

School Children's Health Screening at SDN Bangsal 1 with Puskesmas Pesantren 1 Kediri City

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ABSTRACT

The guidance and development of School Health Business (UKS) in schools is carried out through three main programs (known as the UKS trias) which include health education, health services, and fostering a healthy school life environment. The health services in question include school children's health screening, otherwise known as health screening; health monitoring; and health education. The purpose of this community service is to conduct a health screening of school children at SDN Bangsal 1 Kediri City. The school health screening program will be held in February 2022, precisely at 08.00 – 12.00. The health tests carried out include eye health, ear health, skin health, teeth and reproductive health tests. An eye health test is conducted to determine whether the student suffers from color blindness, low vision, cataracts, or other diseases. A skin health test is done by checking whether there are red spots on the skin. In addition, health tests are also added to other body parts. This community service is carried out in collaboration with the Pesantren 1 Public Health Center, Kediri City. From the screening results, it was found that the health of the students of SDN Bangsal 1 Kediri City did not show any serious diseases, but some eye problems were found. The action taken by the school for students with health problems was to refer to the Pesantren 1 Public Health Center which is not far from the school, by bringing a referral letter given by the examining doctor at the health screening. The health screening program is one of the school's flagship programs. It is hoped that the students of SDN Bangsal 1 Kediri have more awareness to maintain health.

Keywords: health, school children, screening

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INTRODUCTION

The guidance and development of school health business (UKS) in schools is carried out through three main programs (known as the UKS trias) which include health education, health services, and fostering a healthy school life environment. The health services in question include school children's health screening, otherwise known as health screening; health monitoring; and health education.

The screening is conducted once a year at the beginning of the school year for students in grades I-VI SD conducted by the health screening team under coordination with the puskesmas. Health screening is a series of activities that include filling out questionnaires, physical and supporting examinations by health workers together with adolescent health cadres and school

teachers. This activity is carried out to meet the minimum standard requirements for health services and the UKS program. Ideally the series is implemented entirely, but in practice it can be adjusted to the abilities and conditions of the local school.

Questionnaires by students were used to determine general health history, family health information, immunization history, lifestyle, intelligence health, adolescent mental health, reproductive health, and counseling class educational materials. The general health history was checked by filling out eight questions which included general health problems, allergies to certain foods, allergies to certain drugs, drugs that are currently being taken, history of hospitalization, history of serious injuries due to accidents, history of fainting/ unconscious in the past year, and a history of certain diseases that have been experienced. The history of certain diseases in question is anemia/lack of blood, asthma, prolonged cough and repeated teething, measles, hepatitis, heart disease, recurrent abdominal pain, and recurring headaches.

Immunization as an effort to give antigens to increase children's immunity is actively carried out by giving vaccine injections to the body so that if they are attacked by disease they do not become sick or mildly ill. Immunization history is usually needed to determine the completeness of the immunization data of students from infancy to adolescence against certain antigens. If students get complete immunization from infancy to adulthood, they will get lifelong immunity.

SDN Bangsal 1 as one of the schools for the health screening program for students. This program is implemented with the aim of improving the quality of health. This is because health has a major influence on learning activities for students. With the implementation of this program, it is hoped that students will be able to participate in learning activities to the fullest.

METHODS

The school health screening program will be held in February 2022, precisely at 08.00-12.00. The health tests carried out include eye health, ear health, skin health, teeth and reproductive health tests. An eye health test is conducted to determine whether the student suffers from color blindness, low vision, cataracts, or other diseases. A skin health test is done by checking whether there are red spots on the skin. In addition, health tests are also added to other body parts.

RESULTS

1. Class 1

Gender

Gender	F	%
Male	16	59,3
Female	11	40,7
Total	27	100

Based on the table above, most of the first grade students were male as many as 16 students (59.3%).

Nutritional Status (Height/Age)

Nutritional Status	F	%
Tall	1	3,7
Normal	23	85,2
Short	2	7,4
Very Short	1	3,7
Total	27	100

Based on the table above, almost all students with normal nutritional status (Height/Age) were 23 (85.2%)

Nutritional Status (Body Mass Index)

Nutritional Status	F	%
Obesity	2	7,4
Fat	4	14,8
Normal	18	66,7
Thin	2	7,4
Very Thin	1	3,7
Total	27	100

Based on the table above, most of the students with normal nutritional status (BMI) were 18 students (66.7%)

2. Class 2**Gender**

Gender	F	%
Male	19	50
Female	19	50
Total	38	100

Based on the table above, half of the students are male as many as 19 students (50%) and half the students are female as many as 19 students (50%)

Nutritional Status (Height/Age)

Nutritional Status	F	%
Tall	1	2,6
Normal	36	94,8
Short	1	2,6
Very Short	0	0
Total	38	100

Based on the table above, almost all students with nutritional status (Height/Age) are in the normal category as many as 36 (94.8%)

Nutritional Status (Body Mass Index)

Nutritional Status	F	%
Obesity	5	13,2
Fat	9	23,7
Normal	23	60,5
Thin	1	2,6
Very Thin	0	0
Total	38	100

Based on the table above, most of the students with nutritional status (BMI) in the normal category were 23 students (60.5%)

3. Class 3**Gender**

Gender	F	%
Male	19	48,7
Female	20	51,3
Total	39	100

Based on the table above, most of the students are female as many as 20 students (51.3%)

Nutritional Status (Height/Age)

Nutritional Status	F	%
Tall	0	0
Normal	34	87,2
Short	5	12,8
Very Short	0	0
Total	39	100

Based on the table above, almost all of the students with nutritional status (Height/Age) were in the normal category as many as 34 (87.2%)

