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IT-Based Healthy School Management at the Junior High School Level: A Literature Review

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A B S T R A C T

This study reviews IT-based healthy school management at the junior high school level using a Systematic Literature Review (SLR) method guided by PRISMA 2020. From 200 articles identified (2020–2025), 20 articles met the inclusion criteria for synthesis. The analysis reveals two main clusters: the red cluster relates to students' health literacy and information-seeking behavior (user-centered approach), while the green cluster focuses on educational technology and the role of teachers as facilitators (provider-centered approach). Developmental analysis shows a shift in focus from students' literacy and behavior in 2022 toward infrastructure development and the role of educators in 2023–2024. The implementation of IT-based healthy school management is influenced by three key factors: human (satisfaction, skills, understanding of benefits), technology (system quality and infrastructure), and organization (policy and management support). This study affirms the importance of a holistic approach that integrates these three factors, accompanied by comprehensive training for teachers and administrators as well as improved technological infrastructure, in order to realize a healthy school ecosystem that is adaptive, responsive, and sustainable.

1. Introduction

Student health is a crucial foundation for supporting the learning process and achieving optimal academic performance. Research has shown that good health enables better concentration and active participation, thereby significantly supporting students' academic achievement (Pulimeno et al., 2020). Schools, as the main educational institutions, have a strategic responsibility to promote student health through structured and sustainable approaches. The education sector can reach a large number of young people with strategies that can reduce the negative impact of adverse experiences and improve students' overall health and well-being (Pulimeno et al., 2020; Elsad & Widjaja, 2022).

The World Health Organization (WHO) has recognized schools as an ideal setting for implementing health interventions. WHO introduced the concept of the Health Promoting School (HPS), defined as a school that continuously strengthens its capacity as a healthy place to live, learn, and grow (Jain, 2021). By integrating health education into regular teaching and learning practices, schools can create an environment that supports the formation of healthy lifestyles while simultaneously improving student learning outcomes. In Indonesia, these efforts are embodied in the School Health Effort (Usaha Kesehatan Sekolah/UKS) program, which has been implemented for decades, although its implementation still faces various limitations in terms of management efficiency and program impact coverage (Kementerian Pendidikan dan Kebudayaan Indonesia, 2019).

In the current era of digital transformation, information technology offers significant opportunities to improve the quality of school health program management. The implementation of information technology in healthy school management can enhance operational efficiency, improve coordination among various stakeholders, and facilitate real-time access to health information for students, teachers, parents, and other related parties (Lestari, 2022; Terusiana et al., 2026). Technology-based information systems, such as the "UKS Cerdas" application and the School Health Information System (Sistem Informasi UKS/SI UKS), have been developed in various regions to document and monitor student health data in a structured manner, thereby increasing the transparency and effectiveness of UKS services.

However, the implementation of IT-based healthy school management at the junior high school (SMP) level still faces various complex challenges. Limitations in technological infrastructure, particularly unstable internet access and limited availability of hardware, are major obstacles, especially in schools located in rural and remote areas (Mapping of Information Technology Capability in Primary and Secondary Education, 2023). In addition, gaps in digital literacy among educators and school management staff, the lack of comprehensive training, and limited financial resources for the procurement and maintenance of technology systems are factors that hinder the adoption and integration of technology in school health program management (Supiani et al., 2024).

Despite these significant implementation challenges, empirical evidence shows that when information technology is successfully implemented with adequate support, its impact on improving the quality of school health services is highly positive and measurable. Integrated information systems can facilitate better coordination among school health units, teachers, parents, and health workers from community health centers (puskesmas), thereby creating a school health ecosystem that is more responsive and effective in the early detection of student health problems (Lestari, 2022). Research on the success factors of health information system implementation indicates that human factors (including user satisfaction, user skills, and understanding of system benefits) have the greatest influence on implementation success, followed by technological and organizational factors (Farzandipur et al., 2016; Ginting et al., 2025).

Given the importance of IT-based healthy school management and the complexity of the factors influencing its implementation at the junior high school level, systematic research is urgently needed to identify, analyze, and synthesize the latest literature on this topic. This systematic literature review, following the PRISMA 2020 guidelines, aims to: (1) identify best practices in IT-based healthy school management at the junior high school level; (2) analyze the most dominant implementation challenges and barriers; (3) identify critical success factors that must be considered; and (4) formulate evidence-based recommendations for the development of policies and the implementation of more effective and sustainable IT-based healthy school management programs in Indonesian junior high schools. Through a comprehensive synthesis of studies published between 2020 and 2025, this research is expected to make a significant contribution to advancing understanding of technology integration in school health management and to provide an evidence base for decision-making by policymakers, educators, and school administrators.

