

Evaluation of Health Program Using Fresh Instruments as an Effort to Make a Child Friendly School in Semarang City

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Abstract—Health promotion programs at schools have not reached the expected indicators. The purpose of this study was to get an overview of the implementation of health programs at junior high schools in Semarang. This research used quantitative and qualitative design. The sample were 4 junior high school in Semarang city. The results showed that 75% of schools have an equivalent School Health Policy, 75% of schools have a safe learning environment, skill-based health education in 50% school and skill-based healthcare services in 75% schools in the medium category.

Keywords—evaluation, health, fresh, child friendly school

I. INTRODUCTION

Development to be achieved by the nation of Indonesia is the achievement of a developed and independent nation, prosperous birth and mind. One of the characteristics of a developed nation is to have a high degree of health, because the degree of health has a very large influence on the quality of human resources. Only with healthy resources will be more productive and improve the competitiveness of the nation [1].

Development of health aimed to increase awareness, willingness and ability to live healthy for every resident in order to realize optimal health status. Health degree is one factor that is very influential on the quality of human resources. Given the impact of behavior on a large degree of health (30-35% on health status), it is necessary to attempt to change unhealthy behaviors into health [2]. Healthy human resources will be more productive and enhance human competitiveness. To achieve the vision of health development in Indonesia, namely Indonesia Sehat 2017 has been determined a number of mission, strategy, program subjects and programs. One such program is the School Health Program. UU No. 23 of 1992 about Health states that School Health Enterprises (Usaha Kesehatan Sekolah – UKS) must be held in schools.

School is a formal and strategic institution in preparing healthy human resources physically, mentally, socially, and productively. One that influences the success of the teaching

and learning process in school is the health status and condition of the school environment [3, 4]. School health is organized to improve the ability of healthy life of learners in a healthy environment so that learners can learn, grow, and develop in harmony and optimal to become a better quality human resources [5]. Some things that become problems in the development and promotion of health promotion programs in schools are: Clean and healthy life behavior (Perilaku Hidup Bersih dan Sehat – PHBS) has not reached the expected level, in addition to the threat of illness to high school students is still quite high with the presence of endemic disease and nutritional deficiencies.

School-aged children are faced with very complex and varied health problems. Health problems in children of kindergarten and elementary school are usually related to personal hygiene and environment such as brushing your teeth is good and right, hand washing habits with soap and other personal hygiene. While in children of junior and senior high school, the problem is related to risky behavior such as drug abuse (Narcotics, Psychotropic, and other Addictive Substances). Drug abuse caused changes in physical and psychological functions, and cause dependence [6]. In addition, unwanted pregnancies, unsafe abortions and Sexually Transmitted Diseases (STDs) can be a problem faced by teenagers due to premarital sex behavior.

Some things can be a factor of teenagers having sex outside of marriage. Lack of adolescent knowledge about reproductive health can be one of them. Low knowledge is accompanied by the strong influence of peers in adolescence to make teenagers to have unhealthy sexual attitudes and behavior [7]. The greatest consequences of premarital sexual behavior can result in adolescents affected by HIV / AIDS. Acquired immune deficiency syndrome (AIDS) can be interpreted as a collection of symptoms or diseases caused by decreased immunity due to infection Human Immunodeficiency Virus (HIV), AIDS is the final stage of HIV infection [8]. In addition, as for some things that become problems in the development and promotion of health promotion programs in schools, among others, clean and healthy life behavior has not reached at the expected level, in

addition to the threat of illness to high school students is still quite high with the disease endemic and malnutrition.

If seen further, the school actually has great potential to succeed health promotion program. Many schools can be utilized to instill the Clean and Healthy Behavior Program (PHBS) value. PHBS is a government program launched in 2006 that aims to change the behavior of unhealthy people to become healthy [9]. PHBS indicators in schools include snacks in the school canteen, hand washing with running water and soap, urinating and defecating in school toilets, and watering latrines with water after use, following sports activities and physical activities in the school, eradicating larvae mosquitoes in school regularly, not smoking at school, weigh the weight and height every month, and throw garbage in place [10]. The health promotion program can be integrated with the School Health Program (UKS) program which involves the participation of School Residents, School Committees, Community Health Centres and Communities who are partners in developing health promotion in schools.

