

STAKEHOLDER ANALYSIS OF SCHOOL HEALTH PROGRAM AT ELEMENTARY SCHOOLS IN NORTH JAKARTA, A CASE STUDY

Xarisa Azalia¹, Regina Satya Wiraharja², Hadiyanto²

¹School of Medicine and Health Sciences, Atma Jaya Catholic University of Indonesia, Jakarta

²Department of Public Health and Nutrition, School of Medicine and Health Sciences Atma Jaya Catholic University of Indonesia, Jakarta

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***Corresponding author:**

Regina Satya Wiraharja
Department of Public Health and Nutrition, School of Medicine and Health Sciences Atma Jaya Catholic University of Indonesia, Jakarta

Email:

andrienne.prw@atmajaya.ac.id

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ABSTRACT

This study aimed to stakeholder analysis of school health programs at school level. This was a qualitative case study of 4 elementary schools in North Jakarta. Data collection was done during March-December 2019. Stakeholder analysis was performed by using steps which consist of identifying stakeholders, identifying interests, analyzing the influence of identified stakeholders and identifying risks, and anticipating risk management. Stakeholder mapping is done using the Grid mapping model. This study shows that in private elementary schools, the most influential actors were foundations, namely as "context setters". In public elementary schools, UKS teachers were the "subjects" and the education authorities were the powerful party in the development of infrastructure. This study also found that there was a conflict between the interests and influence of the main stakeholders, namely foundations and Education Authorities. Foundations and Education Authorities were not directly involved in implementing UKS in schools. This research concludes that the actors have not been maximal in carrying out their roles in the UKS policy at elementary schools in North Jakarta. Cooperation between actors needs to be improved.

ABSTRAK

Penelitian ini bertujuan untuk menganalisis pemangku kepentingan program kesehatan sekolah di tingkat sekolah. Penelitian ini merupakan studi kasus kualitatif di 4 sekolah dasar di Jakarta Utara. Pengumpulan data dilakukan selama bulan Maret-Desember 2019. Analisis pemangku kepentingan dilakukan dengan menggunakan langkah-langkah yang terdiri dari identifikasi pemangku kepentingan, identifikasi kepentingan, analisis pengaruh pemangku kepentingan yang teridentifikasi dan identifikasi risiko, serta antisipasi pengelolaan risiko. Pemetaan pemangku kepentingan dilakukan dengan menggunakan model pemetaan Grid. Kajian ini menunjukkan bahwa di SD swasta, aktor yang paling berpengaruh adalah yayasan, yakni sebagai "penentu konteks." Di sekolah dasar negeri, guru UKS adalah "subyek" dan otoritas pendidikan adalah pihak yang berkuasa dalam pembangunan infrastruktur. Penelitian ini juga menemukan adanya konflik kepentingan dan pengaruh pemangku kepentingan utama yaitu yayasan dan Dinas Pendidikan. Yayasan dan Dinas Pendidikan tidak terlibat langsung dalam penerapan UKS di sekolah. Penelitian ini menyimpulkan bahwa para aktor belum maksimal dalam menjalankan perannya dalam kebijakan UKS di sekolah dasar di Jakarta Utara. Kerjasama antar aktor perlu ditingkatkan.

INTRODUCTION

The School Health Unit (UKS) program has been implemented since 1984. Currently, the guidelines used are Joint Regulation (Peraturan Bersama) number 6 / X / PB / 2014, Number 73 of 2014, Number 41 of 2014, and number 81 of 2014. UKS is an important program to improve the quality of education and learning achievement of students.¹ Although this program has yearly done^{2,3}, the children's health status has not been optimized yet. Indonesia's health profile in 2017 showed that there are health risks in grade 1 elementary school such as dental caries, ear wax, and nutritional problems (thin, obesity, and anemia).¹ In 2017 there was also increasing number of measles cases (5.77 per 100,000 population) compared to the incidence of measles in 2016 (5.0 per 100,000 population). The largest percentage was in the 5-9 years age group, which was 29%. In addition, in 2017 there was also a diphtheria outbreak that hit several regions in Indonesia. The case fatality rate of diphtheria was 4.61%, especially among children of 5-9 years old was 32.5%.² This shows that the impact of the UKS program on the health of school-age children has not been maximized even though some program coverage has reached the target.

