

Evaluation the role of school health center in creating a healthy and clean school environment

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Abstract: This study aimed to analyze the role of School Health Center (SHC) collaborated with Community Health Center (CHC) to embody healthy school environment. This study used observational method by designing cross sectional analysis to analyze the implementation of Trias SHC in elementary school in Imogiri, Bantul, namely SD Kebonagung, SD Nogosari and SD Pucung. The respondents were taken by using purposive sampling from The respondents were School Health Business stakeholders from the education sector namely 3 principals, 3 health and sports teachers as SHC coordinator and 1 SHC coordinator from CHC. The findings show that SHC SD Negeri Kebonagung, SD Negeri Nogosari and SD Negeri Pucung are schools that are categorized as good in the management of School Health Business Unit. These three Elementary Schools also collaborated with parents/guardians, CHC and community in implementing SHC Triad.

Keywords: *evaluation; SHC; elementary school, triad*

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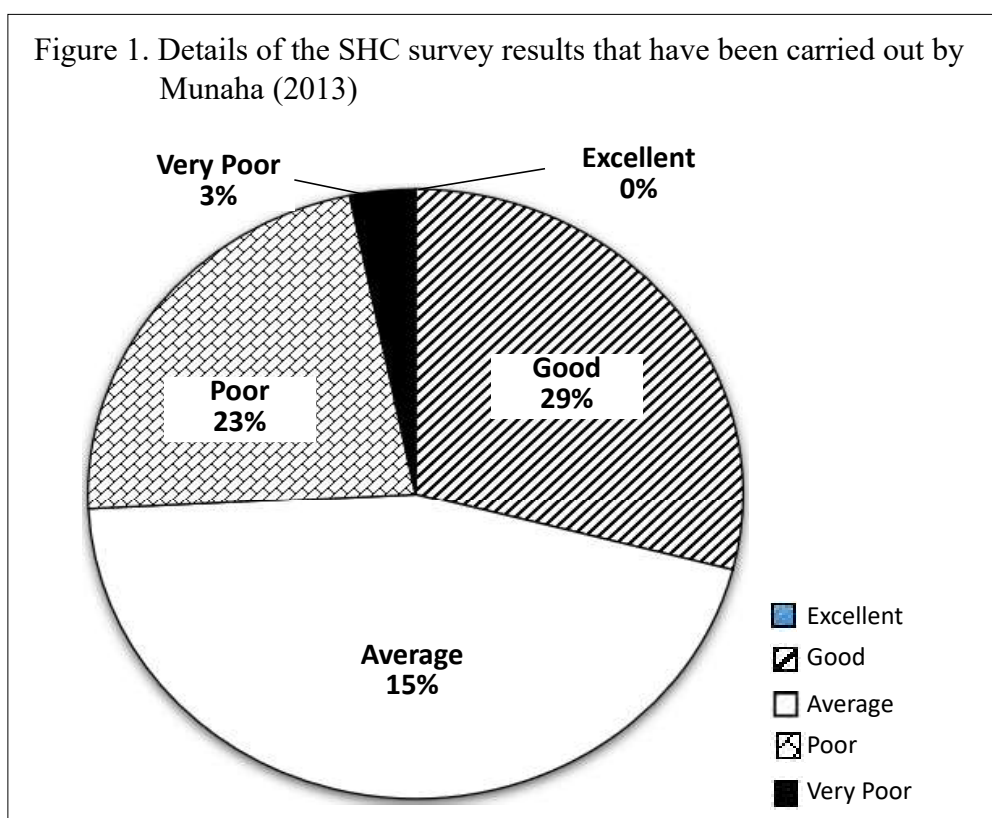
INTRODUCTION

School health business is an educational activity which aims to facilitate health services, education and guidance for students, teachers and all education stakeholders in schools ((Erika, Sari, & Nurmalia, 2020; Widyaningsih, Didah, Sari, Wijaya, & Rinawan, 2021; Hidayat, 2017). However, according to Apriani and Gazali (2018) SHC has not functioned in terms of realizing Clean and Healthy Living Behavior (PHBS) due to lack of teacher and health workers' role in evaluating the program. In addition, the quality of counseling and health education in schools still low thus SHC cannot be optimized for its benefits (Hidayat, 2020). The function and benefit of SHC must be improved to foster healthy life level of students. It expected providing appropriate learning ambience for students and growth to be a good human resource (Pebriana, 2017; Hakim, 2020).

