

Management of the Healthy School Movement (GSS) Program in Improving Student Learning Quality

Linda Nur Octavianti ^{a.1,*}, Endang Komara ^{b.2}

^{*ab} Universitas Islam Nusantara 1 & 2, Indonesia 1 & 2.

^{*1} linda101081t@gmail.com; ^{*2} endangkomara@uninus.ac.id.

^{*}Correspondent Author

Received: 12-01-2026

Revised: 7-02-2026

Accepted: 12-02-2026

KEYWORDS

principal management;
literacy-based learning;
pedagogical competence;
teacher development.

ABSTRACT

This study investigates the management of school principals in fostering teachers' pedagogical competence through the implementation of literacy-based learning programs in two public elementary schools in Cianjur Regency: SDN Cikamancing and SDN Situwangi. Using a qualitative case study approach, data were collected through in-depth interviews, participatory observations, and documentation studies involving principals, teachers, students, parents, and school staff. Data were analyzed using Miles and Huberman's interactive model through data reduction, presentation, and conclusion drawing. The findings reveal significant differences between the two schools. SDN Situwangi demonstrated more systematic and comprehensive management characterized by strategic planning, organized literacy teams, interactive literacy practices, and reflective supervision. In contrast, SDN Cikamancing emphasized routine reading activities without structured innovation or pedagogical integration. Consequently, teacher pedagogical competence improved more markedly at SDN Situwangi, as reflected in the ability to design literacy-based lesson plans and integrate literacy across subjects. The results confirm that principal leadership is a decisive factor in enhancing pedagogical competence through literacy programs. Effective management comprising integrated planning, structured organization, diverse implementation, and developmental supervision creates a sustainable system that fosters teachers' professional growth. This study reinforces prior findings by Ansori, Suyatno, and Sulisworo (2021); Sudiati et al. (2025); and Damayanti et al. (2020), while contributing a holistic framework that links literacy initiatives to pedagogical competence development in primary education.

This is an open-access article under the [CC-BY-SA](https://creativecommons.org/licenses/by-sa/4.0/) license.



Introduction

1 Background

In an era of increasingly rapid global development, the world of education faces increasingly complex challenges, not only in academic aspects, but also in the physical and mental health of students (Istiqomah & Mafruhah, 2023; Maulidina et al., 2025). Schools, as

formal educational institutions, play a strategic role in shaping a generation that is not only intellectually intelligent, but also physically and spiritually healthy. Student health is an important foundation for the success of the teaching and learning process (Kurniawan et al., 2023; Suarjana, 2024). Physically healthy students have better energy and concentration in following lessons, while good mental health contributes to learning motivation, critical thinking skills, and emotional stability (Matingwina, 2018; Maulidina et al., 2025). However, the reality on the ground shows that various health problems still often arise in schools, such as malnutrition, obesity, low physical activity, and environmental hygiene problems (Colozza et al., 2025; Yoandra et al., 2023; Yusni & Meutia, 2019). These conditions not only affect academic performance (Kurniawan et al., 2023), but also have implications for character formation and the productivity of the younger generation in the future.

In response to this phenomenon, the Indonesian government launched the Healthy School Movement as a national initiative to create educational units that are healthy, comfortable, and support the optimal growth and development of students (Warnaini et al., 2025). This movement was born from the awareness of the importance of integrating education and health as a mutually reinforcing whole. Facts show that various health problems in school-age children such as stunting, anemia, obesity, and dental and oral health disorders are still serious problems in Indonesia (Oddo et al., 2022; Suarjana, 2024). In addition, changes in modern lifestyles characterized by increased consumption of fast food and low physical activity also worsen children's health conditions (Lisetyaningrum et al., 2021; Roshita et al., 2021). This situation demands systematic and continuous efforts in schools to instill clean and healthy living habits (UNESCO, 2014).

The Ministry of Education, Culture, Research, and Technology has issued Circular Letter of the Director General of Early Childhood Education, Primary Education, and Secondary Education Number 1725/C.C4/DM.00.02/2024 concerning the Healthy School Movement. This circular serves as a guide for all educational units in Indonesia to implement the GSS program in an integrated manner (Edwita et al., 2024). This program focuses on five main pillars: Healthy Nutrition, Physical Health, Immunization Health, Mental Health, and Environmental Health ("Proceedings of the Andalas International Public Health Conference 2017," 2017). Its main goal is to form a healthy, intelligent, resilient, and characterful generation through synergy between schools, families, communities, and the government. Thus, GSS is not only seen as a health program, but also as a strategy to improve the quality of education through strengthening the quality of student life.