The objectives of health promotion in schools include increasing students, teachers and the community of the school environment, improving a healthy, safe and comfortable school environment, improving health education in schools, improving access to health services in schools, teachers and the community of the school environment to improve public health around the school environment, improve the implementation of healthy policies and efforts at schools to promote health [11].

The strategy is implemented by conducting health education, health services, hygiene and environmental health, as well as the culture of PHBS. PHBS indicators in schools include snacks in the school canteen, hand washing with running water and soap, urinating and defecating in school toilets and watering latrines with water after use, following sports activities and physical activities at school, eradicating larvae mosquitoes at school regularly, not smoking in school, weighing weight and measuring height every month, throwing waste in place [3].

Various strategies have been pursued in efforts to improve health promotion in schools such as empowerment of schoolchildren and the community of the school environment in building a healthy school environment, promoting partnerships to improve health promotion efforts in schools, providing health education for children, reviewing research to improve health promotion programs in schools, providing access to health services that are promotive and preventive for learners, play an active role in improving public health. But the role of schools has not been optimal in developing health promotion in schools, there are still many schools lack of support for health promotion policies in schools [12] [13].

This study aimed to get an overview of the implementation of health programs in schools assessed using the FRESH (Focusing Resources on Effective School Health) instrument. From the results of this assessment is expected to be a material evaluation for schools to be able to apply appropriate health programs so that the achievement of a healthy school.

II. MATERIALS AND METHODS

This research was an observational research using quantitative and qualitative research design. Sample in this research were 4 junior high school in Semarang selected random by using simple random sampling technique. The selected schools were Madrasah Tsanawiyah Al-Islam Gunungpati, Madrasah Tsanawiyah Al-Islam Sumurrejo, SMP N 41 Semarang, and SMP N 22 Semarang.

The process of collecting qualitative data was done by observation or observation on the desired research object, beside that the researcher also conducting interview to the Headmaster, teacher, and student that was taken randomly in the research place. The interview guide used in this research was FRESH (Focusing Resources on Effective School Health) instrument.

FRESH is an instrument used to monitor and evaluate health programs at schools approved by WHO, UNICEF, UNESCO and other international agencies as a common framework for school health [14]. FRESH contains guidance on monitoring and evaluation of health programs at the national and school levels. The FRESH framework consists of 4 points, namely (1) equality school health policy, (2) safe learning environment, (3) skill-based health education, (4) school-based health and nutrition services [15] [16].

For quantitative data analysis use Likert Scale. Likert scale is the scale used to measure perceptions, attitudes or opinions of a person or group about an event or a social phenomenon, based on operational definitions established by researchers [17]. Assessment of the answers on the instrument of this study there were three levels, the categories of Good, Medium, and Less. The scoring guide was as follows: (1) Each question is given 0 if less, value 1 if it medium, and value 2 if good, (2) Determination of less level was maximal divided by the number of rating categories. The maximum value was the highest value multiplied by the number of rating categories, (3) The determination of the moderate level was more than the value of the level less up to two times the level of less, (4) Determination of the good level was the value of more than the value of moderate level up to the maximum value.

III. RESULT AND DISCUSSION

Monitoring and Evaluation of health programs using FRESH instruments have been implemented in 4 selected Junior High Schools. The purpose of this activity is to analyze the health needs and health programs in the school so that the results of Monitoring and Evaluation can be used in the improvement and the basis for determining the next policy in running the health program, so that the program will be run well in the future.

FRESH initiative represents a framework for the provision of school health programmes, the guidelines provided here are for the development of strategies that will improve the health, and thus educational outcomes, of school-age children and youth. However, evidence suggests that when schools become involved in meeting not only their students' academic needs, but also their fundamental need for health and wellbeing, parents, the whole community and the nation benefit as well.

Table 1. Total Scores and Category of School Assessment

SCHOOL NAME	FRESH CHECKLIST TOTAL SCORE			
	Checklist 2 : Equal School Health Policy	Checklist 4 : Safe Learning Environment	Checklist 6 : Skills-Based Health Education	Checklist 8 : School-Based Health and Nutrition Services
MTS Al-Islam Gunungpati	15 (Good)	13 (Medium)	7 (Poor)	5 (Medium)
MTS Al-Islam Sumurrejo	13 (Medium)	21 (Good)	15 (Medium)	11 (Good)
SMP N 41 Semarang	24 (Good)	16 (Good)	15 (Medium)	7 (Medium)
SMP N 22 Semarang	18 (Good)	21 (Good)	27 (Good)	13 (Medium)

Source: Primary Data, 2017

This activity is done by the method of interview with the number of 4 respondents namely Headmaster, Teachers, Officers UKS, and Students at each school. Each informant was given questions according to the guidance provided in the FRESH instrument divided into 4 checklists, namely equivalent school health policy, safe learning environment, skill-based health education, and school-based health and nutrition services. The results of this research were shown in table 1.