According to Buse, K., the success of a health policy is influenced by several components, namely actors, context, process and content of the policy itself.⁴ According to research by Rahmaningrum, one of the actors at the school level who plays a role in UKS is a teacher, by assisting immunization programs, providing dental health education, assisting periodic dental examinations and checking height and weight. Teachers also supervise school canteens, conduct adolescent health consultations for high-grade students and monitor students' physical health.⁵ Another study conducted by Manalu et al regarding the implementation of the Snack Food for School Children (Pangan Jajan Anak Sekolah, PJAS) program shows that actors in the UKS policy are not only at the school level, but include the education authorities and the public health office as well as their subordinates.⁶ The education and public health office has the authority to launch programs, supervise and evaluate the course of the program. It can be concluded that the actors in the UKS policy consist of teachers at the school level to the Health and Education Authorities. These actors influence the success of the UKS program.

Based on the literature study that has been conducted, the researcher found 108 articles (available in full text) that discuss UKS at the elementary school level. The majority of these studies examined the establishment, implementation and evaluation of the UKS program. Of the 108 literature, there are only 16 articles that discuss actors in the UKS policy. Researchers have not found any studies that analyze these actors with a stakeholder analysis framework.⁴ Of the 16 studies on actors, only 9 were found that discussed the roles of actors, and of these 9 studies only 3 discussed actors at the Public Health Office and Education Authorities levels.^{6,7} The literature study also did not find research on actors in UKS policies in DKI Jakarta province. These indicate that research on actors in the UKS program, especially with a stakeholder analysis framework located in Jakarta, still needs to be done. On this occasion, it will studied who are the actors and their roles in implementing the UKS policy, especially actors at the elementary school level. The research will be carried out at elementary schools in North Jakarta

METHOD

This research uses a qualitative approach with a case study design.⁸ Data collection was done during March-December 2019. The research locations were chosen purposively based on the

cooperation with Faculty of Medicine and Health Sciences Atma Jaya Catholic University and based on types of ownership (2 private and 2 public schools). Several informants from the implementation team were interviewed. The actors were selected based on the 2012 UKS Implementation Guidelines in Schools issued by the Ministry of Education and Culture (Kemendikbud). The key actors who were interviewed are the UKS implementation team at the school level, consisting of teacher in charge of UKS, health personnel at school (doctor or midwife), and the headmaster. Focus Group Discussion (FGD) with students' parents (total 6 groups of 10-12 parents) as supporting informants were also done to collect information. FGD was conducted twice in each school. Consisting of FGDs for parents of classes 1-3 and classes 4-6.

The data were collected on stakeholders involved in UKS and their roles in planning, hold out socialization / training, assignments related to personnel and infrastructure, monitoring and evaluation, cooperation and coordination as well as the role in implementing the UKS triad. The data were also collected on power from stakeholders,⁹ which is divided into power over financial resources and power over the construction of facilities and infrastructure. Data were analyzed by using steps of stakeholder analysis from Ayuningtyas⁴, such as 1) Identification of stakeholder, 2) Identification of interest, 3) Analyze the influence (power) of identified stakeholders, and 4) Identification of risks (conflicts between actors) and anticipating risk management. Identification of roles and power was analyzed by Grid from Eden and Ackerman.¹⁰ Research ethics was submitted to the Ethics and Research Commission of the School of medicine and Health Sciences, Atma Jaya Catholic University of Indonesia, Jakarta through ethical clearance approval No: 09/02/KEP-FKUAJ/2020, then took care of the necessary permits.

