

ANALYSIS OF SCHOOL HEALTH UNIT READINESS IN SUPPORTING ADOLESCENT REPRODUCTIVE HEALTH EDUCATION AT SMAN X INDRAMAYU

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ABSTRACT

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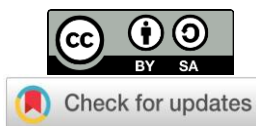
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Abstract:

Adolescent reproductive health remains a significant issue in Indonesia due to the risks of unintended pregnancy, sexually transmitted infections, and risky sexual behaviors. Schools play a strategic role through the School Health Unit (SHU) in promotive and preventive efforts. This study aimed to analyze the readiness of the School Health Unit in supporting adolescent reproductive health education at SMA Negeri X in Indramayu. The study employed a descriptive qualitative approach with informants selected purposively, including School Health Unit officers, School Health Unit supervising teachers, the Vice Principal of Student Affairs, and Guidance and Counseling teachers. Data were collected through in-depth interviews, observation, and document review, and analyzed thematically. The results showed that the SHU had human resources with positive attitudes and basic competencies, adequate facilities, and school policy support. However, the limited availability of educational media and the absence of specific Standard Operating Procedures (SOPs) caused reproductive health education to be delivered in an unscheduled manner. Strengthening human resource capacity, providing structured educational media, and developing SOPs are necessary to ensure systematic and sustainable implementation.

Abstrak:

Kesehatan reproduksi remaja masih menjadi isu penting di Indonesia karena berkaitan dengan risiko kehamilan tidak diinginkan, infeksi menular seksual, dan perilaku seksual berisiko. Sekolah memiliki peran strategis melalui Usaha Kesehatan Sekolah (UKS) dalam upaya promotif dan preventif. Penelitian ini bertujuan untuk menganalisis kesiapan Usaha Kesehatan Sekolah (UKS) dalam mendukung edukasi kesehatan reproduksi remaja di SMA Negeri X di Kabupaten Indramayu. Penelitian menggunakan pendekatan kualitatif deskriptif dengan informan yang dipilih secara purposive, terdiri atas petugas UKS, guru pembina UKS, Wakil Kepala Sekolah bidang kesiswaan, dan guru Bimbingan dan Konseling. Data dikumpulkan melalui wawancara mendalam, observasi, dan telaah dokumen, serta dianalisis secara tematik. Hasil penelitian menunjukkan bahwa UKS memiliki sumber daya manusia dengan sikap positif dan kompetensi dasar, fasilitas yang memadai, serta dukungan kebijakan sekolah. Namun, keterbatasan media edukasi dan belum adanya Standar Operasional Prosedur (SOP) khusus menyebabkan edukasi kesehatan reproduksi belum dilaksanakan secara terjadwal. Diperlukan penguatan kapasitas SDM, penyediaan media edukasi terstruktur, dan penyusunan SOP untuk memastikan pelaksanaan yang sistematis dan berkelanjutan.



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INTRODUCTION

Adolescents are an age group undergoing a transitional biological and psychosocial phase, making them vulnerable to various health problems, particularly reproductive health issues. Physical, psychological, and social changes during adolescence can increase vulnerability to risky behaviors when they are not accompanied by adequate health knowledge and skills. The World Health Organization states that limited reproductive health literacy among adolescents is associated with increased vulnerability to unintended pregnancy and sexually transmitted infections, making adolescent reproductive health an important public health concern [1].

In Indonesia, national data indicate that adolescents' knowledge of reproductive health remains suboptimal. The Indonesian Adolescent Reproductive Health Survey reported that many adolescents have limited understanding of puberty, pregnancy, and sexually transmitted infections [2]. In addition, the 2022 Indonesia Demographic and Health Survey reported that pregnancies continue to occur among adolescents aged 15–19 years, highlighting the need to strengthen promotive and preventive reproductive health efforts among adolescents [3].