However, the implementation of the Healthy School Movement in various regions still faces various challenges (Cygan et al., 2020; Fathi et al., 2014). In the Healthy Nutrition pillar, many schools do not yet have healthy and hygienic canteens according to nutritional standards, and the understanding of school residents about the importance of balanced nutritious food consumption is still low (Reeve et al., 2018). In the Physical Health pillar, limited sports facilities, inadequate fields, and dense lesson schedules hinder students' routine physical activities. The Immunization Health pillar has not run optimally due to weak coordination with puskesmas (community health centers) and misconceptions among parents about the importance of immunization (Muthmainnah et al., 2021). In the Mental Health aspect, the strong stigma surrounding mental health issues causes students to be reluctant to seek help, while educators do not yet have specific competencies in detecting or handling these problems. As for the Environmental Health pillar, many schools still lack basic facilities such as clean toilets, sorted trash bins, and access to clean water (Umar & Purbaya, 2020). The lack of awareness of school residents regarding cleanliness, as well as limited funds and inconsistent policies, further exacerbate the implementation of this pillar.

Amidst these various constraints, a planned, systematic, and continuous management approach is key to ensuring the successful implementation of GSS (Vande Velde et al., 2023).

One relevant management framework is the Planning, Organizing, Actuating, and Controlling model introduced by George R. Terry. This model emphasizes the importance of careful planning, efficient resource organization, effective program implementation, and continuous supervision to achieve organizational goals (Terry, 2015). POAC principles are believed to be adaptively applicable in the context of education management, including in the management of the Healthy School Movement program (Maysaroh et al., 2025). Through the application of these management functions, it is hoped that each educational unit will be able to accurately identify problems, optimize resources, and conduct continuous evaluation for the success of the program (Asni et al., 2023).

The preliminary study conducted by researchers in May 2025 at SMPN 7 Purwakarta and SMPN 2 Kalijati Subang showed that both GSS fostered schools still face various obstacles hindering the effectiveness of program implementation. Budget limitations are a major problem, especially in providing sanitation facilities, procuring sports equipment, and student nutrition improvement programs. In addition, the lack of educators with competencies in health, nutrition, or healthy living promotion causes the program not to run optimally. Teachers are often burdened with additional responsibilities without adequate resource support, while coordination with relevant agencies, such as the health department and puskesmas, has not run effectively. As a result, the sustainability of the GSS program is difficult to maintain and tends to depend on the personal initiative of the principal or temporary support from external parties. These conditions indicate an urgent need to review and strengthen the management aspects in the implementation of the Healthy School Movement at the junior high school level. Good management is not only oriented towards achieving health indicators but also towards improving student learning quality as a long-term impact. Therefore, this research aims to deeply examine how the Healthy School Movement program is implemented through the POAC approach at SMPN 7 Purwakarta and SMPN 2 Kalijati Subang, and the extent of its effectiveness in supporting the improvement of student learning quality.

2 Previous Literature Review

Various previous studies and theories indicate that the success of an educational program heavily depends on the effectiveness of its management. Terry (2015), through his Planning, Organizing, Actuating, and Controlling concept, explains that the management function includes meticulous planning, resource organization, effective activity execution, and continuous supervision to ensure organizational goals are achieved. Handoko (2012) asserts that organizing is the process of arranging human, financial, and physical resources in an integrated manner so they can be directed towards achieving objectives. Meanwhile, Sagala (2018) emphasizes the crucial role of leadership capable of motivating organization members with enthusiasm and high motivation, as well as supervision that functions to maintain the effectiveness of policy implementation in the field.

