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Implementation of minimum health service standards on health service coverage for educational age the basis and its influence on student health status

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ABSTRACT

Background: Minimum Service Standar Health for basic education age health services is one of the 12 minimum service standards in the health sector that must be provided by district/city governments to every citizen with a target of 100% achievement. **Findings:** However, in 2023, the achievement of the minimum service standar target has not been met for the Kupang City Government so that citizens aged 7-15 years have not fully received basic health services. The aim of this research is to find out how the implementation of Minimum Service Standar Health in primary education age health services in Kupang City and its relationship with students' health status. **Methods:** This research is a mixed method research with data collection techniques in the form of filling out questionnaires, interviews and desk reviews conducted at Penfui Health Center, Oepoi Health Center, Oebobo Health Center, Kupang City Health Center and Oesapa Health Center. The sample in the study was 45 people consisting of Heads of Community Health Centers, Community Health Center Health Workers, School Health Business/*Usaha Kesehatan Sekolah* (UKS) Managers and Teachers. **Conclusion:** The results of statistical tests show that there is a significant relationship between the variables communication (p=0.03), resources (p=0.018), disposition (p=0.020), bureaucratic structure (p=0.037) on Health Service Coverage at Primary Education Age. Meanwhile, the health service coverage variable for primary education age has no relationship with students' health status (p=0.167). **Novelty/Originality of this article:** So it is necessary to increase outreach activities from health workers to parents, families and the community in order to increase understanding and awareness about the importance of health checks at the primary education age so that activities can be carried out well and students benefit from these activities.

KEYWORDS: health services coverage; minimum service standard.

1. Introduction

Health is a basic need for every human being. Health is important and must be fulfilled so that humans can maintain life and continue their lives properly (Ministry of Health, 2019). According to Law of the Republic of Indonesia Number 17 of 2023, the definition of health is a person's healthy condition, both physically, mentally and socially and not just being free from disease to enable them to live a productive life. This means that if humans are in an unhealthy condition, they cannot be productive, so they are unable to fulfill all their life needs and cannot obtain their other rights such as the right to life, the right to education, the right to obtain a decent job, and so on. So health is the greatest capital for achieving human welfare (Ministry of Health, 2019). Health is a human right and an element of

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prosperity that must be realized in accordance with the ideals of the Indonesian nation as intended in Pancasila and the 1945 Constitution of the Republic of Indonesia. This means that everyone has the right to health, including children. Every child has the right to survive, grow and develop, be protected and avoid all forms of discrimination and acts of violence that could harm their health and has the right to receive health services according to their needs (Director General of Public Health, Ministry of Health, 2018).

Law no. 35 of 2014 concerning amendments to Law no. 23 of 2002 concerning child protection states that children are the shoots, potential, and successors of the young generation to the ideals of the nation's struggle who have a strategic role, characteristics, and special traits that must be protected for the sake of the nation's interests in the future (Ministry of State Secretary, 2014). Meanwhile, according to Bappenas (2017), Sustainable Development Goals (SDGs) must start from the development of children. If a child can be guaranteed to grow up free from poverty, has a healthy body, is educated, and feels safe and happy, then that child can be sure that he will grow up to be an adult who can contribute actively to the development of his country. This is what underlies the SDGs' greater emphasis on development in creating quality resources for children as the nation's next generation (Bappenas, 2017).

The results of the 2020-2023 interim population projection show that the population of Indonesia in 2021 will reach around 272.6 million people and around 79.4 million people (29.15%) of whom are children aged 0-17 years while the rest, namely around 193 .1 million people are adults or 70.85% (Profile of Indonesian Children in 2022). From the data above, it can be said that the number of children reaches almost a third of Indonesia's population. On the other hand, there are still various kinds of problems that occur in Indonesian children, one of which is quite complex health problems including nutritional status problems, lack of physical activity, dental health problems, hearing problems, eye health problems, reproductive health problems, behavior risk (smoking, consumption of alcoholic drinks and drugs, sexual relations) as well as mental problems (Director General of Public Health, 2018). Health problems in children can reduce quality child resources and will be followed by a decline in quality human resources as well (Ministry of Women's Empowerment and Child Protection of the Republic of Indonesia, 2023).

The government has the responsibility to ensure that every citizen receives quality health services according to their needs (Ministry of Health, 2019). As proof of the government's responsibility to fulfill basic health services for citizens and its mandate in fulfilling equal health rights, Minister of Health Regulation Number 4 of 2019 concerning Technical Standards for Fulfilling Basic Service Quality in Minimum Service Standards/ *Standar Pelayanan Minimal* (SPM) in the Health Sector has been established. The regulation contains various types of health services to meet the health needs of every citizen. There are 12 types of basic services, one of which is health services at primary education age (Minimum Service Standar 5). This minimum service standar policy is aimed at improving the health status (immunization status, nutritional status, general health, dental and oral health, and emotional mental health) for school age children, namely grades 1 to 9 at school and aged 7-15 years outside school (Sabani, 2019; Hijriati, 2021). In addition, school health is organized to improve students' ability to live healthily in a healthy living environment so that students can learn, grow and develop in harmony and become quality human resources (Pangaribuan et al., 2022). This is because health status is an important factor that can influence the quality of human resources in supporting a country's development (Natalia & Anggraeni, 2022; Ministry of Health, 2019).

