Improving the Health Level of the Young Generation: Implementation of School Health Efforts at Inpres Doyo Baru and Besum State Elementary Schools, Jayapura Regency

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ABSTRACT
This research aims to examine the efforts of two elementary schools, namely Inpres Doyo Baru and Besum State Elementary Schools in Jayapura Regency, in implementing School Health Efforts. This research uses a qualitative descriptive method with a case study approach. Data collection was carried out through in-depth interviews with 12 informants, consisting of 10 key informants, 6 main informants, and 3 additional informants. The results of this study reveal that both schools integrate health education in the curriculum, especially in subjects sports physical Education and health and Scouts. A school environment that is free from bullying and violence, as well as the availability of clean and well-maintained toilets, also supports the creation of a healthy learning environment. Support from School Operational Assistance funds and active participation from various parties, including the government, non-government organizations and the community, are important factors in the smooth running of the School Health Business program. The efforts of the Inpres Doyo Baru and Besum State Elementary Schools in implementing School Health Efforts show their commitment to building a healthy and quality young generation.
INTRODUCTION

Schools are formal social institutions established based on law. Schools act as a vehicle for the development and development of human resources. Through school, students have the opportunity to gain knowledge, skills and abilities in certain fields as well as ethical and moral education (eprints.uny.ac.id, 2011). The advantage of schools compared to health care systems in providing health education is that schools can provide a large-scale and centrally organized environment that can be accessed by all children, and have many of the resources needed to implement health education for students (Evans et al., 1987). Schools play an important role in providing education to improve children's health status (Nugraheni et al., 2018).

Elementary school students are one of the social groups who spend a lot of time in the school environment, so they need to pay sufficient attention to their health and provide closer access to health services for them (Abedi et al., 2016). As a result of students' knowledge about healthy living behavior being low, it is not impossible that students will not be able to implement healthy living behavior correctly or even not apply it in their daily lives, which will result in a low level of physical health. There is a need for handling and solutions for this by increasing their knowledge, understanding and practicing it in the school environment and for themselves (Cahyaningrum, 2016).

The Indonesian government has made efforts to improve the health status of school-age children, including elementary school students, through a joint decree of four ministers (minister of health, minister of religion, minister of education and culture and minister of home affairs of the Republic of Indonesia) in 2003 concerning the development of an integrated School Health Business to become legal basis for efforts to achieve complete school health status (Ministry of Health).

This is in accordance with research results from Mujriah & Alqifari (2022) explaining in their research entitled School Health Business Management Training in Improving the Management of Independent School Health Businesses in Central Lombok, revealing that conditions in rural areas with limited access to clean water and sanitation cause the spread of infectious diseases. Lack of health and education facilities as well as parents' lack of health knowledge can affect the quality of health of children in rural areas (Mujriah & Alqifari, 2022).

This is what happened in two schools that received training in School Health Business Management by UNICEF and the Nusantara Sejati Foundation. There were differences in the implementation of Health Business between the Inpres Doyo Baru State Elementary School which was in an urban area and the Inpres Besum Elementary School which was in a rural area. questions for researchers, what have schools done in implementing school health efforts, how are school health efforts implemented and why are there differences in the implementation of school health efforts.

Departing from the description above, this study focuses on discussing improvements Degree of Health of the Young Generation: Implementation of
School Health Efforts at Inpres Doyo Baru and Besum State Elementary Schools, Jayapura Regency, Papua Province.

THEORETICAL REVIEW
Understanding Implementation

Implementation is an activity or action from a plan that is made in detail to achieve a goal. Implementation begins when all planning is deemed perfect (etheses.iainkediri.ac.id, nd). According to Mulyadi (2015:12), implementation refers to actions to achieve the goals set in a decision. This action seeks to change these decisions into operational patterns and seeks to achieve large or small changes as previously decided. Implementation is essentially an effort to understand what should happen after the program is implemented.

Implementation is one stage in the public policy process. Usually implementation is carried out after a policy is formulated with clear objectives that deliver the policy to the community so that the policy can bring the expected results (Lorenza et al., 2022). According to Sunarti (2016:790) that: The essence of implementation is a series of planned and gradual activities carried out by implementing agencies based on policies that have been determined by the competent authority.

