

Developing Management Model of School Health Services to Encourage Clean and Healthy Life Behavior in Junior High School

Nunuk Hariyati^{1,*} Mudjito¹ Karwanto¹ Amrozi Khamidi¹

¹Postgraduate, Universitas Negeri Surabaya, Indonesia

*Corresponding author: nunukhariyati@unesa.ac.id

ABSTRACT

The complexity of the impact of the Covid-19 pandemic and the government's scheme regarding the return of students to school in new normal conditions demands school readiness to implement health protocols. The School Health Unit has an important role in educating school members in the habit of clean and healthy living, thus an effective management system is needed in its management. Therefore, this study aims to develop a school health unit management model as a guide that has aspects of feasibility for junior secondary school education unit managers. This research employed Borg and Gall development model. The results of validation by experts in the field of Educational Management and Model Design experts state that this model is feasible. Therefore, it can be concluded that the school health unit management model is appropriate as a guide in implementing the healthy and clean life habit in junior high schools.

Keywords: Management model, School health service, Guidance book

1. INTRODUCTION

The spread of Covid-19 has had a significant impact on all education sectors including the implementation of education in all education units. WHO reports that children and adolescents up to 18 years of age represent 1 to 3% of reported infections [1]. Although children are less affected, they also have more contact in school and community settings. Therefore, the government through the Ministry of Education and Culture has issued Circular Number 3 of 2020 concerning the Prevention of Covid-19 in schools in anticipation of the spread of the corona virus in schools. A clean and healthy lifestyle is a form of preventive effort to stop the spread of Covid-19, especially when all schools are about to enter a new normal era. The purpose of implementing a clean and healthy lifestyle according to the Indonesian Ministry of Health is to increase knowledge, awareness, willingness, and community capacity to live a clean and healthy life, and to increase the active participation of the community, including the business world, in an effort to achieve optimal health status [2].

Clean and healthy living behavior is a set of behaviors that are practiced on the basis of awareness as a result of learning, which makes a person, family, group

or community able to help themselves (independently) in the health sector and play an active role in realizing public health [3]. The Covid-19 pandemic required people to change behavior and awareness in maintaining cleanliness and healthy living. A person's healthy lifestyle is influenced by many factors, both from internal and external [4]. Factors that can influence the success of student clean and healthy living behavior are the support from parents, support from schoolmates, support for teachers in schools, and adequate infrastructure [5]. In line with this, the results of other studies indicate that schools should increase awareness to clean and healthy living behavior, provide complete facilities, and evaluate program implementation [6].

Management of School Health Services in encouraging clean and healthy living behavior is a systematic effort through identifying potential and environmental problems for schools and local/regional which pay attention to global environmental issues, in this case is the Covid-19 global pandemic. This is in line with the General Provisions of the Regulation of the Minister of Environment and Forestry of the Republic of Indonesia Number P.52/MENLHK/SETJEN/KUM.1/9/2019 concerning The Movement Environmental Care Awareness in

Schools [7]. In line with this, Law Number 36 Year 2009 article 79 emphasizes that "School Health Service" is held to improve students' awareness about clean and healthy living behavior as well as the awareness to care with environment. Therefore, students can learn, grow and develop to become quality human resources [8]. Management of the School Health Service according to the Central School Health Service Advisory Team include planning, implementation, monitoring and evaluation, and reporting [9]. The success of implementing School Health Service in schools really depends on the management process developed by the school, from planning to controlling School Health Service activities on an ongoing basis [10].

School Health Service is a platform for service, education and health development in schools which aims to improve the awareness of clean and healthy living behavior of students and create an healthy environment [11]. Meanwhile, the School Health Service function has not yet represented its role and function optimally. This can be observed from several research results which show that the School Health Unit is implemented as a platform to improve the health awareness of students, but in fact most schools cannot implement School Health Service properly [12]. The results showed that the implementation of health programs for children, school principals and parents had not been maximally implemented and there was a lack of control over school health programs [13]. In addition, the management of the School Health Unit has not been running optimally due to several inhibiting factors, such as the lack of knowledge of teachers and school principals, inadequate facilities and infrastructure, lack of parental consistency in cultivating clean and healthy living habits, and the Community Health Center has less role [14]. The results of similar research indicate that there are still many weaknesses in implementing the management of the School Health Unit, including: (1) unguided planning as well as inefficient monitoring and evaluation; (2) poor organization without proper standard operational procedures; (3) improper monitoring and limited assessment regarding the performance [15].