Health services at the Primary Education Age are carried out by community health centers as the leading unit in efforts to achieve minimum service standar health targets. The minimum service standar target has been set at 100% (one hundred percent) (Ministry of Health, 2019). However, for the Kupang City area, the coverage/achievement of minimum service standar 5 has still not reached the target. Coverage in 2020 was 12%, in 2021 it increased to 45% and in 2022 it decreased to 43% (2022 Kupang City Health Office Profile Data). This shows that the implementation of the minimum service standar health policy for health service indicators at primary school age in Kupang City has not been running

optimally and can have a direct or indirect effect on student health as a policy target (Damopolii, 2016; Daming et al., 2021). The success or failure of implementing a policy is influenced by various factors. To analyze how the policy implementation process takes place, it can be seen from various policy implementation model (Dachi, 2017).

The performance of policy implementation in primary education age health services in Kupang City in 2022 can be said to have not been optimal because the program goals and objectives of the policy were not achieved. This policy objective has not been achieved because all policy variables have not been implemented properly. The emergence of this problem is related to the influence of communication, resources, disposition and bureaucratic structure. The success of health policies at the primary education age will greatly depend on how the implementers implement the policy. Based on the background above, the author is interested in conducting research to find out whether there is an influence of communication, resources, disposition and bureaucratic structure on minimum service standar 5 coverage in Kupang City regional health centers and how this relates to the health status of elementary school and secondary school students. First in the working area of the community health center in Kupang City. Analyze the implementation of the minimum service standar health policy from the aspects of communication, resources, disposition and bureaucratic structure on the coverage of health services for primary education age and find out how it affects the health status of students in the work area of the Kupang City health center.

2. Methods

The method used in this research is a mixed method (combination method). Mixed method is a research approach that combines or connects quantitative and qualitative research methods (Cresswell, 2009). This method is used together in a research activity, so that more comprehensive, valid, reliable and objective data is obtained (Sugiono, 2012). Quantitative and qualitative data are used as empirical evidence in answering the formulation of research problems because researchers believe that the results of their findings will be better, more complete, and more comprehensive. This combination method includes the collection, analysis, and integration of quantitative and qualitative data in a single or gradual study. The mixed method approach can be understood as a field research method such as observation and interviews (qualitative data) combined with surveys (quantitative data) (Creswell, 2003; Heriyanto, 2018).

The researcher used a sequential explanatory design type in this study, namely a combination research method that combines quantitative and qualitative research methods sequentially, where in the first stage the research was carried out using quantitative methods and in the second stage it was carried out using qualitative methods (Arikunto, 2010). Quantitative data plays a role in obtaining measurable data that is descriptive, comparative, and associative (Dharma, 2011). Qualitative data plays a role in proving, deepening, expanding, weakening, and invalidating the quantitative data that has been obtained (Sugiyono, 2011). The focus of the merger is more on data collection techniques and data analysis, so that researchers can compare all data obtained from the two methods, then conclusions can be drawn whether the two data (quantitative and qualitative) strengthen, weaken or contradict each other (Sugiyono, 2018).

Quantitative data in this study were used to see how communication, resources, disposition and bureaucratic structure influence the coverage of primary school age health services and the relationship between the coverage of primary school age health services and the health status of students. Qualitative data were used to prove the influence of communication, resources, disposition and bureaucratic structure on the coverage of primary school age health services (Henny & Juneris, 2021). In addition, this method was also used to determine the obstacles faced by schools as institutions from the target of the policy in the implementation of minimum service standar for primary school age health services (Syafitri, 2021). The population of this study were Head of Center, Center Health Workers, School Health Business Managers and Teachers with a total of 99 people. The

sample of this study was determined by purposive sampling technique, namely 45 people. This research was conducted at the Kupang City area health centers which were represented by 5 (five) namely Penfui Health Center, Oebobo Health Center, Oepoi Health Center, Kupang City Health Center and Oesapa Health Center. This research was conducted in January – February 2024. The binding variable for this research includes age health services basic education, while the independent variables are communication, resources, disposition/attitude and bureaucratic structure.

3. Result and Discussion

3.1 Bivariate analysis of communication variables on health service coverage for primary education age

Table 1. shows that the analysis between variables is said to be significant with a p value <0.05. With Spearman's rho correlation, there is a relationship in the moderate and significant category in a positive direction between communication variables (transmission, clarity, consistency, coordination) on health service coverage at primary education age, meaning that the higher the communication factor (transmission, clarity, consistency, coordination) will be. causing the coverage of health services at primary education age to increase. The coordination factor has the strongest relationship with a correlation coefficient of 0.357.

