



A Holistic Approach to School Health: Implementation and Challenges in Secondary Education

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ABSTRACT

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Effective implementation of the School Health Effort Program (UKS) is essential for promoting students' health and fostering a healthy school environment. The purpose of this research is to examine the implementation of the School/Madrasah Health Effort Program through health education, health services, and the development of a healthy school environment. A qualitative descriptive approach was employed in this study. Data were collected through observation, interviews, and documentation involving key informants such as the principal, UKS teachers, and students. The collected data were analyzed through the processes of data reduction, data display, and conclusion drawing. The findings indicate that the UKS program has been implemented through three main components. Health education is conducted through health counseling and the cultivation of clean and healthy lifestyle habits among students. Health services are provided through the utilization of the school health unit room and collaboration with local health institutions. In addition, the development of a healthy school environment is supported through classroom cleaning duties and routine school cleanliness activities. These findings imply that strengthening collaboration among school stakeholders and continuous health education can enhance the effectiveness and sustainability of school health programs.

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INTRODUCTION

Education plays a crucial role in developing human resources and improving the quality of life in society (Melania et al., 2024). Through education, individuals are expected to develop knowledge, skills, and attitudes that enable them to participate productively in social, economic, and cultural life. However, the effectiveness of educational processes is not determined solely by academic factors; students' health conditions also play an essential role in supporting learning outcomes. Healthy students tend to demonstrate better concentration, higher participation in classroom activities, and stronger cognitive performance.

Conversely, poor health conditions may lead to decreased motivation, lower attendance, and reduced academic achievement. Previous studies indicate that students who maintain good physical and mental health are more capable of engaging effectively in the learning process and achieving optimal educational outcomes (Amaliyah & Rahmat, 2021; Ma et al., 2026). Therefore, maintaining students' health is not only a personal matter but also a strategic educational concern. Ensuring that students grow in a healthy environment becomes an essential foundation for creating effective and sustainable educational systems that benefit society as a whole (Attahakul et al., 2025).

Despite the recognized importance of student health in education, many schools still face challenges in creating healthy learning environments. School environments that lack adequate sanitation facilities, proper waste management, or sufficient health awareness programs can negatively affect students' well-being (Sharma et al., 2024). Inadequate hygiene practices, poor environmental cleanliness, and limited health education often contribute to the spread of diseases and unhealthy lifestyles among students. Such conditions can hinder students' ability to learn effectively and may reduce the overall quality of education. Research has shown that unhealthy school environments can lead to increased absenteeism, decreased academic performance, and limited student engagement in educational activities (Husna et al., 2025). Therefore, schools must not only focus on delivering academic content but also ensure that health promotion and environmental cleanliness become integral parts of school management. Addressing these problems requires systematic programs that integrate health education, preventive health services, and environmental health management within the educational setting.

In response to these challenges, the Indonesian government has implemented the School Health Effort Program, commonly known as Usaha Kesehatan Sekolah or Madrasah (UKS). This program is a collaborative initiative involving several ministries, including the Ministry of Education, the Ministry of Health, the Ministry of Religious Affairs, and the Ministry of Home Affairs. The primary objective of the program is to improve students' ability to live healthy lives while simultaneously creating a healthy school environment that supports optimal educational outcomes. The implementation of UKS is based on three core components known as Trias UKS: health education, health services, and the development of a healthy school environment. Through these components, students are expected to gain health knowledge, develop positive attitudes toward healthy living, and practice clean and healthy behaviors in their daily activities (Nurochim, 2020; Farida et al., 2024)). In practice, the program includes activities such as health counseling, periodic health checks, environmental cleanliness campaigns, and collaboration between schools and health institutions.

Previous studies have emphasized the importance of implementing the UKS program as a strategic effort to promote healthy lifestyles among students. Schools are considered effective environments for introducing health-related knowledge and shaping long-term behavioral habits because students spend a significant amount of time in school settings. Research indicates that health education programs implemented in schools can significantly increase students' awareness of hygiene practices, improve their attitudes toward healthy living, and encourage the adoption of preventive health behaviors (Nurochim, 2020; Chaiprakarn et al., 2024). Furthermore, collaboration between schools and health institutions such as community health centers has been shown to strengthen the effectiveness of school health programs. However, the success of these programs largely depends on the availability of resources, the commitment of school management, and the active participation of students and teachers. Without strong institutional support and adequate infrastructure, health programs in schools may fail to achieve their intended outcomes.

