



Analysis of the Implementation of Usaha Kesehatan Sekolah (UKS-School Health Program) in Improving the Holistic Health of Elementary School Students in Siwalan District

Heri Susilo^{1✉}, Agus Raharjo²

¹ Universitas Negeri Semarang, Indonesia; susiloheri@students.unnes.ac.id

² Universitas Negeri Semarang, Indonesia; agusraharjo@mail.unnes.ac.id

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Abstract

School health programs play a crucial role in supporting students' holistic health development during elementary school age, which is a critical period for habit formation that will persist into adulthood. The implementation of Usaha Kesehatan Sekolah (UKS—School Health Program) in Siwalan District, a coastal region in Pekalongan Regency, Central Java, demonstrates considerable variation across schools due to differences in infrastructure, management commitment, and external support systems. This study aims to analyze the strategic role of UKS in enhancing students' holistic health through a comprehensive SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis approach. Using qualitative methodology, data were collected through observations, semi-structured interviews with 42 informants across 10 elementary schools, and documentation of school health programs and administration. Findings reveal that while some schools demonstrate strong school leadership commitment, PHBS (Perilaku Hidup Bersih dan Sehat—Healthy Living Behavior) culture, and active health center support, most schools face significant limitations in health facilities, qualified UKS spaces, teacher competence, and structured health administration. Opportunities for strengthening UKS exist through government health policies, health center partnerships, community involvement, and digital media utilization for health education, though these are challenged by environmental threats such as coastal flooding, inadequate food safety awareness, and budget constraints. The study contributes to school health science by demonstrating that effective UKS implementation requires integrated SO, WO, ST, and WT strategies combining human resource training, facility development, administrative strengthening, and multisectoral collaboration among schools, health centers, local government, and communities.

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✉ Address correspondence:

Universitas Negeri Semarang, Kampus Sekaran, Gunungpati,
Semarang

E-mail: (susiloheri@students.unnes.ac.id)

INTRODUCTION

Education aims to develop well-rounded individuals who are not only intellectually intelligent but also physically, mentally, socially, and spiritually healthy (Niken Ristianah & Toha Ma'sum, 2021). Primary school age is a critical period for the formation of behaviors and habits that will last into adulthood, making student health a fundamental element in supporting educational success (Magomeddibirova et al., 2022).

Schools are required to implement the concept of Health Promoting Schools that support the improvement of the health of all their members. The School Health Program (UKS) plays a strategic role in shaping students' healthy lifestyles, in line with Law Number 20 of 2003 concerning the National Education System (INDONESIA, 2006). UKS is an integrated effort covering the curriculum, teaching and learning practices, school organization, a clean and safe environment, and adequate health services (World Health Organization, 2021).

The UKS program is based on the Trias UKS: (1) health education, (2) health services, and (3) fostering a healthy school environment (Rizkyanto, 2023). This provision is reinforced by Law Number 17 of 2023 concerning Health (HEALTH LAW NO. 17, 2023) and the Joint Regulation of Four Ministers of 2022 (Indonesian Ministry of Education and Culture, 2024), which emphasizes that school health must improve the ability to live healthily for students, educators, and educational staff.

Siwalan Subdistrict, Pekalongan Regency, Central Java, is a coastal area covering 25.91 km² with 25 elementary schools, 2 Islamic elementary schools, and 3 junior high schools. However, only one community health center serves the entire subdistrict, creating a serious gap in health service provision. Some areas, particularly Blacanan and Depok villages, are frequently hit by tidal flooding, increasing the risk of skin

diseases, respiratory tract infections, and sanitation issues, making it difficult for schools to maintain healthy environmental standards (Khairunnisa et al., 2023).

Initial observations at five elementary schools (September 2025) revealed significant gaps between the ideal concept of UKS and its implementation in the field. The implementation of UKS is still suboptimal due to limited facilities, minimal use of UKS rooms, and unstructured health service programs. Although national and regional regulations provide a strong legal framework, the main problem lies in the practical implementation stage (Joint Regulation of Four Ministers of 2022; Indonesian Ministry of Education and Culture, 2024).

Many schools run UKS only as an administrative formality, not as an integral part of learning and healthy character building (Rohani et al., 2025). Most UKS supervising teachers have not received special training, so implementation tends to be administrative in the application of clean and healthy living behaviors (PHBS) (Putri Syarifah et al., 2023). Support from parents and the community is low, even though family participation determines the success of instilling healthy behaviors outside of school (Michael et al., 2023).