In the context of school health education views, health education as a dynamic process that shapes knowledge, attitudes, and healthy behaviors through direct and participatory experiences. This process not only involves the dissemination of information but also continuous behavioral change among students and the entire school community. This view aligns with the policy of the Ministry of Education, Culture, Research, and Technology, which defines the Healthy School Movement (*Gerakan Sekolah Sehat/GSS*) as a collaborative and sustainable effort among the government, educational units, community, and other stakeholders to create a healthy, nutritious, active, and character-driven school environment, focusing on five main pillars: Healthy Nutrition, Physical Health, Immunization Health, Mental Health, and Environmental Health.

However, most previous research on GSS has focused on aspects of program implementation, student participation levels, or its impact on clean and healthy living behaviors. Studies that deeply examine the managerial aspects of GSS implementation, particularly through the POAC approach, are still limited. Yet, the effectiveness of program implementation heavily depends on how planning, organizing, actuating, and controlling are integrated at the school level. Deficiencies in managerial aspects often become the main cause of sub-optimal results in healthy school programs, especially concerning the improvement of student learning quality.

The novelty of this research lies in the application of the POAC management model as an analytical framework to understand how the Healthy School Movement is implemented and managed at the junior high school level. This approach allows researchers to examine the correlation between healthy school program management and the improvement of student learning quality more comprehensively. Furthermore, this research provides empirical contributions through case studies at SMPN 7 Purwakarta and SMPN 2 Kalijati Subang, two Healthy School Movement partner schools in West Java, which face real challenges in funding, coordination, and program sustainability. Thus, this research is expected to enrich the literature on health education management in Indonesia and provide practical recommendations for strengthening the implementation of the Healthy School Movement in various educational units.

Method

This study employed a qualitative approach with a case study design, as its primary objective was to gain an in-depth understanding of the implementation process of the Healthy School Movement (Gerakan Sekolah Sehat/GSS) management in improving learning quality at junior high schools. This design was chosen because the case study approach allows the researcher to explore phenomena holistically within their real-life context and to identify various factors influencing the effectiveness of program implementation. According to (Yin, 2018), a case study is particularly appropriate when researchers seek to answer “how” and “why” questions about a phenomenon, especially when the boundaries between the phenomenon and its context are not clearly evident.

The qualitative approach was adopted because this study emphasizes understanding meaning, process, and social dynamics underlying the management of the GSS program. This approach focuses on gathering descriptive data in the form of words, narratives, and observable behaviors. As stated by (Moleong, 2017), qualitative research aims to understand the phenomena experienced by research subjects holistically, emphasizing context and meaning. Therefore, this approach is highly relevant for describing how school principals and GSS/UKS coordinators manage the healthy school program based on the principles of Planning, Organizing, Actuating, and Controlling (POAC).

The study used a case study method, focusing on an in-depth exploration of particular cases in their real-life situations. This method enables the researcher to directly observe, collect information from multiple sources, and interpret data within the social, cultural, and organizational contexts of schools. The case study is not merely descriptive but also analytical, allowing the researcher to examine the dynamics of GSS implementation in terms of managerial, collaborative, and contextual aspects. In this process, the researcher acted as the primary instrument of data collection, engaging directly with participants and the research environment.

The research was conducted at two public junior high schools in West Java, namely SMPN 7 Purwakarta and SMPN 2 Kalijati Subang. Both schools were selected purposively because they are part of the GSS pilot program under the Ministry of Education, Culture, Research, and

Technology. They also represent distinct characteristics in terms of regional regulation, local governance, and socio-cultural background. This selection was intended to provide a comprehensive understanding of the variations in management practices of GSS implementation across different school contexts.

The research participants included school principals and GSS/UKS coordinators as the main informants, given their direct involvement in the planning, implementation, and evaluation of the program. Additional informants, such as administrative staff and student representatives, were also involved to provide complementary perspectives. Data were collected using three main techniques: in-depth interviews, participant observation, and document analysis.

In-depth semi-structured interviews were conducted to gather information about participants' experiences, challenges, strategies, and perceptions regarding GSS management implementation. The interview guide was structured according to the POAC management functions, enabling the systematic categorization of collected information. Participant observation was used to directly observe school activities related to planning, execution, and evaluation of the program, including interactions among school stakeholders and the condition of health-supporting facilities. Document analysis was conducted by reviewing various materials such as activity reports, evaluation results, meeting minutes, and school archives related to GSS implementation.