RESULTS AND DISCUSSION

Informants were the UKS implementing team from 4 elementary schools in North Jakarta. There were 8 informants consisting of 4 UKS teachers and 4 school principals. The selected elementary schools were Stella Maris Elementary School, Westin Elementary School, 08 Penjaringan Public Elementary School and 10 Penjaringan Public Elementary School. The identification of stakeholders will be described as follows. Table 1 shows who are the actors who play a role in UKS in general. Based on interviews conducted with school principals and UKS teachers at Westin Elementary School, it was found that stakeholders who played a role in implementing the UKS policy are UKS teachers, non-UKS teachers, principals, foundations, and community health centers (Pusat Kesehatan Masyarakat/ Puskesmas). However, in this school, UKS was not running well, so the division of tasks between actors was not clear. In this school, UKS activities are only carried out on the basis of an unwritten initiative. This is expressed in the following quotation.

RO (UKS teacher): There is no guideline yet. So we don't have any programs either. There is no description yet for the program (p6).

Table 1. Stakeholders in UKS Program

Private Elementary Schools	Public Elementary School
UKS officers	UKS officers
School principals	School principals
Foundations	Community health centers
Community health centers	Parents and committees
	Education authorities

Based on the results of interviews with stakeholders of Stella Maris Elementary School, it was found that the stakeholders who play a role in implementing UKS are UKS officers (midwives), school principals, foundations, parents of students and puskesmas. This school is already running the UKS program. The implementation of the UKS program relies heavily on UKS officer. The UKS officer is responsible for the UKS program in 3 units, namely elementary, junior high and high school units. This is expressed in the following quotation.

R2 (UKS officer): I hold 4 units from kindergarten to high school, so I find it difficult to divide my time, PMR at this school has not worked either. (P5)

Based on interviews conducted at 10 Penjaringan Public Elementary School, it was found that stakeholders who played a role in implementing UKS consisted of UKS teachers, school principals, puskesmas, parents and committees, and the Education Authorities. At this school, UKS teacher and school principals play an important role in implementing UKS. This is expressed in the following quotation.

R4 (UKS teacher): The team for the preparation of UKS is me as the person in charge for UKS, school principal, with help from treasurer, and school secretary. So we compiled it together, I didn't make it myself. (p4)

At 08 Penjaringan Public Elementary School, it was found that the stakeholders who played a role in implementing UKS are UKS teachers, non-UKS teachers, school principals, committees, puskesmas, Kasatlak (Kepala Satuan Pelaksana / Head of the Implementing Unit), the Public Health Office and also the Education Authorities. In this school, UKS teachers become the main actors in implementing UKS. This is expressed in the following quotation.

R6 (UKS teacher): Here the teachers are making the UKS program. (including informant himself) (p14).

The identification of interest and power are indicated in the explanation below. Table 2 shows the interests and powers of each stakeholder in the Westin school. The data is translated into numbers and formed in graphs based on the Grid method as follows (Table 3 and Figure 1).

Table 2. Power and Interest of Stakeholders in Westin Elementary School

No.	Stakeholder	Power	Interest
1.	School principal	Has no power over financial resources or over the construction of infrastructure.	1. Planning 2. Socialization / training 3. Assignments related to personnel, 4. Monitoring and Evaluation 5. Cooperation and coordination
2.	UKS teacher	Has no power over financial resources or over the construction of infrastructure.	1. Planning 2. Implementation of health education
3.	Non-UKS teacher	Has no power over financial resources or over the construction of infrastructure.	1. Implementation of health education 2. Implementation of health services 3. Implementation of a healthy school environment
4.	Foundation	Power over financial resources Power over the construction of facilities and infrastructure	Not involved in implementing UKS in schools.
5.	Community health center	Has no power over financial resources or over the construction of infrastructure.	1. Implementation of health education 2. Implementation of health services

