

Health Promoting School in Surabaya, Indonesia: The Six Elements Implementation

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Abstract

Context: School health program has been developed by WHO through comprehensive approach in promotion efforts and health education in the schools, called health promoting school. Indonesia Ministry of Health translated HPS as Sekolah Berwawasan Kesehatan. There are six elements of HPS developed by WHO-SEARO are adopted by IMoH. Six elements of HPS will be easy to be implemented when school health program also adopts them. However, UKSas Indonesia school health program, only implements three elements called Trias UKS. This study aims to explore the potency faced by school in implementing the elements of HPS. A qualitative study was conducted to explore three state elementary school potencies to implement it. Totally 40 informants were involved in this study conducted with in-depth interview and focus group discussion. Results shows that there are slightly difference among three school in the potency to implement HPS, even they had differ characteristics. One school been coaching by Education Office-City of Surabaya, has implemented three elements well and has always been a champion of school health competition in Surabaya. Even though, the last two school have potency too. Need more advocate and socialization about the HPS implementation among school at Surabaya to gain the comprehensive approach in health and education sectors in Indonesia.

Keywords: Health promoting schools, state elementary school, qualitative, Surabaya.

Introduction

Globally, school health program has been developed by WHO and other international agencies since 1950 through comprehensive approach in promotion efforts and health education in the schools¹. However, its implementation in each country varies greatly¹. The schools should organize through holistic

and comprehensive approach, called health promoting school (HPS). Health promotion efforts in the schools in the form of HPS has been identified effectively for enhancing health status of students in the schools^{2,3,4,5,6}.

HPS program endorsed by WHO has been adopted by Indonesias Ministry of Health⁷. There are six elements of HPS developed by WHO⁸ are adopted by Pusat Promkes (Health Promotion Center) (2011)⁷. Six elements of HPS are easy to be implemented when UKS or school health program as technical implementing unit, also adopts them. However, in implementing program, UKS only implements three elements called Trias UKS (three elements of HPS). These include health education, health services in school, and health environmentally school, as well⁹. Others elements are not written clearly in the document of UKS and they have not yet been implemented well by UKS program.

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These are the first element about engagement of health and education staff, teacher, parent, community leader in health promotion effort, the fifth element about school policy implementation, and the sixth element about effort of overall public health enhancement.

HPS and UKS program have the same objective, enhancing health status of school children by involving school community. Inter-sector optimization and coordination of both programs may help the achievement of health status optimally in school age students. The engagement of various sectors internally and externally will strengthen the implementation of HPS elements^{10,11,12}. Moreover, it emphasizes that health promotion program in school comprehensively will be work when there are collaborations inter sectors. School policy, intersector engagement, and effort of overall public health enhancement constitute three elements of HPS. These have not yet been implemented in UKS program. This study was aimed to explore the potency faced by school in implementing the six elements of HPS.

Method

A qualitative research was applied to explore processes and activities of the schools¹³. Three State Elementary Schools (SESs) located in Kelurahan of Tanah Kalikedinding, Subdistrict Kenjeran, City of Surabaya were selected. Selection of location was based on accessibility and engagement in previous study. It was assumed that three SESs selected meet the standard of UKS for all SESs in Surabaya, although have relatively different characteristics. One of three schools has been coached by Education Office-City of Surabaya (EOCoS) during health school competition based on decree of Head of EOCoS number. 188/2638/436.6.4/2016. The rests have not yet been coached by this institution.

In-depth-interview was performed to totally 40 informants that included School Masters, teachers who coordinated UKS, representatives of teacher who taught students, school clerks, and chairperson of School Committee in each school. Secretary of UKS officer in Subdistrict of Kenjeran, UKS coordinator, EOCoS in the level of Subdistrict, Head of Public Health Center (PHC), UKS management in PHC of Tanah Kalikedinding, Subdistrict of Kenjeran was an informant too.

Valid data were obtained by interviewing the informants more than once, depending on their openness in expressing their opinions.

Results

The results describe potency of schools in Surabaya to implement six elements of HPS. These elements are written as main themes. These themes are described in several subthemes that describe challenges to implement each element or theme.