The results of preliminary studies conducted by researchers through online interviews and Focus Group Discussions (FGD) with Junior High School Principals in the City of Surabaya, emphasized that the existence of the School Health Unit has not been optimally functioned to instill awareness of clean and healthy living behavior. Preliminary study data shows that 38 Junior High Schools in Surabaya City have not implemented management functions effectively to

optimize the functions of this School Health Unit. The results of the need assessment indicate that school principals still need an illustration of the school health enterprise management model in the form of practical and operational guidelines.

Based on the analysis of needs and theoretical and empirical studies as described, a School Health Unit management model was developed which was adapted from the previous implementation guidelines by contextualizing the model design on cultivating clean and healthy living habits as an effort to prevent the spread of Covid-19 in accordance with WHO health protocol standards. This research is expected to generate theoretical implications for the enrichment and development of the substance of education management studies, namely the School Health Unit as one of the special services in schools. In addition, this research is expected to be useful as a supporting system that can be used as a guide in managing the School Health Service as a special school service unit in certain situations effectively and sustainably.

2. METHOD

This study employed research and development approach. Development research is a process used to develop and validate products used in education and learning [16]. The steps for developing the model according to Borg and Gall are: (1) conducting preliminary research; (2) planning; (3) developing the initial model; (4) conducting initial field trials (testing by experts); (5) revising based on the results of the initial field trials (expert testing); (6) conducting limited field trials; (7) revising the model results of limited field trials; (8) conducting large trials; (9) final model revision; and (10) disseminate the model.

The subject of this research was 38 out of 63 school's principals from five different regions in Surabaya. The research was conducted in 2020 through online meeting which was hosted at Continuing Program Development, Universitas Surabaya. Moreover, the data were collected through interviews and FGDs with school principals related to the management of the School Health Unit in encouraging a clean and healthy life and exploring the need for guidelines in its implementation. Interviews were conducted with education management experts and design models to obtain data in the form of suggestions or input that would be used as a basis for improving product development in the form of a School Health Unit

Management Model which was then used as a reference for testing the feasibility of product development.

Questionnaires were given to school principals to explore the perceptions of school principals regarding the need for developing a school health enterprise management model in the form of a practical manual. This development research uses a closed questionnaire, namely a questionnaire that contains questions and alternative answers are available for selection by respondents. Furthermore, the data collected through distributing questionnaires is calculated using a Likert scale with a score range of 1-4.

The data obtained from the product test results from educational management experts to the product feasibility test were assessed using a Likert scale, with a score range of 1-4 which was explained by the percentage technique. The eligibility criteria are described in the following table.

Table 1. Development feasibility assessment criteria

Percentage	Criteria
81%-100%	Very good/Require no revision
61%-80%	Good/ Require no revision
41%-60%	Less/ Require revision
21%-40%	Poor/ Require revision
0%-20%	Very bad/Require revision

3. RESULTS AND DISCUSSION

3.1. Results

The results of this study indicate that 38 of junior high school principals in Surabaya City stated 44,27% agree, 55, 57% strongly agree and 0.16% disagree with the development of a School Health Service management model during the Covid-19 and New Normal transition periods. This means that school principals really need practical guidance in managing the School Health Service as one of the special service units in schools. Furthermore, product testing by experts in the field of education management assesses the feasibility of scoring an average of: (1) 83% on the component of school resource mapping as input; (2) 85% on the Management Process which includes Planning, Organizing, Actuating and Controlling to realize the School Health Service Triassic in implementing clean and healthy living habits during the Covid-19 transition and new normal; (3) 82% on the Instruments for measuring School Health Service management outcomes; and (4) 82% on the instruments to measure the impact of School Health Service management on the realization of healthy schools and effective student learning. Based on the results of these calculations, the conversion of this product development is in the Very Good and feasible category [17].

3.1.1. Clean and Healthy Living Habits

So far, schools in Surabaya have integrated the education about clean and healthy living habits in the teaching and learning process and through the role of teachers in the learning process. With regard to the clean and healthy living habits to prevent the spread of Covid-19 in the new normal era, the schools adopted WHO health protocol, the Ministry of Health and the Ministry of Law and Human Rights, as described in the following table.

Table 2. Clean and healthy living habits to prevent the spread of covid-19 in school environments in the new normal era

Protocols	Realization in Activities and Behaviour
Entering school area	<ol style="list-style-type: none"> Using face mask Washing hands with water and soap or using hand sanitizer Checking the body temperature
During the learning process	<ol style="list-style-type: none"> Making new studying schedule with adjusted duration Determining the number of students in one classroom Implementing physical distance inside the classroom during the learning process Regulating the wearing of shoes in the classroom
The management of facilities and infrastructures	<ol style="list-style-type: none"> Providing tools and materials to meet health protocols, such as: hand sanitizers and disinfectants, hand washing places; availability of clean water; Arranging classrooms and other rooms in the school according to protocol with; Maintaining the cleanliness of school spaces and facilities by spraying disinfectants before and after class, using teaching and learning activities. Provide trash bins in every school room; Closing the operation of the school canteen temporarily; Arranging air vents for every room in the school, especially classrooms
During the interaction within school's area	<ol style="list-style-type: none"> The guests need to inform to the security first before entering school area It is suggested to minimize physical contact such as hand-shaking.

