

The Effectiveness of Health Administration in Improving Student Health through the School Health Program (UKS)

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ABSTRACT

The School Health Program (UKS) is a government initiative that plays a strategic role in promoting early health prevention and supporting long-term public health outcomes. This study examines the effectiveness of health administration in implementing the UKS program at elementary and secondary school levels, focusing on planning, organizing, implementation, and evaluation. A descriptive quantitative approach was employed using questionnaires completed by 30 respondents. The study highlights the significance of health administration as a crucial mechanism for translating policy objectives into effective operational practices within the school setting. The results show that the UKS program is generally well implemented, with 53.3% of respondents rating it as very good and 33.3% as good. UKS facilities and access to health personnel are considered adequate, and health services are responsive and student-friendly. These findings indicate that the foundational administrative structures and resources required to support UKS implementation are primarily in place at the school level. However, challenges remain, including irregular implementation of activities, limited student participation, and inconsistent evaluation. Collaboration with external health institutions also requires improvement. These constraints suggest that administrative effectiveness remains limited at the operational stage, particularly in ensuring continuity, stakeholder engagement, and the systematic monitoring of program activities. Overall, the UKS program has a positive influence on students' knowledge, attitudes, and clean and healthy living behaviors (PHBS). This positive impact highlights the potential of school-based health programs to serve as effective entry points for health promotion among adolescents when supported by strong administrative management. Strengthening administrative management, evaluation systems, student engagement, and intersectoral coordination is crucial to enhancing the effectiveness and sustainability of the program and its contribution to broader public health objectives. The findings of this study provide practical implications for policymakers and school administrators in designing strategies to optimize UKS governance and maximize its role in improving student health outcomes.

Keywords: Health Administration, School Health Services (UKS), Health Program Management, Student Health, Healthy Schools.

I. Introduction

The School Health Program (Usaha Kesehatan Sekolah/UKS) is one of the government's initiatives aimed at improving students' health through health services, health education, and the development of a



healthy school environment (Kementerian Kesehatan RI, 2023). This program is designed to address health issues early in the school-age population, thereby preventing more serious health problems later in life. Effective implementation of UKS requires strong health administration, particularly in planning, organizing, implementing, and evaluating processes at both elementary and secondary school levels. Health administration plays a critical role in ensuring that limited resources are allocated efficiently, programs are implemented consistently, and outcomes are monitored systematically. Without a coherent administrative structure, even well-designed health programs may fail to achieve their intended impact. Therefore, administrative effectiveness becomes a prerequisite for transforming policy intentions into tangible health outcomes at the school level. Additionally, the School Health Program (UKS) is increasingly recognized as a strategic platform for early health interventions and human capital development. Schools function not only as educational institutions but also as critical settings for promoting lifelong healthy behaviors (Kurnia Hidayat, 2020). This dual role positions schools as key entry points for integrating health promotion into daily learning environments. Effective school health programs have been shown to contribute to improved academic performance, reduced absenteeism, and better long-term health outcomes among students (Living & Selatan, 2024). Consequently, the success of UKS should be viewed not merely as a health initiative but as an integral component of national development efforts. This perspective underscores the importance of UKS management being integrated into broader educational and public health strategies.

Previous studies have examined UKS implementation using various methodological approaches. Descriptive quantitative methods have been employed to assess the achievement of UKS indicators through questionnaires and documentation. (Samoedra, 2025). These studies provide important numerical evidence regarding the level of program implementation and compliance with established standards. Such findings are useful for benchmarking program performance across schools and regions. However, the findings often focus on output indicators without sufficiently explaining the underlying administrative and managerial factors that influence program performance. As a result, the mechanisms through which administrative processes affect program outcomes remain underexplored. From an administrative perspective, health administration provides the managerial framework that connects policy objectives with operational activities at the school level. Planning ensures that UKS activities align with identified student health needs; organizing facilitates coordination among schools, health centers, and local governments; implementation translates plans into concrete actions; and evaluation supports continuous improvement through evidence-based decision-making (Wijayanti et al., 2022). These interconnected functions highlight that administrative processes operate as a continuous cycle rather than isolated activities. Weaknesses in any of these administrative functions may result in fragmented service delivery and reduced program effectiveness. Therefore, administrative effectiveness becomes a decisive factor in translating policy commitments into measurable health improvements.

In contrast, qualitative case studies have explored administrative and managerial constraints in UKS implementation, such as coordination problems, limited human resource capacity, and weak institutional support (Tanjung & Pramita Gurning, 2024). These studies offer valuable insights into contextual and process-related issues. They help explain why program implementation varies despite similar policy guidelines. However, their findings are often localized and difficult to generalize across different school settings. The lack of integration between quantitative performance data and qualitative administrative analysis has limited a comprehensive understanding of how health administration affects the effectiveness of UKS. This methodological gap highlights the need for more integrative research designs. Furthermore, decentralization of the health and education systems in Indonesia places greater responsibility on local governments and schools to manage UKS programs effectively. While decentralization offers flexibility and responsiveness to local needs, it also poses challenges related to variations in administrative capacity, resource availability, and intersectoral collaboration (Sofiani et al., 2024). These variations may lead to unequal quality of UKS implementation between schools and regions. Without adequate administrative competence, decentralization may exacerbate inequalities in the implementation of UKS across regions and school levels.

This situation underscores the importance of strengthening administrative capacity at the local and school levels.

