

The Policy Analysis of the School Health Business Program (UKS) As an Effort to Prevent Early Non-Communicable Diseases

Siti Nur Kholifah¹, Dwi Ananto Wibrata², Moch Bahrudin^{3*}, Nikmatul Fadilah⁴

^{1,2,3,4}Department of Nursing, Politeknik Kesehatan Kementerian Kesehatan Surabaya, East Java, Indonesia

*Corresponding Author : bahrudin_moch@yahoo.com

Abstract

Background: Diabetes mellitus and hypertension are becoming more common in Indonesians aged 15 and up. This condition would reduce the health quality of the younger generation. Efforts are being made to improve the health of adolescents, including through the school health business (UKS) program. There are currently eight goals in the UKS program, all focusing on infectious diseases. One more goal was needed for the prevention of non-communicable diseases.

Objectives: The purpose of this study was to describe the results of the UKS program policy analysis as an effort to prevent non-communicable diseases early and to recommend the addition of 1 goal, namely the prevention of non-communicable diseases.

Methods: The research methods used in the study are qualitative research methods. The research design used descriptive phenomenology. The number of participants was 20, consisting of the UKS coordinator and teacher, the person in charge of the UKS program at the education office, the ministry of religion, the people's welfare sector, and the health office.

Results: Policies to prevent non-communicable diseases, especially hypertension and diabetes mellitus, have been implemented as far as possible. The support for legal aspects, regulations on UKS, guidelines, facilities, cooperation between institutions in implementing the UKS program, motivation from schools and policymakers at the institutional level for behavior change and prevention of non-communicable diseases were supporting factors. While the inhibiting factors include operational funds for the detection of hypertension and diabetes mellitus, there was no budget for this non-communicable disease prevention program, especially hypertension and DM, that had not been included in the UKS goals. It was important to add one goal, which was to prevent non-communicable diseases like hypertension and diabetes mellitus.

Conclusions: The policy of the UKS program to keep teenagers from getting non-communicable diseases was very important for improving their health as the country's next generation.

Keywords: policy, disease, prevention, non-communicable diseases, UKS

1. Introduction

Adolescent health at school is important because learning and other activities require a healthy body. Teenagers in Indonesia, in fact, led unhealthy lifestyles, putting them at risk for health issues (1).

According to the results of the Riskesdas, the prevalence of diabetes based on a doctor's diagnosis in the population aged 15–24 years was 2% of the total population. The prevalence of hypertension in Indonesia based on doctor's diagnosis, taking medication, and measurement results in the population >18 years was 34.1%, an increase from 25.8%. Hypertension and diabetes were chronic diseases that had complications throughout the body. Adolescents with hypertension or diabetes have lower health quality and productivity(2)(3).

The results of the study found that 75% of adolescents diagnosed with hypertension with risk factors for unhealthy diet, obesity, metabolic and genetic factors, racial and ethnic tendencies, socioeconomic status, cultural influences, growth rates, and puberty stage had a greater influence (4). Research found that the risk factors for adolescents experiencing diabetes mellitus were due to excess weight, pre-hypertension factors, and impaired glucose tolerance (5). Research explains that hypertension in children and adolescents is caused by being overweight (6). According to research from hypertension in adolescents was influenced by a lack of physical activity and obesity (7). The findings of the triasuk policy analysis research revealed a link between the trias program in the UK and improved reproductive health (8). The results of the study found that the success of the triasUKS policy implementation process was socializing health problems such as a clean and healthy lifestyle, sexual dangers, and how to prevent them. adolescent health, washing hands, HIV/AIDS, being a UK room guard, community service in the school environment, referring sick students to the public health center, screening, namely screening in the form of measured weight and height for new students, and implementing non-smoking areas. The results of the analysis of the UKS program policy analysis have not been found to prevent non-communicable diseases, including hypertension and diabetes mellitus (2)(4)(5)(6).

