



Challenges of Development of Health Education in Elementary School in the city of Banda Aceh

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Abstract

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BACKGROUND: The development of health education is still a problem at the implementation stage. Various efforts have been made, one of which is by optimizing school health efforts in elementary schools. The lack of knowledge about Health Education in Elementary School is a severe challenge that all stakeholders must solve. Implementing School Health Services in elementary schools is expected to be a place to improve the abilities and skills of students to form healthy living behaviors.

AIM: This study analyzes the challenges in implementing health education in elementary schools in Banda Aceh.

METHODS: This study uses a phenomenological descriptive qualitative method. The phenomenological study attempts to describe the challenges of developing health education. Data were collected through observation, document analysis, and interviews. Deep data analysis was carried out using the thematic content analysis technique, which is a method to explain the content of the findings according to a predetermined theme.

RESULTS: The study results show several challenges in implementing health education. Lack of understanding about School Health Services, School Health Services is not considered a strategic program, Low attention from policymakers, School Health Services Program has not been understood as part of the national target, Implementation of UKS program in schools is only a formality, Implementation and development School Health Services program are not evenly distributed. Barriers to implementing School Health Services in Elementary School are the lack of optimal inter-sectorial cooperation, lack of trained personnel, high workload, and the impact of conflicting health issues, causing various School Health Services activities to be hampered in their implementation.

CONCLUSION: The challenges of developing health education in elementary schools in the city of Banda Aceh are related to the understanding of the school health unit, the school health unit program, and the availability of human resources.

Introduction

Efforts to create a Golden Generation through healthy schools face various challenges. The future children of the Golden Generation are currently still faced with various health problems, both physical health and the health of the school environment. Indonesia is still faced with various infectious diseases that affect all ages, including school-age children. According to 2014 Susenas data, the morbidity (morbidity) of children aged 0–17 reached 15.26%, with the most complaints still related to the symptoms of infectious diseases, namely, fever, cough, runny nose, and diarrhea. Despite this 19, however, noncommunicable diseases and diseases caused by behavior and lifestyle are increasing day by day. Besides problems involving children and adolescents' physical and mental health, other health risk factors are related to environmental conditions. The biggest problem for schools in Indonesia is the lack of school sanitation facilities.

More than 30% of schools do not have access to clean water. Access to clean water is the

main prerequisite for the cleanliness of the school environment. In addition, based on the 2017 school sanitation profile, 12.09% of schools do not have latrines, 35.19% do not have hand washing facilities with soap, and 1 in 2 schools in Indonesia do not have separate schools latrines for male users. One of the indicators of school quality is a healthy school, both healthy in its physical and human environment [1]. The school-based health business program is one of the efforts for the health of generations and perfect growth of children, who can play a role in their environment. Health education in schools aims to encourage the independence of students to live healthy, maintain, and improve the health of individuals, families, and the environment [2], [3]. One of the efforts to improve health from an early age in elementary school-age children is to understand health to give birth to a healthy generation and care about health in the future [4]. Health education in schools impacts students' physical health in the sense of being free from various diseases and impacts the creation of a healthy school environment [5]. A healthy school environment, in turn, will have an impact on the creation of a comfortable and conducive learning atmosphere [5]. The assumption is that the

comfort of education experts is one of the essential factors that can improve learning achievement [6], [7].

Thus, school commitment through school health services which is formally present in every school and is responsible for dealing with school health problems is very urgent in realizing health education goals in schools. An institution such as a school can be well managed if it is run with ideal, structured, and systematic management [8]. The management function consists of planning (planning), organizing (organizing), running (leading), and controlling (controlling) or better known as the POLC framework [9], [10].

These activities are needed to realize the goals of health education in schools, such as clean and healthy living behavior among students [11], [12]. However, based on observations made by researchers in several schools in Banda Aceh, it was found that the school environment was not organized with garbage, dirty toilets, snacks, and an unhealthy canteen. The researcher also found severe managerial problems in health education management based on interviews with the principal.

The school health services do not run as they should; there is no school health services supervisor, lack of medicines and medical equipment, limited funds, lack of health training, and the absence of a clear management concept in managing health in schools. For this reason, this study aims to analyze the challenges of school health services management in elementary schools in Banda Aceh.

Methods

This study uses a phenomenological descriptive qualitative method. In a qualitative approach, a phenomenological study is used to build an understanding of reality from the point of view of social actors who experience events in their lives. The phenomenology study describes the meaning of the experience for several individuals regarding a phenomenon (Creswell, 2000).

