IMPLEMENTATION HEALTH REPORT BOOK AT SCHOOL FOR SURVEILANCE STUDENT HEALTH STATUS : A PILOT STUDY

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Abstract: The Continuum of Care concept to improve health status starting from pre-pregnancy to adulthood (productive period) and elderly period has been supported by health status recording system developed by the Indonesian Ministry of Health, but there is no standard reference of health records for children above 5 years of age up to adolescents. Data reporting system for school age health has not yet been carried out in an integrated and optimal way. Reviewing the application of health report logbooks in schools for monitoring the health status of students. Observational research with a cross-sectional design. The research sample is the administrator of School Health Unit or Unit Kesehatan Sekolah (UKS) in primary and secondary schools in the city of Surabaya and Gresik Regency as representatives of urban and rural areas. UKS teachers are often involved in filling out health report books both in primary and secondary schools. Personal hygiene guidance as an UKS activities is more often done both in primary and secondary schools. Report logbook do not fully facilitate measurement, in which, some indicators in report cards can't be assessed easily, for example intelligence indicators. Most of the measurements are not carried out according to the recommended time. Monitoring the health status of student can't be done optimally using the Buku Rapor Kesehatanku. Indicator such as Health Intelligence Learning Modality is difficult to understand and implemented by UKS administrators in primary and secondary schools during filling out process in the health report books, especially because in that indicator, the dominance of the brain is very important for the outcome.

Keywords: health information system, health status of children and adolescents, school health logbook

Introduction

The Continuum of Care concept to improve health status starting from pre-pregnancy to elderly period have been supported by health status recording system developed by the Indonesian Ministry of Health. During pregnancy, until the age of toddlers, the Ministry of Health has an MCH book (Maternal and Child Health) to monitor the health of mothers, infants, and toddlers (up to age five years) (Permenkes No. 42 of 2013).

Health service activities for school-age from elementary school to high school have been carried out in collaboration with the Community Health Center (Puskesmas) and schools through the School Health Unit or known as Unit Kesehatan Sekolah (UKS). However, in its implementation, the reporting for school-age health service activities data has not been carried out in an integrated and optimal way. For example, in the pre-school registration process of kindergarten, schools require students to have an MCH book, which is a health record of students starting from birth. When students graduate and continue to elementary school, the school will include a record of the student's health to be continued.

However, there's no standard reference for health records above five years of age until adolescents. Only the Booster immunization records for school children (BIAS/Month for School Children Immunizations) are recorded in the MCH handbook. Indicators of health records for elementary and adolescent ages are not standard and closely related to the activities of the UKS. The accuracy of the intervention to improve the health status of school-age children is very dependent on the condition of the health records. This school-age health logbook is expected to be used in elementary school to high school and into adulthood. The health logbook is expected to be an integrated data of the continuum of care from birth to the elderly.

School-age health services are carried out in collaboration with the Community Health Center (Puskesmas) and School Health Unit (UKS). According to the Ministry of Health of the Republic of Indonesia (2006), UKS is a unit for teaching and learning to improve the ability to live a healthy life, there by increasing the growth and development of students in harmonious and optimal way, for them to be best quality of human resources. UKS programs in elementary to high school include health services, health education, and the fostering of a healthy school environment. Some programs implemented in the UKS include little doctors (dokter kecil) for elementary students, booster immunizations for elementary students, reproductive health education for elementary to high school students, fostering the environment around schools and communities around schools for junior and senior high school students. Implementation of health services in the UKS is in collaboration with Puskesmas. However, the integration of the reporting of health service results is an issue that needs attention.

Surabaya City Health Office and Gresik Regency are regions that have implemented the training programs for UKS. Some schools have completed health records in UKS activities, but some school conditions do not have a reliable health records. The format used in each school is not uniform, and the indicators used for monitoring student health status records also differ between each school. This condition causes obstacles in the process of integrating health record data between schools.