Efforts that could be made to improve the health of adolescents include the school health business (UKS) program. Currently, the implementation of UKS is guided by eight (eight) UKS goals, which are preventing juvenile delinquency, the dangers of smoking, drugs, aids, premarital pregnancy/free association, intestinal worms, anemia, and hepatitis B (7)(8). The UKS program has not led to efforts to prevent non-communicable diseases, especially hypertension and diabetes. Efforts to prevent PTM, in this case, hypertension and DM, had not been integrated into the UKS program. Therefore, research on strategic policy studies on efforts to prevent non-communicable diseases through the UKS program needs to have been carried out by taking into account the existing facts, namely that there had been non-communicable diseases, especially hypertension and DM in adolescents, and the healthy lifestyle of today's adolescents who tended to be at risk. This policy analysis was carried out at the same time to examine the effectiveness of the UKS program in preventing non-communicable diseases in school settings and improving the quality of the nation's next generation (9)(6)(10)

2. Objectives

The purpose of this study was to describe the results of the UKS program policy analysis as an effort to prevent non-communicable diseases early and to recommend the addition of 1 goal, namely the prevention of non-communicable diseases.

3. Methods

This type of research was qualitative research. The research design used descriptive phenomenology, which was an in-depth, critical, and systematic investigation of phenomena. This study explores the policy of implementing the UKS program and its contribution to the prevention of non-communicable diseases.

The subject of this research was the UKS person in charge of junior and senior high schools in the city of Surabaya and the district of Sidoarjo. Each region was given five schools: the person in charge of the UKS program at the education and culture office; the health office; the ministry of religion; and the regional planning agency. The sample units in this study were 10 people in charge of UKS in schools; 4 people in charge of the UKS program at the education and culture office; 4 people from the health office; 4 people from the ministry of religion; and 4 people from the regional planning agency.

The data collection tools used were interview guides, notebooks, and recording devices. The interview procedure (in-depth interview) was explained by explaining the purpose and mechanism of the interview, and the interview was conducted for 60 minutes, at least twice for each informant to verify the information obtained from the informant. Focus group discussion with experts and policymakers of the UKS development team (health office and East Java Provincial Education and Culture Office). The research came up with themes based on the ideas that came up during the research process.

4. Results

Researchers managed to identify various themes that were analyzed from the results of interviews and observations. The themes and sub-themes that were determined were the result of the meaning conveyed as well as observations around the UKS location. Determination of the theme was done by reading it over and over again, then coding it from a phrase or sentence that describes a certain meaning. The themes identified in the initial coding process were then grouped into four main themes. The grouping of these main themes was based on the similarities or interrelationships between sub-themes.

a. School Program Policies in the UKS

The UKS program policy theme in schools consists of 3 sub-themes, namely the legal aspects of the UKS coordinator and implementer, the rules and guidelines used.

Sub-theme 1: concerning the legal aspects of UKS officers, it was found that all government-owned schools had legal aspects in the form of a letter of assignment or a decree from the principal. However, schools that were not owned by the government or private schools did not have a letter of assignment/decision letter from the school.

“... The UKS coordinator and I had two UKS teachers. We already had a decree from the principal...” (2)

“... I was given a letter of assignment from the principal as the person in charge of UKS. I happened to have graduated from the midwifery academy...” (5)

“... I'm a biology teacher, mom... from the beginning i was given the task of being the UKS coordinator... i was given a decree from the principal along with one more teacher... this decree was important for school accreditation, mom... always asked when it came to accreditation...” (1)

“... If there was no letter of assignment or decree, mom Because we were a private school, if there was an assignment letter or decree, there was usually an additional incentive... Later, it was crowded. The foundation may object, mom...” (11)

Sub-theme 2 :was about UKSregulations, not all schools had written rules about UKS regulations.

“... If you entered UKS, the rules were there, mom. That's what we put at the entrance... so that students understand the rules...” (14)

“... There were no written rules mom... When the children entered, I said that in the UKS a maximum of 1 hour is allowed. No more. if you were still sick, i would took you to the public health center...” (8)

“... There were no written rules, mom... but i would informed students who entered UKSthat they were only in UKS for 1-2 hours, if their condition did not improved, they were referred to the keputih health center or returned to their parents...” (15)

“... Students who were sick at UKS were given 45 minutes to improve, and if their condition did not improve, their parents were contacted to take them home or they were referred to the public health center. However, there were no written rules, mom. only verbal notification...” (20)

Sub-theme 3 : the guidelines used in the implementation of the UKS program,Only one participating school had a UKS manual, while the other schools did not had a manual, but develop their own programs that were adapted to the public health center program in their respective school areas.

