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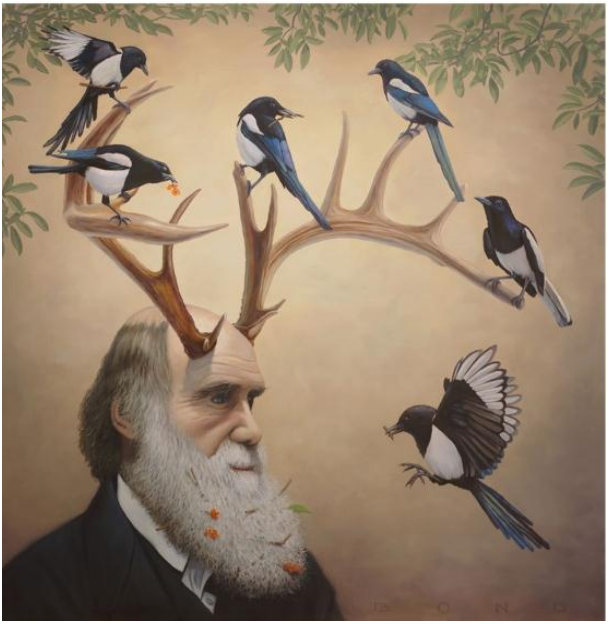

Universidad del Zulia
Facultad Experimental de Ciencias
Departamento de Ciencias Humanas
Maracaibo - Venezuela

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The Importance Of Student Health Record Books In School To Realize Children's Health

Soenarnatalina M. [1],Yuly Sulistyorini [2], Mahmudah[3], Diah Indriani [4]

[1] Faculty of Public Health, Universitas Airlangga, East Java, Surabaya, Indonesia; soenarnatalina.m@fkm.unair.ac.id
[2] Faculty of Public Health, Universitas Airlangga, East Java, Surabaya, Indonesia; yuly.sulistyorini@gmail.com
[3] Faculty of Public Health, Universitas Airlangga, East Java, Surabaya, Indonesia; mahmudah@fkm.unair.ac.id
4 Faculty of Public Health, Universitas Airlangga, East Java, Surabaya, Indonesia; diah-i@fkm.unair.ac.id

Abstract
Health services in schools are carried out through collaboration between Community Health Centers (Puskesmas) and School Health Programs (UKS). It is necessary to learn about schools and their readiness in making student health record books for elementary school (SD) students. The aim of the research was to identify the readiness of schools implementing student health records programs. This research was conducted in 3 elementary schools, namely 2 public schools and 1 private school in Surabaya City, with 8 informants. The results of in-depth interviews showed that UKS activities have been carried out in all schools at the elementary school level but have not been optimal. Student health record books that support student health status do not yet exist in all schools. The absence of students at school has not been followed up if the students do not attend because of illness.

Keywords: Elementary school health, Records, School health, School health programs

La importancia de los libros de registro de salud del estudiante en la escuela para darse cuenta de la salud de los niños

Resumen
Los servicios de salud en las escuelas se llevan a cabo mediante la colaboración entre los Centros de Salud Comunitarios (Puskesmas) y los Programas de Salud Escolar (UKS). Es necesario aprender sobre las escuelas y su preparación para hacer libros de registros de salud de los estudiantes para estudiantes de escuelas primarias (SD). El objetivo de la investigación fue identificar la preparación de las escuelas que implementan programas de registros de salud de los estudiantes. Esta investigación se realizó en 3 escuelas primarias, a saber, 2 escuelas públicas y 1 escuela privada en la ciudad de Surabaya, con 8 informantes. Los resultados de entrevistas en profundidad mostraron que las actividades del UKS se han llevado a cabo en todas las escuelas a nivel de la escuela primaria, pero no han sido óptimas. Los libros de registros de salud de los estudiantes que respaldan el estado de salud de los estudiantes aún no existen en todas las escuelas. La ausencia de estudiantes en la escuela no se ha seguido si los estudiantes no asisten debido a una enfermedad.