1. Equal School Health Policy

Based on the research conducted, 75% of schools have Equal Health Policy School with good category. At that point can be categorized at a good level because the school has a school policy in the form of regulations or discipline on written and unwritten health. The school's policy on health is set out in the School's Vision and Mission and listed on the Education Unit Level Curriculum (Kurikulum Tingkat Satuan Pendidikan – KTSP). KTSP is a curriculum applied in Indonesia although its implementation is still not maximal. KTSP is to establish and empower educational units through authorization (autonomy) to educational institutions and encourage schools to participate in participatory decision making in developing curriculum [18]. The school policy contains a ban on carrying and smoking, carrying sharp weapons to threaten or injure, carry or use illegal drugs / beverages within the school environment and maintain cleanliness in the school environment. Here's an excerpt from the Headmaster's statement:

“Kalo peraturan tidak boleh merokok, pasti itu peraturan yang pertama. Kami melarang tidak diperbolehkannya membawa ataupun merokok. Kemudian kalo kelas-kelas itu harus selalu bersih tidak ada sampah, depan kelas juga sama harus bersih. Kalo tata tertibnya ada mba kalo di tata terterib kurikulum KTSP itu ada.”

“If the rules should not smoke, that would be the first rule. We prohibit not allowing or smoking. Then if the classes should always be clean there is no garbage, the front of the same class should be clean. If there is a regulation mba kalo in the terterib curriculum KTSP curriculum exists.”

The procedures undertaken by schools to monitor and evaluate existing school policies. The school is always doing evaluasi related programs or existing school policies. Evaluation is done at the end of each year. Here's the narrative from the Headmaster:

“Kalo biasanya evaluasi itu kami adakan setiap akhir tahun, kalo misalnya program ini terlaksana atau tidak, terus program ini terlaksana atau tidak.”

“If we usually conduct the evaluation every year-end, if for example the program is implemented or not, continue this program is done or not.”

In addition, the results obtained from interviews with students also showed a positive thing. Students are aware that there is a school policy on health at school. The existence of health regulations in this school is in line with Minister of Education and Culture of the Republic of Indonesia Regulation No. 64 of 2015 on Non-Smoking Area in School Environment which explains that the non-smoking area aims to create a clean, healthy, and smoke-free school environment. To support the Non-Smoking Area in the School Environment, Schools are required to do the following: a. include cigarette related restrictions in school rules; b. refusing any advertising, promotional, sponsorship, and / or cooperation offerings of any kind by a cigarette company c. impose a ban on the installation of billboards, advertisements, distribution of pamphlets, and other forms of advertising from cigarette companies or foundations circulating or installed in the School Neighborhood; d. prohibits the sale of cigarettes in canteen / school stalls, cooperatives or other forms of sale in the School Environment; and e. put a no-smoking area mark in the School Environment [19].

2. Safe Learning Environment

Environmental health is an ecological balance that must exist between humans and the environment in order to ensure a healthy state of humanity. The scope of environmental health includes: drinking water supply, waste water management and pollution control, solid waste disposal, vector control, pollution prevention / control, food hygiene [20]. Based on research conducted shows that 75% of schools have a safe learning environment. Learning environment can be interpreted with conditions, influences, and stimuli from outside which includes the physical, social, and intellectual influences that affect students [21]. The capacity of schools to meet the needs of healthy and safe physical learning is quite good. Drinking water is available on the day of the survey, although drinking water is only available to teachers and school staff. Clean water and soap for hand washing is available, but there are some schools whose clean water in the bathroom faucet does not flow. Here's an excerpt from an interview with the teacher:

"Air minum ada mbak, tapi ya itu hanya untuk guru. Kalau untuk siswa ya mereka bawa sendiri-sendiri. Kemudian untuk air bersih nanti bisa dilihat sendiri ya mbak, ada kok air bersih itu disana."