The challenges of implementation are multi-dimensional. The limitations of a single Community Health Center (Puskesmas) result in very limited capacity for school children's health services. Cross-sector coordination between the Education Office, Health Office, and Puskesmas is not yet optimal in providing consistent assistance and services (Rohani et al., 2025). The program evaluation mechanism of the UKS needs to be strengthened so that UKS has a real impact on improving student health (Ramli et al., 2024).

From a behavioral perspective, students spend more time with gadgets than physical activities, increasing the risk of obesity and decreased physical fitness (Sukatemin et al., 2025). The habit of consuming instant foods and excessive use of

gadgets pose additional threats (Balderas-Arteaga et al., 2024). Schools serve as the front line in providing health education and basic services to maintain student fitness (Tafari & Latino, 2024).

From a socio-economic perspective, most of the population works as fishermen and laborers with fluctuating incomes, causing parents to focus their attention on meeting daily economic needs, leaving children's health neglected (Guo, 2025). As a result, schools are the only institutions expected to instill healthy living behaviors in students (Hidayana, 2023).

Although opportunities to strengthen UKS exist through local government healthy school programs, national policies, and Puskesmas cooperation, the implementation of UKS in Siwalan District is still far from ideal. The combination of geographical constraints (rob), complex socio-economic conditions, limited health service infrastructure, and the challenges of modern lifestyles indicates the need for in-depth research to find contextual strengthening strategies (Li & Shen, 2024). SWOT analysis is a relevant approach to comprehensively identify the strengths, weaknesses, opportunities, and threats in the implementation of UKS, thereby generating strategic recommendations for schools, local governments, and Puskesmas to strengthen the role of UKS in producing a generation of healthy, intelligent, and productive students.

METHODS

This study uses a qualitative approach to explore the views, perceptions, and experiences of various parties related to the implementation of School Health Efforts (UKS). This approach was chosen because it provides an in-depth picture of the actual conditions of UKS implementation, the obstacles encountered, and the potential for development. Data were collected through semi-structured interviews with school principals, UKS supervising teachers, health center staff, students, and parents; field

observations of UKS activities and facilities; and documentation in the form of school archives and relevant regulations.

The study used the SWOT (Strengths, Weaknesses, Opportunities, Threats) analysis model as a framework for systematic evaluation of UKS implementation in Siwalan District. This model was chosen because it is able to comprehensively identify strengths, weaknesses, opportunities, and threats (Kumar C.R. & K.B, 2023). This analysis assists strategic decision-making by integrating four main components to provide a comprehensive picture of the situation at hand (Lima et al., 2021). The analysis process begins with the collection of data on internal and external factors through a qualitative approach, which is then analyzed to produce strategies that can be used as a basis for decision-making (Da Silva et al., 2024).

Tabel 1 SWOT Analysis of School Health Programs (UKS) Implementation

SWOT Aspects	Key Elements
Strengths	Government regulations, enthusiasm of school principals and teachers, Trias UKS concept, community support
Weaknesses	Limited infrastructure, lack of adequate UKS facilities, low competence of supervising teachers, administrative programs
Opportunities	Local government support, cooperation with community health centers, healthy lifestyle trends, utilization of information technology
Threats	Habit of buying snacks indiscriminately, low awareness of healthy lifestyles, excessive use of electronic devices, limited school budgets

The focus of this study is the implementation of UKS in elementary schools in Siwalan District, including the

identification of program implementation conditions, availability of infrastructure, the role of supervising teachers, student involvement, parent participation, and health center support. This study covers 10 elementary schools out of a total of 25 schools in Siwalan District, selected through purposive sampling with the following criteria: (1) the school has actively implemented UKS for at least two years; (2) has active UKS supervising teachers; (3) receives regular assistance from the health center; (4) represents geographical diversity (coastal, central, southern); (5) having varying levels of UKS implementation (Kusumawati, 2022). This selection ensured a comprehensive picture of UKS implementation through in-depth data collection and intensive interviews.

Tabel 2 Research Instruments and Data Collection Techniques

Instrument	Data Collection Technique	Purpose	Data Source
Observation Guidelines	Field observation	Observing the physical condition of the UKS room, facilities and infrastructure, student health activities	Researcher (directly at the school)
Interview Guidelines	Semi-structured interview	Exploring information about the implementation, obstacles, and strategies of the UKS	School principal, teacher, health center staff, students, parents
Documentation Guidelines	Documentation study	Collecting secondary data related to policies, activity reports, school archives	School documents, government regulations

Data sources consist of primary and secondary data. Primary data is obtained

directly from observations and interviews with informants using purposive sampling techniques, namely selecting individuals who understand and master information related to UKS (Akhter, 2022). Research informants include the school principal, UKS supervising teachers, health center staff, student parent representatives, and students who participate in UKS activities. Secondary data is obtained from official school documents, government regulations, scientific journals, and publications relevant to the theme of strengthening UKS.

