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Building a Salutogenic School Ecosystem: Stakeholder Engagement in Health Promotion throught School Health Program (UKS)

Hana Mufidatuz Zuhrah[1)], Tausyiah Rohmah Noviyanti✉[2)], Muji Sulistyowati[4)], Anggit Wirama Siwidati[3)], Farah Amalia Firdausya[1)]

[1] Undergraduate of Public Health, Universitas Airlangga, Surabaya, East Java, Indonesia 60115
[2] Magister of Public Health, Universitas Airlangga, Surabaya, East Java, Indonesia 60115
[3] Master of Public Health, Universitas Gadjah Mada, Yogyakarta, Indonesia 55281
[4] Departement of Health Promotion and Behavioral Science, Faculty of Public Health, Universitas Airlangga, Surabaya, East Java, Indonesia 60115
✉Email: tausyiahrohmahn@gmail.com

ABSTRACT

***Background**: Indonesia's School Health Program (UKS) is a key strategy for promoting student well-being. However, in Sukoharjo Regency, health service coverage for elementary students (52.0%) lags behind the Central Java provincial average (60.9%). Research highlights school and health center policy support as a critical driver for school health promotion. The involvement of health and education staff, teachers, parents, and community figures is a core element of the WHO's Health Promoting School (HPS) framework (SEARO, 2003), yet it is not formally integrated into the standard Indonesian UKS (TRIAS UKS) indicators. **Objective** This study aims to identify the application of this stakeholder involvement element in the implementation of UKS across all junior high schools in Sukoharjo District. **Methods**: This research employs an evaluative mixed-method design conducted in 10 junior high schools (JHS) in the Sukoharjo District and involves 25 informants. **Results**: All schools involved parents through school committees, although their engagement in UKS activities varied. Community participation included collaborations with health centers and the Youth Red Cross. Local businesses supported school health initiatives through menstrual hygiene programs and industrial visits, while community organizations facilitated the dissemination of local health information. Schools also partnered with fire departments for first-aid and disaster-preparedness activities, as well as with local clinics for health outreach and vendor mediation. **Conclusion**: Stakeholder involvement reflects the salutogenic principle of fostering resources that enable schools to build a health-supportive ecosystem. Strengthening and institutionalizing this multi-stakeholder collaboration within UKS implementation is essential for enhancing student resilience, improving health literacy, and ensuring the sustainability of school-based health promotion.*

***Keywords**:* Health Promoting School, Involvement, Salutogenesis, School Health Program

INTRODUCTION

Schools play a crucial role in improving children's health and wellbeing. School-age children represent a significant portion of Globally, more than 85% of junior high school (JHS)–aged children were enrolled in schools in 2021 (UNICEF, 2022). National data similarly show that this age group dominates the Indonesian population, particularly those aged 10–14 years, with an estimated 22,115,900 individuals (Central Statistics Agency, 2022), which corresponds to the junior high school age range (Statistik, 2022b).

This demographic pattern is supported by the Center for Health Promotion (2008), which notes that the majority of children aged 5–19 spend a substantial portion of their time in educational institutions, from kindergarten through upper secondary school. Education Basic Data (2022–2023) further reported a total school-age

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population of 273,879,750 (Indonesia, 2020; Pendidikan, 2022). Collectively, these data indicate that a large share of Indonesia's population falls within the school-age bracket. Furthermore, The Central Statistics Agency (2022) also shows a consistent increase in the School Participation Rate across all age groups from 2017 to 2021 (Statistik, 2022a).

School-age children are a vulnerable population when it comes to health risks. According to the WHO Global Health Estimates (2017), over 1.7 million children and adolescents aged 5-19 years died in 2016 (Statistik, 2022a) due to preventable factors such as diarrhea, pneumonia, and other communicable and non-communicable diseases/NCD (Assefa *et al.*, 2025). The burden of NCDs and their associated risk factors continue to increase among the school-age population globally. Approximately 25% of this disease burden can be attributed to environmental risks (Wahidin, Agustiya and Putro, 2023), which may further impact their long-term health into adulthood. Therefore, health promotion efforts are essential to cultivate healthy behaviors among school-age children (Organization, United Nations Educational and Organization, 2017).