"Drinking water exists, but it's only for teachers. for their students to bring their own. Then for clean water can be seen, there is clean water there."

In relation to training activities that school staff members attend about creating a safe and healthy physical learning environment is lacking, staff support and maintain a safe learning environment. For example by way of warning students to always do good to others, always admonish students if students make mistakes.

At the time of the survey, the school environment indicated that the school has a warm and friendly atmosphere. The interaction between students with each other is well established. But for the Counselling facilities themselves from teachers and school staff staff no one has received training to develop the ability to create a good psychological environment, but staff and employees support and maintain a safe and healthy learning environment. The main purpose of Counselling and guidance services in schools is to provide support to the achievement of personal maturity, social skills, academic ability, and lead to the formation of individual career maturity that is expected to be useful in the future [22].

The availability of latrines at the school has met the minimum standard of available latrines namely 3 latrines for female participants and 3 latrines for male learners. Infrastructure facilities are also met. However, the number of latrines available is less to meet the number of students available.

The toilet serves as a defecation and / or small place. There is a minimum of 1 unit of latrines for every 40 male learners, 1 unit of latrines for every 30 female learners, and 1 unit toilet for teachers. Minimum number of latrines per school 3 units. Minimum area of 1 unit of latrine 2m². The latrine must be walled, roofed, lockable, and easy to clean. Clean water is available in each toilet unit [23].

School-aged and teenage children are a phase in which a person will experience a transition and a good stage change in terms of emotions, body, interests and behavior. In this phase, adolescent behavior conditions show an increasingly worrying problem, especially the problem of Adolescent Reproductive Health (ARH) [24]. Bullying does not select the age or sex of the victim. Usually the victims in general are children who are weak, shy, quiet, and special (disabled, closed, clever, beautiful, or have certain body characteristics), which can be a mockery [25]. For bullying cases, the school handles and takes firm action in case of bullying in the school environment, we can confirm through our interviews with some students. When the interview took place, students also said that the school is very trying to protect and eliminate the case of bullying in the school environment, if there are such cases, then students who bullying will get a strict action from the school. Here's an excerpt from an interview with the teacher:

"untuk bullying disini kami sangat menindak tegas pelaku yang melakukan bullying mbak. Dulu pernah ada kasus anak malak gitu, minta 500 atau seribu rupiah, tapi kalau terus menerus kan juga itu ngganggu anak-anak yang lain ya. Jadi begitu kami dapat laporan, langsung kami panggil itu siswa yang malak terus kami beritahu dari guru BK. Biasanya pelanggaran seperti itu dicatat ke buku pelanggaran mbak."

"For bullying here we are cracking down on the actors who do bullying mbak. There used to be a case of malevolent so, ask for 500 or a thousand rupiah, but if it continues it also disrupt other children. So once we get the report, we immediately call the students who ask for money. Usually such violations are recorded to the book of offense."

3. Skills-Based Health Education

Based on research conducted, it shows that skill-based health education in 25% of schools are in good category, 50% in medium category, and 25% in the less category. The frequency of health taught in schools is lacking because there is no independent health-based learning as a special subject. However, there are several health topics that are tucked into another lesson (Counselling, Sporting). Extracurricular is basketball and scout, and there is no discussion about health topic at the time of extracurricular activity. Here's an excerpt from an interview with the teacher:

"belum ada mbak pelajaran yang khusus tentang kesehatan, ekstrakurikuler juga disini hanya ada pramuka dan basket. Untuk PMR belum ada, dulu sudah pernah ada tapi nggak jalan. Jadi yang ada hanya pramuka dan basket."

"There is no specific lesson about health, extracurricular only scout and basketball. For extracurricular health does not exist yet."

Extracurricular activities are out-of-school educational activities to assist the development of learners according to their needs, potentials, talents, and interests through activities that are specifically undertaken by educators and / or education personnel who are capable and authorized in the school / madrasah [26].

In this year and in previous years, no health topics have been taught at a particular class level, nor is there a health topic discussed in light of the current conditions. The absence of teachers who receive appropriate training in skills-based health education including participatory teaching approaches is also one of the reasons why education-based scores are not maximized.

