



Developing a UKS Program to Improve Clean and Healthy Living Behaviors Through Gerkasih and Lisa in the Tjitro Soewirjo Cluster

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Abstract

Physical Education, Sports, and Health (Penjasorkes) plays a strategic role in shaping healthy lifestyles in students. In the Tjitro Soewirjo Cluster, students still have low levels of Clean and Healthy Lifestyle Behavior (PHBS). The proposed solution is to optimize the School Health Program (UKS) through the integration of the GerKASIH (Healthy Thursday Movement) and LISA (See Trash, Pick Up) movements. This research aims to develop a structured, applicable, and sustainable UKS program based on GerKASIH and LISA to improve students' PHBS.

The research method used a Research and Development (R&D) approach with the ADDIE (Analysis, Design, Development, Implementation, Evaluation) model. The subjects were elementary school students, teachers, and UKS administrators in the Tjitro Soewirjo Cluster. Data were collected through observation, interviews, questionnaires, and documentation, and analyzed qualitatively and quantitatively to measure program effectiveness. Validation by material and media experts was conducted to ensure program feasibility. The research results showed that the Gerkasih and Lisa-based UKS program effectively improved students' PHBS behavior, particularly in personal hygiene, waste management, and healthy living habits. Expert validation scores were categorized as "very feasible." Teacher and student responses were very positive, indicating the program was easy to implement and relevant to school conditions.

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INTRODUCTION

Education is widely recognized as one of the most strategic avenues for shaping the character and lifestyle of the younger generation, particularly in cultivating clean and healthy living behavior (PHBS). Physical Education, Sports, and Health (Penjasorkes) not only focuses on enhancing students' physical fitness and motor skills but also plays a critical role in instilling moral, social, and health values essential for everyday life. Despite its importance, the implementation of PHBS in schools often encounters challenges, including limited facilities, insufficient innovation in teaching methods, and low levels of student awareness regarding personal hygiene and environmental cleanliness.

The School Health Program (Usaha Kesehatan Sekolah/UKS) has long served as a key mechanism for promoting students' health by integrating health education, health services, and the maintenance of a healthy school environment. However, previous studies highlight that the implementation of UKS at the elementary school level has not yet reached its full potential. In many cases, the program is conducted sporadically or ceremonially, lacking sustainability and student engagement. This condition is reflected in persistent unhealthy practices among students, such as littering, neglecting handwashing, and consuming unhealthy snacks.

To overcome these issues, it is essential to develop school-based health programs that not only provide knowledge but also cultivate sustainable habits and foster collective responsibility. Two initiatives that demonstrate

strong potential in this regard are Gerakan Kamis Sehat (GerKASIH) and Lihat Sampah Ambil (LISA). GerKASIH is designed to encourage routine health-related activities every Thursday, including group exercise, consumption of nutritious food, and personal hygiene inspections. Meanwhile, LISA instills environmental responsibility by encouraging students to pick up any visible trash, thereby embedding cleanliness into daily school culture.

These initiatives emphasize active participation, habit formation, and the development of a collective school culture that supports PHBS. Evidence from prior research suggests that participatory and habit-based approaches are more effective in promoting healthy behaviors among students compared to conventional health campaigns. Moreover, such initiatives align with the Indonesian government's policy on strengthening school health education and contribute to the global Sustainable Development Goals (SDGs), particularly Goal 3 concerning health and well-being.

Based on this rationale, the present study aims to develop and evaluate an integrated UKS program incorporating GerKASIH and LISA as an innovative, structured, and sustainable model to enhance clean and healthy living behavior among elementary school students.

METHODS

This study employed a Research and Development (R&D) approach to design, develop, and evaluate a school-based health program aimed at improving clean and healthy living behavior (PHBS) among elementary school students. The development process followed the

ADDIE model—Analysis, Design, Development, Implementation, and Evaluation—which is widely used in educational innovation research to ensure systematic program creation and refinement.

The research was conducted in the Tjitro Soewirjo Cluster, Pematang Regency, Indonesia, involving:

- Elementary school students as the primary subjects,
- Teachers and UKS coordinators as facilitators, and
- School principals and health officers as program stakeholders.