3.1.2. School Health Service Management Model

Efforts to empower students, teachers, and the community in the school environment to know, be able and willing to practice clean and healthy living habits have been carried out by all junior high school principals in the city of Surabaya with different strategies. Several school principals socialize clean and healthy living habits through various school activities that are internalized in teaching and learning activities. Most of the school principals stated that the School Health Service activity program had not been well planned and depended more on programs organized by the local Health Office.

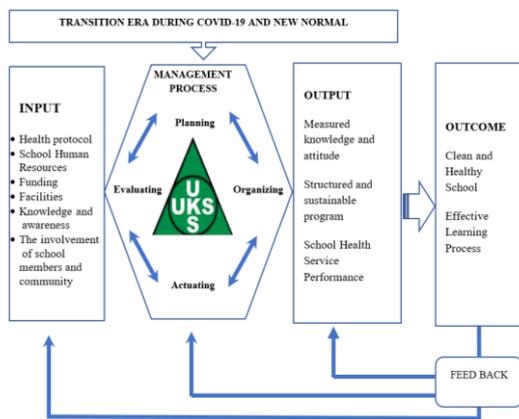


Figure 1 The framework model of school health service.

3.2. Discussion

3.2.1. Clean and Healthy Living Habits

The health protocol as described has become the entry point for the principal in preparing student learning activities in schools during the new normal period by describing them in more operational internal school policies involving the School Health Service Unit.

3.2.2. School Health Service Management Model

School Health Service as one of the special service units in schools is part of a system consisting of entities in the form of resources that are interrelated with one another to achieve the goals of School Health Service effectively and efficiently. A System is a set of interrelated parts, working in dependently and jointly, in pursuit of common objectives of the whole, within complex environment [18]. Limited school resources and the lack of participation of committees and the community as supporting units in achieving School Health Service goals are inhibiting factors in optimizing the functions of School Health Services. This condition indicates that one of the components in the School Health Service management system is not functioning. School is an open system and depend on interactions with environmental elements to keep them running. The Covid-19 pandemic demands schools to adjust to the

changes that have occurred in its impact. Teaching and learning activities and management activities in schools have changed a lot.

This research produces a School Health Service management model framework as an instrument for managing school resources that can support the clean and healthy living behavior to prevent the spread of Covid-19 during the new normal era in the school environment. The results of this study are basically an attempt to actualize the school community to restore the function of the School Health Service. The framework for the School Health Service unit management model designed by the researcher is an elaboration of the Three principles of School Health Enterprises which includes: Health Education, Health Services and Healthy Environment Development through the application of a management system as illustrated as follows.

School resources mapping, both human and non-human, material and non-material, is an important stage in the management of School Health Enterprises primarily as a basis for operational planning that focuses on current resources and operational problems faced, thus supporting the visibility of planned programs. Operational planning is a process in which the administrator ensures that resources are obtained and used effectively and efficiently in achieving strategic goals [19]. Planning is prepared before an action, activity or program is implemented. In other words, planning is a guideline for all activities in an organization, including school organizations. This is in line with the opinion expressed by Banghart and Trull (1990: 43) that Educational planning is first off all an operational process [20]. The effectiveness of School Health Service management in realizing a clean and healthy lifestyle will be obtained if it is carried out in a circular manner with continuous improvement. The output and impact of School Health Service management also need to be measured according to predetermined indicators to provide feedback on improvement efforts.

4. CONCLUSION

Based on the data obtained during the process of developing and testing a School Health Service management model to encourage a clean and healthy living behavior and the results of the discussion, the following conclusions can be drawn into two. First, the development of a School Health Service management model is needed by Schools around Surabaya City. This is shown from the data that school principals stated 55,57 mostly agree and 44,27% agree, which further means

that they need practical guidance to support the management of school health service effectively and efficiently. Second, the development of a school health service management model in the form of a practical guide is declared feasible with an average score of: (1) 83% on the school resource mapping component as input; (2) 85% on the Management Process which includes Planning, Organizing, Actuating and Controlling to realize the School Health Service Triassic in implementing clean and healthy living habits during the Covid-19 transition and new normal; (3) 82% on the Instruments for measuring School Health Service management outcomes; and (4) 82% on the instruments to measure the impact of School Health Service management on the realization of healthy schools and effective student learning.