“... The UKS program follows the program from the public health center... There was no special program preparation mom, but every activity had been recorded...” (12)

“... There was no separate UK program... The schools carried out programs from the public health center and additional activities from the UKS coordinator...” (15)

“... The school made its own program based on the program from the public health centermom...and the result of collaboration with graduate. The UKS manual, pocket book, and status card were available...” (17).

“... The guidelines used by the school were adapted to the health program from the public health center. We had a guidebook in it as well as the results of the health check mom...” (1)

“... The program was made by the UKS coordinator, mom, not yet referring to the UKS program to achieve the 8 UKS goals...” (7)

b. Implementation of promotive and preventive efforts in the UKS program

The theme of the implementation of promotive and preventive efforts consists of three (three) sub-themes, namely the activities carried out, the implementation of health education, and the facilities provided at UKS.

Sub-theme 1: Implementation of the UKS program

The activities carried out at the UKS for each school vary according to the activities carried out by the public health center in the school area. Of all the program participants, the same was the implementation of screening for new students.

“... Activities that had been carried out in our UKS, especially before the pandemic, were blood donation, collaboration with PMI twice a year, screening of new students in collaboration with the public health center... The examination includes eye and ear health. There was also a youth health care program, trained by PMI. The number of cadres was 40 people from grades 1 and 2. Social services were carried out by adolescent health cadres, and health education twice a year by health workers at the public health center... Straightforward treatment if there were students who had headaches, stomachaches, or abdominal pain due to menstruation, and if the medicine had been given at the UKS, the pain did not decrease, they were referred to the public health center with the consent of their parents. Before the pandemic, there was an integrated guidance post (POSBINDU) activity. All students and teachers were given a health monitoring book. POSBINDU activities include measuring blood pressure, checking blood sugar, measuring upper arm circumference, measuring TB/BB... But POSBINDU activities do not exist in schools now... They said they were in the community...” (R.2)

“... The activities were carried out in the same manner as the public health center screening for new students. health education from the public health center. simple treatment, if there were complaints from students, there were no other mom...” (R.3)

“... The UKS program that has been implemented in our UKS was first aid for accidents, prevention of dengue fever, collaboration with the public health center by providing health education. Then there were also health cadres, mom, who joined the OSIS management, specifically only 2 health cadres. We also carried out periodic checks every 1-2 months, which were carried out by UKS officers. We also did simple treatment if there were students who complained of pain. Most students went to UKS because of menstrual pain. There was also a distribution of vitamins and fe for all female students every 3 months, vitamins from the public health center...” (R.7)

“... The activities at our UKS were pmr, school health cadres, and screening of new students from the public health center... The checks include dental and oral hygiene, body weight and height. We also organize blood donation mom. The PMR children cooperate with PMI because they were also fostered by PMI. The health center also conducts health education... Well, In addition, mom... In our place, there was a specialist clinic every Wednesday and Friday which was carried out by alumni who had become specialist doctors. He said it was a form of community service ... Specialist clinics which were open on Wednesdays and Fridays also carried out examinations on teachers and educational staff who complained of illness...” (R.17)

“... I'm sorry mom because of limited manpower... UKS activities only followed those at the public health center, mom... Screening of new students and health counseling... other activities did not exist... There were also no student activities... the schedule was already packed in class...” (R.22)

Sub-theme 2: Implementation of Health Education

“... There were health education activities from the public health center... sometimes from students from Airlangga University, AdiBuana University Surabaya and BNN. The schedule for the health penkes from the public health center was only 2 times a year, but the timing was uncertain... from Airlangga University and UNIPA were incidental in nature, when there were students who conduct researched at SMA 4, the theme of the counseling was about the dangers of smoking, reproductive health and the dangers of drugs...” (R.1,2)