Moreover, statistical data reported in previous studies indicate persistent health challenges among school-aged children, including nutrition problems, unhealthy behaviors, and preventable diseases. These challenges suggest that existing school health interventions have not yet reached optimal effectiveness. These statistics imply that suboptimal program outcomes may not solely reflect students' behavior but also weaknesses in administrative systems, such as inadequate planning, insufficient monitoring, and ineffective coordination between schools and health authorities. Therefore, a deeper analysis of health administration is necessary to understand how administrative capacity and management practices influence the UK's ability to address these health issues effectively. Understanding these relationships is essential for designing targeted and sustainable interventions. By integrating quantitative assessments of UKS performance with qualitative analyses of health administration processes, this study aims to address existing research gaps and provide evidence-based recommendations to strengthen UKS governance and sustainably improve student health outcomes. This integrative approach enables a more holistic understanding of both program performance and administrative dynamics. This integrative approach is expected to provide a more comprehensive understanding of how administrative effectiveness contributes to the successful implementation of UKS.

Despite its strategic role, several challenges persist in implementing UKS health administration. The main problems identified include inefficiencies and suboptimal management practices, such as untrained human resources, inadequate facilities and infrastructure, and ineffective reporting systems (Jawardi, 2023; Uks et al., 2021). These shortcomings have significant implications, as they may lead to inconsistent service delivery, limited follow-up on students' health conditions, and inadequate use of health data for decision-making, ultimately reducing the effectiveness of UKS in improving student health outcomes. These administrative weaknesses suggest that structural and managerial issues continue to be a significant barrier to achieving the intended objectives of the UKS program, potentially compromising the long-term sustainability of school health interventions. Additionally, the complexity of UKS implementation necessitates effective coordination among multiple stakeholders, including schools, primary health centers, local health offices, and education authorities. In practice, differences in institutional priorities and limited intersectoral communication often hinder the alignment of UKS activities with broader health and education policies. As a result, administrative processes may operate in isolation, reducing program coherence and limiting the potential impact of UKS interventions (Wijayanti et al., 2022). Moreover, this lack of coordination can lead to duplication of efforts, inefficient resource allocation, and missed opportunities to leverage local health expertise and community engagement. The integration of structured communication channels, joint planning sessions, and shared reporting systems is therefore essential to create synergy among stakeholders and strengthen accountability mechanisms.

The persistence of these issues, combined with the methodological limitations of previous studies that either emphasize numerical achievement or contextual description alone, highlights a gap in the literature. Specifically, there is limited evidence that systematically links administrative functions, planning, organizing, implementation, and evaluation with program effectiveness and student health outcomes. This research gap hinders the ability to design targeted interventions that address not only operational shortcomings but also underlying organizational and policy-level constraints. A more nuanced understanding of the relationship between administrative efficiency and student health outcomes could inform evidence-based strategies to optimize UKS implementation across different school contexts. Furthermore, variations in administrative capacity across schools and regions contribute to unequal implementation of UKS programs. Schools with limited managerial skills and technical support may struggle to translate policy guidelines into operational activities, particularly in areas related to monitoring, reporting, and evaluation. This situation underscores the importance of examining health administration not only as a set of technical functions, but also as an organizational process influenced by institutional capacity and governance structures (Ina Sopiana et al., 2025). Understanding these variations is essential for explaining disparities in UKS outcomes across different educational settings and for tailoring capacity-building initiatives that address local challenges.

Additionally, examining how leadership practices, decision-making hierarchies, and staff competency interact with administrative protocols can provide insight into why some schools achieve higher program performance than others. Given these challenges, a more comprehensive analysis of health administration in UKS implementation is required, integrating program management perspectives with monitoring and evaluation systems. Such an integrative approach not only evaluates the effectiveness of individual administrative functions but also examines the dynamic interactions between planning, resource management, and stakeholder engagement. Furthermore, it allows policymakers and school administrators to identify critical leverage points where targeted interventions can produce the most significant improvements in student health outcomes.

Therefore, identifying how administrative functions are carried out in practice and how they influence program outcomes is critical. A deeper understanding of the effectiveness of planning, organizing, implementation, and evaluation within UKS can provide valuable insights into why certain schools achieve better health outcomes than others. This knowledge also supports the development of standardized guidelines, training programs, and operational protocols that ensure consistent program delivery across schools with varying resource levels. By examining the administrative determinants of program success, stakeholders can implement corrective measures that strengthen monitoring systems, improve resource utilization, and foster a culture of accountability within school health programs. Such evidence is essential to inform policy improvements, strengthen administrative capacity, and ensure that UKS programs contribute more effectively to improving student health in both elementary and secondary school settings (Sartika et al., 2025). Moreover, these findings highlight the crucial role of administrative leadership in maintaining program effectiveness, fostering student engagement, and achieving broader public health objectives within the school environment. Ultimately, effective health administration within UKS can serve as a model for other school-based health initiatives, providing insights into best practices and scalable interventions that can be adapted nationally. Therefore, this study is guided by the following research question: How effective is health administration in implementing the School Health Program (UKS) at the secondary school level in improving student health? By focusing on secondary schools, the study aims to explore administrative challenges specific to adolescent populations and the unique organizational structures of upper-level educational institutions. The results are expected to offer practical recommendations for enhancing program management, stakeholder coordination, and evidence-based decision-making in secondary school health programs.