The Salutogenic model, introduced by Aaron Antonovsky, provides a theoretical foundation for comprehending how individuals can maintain and improve their health despite life's stressors (Moksnes, 2021). A core concept of this model is the Sense of Coherence (SOC), which is a global orientation where one's life is understood as comprehensible, manageable, and meaningful (Antonovsky, 1987; Moksnes, 2021). Comprehensibility refers to the extent to which students perceive their internal and external environments as structured, predictable, and explicable. Manageability refers to the belief that adequate resources are available to meet life's demands. Meaningfulness refers to the feeling that life's challenges are worthy of investment and engagement. A strong SOC helps individuals mobilize Generalized Resistance Resources (GRRs) to cope with stressors and move toward health on the ease/dis-ease continuum (Moksnes, 2021). Schools, as a primary environment for children, serve as a key setting to develop SOC by providing knowledge, social support, and a safe environment. Therefore, integrating the salutogenic perspective into School Health Programs (UKS) and the Health Promoting School approach can strengthen students' capacity to maintain health and wellbeing in the long term.

Schools are strategic places for providing preventive healthcare, and these services are considered an extension of primary healthcare (Organization, United Nations Educational and Organization, 2017). Indonesian Republic Constitution Number 36 year 2009 states that every school-age child and adolescent has the right to receive health education through schools and madrasahs, as well as outside of school, to enhance their abilities to live in a healthy environment, learn, grow, and develop harmoniously and optimally into quality human resources. School health promotion is an effort to strengthen the capacity of schools as healthy settings for living, learning, and working in a sustainable manner (Nurmala *et al.*, 2018). In the 1990s, on the international level, WHO introduced a declaration known as the "Health Promoting School (HPS)" or *Sekolah Berwawasan Kesehatan* in Indonesian, often translated as *Sekolah yang Mempromosikan Kesehatan* (Schools that Promote Health) (Organization, 2003). The declaration outlined key elements developed with consideration of the situations, conditions, and characteristics of the Southeast Asian region, including Indonesia. One of the elements within the Health Promoting School concept is the involvement of Health and Education Staff, Teachers, Parents, and Community Figures in Health Promotion effort (Organization and UNESCO, 2021).

According to Rokom in the Ministry of Health, 2019, schools must have UKS to enhance the health status (Indonesia, 2019). It was one of the efforts to promote school health in Indonesia by establishing and developing the School Health Programs (also known as *Usaha Kesehatan Sekolah* or UKS in Indonesian) as an integrated, planned, directed, and responsible education and health initiative (Nurmala *et al.*, 2018). It aims to instill, nurture, and guide students, teachers, and the school community in hygiene practices and healthy living principles (Kesehatan, 2008) in order to improve the

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health well-being of students as early as possible (Septianingsih *et all.*, 2018). The implementation of UKS supports promotive and preventive efforts to enhance health and well-being in Indonesia. The goal of UKS is to strengthen students' ability to adopt healthy lifestyles and to improve their overall health status. These objectives are pursued by instilling healthy living principles from an early age through the three core components of UKS (TRIAS UKS) (Pradana and Iqbal, 2024).

Previous research on the implementation of UKS using the elements of Health Promoting School has been limited in Indonesia. Based on the study by Sulistyowati (2019), most research on health promotion in schools in Indonesia has focused on the TRIAS UKS elements as an assessment framework for the success of health promotion programs in schools. Until 2018, there were relatively few scholarly publications in Indonesia that assessed the accomplishment of all six Health Promoting School elements as outlined by WHO, whether conducted by the Ministry of Health, the Ministry of Education, or any other relevant ministries. This reflects the central role that stakeholder engagement holds in the effective implementation of School Health Programs under the Health Promoting School approach. Aslina (2018) highlighted that one of the driving factors in health promotion efforts in schools is the support from the School Head and local Health Centers. A study by Sulistyowati (2018) concluded that the success of UKS as a health-promoting school requires the involvement of all parties, including government, school institutions, and the community environment, including school committees, through the formulation of health policies. From these statements, it can be inferred that the involvement of Health and Education Staff, Teachers, Parents, and Community Figures is a crucial factor in implementing health promotion in schools.