Table 1. Results of bivariate analysis of the spearman rho correlation test between communication variables and health service coverage for primary education age

Communication Variables	Coverage of Health Services for Primary Education Age (N)	Coverage of Health Services for Primary Education Age (Spearman's Rho)	Coverage of Health Services for Primary Education Age (P-Value)
Transmission	45	0.336	0.038
Clarity	45	0.301	0.024
Consistency	45	0.314	0.031
Coordination	45	0.357	0.027

3.2 Bivariate analysis of resource variables on health service coverage for primary education age

Table 2. shows that the analysis between variables is said to be significant with a p value<0.05. With Spearman's rho correlation, there is a relationship in the sufficient and significant category in a positive direction between resource variables (availability and qualifications of human resources, budget availability, equipment availability, information availability, authority) on the coverage of health services at primary education age, which means the higher the resource factor. (availability and qualifications of human resources, budget availability, equipment availability, information availability, authority) will cause the coverage of health services at the primary education age to increase. The availability and qualification factors of human resources have the strongest relationship with a correlation coefficient of 0.372.

Table 2. Results of bivariate analysis of the spearman rho correlation test between resource variables and health service coverage for primary education age

Communication Variables	Coverage of Health Services for Primary Education Age (N)	Coverage of Health Services for Primary Education Age (Spearman's Rho)	Coverage of Health Services for Primary Education Age (P-Value)
Availability and Qualifications of Human Resources	45	0.372	0.012
Budget Availability	45	0.345	0.026

Equipment Availability	45	0.310	0.024
Availability of Information	45	0.302	0.018
Authority		0.237	0.021

3.3 Bivariate analysis of disposition variables on health service coverage for primary education age

Table 3. shows that the analysis between variables is said to be significant with a p value <0.05. With Spearman's rho correlation, there is a relationship in the moderate and significant category in a positive direction between disposition variables (perception and commitment) on health service coverage at primary education age, meaning that the higher the disposition factor (perception and commitment) will cause health service coverage at primary education age. more increasing. The commitment factor has the strongest relationship with a correlation coefficient of 0.338.

Table 3. Results of bivariate analysis of the spearman rho correlation test between disposition variables on health service coverage for primary education age

Disposition Variables	Coverage of Health Services for Primary Education Age (N)	Coverage of Health Services for Primary Education Age (Spearman's Rho)	Coverage of Health Services for Primary Education Age (P-Value)
Perception	45	0.314	0.016
Commitment	45	0.338	0.021

3.4 Bivariate analysis of bureaucratic structure variables on health service coverage for primary education age

Table 4. shows that the analysis between variables is said to be significant with a p value<0.05. With the Spearman's rho correlation, there is a relationship in the moderate and significant category in a positive direction between bureaucratic structure variables (fragmentation and SOP) on health service coverage at primary education age, meaning that the higher the bureaucratic structure factor (fragmentation and SOP) will cause health service coverage at this age. basic education is increasing. The fragmentation factor has the strongest relationship with a correlation coefficient of 0.338.

Table 4. Results of bivariate analysis of the spearman rho correlation test between bureaucratic structure variables and health service coverage for primary education age

Bureaucratic Structure Variables	Coverage of Health Services for Primary Education Age (N)	Coverage of Health Services for Primary Education Age (Spearman's Rho)	Coverage of Health Services for Primary Education Age (P-Value)
Fragmentation	45	0.308	0.027
SOP	45	0.286	0.018

3.5 Bivariate analysis of primary education age health service coverage variables on students' health status

Table 5. shows a significance value of 0.789 or a p value > 0.05, meaning there is no significant relationship between the health service coverage variable for primary education and students' health status. Meanwhile, the correlation coefficient of -0.167 shows that the strength of the relationship is in the very weak category and is significant in the negative direction, which means the relationship between the two variables is not in the same direction.

Table 5. Results of bivariate analysis of the spearman rho correlation test between the variable health service coverage age education and student health status

Minimum Service Standar Service Coverage	Student Health Status (N)	Student Health Status (Spearman's Rho)	Student Health Status (P-Value)
Health Age Primary Education	45	0.789	-0.167

3.6 Results of multivariate multiple logistic regression analysis between independent variables and dependent variables

Table 6. shows that the results of the multivariate analysis of the minimum service standar health implementation variables that influence the coverage of health services for primary education age at the Kupang City (CAK) regional health center are communication (K), resources (SD), and disposition (D). Meanwhile, the bureaucratic structure (SB) variable has no effect on the coverage of health services for primary education age in the Kupang City regional health center. The statistical test results for the communication variable show a p-value of 0.043 ($p<0.05$) with a prevalence ratio value of 5.534. The resource variable shows a p-value of 0.028 ($p<0.05$) with a prevalence ratio value of 9.404. The disposition variable shows a p-value of 0.012 ($p<0.05$) with a prevalence ratio value of 12.480. Of the three variables, disposition is the most dominant variable with a large influence of 12.48 times on the coverage of health services for primary education age in the Kupang City regional health center. Meanwhile, the bureaucratic structure variable shows a p-value of 0.310 ($p>0.05$).

Table 6. Results of multivariate analysis of multiple logistic regression between independent variables and dependent variables

Variable	B	S.E	Wald	Df	Sig.	Exp(B)
Communication	1.711	0.846	4.091	1	0.043	5.534
Resource	2.241	1.021	4.822	1	0.028	9.404
Disposition	2.524	1.001	6.362	1	0.012	12.480
Bureaucratic Structure	0.855	0.843	1.029	1	0.310	2.351
Contant	-25.007	7.990	9.795	1	0.002	0.000

3.7 Minimum service standar health services at elementary school age

In Appendix 9 in the qualitative data matrix table for the School Health Business/*Usaha Kesehatan Sekolah* (UKS) Program Manager, all informants agree that the minimum service standar policy for primary education age health services is implemented in all health centers in Kupang City. This refers to the Regulation of the Minister of Health Number 4 of 2019 concerning Technical Standards for Fulfilling the Quality of Basic Services in the Minimum Service Standards in the Health Sector. The following is an excerpt from a sentence conveyed by an informant.