The study of the role of SHC is dominated by triad program of school health thus students can behave in a healthy and clean life (Allensworth, Lawson, & Nicholson, 1976). Survey of school health implementation and the role of teacher were used in these studies (Praditya, 2017). Another study by Fridayanti and Prameswari (2016) reveals new role of SHC in overcoming massive obesity cases in students. The results show that SHC has not prioritized its mitigation in SHC program. The role of SHC can be seen from the development of student knowledge after participating in "The Little Doctor Training" program which was implemented in the SHC program (Lestari, Prihanti, Wahjono, & Aji, 2018).

This research based on the statement that SHC required three main programs known as “SHC Triad” (Apriani & Gazali, 2018) which aims to embody health-education support, health services, and foster a healthy school environment (Wibowo, 2018). However, Trias SHC schools could not have been achieved without the active role of students, teachers, educational staff and the entire school community. Cooperation with external parties is another priority to optimize the implementation of SHC triad (Sya’diyah et al., 2021; Mubarok, Heryahya, Indra, & Lubis, 2022).

Previous studies which discuss the effectiveness of SHC functions have shown the fact that none of the elementary SHC in Banguntapan is categorized as very good (Susilo, 2017). Figure 1 shows the details of SHC survey results that have been carried out by Munaha (2013):



In contrast to Susilo’s research (2017) which found that the average availability 70% of facilities and infrastructure in SHC Elementary Schools in Bambanglipuro, Bantul in 2017 was in good categories. It is clearly explained that the local government concerned with the facilities and infrastructure availability of SHC. This form of government support is channeled through the School Operational Assistance (BOS) program. The existence of this operational fund then greatly helps the SHC management in realizing SHC triad (Septianingsih, 2018; Putriana, Neviyarni, & Irdamurni, 2021).

The research above can be formed as an urgency to optimize SHC implementation by achieving 3 main SHC programs (SHC Triad). This achievement certainly has factors inhibiting implementation, including human resources involved in activities. There are undoubtedly

obstacles to this accomplishment's realization, such as human resources needed for the many tasks. Trias SHC is merely a means of enhancing the vision and mission without the assistance of the workforce, strong involvement, and cooperation (Limbu, Mochny, & Sulistyowati, 2012; Guerada, 2021).

Numerous studies have indicated that the effectiveness of SHC programme has been suboptimal due to inadequate implementation of government policies as specified in the Joint Decree issued by four ministers. This deficiency is particularly evident at various administrative levels, including the central, provincial, district/city, sub-district, and school levels. Notably, the implementation of cross-sectoral inter-sectoral cooperation has been particularly problematic in this regard (Khasanah, 2013).

Based on the issues above, this present research aims to evaluate fundamental problems related to the guidance and development of SHC because clean and healthy living behaviors are still far from the expectations (Nuruzzaman & Syahrul, 2016). Health problems of school-age children are concerned for various parties as well. There are numerous issues can be concluded regarding SHC school such as lack of understanding and application of SHC triad, insufficient facilities, inadequate report and record standard, and deficient coordination among institution to develop SHC in school (Lubis, 2021). Based on the analysis and review of previous research journals, the discussion of SHC is limited to the role of SHC in the implementation of the SHC Triad and advocacy for Clean and Healthy Living Behaviour (Rochmah, 2018). For example, Hidayat's research (2020) discusses the Role of SHC as a Process of Clean and Healthy Living Behaviour of Students, and Sya'diyah's research (2021) discusses SHC's efforts in addressing gadget addiction during pandemic (Setiawan, 2018), while Fridayanti and Prameswari (2016) study about SHC role in encountering a child with obesity. Looking from previous research, the urgency of present research which investigate SHC evaluation specially in human resources, facilities, and SHC tiad implementation as a main purpose of SHC establishment.

METHOD

The research with SHC evaluation approach was carried out using an observational method by designing a cross sectional analysis to analyze the implementation of the SHC Triad in Elementary School Units in Imogiri, Bantul, namely SD Kebonagung, SD Nogosari and SD Pucung. The respondents were School Health Business stakeholders from the education sector namely 3 principles, 3 health and sports teachers as SHC coordinator and 1 SHC coordinator from CHC.