Although many studies have explored the implementation of school health programs, several limitations remain in the existing literature (Zajac et al., 2024; Li et al., 2024). Some studies primarily focus on the conceptual aspects of health education without thoroughly examining how the three components of the UKS program are implemented simultaneously in school settings. Other studies tend to emphasize policy analysis rather than the practical challenges faced by schools during program implementation. In addition, previous research often overlooks the interaction between health education activities, health service delivery, and environmental health management within the school context. As a result, there is still limited empirical evidence that explains how these three components operate collectively in supporting the creation of healthy schools. Addressing this gap is important because a comprehensive understanding of program implementation can help identify both supporting factors and obstacles in the realization of effective school health programs (Hidayat & Argantos, 2020; Asadi et al., 2025).

The novelty of this research lies in its comprehensive examination of the implementation of the UKS program through the integrated analysis of the three main components of Trias UKS: health education, health services, and the development of a healthy school environment. Unlike previous studies that often focus on only one aspect of school health programs, this study seeks to analyze how these components interact and contribute collectively to the creation of a healthy educational environment. By examining the implementation process, this research provides deeper insights into the operational dynamics of school health programs, including the roles of school stakeholders, the availability of health facilities, and the participation of students in maintaining school hygiene. This

approach allows for a more holistic understanding of how health initiatives in schools can influence students' awareness, behavior, and overall well-being. Consequently, the study contributes to strengthening the practical implementation framework of school health programs.

Based on the issues and research gaps identified above, a deeper investigation into the implementation of the School Health Effort Program is necessary to understand its effectiveness in promoting healthy school environments. The central research problem of this study concerns how the UKS program is implemented through health education, health services, and environmental health development, as well as what factors influence its effectiveness. This research argues that successful implementation of the UKS program requires the integration of educational activities, accessible health services, and active participation from all school stakeholders. When these elements function together, they can create a sustainable culture of healthy living within the school community. Therefore, analyzing the implementation process of the UKS program can provide valuable insights for improving school health management and strengthening collaborative efforts between educational institutions and health agencies in supporting students' well-being.

RESEARCH METHODS

This study employed a qualitative research approach using a case study design to obtain an in-depth understanding of the implementation of the School Health Effort Program (Usaha Kesehatan Sekolah/Madrasah or UKS) in creating a healthy school environment (Râbu & Binder, 2025; Viera, 2023). Qualitative research aims to explore and interpret social phenomena through descriptive data in the form of written or spoken words as well as observable behaviors (Sugiyono, 2019). The case study design was chosen because it allows researchers to examine a particular phenomenon within its real-life context and to gain a comprehensive understanding of processes, interactions, and experiences related to the implementation of the UKS program. This research was conducted at SMP Negeri 4 Bandar Lampung because the school has implemented the UKS program as part of its efforts to promote a healthy school environment. The selection of this site enabled the researcher to investigate the implementation process, the involvement of school stakeholders, and the practical dynamics of school health program activities (Kusumastuti & Khoiron, 2019).

The subjects of this study consisted of individuals who were directly involved in the implementation of the UKS program at the school. The research informants included the school principal, UKS coordinators or teachers responsible for the program, and students. These informants were selected because they possess relevant information and direct experience related to the

implementation of the UKS program. Data were collected through several techniques, namely observation, interviews, and documentation. Observation was conducted by directly observing activities related to the implementation of the UKS program, including the cleanliness of the school environment, the condition of the UKS room, student health activities, and the practice of clean and healthy living behaviors within the school environment. Interviews were carried out with the principal, UKS teachers, and students to obtain deeper information regarding the implementation process, challenges encountered, and efforts made to support the realization of a healthy school environment. Documentation was conducted by collecting supporting documents related to the UKS program, such as photographs of activities, UKS activity reports, organizational structures, and other relevant records.

