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The Availability Of School Health Facilities And Infrastructure In Junior High Schools In The Batin XXIV District

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ABSTRACT

This study aims to describe the availability of facilities and infrastructure for the School Health Program (UKS) in public junior high schools in Batin XXIV District, Batang Hari Regency, Jambi Province, and to analyze their compliance with the standards set forth in Regulation of the Minister of National Education (Permendiknas) No. 24 of 2007. The study employed a quantitative descriptive approach using a survey method. The research sample comprised the entire population (total sampling), namely 6 public junior high schools in Batin XXIV District. Data were collected through direct observation using an observation sheet consisting of 22 indicators. The results showed that the average percentage of UKS facilities and infrastructure availability across the six schools was 49.69%, which falls into the "Sufficient" category. Batang Hari Public Junior High School 12 achieved the highest percentage (69.32% – Good), followed by Public Junior High School 10 (55.68%), Public Junior High School 16 (54.55%), and Public Junior High School 4 (53.41%), which were also categorized as Good. State Junior High School 24 (48.86% – Adequate) and State Junior High School 30 (15.91% – Inadequate) were the schools with the lowest performance. The availability of UKS facilities and infrastructure at State Junior High Schools in District XXIV remains suboptimal and does not yet fully meet applicable national standards. Interventions by the local government, the education office, the health office, and the schools are needed to improve the quality of UKS facilities gradually and sustainably.

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INTRODUCTION

The school health program is an integrated, cross-program, and cross-sectoral effort to improve students' ability to live healthy lives, which in turn will foster healthy and hygienic behaviors among students and the school community (Indonesian Ministry of Health, 2011). According to Susanti et al. (2022), the school health program is one of the government's strategic initiatives to foster a healthy, intelligent, and principled younger generation through formal education. The School Health Program (UKS) serves as a bridge between the education and health sectors in achieving the goal of developing high-quality human resources. Based on Ministry of Education Regulation No. 24 of 2007

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(n.d.), the government has established minimum standards that schools must meet in implementing the School Health Program (UKS). School health program facilities must be included in the educational infrastructure and facilities that schools are required to provide, including at the junior high school (SMP) level. Adequate and functional school health program facilities are crucial for effectively supporting the implementation of school health programs.

With a well-managed and representative School Health Program (UKS) room, schools are able to fulfill their strategic role in improving the overall quality of life for students. The School Health Unit (UKS) aims to improve the quality of education and student academic achievement by promoting clean and healthy living behaviors and creating a healthy educational environment, thereby enabling the harmonious growth and development of students (Policy of the 4 Ministers Regarding School Health, n.d.). The objective of the School Health Program (UKS) is to improve the quality of education and students' academic performance by promoting healthy physical and mental habits, so that students can grow and develop harmoniously and optimally while becoming independent in their activities and ultimately becoming high-quality individuals (Candrawati in Hidayat 2020).

In their recent study on the implementation of UKS in the post-pandemic era, Mulyani and Febrianto (2023) concluded that UKS plays an increasingly vital role in supporting students' health recovery and adaptation to new healthy lifestyle habits. Health protocols implemented during the pandemic, such as handwashing, mask-wearing, and social distancing, have shifted the UKS paradigm toward active health promotion and the empowerment of students as agents of health behavior change within family and community settings. The School Health Program (UKS) has long been promoted as a strategic step to improve student health. However, there are still many issues hindering its implementation in the field, one of which is the lack of facilities and infrastructure needed to support School Health Program (UKS) activities.

This situation indicates a gap between policy and implementation at the school level. Although the School Health Program (UKS) is regulated by various regulations and technical guidelines, such as the Joint Regulation of Three Ministers (Ministry of Education and Culture, Ministry of Health, and Ministry of Home Affairs), implementation often faces challenges due to limited budgets, insufficient support from local governments, and low levels of community and parental support. Therefore, collaboration among various stakeholders including schools, health departments, the community, and central and local governments is necessary to achieve an ideal and comprehensive implementation of UKS.

METHODS

This study was conducted in all public junior high schools in Batin XXIV Subdistrict, specifically all Public Junior High Schools (SMPN) in Batin XXIV Subdistrict, Batang Hari Regency, Jambi Province. This study employed a quantitative descriptive approach using a survey method a type of research aimed at systematically describing the actual

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conditions of the variables under study, without testing for causal relationships between variables (Pandiangan, 2022). The survey method was conducted by distributing instruments in the form of observation sheets or questionnaires to respondents, who in this context were teachers, students, School Health Program staff, and school principals at the junior high schools serving as implementers of the School Health Program.

