



Physical and Mental Health Assessment Among School Age Children in Islamic School, Medan

Roxsana Devi Tumanggor^{1*}, Nurbaiti¹, Cholina Trisa Siregar¹

¹[Faculty of Nursing, Universitas Sumatera Utara, Medan, Indonesia]

Abstract. Children are individuals under the age of 18 years with significant physical and mental growth and development. But, in fact, this growth and development cannot be achieved perfectly. Based on the survey results, several factors are the causes of the child's optimal growth and development, such as economic factors, the level of knowledge and education of the mother. If examined, this factor is closely related to family poverty factors. Not only that, the data related to children's mental health is also almost non-existent, so that children not only face problems related to physical problems, but also problems related to psychological disorders. Therefore, it takes an intervention that can be done on children in optimizing physical and mental health. In this case an approach is needed in the form of school-based intervention in organizing a program for examining the physical and mental health of children. Program implementation has been carried out at the Tahfidz Plus Khoiru Ummah School, at the kindergarten level (17 children) and elementary school (30 children, grade 1-5 elementary school) by coordinating with school teachers who are responsible for each class. The first action taken was a physical examination for all kindergarten and elementary school children. Based on the results of the physical examination, there is no abnormality on the child's health scale. Child health problems found only with flu and cough problems. To overcome this, children have been taught related to health promotion in an effort to prevent disease by demonstrating proper hand washing, proper toothbrushing, wound care and diarrhea. For a physical examination of mental health, screening is done by inviting children to talk about their daily lives during a physical examination while identifying other symptoms outside the instrument checklist. There are 2 instruments used in children's mental health screening, namely Early Childhood Screening Assessment which will be used for kindergarten children and instruments for Social, Academic & Emotional Behavior Risk Screener for elementary school children. Based on the results of temporary screening, there was only one elementary school child who needed further treatment and needed more accurate discussion with the class teacher at the next meeting.

Keyword: Children, Assessment of Physically and Mentally

Abstrak. Anak merupakan individu dengan rentang usia dibawah 18 tahun dengan pertumbuhan dan perkembangan fisik dan mental secara signifikan. Namun, pada kenyataannya, pertumbuhan dan perkembangan ini tidak bisa dicapai dengan sempurna. Berdasarkan hasil survey, beberapa faktor menjadi penyebab tidak optimalnya pertumbuhan dan perkembangan anak, seperti faktor ekonomi, tingkat pengetahuan dan pendidikan ibu. Jika ditelaah faktor ini erat kaitannya dengan faktor kemiskinan keluarga. Bukan itu saja, data terkait kesehatan jiwa anak juga hampir tidak ada, sehingga anak-anak bukan hanya menghadapi masalah masalah masalah terkait gangguan fisik, namun juga masalah terkait

*Corresponding author at: Faculty of Nursing, Universitas Sumatera Utara, Medan, Indonesia

E-mail address: roxsana.tumanggor@usu.ac.id

gangguan psikis. Oleh karena itu, dibutuhkan suatu intervensi yang bisa dilakukan pada anak dalam optimalisasi kesehatan fisik dan jiwa. Dalam hal ini diperlukan pendekatan berupa intervensi berbasis sekolah dalam penyelenggaraan program pemeriksaan kesehatan fisik dan jiwa anak. Implementasi program sudah dilakukan pada Sekolah Tahfidz Plus Khoiru Ummah, pada tingkat TK (17 anak) dan SD (30 anak, kelas 1-5 SD) dengan berkoordinasi dengan guru sekolah yang bertanggung jawab atas kelas masing masing. Tindakan yang pertama sekali dilakukan adalah pemeriksaan fisik untuk semua anak TK dan SD. Berdasarkan hasil pemeriksaan fisik, tidak terdapat abnormalitas pada skala kesehatan anak. Masalah kesehatan anak yang ditemukan hanya masalah flu dan batuk. Untuk mengatasi hal tersebut, anak sudah diajarkan terkait promosi kesehatan dalam upaya pencegahan penyakit dengan mendemonstrasikan cara cuci tangan yang benar, sikat gigi yang benar, perawatan luka dan diare. Untuk pemeriksaan fisik kesehatan jiwa, skrining dilakukan dengan cara mengajak anak bercerita seputar kehidupan sehari-hari pada saat pemeriksaan fisik sembari mengidentifikasi gejala lain diluar ceklist instrument. Terdapat 2 instrumen yang digunakan dalam skrining kesehatan jiwa anak yakni Early Childhood Screening Assesment yang akan digunakan pada anak TK dan instrumen Social, Academic, & Emotional Behavior Risk Screener untuk anak SD. Berdasarkan hasil skrining sementara, hanya terdapat satu anak SD yang butuh penanganan lebih lanjut dan perlu diskusi lebih akurat dengan guru kelas pada pertemuan selanjutnya.