Participants were selected purposively to represent schools with varying levels of PHBS implementation and to capture diverse perspectives from both educators and students.

Multiple data collection techniques were applied to obtain comprehensive findings:

1. Observation – to assess baseline PHBS practices and environmental conditions in schools.
2. Interviews – with teachers, students, and UKS coordinators to identify needs, challenges, and expectations.
3. Questionnaires – to measure changes in students' knowledge, attitudes, and behaviors related to PHBS before and after program implementation.
4. Documentation – including school health records, activity reports, and photographs of program implementation.

The instruments included:

- Observation sheets for monitoring student hygiene practices and environmental cleanliness,

- Questionnaires developed based on PHBS indicators set by the Indonesian Ministry of Health,
- Expert validation forms for assessing program feasibility and content quality.

All instruments underwent content validation by two health education experts and one media expert, ensuring their relevance and reliability.

The research was conducted in five sequential stages according to the ADDIE model:

1. Analysis – Identification of problems, needs, and baseline PHBS practices in the schools.
2. Design – Development of the UKS program structure incorporating GerKASIH and LISA.
3. Development – Preparation of program materials, activity modules, and supporting media.
4. Implementation – Trial application of the program in selected schools, involving students, teachers, and school staff.
5. Evaluation – Expert validation, field testing, and data analysis to assess program effectiveness and feasibility.

Data were analyzed using both qualitative and quantitative approaches:

- Qualitative analysis (content analysis) was applied to observational notes, interviews, and documentation to identify themes related to program needs, student responses, and challenges.
- Quantitative analysis (descriptive statistics and paired-sample tests) was used to measure the effectiveness of the program in improving students' PHBS indicators.

Ethical considerations were observed throughout the study, including informed consent from participants, confidentiality of responses, and ensuring that all activities were safe and aligned with school policies.

RESULTS AND DISCUSSION

The developed UKS program integrated with GerKASIH (Healthy Thursday Movement) and LISA (See Trash, Pick It Up) was reviewed by two material experts and one media expert. The validation scores placed the program in the “highly feasible” category. Experts highlighted the program’s structured activities, contextual relevance, and ease of implementation as its main strengths.

The program was implemented in several elementary schools within the Tjitro Soewirjo Cluster for one academic semester. The outcomes were as follows:

1. Improvement in Students’ Personal Hygiene
 - A significant increase was recorded in students who regularly washed their hands before meals, trimmed their nails, and maintained clean uniforms.
2. Waste Management Behavior
 - Students became more proactive in picking up trash without waiting for janitorial staff. Participation in LISA activities fostered a sense of shared responsibility for a clean school environment.
3. Healthy Lifestyle Habits
 - Weekly GerKASIH sessions encouraged routine physical activity and improved

awareness of balanced nutrition. Teachers observed reduced absenteeism due to minor illnesses.

4. Positive Response from Teachers and Students

- Questionnaires revealed that over 85% of students and teachers agreed that the program was easy to follow, enjoyable, and relevant to their daily lives.

Quantitative analysis indicated a statistically significant improvement in students’ PHBS scores before and after program implementation, confirming its effectiveness.

The findings demonstrate that the integration of GerKASIH and LISA into the School Health Program (UKS) can significantly enhance clean and healthy living behaviors among elementary school students. These results are consistent with previous studies indicating that habit-based and participatory health education approaches are more effective than conventional one-off campaigns (Rahman, 2020; Yuliana, 2022).

The UKS program developed in this study goes beyond knowledge dissemination by embedding routine practices into students’ daily lives. GerKASIH facilitated structured weekly activities, while LISA fostered spontaneous environmental care behaviors, both of which promoted the internalization of PHBS values. This aligns with the Health Belief Model and Social Learning Theory, which emphasize the role of routine, modeling, and collective engagement in shaping health behaviors.