Tabel 3 Observation Framework for School Health Program Assessment

Aspects Observed	Indicators	Location/Data Source
UKS Facilities and Infrastructure	Availability of UKS rooms, medical equipment, beds, room cleanliness	UKS rooms and school environment
Supporting Facilities	Toilets, sinks, healthy canteen, trash bins	School public facilities area
Health Services	Health check-ups, immunizations, UKGS, cooperation with community health centers	School routine activities, UKS records
Health Education	Healthy lifestyle counseling, nutrition awareness, personal hygiene education	Classroom/extracurricular activities
Healthy School Environment	Environmental cleanliness, sanitation, greening, open spaces	School grounds, surrounding environment
Teacher & Student Participation	Involvement in UKS activities,	Classroom and school environment activities

Aspects Observed	Indicators	Location/Data Source	No	Aspect/Sub-aspect	Type of Documentation	Source	Purpose	
	PHBS behavior		1	UKS Facilities & Infrastructure	Photos of the UKS room, medical equipment, beds, information boards	Field documentation, school archives	To show the condition of UKS facilities and infrastructure	
Role of Parents & Community Health Centers	Support for UKS activities, regular visits, counseling	School activities and cooperation records						
Primary data collection was conducted using three main techniques. First, field observations were made to directly observe the condition of UKS facilities and infrastructure, the implementation of health activities, the involvement of teachers and students, and the participation of parents in supporting UKS. Observations included facilities and infrastructure, supporting facilities, health services, health education, healthy school environments, teacher participation, student involvement, the role of parents, and health center support. Second, semi-structured interviews were conducted to explore in-depth information about the implementation, obstacles, and strategies of UKS. The interviews involved two categories of informants, namely key informants who had in-depth knowledge about UKS, and supporting informants who provided additional data (Lisu et al., 2022). Each interview was recorded and transcribed for further analysis. Third, documentation collected secondary data in the form of photos of UKS activities, field notes, school archives, activity reports, school policies, and relevant literature (Kıral, 2020). The documentation study was conducted by systematically organizing the data into specific categories to enrich the research results and increase data validity.				2	Supporting Facilities	Photos of toilets, hand washing stations, healthy canteens, trash bins	Field documentation, school	Assessment of the suitability of supporting facilities
				3	Health Services	Photos of health check-ups, immunizations, UKGS	School documentation, community health centers	Describing the implementation of routine health services
				4	Health Education	Photos of PHBS counseling, nutrition socialization, health competitions	School activity documentation	Explaining forms of health education
				5	Healthy School Environment	Photos of classroom cleanliness, sanitation, school gardens, greening	Field documentation	Demonstrating the condition of a healthy school environment
				6	Student & Teacher Participation	Photos of UKS activities, PHBS, morning exercises, teacher monitoring	Documentation of school activities, archives	Proving student and teacher involvement
				7	Role of Parents & Community Health Centers	Circular letters, photos of collaborative activities, monitoring reports	School archives, health center documentation	Demonstrating external support for UKS
				8	Supporting Literature	Journals, scientific articles, government regulations, UKS guidelines	Libraries, online databases, official documents	Providing a theoretical basis for research

Tabel 4 Documentation Types and Purposes for UKS Monitoring

Data validity testing was conducted using triangulation techniques, which

combine various methods and data sources to obtain more valid information (Marlina et al., 2024). Data collection techniques, including interviews, observation, and documentation, were applied simultaneously to the same data sources, so that the data became more valid, consistent, and comprehensive. The type of triangulation used is source triangulation, comparing and checking the degree of reliability of information over time and using different instruments (Morgan, 2024). This method was applied by comparing observation data with interview and documentation results to ensure consistency and accuracy of information.