This study makes significant contributions to the field of health administration and school health programs in several ways. First, it provides an updated and more analytical examination of health administration practices within the School Health Program (UKS), going beyond descriptive indicators by linking administrative processes to program effectiveness. By systematically analyzing administrative structures, decision-making pathways, and resource allocation mechanisms, the study offers a deeper understanding of how managerial processes directly impact the quality and consistency of school health services. By focusing on core administrative functions, planning, organizing, implementation, and evaluation, this study deepens the analytical understanding of how managerial processes shape program outcomes at the school level. Second, it identifies key managerial factors that influence UKS performance, helping to explain why specific health problems among school-aged children persist despite program implementation. These factors include the adequacy of trained personnel, the availability of health facilities, the effectiveness of reporting systems, and the degree of intersectoral collaboration, all of which can determine whether health interventions achieve their intended outcomes. Third, it offers a practical framework for improving UKS management through program-based administrative analysis, integrated monitoring and evaluation, and the utilization of school information systems to support program sustainability and evidence-based decision-making. This framework provides actionable guidance for school administrators and local health authorities to systematically identify gaps, optimize resource use, and implement targeted interventions that enhance both operational efficiency and student health outcomes. In addition to its academic contributions, this study has practical significance for school administrators, health officers, and local policymakers by providing actionable insights to strengthen coordination, optimize resource allocation, and enhance accountability in

UKS implementation at both elementary and secondary school levels (World Health Organization, 2021; Langford, R., 2020). These insights are particularly relevant in addressing operational challenges faced by schools in translating national policies into effective, context-specific health interventions.

From a policy perspective, the findings of this study may serve as empirical evidence to support the development and refinement of guidelines, standards, and capacity-building initiatives related to school health administration, particularly in decentralized education and health systems (Wankasi et al., 2020; Anastasya & Rahman, 2025). By highlighting variations in administrative capacity across schools and regions, this study also informs policy efforts aimed at reducing implementation disparities and strengthening institutional governance. By emphasizing the integration of administrative functions with monitoring and evaluation mechanisms, this study also contributes to the advancement of evidence-based governance in school health programs, thereby supporting long-term improvements in student health outcomes and human capital development (Putri et al., 2025; Gustiani & Barus, 2023). Such an approach reinforces the role of health administration as a strategic instrument for ensuring program sustainability and accountability in school-based health initiatives. The remainder of this paper is organized into six main sections: a literature review on health administration and the UKS program, the research methods employed, the results of the analysis of UKS administrative implementation, a discussion of supporting and inhibiting factors, a proposed intervention model, and the conclusions, along with policy recommendations.

II. Literature Review and Hypothesis Development

Health administration refers to the systematic management of resources, activities, and policies to achieve optimal public health outcomes. According to Notoatmodjo (2012), health administration encompasses four core functions: planning, organizing, implementation, and evaluation. In the school context, these functions are crucial for ensuring that health-related programs are delivered effectively, efficiently, and in a coordinated manner, particularly when multiple stakeholders are involved. From a theoretical perspective, Dwight Waldo conceptualizes administration as a form of rational cooperation organized according to functional activities. Within the Trias Management Organization and Administration framework, which emphasizes organizational structure, work procedures, and human resources administration, the aim is to achieve efficiency and effectiveness in program implementation (Asniah Wa Ode Siti et al., 2024). In the context of school health programs, this framework highlights the importance of competent personnel, clear organizational roles, and standardized procedures to ensure program sustainability. In the field of health administration, these theoretical perspectives provide a critical foundation for understanding how managerial functions translate into operational effectiveness. Effective administration not only structures organizational processes but also facilitates coordination among stakeholders, optimizes resource allocation, and ensures accountability in health program implementation, particularly within complex settings such as schools (World Health Organization, 2021).

The School Health Program (Usaha Kesehatan Sekolah/UKS) is a government initiative aimed at enhancing student health at the primary and secondary education levels. Based on the Ministry of Health Regulation No. 25 of 2014, UKS is implemented through three interrelated pillars: health education, health services, and the development of a healthy school environment. These pillars require effective administrative coordination to function synergistically and achieve the program's objective of fostering healthy, intelligent, and well-rounded school-aged children (Bengkulu, 2023). Consequently, the success of UKS is not solely determined by program design or policy commitment, but also by the capacity of administrative systems to translate policies into consistent and measurable actions at the school level. Weak administrative processes may lead to fragmented implementation, limited service coverage, and suboptimal health outcomes among students (Asadi et al., 2025).

School-aged children represent a strategic national asset, as their health status significantly influences future productivity and national competitiveness. Schools offer an ideal setting for health promotion, as students spend a significant portion of their time in this environment. However, the limited

availability of health services for school-aged children globally reinforces the importance of school-based health programs such as UKS (Tanjung & Pramita Gurning, 2024). This evidence highlights the importance of robust administrative systems in maximizing program reach and effectiveness.

As part of the national health strategy, UKS aims to improve students' health status and enhance the quality of its human resources. Integrated into the school environment, UKS provides basic health services, supports immunization, prevents the spread of infectious diseases, and promotes healthy lifestyle behaviors (Samodra, 2025). These functions require consistent administrative management, particularly in planning activities, coordinating stakeholders, and monitoring program outcomes. Recent global data indicate that the population of school-aged children (6–11 years) reached approximately 820 million in 2023, many of whom face significant health challenges such as mental health disorders and nutritional problems. In Indonesia, 11% of children aged 5–12 years are underweight. In comparison, 19.7% are overweight or obese (Nugrahani & Umaroh, 2025). These statistics suggest a dual burden of malnutrition that necessitates integrated school-based interventions, supported by effective health administration, to prevent long-term health consequences. These conditions underscore the need for school-based health programs to be responsive to the diverse and evolving health challenges faced by children. Effective health administration plays a central role in ensuring that interventions are evidence-based, appropriately targeted, and continuously evaluated to address both undernutrition and overnutrition within the school population (Zheng et al., 2023). Given that school-aged children spend a significant portion of their daily lives in school, school health programs serve as a critical entry point for health service delivery, particularly in developing countries. Empirical evidence suggests that well-managed school health programs lead to enhanced health knowledge, healthier behaviors, and improved academic outcomes (Nugrahani & Umaroh, 2025). This relationship further supports the argument that administrative effectiveness is a key determinant of program success.