“... Health education from the public health center... but there was no schedule for health counseling, for sure mom... if there was information from the public health center, there had been health counseling, the UKS coordinator would prepare the students...” (R.3,4)

“... Public health center... provided counseling 2 times a year mom... There was no definite schedule, but health education must been held 2x a year... the theme is about clean healthy lifestyle, reproductive health, and drugs... prevention of hypertension and dm did not yet exist...” (R.5,6)

“... There was counseling about drugs from BNN... I often did health counseling myself... I happened have been a midwife graduate... so I could still provided counseling myself.... The exact schedule had not been made yet, sir... usually the health education material was about drugs and health care programs...” (R.7,8)

“... Counseling was conducted in the school prayer room about healthy food. There was no specific schedule yet, but counseling was carried out on healthy food...” (R.9,10)

“... Health counseling was carried out by health workers from public health center... and students from PoltekkesKemenkes Surabaya... Health counseling from the public health center was 2 times a year but there was no definite schedule for when it had been implemented. Health education from Poltekkes was also incidental and unscheduled. The theme of health education was about the dangers of smoking, health care and recently about hepatitis...” (R.11,12)

“... Health education was carried out by health workers from the public health center... and from UKS health workers. A separate schedule had not been made for health counseling, but this activity was carried out twice a year by the public health center and was needed from time to time by Mrs. Ella (UKS health care unit). The theme of health education was about reproductive health, the dangers of smoking and drugs, HIV AIDS and hepatitis...” (R.13,14)

“... Health counseling was not scheduled, but was included in the UKS program held at MTSN 1, the theme of health education was about the dangers of smoking, reproductive health...” (R.15,16)

“... There were no scheduled health education activities. The theme of health education was about the dangers of smoking and free sex, HIV, drugs...” (R.17,18)

“... There was no schedule of health education activities yet, but there were activities from the public health center, the material was about the dangers of smoking and drugs...” (R.19,20)

“... The implementation of health education was not scheduled, but it must been done twice a year from the community health center. The material presented was about hiv/aids, drugs, juvenile delinquency, recently about hepatitis...” (R.21,22)

“... The program from the health service through public health center-public health center carries out health education about the dangers of smoking, healthy living behavior, but some of them pay less attention because they were busy alone with their friends...” (R.25)

Sub-theme 3: Facilities at UKS

Some of the participants' UK facilities were adequate and some were inadequate. There was a UKS room that must have been shared with the student council room. The completeness of facilities and infrastructure varies. There were schools that had complete facilities and infrastructure, but some were not. This facility's data was the result of observation. The following information is provided:

The facilities were quite complete. The room was 3x6 m², there was 1 table, 2 chairs, 4 beds, a medicine cabinet, and medical devices. There were posters pasted on the walls about the dangers of smoking, prevention of hypertension (R.1,2)

The facilities were very minimal. There was no special UKS room; the room was mixed with the student council room; there was 1 bed, 1 table, and 1 chair; there was no medicine cabinet or medical equipment. The room was 2 x 5 meters (R.3,4)

The facilities were quite complete; the room was 6x5 m², there were 6 beds, 1 set of guest tables, an examining table, 1 medicine cabinet, and medical equipment, but no health education poster (R.5,6)

The room measured 2.5x5 m², had two beds, a bathroom, a medicine cabinet, and medical equipment, including a mercury sphygmomanometer, a stethoscope, a tool to measure gda, gloves, a mask, weighed body weight and height, and a thermometer (R.7,8)

Currently, there was no special room for UKS, but activities were carried out in class with equipment: blood pressure meters and weight scales (R.9,10)

The room was 5x5 m². There were 3 beds, 1 cupboard, 1 table, and 2 chairs. In the air-conditioned room, there were posters of the anatomy of the human body. There were simple medicines, blood pressure measuring devices, weighed weights (R.11,12)

Room size: 6x10 m², 4 beds available, 1 medicine cabinet, 1 trolley for medical equipment such as mask, oximetry, oxygen saturation gauges, body weight and height measured devices, blood pressure gauges, posters, health screening results and UKS activity reports (R.13,14)