Palabras clave: salud de la escuela primaria, registros, salud escolar, programas de salud escolar

1. INTRODUCTION

The 2013 Riskesdas data showed that children aged 10-14 years, or of elementary school age in both males and females, showed consumption of less vegetables and fruits and the eating of unhealthy foods such as foods that are smoked and instantaneous (KEMENKES RI., 2014). Lack of nutritious food intake will affect the level of nutritional status and health of children. The short prevalence (TB/U) of children aged 5-12 years reaches 30.7% and the thinner prevalence (BMI/U) of children aged 5-12 years is 11.2%. The condition of children with malnutrition can result in children getting tired easily, decreased thinking power and decreased endurance which can result in children being sick and not attending school. Because the effects arising from nutritional deficiencies are permanent, not only physical but also mental growth (NURBAITI, et al., 2014). Nationally the

problem of obesity in children aged 5-12 years was still high in Indonesia, which is 18.8%, consisting of fat 10.8% and very fat (obese) 8.8%. Obesity is a problem that is currently occurring in developing countries including Indonesia. An increase in the prevalence of obesity in school-age children will have a negative health impact in childhood, and in the long term it can result in a higher risk of becoming obese in adulthood and a later occurrence of Non Communicable Disease (NCD) (Kemenkes RI., 2017). According to RISKESDAS (2007), deaths from Non-Communicable Diseases (NCD) amounted to 59.5%; higher than the incidence of infectious diseases of 28.1%. NCD can occur during adulthood, including strokes 26.9%, hypertension 12.3%, diabetes mellitus 10.2% and ischemic heart disease 9.3% (JAFAR, 2016). These conditions indicate that there are still health problems including knowledge and behavior in elementary school students.

In addition to thin and fat problems, nutritional problems which also occur in many elementary school age children include nutritional anemia, especially due to iron deficiency. Iron deficiency affects mental development; children have lower psychomotor development than healthy children, their learning achievement is lower compared to normal children. Nutritional anemia can also occur due to lack of vitamin B12 (animal food), folate, and vitamin C (vegetables and fruits). The results of the Household Health Survey (SKRT) reported that the incidence of iron deficiency anemia was 47.3% in school children (PURNAMASARI, 2016). Other health problems will arise in school age children if school age children experience nutritional deficiencies. Therefore monitoring the health status of school age children really needs to be done regularly and continuously both at school and at home. Especially as an effort to prevent greater health problems.

The health status of children needs to be escorted and monitored from pre-conception into old age, as stated in the aim of the concept of continuum of care. This monitoring effort greatly requires the existence of a routine and continuous recording of health status so that it can provide an overview of a person's health status. Recording of health conditions is very necessary in the implementation of this continuum of care concept. Child health records are currently not well integrated in Indonesia. Only in certain parts has it begun to be integrated, for example in the Maternal Child Health and toddler books according to the Minister of Health Regulation No. 42 of 2013. Health records of children, especially elementary

school age (SD), are not yet fully available in each school and have not been fully integrated because there are some difficult conditions and resource limitation. Previous research said that implementation UKS need to be more effective and intensive (SULISTYOWATI, 2018).

Health services in schools are carried out with collaboration between the Puskesmas and the School Health Programs (UKS). Identification of student health status is not yet available and integrated so that efforts to overcome student health problems as a whole are difficult. Because it is necessary to know the condition of the school and the readiness of the school in applying the student health notebook, especially to elementary school students (SD). Especially to improve student health status and optimize UKS activities.

2. RESEARCH METHOD

This research used a qualitative approach in 3 elementary schools namely 2 public schools and 1 private school in the city of Surabaya. Sources of information at the school were 8 principals and / or principals and UKS teachers. In depth interviews were conducted to determine the condition of the school, the implementation of UKS activities, identification of student health records that had been carried out, efforts at health services in schools and obstacles or difficulties encountered in implementing UKS activities. In addition, programs that have been implemented by schools in supporting UKS activities are also identified. Question guides are arranged to facilitate information gathering to informants. The results of the information obtained were then analyzed to obtain an overview of the implementation of UKS activities, especially those supported by a system of health recording of students in schools.