According to Decree No. 828/MENKES/SK/IX/2008 of the Minister of Health, the School Health Program aims to improve students' health status, promote healthy behaviors, and enhance educational quality. Achieving these goals depends heavily on competent human resources, adequate infrastructure, and effective administrative management, which align with core principles of health administration theory. Nevertheless, the existence of regulatory frameworks does not automatically guarantee effective implementation at the operational level. Differences in administrative capacity, leadership commitment, and resource availability across schools may result in varying levels of UKS performance, underscoring the importance of examining administrative effectiveness in practice (Nakashwa & Mfidi, 2025). Despite its strategic importance, UKS implementation in Indonesia still faces substantial challenges. Children aged 0–17 years account for nearly one-third of the population, totaling approximately 79.8 million individuals (Ervina et al., 2022). Furthermore, during the 2024/2025 academic year, approximately 52.9 million students were enrolled across all education levels, highlighting the government's significant responsibility to ensure that school health services operate effectively (Jawardi, 2023). These demographic realities amplify the consequences of weak administrative systems. Health problems among Indonesian children and adolescents, including smoking behavior, anemia, and other risky behaviors, remain prevalent. Compounding this issue, only 68% of schools have implemented UKS comprehensively, with lower coverage at the senior high school level (Muhammad & Ali, 2022). This is particularly concerning given that adolescence is a critical period for establishing long-term health behaviors, emphasizing the urgent need for improved administrative effectiveness in UKS implementation.

Collectively, these studies indicate that while UKS has firm policy and theoretical foundations, its effectiveness is highly dependent on the quality of health administration. However, existing literature often examines program outcomes without sufficiently integrating administrative dimensions, revealing a gap that this study seeks to address. In this context, understanding how health administration functions are implemented at the school level becomes critically important. Variations in planning quality, organizational structure, coordination mechanisms, and evaluation practices across schools may lead to differences in UKS performance and health outcomes. However, empirical studies that systematically examine the relationship between administrative effectiveness and UKS implementation outcomes remain limited.

Therefore, assessing health administration as a multidimensional construct encompassing planning, organizing, implementation, and evaluation is essential to understand its contribution to the effectiveness of school health programs. Such an assessment can provide empirical evidence to inform policy refinement and strengthen UKS implementation strategies. Based on that, the research question in this study is “How effective is health administration in the implementation of the School Health Program (UKS) in improving student health outcomes?” In relation to this research question, our hypothesis for this study is H_1 : Effective health administration, as reflected in planning, organizing, implementation, and evaluation, has a positive and significant impact on the successful implementation of the School Health Program (UKS) and contributes to improved student health outcomes.

III. Research Method

This study employs a mixed-methods approach, integrating quantitative and qualitative techniques to provide a comprehensive and in-depth analysis of the administration of the School Health Program (UKS – Usaha Kesehatan Sekolah) and its impact on student health outcomes. The mixed-methods design was selected to capitalize on the complementary strengths of both approaches: quantitative methods generate measurable indicators of program performance and student health status, while qualitative methods facilitate a deeper understanding of administrative processes, contextual dynamics, and implementation challenges (Creswell & Plano Clark, 2017). This integration enhances the robustness and interpretability of the study findings. The research framework is systematically structured into four sequential stages: Planning, Data Collection, Data Analysis, and Evaluation and Recommendation.

1. Planning

The planning stage establishes the conceptual and operational foundation of the study by defining the following core objectives:

- a) Assess the effectiveness of health administration within the UKS program.
- b) Identify key managerial factors that influence program implementation.
- c) Evaluate student health outcomes, including anemia prevalence, nutritional status, physical activity, and hygiene practices.

The study focuses on a defined population consisting of students aged 15–18 years, teachers, and school health officers at SMAN 3 Bone. A purposive sampling strategy is employed to ensure that participants possess direct experience and involvement in UKS implementation, thereby increasing the relevance, depth, and validity of the collected data (Etikan et al., 2016). To operationalize the research objectives, a set of clearly defined indicators was developed:

- Administrative indicators: availability of trained UKS personnel, adequacy of health facilities, and quality of reporting systems.
- Health outcome indicators: anemia prevalence, nutritional status, physical activity levels, and hygiene practices.

All objectives and indicators were conceptually developed by the researchers, with relevant empirical studies and policy-related literature cited to support the rationale and operational definitions. (Samoedra, 2025; Tanjung & Pramita Gurning, 2024; Jawardi, 2023).

Data collection instruments include structured questionnaires administered to students and teachers, semi-structured interview guides for school health officers, and document review checklists for analyzing UKS reports and administrative records.