School-based approaches are considered important in improving adolescents' reproductive health knowledge and promoting positive health behaviors. Schools are strategic settings because they provide access to a large proportion of the adolescent population and offer opportunities for structured and continuous health education. National studies have shown that reproductive health education in schools can improve adolescents' knowledge and attitudes toward reproductive health [4]. Similar findings have been reported in international studies, indicating that school-based reproductive health education can contribute to the prevention of risky sexual behaviors among adolescents [5].

School-based sexual and reproductive health education can also address adolescents' need for accurate, engaging, and safe information, particularly when educational approaches are adapted to adolescents' experiences and preferences [26], [27]. In the Indonesian context, the implementation of reproductive health education may be influenced by cultural sensitivity and the availability of reliable information. These considerations further emphasize the importance of strengthening the capacity of schools and educators to provide appropriate reproductive health education [28].

Within the Indonesian school health system, the School Health Unit (SHU) is an important mechanism for supporting promotive and preventive health efforts among students. SHU activities generally encompass health education, health services, and the development of a healthy school environment [6]. However, previous studies have identified challenges in SHU implementation, including limited facilities, insufficiently trained SHU personnel, and suboptimal school management support [7]. These conditions indicate that the ability of SHU to support reproductive health education depends not only on the existence of the program, but also on its level of readiness.

In this study, SHU readiness refers to the extent to which the school health unit has the human resources, facilities and infrastructure, and organizational or management support required to support the implementation of adolescent reproductive health education. Human resources were considered because the availability and capacity of personnel influence the implementation of health programs. Facilities and infrastructure were considered because educational activities require an appropriate physical environment and supporting media. Meanwhile, school management support was considered because policies, organizational arrangements, and institutional support influence the continuity and implement-

tation of school-based health programs [7], [9], [10]. These three dimensions were therefore used as analytical dimensions to provide a contextual understanding of the conditions that enable SHU to support reproductive health education.

Although policies and guidelines for strengthening SHU are available, empirical studies specifically examining SHU readiness to support adolescent reproductive health education, particularly at the senior high school level in regional settings, remain limited. Indramayu Regency is one of the areas where adolescent reproductive health remains an important public health concern, highlighting the need to strengthen the role of schools in promotive and preventive efforts. Therefore, this study aimed to analyze the readiness of the School Health Unit (SHU) in supporting the implementation of adolescent reproductive health education at SMA Negeri X in Indramayu Regency.

RESEARCH METHOD

Study Design and Setting

This study employed a descriptive qualitative approach to analyze the readiness of the School Health Unit (SHU) in supporting adolescent reproductive health education at SMA Negeri X in Indramayu Regency. A qualitative approach was considered appropriate because the study aimed to obtain an in-depth understanding of the conditions, experiences, practices, and contextual factors related to SHU readiness rather than to measure readiness using numerical scores [8].

In this study, SHU readiness was conceptually understood as the availability and adequacy of conditions that enable SHU to support adolescent reproductive health education. The analysis focused on three dimensions: human resources, facilities and infrastructure, and school management support. These dimensions were selected because the implementation of school-based health education requires

personnel with relevant roles and competencies, supporting facilities and educational resources, as well as institutional policies and management support [7], [9], [10].

Participants and Participant Selection

Participants were selected using purposive sampling based on their involvement in, or knowledge of, SHU management and the implementation of student health programs at the study site. Four informants participated in the study, consisting of one SHU officer, one SHU supervising teacher, one vice principal for student affairs, and one guidance and counseling teacher.

The four informants were selected because they represented different roles within the school structure that were relevant to the study objectives. The SHU officer provided information regarding the implementation of SHU activities, while the SHU supervising teacher provided information concerning supervision and management of SHU activities. The vice principal for student affairs provided information regarding school-level management and institutional support, whereas the guidance and counseling teacher provided information concerning student development and the delivery of information related to adolescent health. The inclusion of informants with different roles enabled the researchers to obtain information from multiple perspectives regarding SHU readiness.

The number of informants was determined based on the relevance of their roles and the adequacy of the information obtained to address the research objectives. Data collection was concluded after information relevant to the predefined dimensions of SHU readiness had been obtained from the identified key informants. The study did not use a numerical readiness score or predetermined quantitative cut-off point to classify the level of SHU readiness.