> *"Yes, health screening activities for elementary school age are carried out by all health centers and it is one of the priority activities in health centers because it is included in the minimum service standar, there is a PMK, the budget is clear in the BOK, so it must be implemented" (WH, 32 years old, Manager of the School Health Business/Usaha Kesehatan Sekolah UKS/UKGS Program, Oesapa Health Center).*

In the qualitative data matrix table for School Health Business/*Usaha Kesehatan Sekolah* (UKS) Teachers, all informants agreed that there are primary school age health services carried out by health workers at the health center in schools. The following is an excerpt from a sentence conveyed by the informant.

"Yes, this school child screening activity is always carried out twice a year, usually around April and July in our school. All students are examined from grade 1 to grade 6" (MFI, 38th, School Health Business/Usaha Kesehatan Sekolah (UKS) Teacher SDI Oebobo 1).

All informants of the School Health Business/*Usaha Kesehatan Sekolah* (UKS) Program Manager also agreed that the achievement of minimum service standar for primary education age health services in Kupang City had not reached the target of 99.4% or less than 100% even though the coverage of five health centers out of 11 health centers in Kupang City had reached the target. The following is an excerpt from a sentence conveyed by the informant.

"Puskesmas Oebobo achieved the target, even exceeded the target because we checked all targets and the real data was more than the projected data. But for the whole of Kupang City, it has not achieved the target. If we look at the report from the public health sector, only 5 health centers achieved the target" (SHE, 37th, Manager of the School Health Business/Usaha Kesehatan Sekolah UKS/UKGS Program, Puskesmas Oebobo).

In relation to the minimum service standar 5 activity planning mechanism, all informants agreed that the School Health Business/*Usaha Kesehatan Sekolah* UKS/UKGS program managers in each health center prepare a Proposed Activity Plan/*Rencana Usulan Kegiatan* (RUK) for elementary school age health screening activities. So that the minimum service standar policy is not only mandatory to be implemented because of direct policies from the center (Ministry of Health) but also through proposals from health center program managers. The following is an excerpt from a sentence conveyed by an informant.

"Every year we make a screening activity plan in the Proposed Activity Plan/Rencana Usulan Kegiatan (RUK) of the health center, although sometimes the realization is not in accordance with what we proposed. This means that in addition to the priority programs in the minimum service standar, we also make a plan starting from the time of implementation, the number of officers involved to the issue of financing" (EAN, 44th, Manager of the School Health Business/Usaha Kesehatan Sekolah UKS/UKGS Program of the Oepoi Health Center).

3.8 Communication factors in the implementation of minimum service standar for primary education age health services

From the results of interviews conducted by researchers, all informants of the School Health Business/*Usaha Kesehatan Sekolah* (UKS/UKGS) Program Managers agreed that the policy on minimum service standar for elementary school age health services had been socialized to health center officers in the Kupang City area. The socialization process was carried out in stages starting from the Kupang City Health Office conducting socialization to the heads of health centers, then the heads of health centers socializing to officers at the health centers. Socialization and coordination were also carried out, including through direction from the School Health Business/*Usaha Kesehatan Sekolah* (UKS) Program Managers and the Heads of Health Centers through the Monthly Mini Workshop forum or during employee roll calls. Coordination was also carried out by program managers to cross-sectors/schools. The following is an excerpt from a sentence conveyed by an informant.

"If the socialization is tiered, so from the Health Office it is conveyed to the head of the health center, then the head of the health center socializes to all employees during the monthly lokmin, not only minimum service standar 5 but all minimum service standar. In addition, I also communicate with the officers who come down, so there is a briefing, or usually we also convey it during the morning assembly. For coordination with the school,

we always do it when determining the activity schedule" (EAN, 44th, Manager of the UKS/UKGS Program, Oepoi Health Center).

Communication and coordination were also conveyed by the School Health Business/*Usaha Kesehatan Sekolah* (UKS) Teacher and all informants agreed that there was good communication and coordination between health workers and the school so that activities were carried out well. The following is an excerpt from the informant's sentence.

"Yes, there is. Our communication and coordination with health workers is going well. We have no obstacles regarding that" (YRS, 37th, School Health Business/Usaha Kesehatan Sekolah (UKS) Teacher SDI Oesapa Kecil 1)

In implementing the activity, the health center also experienced obstacles, namely when the predetermined schedule was changed by the school so that the program manager and other activity implementers had difficulty adjusting the reschedule. Another obstacle experienced by officers was that there were still students who were absent during the implementation of the activity so they had to coordinate again with the school for a follow-up schedule. The following is an excerpt from a sentence conveyed by the informant.