Kata Kunci: Anak, Pemeriksaan Fisik dan Kesehatan Jiwa

Received 10 May 2022 | Revised 14 May 2022 | Accepted 26 June 2023

1 Introduction

According to the Law of the Republic of Indonesia in 2002 concerning child protection, children are defined as individuals with an age range of under 18 years [1]. This condition is categorized as a condition in which children experience very rapid physical and psychological development. Indicators of normal physical development in children are measured by weight and height, hearing, vision, organs, sexual organ development, language development and fine and gross motor development according to age [2]. While indicators of normal child psychological development can be seen from the absence of symptoms of mental disorders in the form of behavioral, emotional and interaction symptoms [3]. According to (Kementerian Kesehatan Republik Indonesia, 2017), there are 37.66% of the Indonesian population who are in the child age range, namely 0-18 years old. However, the optimal level of health has not yet been achieved in this age range as indicated by the Millennium Development Goals/MDGs program as one of the world's programs in overcoming poverty and improving children's health. This is evidenced by the still high infant and under-five mortality rate in Indonesia. This is caused by various factors such as economic problems, maternal health conditions and maternal education level [4]. Based on these three factors, it can be concluded that the mortality of children and toddlers is closely related to the problem of family poverty.

In fact, optimizing the growth of children requires adequate nutrition and food intake to support age-appropriate physical growth. However, this is still far from expectations. In fact, if you look at data from [5], there is no data related to mental health problems detected in children in various regions. Even though the problems experienced by children under five and school age are not only related to physical problems, but also related to psychological problems. Research shows

that many school-age children experience behavioral problems, unstable moods, and depression, which then affect children's learning abilities and reduce achievement [6]. And, in some cases, many school-age children experience physical, emotional and sexual violence with specific signs, which are rarely recognized by school teachers [7]. Meanwhile, as we know that data related to mental health of children in Indonesia, especially in North Sumatra is still not optimal in documentation so that an intervention is needed in the form of screening for physical and psychological health problems in schools as one of the services that is easily accessible to children

One of the schools in the city of Medan that requires physical and psychological health examination services in the first treatment for students and health education is Khoiru Ummah. Tahfidz Plus Khoiru Ummah School is a school for prospective Qur'an memorizers and future leaders who educate sincerely based on Islamic aqidah. The concept of Khoiru Ummah in educating children places parents as the first and foremost educators. Meanwhile, other components, including teachers and schools, play a role in helping parents realize the outputs that have been directed by God. As a school based on Islam, Khoiru Ummah is a school that takes an Islamic education curriculum, outside the curriculum determined by the government. So this school is categorized as homeschooling for kindergarten and elementary school level children. Therefore, there are no special subjects related to health that are taught in schools so that students basically need learning related to health problems that commonly occur in children. Therefore, as an Islamic-based school, it is important to observe that the teachings of Islam will never be separated from the problems and problems of life, both social, economic, political and health problems. If you look at the pattern of education that has been implemented in Khoiru Ummah, it will be seen that kindergarten and elementary school children who are educated basically need a health examination program to complement the Islamic education they have received, so that the application of Islam as a religion and a regulator of life in various issues can be introduced from the beginning. early childhood for kindergarten and elementary school children Khoiru Ummah. Moreover, Khoiru Ummah School has never been the target of community service programs in previous years related to physical and mental health.