Data Collection

Data were collected through in-depth interviews, observations, and document reviews. In-depth interviews were conducted with the four selected informants using a semi-structured interview guide developed according to the study objectives and the three analytical dimensions of readiness. Each interview lasted approximately 30 minutes. The interviews explored the roles and competencies of SHU personnel, availability and use of facilities and educational media, school policies and management support, and the implementation of adolescent reproductive health education.

Observation was conducted to obtain direct information regarding the physical condition of the SHU, available facilities and infrastructure, and the implementation context of SHU activities. Document review was conducted on documents relevant to SHU programs, guidelines, and activity reports that were available at the school. Information obtained from interviews was compared with findings from observations and available documents to strengthen the interpretation of the findings.

Data Analysis

Data were analyzed using a thematic analysis approach. The analysis began with the organization and repeated reading of interview data, observation notes, and relevant documents to obtain an overall understanding of the data. Relevant statements and information were then identified and assigned initial codes according to their meaning and relevance to the research objectives.

The initial codes were subsequently compared and grouped based on similarities and relationships. Related codes were then organized into categories and developed into broader themes and subthemes. The themes were reviewed against the available data to ensure that

they adequately represented the information obtained from the participants, observations, and documents. The final thematic structure focused on human resources, facilities and infrastructure, school management support, and the implementation of adolescent reproductive health education.

The three data sources were integrated during the interpretation process. Interview findings were used to understand participants' experiences and perceptions, while observations and document reviews were used to examine the contextual and documentary evidence supporting or complementing those accounts. This process allowed the researchers to identify areas of convergence and differences among the data sources.

Trustworthiness

The credibility of the findings was strengthened through source and technique triangulation. Source triangulation was achieved by obtaining information from informants with different roles within the school, while technique triangulation involved comparing information obtained through interviews, observations, and document reviews. Member checking was also conducted by confirming the interpretation of relevant information with the informants. An audit trail was maintained to document the research and analytical process [11].

Ethical Considerations

Before data collection, permission to conduct the study was obtained from the school. All informants were informed about the purpose and procedures of the study and provided informed consent before participating in the interviews. The confidentiality of informant identities and research data was maintained throughout the study, and identifying information was anonymized in the reporting of the findings.

RESULTS AND ANALYSIS

Human Resources Readiness

The readiness of SHU human resources was reflected in their willingness to support adolescent reproductive health education, relevant competencies, and collaboration with other school and health personnel. The findings showed that human resource readiness was present but remained dependent on cross-sectoral collaboration and opportunities to strengthen specific reproductive health competencies.

The SHU supervising teacher expressed readiness to support adolescent reproductive health education but emphasized the importance of involving external health personnel when addressing sensitive reproductive health topics. External health workers, such as midwives, were considered useful in providing more specialized information and helping ensure that the material was delivered appropriately.

"I am actually ready, but we still need assistance from those more knowledgeable about reproductive health material. We usually invite resource persons such as midwives or other health workers, because reproductive health material is sensitive, and students' reception is also sensitive, so we hope there will be no objections from parents." (Informant 2)

The findings also indicated that human resource readiness was influenced by knowledge, leadership support, coordination among school personnel, and collaboration with external health services. The SHU supervising teacher considered collaboration with the guidance and counseling teacher, the local health center, and the health office important for strengthening reproductive health education.

A specific training gap was identified among the BK teacher. Although the BK teacher had experience providing individual and group counseling to adolescents, no specific training on adolescent reproductive health had been

received. Reproductive health information at the school had instead been supported through collaboration with SHU and biology teachers, particularly regarding the basic medical aspects and consequences of reproductive health issues.

"There hasn't been any special training, maybe sometimes through SHU collaboration. The biology teacher usually explains the impacts and causes related to reproduction in class." (Informant 4)

Despite the absence of specific training, the BK teacher reported being able to provide counseling related to adolescent reproductive health. However, student openness remained a challenge because reproductive health issues were perceived by some students as personal and sensitive.