"There are obstacles that we experience, it is about the activity schedule. So suddenly the school informed us that the activity was postponed. And the difficulty is, we have to reschedule while other officers also have other programs, not to mention for services in the building, in the polyclinic. Another obstacle is if students are absent during the activity, so we have to coordinate again with the school to make a schedule for students who are absent" (SHE, 37th, Manager of the School Health Business/Usaha Kesehatan Sekolah (UKS) Program, Oebobo Health Center).

Another obstacle was also conveyed by the School Health Business/*Usaha Kesehatan Sekolah* (UKS) Teacher who stated that there were still students who did not come to the health center when referred to get further examination and services. The following is an excerpt from the informant's sentence.

"So far the activities have been going well. Perhaps the problem is still the referral issue because there are still many students who when referred to the health center but they do not go. This was conveyed by health workers. We have actually conveyed the information to the parents of students, but it seems that there is not much response" (YRS, 37th, School Health Business/Usaha Kesehatan Sekolah (UKS) Teacher SDI Oesapa Kecil 1).

3.9 Resource factors in the implementation of minimum service standar for primary education age health services

From the results of interviews conducted by researchers, all informants of the School Health Business/*Usaha Kesehatan Sekolah* (UKS) Program Managers agreed that the availability of human resources, budget, and facilities and infrastructure were considered sufficient and did not become significant obstacles in the implementation of health service activities for elementary school age children in health centers in Kupang City. The following is an excerpt from a sentence conveyed by an informant.

"For the availability of personnel, infrastructure and budget in 2023, it is sufficient and in accordance with the number of targets/students who will be screened, especially since the source of funding is not only from BOK but also from DAU-SG" (EV, 43rd, Manager of the School Health Business/Usaha Kesehatan Sekolah (UKS) Program, Kupang City Health Center).

From the results of the interview with the School Health Business/*Usaha Kesehatan Sekolah* (UKS) Teacher, it was stated that there was input or suggestions in the implementation of the activity, namely that the implementing staff prepare supporting equipment properly so that the activity can run smoothly. The following is an excerpt from the sentence conveyed by the informant.

> *"Just a suggestion, if officers come down, prepare the equipment that needs to be brought well so that the activity can run well" (AB, 32nd, School Health Business/Usaha Kesehatan Sekolah (UKS) Teacher, Santa Theresia Middle School).*

3.10 Disposition factors in the implementation of minimum service standar health services for elementary school age

From the interview results, it is known that one of the obstacles in the implementation of minimum service standar 5 is the perception and attitude of the activity implementers who consider the activity to be just a program routine and an indifferent attitude in implementing the activity. The commitment of the implementers is considered lacking, thus affecting enthusiasm in carrying out the activity. The lack of understanding of health workers regarding their duties and functions is also an obstacle in the implementation of minimum service standar 5. The following is an excerpt from a sentence conveyed by the informant.

> *"This screening is a routine annual activity for the School Health Business/Usaha Kesehatan Sekolah (UKS) program, so friends should understand their respective duties, but what happens is that many are not prepared during the activity and seem lazy to know so they just follow the activity" (WH, 32 years old, Manager of the School Health Business/Usaha Kesehatan Sekolah (UKS) Program at Oesapa Health Center).*

3.11 Bureaucratic structure factors in the implementation of minimum service standar for primary education age health services

Based on the interview results, all informants of the School Health Business/*Usaha Kesehatan Sekolah* (UKS) Program Managers agreed that most of the activity implementers had implemented policies according to the SOP, although there were still some implementers who did not comply with the SOP due to a lack of awareness and willingness to carry out activities. Meanwhile, the organizational structure is available in all health centers in the Kupang City area. The following is an excerpt from a sentence conveyed by the informant.

> *"There is an SOP, there is also an organizational structure. What sometimes becomes a problem is the implementation of activities that are not in accordance with the SOP" (WH, 32 years old, Manager of the School Health Business/Usaha Kesehatan Sekolah (UKS) Program, Oesapa Health Center).*

3.12 Communication factors in the implementation of minimum service standar for primary education age health services

Communication is defined as "the process of conveying information from the communicator to the communicant". Information about public policy needs to be conveyed to policy actors so that policy actors can know what they need to prepare and do to implement the policy so that the goals and objectives of the policy can be achieved as expected. The determining factors for successful implementation are communication channeling (transmission), clarity (clarity) and consistency (consistency) (Nurlailah, 2021). The transmission dimension requires that public policies be delivered not only to policy implementers but also to policy target groups and other interested parties, both directly

and indirectly. The dimension of clarity requires that policies be transmitted to implementers, target groups and other interested parties clearly so that they all know the intent, purpose, targets and substance of the public policy so that each will know what must be prepared and implemented to make the policy a success effectively and efficiently.

In the implementation of the minimum service standar policy for health services at the elementary school age, good communication and coordination are needed between policy implementers, both internally at the health center (head of the health center, School Health Business/*Usaha Kesehatan Sekolah* (UKS) program managers, and minimum service standar 5 implementing staff) and across sectors (students and schools). In this study, communication factors were assessed based on the delivery/distribution of policies to targets, clarity about the minimum service standar 5 policy, policy consistency, and coordination between policy implementers. In terms of proportion, it was found that health workers implementing minimum service standar 5 stated that it was clear to convey the policy, namely 64.4%, the clarity of the policy was 71.1%, the consistency of the policy was 84.4%, and the coordination between implementers was 73.3%. This shows that health workers in health centers in the Kupang City area understand the minimum service standar 5 policy, where this communication factor affects the coverage of health services at the elementary school age. This is supported by qualitative data showing that the minimum service standar 5 policy in health centers in the Kupang City area has been socialized, both to health workers and students/schools.