The integrated and continuous health recording system that being carried out will be able to describe the health status of students. The purpose of this study is to reviewing the application of health report logbooks in schools for monitoring the health status of students

Research Methods

Observational research with a cross-sectional design. The study population was elementary and high school UKS administrator in the city of Surabaya and Gresik Regency as representatives of urban and rural areas. We perform discussion to the administrator for their understanding regarding the logbook.

Results and Discussion

Results

Characteristics of UKS Administrators can be seen in table 3.1

Table 3.1 Characteristics of UKS Administrator

Administrator		Elementary School		High School	
		n (27)	%	n (13)	%
Sex	Male	4	14.8	1	7.7
	Female	23	85.2	12	92.3
UKS teachers who are	No	15	55.6	6	46.2
	Yes	12	44.4	7	53.8

involved					
Sports Teachers	No	7	25.9	10	79.9
	Yes	20	74.1	3	23.1
Counceling Teachers	No	25	92.6	9	69.2
	Yes	2	7.4	4	30.8
Sciences Teacher	No	19	70.4	7	53.8
	Yes	8	29.6	6	46.2
Little doctor	No	14	51.9	5	38.5
	Yes	13	48.1	8	61.5

Table 3.1 shows that the gender of the respondents is mostly female both in elementary school (85.2%) and high school (92.3%), most of the teachers are public teachers in elementary school (51.9%) and high school (53.8%). UKS teachers that are involved in managing UKS every day in elementary schools (44.4 %), while UKS teachers are involved in high schools (53.8%), most of the little doctors are involved in UKS in elementary schools (48.1 %), whereas involved in high schools (61.5%).

Activities in UKS can be seen in table 3.2 as follows:

Table 3.2 Activities in the UKS

UKS activites		Elementary school		High school	
		n	%	n	%
Development of canteen facilities	no	10	37.0	5	38.5
	yes	17	63.0	8	61.5
Development of environmental facilities	no	9	33.3	5	38.5
	yes	18	66.7	8	61.5
Personal hygiene guidance	no	4	14.8	2	15.4
	yes	23	85.2	11	84.6
Developing health leader within students and little doctors	no	12	44.4	6	46.2
	yes	15	55.6	7	53.8
Health screening for new student	no	13	48.1	3	23.1
	yes	14	51.9	10	76.9
Periodic health examination	no	8	29.6	5	38.5
	yes	19	70.4	8	61.5
Water sanitation	no	6	22.2	3	23.1
	yes	21	77.8	10	76.9
Medical referral and treatment of anemia	no	16	59.3	5	38.5
	yes	11	40.7	8	61.5
Integrated Communication Forum, recording and re porting	no	19	70.4	10	76.9
	yes	8	29.6	3	23.1
The involvement of the parents	no	18	66.7	5	38.5
	yes	9	33.3	8	61.5

Table 3.2 shows that an activities in UKS are: (1) Development of canteen activities in elementary school (63.0%), while in the high school (61.5%), (2) Development of environmental facilities in elementray school (66,7%), in high school (61.5%), (3) Personal hygiene guidance in elementary school (85.2%), in high school (84.6%), (4) Developing health leader within students and little doctors in elementary school (55.6%), in high school (53.8%), (5) Health screening for new student in elementary school (51.9%), in high school (76.9), (6) Periodic health examination in elementary school (70.4%),

in high school (61.5%), (7) Water sanitation in elementary school (77.8%), in high school (76.9%), (8) Medical referral and treatment of anemia in elementary school (40.7%), in high school (61.5%), (9) Integrated Communication Forum, recording and reporting in elementary school (29.6%), in high school (23.1%), and (10) The involvement of the parents in elementary school (33.3%), high school (61.5%).