Wahab, (2012: 64-65) explains the meaning of implementation by saying that: Understanding what actually happens after a program is declared effective or formulated is the focus of attention of policy implementation, namely the events and activities that arise after the ratification of State policy guidelines, which includes both efforts to administer it and to cause real consequences/impacts on society or events.

School Health

School Health Business is an educational unit's effort to instill, grow, develop and improve the ability to live a healthy life, by implementing Clean and Healthy Living Behavior, as well as the health status of students through the implementation of the Trias of School Health Business, namely: Health Education: through intracurricular, co-curricular and extracurricular knowledge-increasing activities and the habit of Clean and Healthy Living Behavior. Health Services: through disease prevention such as immunization and taking worm medicine. Fostering a Healthy School Environment: by completing infrastructure for Clean and Healthy Living Behavior, including clean water, toilets, hand washing facilities, rubbish bins, drainage channels (Primary School Directorate, 2024).

Referring to the Indonesian Ministry of Health (in Hidayat & Argantos, 2020) it is explained that School health efforts are an integrated effort across programs and across sectors to improve the ability to live healthy and subsequently form healthy and clean living behavior for students and school residents.

METHODOLOGY
When conducting research, it is important to use the method Ilham et al., (2021). Therefore, the research utilizes qualitative research methods with a case study research approach to reveal school efforts in implementing school health efforts. This research was conducted at two different locations in Jayapura Regency, namely at the Inpres Doyo Baru State Elementary School located at Jalan Raya Sentani-Depapre which represents schools in urban areas, the second location at Inpres Besum Elementary School located in Karya Bumi Village which represents schools in the area rural areas, research was conducted from December 2023 to January 2024. Research as the main instrument using an in-depth interview guide and a tape recorder to record the results of the interview. The data collection method used in this research was in-depth interviews using interview guides and observation techniques. There were 19 informants in this study, consisting of 10 key informants, 6 main informants and 3 additional informants. Apart from that, to support the research data, a literature study was also carried out, the data came from various literature sources that were relevant to the topic discussed (Muttaqin et al., 2022; Sapioper et al., 2022; Wambrauw, 2023).

RESULTS AND DISCUSSION

Curriculum and Extracurricular

The results of this research reveal that the schools studied have the same views on the health curriculum which is not yet independent and integrated into subjects in school learning, this causes health education to students to seem implemented because it is a requirement to prepare students before entering class.

The use of media in providing health education is more effective than lectures as revealed in the research conducted (Nur & Sudarman, 2021) which states that health education for school students is more effective using media compared to conventional lecture methods. Media, such as images, videos, or animations, provide a dynamic and interactive approach, making it easier to understand health concepts. Visualization of information improves memory and maintains students' attention. Another advantage is that the delivery of information is more interesting and creative.

School Social and Physical Environment

An inclusive school that can strengthen students' social ties and emotional well-being. Additionally, anti-bullying policies and the promotion of positive norms can create a safe social environment and support students' personal development (Veugelers et al., 2015). Research conducted at two schools revealed that a social environment free of bullying is the social environment expected by the informants, the absence of bullying between students and violence perpetrated by teachers is a form of a healthy social environment. In line with research Mufriah, (2016) which explains that schools free from bullying and violence create a healthy social environment by promoting a sense of safety and diversity among students.

School Policy
The results of this research reveal that the policy formulation experienced by the informants is participatory by utilizing spaces such as meetings. However, to whom the policy is binding also depends on who produces the policy. Policies that bind all school communities in this research are prepared in a participatory manner and utilize formal meetings such as Teacher Working Groups, Principal Working Groups and parent-student meetings.