The delivery of information within the health center is carried out through routine mini-workshop forums, delivery during health center roll calls, and briefings by School Health Business/*Usaha Kesehatan Sekolah* (UKS) managers to activity implementers. Meanwhile, communication and coordination to cross-sectors are carried out directly, cross-sector mini-workshop forums or via WhatsApp groups. The minimum service standar 5 policy has been transmitted to implementers, target groups and other interested parties clearly so that they know what the intent, purpose, targets, and substance of the minimum service standar 5 policy are so that each will know what must be prepared and implemented to make the policy a success effectively and efficiently. This is in line with research (Dalimunthe & Susilawati, 2022) which states that communication factors influence creating the same understanding or understanding among policy actors, which then influences attitudes, actions or behavior, and then influences work implementation. Another study that also supports this is research from (Putih et al., 2024) which states that policy implementation is influenced by communication factors.

Successful policy implementation requires implementers to know what to do. The objectives and targets of the policy must be clear about what to communicate to the target group to reduce deviations in the implementation process. If the objectives and targets of a policy are unclear or even unknown to the target group, resistance from the target group can occur (Trisnawati, 2023). Based on this, the implementation of communication and coordination related to the minimum service standar 5 policy is good but still needs to be improved, because the better the coordination and communication between the parties involved in a policy implementation process, the fewer errors can occur and vice versa.

3.13 Resource factors in the implementation of minimum service standar for primary education age health services

Resource factors play an important role in policy implementation. These resources include human resources, budget resources, equipment resources and authority resources (Nurlailah, 2021). Human Resources (HR) is one of the variables that influences the success of policy implementation. Edward III in (Nurlailah, 2021) stated that "perhaps the most important resource in implementing a policy is staff". Edward III added "no matter how clear and consistent the implementation sequence is and no matter how accurately they are transmitted, if the personnel responsible for implementing the policy lack the resources to do an effective job, implementation will not be effective".

In relation to budget resources, Edward III stated in the conclusion of his study that "budget constraints and citizen opposition limit the acquisition of adequate facilities. This in turn limits the quality of services that can be provided by implementers to the community". Limited incentives given to implementors are the main cause of the failure of program implementation. Edward III concluded that limited budget resources will affect the success of policy implementation. In addition to the program not being able to be implemented optimally, budget constraints cause low disposition of policy actors. Equipment resources in the form of physical facilities are the means used to operationalize the implementation of a policy. And are important resources in implementation. An implementer may have sufficient staff, may understand what he should do, may have the authority to carry out his duties, but without the necessary buildings, equipment, supplies, and even implementation of green spaces, it will not succeed.

Authority resources are quite important in determining the success of a policy implementation. Sufficient authority to make its own decisions owned by an institution will influence the institution in implementing a policy. This authority becomes important when they are faced with a problem and must be resolved immediately with a decision. Therefore, the main actors of the policy must be given sufficient authority to make their own decisions to implement the policies that are within their authority (Nurlailah, 2021). In this study, resource factors were assessed from the availability and qualifications of human resources, budget, equipment, information and authority. In terms of proportion, it was found that the number and qualifications of human resources were adequate, namely 86.6%, the budget was 91.1%, equipment was 73.3%, information was 93.3%, and authority was 95.5%. This shows that the resources in the implementation of minimum service standar 5 in health centers in the Kupang City area are adequate, where this resource factor affects the coverage of health services at the elementary school age. This is supported by qualitative data showing that the availability of human resources, budget and facilities and infrastructure are considered sufficient and do not become obstacles in the implementation of minimum service standar 5 activities.

Human resources are available because there are a number and qualifications of human resources implementing minimum service standar 5. Budget resources are also available, because the budget requirements for minimum service standar 5 are charged through the APBN and APBD. For equipment resources, in the form of facilities and equipment used for general operations, they have met the needs. This is in line with research (Pebriyanti et al., 2021) which states that the existence of resources greatly supports the success of implementing a policy, without supporting resources such as human resources, facilities, and budget, sufficient information and implementation authority are made difficult to achieve targets. Another study that also supports this is research (Dalimunthe & Susilawati, 2022) which states that resource factors are key factors for the effectiveness of policy implementation. Without adequate resources, it is impossible for a policy to be implemented properly. Research (Putih et al., 2024) also states the same thing that resources will influence and improve policy implementation.

Resources are an important factor in implementing a policy to be effective (Octavia, 2020). Without resources, the policy remains on paper and becomes a document. Even though the contents of the policy have been communicated clearly and consistently, if the implementer lacks the resources to implement the policy, implementation will not be effective (Trisnawati, 2023). Human resources can be said to be the most important resource considering that a policy will not run without humans as implementing individuals. Facility resources are closely related to service policies. The lack of facilities in the field in a policy can affect the policy being implemented not running smoothly (Tianto et al., 2023).