The variables were human resources, facilities, the implementation of SHC triad, government policies, educational institution policies, the role of principle, SHC's teachers and parents. The qualitative and quantitave data in this research analyzed by using content analysis and frequency tabulation. The data collected through in-depth interview and observation of facilities by using inventory checklist.

FINDINGS AND DISCUSSION

This research took samples at SD Kebonagung, SD Nogosari, and SD Pucung in Imogiri, Bantul. This study surveyed the availability of school SHC facilities and infrastructure. After conducting observations, interviews, and direct observations of the SHC facilities and infrastructure in these three elementary schools, they are complete, adequate, and relatively well-maintained. The data collected during process evaluation showed several characteristics

of the informants, namely SHC supervisor teachers at schools, school leaders, and health workers at the CHC.

SD Negeri Kebonagung Imogiri. This elementary school belongs to the Yogyakarta regional government with NPSN number 20400230 and state status. Initially the operational permit decree was first granted on 31/12/2001. This school is accredited A, and the current school principal is Ms. Erni Wahyuningsih. The curriculum currently used is the 2013 curriculum, which is learning from morning to noon.

SD Negeri Nogosari. This public elementary school belongs to the Yogyakarta regional government with NPSN number 20400250 with state status and the latest school establishment decree: 1068/DPMPT/002/VI/2019. The operational permit decree was first given on June 1, 1980. The current school principal is Mr. Adi Surya Nugraha, and SD Negeri has accredited A. The current curriculum is the 2013 curriculum, and lessons are held from morning to noon.

SD Negeri Pucung. This public elementary school belongs to the Yogyakarta regional government with NPSN number 20400509 with state status. Initially the operational permit decree was first granted on 1951-01-01. The current school principal is R. Andara Hasibuan, and this school has received accreditation with an A rating. The curriculum currently used is the 2013 curriculum, and lessons are held from morning to noon.

Despite the availability of various medical tools in SHC, it has been observed that certain essential and uncomplicated instruments, including a body thermometer, were not readily accessible. This is an important note for the person in charge of the SHC to submit and procure or communicate this with the school leadership so that the best solution is found immediately.

Based on the Figure 2, it can be concluded that the availability of SHC infrastructure and facility in Imogiri was a good category. The observation and assessment result showed that SHC in elementary school level has been fulfilled. Therefore, the quality and quantity sectors need to be maintained and developed. The percentage of SHC availability in elementary school used as the research object can be identified as seen on Table 2. The details of the percentage above are showed on Table 3.

Table 3 indicates the percentage of the availability of equipment, medicines, and the condition of the furniture, medical tools, equipment, medicines are in good condition with excellent category. From this data, it can be understood that SHC in Imogiri is ready with medicines for first aid which are sufficient to support teaching and learning activities. Therefore, SHC in SD Kebonagung and SD Pucung are feasible from the percentage value.

In addition to medications and supplies, the SHC administration was mentioned in the interviews and surveys as additional supportive activities for the SHC. Administration of the

Table 1
Frequency distribution of availability of SHC facilities and infrastructure in Imogiri

Interval	Category	Frequency
$X > 104$	Very Good	0
$80 < X \leq 104$	Good	3
$56 < X \leq 80$	Moderate	0
$32 < X \leq 56$	Poor	0
$X \leq 32$	Very Poor	0

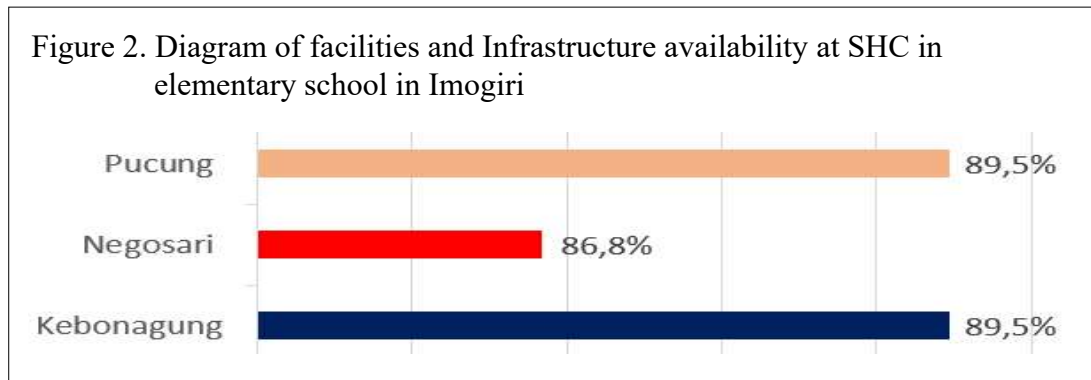


Table 2
Observation results of SHC facilities and infrastructure availability in percentage

