



ANALYSIS OF UKS/M PROGRAM IMPLEMENTATION SUPPORTING CLEAN AND HEALTHY LIVING BEHAVIOR

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ABSTRACT

The School/Madrasah Health Program (UKS/M) is a strategic initiative to improve students health through health education, health services, and the development of healthy school environments. In DKI Jakarta, UKS/M is implemented under Governor Regulation Number 8 of 2018; however, several indicators of Clean and Healthy Living Behavior (PHBS) among students remain suboptimal. This study aimed to analyze the implementation of the UKS/M program in supporting Clean and Healthy Living Behavior among students in DKI Jakarta Province. A mixed methods approach with a descriptive evaluative design was used. Data were collected through in-depth interviews, observations, documentation, and secondary data analysis involving UKS/M stakeholders at provincial, district/city, sub-district, and school levels. Quantitative data were analyzed descriptively, while qualitative data were analyzed thematically. The implementation of UKS/M has been conducted through the Trias UKS/M approach, including health education, health services, and healthy school environment development. The program contributed to improving PHBS among students, particularly through health education and school-based health promotion. However, challenges were identified, including limited human resources, weak cross-sectoral coordination, non-integrated reporting systems, and uneven UKS/M stratification. UKS/M implementation supports PHBS improvement, but strengthening coordination, human resources, reporting systems, and monitoring is essential.

Keywords: clean and healthy living behavior; policy implementation; school health; UKS/M

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INTRODUCTION

Health development is an essential component in improving the quality of human resources. School-aged children and adolescents are strategic population groups that require special attention because they are in critical stages of growth and development that determine future health quality. Schools play a significant role in shaping students' healthy behaviors and lifestyles. Law Number 17 of 2023 concerning Health states that school health programs are organized to improve students' ability to live healthy lives in a healthy environment so that they can grow and develop optimally (G. of the R. of Indonesia, 2023). One of the government's efforts to improve students' health is through the School/Madrasah Health Program (UKS/M). UKS/M is an integrated cross-sectoral program aimed at improving students' healthy living abilities through health education, health services, and the development of healthy school environments. The Provincial Government of DKI Jakarta enacted Governor Regulation Number 8 of 2018 concerning the School/Madrasah Health

Program as the legal basis for implementing UKS/M (Governor Regulation of DKI Jakarta Number 8 of 2018 Concerning School/Madrasah Health Program, 2018). This regulation aims to improve educational quality and students' academic achievement by promoting Clean and Healthy Living Behavior (PHBS) and creating healthy school environments. Despite these efforts, several health-related problems among school-aged children and adolescents remain prevalent in DKI Jakarta. Data from the 2018 National Basic Health Research (Riskesdas) showed that proper handwashing behavior among children aged 10–14 years was only 46.76%, while insufficient physical activity among the same age group reached 70.74%. Furthermore, smoking prevalence among adolescents aged 15–19 years remained relatively high. These findings indicate that the implementation of clean and healthy living behavior in schools still requires substantial improvement (M. of H. of the R. of Indonesia, 2018). The implementation of UKS/M in DKI Jakarta also faces several challenges, including limited human resources, inadequate cross-sectoral coordination, and uneven implementation of UKS/M stratification across educational institutions. Therefore, an analysis of the implementation of the UKS/M program is necessary to evaluate its contribution to supporting clean and healthy living behavior among students. This study aimed to analyze the implementation of the UKS/M program in supporting Clean and Healthy Living Behavior in the Province of DKI Jakarta.

METHOD

This study employed a mixed methods approach with a descriptive evaluative design. The mixed methods approach was used to obtain a comprehensive understanding of the implementation of the UKS/M program through both quantitative and qualitative analyses. The study was conducted in the Province of DKI Jakarta in 2023 and involved UKS/M supervisory teams at the provincial, district/city, sub-district, and school levels. Informants included representatives from the Education Office, Health Office, Regional Office of the Ministry of Religious Affairs, Social Welfare Bureau, Environmental Agency, and other relevant stakeholders. Primary data were collected through in-depth interviews using semi-structured interview guidelines. Observations of UKS/M implementation in educational institutions were also conducted. Secondary data were obtained from the Monitoring and Evaluation Report of Governor Regulation Number 8 of 2018 concerning the School/Madrasah Health Program in DKI Jakarta Province, Riskesdas 2018 data, and related policy documents (Governor Regulation of DKI Jakarta Number 8 of 2018 Concerning School/Madrasah Health Program, 2018) (M. of H. of the R. of Indonesia, 2018). Quantitative data were analyzed descriptively using frequencies and percentages. Qualitative data were analyzed through data reduction, data presentation, and conclusion drawing. Data validity was ensured through source and method triangulation. The study focused on the implementation of UKS/M programs, including health education, health services, healthy school environment development, UKS/M management, cross-sectoral coordination, monitoring and evaluation, and their contribution to students' clean and healthy living behavior.

RESULT

The implementation of UKS/M in DKI Jakarta Province has been conducted through the Trias UKS/M approach, which includes health education, health services, and the development of healthy school environments. The program involves multiple sectors, including the Education Office, Health Office, Ministry of Religious Affairs, Environmental Agency, and other stakeholders. Based on data from the DKI Jakarta Health Office in 2022, the province had 334 public health centers serving 10,481 educational institutions ranging from early childhood education to senior high schools. East Jakarta had the highest number of educational institutions and school-age children compared to other regions (Health, 2022).