Data analysis used a qualitative descriptive approach based on the Miles and Huberman model, consisting of three stages: (1) Data reduction—filtering, selecting, and summarizing relevant data from interviews, observations, and documentation to focus on information significant to UKS (Gunturu et al., 2024); (2) Data presentation—compiling the reduction results in the form of descriptive narratives, tables, or charts to facilitate the identification of patterns and relationships between findings (Sabharwal, 2023); (3) Drawing conclusions and verification—connecting findings with relevant theories, then rechecking the consistency of data from various sources (Krieger, 2024). Through these stages, it is hoped that the research will produce accurate, objective, and scientifically accountable conclusions regarding the strategic role of UKS in improving the holistic health of elementary school students in Siwalan District

RESULTS AND DISCUSSION

The implementation of School Health Efforts (UKS) in elementary schools in

Siwalan District shows significant variations, ranging from schools with relatively optimal infrastructure and health programs to schools with limited facilities and minimal program implementation (Indonesian Ministry of Health, 2023). Research data was collected through direct observation of UKS rooms, health facilities, school environmental hygiene, and PHBS habit-forming activities in 10 sample elementary schools, supplemented by in-depth interviews with 42 structured informants (school principals, UKS supervising teachers, students, parents, and health workers from community health centers), as well as documentation of UKS administration and programs in each educational unit (Kusumawati, 2022). The variations in conditions between schools provide a concrete picture of how the implementation of UKS contributes to efforts to improve the holistic health of students in the context of diverse social, economic, and geographical conditions in coastal areas.

The research subjects consisted of 42 informants, comprising 10 school principals, 10 UKS supervising teachers, 10 students representing each school, 10 parents, and 2 health workers from the Siwalan Community Health Center who were selected purposively based on their direct involvement in the planning, implementation, and supervision of the UKS program (Akhter, 2022). The ten elementary schools sampled in the study represent a very broad spectrum of conditions and provide a comprehensive picture of UKS implementation in Siwalan District. Schools with the best UKS practices, such as SDN 01 Rembun, SDN 02 Wuluh, and SDN 01 Siwalan, have dedicated UKS rooms or rooms combined with other spaces but still adequate, relatively complete health facilities (scales, height measuring devices, medicine cabinets, UKS beds, health posters), and regularly conducted PHBS activities. Conversely, schools such as SDN 01 Wonosari, SDN 02 Siwalan, and SDN 03 Pait do not have UKS rooms at all and only

rely on simple first aid kits, reflecting the most challenging conditions in terms of school health program management and implementation.

The description of UKS implementation shows significant differences in the availability of UKS rooms, the completeness of basic health facilities, the intensity of health activities, and the quality of PHBS habits in the school environment, which directly impact the effectiveness of the program (Rizkyanto, 2023). Some schools have successfully integrated PHBS into the school culture through routine activities such as mass hand washing, brushing teeth together, community service, morning exercises, and classroom hygiene checks, while other schools carry out health activities sporadically and focus more on emergency response when students are sick. The support of the Siwalan Community Health Center is evident through health screening activities, health education, guidance for UKS teachers, and school sanitation monitoring, although the frequency and distribution of visits are still constrained by the limited number of professional health workers and geographical challenges, especially in schools located in areas affected by tidal flooding (Rohani et al., 2025).

The main strength identified in the implementation of UKS in Siwalan Subdistrict is the commitment of the principal and supervising teachers who consistently promote school health activities despite facing significant limitations in terms of facilities, infrastructure, and operational budgets (Afriantoni et al., 2025). The principal's leadership plays an active role not only in making strategic decisions for UKS management but also in motivating the entire school community to care about health through various initiatives to improve UKS rooms, provide basic facilities, and integrate PHBS activities into school routines. Another strength is the existence of schools with

relatively good UKS practices that can serve as models and learning references for other schools, as well as tangible support from the Siwalan Community Health Center through health workers who regularly conduct health checks, provide counseling, and assist UKS supervising teachers (A. de A. Silva et al., 2021). The participation of some parents in supporting school health activities is also an important asset for the sustainability of the UKS program.

The main weaknesses of UKS in general lie in the absence of a dedicated UKS room in some schools, limited simple health facilities and infrastructure, and the lack of systematic and sustainable program administration and documentation (Rahayu & Rohmah, 2023). Many schools do not have UKS beds, standard weight and height measuring devices, child blood pressure monitors, thermometers, or adequate health education media such as health posters or leaflets, so that the promotional and preventive functions of UKS cannot run optimally and the program tends to function only as emergency treatment using simple first aid kits. The competence of UKS supervising teachers is generally still limited because not many have received formal training on UKS management, basic health services, and the implementation of the UKS Trias, which should integrate health education, health services, and environmental guidance (Putri Syarifah et al., 2023). UKS administrative documentation, such as student health records, monthly activity reports, annual work plans, and Standard Operating Procedures (SOPs) for health services, is still minimal in most schools, making it difficult to evaluate UKS regularly and causing it to tend to run incidentally.