3.14 Disposition factors in the implementation of minimum service standar health services for elementary school age

The definition of disposition is said to be "the will, desire and tendency of policy actors to implement the policy seriously so that the objectives of the policy can be realized". If policy implementation is to be successful effectively and efficiently, implementers must not only know what to do and have the ability to carry out the policy, but they must also have the will to implement the policy (Nurlailah, 2021). Factors of concern regarding disposition in policy implementation consist of bureaucratic appointments and incentives. Bureaucratic appointments, dispositions or attitudes of implementers will create real obstacles to policy implementation, if the existing personnel do not implement the policies desired by higher officials. Therefore, the appointment and selection of policy implementing personnel must be people who are dedicated to the policies that have been set, more specifically to the interests of the community. Incentives are one of the techniques suggested to overcome the problem of attitudes of policy implementers by manipulating incentives.

Basically, people act based on their own interests, so manipulating incentives by policy makers influences the actions of policy implementers. By adding certain benefits or costs, it may be a motivating factor that makes implementers carry out orders well. This is done as an effort to fulfill personal or organizational interests (Nurlailah, 2021). In terms of disposition, if a policy is implemented effectively, implementers not only know what to do and have the ability to do it, but they must also have the desire to implement it (Makmur, 2023). In this study, the disposition factor was assessed from the perception and commitment to implementing the policy. In terms of proportion, it was found that health workers implementing minimum service standar 5 had a good/supportive perception of the issuance of the Health minimum service standar policy (62.2%) and a good commitment to implementing the policy according to their responsibilities (68.8%). This shows that the disposition towards the minimum service standar 5 policy in health centers in the Kupang City area is quite good in accepting and implementing the policy, where the disposition factor affects the coverage of health services for elementary school age. However, this is slightly different from the results of qualitative data which show that the perception and attitude of the activity implementers who consider the activity to be just a program routine and an indifferent attitude in carrying out the activity. The commitment of the implementers is also considered lacking, thus affecting enthusiasm in carrying out the activity. Based on the results of quantitative and qualitative data, it can be concluded that the disposition factor which includes attitude and commitment influences the implementation of minimum service standar 5 activities. This study is in line with research (Putih et al., 2024) which states that disposition influences policy implementation.

Disposition is the personality and characteristics possessed by the actor, namely commitment, honesty, and democracy. If the implementer has a good direction, then he will be able to implement the policy, which is what the decision maker wants. Meanwhile, if the implementer has a different attitude and view from the decision maker, then the policy implementation process will also be less effective (Trisnawati, 2023). Commitment can be interpreted as a person's attachment to the goals they want to achieve to the point of being willing to sacrifice energy, time, and funds to achieve them and always involving themselves in every activity. Commitment shows the willingness of the implementing staff to carry out a task. The attitude of the policy implementer will greatly determine how committed they are to a program which will later affect their enthusiasm in running the program according to its objectives (Tianto et al., 2023).

Commitment to build better services with a common goal of improving public health. According to Powell, commitment has a positive relationship with performance and satisfaction in organizations and teams. This commitment is closely related to trust. Kalley emphasized that commitment will never emerge if trust is not built within the team. Without mutual trust that is built reciprocally, commitment cannot be achieved in teamwork (Wahyuni, 2021). If policy implementation is to be successful effectively and

efficiently, implementers must not only know what to do and have the ability to carry out the policy, but they must also have the will to implement the policy (Nurlailah, 2021).

3.15 Bureaucratic structure factors in the implementation of minimum service standar for primary education age health services

According to Edward III as quoted in (Nurlailah, 2021) that policy implementation may still be ineffective due to the inefficiency of the bureaucratic structure, even though the resources to implement a policy are sufficient and the implementers know what and how to do it, and have the desire to do it. This bureaucratic structure includes aspects such as bureaucratic structure, division of authority, relationships between organizational units and so on. There are two main characteristics of bureaucracy, namely Standard Operational Procedure (SOP) and fragmentation. Standard Operational Procedure (SOP) is a development of internal demands for certainty of time, resources and the need for standardization in a complex and broad work organization. The clarity of the standard operation, both concerning the mechanism, system and procedure for implementing policies, the division of main tasks, functions and authorities, responsibilities between actors, and the disharmony of relations between implementing organizations also determine the success of policy implementation. However, SOP is very likely to be an obstacle to the implementation of new policies that require new ways of working or new types of personnel to implement policies. Thus, the greater the policy requires changes in the usual ways in an organization, the greater the probability of SOP hindering implementation.

Fragmentation is the distribution of responsibility for a policy to several different agencies, requiring coordination. A fragmented bureaucratic structure (fragmented or scattered) can increase communication failure, because the opportunity for instructions to be distorted is very large. The more distorted the implementation of the policy, the more intensive coordination is needed (Nurlailah, 2021). In this study, the bureaucratic structure factor was assessed from the existence of the organizational structure of the health center (fragmentation) and SOP. In terms of proportion, it was found that the organizational structure in the health center was appropriate (84.4%) and the SOP was also appropriate (95.5%) so that it was easy to understand and could be implemented. This shows that the bureaucratic structure and SOP for implementing minimum service standar 5 activities in health centers in the Kupang City area are clear, where the bureaucratic structure factor affects the coverage of health services for elementary school age. This is supported by qualitative data showing that health centers in the Kupang City area already have SOPs for elementary school age health services and a clear and appropriate organizational structure.