2 Methods

The implementation method given to Khoiru Ummah Kindergarten and Elementary School children is divided into three major activities, namely:

1. Physical Assessment

The scope of the physical health check is for Khoiru Ummah Kindergarten and Elementary School children, with a head-to-toe examination:

a. Examination of the scalp, hair and face

- b. Examination of the respiratory and circulatory systems
- c. Examination of the abdomen, liver and kidneys
- d. Motor check
- e. Weigh and measure height
- f. Check visual acuity
- g. Checking dental health

2. Mental Health Assessment

Screening Assessment [8] which will be used for kindergarten children and the Social, Academic, & Emotional Behavior Risk Screener instrument for elementary school children. There are 2 instruments used in screening children's mental health, namely the Early Childhood [9]. The two instruments used are not used to make medical diagnoses, but only to detect symptoms and minimize risk by referring children to psychiatrists or psychologists if necessary. Screening carried out on elementary and kindergarten children is done by inviting students to tell stories while identifying other symptoms outside the instrument checklist. In addition, there is a cross check instrument for school teachers to identify the accuracy of the data.

3. Children Health Promotion

As an anticipatory measure against illness and disease, all kindergarten and elementary school children were given demonstrations on how to properly wash their hands, brush their teeth properly, treat and prevent burns and diarrhea. All of these materials are provided by demonstrating activities and asking all children to do the same.

4. Dissemination of the Assessment Results

The results of the physical and mental examinations are socialized to the teachers for further action. For preventive measures, mental health education is carried out to teachers regarding problems found in children. Educational materials will be tailored to the child's needs based on the findings. The method that will be used is to discuss the findings and provide input and suggestions for problems.

3 Result and Discussion

In the initial implementation of the activity, the community service method was carried out in 3 ways, namely by conducting physical examinations of children, demonstrating efforts to improve

physical health and mental health screening. The steps for community service that have been carried out are as follows

3.1 Children Physical Assessment

Physical examinations that have been carried out last for several days for kindergarten and elementary school children. This is because the examination was carried out on the sidelines of the kindergarten and elementary school class schedules. Coupled with the check-up time which takes approximately 30 minutes for each child. The examination carried out was a head to toe examination which included examination of the initial physical appearance, face shape, condition of the mouth, throat, ears, blood pressure, chest, abdomen, upper and lower extremities and eye examination. The results of physical examinations in kindergarten and elementary school children did not find significant problems that interfere with children, although many children were found with cavities, flu and colds. One child had a cut on his hand due to a scratch and there was one child with nearsightedness because both parents had previously been examined by an ophthalmologist for the use of glasses. The characteristics of children can be seen in the following table 1 below.

Table 1. Children Characteristics (n=47)

No	Characteristics	Frequency
1	Gender	
	Men	17 (36.2%)
	Women	30 (63.8%)
2	Head Circumference	
	45-50cm	39 (83%)
	>51 cm	8 (17%)
3	Eyes	
	Normal	46 (98%)
	Abnormal	1 (2%)
4	Mouth	
	Normal	47 (100%)
	Abnormal	0 (0%)
5	Throat	
	Normal	47 (100%)
	Abnormal	0 (0%)
6	Nose	
	Normal	47 (100%)
	Abnormal	0 (0%)
7	Thorax	
	Normal	47 (100%)
	Abnormal	0 (0%)
8	Abdomen	
	Normal	47 (100%)
	Abnormal	0 (0%)
9	Extremity	
	Normal	47 (100%)
	Abnormal	0 (0%)

3.2 Children Mental Assessment

Screening carried out on elementary and kindergarten children is done by asking students to tell stories during a physical examination while identifying other symptoms outside the instrument checklist. In addition, there is a cross check instrument for school teachers to identify the accuracy of the data. Based on the findings, all children did not show symptoms or psychological problems that needed serious treatment. One child who was identified as less focused during the learning process also did not show serious psychological symptoms. Based on the results of observations and interviews with children, children are just bored in class and have high imagination and creativity. So, this has been discussed with the teacher to anticipate that children with high creativity and imagination can be facilitated with a learning process that is not boring.