Given the significance of involving health and education staff, teachers, parents, and community figures in the implementation of UKS based on the Health Promoting School concept by WHO-SEARO (2003), and for the advancement of research related to Health Promoting School in Indonesia, this study aims to identify the application of such involvement in the implementation of UKS across all JHS in the Sukoharjo District, based on the Health Promoting School concept by WHO-SEARO (2003). The anticipated benefits of this research include serving as an evaluation tool and input source for institutions regarding the implementation of UKS in the JHS of the Sukoharjo District, particularly in terms of school policies.

This research aims to identify the involvement of health and education staff, teachers, parents, and community figures in the implementation of UKS across all Junior High Schools (JHS) in the Sukoharjo District, based on the Health Promoting School concept by WHO-SEARO (2003). This element is measured through three key indicators: first, the Involvement of families and community groups, in the form of school committees, which focuses on the active role of the school committee in UKS issues. Second, the Involvement of community service organizations, business or industrial institutions, and relevant community organizations, which assesses the school's cooperation with external sectors such as the public health center (Puskesmas), PMI, and business entities. Third, outreach services and school projects, which measures the school's efforts in conducting outreach activities outside the environment (e.g., with the Fire Department or clinics) and initiatives to manage vendors around the school area.

METHODS

This study employed a mixed-methods approach using an Explanatory Sequential Design, in which quantitative data collection and analysis were conducted first, followed by qualitative exploration. The quantitative phase served to generate an overall picture of the School Health Program implementation, while the qualitative phase was used to explain, clarify, and deepen the interpretation of the initial findings. This design strengthens the evaluation process by ensuring that qualitative insights directly address gaps or patterns that emerge from the quantitative results.

Informants

Informants in this study were selected through purposive sampling, with consideration of their roles, involvement, and relevance to the School Health

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Program. A total of ten individuals participated, representing various functional levels within the school system. The key informants consisted of UKS supervising teachers who possessed detailed and technical knowledge related to the implementation of UKS and the Health Promoting School (HPS) framework. The primary informants were school principals or vice principals, who provided managerial and policy-level perspectives. Meanwhile, the supporting informants included guidance and counseling teachers, physical education teachers, curriculum teachers, and other teachers who had been involved in UKS activities, contributing operational and practical insights. This categorization enabled the study to capture a comprehensive range of viewpoints spanning strategic, managerial, and operational dimensions of school health program implementation.

Research Location

The study was conducted from January to March 2023 in 10 Junior High Schools in Sukoharjo Sub-district, Sukoharjo Regency (7 public schools and 3 private schools).

Instruments

The instruments used in this study included questionnaires consisting of three indicators adapted from the Health Promoting School (WHO) and School with Health Perspective (NPS) frameworks, covering family and school committee involvement, the involvement of community organizations and businesses, and outreach activities and school projects. Observation sheets were employed to assess environmental conditions, program activities, and supporting documents. In addition, semi-structured interview guides were used for key, primary, and supporting informants.

Data Collection Procedures

The instruments used in this study consisted of a set of tools designed to capture both quantitative and qualitative aspects of School Health Program implementation. The primary instrument was a questionnaire that measured three key indicators adapted from the Health Promoting School (WHO) framework and the School with Health Perspective (NPS) approach. These indicators included: the involvement of families and school committees, the participation of community organizations and businesses, and the implementation of outreach activities and school-based projects. In addition to the questionnaire, observation sheets were utilized to examine environmental conditions, ongoing program activities, and the availability of supporting documents at each school. To complement these data sources, semi-structured interview guides were employed during interviews with key, primary, and supporting informants, enabling deeper exploration of program practices, stakeholder roles, and contextual factors influencing UKS implementation.

Data Analysis

The data analysis in this study was carried out through a combination of quantitative and qualitative approaches that complemented each other. The quantitative data were analyzed using descriptive statistics in the form of n(%), and the results were presented in tables that depicted the distribution of implementation scores across schools. In interpreting these findings, the analysis took into account several contextual factors within the school environment, including the availability of operational funding such as BOS allocations for UKS, the adequacy of school infrastructure, and the capacity of human resources, all of which could influence the level of program implementation.