2. Methodology

This study is a systematic literature review (SLR) that follows the PRISMA 2020 (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines to ensure methodological transparency and minimize bias at each systematic stage. Systematic review was chosen as the research method because it provides a comprehensive synthesis of studies related to IT-based healthy school management at the junior high school level, enabling the identification of research gaps, patterns of consistent findings, and practical recommendations for policy development and implementation. The data sources for this study consist of scientific articles published in reputable national and international journals between 2020 and 2025. The articles were collected through online databases such as Google Scholar using the Publish or Perish software. The keywords used in the search process were technology-based management, healthy school, and junior high school. Table 1 presents the inclusion and exclusion criteria applied to screen articles, reducing the initial 200 sources to 20 articles eligible for in-depth analysis.

Table 1. Inclusion and Exclusion Criteria

Criteria	Inclusion	Exclusion
Publication Year	Articles from January 2020 – October 2025	Articles published before 2020
Type of Publication	Journal Articles	Conference proceedings, books, edited volumes, etc.
Source	Journals	Conference proceedings, books, and other non-journal sources
Language	Indonesian	Other languages
Setting	Discusses healthy school management	Does not discuss healthy school management

Figure 1 illustrates the PRISMA 2020 flow diagram followed during the identification, screening, and selection of 20 articles from the initial 200 records identified through database searches.

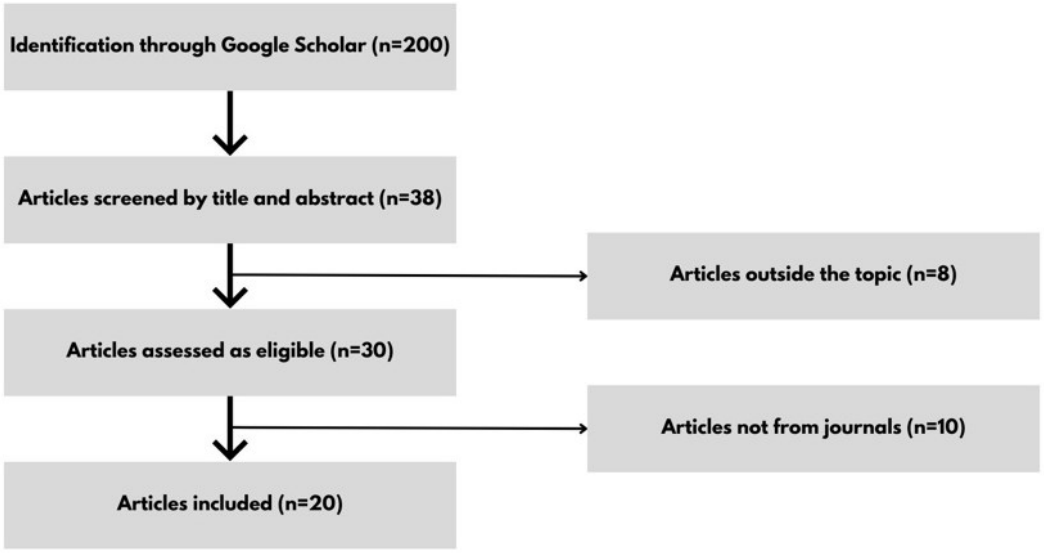

Figure 1. PRISMA Flow Diagram

3. Results and Discussion

Results

This section presents the results of a systematic analysis of 20 scientific articles that met the inclusion criteria in the systematic literature review (SLR) on IT-based healthy school management at the junior high school level. The findings are presented through three main perspectives: (1) identification of research clusters based on co-word analysis using VOSviewer, (2) the dynamic evolution of the research landscape through timeline analysis, and (3) key factors influencing the implementation of IT-based healthy school management. These three perspectives are designed to provide a comprehensive overview of research trends, focus areas, and practical implications for the development of policies and implementation strategies for information-technology-based healthy school management at the school level. Figure 2 presents the network visualization results from the VOSviewer co-word analysis, identifying two main research clusters on IT-based healthy school management.

