

STRENGTHENING HEALTH LITERACY AS THE MAIN PILLAR OF REALISING HEALTHY SCHOOLS AT NAHDLATUL ULAMA JUNIOR HIGH SCHOOL IN BANJARMASIN CITY

By Ermeisi et al

STRENGTHENING HEALTH LITERACY AS THE MAIN PILLAR OF REALISING HEALTHY SCHOOLS AT NAHDLATUL ULAMA JUNIOR HIGH SCHOOL IN BANJARMASIN CITY

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ABSTRACT

Strengthening health literacy in realizing healthy schools is one of the focuses of community service activities to be achieved in this activity. *Gerakan Sekolah Sehat* (GSS) is an activity program that aims to improve the health and well-being of students in the school environment. This program covers a wide range of aspects, from improving the cleanliness of the school environment to health education for students at school. Some of the main components of the health school movement include health education, provision of health facilities and waste management. Along with the implementation of this PMP activity, it is hoped that the data will help to overcome some of the existing shortcomings. The participants in this counselling and training activity were 25 UKS cadres consisting of 20 students and 5 accompanying teachers. The first activity carried out was the socialization of the role of the UKS cadres as well as the duties and responsibilities of the UKS cadres. Furthermore, training on clean and healthy living behaviour (PHBS) and first aid for accidents (P3K) was conducted. The second activity is to revitalize the UKS room. The UKS room will be organized according to its function. Incomplete UKS equipment will be tried to be equipped in accordance with the actual UKS standards. The third activity is the implementation of counselling and socialization on how to prevent 3 major sins to parents and UKS cadres. At the evaluation stage, data on the increase in knowledge was obtained as much as 80% in the good knowledge category and the results of observations showed that the cadres could carry out health checks using tools independently.

Keywords: Health Literacy, Healthy School, UKS Cadres

INTRODUCTION

In 2016 the Ministry of Education and Culture created a National Literacy Movement (GLN) in which the School Literacy Movement was one of the programs (Ekowati, et al., 2019; Muliastri, 2019). This National Literacy Movement aims to improve the nation's competitiveness through education strengthening programs. The program is also expected to eradicate illiteracy, increase interest in reading, and foster a culture of literacy in the community. The School Literacy Movement is a literacy movement whose activities are mostly carried out in schools by involving students, educators, education personnel and parents. They can display good practices about literacy and make it a habit and culture at home and in the school environment.

Based on the above program, the team is interested in trying to conduct a community service activity that adapts the National Literacy Movement. The team tried to carry out a literacy strengthening activity in the Health Sector to realize a healthy school at Nahdlatul Ulama Junior High School in Banjarmasin City.

SMP Nahdlatul Ulama in Banjarmasin City is a private junior high school located in Rantau Timur II Rt 5 No 56, Banjarmasin City. SMP Nahdlatul Ulama is headed by a principal with a total of 15 teachers and 104 students. Most of the facilities owned by the school are still very limited, have minor damage and need to be improved. The school has a UKS room with an area of 6^m³. However, the UKS program has not been running well.

The facilities available in the UKS are incomplete and need to be updated. There is a first aid kit, but it is not completely filled with health supplies or medicines that meet the standards. The UKS room also lacks health information resources, such as posters, health leaflets or anything else. This also shows that literacy in this school has not been optimized.

Interviews conducted with school officials revealed that the implementation of Healthy School implementation has not yet been implemented due to the lack of resources. The lack of facilities and human resources who do not have a broad understanding of adolescent health is also one of the obstacles that occur in this school. Several incidents related to reproductive health problems, psychiatric problems, drug addiction, and students who smoke have occurred at this school. Not to mention the awareness of students and school community members who still often litter and throw garbage out of place. The cleanliness of the classroom and school environment is also not optimally maintained. Therefore, the school as a Partner admitted that they are very open if there are parties who want to help overcome the situation they face. Therefore, the team intends to conduct community service activities for the Youth group at school in collaboration with the UKS coach group partners.

There are three priority issues that will be addressed in this activity. The first is to improve the ability of the UKS officers in providing UKS services to students and other school members. In the meantime, the UKS activities are not running well because

the UKS officers have never received training on general health checks and the provision of first aid for accidents (P3K). Moreover, a special health cadre has not yet been established at this school. The UKS coaches need to be briefed with the latest knowledge so that they can provide optimal services. And new UKS cadres need to be formed to help optimize UKS services.