The sampling method used is the census method, or total sampling, which is a technique where the entire population is included in the sample (Sugiyono, 2013). If the population is fewer than 100, total sampling is recommended to include the entire population. Total sampling is recommended to avoid bias and ensure complete data from the entire small population (Arikunto, 2013). Based on the expert opinions cited above, total sampling is the method that will be used in this study, given that the sample consists of 6 junior high schools across the Batin XXIV Subdistrict.

This study uses several key instruments to collect valid and reliable data, including observation and documentation. Data collection through observation involves directly observing the research subjects whether their behavior, activities, or events occurring with the aim of obtaining a realistic picture of the phenomenon being studied. Documentation, on the other hand, is a data collection method that uses documents as sources of information, such as written records, official reports, images, or other forms of notes that can reinforce and supplement data from observations and interviews.

Quantitative descriptive analysis techniques were used to describe or depict the data obtained from observations and questionnaires regarding the availability of School Health Program (UKS) facilities and infrastructure in junior high schools. The collected data will be classified and calculated as percentages (%) to determine the level of availability of each component of the School Health Program (UKS).

With a maximum score of 4 per indicator and a total of 22 indicators, the maximum score per school is 88. The percentage categorization refers to the following scale: 76% – 100%: Excellent, 51% – 75%: Good, 26% – 50%: Fair, and 0% – 25%: Poor. The validity of the instrument was ensured through the development of an observation sheet based on the standards set forth in Regulation of the Minister of National Education (Permendiknas) No. 24 of 2007 on Standards for School Facilities and Infrastructure. Data reliability was ensured through direct observation by the researcher at each school using a standardized instrument that was consistent across all research sites.

RESULTS AND DISCUSSION

Result

This study was conducted in all public junior high schools (SMPN) in Batin XXIV Subdistrict, Batang Hari Regency, Jambi Province. This study employed a quantitative descriptive approach using a survey method. The data obtained were used to describe the actual condition of the availability of UKS facilities and infrastructure in each school. In accordance with the characteristics of descriptive research, the analysis was performed directly on the observational data using descriptive statistics in the form of total score calculations, percentages, and categorization.

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The study population comprised 6 public schools. Primary data were obtained through direct observation using the researcher's observation sheet (Appendix 1), which included 23 indicators of School Health Unit (UKS) facilities and infrastructure. These indicators were grouped into three main categories according to the observation sheet. UKS Infrastructure (space and environment): 9 indicators (Nos. 1–9), UKS Facilities (equipment & medicines): 11 indicators (Nos. 10–20), and Maintenance & Cleanliness: 3 indicators (Nos. 21–22). Observations were conducted directly at the UKS rooms (or rooms functioning as UKS) in each school, covering two assessment aspects: presence (Present or Absent) and condition, using a 1–4 Likert scale. The following presents the data from observations on the availability of UKS facilities and infrastructure at six public junior high schools in Batin XXIV Subdistrict as a whole.

Table 1.
Assessment of the availability of UKS facilities and infrastructure at six public junior high schools in Batin XXIV Subdistrict

Indicator	SMPN 12	SMPN 10	SMPN 30	SMPN 4	SMPN 16	SMPN 24
Separate dedicated first-aid room	1	1	1	4	1	1
Area ≥12 m^2	4	3	1	3	3	3
"FIRST-AID ROOM" sign	4	4	0	0	0	4
Ceramic/tile flooring (easy to clean)	4	2	0	4	4	2
Painted walls (bright, clean colors)	4	4	0	4	4	4
Natural ventilation (windows ≥ 20% of floor area)	4	3	0	3	1	4
Adequate lighting (artificial + natural)	3	2	0	2	0	3
Sink + running water	2	0	0	0	0	0
Closed trash bin	0	0	0	0	0	0
Fully stocked first aid kit (bandages, Betadine, adhesive bandages, scissors, wound cleanser)	4	4	4	4	4	3
Body scale (digital/manual)	4	4	4	4	4	4
Height measuring device (stature meter)	4	4	0	0	4	0
Blood pressure monitor (digital/manual)	0	0	0	0	3	4
Thermometer (digital/ear)	0	0	0	0	4	0
Stretcher / patient bed	4	4	4	4	4	4
Staff desk + chair	4	0	0	4	4	0
Locked medicine cabinet	4	4	4	4	4	4
Essential medications (paracetamol, antacids, eucalyptus oil)	3	4	4	3	0	0
Patient visit logbook	4	0	0	0	0	0
Health education posters (Healthy Living Practices, nutrition)	0	3	0	0	0	0
Clean UKS room (free of dust and trash)	4	3	0	4	4	3
UKS staff duty schedule posted	0	0	0	0	0	0
Total Amount	**61**	**49**	**14**	**47**	**48**	**43**
Percentage	**69,32%**	**55,68%**	**15,91%**	**53,41%**	**54,55%**	**48,86%**