The qualitative analysis followed the interactive model proposed by Miles and Huberman (1994). This process began with data condensation, where raw interview transcripts were selected, simplified, and coded to identify meaningful segments related to stakeholder involvement and program implementation. The condensed data were then organized through data display, using matrices or thematic charts to facilitate comparison across different groups of informants. Finally, the stage of conclusion drawing and verification involved interpreting the emerging themes, validating them by cross-checking between informants, and ensuring consistency with observations made in the field. This iterative and cyclical process allowed the analysis to remain dynamic and responsive to new insights that emerged during data interpretation.

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To enhance the rigor of the study, method triangulation was employed by comparing findings from the questionnaire, interview narratives, and observational data. This triangulation strengthened the credibility of the results, ensuring that interpretations were supported by multiple sources of evidence rather than relying on a single data type. Through this process, the study achieved a more comprehensive understanding of stakeholder dynamics, teacher readiness, and the varying levels of UKS implementation across the participating schools. The questionnaire and observation scores were grouped into categories using fixed cut-off points based on the percentage of each instrument's maximum score. Scores of 76% or higher were classified as "Very Good," those between 56–75% as "Good," and scores at or below 55% as "Fair." These thresholds were applied uniformly across all indicators to ensure consistent interpretation.

Ethical Considerations

This study adhered to ethical research principles, including voluntary participation, confidentiality, and the right to withdraw. No personal identifying information was collected. Approval was granted by the Health Research Ethical Clearance Commission, Faculty of Dentistry, Universitas Airlangga (No. 266/HRECC.FODM/III/2023; issued March 10, 2023), along with permission from participating schools.

RESULTS AND DISCUSSION

The results of the questionnaire and observations distributed among the 10 schools regarding the involvement of Health and Education Staff, Teachers, Parents, and Community Figures in health promotion efforts at schools are presented in Table 1.

Table 1. Results of Questionnaire and Observation Regarding the Involvement of Health and Education Staff, Teachers, Parents, and Community Figures in Health Promotion Efforts at Schools

Indicator	Questionnaire Score	Result	Observation Score	Result
Family and Community Involvement (School Committees)	34	Good	8	Fair
Partnerships with Service, Business, and Community Organizations	33	Good	17	Very Good
Outreach Services and School Projects	30	Good	0	Fair
Average	**32**	**Good**	**2**	**Good**

The results of the questionnaire and observations summarized in the table above lead to the conclusion that the elements or variables involving the participation of health and education staff, teachers, parents, and community figures in health promotion efforts at schools show that the questionnaire results have an average score of 32, categorized as "good" and the observation results have an average score of 12, also categorized as "good".

Family and Community Involvement (School Committees)

The interview findings in this research indicate that school committees have not been extensively engaged in the UKS or health-related issues. The limited involvement of school committees in school activities can be attributed to the policy of free education, which results in schools receiving funding primarily through the School Operational Assistance (*Bantuan Operasional Sekolah*, or BOS) program. This funding structure tends to reduce the committee's participation in school development and financial matters. Based on interview findings, the forms of committee involvement include discussions on procuring healthcare facilities within the school, disseminating health-related information during committee meetings, such as children's breakfast habits, signing off on school development policies, and participating in the "Adiwiyata School" program. Conversely, family involvement is mostly seen in activities such as reporting, granting permission, and picking up sick children from school; raising awareness about the importance of breakfast;

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following up on health check-ups conducted at school; and providing family card data for vaccination purposes. Additionally, the community is involved in coordinating and sharing information regarding health issues or urgent situations within the school environment.

However, when perceived from an empowerment perspective, the involvement of school committees and families remains at the level of participation instead of decision-making or full collaboration. This indicates that school committees and families have not been empowered as actors with control over school programs. Furthermore, family involvement, limited to reactive activities, has not strengthened management aspects and student interests. Families should be able to provide support as a protective factor for the community in developing healthy lifestyles at school.