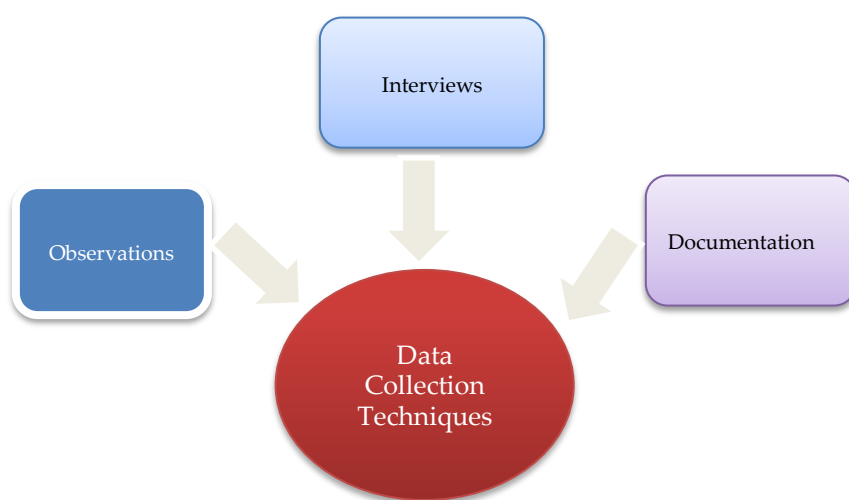


Figure 1. Data Collection Techniques

Data analysis in this study was conducted continuously throughout the research process using qualitative data analysis procedures. The analysis followed several stages consisting of data condensation (data reduction), data display, and data verification or conclusion drawing. Data condensation refers to the process of selecting, focusing, simplifying, and organizing the information obtained from observations, interviews, and documentation to highlight relevant findings. The reduced data were then presented in the form of a narrative description to facilitate understanding and interpretation of the research findings. The next stage was data display, which involved organizing and presenting the information systematically so that patterns, relationships, and themes could be clearly identified. Finally, the verification stage involved drawing conclusions based on the analyzed data and continuously reviewing the findings to ensure their validity and consistency.

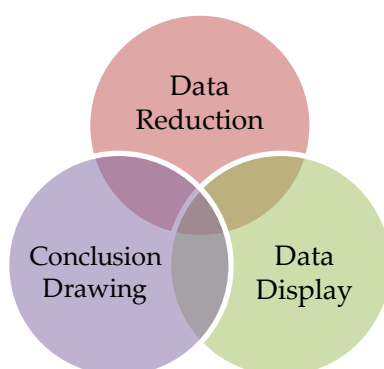


Figure 2. Data Analysis Process

RESULTS AND DISCUSSION

The results of this study were obtained through data collection techniques in the form of observation, interviews, and documentation conducted at SMP Negeri 4 Bandar Lampung. The data obtained were then analyzed to determine how the implementation of the School Health Effort Program (UKS) in realizing a healthy school. The implementation of the UKS program at SMP Negeri 4 Bandar Lampung has been carried out through several activities that refer to the Trias UKS concept, namely health education, health services, and the development of a healthy school environment.

Health Education

Health education is one of the main components in the implementation of the School/Madrasah Health Effort Program (UKS). Health education aims to provide knowledge, instill attitudes, and form healthy living behaviors in students (Li et al., 2024). Through health education, students are expected to be able to understand the importance of maintaining personal and environmental health so that they can apply clean and healthy living patterns in everyday life (Lumbanraja et al., 2022).

In theory, health education in schools is a learning process that aims to increase students' awareness and ability to maintain health. Health education does not only emphasize providing information, but also the formation of attitudes and habits of healthy living. This can be done through various activities such as health counseling, classroom learning, clean and healthy living practices, and other activities related to improving student health.

In the UKS program, health education is part of the Trias UKS, which includes three main programs, namely health education, health services, and the development of a healthy school environment. Health education has an important role because it becomes the basis for forming clean and healthy living behaviors in students (Raharyani, 2025). Through health education, students not only gain knowledge about health, but are also expected to be able to apply

healthy living habits such as maintaining personal hygiene, consuming nutritious food, doing physical activities, and maintaining the cleanliness of the school environment (Nita et al., 2025).