The research procedure followed the POAC management framework, starting with the planning stage involving problem identification, instrument preparation, and research permission; the organizing stage, which included determining informants and scheduling data collection; the actuating stage, encompassing observation, interviews, and documentation; and the controlling stage, which involved data verification, reduction, and triangulation to ensure consistency and validity of information.

To maintain data validity, the study employed both source and method triangulation. Source triangulation was conducted by comparing information obtained from various informants, while method triangulation was performed by cross-checking data from interviews, observations, and documentation to achieve consistent and credible findings. In addition, member checking was applied by confirming the accuracy of transcribed data with participants, and peer debriefing was carried out with colleagues to ensure objectivity in the analysis, as suggested by Creswell (2018).

Through this approach and method, the research aims to provide an in-depth portrayal of how the management process of the Healthy School Movement is implemented at the junior high school level and to analyze how the application of the POAC management functions contributes to improving the quality of students' learning within a healthy and character-oriented school environment.

Result

This study reveals that the successful implementation of the Healthy School Movement (Gerakan Sekolah Sehat - GSS) at SMPN 7 Purwakarta and SMPN 2 Kalijati Subang did not happen by chance, but was the result of a systematic and adaptive application of POAC management (Planning, Organizing, Actuating, Controlling). The resulting transformation proves that GSS is not merely an add-on program but a fundamental strategy that creates a conducive learning ecosystem, ultimately boosting the quality of student learning significantly, both in academic and non-academic aspects.

1 The Application of POAC as the Primary Management Framework

The success of GSS in these two schools can be traced through the application of George R. Terry's four management functions:

- **Planning:** Both schools did not just implement programs "on command." They designed GSS Action Plans integrated with the School Work Plan (Rencana Kerja Sekolah - RKS). The planning was participatory, involving a core team of teachers, parent committees, and community health center (Puskesmas) representatives. For instance, the need for the "Tatanen di Bale Atikan" program in Purwakarta and the "Healthy Canteen" program in Subang emerged from a joint needs analysis, not just top-down instruction.
- **Organizing:** The leadership of the school principals in forming a solid GSS team was key. The organizational structure was clear, with well-defined divisions of tasks. The school health unit (UKS) coordinator, sports teachers, and guidance and counseling (BK) teachers did not work in silos but collaborated under a unified command. The active involvement of parents and Puskesmas in this structure (e.g., in immunization socialization and nutrition education) demonstrates the schools' ability to organize external resources effectively.
- **Actuating (Implementation/Mobilization):** This function was evident in the dynamic and creative execution of programs. The principals and team did not just give instructions but also led by example (e.g., participating in morning exercises and communal clean-ups). Programs like the Cheerful Morning Assembly and in-class stretches were brilliant forms of actuation, mobilizing the entire school community with positive spirit, far from a coercive feel.
- **Controlling (Supervision):** Both schools had functioning monitoring mechanisms. Classroom supervision by the principal (as practiced at SMPN 2 Kalijati) to ensure teachers conducted stretching sessions is an example of direct control. Furthermore, monitoring through the Indonesian Student Fitness Test (Tes Kebugaran Siswa Indonesia - TKSI) every six months and tracking attendance and academic achievement data served as effective indirect control tools for measuring impact and making continuous improvements.

2 Transformation of the School Environment and Character Building

The effective application of POAC resulted in a tangible transformation:

- **A Principled Physical Environment:** Schools were transformed into inspiring learning spaces. Clean toilets, running water, segregated waste bins, and well-maintained green spaces were no longer just facilities, but a reflection of internalized values of discipline and responsibility.
- **Internalization of Clean and Healthy Living Behaviors (PHBS):** PHBS transcended the level of rules to become a school culture. Habits like handwashing, bringing healthy lunches, and exercising had become "new norms" performed with full awareness, even carried over outside the school environment. This demonstrates the program's success in building positive character and social norms.