Guidelines for textbooks or curricula that cover health topics are also not owned by schools. But there are some posters that can be used to support the topic of health raised in the school environment. In practicing good health behaviors there are already some behaviors exemplified by the teacher, such as: not littering and good hand washing. But in terms of students they are not good enough to be able to perform health-

conscious behavior such as washing hands with soap. Here's an excerpt from an interview with the teacher:

"Kalau seperti itu, kami dari pihak guru pasti selalu mengingatkan kok mbak, contohnya seperti buang sampah pada tempatnya, terus nyapu ini kelasnya jangan sampai kotor. Saya rasa anak-anak juga pasti paham kalau lingkungan sekolah itu harus bersih dan tidak boleh kotor."

"If so, we from the teacher must always remind, for example like throwing garbage in place, keep sweeping the class. I think the kids must also understand that the school environment should be clean and should not be dirty."

Some health topics students studied in the last 12 months are about drugs, anti-bullying and PHBS, only those topics are not taught in a special subject of health, but only inserted in the middle of other subjects. Establishment of student behavior in schools can be done through health education learning as part of the eyes of sport and health education that includes health materials both personal health and environmental health. Familiarize yourself to live healthy to students is not easy, because it takes intention and discipline. Through behaviorism approach of health education as a process of behavior change toward healthy with the application of strengthening when doing healthy life.

Health education is the process of assisting a person, by acting individually or collectively, to make informed decisions about matters affecting his or her personal health and others to improve the ability of the community to maintain its health and not only relate to the improvement of knowledge, and practice, but also improve or improve the environment (both physical and non-physical) in order to maintain and improve health with full awareness. The purpose of health education is to improve the ability of the community to maintain and improve the degree of health, both physical, mental and social so as to be productive economically and socially, health education in all health programs; both the eradication of communicable diseases, environmental sanitation, community nutrition, health services, and other health programs [27].

4. School-Based Health and Nutrition Services

Based on the research conducted, the data show that skill-based health services in 75% of schools are in the medium category. This is reinforced by drinking water available at school only for teachers only, while students do not get drinking water but must buy independently in the school cafeteria. The school also has a partnership with Public Health Centre that organizes various activities such as Counselling and examination on dental health, mouth, eyes, PHBS in schools conducted every year. Here are the results of interviews with students:

"Pernah dimasukin puskesmas ok mba, yang meriska-meriksa gitu kaya gigi, mata, mulut. Terus ngasih tau yang kurang sehat kayak harus gosok gigi, telinganya harus dibersihkan"

"Once there was a health center, which examined teeth, eyes, mouth. Continue to tell the unhealthy to brush teeth, ears must be cleaned, and others."

UKS is part of the main health effort that is the burden of Public Health Centre tasks addressed to schools with children and their environment, in order to achieve the state of health of children as well as possible and at the same time improve learning achievement of school children as high. Each school is required to have a UKS (School Health Effort). The local government must prepare the budget to achieve the targets set in the national minimum service standards. Therefore, the implementation of the UKS program should be the seriousness of local government [28].

Based on direct observation at the time of the research, the existence of UKS in some schools was not maintained and did not work properly due to the lack of school facilities. UKS has no wall clock, height meter, stretcher, dumpster. There is already a bed but no blankets, body scales but the condition is damaged, available in first aid but limited in number, so it is necessary to maintain and supervise UKS.

It also shows that the UKS has not been well implemented due to the lack of training programs for UKS coaches in schools from Public Health Centre or Health Department. UKS Program in the effort to improve education and health of learners hence role of health officer have very important role and intensity of development and development of UKS need to be increased so that child health degree and school environment achieved by health education, health service and healthy environment development, and his obligations as a community servant in addition to teachers who every day face learners.

IV. CONCLUSION

Evaluation Result of Health Program using FRESH instrument as an Effort for the Establishment of Child Friendly School in Semarang City can be concluded that: 75% of schools have equivalent School Health Policy, because it has school policy in the form of regulation or order about written and unwritten health policy. 75% of schools have a safe learning environment, because the capacity of schools to meet the needs of healthy and safe physical learning has been met. Skills-based health education in 25% of schools is in good category, 50% in medium category, and 25% in less category because of the frequency of health taught less and the absence of independent health-based lessons as a special subject. There are only a few health topics tucked into another lesson (Counselling, Sporting). Skills-based healthcare services categorize 75% of schools in the medium category, because drinking water is available only for staff and teachers, while students are not receiving drinking water. The existence of UKS is not well maintained and has not been implemented properly. However, this school has a partnership with Public Health Centre (Puskesmas) that organizes various activities such as Counselling and examination on dental health, mouth, eyes, and PHBS in schools.