In addition, health education also aims to increase students' awareness of various health problems that may occur in the school environment and society. With health education, students are expected to have the ability to prevent disease and maintain their own health and environment.

Based on the results of research conducted at SMP Negeri 4 Bandar Lampung, the implementation of health education has been carried out as part of the UKS program at the school. Health education is carried out through various activities that aim to increase students' knowledge and awareness about the importance of maintaining health. One form of implementation of health education at SMP Negeri 4 Bandar Lampung is through health counseling given to students. This counseling is usually conducted by UKS supervising teachers or health workers who collaborate with the school, such as officers from the community health center. The materials delivered in health counseling include the importance of maintaining personal hygiene, healthy lifestyles, disease prevention, and the importance of maintaining the cleanliness of the school environment.

In addition to counseling activities, health education is also carried out through the habituation of clean and healthy living behaviors in the school environment. For example, students are accustomed to washing their hands before eating, maintaining classroom cleanliness, and throwing garbage in its place. Cleaning duty activities carried out by students every day are also one form of effort in instilling habits of maintaining environmental cleanliness. The school also involves students in activities related to health through the formation of UKS cadres or student health cadres. UKS cadres have a role in assisting the implementation of health activities at school and becoming role models for other students in implementing clean and healthy living behaviors.

Based on the results of observations, health education activities at SMP Negeri 4 Bandar Lampung have had a positive impact on students' awareness in maintaining cleanliness and health. However, more optimal efforts are still needed to improve the effectiveness of the implementation of health education, such as increasing the frequency of counseling activities and expanding student involvement in health activities at school.

Thus, it can be concluded that health education at SMP Negeri 4 Bandar Lampung has been implemented as part of the UKS program in an effort to realize a healthy madrasah. However, its implementation still needs to continue to be improved so that the objectives of health education can be achieved more optimally.

Health Services

Health services are one of the important components in the implementation of the School or Madrasah Health Effort Program (UKS). Health services aim to maintain, improve, and monitor the health conditions of students so that they can participate in the learning process properly (Zhang et al., 2024). Through health services at school, it is expected that health problems experienced by students can be detected early so that they can be handled appropriately (Hidayat & Argantos, 2020).

In theory, health services in the UKS program are efforts carried out to provide basic health treatment to students in the school environment. These health services are usually carried out through various activities, such as periodic health checks, first aid for accidents (P3K), monitoring students' health conditions, and referrals to health facilities if needed.

Health services in schools also aim to prevent the emergence of various diseases that can disrupt student learning activities (Tafuri et al., 2024). Therefore, health service activities do not only focus on treatment, but also on disease prevention efforts through health checks, monitoring students' personal hygiene, and providing information about how to maintain health. In the implementation of the UKS program, health services are usually carried out through cooperation between the school and health workers from community health centers or local health agencies. This cooperation is important to ensure that health services provided to students can run effectively and in accordance with applicable health standards (Zhang et al., 2024; Car et al., 2025)).

Based on the results of research conducted at SMP Negeri 4 Bandar Lampung, health services at school have been implemented as part of the UKS program. These health services aim to provide initial treatment for students who experience health problems while in the school environment. One form of health service available at SMP Negeri 4 Bandar Lampung is the existence of a UKS room used as a place for first treatment for students who experience minor health problems, such as headaches, dizziness, or minor injuries. The UKS room is equipped with several basic facilities, such as beds, first aid kits, and simple medicines that can be used to provide first aid to students.

In addition, the school also cooperates with the community health center in the implementation of health service activities for students. This cooperation is usually carried out in the form of periodic health examinations, health counseling, and other activities related to improving student health. Health services in schools also involve UKS supervising teachers who are tasked with managing UKS activities and providing assistance to students who need health treatment while at school. In certain activities, students who are members of UKS cadres also participate in assisting in the implementation of health activities at school.