"I can handle it, but sometimes students do not want to share because it feels like a personal shame. I can manage both group and individual reproductive health counseling sessions." (Informant 4)

The SHU officer similarly reported having no specific training in adolescent reproductive health. Nevertheless, the officer had an educational background in midwifery and public health with a reproductive health focus, which provided a basic foundation for understanding reproductive health issues.

"I haven't had reproductive health training, but my background is in reproductive health. I have a Diploma in Midwifery and a Bachelor's in Public Health with a reproductive health focus, so I can grasp the basics." (Informant 1)

The implementation of adolescent health services through SHU was largely responsive to students' needs rather than based on a specific schedule. Services were provided when students visited the SHU room for health complaints, counseling, or other health-related needs.

"For routine adolescent health tasks, they technically exist but not scheduled. We stay at SHU, so if a student comes for health counseling, that's when we provide the service. It flows according to the students' needs." (Informant 1)

Time availability was another factor affecting the implementation of reproductive health education. The full-day school system made it difficult to allocate dedicated time for SHU-based health education. As a result, education activities often depended on external parties and prior approval from the school principal.

"The main issue is time. The school now has full-day learning, so it's difficult to provide time for health education unless external parties conduct the education or outreach, which requires prior approval from the principal." (Informant 1)

Overall, the findings suggest that SHU human resources possessed basic readiness through relevant educational backgrounds, counseling experience, and willingness to collaborate. However, the absence of specific reproductive health training, limited student openness, and time constraints remained factors that limited the optimal implementation of reproductive health education.

Facilities and Infrastructure Readiness

The readiness of SHU facilities and infrastructure was reflected in the availability and condition of the SHU room as well as the availability of educational resources. The findings indicated that the physical SHU environment could support health services and confidential counseling, while specific reproductive health educational media remained limited.

The SHU officer reported that the unit did not have specific reproductive health educational media, such as posters, leaflets, modules, or printed educational materials. Reproductive health information was mainly obtained through online media, particularly YouTube, which was used as a supplementary educational resource.

"There is no specific reproductive health media. We usually get all the information from YouTube, so it's done manually." (Informant 1)

Observation of the SHU room showed that the room was physically available and could be used for student

health services and counseling. The room also provided elements that could support student privacy, including a door that could be closed and partition curtains.

"The room condition is safe. If it is highly private, the door can be closed and there are partition curtains to maintain students' privacy." (Informant 1)

However, observation also showed that visual educational media specifically addressing adolescent reproductive health were not available in the SHU room. The SHU had general SOPs, but no specific educational media or specific SOP regulating adolescent reproductive health education through SHU was identified.

These findings indicate that the physical environment of SHU provided a basic setting for health services and confidential counseling, but the availability of reproductive health education resources remained limited. Thus, facility readiness was supported by the physical condition and privacy of the SHU room, while educational resource readiness required further strengthening.

School Policy and Management Support

School policy and management support were identified through leadership commitment, integration of reproductive health education into school activities, interprofessional collaboration, and budget allocation for SHU activities.

The Vice Principal for Student Affairs stated that the school strongly supported the existence and implementation of SHU as part of student health development.

"It is clear that we fully support the presence of SHU in this school as part of health development for the students." (Informant 3)

The school also recognized the importance of providing adolescents with accurate and guided reproductive health information because students may obtain information from various external sources. Reproductive health education had been integrated into biology lessons and was

also addressed through SHU activities related to adolescent health.

"If there is no education from the school, we are concerned. Adolescents now receive a lot of information from outside. Although it is included in biology lessons, it is more specifically addressed through SHU in the adolescent health field." (Informant 3)

Management support was also demonstrated through collaboration among SHU personnel, homeroom teachers, subject teachers, and the student affairs team. This collaborative approach was used to address adolescent reproductive health issues in an educational and context-sensitive manner.

"High school students sometimes do not understand the consequences of relationships between boys and girls if boundaries are crossed, so we handle this intensively through collaboration with SHU, homeroom teachers, subject teachers, and the student affairs team." (Informant 3)

In terms of financial support, the school had allocated a SHU budget within the School Work Plan (RKS). The budget covered not only medicines but also educational and training activities. However, document review identified that the school did not yet have a specific SOP regulating the implementation of adolescent reproductive health education through SHU.