Table 3. Level of Power and Interest of Stakeholders

No.	Stakeholder	Power	Interest
1.	School principal	0	5
2.	UKS teacher	0	2
3.	Non-UKS teachers	0	3
4.	Foundation	2	0
5.	Community health center	0	2

Note for Table 3, in the column of Power, 0 = Not in power, 1 = Has power over financial resources or infrastructure development, and 2 = Has power over financial resources and infrastructure development. In the column of Interests, scores are given based on the number of roles performed by stakeholders. The total is 8 roles (consisting of planning, socialization / training, assignments related to personnel and infrastructure, monitoring

evaluation, cooperation and coordination, implementation of health education, health services and a healthy school environment).

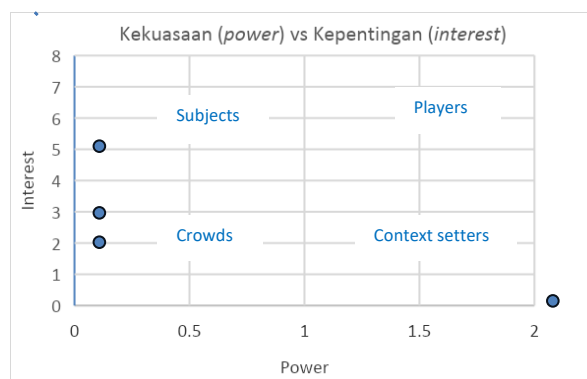


Figure 1. Power vs Interest

Based on the Grid mapping model, it is found that the principal is included in the 'subject', namely stakeholders who have interests but low power; foundations are included in 'context setters' with high power but less interest; meanwhile UKS teachers, non-UKS teachers and puskesmas are the 'crowd' with low importance and power.

At Stella Maris school, stakeholder mapping shows that the principal has low power and interests; UKS officers have interests but are not powerful; foundations are included in 'context setters' because they have high power but lack interest; meanwhile, the puskesmas and parents are the 'crowd' because they have low interest and no power at all. Research on these 2 private schools shows that in fact the most influential stakeholders are foundations, namely as 'context setters.'

Based on stakeholder mapping in 10 Penjaringan Public Elementary School, it can be concluded that UKS teachers are included in the 'subject' category, namely groups that have an interest in implementing UKS but do not have the power; school principals are included in groups that have interests but are less powerful; parents and committee and puskesmas are in the 'crowd' category because they do not have power and have low interest; meanwhile, the Education Authorities is included in low power group and does not have a direct interest in implementing the UKS program in schools.

Stakeholder mapping in 08 Penjaringan Public Elementary School shows that UKS teachers are included in the 'subject' category because they have high interest but are not powerful; school principals have little interest and limited powers; non-UKS teachers, parents of students, kasatlak (Head of Implementation Unit), puskesmas and health offices are categorized as 'crowd' who do not have power and have low interest; and the treasurer and the Education Authorities have the power but do not have direct interest in the UKS program. Based on the stakeholder mapping in the 2 public schools, it can be seen that UKS teachers are 'subjects', namely parties with an interest but less power, meanwhile the Education Authorities is the powerful party, especially in the development of infrastructure.

The identification of risks as the conflicts between actors is described as follows. Based on the analysis of stakeholder roles in the 2 private elementary schools, several conflicts were found between actors, including the lack of cooperation between UKS officers and school principals and lack of support from foundations. In both private schools, it was found that the foundation's support in building infrastructure and budget allocations for UKS was still lacking. The schools have not prioritized the UKS program. As for Westin Elementary School,

the school's motivation to implement UKS was still limited to accreditation purposes. The problems that occur in these 2 private schools are in line with research conducted by Yuseran et al¹¹ which explains that "interests" are one of the factors that affect stakeholders. This article explains that stakeholder motivation greatly influences the success of the UKS program. For example, there is a school that runs UKS with the aim of improving the health and development of its students. There are also schools that run the UKS program just because they want to win a school achievement competition, or the motivation is to get an award. Schools that have an interest in improving the health of students will certainly be more successful in carrying out UKS.¹¹ At Westin School, they run UKS only because of their obligation, therefore the UKS program does not run optimally in this school.