The second priority is to address the school community's lack of knowledge about Healthy Living Behaviour (PHBS). There are still many students who like to throw garbage out of place and are lazy to carry out class cleaning pickets. There is already a waste bank, but the program is no longer running. The partners said that there was very little health counselling activities carried out at the school so far, and even then, it was only carried out by *Puskemas* officers. This makes the latest health information very rarely obtained. A good understanding of PHBS will indirectly improve school health. Provision of health facilities that support PHBS efforts such as organic and inorganic waste bins, adequate hand washing sinks complete with hand washing soap and several health posters.

The third priority is the prevention of 3 major sins that often occur in the school environment. Through this activity, UKS supervising teachers as partners will be given some socialization and briefing on how to prevent sexual violence, bullying and intolerance behaviour in schools. This effort is done in order to create a healthy environment physically and psychologically.

In overcoming the problems that occur in partner communities as previously described, this Community Empowerment Program offers several methods of approach that can help solve existing

problems. Strengthening literacy by conducting UKS counselling and training to School Health Cadres is expected to provide better knowledge and skills regarding UKS activity program. Guidance to the partners to form a youth UKS cadre group was also conducted. Another thing that will be provided is counselling and assistance in the practice of first aid in accidents (P3K). This assistance is expected to increase the ability and success of the partner group in implementing the provision of health services to students and school residents. Health education has the aim of changing unhealthy behaviour to healthy behaviour in individuals, groups and communities. Students as subjects in health education learning are expected to be able to apply healthy living in everyday life (Setyorini, 2009).

OBJECTIVES

General Purpose¹

To improve the knowledge and skills of UKS cadres in carrying out their duties as school health workers to realize healthy schools.

Special Purpose

1. Improve the skills and knowledge of all UKS coaches and staff to provide optimal UKS services.
2. Establish and train new health cadres who have good skills in managing UKS activities and are able to provide basic first aid measures.
3. Improve the ability to assess, educate and recommend school health and hygiene program.
4. Complete the UKS facilities to fulfil the Healthy School Standard.

¹ PLAN OF ACTION

Strategy Plan

In the implementation stage, some of the activities carried out in stages are:

1. The first activity is the preparation stage where socialization of the program will be carried out with partners and cadres.
2. The second activity is the implementation of counselling and training to cadres carried out in 2 stages of activity.
3. The third activity is the implementation of monitoring and evaluation of the success of the program that has been implemented.

Implementation

Community service activities with the theme “Strengthening Health Literacy as The Main Pillar Of Realizing Healthy Schools At Nahdlatul Ulama Junior High School In Banjarmasin City” is a community service activities for beginners who have passed the Ministry of Research, Technology and Higher Education's funding grant in 2023 and have obtained implementation permits number 194/LL11/KM/2024.

First activity In the implementation stage, was the socialization of the role of the UKS cadres as well as the duties and responsibilities of the UKS cadres. This socialization aims to explain in more detail about the objectives and benefits of the activity as well as provide an explanation of what training materials will be taught. This socialization is facilitated by the distribution of training modules. This activity will also be attended by the school principal, community service team, UKS coach and UKS cadres who will participate in the program. Furthermore, training on clean and healthy living behaviour (PHBS) and first aid to accidents (P3K) will be

conducted. This training was a follow-up to the socialization activities that had been carried out in the preparation stage. This training is conducted through a lecture method in the classroom accompanied by a video-based learning method that will be more easily understood by partners and UKS cadres. This activity will also be carried out directly in the field. Partners who have been given the theory in the module then immediately practice in the field. This activity is guided by trained instructors. This training is expected to be carried out comprehensively and continuously to ensure that the partner community really understands and masters UKS services independently and this group is the parent/core group which then conducts cadr at Nahdlatul Ulama Junior High School. The cadres will also be given training and introduction to Basic Life Support (BHD) to add information on how to handle school diarrhea accidents.

The second activity is to revitalize the UKS room. The UKS room will be organized according to its function. Incomplete UKS equipment will try to be equipped in accordance with actual UKS standards. A program to increase health literacy in the form of health posters will also begin to be displayed in the UKS room and school magazines. This activity will involve all UKS cadres. The UKS cadres will be taught to make health posters or infographics using several computer applications.