1. Red Cluster: Health Literacy and Information-Seeking Behavior

The first cluster, marked in red and located on the left side of the visualization, includes the main keywords: senior high school (SMA), search behavior, internet health information, and health literacy. This cluster represents a research dimension that focuses on the user-centered perspective, namely how students as research subjects carry out activities of searching for and using health information through

internet media. Studies in this cluster generally explore health information seeking behavior, which is the process by which individuals search for and utilize information to meet their health needs. This behavior includes stages ranging from identifying information needs, searching from various sources, selecting relevant information, to using that information for making health-related decisions.

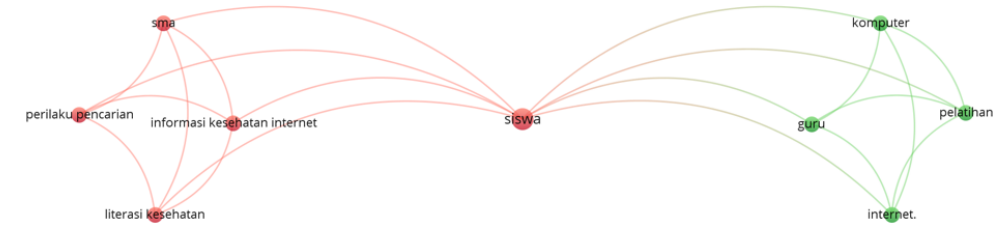

Figure 2. Network Visualization Analysis Results

Health literacy in this context is defined as an individual's ability to understand, access, and use health information and services to make appropriate decisions. Among senior high school students, health literacy is an essential twenty-first-century skill because it relates to the ability to understand information analytically, critically, and reflectively. Research shows that the health literacy level of senior high school students varies, with most in the adequate category (54.9%), problematic (31.06%), and inadequate (14.17%). The internet has become the main source for students in seeking health information, with 80.6% of the population demonstrating good behavior in searching for health information on the internet. The most frequently sought type of health information concerns diseases and their treatment (84.75%), with websites run by organizations being the most frequently used and trusted sources (77.25%).

2. Green Cluster: Educational Technology and the Role of Facilitators

The second cluster, marked in green and located on the right side of the visualization, includes the keywords: teacher, training, computer, and internet. This cluster represents a research dimension that focuses on the provider-centered perspective, namely technological infrastructure and the role of educators in supporting students' health literacy (Zuda & Sudira, 2026). The role of teachers in the context of digital health literacy is crucial as learning facilitators and mentors who guide students in accessing accurate health information. Studies show that training for teachers and parents can significantly improve students' health literacy. Comprehensive health literacy training programs can increase students' health knowledge by up to 40% and foster positive behaviors related to personal hygiene and healthy lifestyles.

Technological infrastructure, particularly the availability of computers and internet access in schools, is a determining factor in supporting students' digital health literacy. The development of learning websites and digital platforms has been proven effective in improving students' health literacy, with an N-gain score reaching 76.69% in the effective category. Problem-based learning models that integrate technology have also shown a significant increase in students' health literacy skills, with an N-gain of 0.56 (moderate category). Figure 3 shows the overlay visualization with timeline analysis, illustrating the evolution of research focus from 2022 (blue) to 2024 (yellow) in student health literacy studies.