Based on the table above, it is evident that there are significant variations in the availability and condition of UKS infrastructure facilities among the six schools studied. The data is then summarized in the following table of percentages.

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Table 2.
Percentage summary

School	Score	Percentage	Category
SMP Negeri 12 Batang Hari	61	69,32%	Good
SMP Negeri 10 Batang Hari	49	55,68%	Good
SMP Negeri 30 Batang Hari	14	15,91%	Poor
SMP Negeri 4 Batang Hari	47	53,41%	Good
SMP Negeri 16 Batang Hari	48	54,55%	Good
SMP Negeri 24 Batang Hari	43	48,86%	Fair

Based on the results of the observations conducted, the data shows that the average percentage of UKS facilities and infrastructure availability across the six schools is 49.69%, which falls into the "Fair" category.

Of these six schools, none achieved the "Very Good" category (≥76%); four schools fell into the "Good" category (51%–75%), namely SMP N 12 (69.32%), SMP N 10 (55.68%), SMP N 16 (54.55%), and SMP N 4 (53.41%); one school falls into the Adequate category (26%–50%), namely SMP N 24 (48.86%); and one school falls into the Poor category (0%–25%), namely SMP N 30 (15.91%).

Thus, the descriptive hypothesis of this study has been proven: overall, the facilities and infrastructure of the school health units (UKS) at public junior high schools in Batin XXIV Subdistrict do not yet fully meet the standards set forth in Ministry of Education Regulation No. 24 of 2007.

The following chart summarizes the percentage of availability of UKS facilities and infrastructure:

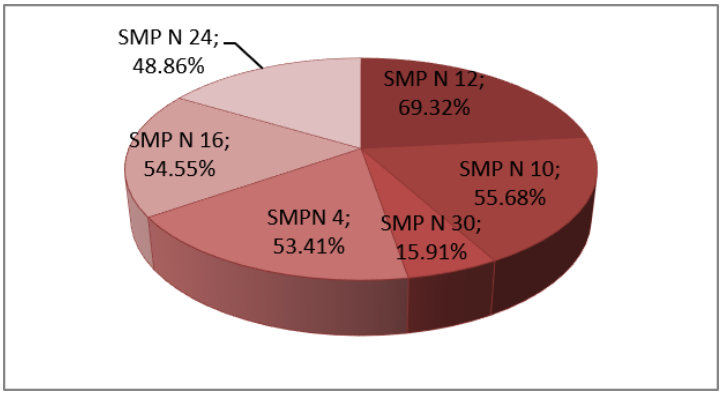

Figure 1.
Percentage summary

The results of the study indicate that the availability of School Health Business (UKS) facilities and infrastructure in six public junior high schools in Batin XXIV Subdistrict varies significantly, ranging from 15.91% to 69.32%. The average availability of UKS facilities and infrastructure is 49.69%, which is still classified as "Sufficient" overall. This situation indicates that the implementation of the UKS program in this region still faces considerable challenges, particularly regarding the provision of adequate physical facilities. This aligns with the findings of Kariyanti and Indrawati (2023), who noted that limitations in UKS physical facilities constitute one of the primary obstacles to the optimal implementation of school health programs.

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The school with the highest percentage is SMP Negeri 12 Batang Hari (69.32%), while the lowest percentage is held by SMP Negeri 30 Batang Hari (15.91%). This significant disparity reflects the gap in the provision of health facilities among schools within the same region. According to Sukarman (2023), disparities in facilities and infrastructure among schools within a single subdistrict are often caused by differences in budget allocation, varying levels of attention from school management, and uneven support from local governments.

Based on the data summary, several indicators consistently received low or zero scores in almost all schools, namely: Covered trash bins, Sinks with running water, Zisplay of the UKS duty roster, Health education posters (PHBS/nutrition), Patient visit logbook, and Thermometer. These six indicators can be categorized as systemic weaknesses that are uniformly present throughout the Batin XXIV subdistrict.