3. RESULT AND DISCUSSION

In depth interview results indicate that all schools have collaborated with Puskesmas in the local area and have UKS activities. It's just that UKS is only related to the availability of UKS room that can be used by students when they are sick or to get first aid. As yet unavailable special officers are responsible for routine UKS activities at school. Each school has UKS support activities such as little doctors and environmental cadres in charge of enforcing discipline. In public schools there are activities of little doc-

tors and environmental cadres while in private schools there are environmental cadres.

The little doctor has been provided with basic health material. These materials include healthy food, maintaining personal health, clean and healthy lifestyle, UKS programs etc. The little doctor's activities are attended by students in grades 1 - 6. The UKS supervisor provides an alternating schedule for little doctors or environmental cadres. UKS activities such as health education, health services and fostering a healthy school environment have not been optimal (KEMENTERIAN PENDIDIKAN DAN KEBUDAYAAN, 2014). First aid should be available to all. The school setting is ideal for teaching first aid skills as UKS programs. When first aid training is not compulsory in schools uptake is low, despite teachers thinking it is an important subject to teach. Space should be made in the curriculum for this to be a compulsory subject. (CAMPBELL, 2013), (REVERUZZI, BUCKLEY, & SHEEHAN, 2016) (BAKKE, BAKKE, & SCHWEBS, 2017).

School health records have not been done specifically, even though the school records students who did not attend school because of illness. Follow-up of students who did not attend school because of the illness has not been done. Health records of elementary students are only related to immunizations that have been obtained, such as BIAS (School Children Immunization Month). There is no routine monitoring of health status or nutritional status of elementary school students. Routine health status monitoring will be very helpful to be able to identify the condition of each student so that if there are health problems, a solution can be given correctly. In accordance with the continuum of care concept this monitoring will be very necessary to be able to realize student health. Especially when at school age it is still in the phase towards maturity, growth and development towards adolescents. Do not let the child's nutritional status get worse / less, because it can lead to disruption of health and even the learning process in school (ICF INTERNATİONAL, 2009).

The Puskesmas has carried out routine activities in schools mainly related to immunization, dental and eye health care. There were no specific health record books for each student at school even though this health record book has been provided by the Indonesian Ministry of Health, but it has not been implemented as a compulsory and routine national program. The

practice of health recording of students in the school is indeed not intensive, of quality, and reaches all students in the school. This was due to some limitations of the central government that need to collaborate well at the regional level (KEMENTERIAN KESEHATAN RI., 2017). So that this program can be implemented as needed in the community. The school feels the need to be supported by means of this health record book, in addition to identifying student attendance in schools but at the same time as an effort to provide health education and health services in schools. Moreover, it is also assisted by a recording system that is easy to do, fast and effective so as not to increase the burden on the teachers. UKS guidance teachers usually also serve as subject teachers, such as sports teachers. This health recording system can also be understood by students, for example how to record and understand the results of the notes. So that in carrying out the recording, the UKS supervising teacher is monitored by a little doctor or environmental cadre.

The implementation of the Trias UKS, which includes health education, health services, and fostering a healthy school life environment often seems temporal and incidental, especially when there is an assessment of a healthy school model. The implementation was not comprehensive, high quality or as a routine school activity. Student health report books are still not used together with monitoring and evaluation of the health status of students in schools and monitoring of parental assistance in following up on the results of health services / checks.
The school does not feel any difficulty when applying the student health record book instead feels helped by this recording. The difficulty that is likely to be encountered is if the number of students is quite large. This student health record book can be a student health report book that can be used up to the next level of education. Of course if supported by government policies. In addition, if there are applications to facilitate the health recording of students, for example, by being given a special application to help record and evaluate the health status of students and even provide solutions if there are health problems.

4. CONCLUSIONS

UKS programs have been carried out in all schools at the elementary level but not yet optimal. UKS activities carried out one of them in extra curriculum activities such as little doctors or environmental cadres. Special

student health record books that monitor student health status do not yet exist in all schools. The school only records absences in school but has not been followed up if the student is not admitted because of illness. The school feels that there is a need for this student health record book because it will help the school in carrying out UKS activities. The health condition of each student will be known and monitored and even given a solution if there are health problems. The school also feels that there are no difficulties when applying this school health record book but expects that in its implementation it can be easy, fast and effective if it is supported by a good recording system, such as supported by special applications that make it easy to evaluate the results of recording.

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