The role analysis in the 2 public schools shows that there is a lack of communication between the school and the Education Authorities. Schools do not provide reports or input to the Education Authorities regarding inadequate building conditions and facilities. On the other hand, the Education Authorities are also considered less active in monitoring the conditions of the school environment under its auspices. The role analysis also shows that the role of the puskesmas in providing socialization and training or health education is still lacking.

The problems above are in line with research conducted by Selinaswati et al⁷ which explains the role of the Education Authorities. This study tells that the PJAS program is not running well because schools do not have healthy canteen facilities. According to the school, the development of a healthy canteen cannot be realized due to limited costs. The school also said that the Education Authorities did not provide a budget for the development of a healthy canteen.⁷ Meanwhile schools depend on funds from the Education Authorities for the maintenance of infrastructure. Similar to the study, 08 Penjaringan and 10 Penjaringan Public Elementary School had a problem with the lack of support from the Education Authorities for the maintenance of school facilities and infrastructure. This research in 2 public elementary schools is also in line with research conducted by Manalu et al which explains the role of the Public Health Office in the PJAS program. In this study, it was said that the Public Health Office did not provide promotions regarding food safety, and clean and healthy living habits (Perilaku Hidup Bersih dan Sehat, PHBS). The health promotions are only carried out in a few schools. This caused the implementation of the PJAS program to be less than optimal.⁶ What is similar between the research by Manalu et al and this research is that the Public Health Office is passive in promoting health in schools, thus hampering the implementation of UKS in schools.

CONCLUSION AND RECOMMENDATIONS

Based on the analysis results it was found that the actors who played a role in implementing UKS in private elementary schools in North Jakarta generally consist of UKS officers, school principals, foundations and puskesmas. According to the mapping, the most influential actors from the two schools are foundations, where foundations are 'context setters', namely parties who have the power over financial resources and infrastructure development but have little interest in implementing UKS in schools. In public elementary schools in North Jakarta, it was found that the actors who played a role in implementing UKS are UKS teachers, school principals, puskesmas, parents and committees, as well as the Education Authorities. Based on the results of stakeholder mapping, it can be seen that UKS teachers are 'subjects', namely parties with an interest but less powerful, while the Education Authorities is the powerful party, especially in the development of infrastructure.

Based on the results of this stakeholder analysis research, there are several inputs for stakeholders as follows:

1. Cooperation between stakeholders at the school level, namely school principals and UKS officers, must be improved, in order to improve the implementation of UKS in schools.
2. Foundations in private schools must pay more attention to the implementation of the UKS program in schools.
3. Schools must be proactive by reporting or providing input to the Education Authorities if school facilities are inadequate. Likewise for the puskesmas, if the role of the puskesmas in socialization / training is deemed insufficient.
4. The Education Authorities is expected to be more active in monitoring the conditions of the schools under its auspices and making improvements to infrastructure if necessary. School supervisors must also supervise the implementation of UKS in schools.
5. The implementation of UKS must be an important point in determining school accreditation.
6. The Public Health Office is expected to improve the implementation of health promotion in schools as well as provide counseling and training for school principals and teachers so that they can run the UKS program optimally.

In conducting the research, there are several limitations of the research that the researchers encountered. Some informants have just been appointed as their current positions so that the informants' knowledge and experience are lacking. Some informants also lacked cooperation when researchers asked for secondary data. As a result, researchers sometimes find it difficult to judge the truth of the informant's statement during the interview. Even so, the informants' statements are still assessed for their correctness by matching one informant's answers with other informants and comparing the observed data with the interview data so that the results are more valid.

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