ACKNOWLEDGMENTS

The authors would like to express the greatest gratitude to the Director of Postgraduate of Universitas Negeri Surabaya in giving us a support through Engagement Research Policy. The authors would like to send also the greatest gratitude to all school principals in Surabaya who are incorporated with School Principal Working Cooperation.

REFERENCES

- [1] WHO, *Coronavirus Disease 2019: School and COVID-19*.
- [2] D. RI, *Promosi Kesehatan dalam Pencapaian Perilaku Hidup Bersih dan Sehat (PHBS)*. 2007.
- [3] L. S. Sulistyowati, *Prototype Kawasan Tanpa Rokok*. Jakarta: Kemenkes RI, 2011.
- [4] M. dan Chayatin, *Ilmu Kesehatan masyarakat : Teori dan Aplikasi*. Jakarta: Salemba Medik, 2009.
- [5] R. Adiwiryo, "Perilaku Hidup Bersih dan Sehat (PHBS) anak usia dini dalam kurikulum pendidikan anak usia dini," *J. Ilmu Kesehat. Univ. Muhammadiyah Prof Hamka*, p. 52, 2010.
- [6] D. Astuti, A. Budi, "Studi komparasi PHBS warga Sekolah Dasar di kota dan desa tahun 2016," *J. Terpadu Ilmu Kesehat.*, vol. 5, No 2, p. hlm 110-237, 2015.
- [7] "Peraturan Menteri Lingkungan Hidup dan Kehutanan Republik Indonesia Nomor

- P.52/MENLHK/SETJEN/KUM.1/9/2019.”
Kementrian Lingkungan Hidup dan Kehutanan RI,
Jakarta.
- [8] Kemenkes, *Buku Saku Pelaksanaan PHBS Bagi Masyarakat di Wilayah Kecamatan*. Jakarta: Kementerian Kesehatan RI, 2008.
- [9] T. P. U. K. S. Pusat, *Petunjuk Teknis Pembinaan dan Pelaksanaan Usaha Kesehatan Sekolah*. Jakarta: Peningkatan Kesegaran Jasmani dan Rekreasi, 2012.
- [10] A. Susana, “Manajemen kesehatan peserta didik sekolah dasar,” *J. Adm. Pendidik.*, vol. 25 No. 1, 2018.
- [11] N. Mukminin, A., & Tasu’ah, “Pengembangan model layanan program usaha kesehatan sekolah (UKS) terintegrasi pada lembaga Pendidikan anak usia dini (PAUD) di Kota Semarang (Studi pada lembaga taman kanak-kanak di Kota Semarang).” *J. Penelit. Pendidik.*, vol. 33(2), pp. 117–126, 2016, [Online]. Available: <https://doi.org/10.15294/jpp.v33i2.9094>.
- [12] dkk Prasetyo, Yoyok Bekti, “Pelaksanaan program Usaha Kesehatan Sekolah dalam upaya meningkatkan derajat kesehatan pada anak usia sekolah dasar di Lombok Timur,” *J. Kedokt. Yars.*, vol. 22(2), pp. 102–113, 2014.
- [13] I. Rachmawati, “Pengelolaan Usaha Kesehatan Sekolah (UKS) di TK wilayah kecamatan Cangkringan Sleman,” *J. Pendidik. Anak Usia Dini*, 2019.
- [14] S. T. et al Messakh, “Gambaran Perilaku hidup bersih dan sehat siswa Sekolah Dasar Negeri di Kecamatan Bancak,” *J. Ilmu Keperawatan dan Kebidanan*, vol. 10 Nomor 1, pp. 136–145, 2019.
- [15] H. Fatmawati, F., Sutrisno, S., & Firdhausy, “Penerapan fungsi manajemen pada program Usaha Kesehatan Sekolah di Sekolah Menengah Pertama,” *HIGEIA (Journal Public Heal. Res. Dev.)*, vol. 3(2), pp. 179–189, 2019.
- [16] J. P. G. M. D. Gall, W. R. Borg, “Case study research,” *Educ. Res. An Introd.* 2003.
- [17] S. Arikunto, *Prosedur Penelitian: Suatu Pendekatan Praktik*. Edisi Revisi. Jakarta: PT Rineka Cipta, 2013.
- [18] V. J. Shrode, A. William, *Organization and Management: Basic Concept*. Malaysia: Irwin Book Company, 1994.
- [19] W. Cunningham, *Process and Theory: The Planning Process*, 1st Editio. United States of America: Mayfield Publishig Company, 1982.
- [20] A. Banghart, F.W and Trull, *Educational Planning*. New York: The MacMillan. Company, 1990.