Opportunities to strengthen UKS stem from government policies on the Healthy School program, Integrated UKS, and the implementation of the Trias UKS () framework, which provides a normative

framework as well as opportunities for access to facilities, training, and cross-sectoral assistance for basic education units (Ministry of Health of the Republic of Indonesia, 2023). The Siwalan Community Health Center has stated its readiness to increase the intensity and quality of guidance through periodic health screening programs, balanced nutrition education, school environment inspections, training for UKS guidance teachers, and facilitation of the formation of school health teams if schools show active initiative to collaborate (Rohani et al., 2025). The involvement of school committees and parents in several educational units shows great potential to strengthen financial and logistical support for health activities, while increasing literacy and the use of digital technology by teachers and students opens up opportunities for the development of electronic media-based health education, educational videos, healthy lifestyle applications, and health campaigns through more creative social media that can reach the family environment (Sutriningsih et al., 2023).

Threats to the success of UKS stem largely from coastal environmental factors, student health behaviors, limited financial resources, and suboptimal family support (Baluyos et al., 2024). Schools located in areas affected by tidal flooding, such as SDN 02 Pait and SDN 03 Pait, face very poor sanitation conditions with flooding that damages school infrastructure, a damp and unhealthy environment, and an increased risk of infectious diseases such as respiratory tract infections, diarrhea, and skin infections, making efforts to promote clean living habits and healthy environmental management increasingly complex and difficult to maintain (Khairunnisa et al., 2023). The habit of buying snacks outside of school is a real threat because many of the foods sold do not meet health and food safety standards, posing a risk of food poisoning and nutritional problems. Limited school budgets for the

construction of school health rooms, the procurement of adequate health facilities, and the implementation of sustainable health programs are serious obstacles, given that the School Operational Assistance Fund (BOS) does not regulate specific allocations for school health rooms (Balderas-Arteaga et al., 2024). The low consistency of healthy lifestyle practices at home due to limited knowledge and attention from parents weakens the impact of health education that has been built in schools, considering that effective healthy habits require consistent support from the family and community environment.

A SWOT analysis of the overall research findings resulted in four groups of strategies designed to strengthen the role of UKS in improving the holistic health of elementary school students in the local context of Siwalan District. The SO (Strength-Opportunities) strategy is directed at utilizing the commitment of school leaders, the established PHBS culture, and strategic partnerships with Puskesmas to access government programs on Healthy Schools, developing innovative digital media-based health education, and making schools with strong UKS a model for other schools. The WO (Weakness- Opportunities) strategy emphasizes the utilization of government policy opportunities, government or Corporate Social Responsibility (CSR) assistance programs, intensive training for UKS supervising teachers, strengthening the UKS administration system based on digital technology, and activating the role of school committees and parents to overcome weaknesses in terms of facilities, human resource competencies, and administrative management. The ST (Strength-Threats) strategy focuses on using the school's internal strengths and health center support to mitigate the impact of tidal flooding threats through comprehensive school sanitation and hygiene programs, reinforcing students' healthy lifestyle habits to reduce health risks from unhealthy snacks, and managing the

environment of vendors around the school through the active role of the committee. The WT (Weakness-Threats) strategy is directed at developing simple but structured UKS Standard Operating Procedures as minimum guidelines before complete facilities are available, advocating for budgets to local governments, especially for schools affected by tidal flooding, forming small UKS teams involving various parties to cover human resource shortages, and providing regular educational activities on healthy snacks to reduce health risks from the external environment.

The success of UKS implementation in Siwalan Subdistrict is highly dependent on the dynamic synergy between the school's internal commitment, the quality of available facilities and infrastructure, the capacity of UKS supervising teachers, the involvement of students and parents, and external support from health centers, school committees, and local government policies (Rohani et al., 2025). The combination of internal and external factors that have been comprehensively mapped through SWOT analysis provides a strong empirical basis for formulating contextual, sustainable UKS strengthening strategies oriented towards improving the holistic health of elementary school students in the coastal area of Siwalan Subdistrict in the long term.

CONCLUSION

Research on the strategic role of School Health Efforts (UKS) in Siwalan District through SWOT analysis reveals that although some schools have built the commitment of school principals, a culture of healthy living, and support from community health centers as capital for program sustainability, most still face weaknesses in infrastructure, UKS facilities, the competence of supervising teachers, and structured health administration. There are significant opportunities to strengthen UKS through

Healthy School policies, Puskesmas guidance, the role of committees and parents, and digital media, but these are constrained by external threats such as tidal flooding, unhealthy snacks, unhealthy school environments, and budget constraints. This study contributes to school health science by proving that strengthening UKS requires an integrated SO, WO, ST, and WT strategy that combines human resource training, facility development, administrative strengthening, and cross-sector collaboration between schools, Puskesmas, local governments, and communities to achieve holistic health for students in coastal areas.

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