Main theme 1: Element 1 of HPS

The following paragraph shows that three schools have various implementation related to engagement of education and health staff, teachers, parents and community leaders in health promotion in school. Moreover, SES 1 often receive coaching program from EOCoS to join health school competition. They had been relatively implementing the element of across sector engagement. The challenges faced by UKS in implementation of element 1 as follows.

Subtheme 1: Depending on governmental institution (PHC) and EOCoS

Schools have routinely performed activities that are related to health with local PHC such as PHC Tanah Kalikedinding. But all activities depend on PHC program. They have not yet initiated to design program. There are various activities including routine scouting young physician in school.

“eee...clearly (its program) from PHC okay, there must be that activity. It is mandatory we follow (that program)” (School Master 2)

Subtheme 2: Cooperation is to be done in conjunction to school accreditation

1. Cooperation for school accreditation and competition participation: SES 1 often make documentation in every cooperation to be held with out-school parties. According to informant, this documentation is used to meet the requirement for school accreditation. It is also used for preparing healthy school competition:

“...according to accreditation instrument, school is better to organize cooperation with related several institutions with industry as well as governmental institution. Mainly police, then PHC, eee kelurahan (the kind of village in urban area), subdistrict. There is a kind of mutual benefit” (teacher 1, SES 1).

2. Incidentally cooperation with private parties, not sustainable: SES 1 is the most frequent to receive

and perform cooperation with private parties for engaging in healthy activities. The most frequent activity is student health competition accompanied by company products marketing. Moreover, few of non governmental organization (NGO) also has ever given training to students, but it is not sustainable due to limited funding.

Because of the unusual activity from private parties, school decides selectively. There has to be recommendation from EOCoS before private parties offer cooperation to schools.

Subtheme 3: Limited resources

- 1. Limitation of funding and man power:** Cooperation with out-school parties and unsustainable-activities due to resource limitation, both funding and man power, particularly companion teacher.
- 2. Engagement of teacher limited to school hour:** In each school as subject of research, every teacher efforts to engage in enhancing student health. Minimum and the most frequent activity is reminding, companying and examining personal hygiene of student such as nail, hair and tooth cleanliness. That activity is limited to suggestion, there is no written regulation with sanction.

Subtheme 4: School Committee not yet optimal: School committee in SES 1 is relatively more active compared to other schools under study. School committee is frequently engaged in routine meeting for enrolling student, examination preparation and student graduation. School committee also participates in planning and implementing activities in school, particularly that is related to student activities directly. However, according to informant of school committee, its engagement is limited to school request, committee initiative is not possible, and it is difficult to expect liveline of committee member.

“The caretakers of committee are nine (person). Really that is very difficult. The works are overload, Mam(they are difficult to leave their jobs). Thus, really it is social matter, I can not force, even to find a substitute, no one wants. I am myself fooled. Eventhough I also work hehehe. That is okay.. that’s fine, I am sincere. “(School committee 3).

Main theme 2: Elements 2, 3, and 4 (Trias UKS): Elements 2, 3, and 4 of HPS, known as Trias UKS. The challenges of Trias UKS as school health program

in Indonesia can be considered as the challenges in implementing elements 2, 3, and 4 of HPS. The following subtheme is identified as challenges in implementing those elements.

Subtheme 1: Optimal implementation just for competition purpose: SES 1 is more optimal in implementing Trias UKS because it gets accompaniment from EOCoS in conjunction to health school competition. Almost every year SES 1 always represents Subdistrict to compete in health school competition in the level of City of Surabaya. This privilege did not be obtained by two other schools. Informants in SES 2 and SES 3 state that UKS has not yet be implemented optimally because of school conditions, in which they are renovated physically, and administration policy from EOCoS.

Subtheme 2: School still prefers physical environment to social environment: Three schools show different condition related to elements about healthful school living achievement. SES 1 has relatively achieved healthful school living, while two other schools have not yet achieved it optimally. School environment that has not yet been clean optimally, according to informant is resulted in many factors, including student habits at home.

Social environment surrounding school has not yet been main attention. However, even though a little, there is still attention from school to take care social environment of students when they are in school.