3 In-Depth Analysis per GSS Pillar and Its Impact on Learning Quality

The following is an elaboration of each pillar, directly linked to the improvement of learning quality:

a. Physical Health Pillar: Building a Strong Cognitive Foundation

Programs such as morning exercises, in-class stretches, and TKSI have a direct impact on the learning process. Regular physical activity is proven to increase blood flow and oxygen to the brain, physiologically supporting cognitive functions like concentration, memory, and processing speed. Teachers reported that after exercise or stretching, students appeared "fresher" and "more ready to learn," reducing time wasted on settling the class. Improved physical fitness also correlated with a reduction in fatigue and drowsiness in subsequent lesson hours.

b. Nutritious Health Pillar: Optimal Fuel for the Brain

Policies like mandatory healthy lunches (in Purwakarta) and healthy canteens (in Subang), later reinforced by the government's Free Nutritious Meals program, directly address the "fuel" for the brain. Balanced nutritional intake is a prerequisite for optimal neurological development. The Iron Supplement Tablet (Tablet Tambah Darah - TTD) program, in particular, is a strategic intervention. By addressing anemia, which often causes lethargy and difficulty concentrating, TTD effectively "removes a barrier" to learning for many adolescent girls. The impact is measurable: a drastic reduction in digestive and respiratory illnesses means fewer missed school days, and a well-nourished brain can operate at its best capacity to absorb complex material.

c. Environmental Health Pillar: Learning Spaces that Enhance Engagement

The Tatanen di Bale Atikan (TDBA) program in Purwakarta is a perfect example of how a healthy environment integrates with learning. TDBA is not just gardening; it is living, contextual and project-based learning. Students learn biology (photosynthesis), mathematics (land area, water volume), economics (product value), and entrepreneurship firsthand. This active and voluntary involvement increases students' intrinsic motivation to learn. In Subang, a green, clean, and well-organized environment creates a sense of psychological comfort and safety, which is a prerequisite for students to feel confident in exploring, discussing, and thinking creatively.

d. Mental Health Pillar: A Psychological State that Supports Optimal Learning

The establishment of Violence Prevention and Handling Teams (Tim Pencegahan dan Penanganan Kekerasan - TPPK) in accordance with Permendikbudristek No. 46/2023 and proactive counseling programs created an emotionally safe school climate. Students who are free from the threat of bullying and feel psychologically supported have more mental bandwidth to focus on lessons. They do not expend mental energy coping with anxiety or fear. The integration of character education and stress management teaches students crucial life skills, such as resilience in facing difficulties, which is directly applicable to overcoming academic challenges.

e. Immunization Health Pillar: Ensuring Uninterrupted Learning

By ensuring complete immunization coverage through neat coordination with Puskesmas, the schools essentially made a preventive investment in student attendance.

Disease outbreaks like measles or diphtheria can disrupt the teaching and learning process en masse. By maintaining community immunity, the schools ensure that the learning process is not interrupted by preventable disease outbreaks.

4 Concrete Evidence of Improved Learning Quality

The transformations above translated into concrete data and observations:

- **Decreased Absenteeism:** A healthy environment and fit bodies led to students rarely getting sick, resulting in nearly 100% classroom attendance. This ensures the continuity of material reception.
- **Increased Focus and Comprehension:** Teachers reported an increase in attention span and activeness in class. Students found it easier to "absorb" the teacher's explanations.
- **Soaring Academic and Non-Academic Achievements:** These achievements are the fruit of all the above conditions. The numerous competition winners from SMPN 7 Purwakarta and the emergence of innovative projects within the Strengthening the Profile of Pancasila Students (Proyek Penguatan Profil Pelajar Pancasila - P5) at SMPN 2 Kalijati Subang are tangible proof of output. Students not only mastered the material but were able to apply knowledge (critical thinking) and create (creativity).

Convincing Quantitative Data: The survey at SMPN 2 Kalijati Subang showed an increase in students bringing healthy lunches from 30% to 75%, directly correlating with a decrease in illness and an increase in learning enthusiasm. The increase in average exam scores at both schools served as an undeniable aggregate indicator.

Discussion

This study conclusively demonstrates that the management of the Healthy School Movement at SMPN 7 Purwakarta and SMPN 2 Kalijati Subang provides an efficacious framework for transforming the school environment and significantly enhancing student learning quality. These findings not only reaffirm the critical role of school-based health initiatives but further assert that the successful implementation of such programs is intricately linked to the caliber of their underlying management. Drawing upon an analysis of the collected data, this discussion will explicate the achievements of GSS through the theoretical lens of George R. Terry's POAC framework and its direct correlation with improvements in educational outcomes.