Improving school programs, especially in the field of health education to support the realization of child-friendly schools

needs to be improved. Improvement of facilities and infrastructure especially UKS, providing skills-based education such as Adolescent Red Cross (Palang Merah Remaja), Little Doctor (Dokter Kecil), and other skills in the field of health to teachers and students. The need for the Office of Education policy to include health-based subjects within the learning curriculum. Then for Department of Health can provide training to teachers or students to have health-based skills.

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REFERENCES

- [1] Robert E Black, et al. (2017). Comprehensive Review Of The Evidence Regarding The Effectiveness Of Community-Based Primary Health Care In Improving Maternal, Neonatal And Child Health: 8 Summary And Recommendations Of The Expert Panel. *Journal of Global Health* 7(1)
- [2] Satar, R., Lidya, D., Widi, P., & Hastarin, G. N. (2013). "Improving health status through PHBS in Sawahan, Pendowoharjo, Sewon district, Bantul Regency," IEEE Transl. Peningkatan Derajat Kesehatan Melalui PHBS di Dusun Sawahan Desa Pendowoharjo, Kecamatan Sewon, Kabupaten Bantul. *Khazanah*, 23-33.
- [3] Yudi, M. (2014). "Implementation guideline of clean and health elementary school construction," IEEE Transl. Panduan Pelaksanaan Pembinaan Sekolah Dasar Bersih dan Sehat (SD Bersih Sehat). Kemendikbud.
- [4] Ceka, A., Murati, R. (2016). The Role of Parents in the Education of Children. *Journal of Education and Practice*, 7(5):61
- [5] Presiden Republik Indonesia. (1992). *Undang-Undang No. 23 Tahun 1992 Tentang Kesehatan*. Jakarta: Sekretariat Negara.
- [6] Saleh, H. D., Rokhmah, D., & Nafikadini, I. (2014). "Abuse of drugs phenomenone of adolescent reviewed from symbolic interactionism theory in Jember Regency," IEEE Transl. Fenomena Penyalahgunaan NAPZA Di Kalangan Remaja Ditinjau Dari Teori Interaksionisme Simbolik Di Kabupaten Jember. *e-Journal Pustaka Kesehatan*, 468-475
- [7] Pawestri, & Setyowati. (2012). "Behavior overview," IEEE Transl. Gambaran perilaku. *Seminar Hasil Penelitian*, 171-179.
- [8] Saktina, P. U., & Satriyasa, B. K. (2017). "Characteristic of AIDS patient and oportunistic infection in RSUP Sanglah Denpasar period July 2013," IEEE Transl. Karakteristik Penderita AIDS Dan Infeksi Oportunistik Di Rumah Sakit Umum Pusat Sanglah Denpasar Periode Juli 2013 Sampai Juni 2014. *E-Jurnal Medika*, 1-6.
- [9] Gomo, M. J., Umboh, J. M., & Pandelaki, A. (2013). "School PHBS overview of acseleration students in SMP N 8 Manado," IEEE Transl. Gambaran Perilaku Hidup Bersih dan Sehat (PHBS) Sekolah pada Siswa Akselerasi di SMPN 8 Manado. *Jurnal e-Biomedic*, 503-505.
- [10] Salmawati, L., Oktavian, F., & Hermiyanti. (2016). "Program implementation evaluation of clean and health elementary school in Palu City," IEEE Transl. Evaluasi Implementasi Program Sekolah Dasar Bersih dan Sehat di Kota Palu. *Jurnal Kesehatan Masyarakat*, 1-20
- [11] Swinburn BA, Sacks G, Hall KD, et al. (2011). The global obesity pandemic: shaped by global drivers and local environments. *Lancet*, 378:804-14.
- [12] Kohl HW, Craig CL, Lambert EV, et al. (2012). The pandemic of physical inactivity: global action for public health. *Lancet*, 380:294-305.
- [13] Hallal PC, Andersen LB, Bull FC, et al. (2012). Global physical activity levels: surveillance progress, pitfalls, and prospects. *Lancet*, 380:247-57.