"The SHU budget is included in the RKS, not only for medicines but also for education or training. However, there is no specific SOP for adolescent reproductive health education yet." (Informant 3)

The absence of a specific SOP may have contributed to the lack of a more structured framework for implementing adolescent reproductive health education. Nevertheless, the school's leadership commitment, cross-personnel collaboration, and budget allocation indicate the presence of organizational support for SHU activities.

Implementation of Adolescent Reproductive Health Education

The implementation of adolescent reproductive health education was supported by several school-based activities, including biology lessons, SHU services, counseling, collaboration with health personnel, and the keputrian program. However, the implementation was not yet conducted through a specific and consistently scheduled SHU-based reproductive health education program.

The findings indicate that reproductive health information was delivered through multiple channels rather than through a single structured program. Biology teachers contributed to the delivery of basic reproductive health information, while the BK teacher provided counseling services. SHU personnel provided health services according to students' needs, and external health personnel could be involved in education or outreach activities.

The school's willingness to collaborate with health personnel provided an additional mechanism for addressing reproductive health topics that were considered sensitive. However, implementation remained affected by time constraints associated with the full-day school system and the absence of a specific SOP. These conditions may have contributed to reproductive health education being implemented incidentally rather than according to a standardized schedule.

Taken together, the findings show that the school had several components supporting adolescent reproductive health education, particularly in terms of human resources, physical SHU facilities, leadership support, and collaboration. Nevertheless, the implementation could be strengthened through specific reproductive health training for relevant personnel, development of appropriate educational media, establishment of a specific SOP, and more structured scheduling of reproductive health education activities.

DISCUSSION

Readiness of School Health Unit (SHU) Human Resources

The findings indicate that the readiness of SHU human resources is characterized by willingness to support adolescent reproductive health education, basic relevant competencies, and collaboration among school personnel and external health workers. However, this readiness has not yet developed into a fully structured capacity for implementing reproductive health education. The main limitations were the absence of specific reproductive health training for some personnel and limited time for SHU-based educational activities. This finding suggests that having personnel who are willing and generally competent does not necessarily ensure the consistent implementation of reproductive health education when institutional capacity and dedicated time remain limited. This is consistent with previous studies indicating that educator training, managerial support, and adequate operational time are important components in the implementation of school-based health programs [4], [7].

The findings further highlight the importance of the teacher's role in providing reproductive health information. Teachers are positioned close to students and can integrate health information into routine educational and counseling activities. Evidence from the Indonesian Journal for Health Sciences indicates that teachers can contribute to adolescent reproductive health education through classroom integration and appropriate educational approaches [29]. However, the current findings show that the role of teachers needs to be supported by specific competencies because reproductive health is considered a sensitive topic and students may be reluctant to discuss personal concerns. Therefore, strengthening teacher capacity should not be limited to increasing knowledge but should also include communication skills, counseling

approaches, and strategies for addressing sensitive reproductive health topics.

The absence of specific training among the BK teacher and SHU officer represents an important capacity gap. Although the SHU officer had a relevant educational background and the BK teacher had counseling experience, these existing competencies were not equivalent to structured training specifically designed for adolescent reproductive health education. This distinction is important because reproductive health education requires not only technical knowledge but also the ability to communicate sensitive information appropriately according to students' developmental characteristics. Previous intervention studies have demonstrated that structured educational interventions can improve adolescents' knowledge and attitudes regarding reproductive health [30]. Thus, strengthening the capacity of SHU personnel and teachers may improve the consistency and quality of education delivered within the school.

Another important finding is that SHU services were largely responsive to students' needs rather than implemented through a specific educational schedule. Time constraints associated with the full-day school system may make it difficult to establish dedicated reproductive health education sessions. Consequently, the implementation may depend on external health personnel or opportunities arising within other school activities. This condition indicates that SHU readiness should be understood not only in terms of the availability of personnel but also in terms of whether the school provides sufficient organizational opportunities for those personnel to perform their roles. Previous literature shows that reproductive health programs that are systematically integrated into school activities are more likely to support improvements in adolescents' knowledge, attitudes, and decision-making [5], [12], [22].