Based on the results of observations, health services at SMP Negeri 4 Bandar Lampung have provided benefits for students in obtaining basic health treatment in the school environment. However, there are still several obstacles faced, such as limited health facilities and the not yet optimal utilization of the UKS room in health service activities.

Thus, it can be concluded that health services at SMP Negeri 4 Bandar Lampung have been implemented as part of the UKS program in an effort to support the creation of a healthy madrasah environment. However, the implementation of health services still needs to be improved through the provision of more adequate health facilities and increased cooperation with health workers so that health services in schools can run more optimally.

Development of a Healthy School Environment

The development of a healthy school environment is one of the important components in the implementation of the School or Madrasah Health Effort Program (UKS) (Melizza et al., 2025). The development of a healthy school environment aims to create a school environment that is clean, healthy, comfortable, and safe so that it can support an effective teaching and learning process. A healthy school environment also plays an important role in preventing the occurrence of various diseases and improving the quality of students' health. The development of a healthy school environment is an effort carried out to maintain and improve the quality of the physical and social environment within the school environment. A healthy school environment includes various aspects, such as classroom cleanliness, the availability of adequate sanitation facilities, proper waste management, the availability of clean water, and a well-organized and comfortable school environment (Rita et al., 2024).

In the implementation of the UKS program, the development of a healthy school environment is not only the responsibility of the school, but also involves all school members, including the principal, teachers, education staff, and students. Through the involvement of all school members, it is expected that a shared awareness will be created to maintain the cleanliness and health of the school environment. The development of a healthy school environment also aims to instill clean and healthy living habits in students. With a clean and healthy school environment, students will be accustomed to maintaining personal hygiene and their environment (Fakhrurozi et al., 2024). This is very important in forming healthy living behaviors that can be applied by students not only at school, but also in the family and community environment (Suhartinah et al., 2025).

Based on the results of research conducted at SMP Negeri 4 Bandar Lampung, the development of a healthy school environment has been carried out as part of the UKS program. The school strives to create an environment that is clean, comfortable, and healthy in order to support teaching and learning activities. One form of development of a healthy school environment carried out is by implementing classroom cleaning duty activities carried out by students in turns. Each student has the responsibility to maintain classroom cleanliness, such as sweeping the floor, cleaning the whiteboard, and tidying desks and chairs before and after learning activities. The school also strives to maintain the cleanliness of public facilities such as bathrooms and the surrounding school environment so that they remain clean and comfortable for use by all school members. This effort is carried out to create a healthy school environment so that it can support the health of students.

Based on the results of observations, the environment of SMP Negeri 4 Bandar Lampung is generally quite clean and well organized. However, there are still several obstacles, such as the presence of some students who are still less disciplined in maintaining the cleanliness of the school environment and the limited availability of cleaning facilities in several areas of the school.

CONCLUSION

The findings of this study indicate that the implementation of the School Health Effort Program (UKS) has contributed positively to the development of a healthy school environment. Health education has been carried out through health counseling activities, the habituation of clean and healthy living behaviors, and student participation in school cleanliness activities, which have helped increase students' awareness of maintaining personal and environmental hygiene. Health services have also been implemented through the provision of a UKS room that functions as a first aid facility for students experiencing minor health problems, as well as collaboration with the community health center in conducting health examinations and health education activities. In addition, the development of a healthy school environment has been supported through classroom cleaning duties, the provision of waste disposal facilities, and collective cleaning activities involving the entire school community. These findings highlight that the integration of health education, health services, and environmental management plays an important role in supporting the realization of a healthy school environment and fostering healthy behaviors among students.

From an academic perspective, this study contributes to the understanding of how the three components of the Trias UKS—health education, health services, and the development of a healthy school environment—are implemented in an integrated manner within the school context. The research provides practical insights for educational institutions in strengthening the

implementation of school health programs to support students' well-being and learning effectiveness. However, this study has several limitations, including the limited scope of observation and the focus on a single school context, which may affect the generalization of the findings. Therefore, future research is recommended to involve a wider range of schools, incorporate quantitative or mixed-method approaches, and further explore the effectiveness of school health programs in influencing students' health behaviors and academic outcomes.

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