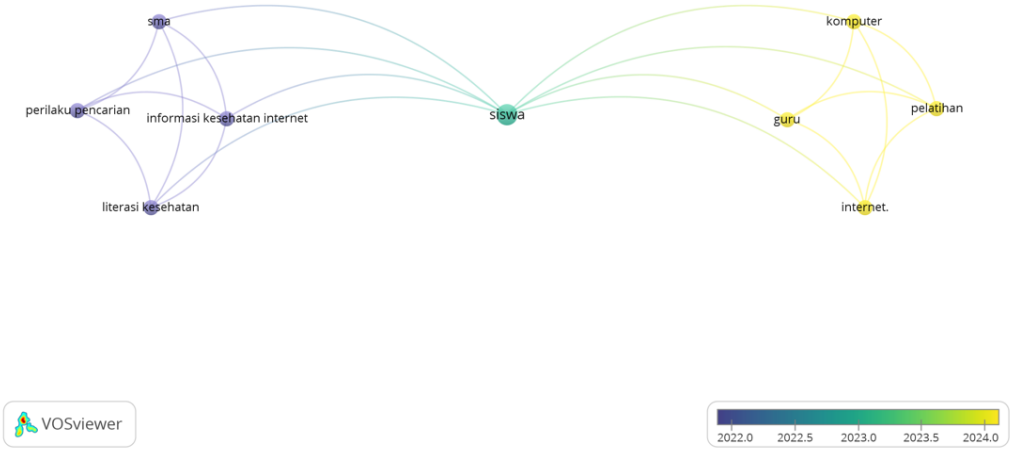

Figure 3. Overlay Visualization of Network Analysis by Year

The VOSviewer overlay visualization with a timeline illustrates the dynamic evolution of the student health literacy research landscape during the 2022–2024 period. The color gradient from blue (2022) to yellow (2024) indicates a significant shift in research trends from a focus on students' literacy and behavior toward more intensive exploration of the role of technological infrastructure and educational facilitators.

a. Period 2022 (Blue): The health literacy and information-seeking behavior cluster appears predominantly blue, indicating that this topic had already become a mature and well-established area of research at the beginning of the period. Studies mainly focused on characterizing senior high school students' health information-seeking behavior and evaluating their level of health literacy.
b. Period 2023 (Teal Green): The "students" node and several related keywords begin to show a color shift toward green, marking a phase of transition and consolidation in the research field. During this period, publications increasingly integrate both perspectives by combining students' literacy aspects with the roles of teachers and technology in the learning process.
c. Period 2023–2024 (Yellow): The educational technology cluster is dominated by yellow, indicating that topics such as teacher training, computer infrastructure, and digital platforms are emerging topics

experiencing rapid research growth. This acceleration reflects rising awareness of the importance of a supporting ecosystem teachers and technology in developing students' health literacy.

Discussion

Based on document analysis from various relevant research sources, the implementation of IT-based healthy school management at the junior high school level shows several important aspects that need to be described comprehensively. The use of information technology in schools not only supports administrative efficiency but also enhances students' digital literacy and awareness of healthy internet use, which is essential in the modern educational environment (Azhar et al., 2023; Fadzlurrahman & Mustofa, 2026)

1. Planning of IT-Based Healthy School Programs

Planning for IT-based healthy school programs at the junior high school level begins with socializing the program to all school members through coordination meetings involving the principal, teachers, education staff, the school committee, and student representatives (Khayatuti, 2024). In the planning stage, schools design activity programs that cover the three main focuses of the Healthy School Campaign, namely: (a) nutritious health, (b) physical health, and (c) immunization health (Khayatuti, 2024).

The findings show that planning healthy school programs requires the integration of information technology to support more effective and efficient implementation. Several schools have used digital platforms such as Google Classroom, WhatsApp applications, and Android-based learning applications to manage school health programs (Rahmawati et al., 2024). This planning also includes preparing the School Activity and Budget Plan (RKAS), which allocates funds for the development of IT infrastructure to support healthy school programs (Sariwulan et al., 2023).

Furthermore, in the context of IT-based planning, schools need to develop a school health information system integrated with student data. This system facilitates the management of payments and food ordering in the school canteen, as well as monitoring students' health development on a regular basis (Rehalat, 2024). Information technology can also be used to provide health-learning information through mobile applications or dedicated websites that give students independent access to health-learning materials (Rehalat, 2024).

2. Organization of IT-Based Healthy School Programs

The organization of IT-based healthy school programs in junior high schools is carried out by forming an Adiwiyata Team or School Health Unit (UKS) Team consisting of persons in charge, core management, implementing units, process units, management units, and monitoring and evaluation units (Hastuti & Murniati, 2021). This organizational structure is formed based on competence and suitability with the main duties and functions to be carried out (Hastuti & Murniati, 2021; Sopiulloh et al., 2026).

In IT-based implementation, organization includes the division of tasks that is adjusted to the technological abilities of each team member. For example, teachers who have competence in information technology are assigned to manage digital platforms for health learning, while teachers with a health background are responsible for developing health education materials to be integrated into the IT system (Rahmawati et al., 2024). Coordination and communication between working groups (Pokja) are conducted regularly at the beginning of each month through consolidation meetings, either face-to-face or via video-conference platforms such as Zoom Meeting (Prayoga et al., 2022).