This is in line with research (Pebriyanti et al., 2021) which states that a bureaucratic structure is very necessary to regulate resources or implementers, which aims to be able to carry out an activity in a conducive and well-coordinated manner. A strong bureaucratic structure is needed and can regulate the cooperation of people or resources within it effectively in policy management. The bureaucratic structure factor will greatly affect policy implementation. A clear bureaucratic structure will provide a clear chain of command so that there are no errors in policy implementation because they follow a single command. A clear bureaucratic structure will also provide clarity of responsibility for each implementing unit so that there is no overlapping of tasks, so the role of the organization will be effective and efficient (Anindya, 2020). One of the most important structural aspects of every organization is the existence of standard operating procedures (SOPs). This SOP functions as a guide or guideline for everyone to implement it. The organizational structure in charge of policy implementation has a very significant influence on the implementation of the policy (Trisnawati, 2023).

3.16 The relationship between communication, resources, disposition and bureaucratic structure on health service coverage for primary education age

The results of the bivariate analysis showed that the four factors influencing the implementation of minimum service standar 5 obtained a p value <0.05. This means that these four factors have an influence on the coverage of health services for primary school age. This shows that the higher the factors in the implementation of minimum service standar health (communication, resources, disposition and bureaucratic structure) will cause the coverage of health services at the primary education age to increase. The strongest bivariate analysis result is the resource factor on health service coverage at primary education age (NSpearman's = 0.351).

The results of this research are in accordance with research results from (Riswandi, 2020) which states that without resources, personnel responsible for implementing policies will work ineffectively, even though orders have been given clearly and consistently, and distributed appropriately. Important resources include staff of sufficient size and capability, appropriate information regarding how orders are implemented, authority to ensure that policies are implemented as expected, and facilities that can provide services such as buildings, equipment, land and supplies. This finding is also in line with the findings of Riswandi (2020) who argue that human resources in the health sector which are supported by information systems and leadership authority in health institutional organizations will be interconnected in achieving service goals. Of these three strengths then the puskesmas will produce a strategic plan from the implementation of central policies which so far have not been optimal.

Meanwhile, the results of the multivariate analysis of the communication variable showed a p-value of 0.043 (p<0.05) with a prevalence ratio value of 5.534. The resource variable shows a p-value of 0.028 (p<0.05) with a prevalence ratio value of 9.404. The disposition variable shows a p-value of 0.012 (p<0.05) with a prevalence ratio value of 12.480. Of the three variables, disposition is the most dominant variable with a large influence of 12.48 times on the coverage of health services for primary education age in the Kupang City regional health center. Meanwhile, the bureaucratic structure variable shows a p-value of 0.310 (p>0.05).

The results of this study communication, resources and disposition factors together influence the coverage of health services for primary education age in the Kupang City area health centers (Penfui, Oebobo, Oepoi, Kupang City, Oesapa). When considered together, these three factors significantly influence minimum service standar 5 policy implementation. Improving these aspects can result in more effective policy implementation. Meanwhile, bureaucratic structure factors do not have a joint influence on the coverage of health services for primary school age in the Kupang City regional health center.

3.17 Relationship between primary education age health service coverage and students' health status

From the results of statistical tests, it shows that the p-value is 0.789 (p>0.05), which means there is no significant relationship between the health service coverage variable at primary education age and students' health status. The explanation for this conclusion is that primary education age health services (minimum service standar 5) are health services provided to residents of primary education age according to standards including health screening services and follow-up on health screening results, by calculating minimum service standar achievement, namely the percentage of the number of primary education age children who receive health services according to standards in the district/city work area within one school year divided by the number of all children of primary education age in the district/city work area within the same school year (Minister of Health Regulation No. 4 of 2019). Thus, minimum service standar 5 coverage does not take into account students' health status. Students who undergo health screening can have good or bad health

status caused by various factors, although this activity is expected to improve students' health status.

Health status can be influenced by many factors, including nutritional problems influenced by economic factors caused by the inability of lower middle class communities to meet protein sources and influenced by factors that lack community knowledge so that nutritional patterns are inadequate (Anggraini & Hermawan, 2023). Another example is behavioral factors, for example attitudes that ignore dental and oral hygiene based on a lack of knowledge about the importance of dental and oral maintenance will affect dental and oral health (Kuta et al., 2024).

4. Conclusion

There is a significant relationship between Communication, Resources, Disposition and Bureaucratic Structure on Health Service Coverage for a Primary Education Age ($P < 0.05$). There is no relationship between the coverage of basic education age health services in the Kupang City area health centers and the health status of students in the Kupang City health center working area. Socialization activities from health workers to parents, families and the community need to be increased in order to a increase understanding and awareness about the importance of health checks at the primary education age so that activities can be carried out well and students benefit from these activities. It is hoped that health workers will always try to improve health services despite various limitations and also involve various parties, especially parents and the community so that health services for students are carried out optimally. It is hoped that this research can become reference material to increase knowledge about the implementation of minimum service standar health in a Primary Education Age Health Services at community health centers. The results of this research can be developed by further researchers to determine the implementation of minimum service standar health using other implementation theory models.

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