The room was 3x5 m². There were 2 beds, 1 cupboard for medicine and medical equipment, one table and 2 chairs. Available medical supplies: 2 sphygmomanometers, measuring devices for body weight and height (R.15,16)

The UKS room at the time of observation was still in the renovation stage. When the renovation was completed, it would be moved to another room. Observation results for the UK room currently occupied: There were five posters about the dangers of smoking, HIV/AIDS, hepatitis prevention, reproductive health, and other topics. UKS had an ambulance from the graduate association (which was used to refer students to the public health center or hospital (R.17,18)

The UKS room was one with the OSIS room. There was no separate UKS room. One room was divided into two: OSIS and UKS. For a UKS room size of 3x5 m², there were 2 beds, no desk and no cupboard (R.19,20)

The UKS room had an area of 4x5 m². There were 2 beds, 1 cupboard, 1 table and 3 chair. Medicine and simple wound care were available, as were, body temperature measuring devices, body weight and height (R.21,22)

c. Coordination between institutions in the implementation of the UKS program

The theme of coordination between institutions had 2 (two) sub-themes, namely UKS partners and the benefits of UKS partners.

Sub-theme 1:UKS partners

Each UKS had partners who support the implementation of the program. All participating UKS partnered with public health center in their respective regions and most of them partnered with pmi and bnn.However, there was several UKS that had other partners who was very instrumental in the implementation of UKS activities

“... UKS coordinates with the health office, public health center, DISPENDIK, BNN, PMI, and educational institutions such as UNAIR and UNIPA...” (R.1,2)

“... UKS coordinates with public health center...” (R.3,4)

“... We cooperate with public health center, DISPENDIK, health office, BNN...” (R.5,6)

“... To carry out our activities in collaboration with the public health center.... Clinic.... and BNN...” (R.7,8)

“... Our UKS coordination with village midwives and public health center...” (R.9,10)

“... UKS cooperates with the community health center. If there were students who were sick and needed to be referred to the public health center with parental consent, the students needed to be referred to the public health center...” (R.11,12)

“... UKS cooperates with the public health center... School committees whose parents happened to have been doctors, so the support for the UKS program and the completeness of the infrastructure was also high...” (R.13,14)

“... We cooperated with the public health center..and now we were in the process of exploring cooperation with the faculty of dentistry at the university...” (R.15,16)

“... UKS collaborates with public health center, the alumni association, and Dr. Hospital Soetomo.If there were students who complained of pain and could not be treated at UKS, then with the consent of the parents of the student, they were referred to the public health center or rsud according to the agreement of the parents...” (R.17,18)

“... The UKS only coordinates with the public health center, mom...” (R.19,20)

“... Students who were sick at school were referred...” (R.21,22)

Sub-theme 2: Benefits of inter-institutional cooperation

Each UKS felt the benefits of inter-institutional collaboration, including as a referral for sick students, increasing the ability of health cadres and knowledge about treatment and prevention of infectious diseases.

“... Coordinate with the health office, public health center as a place of reference and coordination.... can also increase knowledge...” (R.1,2)

“... UKS coordinates with public health center as a reference point...” (R.3,4)

“... We were working with public health center, DISPENDIK, health office, and BNN to improve student health...” (R.5,6)

“... UKS cooperates with the community health center. If there were students who were sick and needed to be referred to the public health center with parental consent, the students needed to be referred to the public health center...” (R.11,12)

“... UKS cooperates with the public health center.... School committees whose parents happened to have been doctors, so the support for the UKS program and the completeness of the infrastructure was also high...” (R.13,14)

“... We cooperated with the public health center..and now we were in the process of exploring cooperation with the faculty of dentistry at the university for regular dental examinations of students...” (R.15,16)

“... UKS collaborates with public health center, the graduate association, and Dr. Hospital Soetomo.If there were students who complained of pain and could not be treated at UKS, then with the consent of the parents of the student, they were referred to the public health center or rsud according to the agreement of the parents...” (R.17,18)

“... Students who were sick at school were referred...” (R.21,22)

d. The contribution of the UKS program to preventing non-communicable diseases

Almost all participating UKS had not implemented non-communicable disease prevention efforts. There was one public health center that implements the POSBINDU program in one of the participating UKS.