3. Implementation of IT-Based Healthy School Programs

Implementation of IT-based healthy school programs in junior high schools includes several main activities integrated with information technology. The availability of adequate facilities and infrastructure is also a determining factor in the success of implementing IT-based healthy school programs, particularly in supporting physical education and health-related activities in schools (Amin et al., 2025).

a. IT-Based Health Education

Health education in junior high schools is carried out through subject teaching, extracurricular activities, and habituation programs that integrate the Application of Environmental Protection and Management (PRLH) in schools (Hastuti & Murniati, 2021). In IT-based learning, teachers use digital learning media such as e-flipbooks, educational videos, and interactive learning applications to deliver health materials to students (Rahmawati et al., 2024; Handoyo et al., 2023). Research findings show that the use of technology-based healthy school campaign media such as e-flipbooks equipped with healthy-canteen educational videos, movement and song videos on healthy schools, applications for scanning nutrition information from barcodes on food or beverage packaging, and crossword-puzzle games has proven effective in improving students' understanding of health (Rahmawati et al., 2024). Based on expert validation and student response questionnaires, this e-flipbook falls into the "very good" category for use as a healthy school campaign medium (Rahmawati et al., 2024).

b. IT-Based Health Services

IT-based health services in junior high schools include the use of health information systems to monitor students' health conditions on a regular basis. Several schools have used health applications such as Health Heroes Nutrihunt to help students track and monitor every food item they consume (Rahmawati et al., 2024). This application allows students to find out the nutritional content of the food they consume by scanning the barcode on food or beverage packaging (Rahmawati et al., 2024).

In addition, health services are also carried out through collaboration with community health centers (Puskesmas) and Environmental Agencies (BLH) to implement immunization programs, dental check-ups, and other routine health examinations (Khayatuti et al., 2024; Sariwulan et al., 2023; Fadillah et al., 2025). Data from students' health examinations are stored in the school health information system and can be accessed by teachers, parents, and relevant parties to monitor students' health development (Rehalat, 2024).

c. IT-Based Healthy School Environment Development
Development of a healthy school environment based on IT is carried out through the habituation of Clean and Healthy Living Behavior (PHBS), which is monitored via digital monitoring systems. Schools use applications or digital platforms to record and report environmental-cleanliness activities such as nail-cleanliness checks, classroom cleanliness, and waste-sorting activities according to type (Khayatuti et al., 2024; Suharmita et al., 2024; Anggraini et al., 2024).
The findings show that the use of information technology in developing a healthy school environment helps increase students' awareness of the importance of maintaining personal and environmental hygiene. Through digital campaigns such as digital banners, radio broadcasts, and the use of social media, schools can disseminate information on the importance of healthy living to students, parents, and the wider community (Hastuti & Murniati, 2021; Khayatuti et al., 2024).

4. Supervision and Evaluation of IT-Based Healthy School Programs
Supervision of IT-based healthy school programs in junior high schools is carried out both internally and externally. Internal supervision is conducted by the principal as the person in charge of the program through direct and indirect supervision (Sariwulan et al., 2023; Suryadi et al., 2021; Solowati et al., 2026). Direct supervision is performed by regularly checking healthy school program activities, while indirect supervision is carried out through oral and written reports submitted by the program coordinator and working-group (Pokja) coordinators (Sariwulan et al., 2023; Suryadi et al., 2021). In an IT-based context, supervision is conducted using digital instruments such as online checklists accessible via Google Forms or other monitoring applications. Supervision data are stored in Google Drive and can be accessed by all relevant parties for analysis and reporting purposes (Suryadi et al., 2021).

Evaluation of healthy school programs is carried out to assess the success or failure of the program based on predetermined indicators. Evaluation covers both outcome and process aspects, focusing on changes in students' behavior in maintaining personal and environmental health (Khayatuti et al., 2024; Sariwulan et al., 2023). Evaluation results show that IT-based healthy school programs have succeeded in increasing students' awareness of the importance of healthy living, with an average achievement of 93–95% of the total students involved in the program (Khayatuti et al., 2024).

Furthermore, evaluation is also conducted through the School Health Effort (UKS) Quality Report, which assesses program achievement based on three main aspects: (a) health education, (b) health services, and (c) healthy school-environment development (Sariwulan et al., 2023). The UKS quality report indicates that the average achievement of healthy school programs in junior high schools falls into UKS category 4 with a score of 6.5, showing that the program has been running well although continuous improvement is still needed (Irawan & Prasetyo, 2021).