Partnerships with Service, Business, and Community Organizations

Interviews reveal that, on average, schools have involved community service organizations, business or industry institutions, and relevant community groups in their efforts to promote school health. The involvement of community service institutions, particularly health centers, takes the form of various health-related activities within schools. These activities include providing iron supplementation tablets, measuring weight and height, conducting eye and ear examinations, checking hemoglobin levels, and performing other basic health assessments. Additionally, initiatives such as organizing competitions for adolescent health cadres, raising awareness about anemia and stunting, and facilitating blood donation drives in collaboration with the Indonesian Red Cross (*Palang Merah Indonesia*, or PMI) are also common. Health centers visiting schools typically offer services such as blood donation testing and other health assessments. However, it has been noted that few schools have formally requested health center visits to conduct these activities on their premises.

The involvement of business institutions is relatively limited in Junior High Schools (JHS) within the Sukoharjo sub-district. When engaged, their activities include providing education on menstruation and distributing sanitary napkins from specific brands, conducting industrial visits related to hand sanitizers and collaborating with garment factories to produce masks. Partnerships with health equipment stores to supply necessary supplies for the School Health Unit or UKS are also observed. According to interviews with one dormitory-based JHS, community organization involvement primarily includes communication with the Pondok Foundation due to its role within the pondok educational system.

However, despite the implementation of community health center programs, the established relationship pattern is still dominated by service delivery, leaving schools primarily as beneficiaries rather than partners. This situation also indicates a lack of empowerment at the school level to initiate, plan, and evaluate health activities independently. Furthermore, schools have not utilized partnerships as a resource that can improve the comprehensibility and manageability of student health. This further demonstrates the minimal involvement of partners as a protective measure.

Outreach Services and School Projects

Outreach services are often implemented through collaborations with relevant agencies, such as working with the fire department for fire and disaster preparedness counseling, including first aid and rescue training with teams from Search and Rescue (SAR) and the Regional Disaster Management Agency (*Badan Penanggulangan Bencana Daerah*, or BPBD). Schools also cooperate with nearby clinics and hospitals for health service provision and work alongside PMI for Red Cross Youth (PMR) training and coaching. Further inquiry revealed that some schools enforce policies such as closing gates and prohibiting students from taking breaks outside during school hours; additionally, several schools have mediated with local traders and residents to prevent outside sales in the school area and to maintain cleanliness.

The authors further inquired about outreach services regarding the presence of vendors selling outside the school premises. The interview results revealed that, on average, schools have policies in place to close their gates and prohibit students from leaving the school premises during school hours. Moreover, some schools have engaged in mediations with

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vendors and local residents to discourage vending around the school area and to maintain the cleanliness of the surrounding area.

The policy of closing the school gates during class hours prevents vendors from selling around the school premises while classes are in session, thereby minimizing students' inclination to buy food from outside. However, it has been observed in certain schools that there are still vendors selling around the school premises after school hours. Some students are still interested in buying from these vendors located near the school gates, especially when they are leaving school.

Although various outreach activities have been conducted, they remain informative in nature and have not yet reached the empowerment model. Students, teachers, and the community should not only be the target of education but also be involved in decision-making and the main implementation of the program. Furthermore, the policy of closing school gates as a protective measure has not yet reached the psychological aspects of students, as evidenced by the continued high interest of students in purchasing snacks outside the school after school hours.

All schools have a school committee, but not all of those involving in UKS implementation actively. According to the research findings, all schools have a school committee; however, not all actively involve the committee in implementing the UKS. A school committee is an independent institution consisting of parents or guardians of students, the school community, and community figures interested in education (Regulation of the Minister of Education and Culture of the Republic of Indonesia Number 75 of 2016, article 10) (Kementrian dan Kebudayaan Republik Indonesia, 2016). Interviews with school informants revealed that the committee's role is mainly limited to procuring health service facilities within the school. This aligns with the regulation, which states that the tasks of the school committee include fundraising and gathering educational resources to support personnel, facilities, infrastructure, and educational supervision.

Furthermore, interview results indicated that since the implementation of the free school policy in Sukoharjo, the role of the committee has been perceived as less than optimal in supporting school activities. The Center for Health Promotion (2008) emphasizes that the health school committee's function includes evaluating health programs and facilitating the development of a Health-Promoting School. The committee also has the task of ensuring that activities aimed at establishing a Health-Promoting School are well-organized and carried out, with clear duties and authorities. Moreover, the Ministry of Education and Culture (2019) in the Guidelines for the Development and Cultivation of UKS/M states that the school committee plays a crucial role in creating a healthy school environment by actively participating in providing funds and facilities. The guidelines specify that the committee should serve as the deputy chair of the UKS/M implementation team, in line with Rahmawaty (2019) research that highlights the importance of partnerships with parents to maximize UKS program outcomes.