2. Data Collection

Data collection integrates both quantitative and qualitative techniques to ensure methodological complementarity:

- **Quantitative data:** Structured questionnaires are administered to students and teachers to obtain standardized information on UKS implementation and student health-related behaviors. In addition, secondary data, including health records and UKS documentation, are collected from school archives and relevant Ministry of Health databases.
- **Qualitative data:** In-depth interviews and Focus Group Discussions (FGDs) are conducted with UKS officers, teachers, and relevant policymakers to explore administrative barriers, enabling factors, coordination mechanisms, and contextual influences affecting program implementation. This combination of methods allows the study to capture both numerical trends and experiential perspectives, thereby strengthening data credibility and enhancing analytical depth (Fetters et al., 2013).

3. Data Analysis

- a) Quantitative analysis uses descriptive statistics to summarize program coverage, student health outcomes, and the overall implementation of UKS. Results are compared with national and international standards, such as WHO guidelines on adolescent health and nutrition.
- b) Qualitative analysis is conducted using thematic analysis to identify common barriers, facilitators, and best practices in UKS administration.
- c) Triangulation is performed to combine and validate findings from both quantitative and qualitative sources, enhancing the reliability of the results.
- d) Effective health administration is operationally defined as the presence of trained personnel, adequate health facilities, and functional reporting systems that lead to measurable improvements in student health outcomes.

4. Evaluation & Recommendation

In this stage, the combined findings are interpreted to:

- Assess the effectiveness of UKS administration.
- Identify gaps in human resources, facilities, and reporting systems that may hinder program performance.
- Propose evidence-based recommendations to improve UKS management and student health outcomes.
- Potential limitations, such as sample size, reliance on self-reported data, and limited generalizability, are acknowledged to provide context for the findings.
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Table 1. Sample Criteria (N = 30)

Measurement	N	%
Gender		
Man	7	23.3
Female	23	76.7
Age (years-old)		
15	3	10

Measurement	N	%
16	2	6.7
17	23	76.7
18	2	6.6
Class		
X	2	6.7
XI	2	6.7
XII	26	86.6

Based on Table 1, the majority of respondents were 17 years old (76.7%) and enrolled in grade XII (86.6%). Female respondents constituted a larger proportion of the sample (76.7%) compared to male respondents (23.3%). This demographic profile indicates that the data were predominantly collected from senior high school students at the final grade level, who are likely to have had longer and more intensive exposure to the School Health Program (UKS). Consequently, their responses may provide more informed and reflective insights into the implementation and effectiveness of UKS activities at the school level.

Table 2. Frequency Distribution Based on Questions on Health Administration Analysis in the Implementation of the School Health Program (UKS) to Improve Students' Health.

Questions	Frequency (n)	%
Does your school have a well-planned School Health Program (UKS)?		
Very Good	16	53,3
Good	10	33,3
Fair	3	10%
Four	1	3,3%
Are you aware of the regular UKS activity schedule (such as health check-ups, counseling, and hygiene activities)		
Yes, regularly every month	13	43,3
Sometimes	13	43,3
Rarely	3	10
Never received information	1	3,3
Who usually provides information about UKS activities at school?		
UKS Teacher	14	46,7%
Health Center Staff	5	16,7%
Peers	10	33,3
Never received information	1	3,3
Are UKS activities, such as health check-ups, dental hygiene, and environmental cleanliness, conducted regularly		
Very regularly	2	6,7
Regularly	9	30
Sometimes	15	50
Never	4	13,3
How actively are you involved in UKS activities (such as cleaning activities, health counseling, or regular check-ups)?		
Very active	6	20
Active	6	20

Questions	Frequency (n)	%
Less Active	13	43,3
Not Active	5	16,7
Is the UKS staff at your school easily accessible when you are sick at school?		
Very easy	13	43,3
Easy	16	53,3
Difficult	0	0
Don't know	1	3,3
Does the school conduct regular evaluations of the UKS implementation?		
Always	7	23,3
Sometimes	18	60
Rarely	3	10
Never	2	6,7
Are the results of UKS activities (such as check-up reports or health counseling) communicated to students?		
Always	8	26,7
Sometimes	16	53,3
Rarely	1	3,3
Never	5	16,7
How is the condition of the UKS room at your school?		
Complete and clean	19	63,3
Adequate	11	36,7
Incomplete	0	0
Not available	0	0
Are basic health equipment (first aid kits, thermometers, scales, etc.) available in the UKS room		
Complete	17	56,7
Adequate	13	43,3
Incomplete	0	0
Not available	0	0
After participating in UKS activities, do you feel that you pay more attention to personal and environmental hygiene?		
Pay very much attention	14	46,7
Pay sufficient attention	13	43,3
Sometimes pay attention	3	10
Do not pay attention	0	0
Do UKS activities help you understand the importance of clean and healthy living behaviors (PHBS)?		
Very helpful	14	46,7
Helpful	15	50
Less helpful	1	3,3
Not helpful	0	0
How much influence does UKS have on your personal health and hygiene at school?		
Very significant	14	46,7

Questions	Frequency (n)	%
Significant	13	43,3
Minor	3	10
No influence		
Do the UKS teachers or supervisors provide guidance before UKS activities are carried out?		
Always	10	33,3
Often	11	36,7
Sometimes	7	23,3
Never	2	6,7
Does the school cooperate with external parties (such as the health center or health department) in preparing the UKS program?		
Yes, regularly	13	43,3
Sometimes	11	36,7
Rarely	1	3,3
Don't know	5	16,7
How often do you undergo regular health check-ups (height, weight, dental, eye exams, etc.)?		
Always	7	23,3
Sometimes	19	63,3
Rarely	3	10
Never	1	3,3
If a student is sick, is the service at the school health unit (UKS) fast and responsive?		
Strongly Agree	11	36,7
Agree	17	56,7
Disagree	2	6,7
Strongly Disagree	0	0
Are students involved in supervising school cleanliness?		
Always	16	53,3
Often	6	20
Sometimes	7	23,3
Never	1	3,3
Does the school environment support healthy and clean behavior (trash bins, clean toilets, clean water)?		
Strongly Support	9	30
Support	19	63,3
Less Supportive	2	6,7
Not Supportive	0	0
My knowledge about a healthy lifestyle has improved after participating in UKS activities.		
Greatly Improved	9	30
Improved	10	33,3
Slightly Improved	11	36,7
Not Improved	0	0