4. Conclusion

The implementation of IT-based healthy school management at the junior high school level represents a strategic approach to addressing student health challenges in the digital era. This study highlights that integrating information technology into four key dimensions—planning, organization, implementation, and supervision and evaluation—contributes significantly to improving the effectiveness and efficiency of healthy school programs. The findings indicate that the use of digital learning media, health applications, and integrated information systems enhances students' health literacy, supports behavior change, and facilitates better coordination among stakeholders, including teachers, parents, and health workers. In addition, technology enables more systematic monitoring and data-driven decision-making in school health management.

However, the successful implementation of IT-based healthy school management is influenced by several critical factors, including the availability of adequate infrastructure, the digital competence of educators and staff, and strong institutional support. Limitations in these areas remain key challenges, particularly in schools with restricted access to technological resources. Therefore, continuous efforts are required to strengthen human resource capacity through training, improve technological infrastructure, and ensure policy support for sustainable implementation. A holistic and collaborative approach involving schools, government, and health stakeholders is essential to develop adaptive, responsive, and sustainable healthy school ecosystems in the digital age.

References

Amin, R., Asnaldi, A., Sepriani, R., & Syamsuar, S. (2025). Tinjauan sarana dan prasarana pendidikan jasmani olahraga dan kesehatan (PJOK) di sekolah menengah pertama se-Kecamatan Simpang Alahan Mati (Simpati) Kabupaten Pasaman. *Jurnal Pendidikan dan Olahraga*, 8(1), 261-271.

Anggraini, F. J., Laura CH, W., Rodhiyah, Z., Viareco, H., & Putra, T. S. (2024). Optimalisasi pengelolaan sampah di lingkungan Sekolah Menengah Atas Swasta (SMAS) Islam, Jambi. *Qardhul Hasan: Media Pengabdian Kepada Masyarakat*, 10(3), 328-336.

Azhar, Z., Mulyani, N., Hutahaean, J., Hasibuan, A. Z., & Sitorus, H. (2023). Sosialisasi penggunaan komputer dan internet sehat bagi siswa siswi sekolah menengah kejuruan. *JMM (Jurnal Masyarakat Mandiri)*, 7(3), 2194-2204.

Elsad, A. R., & Widjaja, G. (2022). Peran usaha kesehatan sekolah dalam promosi kesehatan. *Cross-Border*, 5(1), 451-462.

Fadillah, R. I. N., Pramesti, F. A., Liani, C. I., Nikhmah, P. A., & Andansyah, A. (2025). Evaluasi kondisi kantin sehat di lingkungan sekolah SMK: Studi kasus dan strategi peningkatan kualitas. *INNOVATIVE: Journal Of Social Science Research*, 5(4), 565–574.

Fadzlurrahman, H., & Mustofa, T. A. (2026). Digital Leadership in Islamic Education: Driving Instructional Media Innovation at MA Al-Islam

Surakarta. *Journal of Educational Sciences*, *10*(2), 2411-2422. https://doi.org/10.31258/jes.10.2.p.2411-2422

Farzandipur, M., Jeddi, R., & Azimi, N. A. (2016). Factors affecting successful implementation of hospital information system. *Acta Informatica Medica*, 24(1), 51-55. https://doi.org/10.5455/aim.2016.24.51-55

Ginting, A. P., Samura, J. A. P., & Wijayati, A. T. (2025). Analysis of success and barriers to implementing health service management information systems in Indonesia: Case studies and recent literature review. *Jurnal Kesehatan Masyarakat*, 18(1), 1-12. https://doi.org/10.35451/cyf8pg88

Handoyo, A. S., Hadi, H., & Zahraini, D. A. (2023). Pengembangan aplikasi pembelajaran pendidikan jasmasi olahraga dan kesehatan berbasis pada Android sekolah menengah atas kelas XI Kabupaten Kudus. *Journal of Physical Activity and Sports*, 4(1), 34–39.

Hastuti, P. I. D., Murniati, N. A. N., & Haryati, T. (2021). Manajemen program Adiwiyata di Sekolah Menengah Pertama Negeri 1 Mijen Kabupaten Demak. *Jurnal Manajemen Pendidikan*, 10(2), 225–242.

Irawan, S., & Prasetyo, D. (2020). Quality management system: Analisis raport mutu Usaha Kesehatan Sekolah (UKS). *Scholaria: Jurnal Pendidikan dan Kebudayaan*, 10(2), 112–121.

Jain, A. (2021). Health promoting schools: A comprehensive approach to improving adolescent health. *International Journal of Health Sciences*, 15(3), 1-8.