- [14] UNICEF. UNESCO. WHO. Save the Children. Plan International. World Vision. and ADPC. (2012). Comprehensive school safety. Working towards a global framework for climate-smart disaster risk reduction, bridging development and humanitarian action in the education sector. <http://preventionweb.net/go/31059>
- [15] Tai BJ, Jiang H, Du MQ, Peng B. (2009). Assessing the effectiveness of a school-based oral health promotion programme in Yichang City, China. *Community Dent Oral Epidemiol*, 37(5):391-8.
- [16] Jansen W, Raat H, Zwanenburg EJ, Reuvers I, van Welsen R, Brug J. (2008). A school-based intervention to reduce overweight and inactivity in children aged 6-12 years: study design of a randomized controlled trial. *BMC Public Health*, 8:257.
- [17] Sapoetra, A. N. (2015, Maret 11). "How to measure likert scale," IEEE Transl. Cara Menghitung Skala Likert. Retrieved November 17, 2017, from <https://naufansapoetra.blogspot.co.id>
- [18] Fitri Wulandari, S. D. (2012). "Implementation KTSP in mathematic earning in SMPLB," IEEE Transl. Implementasi KTSP dalam Pembelajaran Matematika di SMPLB. Kadikma.
- [19] Menteri Pendidikan dan Kebudayaan RI. (2015). *Peraturan Menteri Pendidikan dan Kebudayaan Republik Indonesia Nomor 64 Tahun 2015*. Jakarta: Sekretariat Negara.
- [20] Ikhsan, Y. H. (2011). "The impact of environment health education through knowledge level and environmental health implementation in SMP Negeri Tambaksari," IEEE Transl. Pengaruh Penyuluhan Kesehatan Lingkungan Terhadap Tingkat Pengetahuan dan Pelaksanaan Kesehatan Lingkungan Smp Negeri Tambaksari.
- [21] Harjali, Degeng, I. S., Setyosari, P., & Dwiwiyogo, W. D. (2016). "Teacher's strategy to build condusive learning condition: henomology study in junior high school in Ponorogo," IEEE Transl. Strategi Guru Dalam Membangun Lingkungan Belajar Yang Kondusif: Studi Fenomenologi Pada Kelas-kelas Sekolah Menengah Pertama di Ponorogo. *Jurnal Pendidikan dan Pembelajaran*, 10-19.
- [22] Bhakti, C. P. (2015). "Guide and comprehensive counseling: from paradigm into action," IEEE Transl. Bimbingan Dan Konseling Komprehensif: Dari Paradigma Menuju Aksi. *Jurnal Fokus Konseling*, 93-106.
- [23] Menteri Pendidikan Nasional. (2007). *Peraturan Menteri Pendidikan Nasional Nomor 24 tahun 2007*. Jakarta: Departemen Pendidikan nasional.
- [24] Hermiyanty, H. d. (2016). "Implementation of adolescent reproduction health education in sport education curriculum of senior high school in Palu," IEEE Transl. Implementasi Pendidikan Kesehatan Reproduksi Remaja dalam Kurikulum Pendidikan Jasmani Olahraga dan Kesehatan di Sekolah Menengah Atas Kota Palu. *Jurnal Kesehatan Tadulako*.
- [25] Lestari, W. S. (2016). "Analysis of factors cause bullying," IEEE Transl. Analisis Faktor-Faktor Penyebab Bullying. *Social Science Education Journal*.
- [26] Yanti, N., Adawiah, R., & Matnuh, H. (2016). "The implementation of extracuriculer activity in order to improve student's charater value as good citizen in SMA KORPRI Banjarmasin," IEEE Transl. Pelaksanaan Kegiatan Ekstrakurikuler dalam Rangka Pengembangan Nilai-Nilai Karakter Siswa Untuk Menjadi Warga Negara yang Baik di SMA KORPRI Banjarmasin. *Jurnal Pendidikan Kewarganegaraan*, 963-970.
- [27] Sari, I. P. (2013). "School health education as student behavior changing process," IEEE Transl. Pendidikan Kesehatan Sekolah Sebagai Proses Perubahan Perilaku Siswa. *Jurnal Pendidikan Jasmani Indonesia*, 141-147.
- [28] Sulistyowati, M. A. (2013). "The role of UKS in reproduction health information delivery of SMP Negeri x student in Surabaya," IEEE Transl. Peran UKS (Usaha Kesehatan Sekolah) dalam Penyampain Informasi Kesehatan Reproduksi terhadap Siswa SMP Negeri X di Surabaya. *Jurnal Promkes*.