Questions	Frequency (n)	%
Total	30	100

IV. Results and Discussion

4.1. Analysis Result

a. Implementation of UKS Activities

Based on questionnaires from 30 respondents, the implementation of the School Health Program (UKS) at SMAN 3 Bone is generally perceived as well-organized. Specifically, 53.3% rated the program as “very good and well-planned,” and 33.3% rated it as “good.” These ratings indicate that the school has established a structured and organized administrative plan for UKS activities. This finding suggests that formal administrative structures and planning documents are already in place, reflecting compliance with UKS policy guidelines at the school level. However, the operational consistency of activities such as health check-ups, counseling sessions, and hygiene campaigns is still limited. Only 36.7% of respondents reported that these activities are conducted regularly, while 50% indicated that they are implemented occasionally, highlighting the need for more systematic scheduling. This gap between planning and execution indicates that administrative effectiveness is constrained at the operational stage, particularly in translating plans into routine actions.

b. Information Dissemination

Most students receive information about UKS activities from teachers (46.7%) and peers (33.3%), while only 16.7% reported receiving information from external health personnel, such as local health centers (puskesmas). This suggests that collaboration with external stakeholders is present but not fully integrated. Reliance on internal communication channels may limit the diversity and technical depth of health information that students receive. Improved coordination could enhance the continuity and effectiveness of UKS programs, aligning with the UKS triad partnership model, which emphasizes collaboration among schools, students, and health institutions (Hilza, 2020; Novrinda et al., 2020).

c. Student Participation

Student engagement remains moderate, with only 40% identifying themselves as active or very active participants, while 60% are less active or inactive. Moderate participation levels suggest that students are still primarily positioned as recipients of the program rather than active contributors. This observation aligns with studies showing that participation is influenced by motivation, program design, and reinforcement strategies (Maulida et al, 2023) (Yuwaldi, 2025). Enhancing student-centered approaches, such as peer education and participatory planning, could strengthen involvement and embed healthy behaviors in school culture (Chaniago et al., 2024).

d. Facilities and Accessibility

Availability and accessibility of facilities are highly rated. About 63.3% of respondents confirmed that the UKS room is complete and clean, and all respondents reported that essential health equipment, including first aid kits, thermometers, and weighing scales, is available. Adequate facilities serve as an enabling factor that supports service utilization, but do not automatically ensure optimal program effectiveness without consistent activities. Access to UKS staff is excellent, with 96.6% stating that health personnel are easy to reach.

These factors support effective service delivery and responsiveness, which have been shown to positively impact utilization of school health programs (Access, 2021).

e. Evaluation and Collaboration

Program evaluation occurs occasionally (60%), with only 23.3% of respondents indicating that they conduct regular assessments. Irregular evaluation limits the school's ability to identify program weaknesses and implement timely corrective actions. Collaboration with external institutions, such as health centers, is either regular (43.3%) or occasional (36.7%), but 16.7% were unaware of such partnerships. Strengthening both systematic evaluation and intersectoral collaboration is essential for sustaining program effectiveness (Kota et al., 2025; Ramdan et al., 2025).

f. Impact on Knowledge and Behavior

The program demonstrates a substantial positive impact. These outcomes indicate that, even with inconsistent implementation, UKS activities contribute meaningfully to students' cognitive and behavioral health domains.

- 93.4% reported increased understanding of clean and healthy living behaviors (PHBS).
- 100% reported greater attention to personal and environmental hygiene.
- 63.3% indicated improved knowledge of healthy lifestyles.

83.3% agreed that facilities like clean toilets, trash bins, and access to clean water are adequate, and 73.3% actively involved in maintaining school cleanliness. These findings reinforce the ecological model of school health, which highlights environmental support as a determinant of behavior change. Despite the positive impacts on students' knowledge, attitudes, and behaviors, the implementation of routine activities such as health screenings, counseling sessions, and hygiene campaigns was found to be inconsistent. This aligns with previous research, which emphasizes that precise administrative planning is a fundamental determinant of the success of school health programs (Umaroh et al., 2025). Conversely, operational challenges such as limited personnel and insufficient monitoring may hinder consistency (Asvio et al., 2022).

V. Conclusion

The UKS program at SMAN 3 Bone demonstrates a reasonably practical performance in terms of planning, facility availability, and service responsiveness. These conditions indicate that the foundational elements of health administration are present and can serve as a basis for further program enhancement. The administrative structure appears well-organized, supported by a structured scheduling system and adequate resource allocation. However, several challenges remain evident, including inconsistencies in program implementation, low student participation rates, and irregular evaluation practices. The dissemination of information, which is largely dependent on internal channels—mainly teachers and peers—also reflects the need to strengthen collaboration with external health agencies to support program continuity and quality (Access, 2021). From a theoretical standpoint, the findings affirm that administrative planning alone is insufficient to ensure optimal program outcomes. Health administration must be understood as a dynamic and iterative process involving planning, execution, monitoring, and feedback mechanisms in order to generate meaningful health impacts. The effectiveness of school health programs relies on consistent implementation, routine evaluation, and active stakeholder engagement, reaffirming prior studies that emphasize the importance of practical operationalization in school-based health initiatives (Umaroh et al., 2025; Pertama, 2019).