Kementerian Pendidikan dan Kebudayaan Indonesia. (2019). *Buku pedoman pembinaan dan pengembangan usaha kesehatan sekolah/madrasah (UKS/M)*. Jakarta: Kementerian Pendidikan dan Kebudayaan.

Khayatuti, N., Azainil, Mulawarman, W. G., & Dwiyono, Y. (2024). Implementasi program sekolah sehat dalam menumbuhkan perilaku hidup bersih dan sehat. *Jurnal Dinamika Manajemen Pendidikan (JDMP)*, 9(1), 1–10.

Lestari, D. (2022). Implementasi teknologi informasi dalam manajemen UKS. *Jurnal Pendidikan*.

Prayoga, H. D., Fitrianto, A. T., Habibie, M., & Mustafa, P. S. (2022). Implementasi pembelajaran daring pada mata pelajaran PJOK kelas IX sekolah menengah pertama. *Multilateral: Jurnal Pendidikan Jasmani dan Olahraga*, *21*(1), 1-15.

Pulimeno M, Piscitelli P, Colazzo S, Colao A, Miani A. (2020). School as ideal setting to promote health and wellbeing among young people. *Health Promot Perspect. 10*(4), 316-324. doi: 10.34172/hpp.2020.50. PMID: 33312927; PMCID: PMC7723000.

Rahmawati, A., Aeni, A. N., & Ismail, A. (2024). Pengembangan Media Kampanye Sekolah Sehat Berbasis Teknologi pada Siswa Kelas Tinggi Sekolah Dasar. *Ideguru: Jurnal Karya Ilmiah Guru*, *9*(2), 589-597. https://doi.org/10.51169/ideguru.v9i2.911

Rehalat, A. (2024). Analisis Strategi Digital Kewirausahaan yang Efektif Bagi Siswa Kelas 3 SMKN 2 Ambon. *Perspektif Pendidikan dan Keguruan*, *15*(2), 172-178. https://doi.org/10.25299/perspektif.2024.vol15(2).19082

Sariwulan, R. M., Khodijah, N., & Astuti, M. (2023). Evaluasi Program Sekolah Sehat (Studi Komperatif Di Smp Negeri 6 Unggul Sekayu Dan Madrasah

Tsanawiyah Negeri 2 Palembang). *Edukasi Islami: Jurnal Pendidikan Islam*, *12*(01). https://doi.org/10.30868/ei.v12i01.3744

Solowati, I., Kurniasari, L., Amalia, F., & Soedjono, S. (2026). Coaching-Based Academic Supervision as a Strategy to Improve Teachers' Professional Performance: A Qualitative Case Study in Secondary School. *Journal of Educational Sciences*, *10*(1), 1352-1363. https://doi.org/10.31258/jes.10.1.p.1352-1363

Sopiulloh, W., Hidayat, T., Cahyani, D., & Ali, M. (2026). Human Resource Management to Improve the Quality of Education in Islamic Boarding School. *Journal of Educational Sciences*, *10*(3), 168-182. https://doi.org/10.31258/jes.10.3.p.168-182

Supiani, S., Kurniady, D. A., Yuniarsih, T., & Aedi, N. (2024). Evaluating Learning Management System (LMS) Effectiveness: An LPOMR Model Approach. *Pedagogia: Jurnal Ilmiah Pendidikan*, *16*(2), 71–77. https://doi.org/10.55215/pedagogia.v16i2.2

Suryadi, S., Sururi, S., & Sudarsyah, A. (2021). Penyehatan manajemen sekolah untuk mengoptimalkan pencapaian mutu SMP di Kabupaten Purwakarta. *E-Dimas: Jurnal Pengabdian kepada Masyarakat*, *12*(3), 552-559. https://doi.org/10.26877/e-dimas.v12i3.7197

Terusiana, E., Bahari, Y., Basri, M., Warneri, W., & Salam, U. (2026). Development of Canva-Based Animated Video Learning Media for Geography Instruction on Natural Disaster Mitigation at SMAN 01 Sekadau. *Journal of Educational Sciences*, *10*(3), 183-198. https://doi.org/10.31258/jes.10.3.p.183-198

Zuda, G. G. P., & Sudira, P. (2026). Development of Augmented Reality (AR)-Based Learning Media for Facial Skin Care Subject. *Journal of Educational Sciences*, *10*(2), 2968-2977. https://doi.org/10.31258/jes.10.2.p.2968-2977

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