The third activity is the implementation of counselling and socialization on how to prevent the 3 major sins to partners and UKS cadres. After this activity, the UKS officers are expected to be able to provide information and positive impact to the entire school community. The

formation of a task force on sexual violence and bullying in schools will also be proposed in this activity.

12 Setting

This activity was carried out at Nahdlatul Ulama Junior High School in Banjarmasin City, from June 2024 to October 2024.

9 Target

The target of this activity is 25 UKS cadre members, consisting of 20 students and 5 UKS mentor teachers.

16 RESULTS AND DISCUSSION

This community service activity was conducted from June 2024 to October 2024. The activities were carried out at NU Junior High School in Banjarmasin. The targets of the activity were UKS cadres and 5 accompanying teachers, through counseling and training activities.

This community service activity was conducted using the methods of pre-test, lectures, group discussion, practice, and post-test, all implemented in the form of counseling and training. In each activity, all participants were given a pre-test first to assess their initial knowledge of various related topics. The topics include aid for fainting patients, wound treatment, the three major sins of bullying, drugs and sexual harassment, as well as training on basic health checks such as weighing body weight and measuring blood pressure.

In the implementation phase, the first activity was the dissemination of information about the role of UKS cadres and their duties and 2 responsibilities. This dissemination aimed to explain in detail the

goals and benefits of the activities and provide explanations of the training materials to be taught. The dissemination was facilitated with presentation materials using PowerPoint slides accompanied by images, lectures, and discussions with resource persons. The event was attended by the principal, the Community Service Team, UKS mentors, and UKS cadres who participated well in the program. On the same day, there was also a counseling session on clean and healthy living behaviors (PHBS) and first aid for accidents (P3K). This training is a follow-up from the previous dissemination activity. The training was conducted through classroom lectures accompanied by video-based learning methods that are easier for partners and UKS cadres to understand. The activities also included hands-on practice using various tools.



Figure 1. Dissemination about the Activities to be Conducted with Partners

1
 In Table 1 it can be seen that the majority of participants in the counseling session were female, accounting for 60%. The high participation of females indicates that adolescent girls may have a greater awareness of health issues. They tend to be more active in seeking information relevant to personal health, healthy lifestyle practices, and disease prevention measures. This presents an opportunity to cultivate a more health-conscious generation in schools. Orem (2001) also argues that females contribute significantly to self-care abilities. With many adolescent girls participating in the training, this program can focus on empowering them as agents of change within schools and communities. Girls with a deep understanding of health can become role models and drivers in their environments, helping to instill health values among their peers and motivating them to adopt healthy behaviors.

Table 1. Characteristic Participant by Gender

Gender	F	%
Male	10	40
Female	15	60
Total	25	100

Before the counseling was conducted, a pre-test was also administered to all participants to assess the extent of the cadres' knowledge regarding first aid for various cases, PHBS (Clean and Healthy Living Behavior), and basic health checkups. The results of the pre-test can be seen in the diagram below.

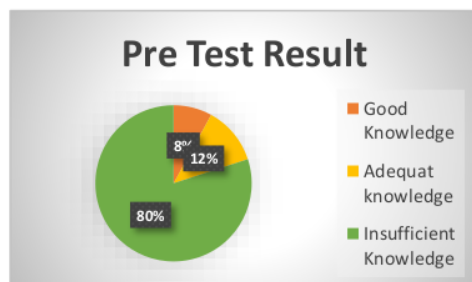


Figure 2. Pre-Test Result

In Figure 2, it can be seen that before the Health Counseling and Training activities, the UKS (School Health Unit) Cadres at SMP Nahdlatul Ulama Banjarmasin had insufficient knowledge regarding several health topics, with around 80% falling into this category. Meanwhile, 12% had adequate knowledge, and only 8% had good knowledge. The cadre group mentioned that they only knew to apply Betadine or use a plaster for wounds and stated they did not know how to measure height. When asked if they had ever used a sphygmomanometer to measure blood pressure, most said they had never used such a tool.

After the pre-test process, the team conducted several health counseling and training sessions on Basic Life Support (BLS) to provide information on handling school accidents, as well as on PHBS (Clean and Healthy Living Behavior). These activities were guided by trained instructors. This training is expected to help the cadres fully understand and master UKS services independently. This core group will then carry out further training at SMP Nahdlatul Ulama. After receiving theoretical knowledge, the partners were given the opportunity to practice directly. Practical exercises, such as proper handwashing techniques and how to assist a fainting patient, were conducted in rotation.