Schools	Availability	
	Available	Unavailable
Kebonagung	89.5%	10.5%
Nogosari	86.8%	13.2%
Pucung	89.5%	10.5%

Table 3
Observation details on availability of SHC facilities and infrastructure

SHC	Infrastructures and facilities	Availability	
		Available	Unavailable
Kebonagung	A. Furniture	5	0
	B.1. Health	17	4
	B.2. General	5	0
	C. Drug Supplies & Medical Materials	7	0
		34	4
		89.5%	10.5%
Nogosari	A. Furniture	5	0
	B.1. Health	16	5
	B.2. General	5	0
	C. Drug Supplies & Medical Materials	7	0
		33	5
		86.8%	13.2%
Pucung	A. Furniture	5	0
	B.1. Health	17	4
	B.2. General	5	0
	C. Drug Supplies & Medical Materials	7	0
		34	4
		89.5%	10.5%

activities conducted to inventory all of the information available at SHC, including student data, student health data recapitulation, referral books to clinics, hospitals, or health centers, picket schedules, and school cash bookkeeping. SHC officer and person responsible for drafting SHC reports, which are reported to the principal and the education office, benefit from the school administration. The data reported are the number of sick students, student health level, and SHC event report. All 3 SHC in elementary schools have booklists and reference books for sick students.

The research results on the facilities and infrastructure that support the implementation of the SHC indicate that the facilities and infrastructure available are in good condition and functioning properly. The school continuously checks the availability of medicines and SHC equipment in each school.

The Implementation of Three main programs of SHC in Imogiri. The results of interviews with SHC officers and administrators at SD Kebonagung indicated that the School SHC program was implemented by providing counseling for healthy living and constantly washing hands. A sink provided for washing hands in every classroom, office room, TU room, library, computer lab, and other rooms. It is intended that students become accustomed to living a healthy life, starting with washing hands. Students and all parties at school, including teachers, administrative staff, security, canteens, and gardeners, are also encouraged to participate in healthy living behaviors as encouraged by the SHC staff at SD Negeri Kebonagung.

In the observation that was carried out at SD Negeri Nogosari Imogiri, the person in charge of the School SHC, it was stated that the school and the children of the SHC officers had carried out the Triassic SHC following the applicable directions and regulations. The school has tried to equip everything needed by the school SHC fully. However, due to limited funds and time to carry out any activities, SHC initiate several programs such as monitoring student health, health seminars for adolescent mothers, and other programs. And thoughts. It was expected that upcoming SHC officers can expand this unit therefore clean and healthy behavior program can be realized at SD Negeri Nogosari.

According to the representative of SS Pucung, the School SHC programme has demonstrated commendable progress in terms of education, service provision, and guidance. During the ongoing Covid-19 pandemic, educational institutions have taken proactive measures to promote a healthy lifestyle among students. These initiatives include imparting knowledge on the importance of proper hand hygiene, emphasising the use of sanitation facilities, and encouraging the maintenance of adequate toilet cleanliness. In addition, SHC recommended to consume nutritious foods. According to the findings of the study, it was observed that at SD, there was a consistent emphasis on promoting the practise of handwashing before getting meals.

After conducting observations and interviews at the three elementary schools, SHC officers carried out a number of activities to implement and administer the three primary SHC programs, namely Health Screening and Periodic Examinations. This is one of the activities of the Health Service. Typically, health screenings are conducted before the acceptance of new students or first-grade elementary school students. In the meantime, the Periodic Health Examination or screening is administered to all SD students in grades 2 to 6. During periodic inspections, teachers and health center personnel measure students' height and weight and conduct other examinations. The results of periodic health checks are documented and reported on student report cards so that parents and guardians know their children's health status. The interviews revealed that the three elementary schools are not assessing anemia, among other activities.