The Ministry of Health Regulation No. 43 of 2019 defines Puskesmas as health facilities that deliver primary health and promotive and preventive services at the first level. The involvement of community service institutions, particularly Puskesmas, in UKS activities includes services such as distributing iron tablets, measuring students' weight and height, conducting eye and ear health checks, anemia screening, raising awareness about anemia and stunting, and providing guidance for youth health cadet competitions. This aligns with the Guidelines for the Development and Guidance of the UKS/M Program (2019), which specify that Puskesmas should provide counseling on general health and UKS specifically to school principals, teachers, cadres, and other stakeholders to increase participation. They are also responsible for providing training and refresher courses for teachers and cadres, conducting physical fitness screenings, periodic examinations, and referrals for cases requiring specialized care. Puskesmas additionally have roles in disease prevention through immunizations, planning and conducting activities in collaboration with educational stakeholders, offering medical guidance, reporting health status updates of students to the school community, and overseeing health-related facilities such as school canteens and vendors around the school.

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A key strategy in health promotion, as outlined in the Minister of Health Decree No. 1193/Menkes/SK/VII/2005 and No. 1114/Menkes/SK/VII/2005, is empowerment. A primary target for empowerment by Puskesmas is the UKS program. Aslina (2018) states that policies and regulations from Puskesmas about UKS serve as motivation and catalysts for implementing UKS activities as part of health promotion efforts (Aslina *et al.*, 2018). The Indonesian Red Cross Society (PMI), Indonesia's largest humanitarian organization, plays a vital role in providing assistance to communities affected by conflict, disasters, health crises, and promoting humanitarian values and international humanitarian law (Puspasari, 2017). PMI also manages blood donor units across various cities to meet community blood needs. According to Law No. 59 of 1958, PMI's main responsibilities include disaster preparedness and response, first aid training, community health services, and blood transfusions. Several junior high schools (JHS) in Sukoharjo actively participate in blood donation activities organized by PMI.

The World Health Organization (WHO) advocates partnerships as a key element of school health promotion, supporting the revitalization of UKS through collective efforts involving multiple stakeholders (Pusat Promosi Kesehatan, 2008). To achieve this, the Ministry of Education, Culture, Research, and Technology (Kemendikbudristek) seeks to transform UKS into a collective movement through a penta-helix collaboration model involving government, private sector, community organizations, schools, and parent (Kementerian Pendidikan dan Kebudayaan, 2019).Various business institutions actively participate in health promotion activities, including conducting pre-menstruation awareness sessions and distributing sanitary napkins from partner companies such as Unilever, Danone, Nestlé, and Kao, as listed on the official UKS website. They also participate in industrial visits related to

Based on the research results, it was found that all schools have a school committee, but not all of them involve the committee in the implementation of the UKS. The Regulation of the Minister of Education and Culture of the Republic of Indonesia Number 75 of 2016, Article 10, states that the school committee is an independent institution consisting of parents/guardians of students, the school community, as well as community figures who care about education. Based on an interview with one informant at the school, the committee is only involved in procuring health service facilities at the school. This is in line with Regulation of the Minister of Education and Culture of the Republic of Indonesia Number 75 of 2016, Article 10, regarding School Committees, which states that the tasks of the school committee are to raise funds and other educational resources to carry out its functions in providing support for personnel, facilities, infrastructure, and educational supervision.