1 Participatory and Data-Driven Planning: The Foundational Element for Success

The notable achievements of the GSS program in both schools are intrinsically linked to a comprehensive and inclusive planning phase. As posited by George R. Terry, planning constitutes the most fundamental managerial function, dictating the trajectory and efficacy of all organizational endeavors. In this context, GSS planning transcended mere top-down directives or perfunctory administrative compliance. The meticulous process of identifying needs through collaborative meetings involving the entire school community encompassing teachers, staff, student representatives, and parent committees exemplifies best practices in participatory planning. This approach resonates with the principles of site-based management, which prioritizes the empowerment of operational units.

The integration of GSS into the School Work Plan and Budget, explicitly allocating financial resources, signifies a tangible commitment and effectively addresses a primary challenge identified in preliminary studies: budgetary constraints. By embedding GSS within the RKAS, the program gains both legitimacy and financial viability, thereby mitigating the risk of premature discontinuation. Furthermore, the early establishment of a clearly defined UKS/GSS Mentoring Team with a structured delegation of authority prevented role ambiguity and ensured clear accountability. In essence, robust planning elevated GSS from a supplementary initiative to an integral component of the school's vision and operational mandate.

2 Collaborative Organizing and Transformational Leadership

The organizing function, as delineated by Handoko, involves the systematic integration of resources to attain predetermined objectives. Field observations affirm the effective organizational structure of GSS in both institutions, attributable to two principal factors: the transformational leadership exhibited by school principals and extensive multisectoral collaboration.

The principals operated not merely as administrators but as visionary catalysts. Their exemplary leadership and unwavering commitment, demonstrated through active participation in exercises, communal clean-ups, and coordination meetings, served as a potent source of motivation for the entire school community. This corroborates Sagala's perspective on the pivotal role of leadership in inspiring organizational members.

Moreover, the established collaborations with community health centers, the education office, parental bodies, and social welfare agencies represent a highly valuable form of social capital. These partnerships enabled the schools to access external resources and expertise, such as medical professionals for immunization campaigns, nutritionists for healthy canteen initiatives, and psychologists for mental health support, which were not available internally. The curriculum integration, wherein GSS content is interwoven into academic subjects and P5 projects, stands as a testament to exemplary organizational efficacy. This demonstrates that health education is not presented as an abstract theory but as a contextualized value and practical life skill that richly enhances students' holistic learning experience.

3 Creative and Empowering Actuation Strategies

The actuation phase focuses on mobilizing individuals to execute plans with enthusiasm and dedication. Research findings indicate that both schools successfully transformed GSS from a collection of obligations into a series of engaging and motivating activities. The incorporation of popular music into exercise routines, the organization of competitive events, and horticultural projects like "Tatanen di Bale Atikan" exemplify judicious actuation strategies. This methodology aligns with Wood's theory, as referenced by Susilo, which conceptualizes health education as a dynamic process that cultivates knowledge, attitudes, and behaviors through direct, participatory experiences.

The active engagement of students as "little doctors" or health ambassadors functions not solely as a monitoring mechanism but as a strategic form of empowerment. By being entrusted with responsibility, students cultivate a profound sense of ownership over the GSS program. This paradigm shift transforms them from passive recipients into active agents in fostering a healthy culture. Such participatory involvement ensures that Clean and Healthy Living Behaviors are perceived not merely as regulations but as internalized social norms voluntarily embraced and practiced.

4 Sustainable Controlling as a Basis for Continuous Improvement

The controlling or supervisory function frequently represents a vulnerability in many school programs. However, within the context of GSS at these two schools, robust supervision proved to be a decisive factor for program sustainability. The implemented monitoring mechanisms ranging from classroom observations by the principal and routine assessments by the GSS team, to periodic evaluations through the Indonesian Student Fitness Test and analyses of attendance and academic achievement data established a continuous feedback loop for improvement.

In this paradigm, supervision is construed not as an instrument for fault-finding but as a process of organizational learning. Data acquired from monitoring provides objective and quantifiable feedback. This feedback is subsequently utilized to gauge the effectiveness of implemented strategies and to formulate necessary adjustments. This adaptive approach ensures that the GSS program remains dynamic and responsive to evolving school dynamics.