The second activity is counseling about nutritious food. According to the results of the interviews conducted by the SHC in collaboration with the school and the local CHC, they held counseling about a balanced nutrition menu for students and guardian parents. SD Pucung Public introduced or socialized these nutritious foods through learning and having breakfast together at school, called Healthy Eating. As for SD Negeri Nogosari and SD Negeri Kebonangung, by giving leaflets about the four healthy five perfect food menus. These three elementary schools should have carried out the activities of a Healthy, Nutritional Canteen and a Nutrition Garden. The canteens in these three elementary schools have been no longer active since the pandemic, and the nutrition garden has only a few fruit trees.

The findings from interviews conducted with the SHC team, school principals, and student representatives revealed that there was a lack of explicit implementation of water-drinking activities in schools, leading to a lack of specific socialization efforts in this regard. The activity conducted at SD Negeri Pucung and Kebonangung primarily served as an invitation and appeal to students urging them to bring drinking water. In the context of SD Negeri Nogosari, it was only providing banners that focused on promoting the importance of drinking water within the school environment. The analysis of the observed data indicates that the three Elementary Schools initiatives support the implementation of Drinking Water in Schools. However, it is noteworthy that these initiatives do not specifically address the supply of gallons of drinking water in each individual classroom.

According to the interviews conducted with the school, it was found that the third activity offered to students is centered around physical activity. The physical health gymnastic program at these three elementary schools is conducted every week, specifically on Fridays. The implementation of this activity aligns with the school's dedication to enhancing student physical activity levels. Furthermore, it has been observed that at SD Negeri Pucung and SD Negeri Nogosari, the sports instructors consistently employ a curriculum that emphasizes the development of jumping, running, throwing, and leaping skills through sports activities and traditional games. The effectiveness of incorporating stretching movement activities at the beginning of class hours has been a subject of observation. It has been noted that these activities are not universally regarded as essential, and not all teachers consistently include them in their lesson plans. Students may need to engage in these stretching movements consistently as well. The implementation team of the SHC program the extent of its implementation is depending upon the policies set by individual homeroom teachers. Parents also stated that they were engaging in stretching exercises conditioned upon the instructor's guidance.

School SHC Collaboration with Parents, Agencies and Communities. Kebonangung State SDN has established a collaboration with the local health center to conduct health assessments for students, with a particular focus on administering mandatory vaccinations and immunizations. SHC has engaged in collaborative efforts to facilitate the distribution of vitamins and deworming drugs to students. In the context of education, it is commonly observed that parents play a crucial role in effectively communicating pertinent information regarding the progress and development of their children within the school environment.

The implementation SD Nogosari has been carried out following established regulations and adapted to the specific conditions of the school. The collaboration between parents and educational institutions frequently involves discussing children's health who experience complaints at school. Afterward, parents are requested to pick up their children. SHC officers will always see the progress of students who have experienced illness after recovery. The

collaboration between SHC and parents experienced a notable increase following the onset of the COVID-19 pandemic, prompting the implementation of hybrid classes alternately. In the context of SHC, the elementary school's principal serves as the intermediary for communication between various stakeholders, including parents, the CHC (local health center), and the local regional government.

SD Negeri Pucung also explained that the SHC officers and those in charge had initiated and implemented cooperation with various parties, especially parents or guardians of students. Collaborative activities that have been carried out include mass vaccination activities at community health centers in school areas, providing mandatory immunization, administering deworming every six months, and fulfilling nutrition for students.

Tabel 4

Table of activities for the implementation of the collaboration between the SHC and CHC

Activities	Results obtained by the School
Health skills training	Every School Health Center (SHC) officer at school receives training on (SHC), and can provide counseling to students on the importance of living clean and healthy.
Checking Facilities and Facilities	Each school has a (SHC) room with standard facilities and equipment.
Extension program	Each school will receive counseling about health and a clean lifestyle.
Health Monitoring	The school will receive monitoring and monitoring from the CHC regarding clean and healthy living campaigns, and will receive health information from the CHC.

Observations and interviews have revealed that immunization is a component of the cooperation program between the school and CHC. According to the statement from the head of CHC Imogiri 2 stated that SHC collaborates with CHC to facilitate immunization activities coordinated by head of SHC team directly or through communication media to ensure that immunizations are conducted appropriately and in accordance with the designated schedule for students in grades 1 to 6.