Student openness is another contextual factor that influences the effectiveness of human resources. The sensitive nature of reproductive health issues may discourage students from asking questions or disclosing personal concerns. Previous studies have identified cultural stigma and the sensitivity of reproductive health topics as factors that may influence the effectiveness of reproductive health education [16]. In this context, the collaboration between SHU personnel, BK teachers, biology teachers, and external health workers becomes important because different personnel can provide complementary forms of support. Such collaboration may also reduce the burden on individual teachers when addressing topics that require specialized knowledge or careful communication.

Overall, the findings suggest that strengthening human resource readiness requires a shift from individual willingness and basic competence toward more systematic institutional capacity. Specific reproductive health training, clearer role allocation, dedicated educational time, and collaboration with health professionals may help transform existing human resource potential into more consistent and proactive reproductive health education. This represents an important practical implication for SHU implementation at the school level.

Readiness of School Health Unit (SHU) Facilities and Infrastructure

The findings demonstrate that the physical SHU environment provides a basic foundation for adolescent health services, particularly because the room offers privacy through a closable door and partition curtains. This aspect is important for reproductive health counseling because students may be more willing to discuss sensitive concerns when they perceive the environment as safe and confidential. Previous studies have similarly emphasized the importance of privacy and supportive environments in facilitating adolescent

access to reproductive health services [14], [15], [23].

However, physical availability alone does not ensure that SHU facilities are fully supportive of reproductive health education. The absence of specific educational media, including posters, leaflets, modules, and other structured materials, limits the ability of SHU personnel to provide information in a consistent and engaging manner. In this study, online media such as YouTube were used as supplementary resources. While digital media can broaden access to reproductive health information, the findings indicate the need for careful selection and validation of content so that students receive scientifically accurate and developmentally appropriate information [13].

This issue is increasingly important because adolescents obtain health information from multiple digital platforms. Evidence indicates that web-based reproductive health education can improve access to information and may contribute to improvements in reproductive health knowledge [31]. Nevertheless, digital accessibility should be accompanied by appropriate guidance. Without structured selection of educational content, adolescents may encounter information that is incomplete, inaccurate, or unsuitable for their developmental needs. Therefore, the role of SHU should extend beyond providing access to information toward facilitating access to reliable and contextually appropriate reproductive health resources.

The findings also reveal a distinction between general SHU infrastructure and infrastructure specifically supporting reproductive health education. Although the SHU had a functioning room and general SOPs, specific reproductive health educational media and a specific SOP for reproductive health education were not available. This indicates that the school has established a general foundation for SHU services but has not yet developed all of the

supporting resources required for a specialized reproductive health education program. Previous studies suggest that structured educational media and clear operational guidance can support effective communication of sensitive health topics [16].

Therefore, improvement of facilities should not be limited to physical infrastructure. The more strategic priority is to develop content-based resources, including validated educational media, reproductive health information materials, and operational guidance specifically adapted to adolescents. Such resources could make reproductive health education more structured, consistent, and accessible while complementing the existing physical privacy of the SHU room.

School Policy and Management Support

The findings show that school leadership provides an important organizational foundation for SHU implementation. The commitment of school leaders was reflected in support for SHU, integration of reproductive health topics into school activities, collaboration among school personnel, and allocation of a SHU budget through the School Work Plan (RKS). This finding indicates that the school does not view reproductive health solely as an individual responsibility of students or teachers but recognizes it as part of broader student health development. This is consistent with previous research emphasizing the importance of school leadership in facilitating resources, coordinating personnel, and integrating health programs into school activities [17], [18], [24].

