, findings indicate that the school has not fully met the eight PHBS indicators, including handwashing with soap and running water, consuming healthy snacks, and disposing of waste properly.

1. Washing Hands with Soap and Running Water

The school has provided handwashing facilities in front of classrooms and in the bathroom area, but their effectiveness is hampered by the lack of soap. Currently, complete handwashing facilities with soap are only available in the UKS. This lack of facilities has a direct impact on student behavior. In-depth interviews revealed that students understand the importance of handwashing, but they do not know the correct procedure. As expressed by a student at SMPN 6 Singosari :

"When it comes to handwashing, everyone washes their hands before and after MBG, but they don't use soap, and as far as I know, they don't follow the six steps. I don't know the correct way to do it."
(JR, November 10, 2025)

The following documentation of the observation results has been conducted :



Figure 3. Hand Washing Facilities

This finding indicates that the lack of access to soap (enabling factor) and students' lack of knowledge (predisposing factor) indicate a gap in the implementation of PHBS, which lacks integration between physical facilities and ongoing educational interventions. Theoretical education has proven inadequate to encourage the adoption of proper handwashing behavior. Therefore, a comprehensive strategy is needed that focuses not only on knowledge transfer but also on improving practical skills through the active involvement of teachers and peers as agents of change (Appiah-brempong & Appiah-brempong, 2024).

2. Consuming Healthy Snacks

PHBS indicators related to healthy snacks in the SMPN 6 Singosari cafeteria are still being gradually improved. The principal conveyed this as follows:

"This is still a challenge. We are implementing it gradually. In the canteen, we encourage students to reduce the amount of food containing preservatives and colorings. We continue to urge children not to eat these and these. My plan is to stop using them next year." RH (November 10, 2025).

The following is documentation of the observation results :



Figure 4. Snacks in the School Canteen

This persuasive and gradual school strategy demonstrates commitment, but it will take time to change students' consumption patterns. Given the strong influence of external factors such as ease of access and promotions on purchasing decisions, consistent educational efforts are needed to encourage students to be selective about their food choices (Fitrianti et al., 2023). The future success of this program depends heavily on strict supervision and the availability of affordable, healthy snack alternatives to prevent students from turning to unhealthy foods. This step is highly relevant to findings showing that profit-driven school environments often limit students' access to healthier alternatives. Therefore, policy strengthening and community collaboration are needed to create a canteen ecosystem that promotes student health (Sherer & Marohabutr, 2026)

3. Disposing of Trash in the Right Place

Although physical facilities, such as trash bins, are available at strategic locations (such as the canteen and in front of classrooms) and are equipped with labels for waste sorting, littering is still common. This situation confirms that the presence of infrastructure does not guarantee healthy behaviors. In this case, students do not view scattered trash as a serious problem that directly impacts the comfort and health of their environment. Furthermore, the current monitoring system or cues to action are not strong enough to discipline student behavior sustainably. In line with these findings, Marsofely et al. (2024) emphasized that students' ignorance about PHBS is often influenced by environmental factors, peer influence, and educational patterns. The following documentation summarizes the results of the observations :



Figure 5. Observation of Disposing of Garbage in the Right Place

These findings indicate that despite the school's efforts to provide physical facilities, the UKS program has not been able to bridge the gap between students' knowledge and practical actions. The effectiveness of PHBS implementation going forward will not depend solely on the provision of physical facilities but will require strengthening ongoing educational interventions and a monitoring system capable of establishing disciplinary norms within the school environment.

Factors that Support and Inhibit the Implementation of the UKS Program in Improving PHBS in Schools

1. Supporting Factors

Internal supporting factors include the availability of an adequate health and safety room and an active health and safety instructor. Having an adequate health and safety room makes health and safety activities more focused and well-managed. This was conveyed by the principal:

"After having the room, it's more intensive. Previously, we didn't have our own space, so it wasn't managed well. After 2024, we received DAK assistance for health and safety development, so we became more focused and improved." (RH, November 10, 2025).

Meanwhile, the presence of a new, active health and safety instructor has transformed the health and safety program from a previously passive one into a more dynamic one. This was conveyed by a student member of the health and safety program:

"The current health and safety instructor is clearly the one who supports it, so activities are already underway." (AA, November 10, 2025).

Meanwhile, an external supporting factor is the collaborative program with the Singosari Community Health Center. This allows for the transfer of knowledge and resources, making health activities at the school more active and sustainable. As the results of previous research conducted by Harahap et al (2024), which stated that partnerships with Community Health Centers and community empowerment aim to improve access to health services and community welfare in a sustainable manner.

2. Inhibiting Factors

The inhibiting factors for implementation of the UKS program to improve the health and well-being of the students at SMPN 6 Singosari are funding, the school's human resource knowledge, and the insufficient number of UKS human resources. The principal stated this :

"The first obstacle is funding. So we're selective about what we can provide. Furthermore, our own knowledge of health is still very limited, so we continue to involve more competent external parties. Furthermore, the number of human resources is not yet sufficient, but at least there are some on standby at the UKS."

Budget constraints create a "priority scale"-based management pattern, sacrificing essential facilities and infrastructure, such as medicines, to maintain minimum operational continuity. This aligns with previous research by Nauraida & Triwiyanto (2024), which found that limited funding is the root problem affecting the management of UKS facilities and infrastructure.

Meanwhile, another inhibiting factor is students' lack of understanding of the UKS regulations, which disrupts the primary function of the UKS as a health care facility and leads to dirty rooms due to students not adhering to the rules regarding cleanliness and order in the UKS room. This was conveyed by the UKS instructor as follows:

"What hinders this is when students don't understand that the UKS is a place for treating sick people, and sometimes they violate the existing UKS regulations." (AU, November 10, 2025)

These findings indicate a gap in the internalization of PHBS values. Therefore, a more comprehensive and persuasive educational approach is needed, along with firm enforcement of UKS regulations, so that students understand that complying with UKS regulations is a concrete form of PHBS implementation.

4. Conclusion and Suggestion

The implementation of the UKS program at SMPN 6 Singosari has integrated TRIAS UKS into the learning curriculum as an effort to improve PHBS among students and health services have been running through collaboration with the Singosari Community Health Center. However, based on the findings, there is a significant gap between curriculum integration and operational realization. This gap has a direct impact on the low understanding and implementation of PHBS practices by students, so that the function of existing PHBS infrastructure is not optimal. Furthermore, the UKS program is still incidental and less sustainable due to budget constraints, lack of internal human resource competency, and minimal supporting facilities, which ultimately hinders the fulfillment of 8 PHBS indicators comprehensively in the school environment, especially the PHBS indicators of washing hands with soap and running water, consuming healthy snacks in the school canteen, and disposing of waste properly. This shows that the effectiveness of the UKS program implementation in improving PHBS is greatly influenced by institutional commitment, sustainable program management, the availability of adequate resources, and active student involvement.

Based on these findings, developing an independent UKS model by optimizing the empowerment of adolescent health cadres (peer educators) is crucial. This can be achieved through intensive training to ensure the program's sustainability independently, while maintaining strategic collaboration with the Singosari Community Health Center. Therefore, further studies are recommended to examine the effectiveness of the UKS model based on peer educators and behavioral intervention approaches in improving the sustainability of PHBS implementation in schools.

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