4 Conclusion

Based on the results of community service that has been carried out at Khoiru Ummah Kindergarten and Elementary School, there were no abnormal results on the physical examination of children and there were no serious psychological problems during the examination and observation of kindergarten and elementary school children. If in the previous examination, there was one child with a level of concentration and focus that was often disturbed, then re-observation and re-interviews related to the child's behavior were carried out and it turned out that the child only admitted that he was bored and liked to explore the environment so he liked to go out of class and do activities outside the classroom when his friends one class gets teaching in class.

5 Acknowledgements

Thank you to LPM, University of Sumatera Utara which has funded community service for physical examinations and mental health for school-age children in the 2018 financial support. In addition, thank you to all the teachers and the students who voluntarily participated in the community service.

REFERENCES

- [1] Kemenkes.RI. . *Peraturan Menteri Kesehatan Republik Indonesia Nomor 25 Tahun 2020*.
<http://dx.doi.org/10.1016/j.jss.2014.12.010><http://dx.doi.org/10.1016/j.sbspro.2013.03.034><https://www.iiste.org/Journals/index.php/JPID/article/viewFile/19288/19711><http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.678.6911&rep=rep1&type=pdf>. 2020
- [2] WHO Child Growth Standards. *Developmental Medicine & Child Neurology*, 51(12), 1002–1002. <https://doi.org/10.1111/j.1469-8749.2009.03503.x>. 2009
- [3] APA.. *Dsm-5 Full.Pdf*. 2013
- [4] Langer, A., Meleis, A., Knaul, F. M., Atun, R., Aran, M., Arreola-ornelas, H., Bhutta, Z. A., Binagwaho, A., Bonita, R., Caglia, J. M., Claeson, M., Davies, J., Donnay, F. A., Gausman, J. M., Glickman, C., Kearns, A. D., Kendall, T., & Foundation, M. G.

- Women and Health: the key for sustainable development.* 1165–1210. [https://doi.org/10.1016/S0140-6736\(15\)60497-4](https://doi.org/10.1016/S0140-6736(15)60497-4). 2019
- [5] Kementerian Kesehatan Republik Indonesia.. *Profil Kesehatan Indonesia 2016. In Profil Kesehatan Indonesia Tahun 2016.* <http://www.depkes.go.id/resources/download/pusdatin/profil-kesehatan-indonesia/Profil-Kesehatan-Indonesia-2016.pdf> . 2017
- [6] Schulte-Körne, G. Mental Health Problems in a School Setting in Children and Adolescents. *Deutsches Arzteblatt International*, 113(11), 1515–1525. <https://doi.org/10.3238/arztebl.2016.0183>. 2016
- [7] Carpenter, M., Kennedy, M., Armstrong, A. L., & Moore, E. Indicators of abuse or neglect in preschool children's drawings. *Journal of Psychosocial Nursing and Mental Health Services*, 35(4), 10–17. 1997
- [8] Gleason, M. M., Zeanah, C. H., & Dickstein, S. Recognizing young children in need of mental health assessment: Development and preliminary validity of the early childhood screening assessment. *Infant Mental Health Journal*, 31(3), 335–357. <https://doi.org/10.1002/imhj.20259>. 2010
- [9] Kilgus, S. P., Eklund, K., von der Embse, N. P., Taylor, C. N., & Sims, W. A. Psychometric defensibility of the Social, Academic, and Emotional Behavior Risk Screener (SAEBRS) Teacher Rating Scale and multiple gating procedure within elementary and middle school samples. *Journal of School Psychology*, 58, 21–39. <https://doi.org/10.1016/j.jsp.2016.07.001>. 2016