Managerially, these findings underscore the need to strengthen operational control and adopt participatory management strategies. Clear and consistent scheduling for counseling sessions, health screenings, and hygiene campaigns is needed to ensure continuity. Enhancing student engagement through approaches such as peer education may contribute to the development of more sustainable health behaviors among learners. Furthermore, intersectoral collaboration with puskesmas and local health institutions should be reinforced to facilitate technical assistance, resource sharing, and capacity building (Ramdan et al., 2025). These efforts must be supported by systematic monitoring and evaluation mechanisms that help identify gaps, optimize resource allocation, and reinforce program sustainability (Kota et al., 2025). In terms of policy implications, the results suggest that program effectiveness could be improved through policies that promote structured administrative frameworks, encourage active student participation, and facilitate school–community partnerships. Policy instruments should also emphasize accountability systems that ensure planned activities are consistently implemented. Future policy development may benefit from more straightforward guidelines regarding evaluation frequency, stakeholder collaboration procedures, and standards for effective program administration. Future research is recommended to examine causal factors contributing to low student participation, including motivational aspects, program design limitations, and reinforcement strategies. It is also necessary to explore long-term behavioral outcomes and health improvements resulting from program activities, as well as potential models for scaling interschool collaboration and regional partnerships to enhance overall program sustainability.

References

- Access, O. (2021). The Implementation of School Health Units Based on Work Team And Trias UKS in The Primary Schools. 3(2), 66–75. <https://doi.org/10.36566/ijhsrd/Vol3.Iss2/92>
- Anastasya, S., & Rahman, A. (2025). Implementation of Decentralization Policy in Improving Public Health Services in Urban Areas. 16(259), 15–23.
- Asadi, Z., Teymourlouy, A. A., Hashjin, A. A., & Pourasghari, H. (2025). Factors Affecting School Health Policies and Ways to Improve Them: A Qualitative Study.
- Asniah Wa Ode Siti, Lestari Hariati, & Liaran Rastika Dwiyantri. (2024). Jurnal administrasi dan kebijakan kesehatan. Jurnal Administrasi Dan Kebijakan Kesehatan (Jak-Uho), 5(2), 238–247. <http://jakp.fisip.unand.ac.id/index.php/jakp/article/view/139>
- Asvio, N., Islam, U., Fatmawati, N., Bengkulu, S., Yusup, M., Astuti, A., & Anwar, K. (2022). School Health Unit as the Main Facility for Health Development in the School. 3(3), 269–275.
- Bengkulu, U. M. (2023). Peran Usaha Kesehatan Sekolah (UKS) Dalam Pembinaan Sekolah Sehat. Ihsan : Jurnal Pengabdian Masyarakat, 5(2), 167–176. <https://doi.org/10.30596/ihsan.v5i2.15101>
- Chaniago, M. S., Jannah, R., Khairani, P., Fadilah, R., Pasha, S., Pratiwi, N., Oktavia, N., Lubis, M., & Mansur, A. (2024). Jurnal Pengabdian Masyarakat Aufa (JPMA) Volume 6 No . 3 Desember 2024 Pemberdayaan Siswa Sebagai Peer Educator Konsep Dasar Perilaku Hidup Bersih Dan Sehat Universitas Aufa Royhan. Jurnal Pengabdian Masyarakat Aufa (JPMA) Volume 6 No . 3 Desember 2024. 6(3).
- Ervina, Tahli, T., & Mulyadi. (2022). Pelaksanaan Program Usaha Kesehatan Sekolah (UKS) Di Puskesmas. Jurnal Ilmu Keperawatan, 6(2), 11–21.
- Gustiani, F., & Barus, I. C. (2023). Monitoring and Evaluation to Improve School Quality. 2(4), 99–103. <https://doi.org/10.30596/jcositte.v1i1.xxxx>
- Ina Sopiana, Fauziah, A., Rahayu, I. S. M., Hanifah, K., & Yati, K. D. Y. (2025). Proses Administrasi Kesiswaan (C. Septian Nur Ika Trisnawati, M.Pd (ed.); QRBN : 62). Penerbit Tahta Media Group.
- Jawardi. (2023). Implementasi Program Pengembangan Usaha Kesehatan Map (Jurnal Manajemen Dan Administrasi Publik) Pendahuluan. 5(4).
- Kementerian Kesehatan RI. (2023). Buku Panduan - UKS | Usaha Kesehatan Sekolah. <https://uks.kemdikbud.go.id/dokumen/publikasi/buku-panduan>