Nutritional Status (Body Mass Index)

Nutritional Status	F	%
Obesity	4	10,3
Fat	4	10,3
Normal	23	59
Thin	6	15,3
Very Thin	2	5,1
Total	39	100

Based on the table above, most of the students with nutritional status (BMI) in the normal category were 23 students (59%)

4. Class 4**Gender**

Gender	F	%
Male	34	64,2
Female	19	35,8
Total	53	100

Based on the table above, most of the students are male as many as 34 students (64.2%)

Nutritional Status (Height/Age)

Nutritional Status	F	%
Tall	0	0
Normal	47	88,7
Short	4	7,5
Very Short	2	3,8
Total	53	100

Based on the table above, almost all students with nutritional status (Height/Age) are in the normal category as many as 47 students (88.7%)

Nutritional Status (Body Mass Index)

Nutritional Status	F	%
Obesity	3	5,7
Fat	10	18,9
Normal	35	66
Thin	3	5,6
Very Thin	2	3,8

Total	53	100
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Based on the table above, most of the students with nutritional status (BMI) in the normal category were 35 students (66%)

5. Class 5

Gender

Gender	F	%
Male	31	59,6
Female	21	40,4
Total	52	100

Based on the table above, most of the students are male as many as 31 students (59.6%)

Nutritional Status (Height/Age)

Nutritional Status	F	%
Tall	1	1,9
Normal	50	96,2
Short	1	1,9
Very Short	0	0
Total	52	100

Based on the table above, almost all students with nutritional status (Height/Age) are in the normal category as many as 50 students (96.2%)

Nutritional Status (Body Mass Index)

Nutritional Status	F	%
Obesity	15	28,8
Fat	8	15,4
Normal	25	48,1
Thin	1	1,9
Very Thin	3	5,8
Total	52	100

Based on the table above, almost half of the students with nutritional status (BMI) in the normal category are 25 students (48.1%)

6. Class 6

Gender

Gender	F	%
Male	24	66,7
Female	12	33,3
Total	36	100

Based on the table above, most of the students are male as many as 24 students (66.7%)

Nutritional Status (Height/Age)

Nutritional Status	F	%
Tall	0	0
Normal	35	97,2
Short	1	2,8
Very Short	0	0
Total	36	100

Based on the table above, almost all students with nutritional status (Height/Age) are in the normal category as many as 35 students (97.2%)

Nutritional Status (Body Mass Index)

Nutritional Status	F	%
Obesity	5	13,9
Fat	7	19,4
Normal	18	50
Thin	5	13,9
Very Thin	1	2,8
Total	36	100

Based on the table above, half of the students with nutritional status (BMI) in the normal category were 18 students (50%).

DISCUSSION

From the screening results, it was found that most of the first grade students were male as many as 16 students (59.3%). Almost all students with normal nutritional status (Height/Age) were 23 (85.2%). most of the students with normal nutritional status (BMI) were 18 students (66.7%).

From the results of the screening, it was found that half of the 2nd grade students were male as many as 19 students (50%) and half of the female students were 19 students (50%). Almost all students with nutritional status (Height/Age) were in the normal category as many as 36 (94.8%). Most of the students with nutritional status (BMI) in the normal category were 23 students (60.5%).

From the screening results, it was found that most of the 3rd grade students were female as many as 20 students (51.3%). Almost all of the students with nutritional status (Height/Age) were in the normal category as many as 34 (87.2%). Most of the students with nutritional status (BMI) were in the normal category as many as 23 students (59%).

From the results of the screening, it was found that most of the 4th grade students were male as many as 34 students (64.2%). almost all of the students with nutritional status (Height/Age) were in the normal category as many as 47 students (88.7%). Most of the students with nutritional status (BMI) were in the normal category as many as 35 students (66%).

From the screening results, it was found that most of the 5th grade students were male as many as 31 students (59.6%). almost all of the students with nutritional status (Height/Age) were in the normal category as many as 50 students (96.2%). Almost half of the students with nutritional status (BMI) in the normal category were 25 students (48.1%).

From the screening results, it was found that most of the students were male as many as 24 students (66.7%). Almost all of the students with nutritional status (Height/Age) were in the normal category as many as 35 students (97.2%). Half of the students with nutritional status (BMI) in the normal category were 18 students (50%).

Nutritional status is a condition caused by a balance between nutrient intake from food and the nutritional needs needed for body metabolism. A person's nutritional status depends on the intake of nutrients and their needs, if the nutritional intake and body needs are balanced, it will produce a good nutritional status (Harjatmo, et al 2017).

Nutritional status is an indicator of a person's health. Good nutritional status is one of the important factors in an effort to achieve optimal health status. The nutritional status of children can be influenced by two things, namely inadequate food intake and infectious diseases. Insufficient energy intake can cause a negative imbalance due to a lower than normal or ideal body weight. Nutritional status affects intelligence, body resistance to disease, death and work

productivity. With a healthy environment, the presence of infectious infections or other community diseases can be avoided. At the community level, such as hygienic environmental factors, food intake, child care patterns, and health services such as immunization are very decisive in forming children who are resistant to malnutrition.

It is very important the role of parents and families in improving the nutritional status of children. Nutritional intake is needed to improve nutritional status. With good nutritional status it will improve the health of children.

CONCLUSION

The health of the students of SDN Bangsal 1 Kediri City did not show any serious illness, but some eye problems were found. The action taken by the school for students with health problems was to refer to the Pesantren 1 Public Health Center which is not far from the school, by bringing a referral letter given by the examining doctor at the health screening.

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