During the interviews, the school SHC implementation team expressed their support for optimizing immunization activities conducted by the CHC. However, several times, obstacles were found in the willingness of parents to permit their children to be immunized at school. Apart from that, members of the SHC Implementation Team stated that other obstacles came from students who did not want to be immunized because they were afraid. The assistance provided by the school circumvented this obstacle.

In addition, the observation result showed that the person in charge of SHC in each school needs cooperation with CHC to carry out their functions at school. The necessity for collaboration between SHC officers, schools, and local CHC arises from the limitations imposed on officers' capacity to conduct health checks for students and the restrictions on health education programs for students. The importance of collaboration between the SHC and CHC has been emphasized by the CHC, highlighting the need for a mutually beneficial partnership. CHC offers a range of programs aimed at providing essential healthcare services to

the community. These programs encompass various initiatives such as immunizations, vitamin distribution, deworming, and health education activities. It is crucial for these activities to involve the school system, particularly SHC in each elementary school.

Therefore, it is necessary to hold joint programs between the school and the local health center, which is officer skills training. SHC officers at SD Negeri Pucung, SD Negeri Kebonagung, and SD Negeri Nogosari have received basic training on SHC management and first aid. This training was held by the sub-district and attended by all SHC administrators. From the interviews with SHC officers, it can be concluded that the training that has been carried out provides experience and additional knowledge for them in providing health services or first aid to students in their respective schools.

Checking SHC facilities and facilities by the CHC also positively impacted the implementation of the SHC program in each school, for instance, by constructing a handwashing area in front of the class. During this pandemic, the government encouraged hand washing to students. From the results of the interviews, it can be seen that the CHC can urge the school to build a handwashing station in every class. The CHC also conducted health counseling to schools due to the importance of healthy behavior by getting used to washing hands. These three elementary schools have implemented health education programs by accustoming their students to wash their hands before entering class and before eating.

According to the results of interviews conducted with SHC officers and school principals in the three elementary schools, monitoring of health programs is always carried out by the health center, sub-district, or district to compile a collaborative program with the person in charge of SHC, SHC officers, and school principals. The government also monitored, assessed, and evaluated through sub-districts and CHC. This is done periodically per semester, which is reported to the school principal and reports to the District SHC Guidance Team and the local health center.

The Implementation of SHC administration in School. SD Negeri Kebonagung carried out SHC administration with only one person in charge of SHC, who acts as a librarian and teacher as well. The school leadership explained that this was part of the teacher's responsibility to serve. The issue is the insufficient allocation of funds for SHC. There is an expectation that educational institutions must enhance their SHC programmes, necessitating an augmentation of budgetary allocations.

SD Negeri Nogosari administered SHC by a teacher who acts as a physical education teacher. Like SD Negeri Kebonagung, SD Negeri Nogosari SHC is still implementing basic SHC administration and expects that it can be improved thus programs such as "Little Doctor" and Community Health Services can be carried out in the form of health advocacy.

SD Negeri Pucung also implemented the administration of SHC in schools led by the school principal and managed by teachers as SHC administrators. Teachers, students, and parents/guardians hope that SHC can be relied upon in administration so that the SHC Trias targets can be appropriately implemented. Parents/guardians also concern the equipment and supplies availability to give first aid for students who is complaining of illness.

CONCLUSION

Based on the research background, literature review, and discussion, the present study concludes that SHC in SDN Kebonagung, SDN Nogosari, and SDN Pucung demonstrate good capacity in the management of their School Health Business Units. This is proven by the

complete facilities and infrastructure of the SHC and are in good condition. However, there are still some tools and equipment that need to be refurbished. The SHC triad programmes have been effectively implemented at SD Negeri Pucung, SD Negeri Kebonagung, and SD Negeri Nogosari. Nevertheless, there are numerous actions that have still to be implemented, such as the assessment of anaemia, establishment of nutrition stands, monitoring of nutritional status, and various initiatives pertaining to physical activity among students.

Instilling Clean and Healthy Behavior in students has been implemented through theory, practice, and observation while at school. The school has collaborated with the CHC to provide an understanding of clean and healthy living behavior to create a healthy and clean school environment. Programs and activities for health education, immunization, and deworming have been carried out jointly with the CHC. The three elementary schools have been cooperating to create clean and healthy schools, from the health program, implementation of activities, management of SHC in each school, and monitoring has been carried out properly.

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