The integration of reproductive health topics into biology lessons and SHU activities is particularly relevant because it allows information to be delivered through different educational channels. Formal classroom learning can provide structured scientific information, while SHU and counseling services can provide opportunities for students to discuss health

concerns in a more supportive setting. Research in Indonesia has shown that reproductive health topics are integrated into several school subjects, although the completeness and accuracy of the information remain important considerations [32]. Therefore, curriculum integration is valuable, but its effectiveness depends on the consistency and quality of the information provided across different educational settings.

The findings also indicate that the school uses collaboration among SHU personnel, teachers, homeroom teachers, the student affairs team, and external health professionals to address sensitive reproductive health issues. This collaborative approach is significant because no single school personnel may possess all the competencies required to address the biological, psychological, social, and behavioral dimensions of adolescent reproductive health. A supportive school environment and coordinated educational resources have also been identified as relevant factors in promoting adolescent sexual and reproductive health, although the effectiveness of interventions may vary according to implementation and context [20], [33].

Nevertheless, the existence of policy support and budget allocation does not automatically guarantee structured implementation. The absence of a specific SOP for adolescent reproductive health education indicates a gap between general institutional commitment and operational standardization. In other words, the school has provided an enabling environment for SHU activities, but the procedures for translating this support into a consistent reproductive health education program remain insufficiently defined. This finding is important because clear operational guidance can help establish responsibilities, educational procedures, coordination mechanisms, and continuity of activities [21].

The absence of a specific SOP should therefore not be interpreted as the sole cause of incidental implementation. Rather, it may be one of the organizational factors associated with the absence of a standardized implementation framework. Other factors identified in this study, particularly time constraints, limited educational media, and the need for external collaboration, also influence how reproductive health education is implemented. This interpretation is more consistent with the descriptive qualitative design of the study and avoids attributing the implementation pattern to a single factor.

From a practical perspective, strengthening management support should therefore focus not only on maintaining leadership commitment and funding but also on translating that commitment into operational mechanisms. The development of a specific SOP, assignment of clear responsibilities, dedicated scheduling, provision of educational resources, and coordination with health professionals could strengthen the continuity of SHU-based reproductive health education. These measures may help the SHU move from a predominantly responsive service toward a more planned and preventive approach to adolescent reproductive health education.

Implications for SHU Readiness in Adolescent Reproductive Health Education

Across the three dimensions examined in this study, the findings indicate that SHU has several foundational elements that can support adolescent reproductive health education, including relevant human resources, a physically supportive SHU environment, school leadership commitment, budget support, and collaboration among school personnel. However, these supporting elements have not yet been fully translated into a structured and sustainable reproductive health education program.

The main contribution of this study is its identification of the gap between the

availability of supporting components and their actual integration into routine implementation. Human resources may possess basic competence, facilities may provide privacy, and school management may provide policy and financial support; nevertheless, the absence of specific training, educational media, dedicated scheduling, and a specific SOP limits the ability of these components to function as an integrated system. This finding suggests that SHU readiness should be viewed as a combination of resources and organizational capacity rather than simply the presence or absence of individual components.

In practical terms, schools can strengthen SHU readiness by prioritizing specific reproductive health training for relevant personnel, developing validated educational media, establishing operational guidelines, and allocating dedicated time for reproductive health education. Collaboration with local health centers can complement internal school capacity, particularly for sensitive or technically specialized topics. These strategies may strengthen the continuity, consistency, and acceptability of reproductive health education among adolescents.

Thus, the findings support the need for a coordinated school health approach in which SHU, teachers, counseling personnel, school management, and external health professionals have complementary roles. Strengthening these components may enable SHU to function not only as a responsive health service for students who seek assistance but also as a proactive platform for planned adolescent reproductive health education.

CONCLUSION

This study concludes that the School Health Unit (SHU) at SMA Negeri X in Indramayu is generally ready to support adolescent reproductive health education through available human resources, facilities, and school support. However, these resources have not been fully

integrated into a structured and sustainable program due to limited specific training and educational media, as well as the absence of a specific SOP. Strengthening personnel capacity, educational media, operational guidelines, and dedicated time is therefore recommended to improve SHU readiness. Further research should examine the implementation and effectiveness of structured SHU-based reproductive health education programs.

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