The involvement in filling in the health record book can be summarized in table 3.3

Table 3.3 Involvement in filling the book records health

Involvement in filling the book records health		Elementary school		High school	
		n (27)	%	n (13)	%
Parents	no	15	55.6	11	84.6
	yes	12	44.4	2	15.4
UKS teacher	no	9	33.3	2	15.4
	yes	18	66.7	11	84.6
Health leader	no	22	81.5	9	69.2
	yes	5	18.5	4	30.8

Table 3.3 shows that most parents are involved in reporting the health logbook in elementary school (44.4%), while the high school data only shows 15.4% are involved. UKS manager that are involved in filling health records on elementary school (66.7%), while in high school (84.6%), health provider involved in filling out health logbook in elementary schools (18.5%), while in high schools (30.8%)

One of the problems that arises in the filling of health report cards is the filling of health intelligence learning modalities indicator.

An overview of UKS administrator ability to understand health intelligence learning modalities can be seen in table 3.4 as follows:

Table 3.4 Comprehension and Implementation of Medical Report Book Filling for the topic of Health Itelegensia Learning Modalities

Health intelligence		Elementary school				High school			
		Understanding		Implementation		Understanding		Implementation	
		n	%	n	%	n	%	n	%
Visual	Difficult	8	29.6	6	22.2	0	0	1	7.7
	easy	9	33.3	11	40.7	9	67.2	9	69.2
	Very easy	3	11.1	3	11.1	1	75.7	0	0.0
	missing	7	25.9	7	74.1	3	23.1	3	23.1
Audio	Difficult	9	33.3	7	25.9	0	0	0	0
	easy	8	29.6	10	37.0	9	69.2	10	76.9
	Very easy	3	11.1	3	11.1	1	7.7	0	0
	missing	7	25.9	7	25.9	3	23.1	3	23.1
Kinesthetic	Difficult	10	37.0	9	33.3	0	0	1	7.7
	easy	8	29.6	9	33.3	9	69.2	9	69.2
	Very easy	2	7.4	2	7.4	1	7.7	0	0
	missing	7	25.9	7	25.9	3	23.1	3	23.1
Brain dominance	Difficult	11	40.7	10	37.0	3	23.1	4	30.8

	easy	7	25.9	8	29.0	6	46.2	6	46.2
	Very easy	2	7.4	2	7.4	1	7.7	0	0
	missing	7	25.9	7	25.9	3	23.1	3	23.1

Table 3.4 shows that in the understanding of health intelligence learning modalities, brain dominance indicator is an indicator that is difficult for UKS managers in elentary school to understand and fill in the logbook, the difficulty of understanding this indicator reach up to 40.7% of respondent, while the difficulty in filling out this indicator is 37.0%. The same difficulty also applies on the high school UKS administrator. The difficulty of understanding about brain dominance was 23.1%, while for the implementation or filling out process, the difficulty reach up to 30.8%.

Discussion

UKS is a public health program that being carried out in schools with students and environmental health leader as the main target. UKS teachers and students are the primary members, while parents and health workers from the puskesmas are supporting member for the implementation of the school health program, including the habit of clean and healthy living behavior among elementary and high school students, which is important because it is a fundamental need for a strong human resources.

There is no comprehensive school health service in Indonesia, due to the large number of untrained teachers, while the UKS program requires efficient and effective teamwork to provide optimal results.

Filling out process of the health intelligence learning modalities in health report logbook is one problem to be solved. Brain Domination is one type of intelligence health that is difficult to understand and implement by UKS processors during filling out process in the health report logbook**.**

Conclusions

The involvement of little doctors in managing UKS is important. Sports teachers in primary schools are often tasked in managing UKS, while at secondary schools, the task is assigned to science teachers. UKS teachers are often involved in filling out health report logbooks in both primary and secondary schools. Personal hygiene training in UKS activities is the activities that mostly done in both primary and secondary schools. The Modalities of Learning are the most difficult indicator to understand and implement during filling out procees by UKS administrators in primary and secondary schools, especially the dominance of the brain indicator.

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