“... Before the pandemic, there was an integrated guidance post (POSBINDU) activity, held 4 times a year, 2 times for students and 2 times for teachers and staff. There was a health monitoring book for all students and teachers. POSBINDU activities include measuring blood pressure, checking blood sugar, measuring upper arm circumference, measuring body weight and height... But now POSBINDU activities are not in school....In the past, one of our students had diabetes. Actually, mom, they even injected themselves There should have been a program to prevent high blood pressure and diabetes at UKS.... Today's children did not eat enough vegetables. I enjoyed sitting and playing with cell phones, especially when studying online.Sat still.... I totally agree, mom.... If there was a program at UKS that was directed at preventing high blood pressure and diabetes...” (R.1,2)

“... Our school had never had a non-communicable disease prevention program, mom.... Not from the public health center...” (R.5)

“... UKS had not carried out prevention of hypertension and diabetes; there was no blood pressure monitoring; there was no activity from the public health center, mom. Maybe it would have been better if the UKS had blood pressure measurements for students, mom, so that they knew their blood pressure...” (R.12)

“... there was no hypertension and no DM prevention program for students, mom.... Usually, if there were health workers from the public health center, school teachers checked blood pressure and health consultations.... I would really support it if there was a high blood pressure prevention program for students and teachers...” (R.20)

“... The coordination between the health office and the education office related to UKS development had been going well. However, the focus had not been on preventing non-

communicable diseases, which were currently occurring at the age of teenagers.... The current programs from the ministry of health regarding smoking were ubm (efforts to stop smoking) and jirona (soul, cigarettes, and drugs) have been socialized and applied to junior high school students through UKS..." (R.24)

".... Adolescents who smoked because their parents did The UKS program had 8 goals set out in the UKS pocket book, namely cigarettes, juvenile delinquency, drugs, hiv/aids, pre-marital pregnancy/promiscuity, intestinal worms, anemia, hepatitis b. Hypertension had not been included in the 8 programs.... actually, many students had found unhealthy lifestyles, including smoking, eating fast food, food, rarely ate vegetables, rarely did physical activity because they played a lot of android..." (R.25)

e. Supporting and inhibiting factors of school health programs in preventing non-communicable diseases

The theme of supporting and inhibiting factors consists of 2 (two) sub-themes, namely supporting factors and inhibiting factors.

Sub-theme 1: supporting factors

The supporting factors for the implementation of the UKS program were the support of the school principal, school committee, parents, graduate association, community health center, health office, education office, ministry of religion. The supporting factor for the implementation of the hypertension and diabetes mellitus prevention program was the availability of examination equipment in several schools.

".... If we proposed funds to buy UKS needed items, our principal was very supportive. directly accrue..." (R.1)

".... Support from parents of students.... which happens have been many who were doctors... very big.... They participate in monitoring the lack of uks needs.... many of them became donors for the shortage of uks..." (R.14)

".... Our UKS had the support of a very large school committee. The committee was involved in preparing the preparation of offline schools as well..." (R.13)

".... Our school was helped a lot by alumni associations. Moreover, many of them have become doctors... There were specialist clinics, ambulances.... all from graduate associations. "

".... The public health center, who provided health education and a point of contact if a student became ill, were our main source of support in the United States..." (R.20)

".... We UKS coordinators were frequently given advice from the health service and DISPENDIK..." (R.2)

".... Our school had received guidance from a school supervisor assigned by the ministry of religion..." (R.10)

".... In the UKS, there was already a sphygmomanometer that measured body weight and height that could be used... If there was a hypertension prevention program..." (R.8)

".... We already had a sphygmomanometer and a glucose test, ma'am.... So if, for example, there was a hypertension and DM prevention program at school, we were ready..." (R.8)

“... Our uks received assistance from the school committee for blood pressure and glucose tests.... which so far, the tools were still for mothers and teachers. He.... he.... he.... not for the students. So if there was a hypertension and DM prevention program, we were ready...” (R.14)

“... We got help from UKS partners.... tensimeter and glucose tests.... but not yet used for students. If there was a program we could measure their blood pressure...” (R.20)

Sub-theme 2: Inhibitory Factors

The inhibiting factor that the school got was during a pandemic. All activities could not take place. Funding was also felt by some participating uks. Meanwhile, another obstacle was funding. Meanwhile, the obstacle was that the prevention program for hypertension and diabetes had not been implemented because there was no program at the university.