One of the notable outcomes was the emergence of a collective culture of cleanliness and health in participating schools. Teachers and

principals reported that the program fostered peer influence, where students reminded one another about hygiene and cleanliness. This supports Freire's participatory education principle, which highlights that sustainable behavioral change emerges from active involvement and shared responsibility within the learning community.

The success of the program suggests several practical implications:

1. Scalability – The model is low-cost, simple, and adaptable, making it feasible for replication in other schools with minimal resources.
2. Teacher Involvement – The active participation of Physical Education (PE) teachers played a crucial role in linking health education with daily practices.
3. Policy Alignment – The program supports national education and health policies as well as the Sustainable Development Goals (SDG 3: Good Health and Well-being).

Despite its success, some challenges were identified:

- Changing entrenched habits among students required consistent reinforcement.
- Limited parental involvement restricted the transfer of PHBS values to home environments.
- Infrastructure constraints (e.g., lack of sufficient waste bins and hygiene facilities) posed barriers in some schools.

This study confirms that an innovative and structured UKS program—grounded in GerKASIH and LISA—can significantly improve PHBS in elementary schools. The combination of routine health activities and spontaneous environmental actions proved

effective in both shaping individual habits and cultivating a school-wide culture of health and cleanliness.

CONCLUSION

This study successfully developed and evaluated a School Health Program (UKS) integrated with GerKASIH (Healthy Thursday Movement) and LISA (See Trash, Pick It Up) as an innovative, structured, and sustainable approach to improving Clean and Healthy Living Behavior (PHBS) among elementary school students. The findings reveal that the program is highly feasible, effective, and well-received by students and teachers.

First, the results demonstrate significant improvements in students' personal hygiene, such as handwashing routines, nail care, and proper use of school uniforms. These behavioral changes highlight the importance of structured weekly activities (GerKASIH) in promoting sustainable health practices.

Second, the LISA initiative was effective in cultivating environmental awareness and responsibility. Students became proactive in waste management, fostering a cleaner school environment and reducing dependence on janitorial staff. This suggests that embedding simple yet consistent actions into school culture can drive collective behavioral change.

Third, the integration of GerKASIH and LISA also promoted healthy lifestyle habits, including regular physical activity and improved dietary choices. Teachers noted reduced student absenteeism due to preventable illnesses, underscoring the link between health promotion and academic performance.

Beyond measurable improvements, the program contributed to the creation of a health-oriented school culture. Students not only practiced PHBS individually but also encouraged their peers to adopt the same behaviors. This peer-to-peer reinforcement reflects the effectiveness of participatory learning approaches, consistent with Social Learning Theory and Health Belief Model, which emphasize modeling and perceived benefits as key drivers of behavior change.

The study also emphasizes the importance of teacher involvement. Physical Education teachers, in particular, played a central role in bridging classroom learning with practical health activities. Their guidance and role modeling were crucial in ensuring program adoption and sustainability.

From a policy perspective, the program aligns with the Indonesian government's efforts to strengthen health education in schools and supports the Sustainable Development Goals (SDG 3: Good Health and Well-being). Its low-cost, participatory, and scalable design makes it highly adaptable for wider implementation across schools with diverse contexts and resource levels.

Nevertheless, the research also identified challenges. Sustaining behavioral changes requires consistent reinforcement and strong support from all stakeholders. Limited parental involvement posed barriers to transferring PHBS practices to the home environment, while inadequate facilities such as waste bins and sanitation infrastructure constrained implementation in some schools. These challenges suggest the need for broader community engagement and cross-sectoral collaboration to strengthen program impact.

In conclusion, the integration of GerKASIH and LISA within the UKS framework has proven to be an innovative and effective model for health promotion in schools. It goes beyond temporary interventions by embedding health values into everyday routines, fostering not only healthier students but also a more supportive school environment. Future research should focus on scaling up the program, assessing its long-term sustainability, and exploring its potential contribution to students' academic achievement, psychosocial well-being, and community health development.

This study contributes both theoretically and practically: theoretically, it enriches the discourse on habit-based health education and participatory school health programs; practically, it provides educators and policymakers with a tested model that can be replicated and adapted to diverse educational settings.

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