The interview results with one informant also revealed that since the implementation of the free school policy in Sukoharjo, the role of the committee has been considered less than optimal in its involvement with the school. The Center for Health Promotion (2008), in the context of health promotion in schools, states that the school health committee functions to assess programs and can facilitate the process of becoming a Health-Promoting School. Furthermore, one of the tasks and authorities of the committee according to the Center for Health Promotion (2008) is to ensure that every activity aimed at establishing a Health-Promoting School can be well-organized, and there are duties and authorities of the committee in the implementation of Health-Promoting Schools. The Ministry of Education and Culture (2019), in the Guidelines for the Development and Cultivation of School Health (UKS/M), states that the school committee plays a role in implementing the healthy school environment by acting as an organization for parents of students who are expected to actively participate in fostering a healthy school environment, especially in providing funds and facilities that support activities. In the example structure of the UKS/M implementation team based on the Guidelines for the Development and Cultivation of UKS/M, the school committee is included as a deputy chairperson in the School's UKS/M Implementation Team. This aligns with Rahmawaty's research (2019), which states that the comprehensive implementation of the UKS program cannot be done alone, and a partnership with parents is crucial for maximizing the

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results of the UKS program (Rahmawaty, 2019).

Ministry of Health Regulation No. 43 of 2019 defines the Community Health Center, commonly referred to as "Puskesmas," as a health facility that provides public health and primary individual health care services at the first level, with a primary focus on promotive and preventive efforts within its jurisdiction. The involvement of community service institutions in the implementation of the UKS includes collaboration with Puskesmas, which involves providing services such as distributing iron tablets, measuring weight and height, conducting eye and ear health checks, checking hemoglobin levels, providing guidance on youth health cadet competitions, and raising awareness about anemia and stunting.

This aligns with the Guidelines for the Development and Guidance of the School Health Program (UKS/M) (2019) regarding the roles and functions of Puskesmas as implementers and mentors within UKS/M, namely; provide counseling about health in general and UKS in particular to school principals, teachers, UKS/M cadres and other parties in order to increase participation in the implementation of UKS/M; providing training/upgrades to UKS/M teachers and UKS/M cadres (little doctors and youth health cadres); carry out screening (physical fitness tests for students) and periodic examinations as well as referrals to certain cases that require it. Furthermore, as outlined in the Guidelines for the Development and Guidance of UKS/M, health centers also have the following roles and function, that is providing disease prevention through immunizations and other necessary measures; planning and implementing activities in coordination with educational stakeholders (School Principal, teachers, parents/School Committee, students, etc.); offering medical technical guidance to the school community for implementing School Health/Madrasah Health efforts, including counseling and guidance; informing the school community about the students' health status and physical fitness levels, along with methods for improvement; regularly informing the local UKS/M Development Team about health development activities and issues faced; overseeing the establishment of a healthy school canteen; providing guidance to street vendors and food vendors around the school.

One of the key fundamental strategies of Health Promotion, as mentioned in the Minister of Health Decree No. 1193/Menkes/SK/VII/2005 regarding the National Health Promotion Policy and Minister of Health Decree No. 1114/Menkes/SK/VII/2005, is empowerment. One of the targets for individual empowerment pursued by each Puskesmas is the empowerment of School Health (UKS) programs. Aslina (2018) states that one driving factor behind the implementation of the School Health Program (UKS) in health promotion efforts is the presence of policies or regulations regarding UKS from the Puskesmas, which can stimulate the implementation of UKS as part of health promotion initiatives (Aslina *et all*., 2018).

PMI is currently the first and largest humanitarian organization in Indonesia. PMI's role involves providing assistance and services to communities affected by conflicts, disasters, health crises, and disseminating humanitarian values and international humanitarian law (Puspasari, 2017). Additionally, PMI operates blood donor units in various cities to meet the community's blood supply needs. According to Law No. 59 of 1958, PMI's main tasks include disaster preparedness and response, first aid training for volunteers, health and community welfare services, and blood transfusion. PMI's involvement in blood donation activities is also often carried out by several JHS in Sukoharjo.

One of the strategies advocated by the World Health Organization (WHO) in school health promotion is through partnerships. Health promotion strategies are used to complement the six elements necessary to establish a healthy school environment (Pusat Promosi Kesehatan, 2008). In supporting the revitalization of the UKS through the Healthy School initiative, the Ministry of Education, Culture, Research, and Technology (in Indonesian also known as Kemendikbudristek) intends to engage in a penta-helix collaboration involving various stakeholders (partners) to transform this program into a Collective Movement rather than a government program alone (Kementerian Pendidikan dan Kebudayaan, 2019).