Study Friskarini & Sundari, (2020) explaining school health policies that are participatory and agreed upon in formal meetings is the key to effectiveness. Involving teachers, parents, students, and principals in policy making creates a sense of shared ownership. Budgeting in the implementation of school health policies is discussed in this research, informants revealed that there is funding that comes from School Operational Assistance (BOS) funds and this policy is in line with the Minister of Education, Culture, Research and Technology Regulation Number 2 of 2022 which contains technical instructions for managing operational assistance funds. Stated that School Operational Assistance funds can be used for school administration needs, including the need to purchase cleaning and health equipment.

**Partnership and Service**

The partnership in this research was expressed by the informants divided into two parts, namely diversity partnerships for health and health support for schools. On the diversity of partnerships, informants explained their experiences of collaboration with government institutions such as the Agency National Agency of Drug and Food Control, Ministry of Health and Community Health Centers. Furthermore, the partnerships that the informant has experienced are partnerships with non-governmental organizations including multi-national institutions such as UNICEF and local non-governmental organizations such as the Nusantara Sejati Foundation and the Noken Foundation.

The form of partnership implementation in this research was revealed by the informant to be of several types, namely support in the form of capacity building in the form of training. The training that the informant had attended was School Health Business training, small doctor training, and malaria health cadre training.

Indonesian Ministry of Education and Culture, (2019) explains in the guidebook for school health efforts that partnerships with government and non-government institutions are very important in supporting the implementation of health activities in schools.

**Student's Parental Background**

The results of the research reveal that the economic conditions of the informants can influence, for example, families belonging to the lower middle class receive traditional treatment or self-treatment with chemical drugs that are easily available without a doctor's prescription. Meanwhile, upper middle class families will tend to have family members checked for illnesses at health services such as hospitals and doctors' practices.
The results of the research above are in line with Abedi et al., (2016) explains that Social status will influence parents' efforts to solve students' health problems and will consider the financing aspect of recommendations for treatment for family members who are experiencing pain.

On research Abedi et al., (2016) revealed that the level of parental education has an influence on students' health because the higher the parents' knowledge, the more health information is collected. Another thing that is the result of the analysis is the number of family members. Research shows that the number of family members can influence parents' focus in providing care to maintain health and care for family members who are sick.

Based on the results of research on the cultural practices of informants using traditional medicine as an option for people to take as an initial healing measure if a family member is in pain, the form of traditional treatment used is with concoctions in the form of concocting herbal plants and with treatment skills such as massage.

The same results were revealed in the research conducted Dharwiyanto Putro, (2021) which revealed that traditional medicine is often the first step for people when dealing with pain. This is influenced by cultural values and inheritance from generation to generation, this method is considered familiar and affordable.

**Teacher Competency**

The results of the analysis of this research produced three roles of teachers for student health as conveyed by the informants, namely teachers as role models for student health at school, teachers as supervisors and mouthpieces for communicating student health and teachers as identifiers of indications of the risk of illness in students. In the role of teachers as figures for students' health, this is expressed because students have obedience to teachers. Continuous obedience to teachers will make students imitate the behavior of their teachers.

The results of this research are in line with the research conducted (Abedi et al., 2016) which revealed that in some cases related to obedience, elementary school students even had better obedience to their teachers than their parents. The importance of improving health education for teachers is clear, although opportunities to increase capacity are often limited (Peters et al., 2009). Teachers play an important role as providers of health knowledge to students, playing a key role in shaping students' health behaviors and decisions. The obstacle experienced by informants in this research was the lack of information about opportunities and resources to increase teacher capacity regarding health education.

**Health Value**

The results of this research reveal that at the school level, health is seen as a condition that physically looks healthy and students attend and participate in the learning process at school. The concept of health expressed by informants from schools is contrary to the concept of health according to WHO which
explains that a perfect condition, both physical and mental, and social, not only free from disease or weakness/disability.

Parent informants expressed the value of student health for informants in association with the physical condition of students who do not experience pain and are supported by a healthy school environment, this research is in line with Linati, (2016) which explains that health does not only include physical health, but is also supported by environmental health.

The value of health for students expressed by student informants is not only seen from physical but also mental and social health conditions that are free from bullying. Mufrihah, (2016) Good mental health plays a crucial role in overall well-being.