- Kota, S. D. N., Tinggi, T., Purba, F. S., & Ashar, Y. K. (2025). Evaluation of The School Health Unit (UKS) Program Based on The CIPP Model in The Implementation of Health Services in Public Elementary School, Tebing Tinggi City. 8(2), 170–180.
- Kurnia Hidayat, A. (2020). Peran Usaha Kesehatan Sekolah (Uks) Sebagai Proses Prilaku Hidup Bersih Dan Sehat Peserta Didik. 2, 627–639.
- Langford R. (2020). The WHO Health Promoting School framework for improving the health and well-being of students and their academic achievement (Review). <https://doi.org/10.1002/14651858.CD008958.pub2.www.cochranelibrary.com>
- Living, H., & Selatan, P. (2024). Pengaruh Pelaksanaan Program Usaha Kesehatan Sekolah (UKS) terhadap Perilaku Hidup Bersih Dan Sehat (PHBS) pada Remaja di Sekolah Menengah Pertama Negeri 1 Merauke Papua Selatan. 2(1), 25–32. <https://doi.org/10.56303/jdik.v2i1.243>
- Maulida, Suci; Ichwansyah, Fahmi; Mainita, M. (2023). Partisipasi Siswa Terhadap Pelaksanaan Program Usaha Kesehatan Sekolah di SMA 1 dan SMA 2 Kecamatan Nisam Aceh Utara. Jurnal Promotif Preventif. 6(6), 935–942.
- Muhammad, R., & Ali, K. M. (2022). Evaluasi Program Trias UKS: Analisis Komprehensif terhadap Pendidikan Kesehatan, Pelayanan Kesehatan, dan Pengelolaan Lingkungan di SMA Sultan Agung 3 Semarang Firmansyah. Jurnal Kesehatan, 15(1), 140–149.
- Nakashwa, N. K., & Mfidi, F. H. (2025). Exploring the hurdles of implementing National School Health Policy in Namibian Schools: insights from stakeholders. BMC Health Services Research. <https://doi.org/10.1186/s12913-024-12197-0>
- Novrinda, H., Flora, R., Zulkarnain, H. M., & Tanjung, R. (2020). Kemitraan Puskesmas dan Sekolah dalam Pencegahan Malaria pada Anak Usia Sekolah di Seluma Bengkulu. 15(1), 9–15. <https://doi.org/10.14710/jpki.15.1.9-15>
- Nugrahani, Y. K., & Umaroh, A. K. (2025). Literature Review: Factors Related to the Implementation of School Health Programs (UKS) in Indonesia. Preventif: Jurnal Kesehatan Masyarakat, 16(1), 47–62. <https://doi.org/10.22487/preventif.v16i1.1818>
- Pertama, M. (2019). Higeia Journal Of Public Health Penerapan Fungsi Manajemen pada Program Usaha Kesehatan Sekolah di Sekolah. 3(5), 179–189.
- Putri, A. A., Lumbantobing, S. B., & Wasir, R. (2025). Membangun Transparansi dan Akuntabilitas dalam Tata Kelola Sistem Kesehatan Indonesia. April.
- Ramdan, A. Y., Sururuddin, M., Jannah, N. H., Putri, A. N., Ariani, N., Azhari, M. R., & Artika, B. J. (2025). Revitalisasi UKS Melalui Edukasi Pelaksanaan Program Layanan Trias UKS pada Siswa di SDN 1 Gelora. 4(1), 28–36. <https://doi.org/10.60004/komunita.v4i1.124>
- Samoedra, A. D. A. (2025). Optimalisasi Manajemen Pelayanan Usaha Kesehatan Sekolah (UKS). Jurnal Abdimas Kartika Wijayakusuma, 6(1), 130–136. <https://doi.org/10.26874/jakw.v6i1.652>
- Sartika, D., Nurhalisyah, E., Islam, M., & Deswara, M. I. (2025). Reformasi Birokrasi Dan Good Governance Dalam Administrasi Pembangunan Indonesia. 1(2), 65–73.
- Sofiani, N., Frinaldi, A., Magriasti, L., & Wahyuni, Y. S. (2024). Kebijakan Desentralisasi Pendidikan Serta Implmentasi dalam Pendidikan di Indonesia. 18(1), 118–127.
- Tanjung, N., & Pramita Gurning, F. (2024). Analisis Pelaksanaan Program Usaha Kesehatan Sekolah (Uks) Di Sd N 101826 Tuntungan. Jurnal Kesehatan Tambusai, 5(3), 9663–9669. <https://journal.universitaspahlawan.ac.id/index.php/jkt/article/view/32973>
- Uks, S., Madrasah, D. I., & Negeri, A. (2021). Implementasi Proses Layanan Usaha Kesehatan. 1(2), 199–206.
- Umaroh, A. K., Surakarta, U. M., Setiyadi, N. A., & Surakarta, U. M. (2025). Kesmas Determinants of School Health Unit Program Implementation in Junior High Schools of Boyolali District, Indonesia. Determinants of School Health Unit Program Implementation in Junior High Schools of Boyolali District, Indonesia. 20(5), 83–90. <https://doi.org/10.7454/kesmas.v20isp1.2125>
- Wankasi, H. I., Sehularo, L. A., Rakhudu, M. A., Africa, S., & Sehularo, L. (2020). Dissemination and implementation of a policy on school health in public schools : A systematic review. 1–10.

- Wijayanti, A., Rachmah, S., & Holidia, S. S. (2022). Buku Ajar Pendidikan Dan Promosi Kesehatan.
- World Health Organization. (2021). Making Every School a Health-Promoting School: Global Standards and Indicators.
- Yuwaldi, D. (2025). Peningkatan Kemampuan Siswa Siswi Mengenai UKS Melalui Pelatihan Dokter Kecil di SDIT Tahfiz Al Fatih. 3(3), 83–88.
- Zheng, L., Liu, Y., Li, R., Yang, Y., & Jiang, Y. (2023). Recent Advances in the Ecology of Bloom-Forming *Raphidiopsis* (*Cylindropermopsis*) *raciborskii*: Expansion in China, Intraspecific Heterogeneity and Critical Factors for Invasion.