“... During the pandemic, all UKS activities would stop, mom...” (R.2)

“... The inhibiting factor was that prevention activities for hypertension and diabetes mellitus had not been implemented, because there was no program yet, so there was no budget for activities...” (R.25)

5. Discussion

The results of the discussion showed that at the time of screening, adolescents were often found with blood pressure exceeding normal because their parents were hypertensive. Teenagers who smoke because their families also smoke Teenagers needed to be given examples or have figures to carry out healthy lifestyle behaviors(11)(12). Teenagers would actively participate in programs from schools such as environmental cadres, PMR, and OSIS. The UKS program had 8 goals set out in the UKS pocket book, namely cigarettes, juvenile delinquency, drugs, HIV/AIDS, premarital pregnancy/free association, intestinal worms, anemia, hepatitis b(13). The eight programs did not include hypertension. Many students had unhealthy lifestyles, including smoking, eating fast food, rarely eating vegetables, and rarely doing physical activity because they played Android a lot(14). Coordination between the health office and the education office related to UKS development has been going well. However, the focus had not been on preventing non-communicable diseases, which were currently occurring at the age of teenagers(15)(16)(17)(7).

The results of discussions with the health office, education office, and ministry of religion explained that there was very little physical activity for teenagers at home; games that required energy were no longer played; teenagers played more games. Sports were carried out in schools according to the sports lesson schedule (18). Food vendors around the school with a variety of interesting dyes could not be controlled by each school. The school canteen was also not fully trained on the types of preservatives and dyes that were harmful to the human body. Monitoring ideal body weight had not become a UKS program, so students had not done it. Programs from the ministry of health regarding smoking were UBM (efforts to stop smoking) and JIRONA (soul, cigarettes, and drugs) have been socialized and applied to junior high school students in Surabaya through uks. It was hoped that the UBM and JIRONA programs could control teenagers so that they did not smoke, drink alcohol, and prevent mental disorders(19)(20)(11).

The maintenance of adolescent behavior that has changed towards a healthy life requires adolescents to internalize the values and skills for change and experience self-determination.

Adolescent experiences of autonomy, competence, and relatedness in health-care settings and health-related behavioral settings were more likely to have been internalized, and behavior change had been better maintained (21)(6)(22).

The school environment is an important factor for adolescents to prevent hypertension. Family understanding about healthy living behaviors needed to have been instilled, so that the school environment could be a role model for teenagers. Providing health education for families needs to be implemented so that knowledge about healthy living behaviors can be implemented (16)(19)Increasing the UKS goals from eight to nine by including non-communicable disease prevention, such as hypertension and diabetes, was critical and needed to be done right away. Students who were in junior and senior high school for a minimum of 6 hours found that this time was very effective if it was also used for behavior change. The availability of facilities and infrastructure, as well as UKS partners, also greatly supports the implementation of non-communicable disease prevention efforts. Support from the UKS coordinator and staff was an important factor in the implementation of non-communicable disease prevention efforts through the UKS program(23)(24)(25)(26).

6. Conclusion

It was important that non-communicable disease prevention programs were implemented through the addition of UKS goals. The support of human resources, facilities and infrastructure, as well as UKS partners, was a strengthening factor for the addition of the UKS goal, namely the prevention of non-communicable diseases. The addition of this goal could have been used as a guideline in program budgeting by the relevant departments and guidelines in the implementation of health services at the public health center for the target group of teenagers. Increasing the effectiveness of non-communicable disease prevention in the UKS programs.

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