Discussion

The lack of sinks with running water in nearly all schools is a very serious problem, given that access to clean water and handwashing facilities are fundamental components of health promotion in school settings. According to Pandiangan et al. (2022), the absence of basic sanitation facilities such as handwashing stations with running water in schools directly hinders the implementation of clean and healthy living behaviors (PHBS) among students. Furthermore, hand hygiene facilities are crucial for the prevention of infectious diseases. The absence of health education posters (on healthy lifestyle practices and nutrition) in nearly all schools is also a significant concern. Visual educational media are a key tool in school health promotion programs. According to Suryaningsih (2020), the appropriate use of visual media in school settings has been proven effective in fostering positive health behaviors among children. The absence of such media—such as posters on nutrition and healthy lifestyle practices—reflects a lack of attention to the promotive aspects of the School Health Unit (UKS) program.

On the other hand, there are several indicators that consistently received high scores in nearly all schools, namely: fully stocked first-aid kits, body scales, and locked medicine cabinets. This situation indicates that these three indicators are priorities for schools to provide. The availability of first-aid kits in all schools is a positive achievement that must be maintained. According to Rafi'ah et al. (2023), a fully stocked first aid kit is a vital tool for managing health emergencies at school, directly supporting student safety during daily activities. Thus, although many aspects of the UKS program remain inadequate, the availability of first aid facilities in all schools demonstrates a basic awareness of the importance of health preparedness in schools.

Ministry of Education Regulation No. 24 of 2007 establishes standards for facilities and infrastructure that must be met by junior high schools, including the availability of a separate school health room with a minimum area of 12 m^2, equipped with furniture, basic medical equipment, and sanitation facilities. Based on the results of this study, none of the six schools were able to fully meet all of these standards. Even the school with the highest percentage (State Junior High School 12 at 69.32%) still failed to meet several

key indicators such as a sphygmomanometer, thermometer, sink, and educational materials. On average, the availability of UKS facilities and infrastructure at State Junior High Schools in Batin XXIV Subdistrict reached only 49.69% of the maximum standard. This indicates that the implementation of Ministry of Education Regulation No. 24 of 2007 in this region remains highly incomplete. This situation aligns with the findings of Tanjung and Pramita Gurning (2024), who noted that schools in areas with limited budgets tend to be unable to fully meet the established UKS facility standards, even though the UKS program has been operating with limited capacity.

The availability of a standalone UKS room and adequate space is an absolute prerequisite for the effective implementation of school health services. Based on the findings, most schools scored only a 1 on the indicator for a separate dedicated UKS room, meaning that the existing space was in severely dilapidated condition or was merely a temporarily borrowed room. Only SMP Negeri 4 scored a 4 on this indicator. This situation highlights the urgent need to construct or renovate adequate UKS rooms in nearly all the schools studied. According to Sukarman (2023), the availability of adequate physical infrastructure serves as the foundation for implementing comprehensive school health programs, including periodic health checkups, health education, and health-promoting behavior (PHBS) education. Without adequate infrastructure, these programs cannot run effectively, and ultimately, the UKS's goal of improving students' health status cannot be achieved.

CONCLUSION

The availability of facilities and infrastructure for the School Health Program (UKS) at public junior high schools in Batin XXIV Subdistrict is generally in the "Adequate" category, with an average percentage of 49.69%. There is significant variation among schools: State Junior High School 12 Batang Hari achieved the highest percentage at 69.32% (Good category), followed by State Junior High School 10 Batang Hari at 55.68% (Good), State Junior High School 16 Batang Hari at 54.55% (Good), and State Junior High School 4 Batang Hari at 53.41% (Good). Meanwhile, SMP Negeri 24 Batang Hari falls into the Adequate category with 48.86%, and SMP Negeri 30 Batang Hari achieved the lowest percentage at just 15.91% (Insufficient category).

None of the six schools were able to meet all the required minimum standards, whether in terms of classroom infrastructure or the adequacy of medical and administrative facilities. The average compliance rate with the standards reached only 49.69% of the maximum score, indicating that the implementation of these regulations remains very limited in the Batin XXIV subdistrict. This situation highlights the need for serious intervention from various stakeholders—including schools, the education office, the health office, and the Batang Hari Regency government—to improve the quality and adequacy of school health unit (UKS) facilities, thereby supporting the optimal implementation of school health programs.

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