The subjects in this study were principals, teachers, and elementary school students in the government of Banda Aceh City. Selection of principals and teachers as subjects to collect information on schools' health management and health-related policies. The selection of subjects using a purposive sampling technique was used. The research locations were 54 State Elementary Schools, 24 State Elementary Schools, 20 State Elementary Schools, 67 Pilot State Elementary Schools, and 16 State Elementary Schools. The selection of locations using the purposive sampling technique was based on the criteria of selected schools that had implemented the school health services

program. Data were collected by observation, document analysis, and interviews. Profound observations were made by observing the school environment related to the implementation of the school health services program and the extent to which the school health services program had been running.

Document analysis is carried out by analyzing documents owned by the school regarding regulations, education, and activity reports related to school health services in schools. In-depth interviews were conducted with research informants using semi-structured in-depth interview guidelines. Informants in phenomenological research are all individuals who represent people who experience the phenomenon and are selected by purposive sampling as many as 20 people. Data analysis was carried out using the thematic content analysis technique, which is a method to explain the content of the findings according to a predetermined theme.

Results

Challenges in implementing health education in primary schools

The School Health Business aims to improve students' health, quality of education, and learning achievement, which is reflected in healthy, clean living behavior (PHBS) and a healthy school environment to enable students to experience optimal growth and development. Therefore, the opposition to health care analysis was analyzed following a systematic procedure for analyzing transcendental phenomenological data. The procedure begins with an Epoche, which is the stage where the researcher puts aside as many prejudices or views as possible about the implementation of school health services in schools reported by the informants.

The next stage of analysis begins with identifying statements from informants (horizontalization), grouping statements into meaning units and synthesizing themes into a description of individual experiences (textural and structural descriptions), and constructing a composite description of the meanings and essence of the experience of informants (Moestakas 1994). The following are the results of observations, interviews, and FGDs related to the implementation of health education in elementary schools in Banda Aceh (Table 1).

Health education in Banda Aceh is still the homework of all stakeholders. Based on interviews with school health services officers, information was obtained that the school health services program is still a routine program implemented, especially in elementary schools in Banda Aceh. Although it has been running for a long time, school health services in schools are still not optimal. This is due to many factors, such as

Table 1: Summary of observations, interviews, and focus group discussion

Observation	Interview with the principal	FGD	
		School health services	Health center teacher
The school has a school health services room	Lack of supervision	Lack of training	Limited time
Have school health facilities	Unable to use existing facilities	The second school health services task is because it is an additional task	Limited time
Health equipment	Minimal cost	Health lessons only during sports h	Health workers who are lacking health services management
Canteen	Lack of skilled personnel, officers	Health lessons only during sports h	Hospital health which is lacking in school health services management
Health posters	Less practice	Weak management partner	Poor leadership worries
Temporary treatment room	Teacher's understanding (sports) is still lacking	Weak management partner	Poor leadership worries
Teacher manager	There is less competition between schools	According to the school health services teacher, it is less meaningful	Minimum budget
Medical devices	Not a healthy report card	According to the school health services teacher, it is less meaningful	Minimum budget
Small pharmacy	Special guidelines	The school health services trias has not been fulfilled	Weak supervision
Healthy cadre vest	Small space	The school health services trias has not been fulfilled	Weak monitoring
Bench and table	The canteen is for the public only	There is no more income in managing school health services	Limited facilities
Notebook	Bad management	There is no more income in managing school health services	Limited facilities

FGD: Focus group discussion.

the lack of personnel to optimally develop school health services, lack of motivation for school health services trainers to implement school health services, minimal cross-sector support, and others. In several schools in Banda Aceh, implementing healthy school environment activities has advantages and disadvantages lack. Some schools stand out in implementing healthy canteens, and some schools have advantages in structuring school gardens. Overall, implementing the school health services program has not been carried out optimally. Even though some schools have not organized the school health services program correctly, the continuity of cooperation is also not maximized with related parties such as the Health Office, Education Office, parents of students, and other organizations. The results of observations by researchers in several elementary schools found that there were schools that had inadequate school health services equipment, for example, medicines, the conditions of the school health services room were not comfortable, and implementing health coaching was not optimal because there were no permanent school health services officers.

School health services development still faces several challenges. The challenge is at the program planning level, both at the Central Government and Regional Governments levels and at the school level as implementers and society. The following are the challenges of developing school health services that need to be resolved.

First, the lack of understanding of school health services is perceived as a particular room in schools containing beds and medicines, which are used to provide first aid if a student falls ill at school. This is only a tiny part of the school health services function, which includes the three things mentioned in the school health services Trias.