Figure 3. First Activity: PHBS and Basic Life Support Training

The second activity is revitalizing the UKS (School Health Unit) room. The UKS room will be organized according to its functional purpose. Incomplete UKS equipment will be supplemented in line with actual UKS standards. In this activity, the community service team provided several inventory items, including equipment to support the UKS room, such as a first aid kit and its contents, a set of height and weight measuring tools, a color blindness test kit and Snellen chart, 2 digital blood pressure monitors, 3 large trash bins, and several health posters that can be displayed in the UKS room or on the school bulletin board.

The third activity involves health counseling and socialization on the prevention of the "three major sins," first aid for injured patients, and training on basic health checkups. This activity was attended by both current and prospective UKS cadres appointed by the UKS teacher. After this activity, the UKS staff is expected to be able to provide information and have a positive impact on the entire school community. The UKS cadres were trained on how to measure body weight and height using a body weight scale (a tool that

measures both weight and height) and were also taught how to use a digital blood pressure monitor. All participants were enthusiastic about this activity.

Two weeks after completing all counseling and training activities, the STIKES Suaka Insan community service team, along with the cadres, conducted a free health check for all students at NU Banjarmasin School. The purpose of this activity was also to re-evaluate the effectiveness of the previous cadre training, which included teaching them how to measure body weight, height, and blood pressure, as well as providing basic health counseling to their peers. During this event, the cadres performed their tasks exceptionally well. They were able to conduct blood pressure measurements, as well as height and weight assessments, using the available equipment. Approximately 60 students attended, and they appeared enthusiastic about participating in this activity.



Figure 4. Implementation of Counseling on the Three Major Sins and Basic Health Checkup Training

The monitoring and evaluation phase was carried out intensively by the

implementation team during each activity to ensure that the activities were conducted as planned. Evaluation was conducted in conjunction with monitoring, so that any issues could be promptly resolved. Evaluations were performed at every stage of the activity, with the evaluation design outlining how and when evaluations would be conducted, the criteria, indicators for achieving objectives, and benchmarks used to assess the success of the activities undertaken. Guidance was provided to partners to encourage the continuous implementation of healthy lifestyle practices and to enhance their ability to provide UKS services in support of government programs aimed at achieving healthy schools.



Figure 5. Implementation of Student Health Checkups by the Cadres

After the counseling was provided by both the resource persons and the cadres, a post-test was conducted to determine whether there was an improvement in knowledge.

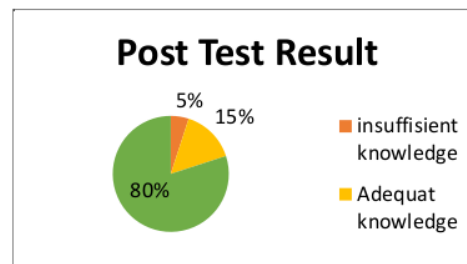


Figure 6. Cadres' Post-Test Results

Figure 6 shows a knowledge data has improvement. The results of the post-test indicated that 80% of the cadres who received prior counseling had good knowledge regarding clean and healthy behaviors, waste management, and the prevention of the three major sins. Participants stated that they now understood the importance of maintaining clean and healthy behaviors and how to properly manage waste. In addition to evaluating knowledge, an evaluation of practical implementation was also conducted. They mentioned that they had also learned how to measure height and weight using the tools provided. This was further demonstrated during the evaluation activities, where the cadres were able to measure the weight, height, and blood pressure of other students. They appeared quite proficient and skilled in operating the available equipment.

The overall improvement in knowledge and skills among the cadres is expected to serve as a primary asset in supporting a healthy school at SMPN NU

Banjarmasin. Additionally, the cadres who have acquired these skills can share their knowledge with other student peers.



Figure 7. Evaluation Process in the Use of Blood Pressure Monitor and Height Measuring Tool

CONCLUSION

After conducting the community service activities, the following conclusions can be drawn:

1. This community service activity received strong support from both the school and the cadres.
2. The activities carried out were able to enhance the knowledge and skills of the cadres in performing their duties as UKS cadres.
3. The counseling and health checkup activities for the school community were executed very successfully.

The school is expected to continue supporting the students who have received training so that they can carry out all these activities regularly each month, ensuring the successful realization of a Healthy School.

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