Health education activities were carried out through health promotion programs, PHBS habituation, training of student health cadres, anti-drug campaigns, and adolescent reproductive health education. The Education Office also implemented healthy school development programs through

school health campaigns and UKS/M coordinator training. Interview results indicated that most stakeholders understood their respective roles in implementing health education activities. However, differences in perception and insufficient coordination among sectors were still identified as obstacles in program implementation.

Health services were implemented through health screenings, periodic medical examinations, immunization programs, iron supplementation for adolescent girls, healthy lifestyle campaigns, and dental health services. Public health centers played an important role in delivering health services in schools. The achievement of health service coverage for school-aged children in DKI Jakarta reached 98.41%, approaching the national target of 100%. However, some international schools had not fully accepted health services provided by public health centers, which became one of the barriers to program implementation.

Healthy school environment development was conducted through Adiwiyata programs, waste management activities, healthy canteen programs, smoke-free school campaigns, and the utilization of school gardens for medicinal plants and hydroponics. The Environmental Agency and the Food Security, Maritime, and Agriculture Agency contributed to supporting healthy school environments. Nevertheless, evaluation results showed that not all schools had certified healthy canteens, and UKS/M stratification had not been implemented evenly across all educational levels.

Several major challenges in implementing the UKS/M program were identified, including: Limited human resources, frequent turnover of UKS/M supervisory team members, inadequate cross-sectoral coordination, non-integrated reporting systems, limited stakeholder understanding of UKS/M roles and responsibilities uneven implementation of UKS/M stratification (Monitoring and Evaluation Report of Governor Regulation Number 8 of 2018 Concerning the School/Madrasah Health Program in DKI Jakarta Province 2023, 2023).

DISCUSSION

The findings of this study indicate that the implementation of the School Health Program/Madrasah (UKS/M) in DKI Jakarta Province has been carried out through cross-sectoral collaboration and the application of the Trias UKS/M approach. Health education has become an important component in shaping students' clean and healthy living behavior through the habituation of healthy lifestyles in daily school activities. This finding is in line with (Aminah et al., 2021), who stated that UKS plays a strategic role in improving Clean and Healthy Living Behavior (PHBS) among elementary school students. Through continuous health education activities, students become more aware of the importance of personal hygiene, environmental cleanliness, and healthy daily habits both at school and at home.

The success of program implementation is strongly influenced by coordination among stakeholders. According to policy implementation theory, successful implementation depends on communication, resources, implementers' commitment, and bureaucratic structure. This study found that cross-sectoral coordination has not functioned optimally, which affects program effectiveness. Similar findings were reported by (Nugrahani & Umaroh, 2025), who identified coordination, policy support, and institutional commitment as important determinants of successful UKS implementation in Indonesia. Weak coordination between sectors may hinder the continuity of program activities, supervision, and evaluation processes. Therefore, strengthening communication mechanisms and collaboration among schools, health centers, education authorities, and other related stakeholders is essential to improve program effectiveness.

The achievement of nearly complete health service coverage demonstrates the commitment of local governments to improving students' health status. However, limited acceptance of health services in several schools indicates the need for stronger regulations and better coordination between schools

and healthcare providers. Raharjo emphasized that effective UKS management requires a structured management system supported by strong institutional commitment and sustainable partnerships. In this regard, improving governance and standardizing health service implementation across schools are important strategies to ensure equal access to health services for all students.

In addition, the findings of this study are supported by (Putranto & Rahardjo, 2023), who reported that sanitation practices and personal hygiene behaviors among students are influenced by health education, environmental support, and behavioral reinforcement within schools. This suggests that the effectiveness of UKS/M programs is closely related not only to the availability of facilities but also to continuous behavioral interventions and supportive school environments. Schools that consistently promote hygiene practices and provide adequate sanitation facilities are more likely to achieve better health outcomes among students.

Despite these positive achievements, the unequal implementation of UKS/M stratification across regions and educational levels indicates disparities in program quality and access. (Kusumawati, 2022) explained that differences in infrastructure availability, school readiness, and human resources often affect the implementation of UKS programs in elementary schools. Similar conditions were identified in this study, where some schools demonstrated more advanced implementation compared to others. These disparities indicate the need for more equitable policy support, resource allocation, and technical assistance to ensure consistent program implementation across all schools.

Furthermore, limitations in human resources and the frequent turnover of UKS/M supervisory team members also hinder program sustainability. This condition may affect the continuity of supervision and monitoring activities. (Lisu et al., 2022) stated that the sustainability of UKS implementation is highly dependent on the competence and stability of program implementers, as well as the existence of effective monitoring systems. Frequent staff turnover may reduce institutional memory and weaken coordination among stakeholders. Therefore, strengthening human resource capacity through continuous training, mentoring, and integrated reporting systems is necessary to support program effectiveness and sustainability.

Overall, the implementation of the UKS/M program has contributed significantly to supporting clean and healthy living behavior among students in DKI Jakarta Province. However, further optimization is still needed in terms of coordination, monitoring and evaluation systems, equitable implementation, and institutional strengthening. Strengthening cross-sectoral collaboration, improving human resource capacity, and developing integrated digital monitoring systems may become important strategies for enhancing the sustainability and effectiveness of UKS/M implementation in the future.

CONCLUSION

The implementation of the UKS/M program in DKI Jakarta Province has been conducted through health education, health services, and healthy school environment development as components of the Trias UKS/M approach. The program has contributed to promoting clean and healthy living behavior among students through healthy lifestyle habituation in schools. However, the implementation process still faces several challenges, including limited human resources, inadequate cross-sectoral coordination, non-integrated reporting systems, and unequal implementation of UKS/M stratification across educational institutions.

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