

INTISARI

Latar Belakang: Usaha Kesehatan Sekolah (UKS) merupakan usaha kesehatan pokok puskesmas dengan siswa sebagai sasaran utama. Pelaksanaan Perilaku Hidup Bersih dan Sehat (PHBS) di Sekolah Luar Biasa (SLB) dan derajat kesehatan siswa belum sesuai, terlihat adanya masalah kesehatan siswa berupa diare, cacingan, dan caries gigi.

Tujuan Penelitian: Mendapatkan gambaran pelaksanaan UKS dan PHBS di SLB C Bantul.

Metode Penelitian: Penelitian ini menggunakan metode kualitatif dengan pendekatan *case study*. Partisipan adalah kepala sekolah, guru pengelola UKS, dan siswa di SLB Dharma Bhakti Piyungan dan SLB Bangun Putra Kasihan, petugas Puskesmas Piyungan dan Kasihan I, pengelola Tim Pembina UKS kecamatan, Dinas Kesehatan Kabupaten Bantul, serta Dinas Pendidikan Pemuda dan Olahraga Provinsi Yogyakarta. Data kualitatif didapatkan melalui wawancara mendalam, observasi, dan studi dokumentasi. Analisa data dengan model interaktif Huberman and Miles meliputi reduksi data, penyajian data, serta penarikan kesimpulan, dengan menggunakan *software Open Code* versi 3.6.2.0.

Hasil: Pelaksanaan program Trias UKS di SLB C dalam kategori baik. Di kedua SLB tersebut mayoritas siswa melaksanakan PHBS dengan baik. Adapun indikator PHBS yang masih rendah adalah siswa tidak buang air kecil sembarang tempat (77,5%), siswa melaksanakan piket kelas (10%), pengukuran TB/BB tiap 6 bulan (70%), tidak membuang sampah sembarangan (72,5%), kuku bersih dan tidak panjang (77,5%), serta mulut bersih dan tidak ada karies (75%). Kendala pelaksanaan program UKS dan PHBS adalah keterbatasan pemahaman (fungsi kognitif) siswa, rendahnya cakupan pelatihan guru dan sekolah, kondisi ekonomi dan sikap orang tua, kesiapan sekolah, serta keterlibatan instansi terkait. Faktor-faktor yang mempengaruhi pelaksanaan UKS meliputi kurikulum, organisasi sekolah, serta kemitraan.

Kesimpulan: Pelaksanaan UKS dan PHBS di SLB C Bantul dapat ditingkatkan melalui optimalisasi kemitraan dengan puskesmas, dinas terkait, Lembaga Swadaya Masyarakat, serta Perguruan Tinggi pendidikan dan kesehatan.

Kata Kunci: Pelaksanaan Trias UKS, PHBS, SLB.

ABSTRACT

Background: School Health Program is one of the principal program of Public Health Center with students as the main target. The principle of healthy living and health status of students had not been as expected. This was evident from health problems of students include the emergence of diarrheal diseases, intestinal worms, and dental caries.

Objective: To obtain an overview of the implementation of the School Health Program and the Healthy and Clean Lifestyle Program at Special Education Settings in Bantul.

Method: The research was using qualitative methods with case study approach. The participants in the research are the principal, managers of School Health Program, and students of Dharma Bhakti Piyungan's Special Education Setting and Bangun Putra Kasihan's Special Education Setting, administrator of Piyungan and Kasihan I Public Health Center, administrator of the Steering Committee for subdistrict's School Health Program, Health Office of Bantul Regency, and the Ministry of Youth and Sports of Yogyakarta Provincial. The qualitative data were collected with indepth interviews, observation, and documentation study. Analysis data was using interactive models of Huberman and Miles that included data reduction, data presentation, and conclusion, using the Open Code software version 3.6.2.0.

Result: The program's implementation of School Health Program in Special Education Settings was good. In both Special Education Settings, the majority of students were already executing Healthy and Clean Lifestyle Program. There were six indicators that lowly implemented in Healthy and Clean Lifestyle Program, students urinate in the proper place (77.5%), execute the classroom's cleaning schedule (10%), height and weight measurement every six months (70%), do not litter (72.5%), cleaning and cutting nails (77.5%), and cleaning mouth and didn't get caries (75%). School health program implementation constraints and Healthy and Clean Lifestyle Program are cognitive limitation of students, teacher training and school coverage were minimal, economy condition and attitude of parents, lack of school readiness, and the involvement of relevant agencies. Factors that affected the implementation of School Health Program are curriculum, organization of school and partnerships.

Conclusion: The implementation of the School Health Program and Healthy and Clean Lifestyle Program in Bantul's Special Education Settings could be improved through the optimization of partnerships with Public Health Center, relevant authorities, Non-Governmental Organizations, and College of Education and Health.

Keywords: The implementation of School Health Program, Healthy and Clean Lifestyle Program, Special Education Settings.