CONCLUSIONS AND RECOMMENDATIONS

Curriculum and Extracurricular: Health education in schools does not stand alone, but is integrated into physical education, sports and health subjects and is included in Scout extracurriculars. In implementing health education, the methods used by the informants were lectures and the use of media or teaching aids. School Social and Physical Environment Perspective: The perspective of the social environment for the informant is a condition that is free from bullying and violence. In the physical environment, the informant pays attention to the availability of clean toilets and in accordance with the ratio of the number of students. According to the informants, community involvement can encourage the movement of community resources to help schools, especially in the context of student health. School Policy: The process of formulating policies in schools is participatory, involving formal meeting rooms such as Teacher Working Groups, Principal Working Groups, and student parent meetings. The policies prepared are binding on the entire school community. The importance of the budgeting aspect in implementing school health policies in this research notes that funding comes from School Operational Costs (BOS). Partnership and Service: According to the informants, the diversity of partnerships includes collaboration with government institutions such as the Agency National Agency of Drug and Food Control Ministry of Health, and Community Health Center, as well as partnerships with non-governmental organizations such as UNICEF, Nusantara Sejati Foundation, and Noken Foundation. The form of partnership implementation in this research includes various types of support such as capacity building through training, assistance with health modules and assistance in implementing health programs. Background of Student's Parents: Economic conditions have an influence on the treatment choices made by families. Lower middle class families tend to use traditional medicine or self-medication with chemical drugs without a doctor's prescription, while upper middle class families prefer formal health services such as hospitals and practicing doctors. The number of family members is also a factor that influences parents' focus in providing care and caring for the health of their family members, which reveals that ensuring children's health requires skills, and fewer family members can make the task of caring lighter. The informants' cultural practices also reflect the use of traditional medicine as an initial choice.
for healing, shown by traditional medicine often being the first step for people in dealing with pain, traditional herbs and massage techniques being choices commonly used to relieve pain symptoms. **Teacher Competency:** There are three main roles of teachers in the context of student health. First, teachers are considered role models for student health at school. Second, teachers act as supervisors and mouthpieces for student health communication. Third, teachers are recognized as identifying indications of risk of illness in students. The importance of increasing the capacity of health education for teachers. Teachers often face obstacles related to the lack of information about opportunities and resources to increase teacher capacity in the field of health education. The role of teachers remains very crucial. **Health Value:** There are differences in the concept of health between schools, parents and students. At the school level, health tends to be seen as a physical condition that looks healthy, with students attending and participating in the learning process. Meanwhile, parents associate the value of student health with a physical condition that is free from pain, supported by a healthy school environment or emphasize that health does not only include physical aspects, but is also supported by environmental health. For students, the value of health is not only seen from the physical aspect, but also from the condition of their mental and social health. Student informants emphasized the importance of being free from bullying.

**Recommendations:** 1) The Health Service at the District and Provincial levels is advised to provide scheduled and regular training programs for teachers in schools. This training can cover important aspects related to health, such as basic knowledge about common diseases, prevention efforts, mental health promotion, and strategies. managing student health in the school environment. 2) The District Education Office directs each school to formulate a structured health policy and budget special funds for school health needs. It is hoped that the implementation of this policy can increase awareness of the importance of health in the educational environment and by allocating an adequate budget, each school can more effectively run health programs. 3) The Jayapura Regency School Health Business Development Team to provide more intensive supervision of schools and be active in developing the health curriculum. By strengthening the supervisory role, the team can ensure that the implementation of health programs in schools meets standards. The development of an assessable curriculum can provide a benchmark for the effectiveness and relevance of health program implementation. 4) The public understands that the role of the community in supporting the implementation of school health efforts still needs to be intensified. Village government support is still not optimal. With strengthened synergy between schools and communities, it is hoped that an educational environment that supports the overall health and well-being of students can be created.

**FURTHER STUDY**

Future researchers are expected to examine the School Health Business policy more deeply by considering the inclusion of mental health aspects, learning about healthy lifestyles, and increasing the accessibility of health
facilities. This holistic policy can increase the effectiveness of the School Health Enterprise program in supporting student welfare.

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REFERENCES