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Business institutions are involved in various activities, including pre-menstruation awareness sessions and the distribution of sanitary napkins from a specific brand. On the website *https://uks.kemdikbud.go.id/sekolah-sehat/mitra,* there are registered partners such as Unilever, Danone, Nestle, Kao, and others. Furthermore, business institutions engage in industrial visits related to hand sanitizer products and garment factories, contributing by producing masks. Additionally, partnerships with health equipment stores are formed to ensure sufficient health equipment for the UKS. WHO recommends establishing partnerships with various governmental and private organizations to revitalize and gain support for health improvement efforts through schools. This collaborative approach involves developing research, sharing experiences from various countries and localities regarding health promotion initiatives in schools, and fostering mobilization to enhance health within the school environment (Pusat Promosi Kesehatan, 2008).

Schools are the closest environment to support students in adopting healthy behaviors, as well as the surrounding community services (Pulimeno and et al., 2020). The author further inquired about outreach services regarding the presence of vendors selling outside the school premises and the interview results revealed that, on average, schools have policies in place to close their gates and prohibit students from leaving the school premises during school hours. Moreover, some schools have engaged in mediations with vendors and local residents to discourage vending around the school area and to maintain the cleanliness of the surrounding area. According to Sulistyowati's research (2019), one of the outreach activities involves identifying students who are engaged in activities outside the school during effective hours. This has become a routine activity organized by the district involving schools.

Seen through a salutogenic health promotion perspective, these patterns of stakeholder involvement can be interpreted as initial, but not yet optimal, efforts to build strengths and social support in the school ecosystem. Antonovsky's model describes health as movement along an ease to dis-ease continuum and introduces Sense of Coherence (SOC) as a central resource that helps individuals cope with stress when life is experienced as comprehensible, manageable and meaningful (Antonovsky, 1987). Generalized Resistance Resources (GRRs) such as supportive relationships, consistent routines, access to health services and opportunities for meaningful involvement provide the conditions for SOC to develop. In this study, school committees, families, Puskesmas, PMI, business partners and community organisations can all be understood as potential GRRs that surround students in their daily school life.

At the same time, the findings show that these actors are still positioned mainly as providers of services, facilities or regulations, while students and parents remain mostly as recipients. This limits the extent to which school life becomes understandable, manageable and meaningful for students. Salutogenic research has shown that stronger SOC is associated with better perceived health, fewer psychological problems and higher quality of life (Eriksson, Lindstro and Eriksson, 2006). Reviews and empirical studies in adolescents also indicate that SOC is positively related to health-promoting behaviours and social competence, and negatively related to symptoms of anxiety and depression (Mattila *et al.*, 2011; Manager and Pietil, 2017). In other words, if UKS and related partnerships are organised in ways that give students room to participate, influence decisions and connect health activities with their own goals and experiences, they are more likely to strengthen SOC rather than only deliver services.

For junior high schools in Sukoharjo, this implies a shift from seeing UKS mainly as a set of structural requirements and service packages to seeing it as a platform for mobilising GRRs and nurturing SOC. In practical terms, this could include more regular joint forums where schools, committees and Puskesmas discuss school health data and decide priorities together, the development of student roles as youth health cadres or peer educators, and student involvement in shaping healthier food environments and campaigns that are relevant to their everyday concerns. When collaboration with families and community partners is organised in this more participatory and relational way, school-

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family–community partnerships become living networks of social support that help students make sense of health messages, feel supported in acting on them, and experience health promotion as something worthwhile. Moving in this direction would bring UKS closer to a salutogenic school ecosystem that not only improves short-term indicators but also supports long-term capacities for healthy living and psychosocial coping among adolescents.

CONCLUSION

Based on the assessment using the Health Promoting School indicators, the implementation of health-conscious policies in schools across the Sukoharjo sub-district is categorized as good. This is because the majority of schools have applied health-conscious policies to a significant portion of their learning activities. It is important to continuously develop innovative ways of implementing health policies in other learning activities periodically to ensure that health education for students remains engaging and not monotonous. In addition, strengthening social networks and building the institutional capacity of schools are crucial to support a sustainable health-promoting environment, in line with efforts to reinforce multi-stakeholder collaboration within UKS implementation.

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