The two school health services have not been strategic programs. Few see the potential of the school health services program as a strategic step to carry out

positive interventions for school-age children, which is related to health problems and positive behavior, such as prevention of drug abuse, prevention of premarital sexual behavior, prevention of bullying, and emotional violence.

Third, the lack of attention from policymakers to school health services. The joint decree of 4 ministers that underlies the birth of the school health services program mandates the Implementation of the school health services program with a coaching pattern from the central to regional levels through the formation of a coaching team. However, in practice, not all of them have implemented it.

Third, the implementation and development of the school health services program have not been evenly distributed. Not all regions have implemented the school health services program. Only few districts have implemented and budgeted for School health services in schools. There are still some areas in Madia that have not implemented and formed the school health services management at schools.

The fifth challenge, implementing the school health services program in schools, is only a formality. Many schools carry out school health services activities only to meet the requirements and provide room for treatment, without any other activities or further guidance. New schools only pay attention to the school health services program and its completeness when an assessment of the healthy school competition is carried out. At the city level, Banda Aceh, although the school health services have been established, the school health services program has not been fully implemented as it should.

Sixth, the school health services program is not yet understood as part of the national and regional targets in the health sector. The National Action Plan (RAN) for School-Age Children and Adolescent Health 2017-2018 mentions targets related to school health

services, namely, increasing the number of schools implementing the school health services program in total, with a target of 240 schools in 2017 340 schools in 2018, and 340 schools in 2018–2019. If it is understood as part of the national target, the school health services program will be more focused. The Central school health services Guidance Team will develop a work program based on targets and plan efforts and mobilize resources to achieve these targets.

In general, the study's findings indicate that the implementation of health efforts for elementary school students in Banda Aceh City can be implemented due to the local government's consistency in implementing policies both organizationally through cross-institutional coordination operationally implemented in schools. The success of implementing health efforts for students in schools is very dependent on the management process developed in schools, starting from planning, organizing, implementing/activating, and controlling health business activities in schools.

Discussion

The results showed several challenges in implementing health education — lack of understanding about School Health Services. School Health Services was not considered a strategic program. Insufficient attention from policymakers school health services program was not understood as part of the national target. Implementation of the school health services program in schools was only a formality. Implementation and development of school health services programs. Not evenly distributed. One of the efforts to improve children and adolescents' dental and oral health is implementing the World Health Organization health promotion program [13]. Schools serve as ideal places for health promotion because they can reach a large proportion of school-age children and provide an essential network for their families and communities [13], [14]. School-based programs can also help improve children's access to health services, especially those from disadvantaged socioeconomic backgrounds [15].

In addition, it is childhood and adolescence in which lifelong sustainable behaviors, beliefs, and attitudes related to health are formed [16]. Optimal application of health education is critical to assist school institutions in managing health education programs. Good management will positively impact student achievement and increase the ability or behavior to live healthy and clean and achieve optimal health. With an awareness of the importance of health from an early age, it is hoped that solid student characters will be formed both mentally and physically. Barriers to the Implementation of school health services in Banda Aceh Elementary Schools are the lack of optimal inter-sectorial cooperation, lack

of trained personnel, high workload, and the impact of conflicting health issues, causing various school health services activities to be hampered in their Implementation [17]. Many studies have shown that several factors at the individual, family, and community levels influence adolescents' risk of engaging in health risk behaviors [18], [19] however, less research on adolescent health-promoting behavior and less information on the associated factors. Several studies have consistently demonstrated gender differences in health-promoting behaviors [20]. Other factors that may be relevant include age, ethics, level of examination at entry, and educational level of their parents [21]. As a strategy to improve the quality of guidance and Implementation of the school health services trials, schools must pay attention to the school health services stratification consisting of minimal, optimal, standard, and plenary. Schools must meet all indicators (health education, health services, fostering a healthy school environment, and school health services management in the school health SERVICES stratification group). A study that provides a complete picture of the effectiveness of various types of oral health programs in various school environments is not yet available [16]. By reviewing the indicators in the school health services stratification, schools can have recommendations for improving the implementation of the school health services trials and develop plans to achieve the indicators that have been determined. The school health services program should be structured as a sustainable program; it can be sustainable every year. For this reason, schools must form a school health services implementation team and include the school health services work plan as part of the areas. The school health services implementation team can also be part of the COVID-19 task force at schools. School health services have a strategic role in preventing outbreaks and disease transmission, especially in the current state of the COVID-19 outbreak, through the application of PHBS in daily life during the adaptation period for new habits.

Conclusion

The challenges of developing health education in elementary schools in the city of Banda Aceh are generally related to the understanding of the school health unit, the school health unit program, and the availability of human resources.

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