Subtheme 3:Health education is more suggestion, not yet to be curriculum: *“... Thus wherever I have opportunity I can speak with students, certainly about narcotics problem, alcoholic problem, smoking cigarette problem, promiscuity, that’s really the points. Besides from teacher, wherever I have opportunity to speak, I directly deliver it“(School Master 2).*

Main theme 3: Element 5-implementation of school policy:

Subtheme 1: Policy issued by school depends on School Master: Policy can be formulated by school, it is adapted to school condition and objective. This is the right of School Master to develop school by considering guidance from EOCoS. According to School Master of SES 3, that formulation is requested by EOCoS every year, then it is reviewed, decided and signed by Head of EOCoS to be implemented.

Subtheme 2: School policy can not contradicting from EOCoS policy: *“Its policy can’t discord far from decision that is ordered by EOCoS. Its policy must be inline with information of EOCoS ...including from PHC.... (School Master 2)*

Subtheme 3: Policy issued by school has not yet implemented sanction, just only suggestion: *“None (school sanction). Only suggestion, and basically from EOCoS there is order something like this, ... Besides disturbing student health, it (smoking around the school) is also followed by those our students, (it) has been delivered something like that” (School Master 2)*

Main theme 4: Element 6-Effort to Enhance Public Health Comprehensively: This element means that school participates in enhancing public health around the school.

Subtheme 1: The effort has not yet engaged the community around the school, it is only limited to competition purposes: According to an informant, there is a component of evaluation of competition that states contribution school cadre to people around the school. Its contribution includes posyandu (integrated services post) visits, observation of healthy housing. But, unfortunately those good activities are only for competition purposes. It is only three months continuously before and after competition. It is not routinely implemented, because of limited resources, mainly students in charge and teacher as companion.

Discussion

The principle of the element 1 of HPS is a school engages across sectors in effort for enhancing health of school community. The concept of HPS gives organization context that the maximum impact of health promotion effort can be achieved through policy and coordination of program, particularly cooperation between health and education sectors^{15,16}. The results show that engagement of across programs, across sectors and across private companies is still limited to competition purposes, completing accreditation documents and supporting fulfillment of certain institution target, such as sponsorship of private companies.

The results showed that School Master has been requested to organize cooperation with stakeholders actively. These include mainly alumni, private and industrial sectors as well. The request is difficult to realize by school when there is no clear regulation. The

proactive School Master is strongly needed to make networking with stakeholders.

In implementing element one, the engagement of school committee is still low. The findings indicate that school committee as representatives of parents is really willing to be engaged in financing student activity. The reason of transparency and leadership of school master is the reinforcer to be willing to engage in it.

The achievement of element 2 of HPS, varies among three schools under study. The variation of physical environment may be due many factors although it has been decided as achievement indicator. The findings show that in general, physical building condition of SES in Surabaya is relatively good. According to informant, renovation can be done because Mayor budgets physical renovation for all SESs in Surabaya.

Three schools under study has not yet touched psycho-social environment. The findings show that environmental condition around school gives impact on psychosocial condition of school community. Two schools are located in crowded and busy areas. According to informant, this condition gives impact on particularly student interaction.

The teacher limitation in giving literacy of healthy environment is probably as challenge of second element implementation. This is in accordance with the results of study that teacher role minimumly in implementing school health promotion effort, because teacher has responsibility to teach based on curriculum and lacks of health training as well¹⁶. The importance of literacy and healthy behavior habituation is emphasized in the results of this study.

Guidelines for implementing UKS actually contain the importance of life skill development. This skill is used for behaving healthy and clean life for the students. Misunderstanding and bad policy of school contribute to non-optimal implementation. Enhancing literacy of holistic health concept¹⁷ can be used for intervention effort. This literacy enhancement in the form of training, is not only for teacher but also for all school community including parent, has written as HPS indicator as well⁸.

Element for enhancing overall community health has not yet been implemented by school optimally and sustainably. Actually, school can involve Coaching Team in Subdistrict level to enhance public health around school. Coaching team, in which one of its members is

Camat (Head of Subdistrict) has authority in Subdistrict. This authority can be used for coordinating across sector efforts in implementing school health program.

Other efforts are focusing of public health problems in each area, and involving of parent and community participation. School has to participate in planning and implementing public health efforts surrounding, although not many and not yet sustainable.

Conclusion

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Conflict of Interest: Nil

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