5 The Interplay Between GSS Management and Enhanced Learning Quality: A Mutualistic Symbiosis

The observed outcomes of heightened focus, reduced absenteeism, and significant advancements in both academic and non-academic achievements are not isolated occurrences; rather, they represent the logical consequence of cultivating an optimal learning ecosystem through adept GSS management. Physical health and nutritional programs directly furnish the physiological conditions and "fuel" essential for optimal brain function, as physically fit and adequately nourished students consistently demonstrate superior energy levels and concentration capacities. Concurrently, a school environment characterized by safety, comfort, freedom from bullying, and ecological cleanliness fosters a crucial sense of psychological security. This condition alleviates the cognitive burden associated with anxiety, thereby enabling students' mental resources to be fully dedicated to the learning process. Furthermore, initiatives such as TDBA and healthy canteen projects serve as practical platforms for hands-on learning, cultivating essential 21st-century competencies. Consequently, GSS not only supports the learning process but also fundamentally contributes to learning itself.

this research substantiates that the POAC framework is not only pertinent but exceptionally potent in overseeing complex programs like GSS. The triumphs achieved at SMPN 7 Purwakarta and SMPN 2 Kalijati Subang exemplify that when the four managerial functions comprising participatory planning, collaborative organizing, empowering actuation, and data-driven controlling are synergistically executed, a health program can evolve into a paramount strategy for holistically improving educational quality. Effectively managed GSS thus engenders a virtuous cycle wherein robust health underpins quality learning, and in turn, quality education reinforces the comprehension and practice of healthy living.

Conclusion

This study conclusively demonstrates that the effective management of the Healthy School Movement through the POAC framework is a critical success factor in transforming school ecosystems and enhancing student learning quality. The findings from SMPN 7 Purwakarta and SMPN 2 Kalijati Subang reveal that GSS is not a peripheral program but a core strategic intervention. The success of GSS hinges on a synergistic application of all four POAC functions: participatory planning ensures relevance and ownership; collaborative organizing leverages necessary resources and leadership; creative actuating fosters engagement and internalization of healthy behaviors; and continuous controlling provides the data-driven

feedback essential for sustainability and improvement. A well-managed GSS directly contributes to improved learning outcomes by creating the optimal physiological and psychological conditions for learning. The five pillars of GSS collectively address the fundamental prerequisites for cognitive function: a well-nourished and physically fit body, a safe and supportive mental environment, and a clean, stimulating physical space. This results in tangible improvements such as increased attendance, enhanced concentration, greater student engagement, and higher academic achievement. Ultimately, the program establishes a virtuous cycle where good health acts as the foundation for effective learning, and the educational process, in turn, reinforces the knowledge, attitudes, and practices of a healthy lifestyle. GSS, therefore, transcends its role as a health initiative and emerges as a powerful, holistic educational strategy. In essence, the journey of SMPN 7 Purwakarta and SMPN 2 Kalijati Subang provides a compelling model, proving that investing in a strategically managed, health-focused school environment is not merely an investment in student well-being, but a direct and powerful investment in the overall quality of education itself.

References

- Asni, A., Dasalinda, D., & Chairunnisa, D. (2023). Penerapan Fungsi Manajemen POAC (Planning, Organizing, Actuating, And Controlling) dalam Layanan Bimbingan Dan Konseling Di Sekolah. *Ideguru: Jurnal Karya Ilmiah Guru*, 9(1), 357–364. <https://doi.org/10.51169/ideguru.v9i1.840>
- Colozza, D., Padmita, A. C., Ndiaye, M., Tarmizi, S. N., Widiastuti, E., Kekalih, A., Pramesthi, I. L., & Wiradnyani, L. A. (2025). Barriers to childhood obesity prevention in the school food environment: a qualitative study from Indonesia. *BMJ Paediatrics Open*, 9(1), e003980. <https://doi.org/10.1136/bmjpo-2025-003980>
- Creswell, J. W. (2018). *Qualitative inquiry and research design: Choosing among five approaches*. (4th editio). SAGE Publications.
- Cygan, H., Tribbia, C., & Tully, J. (2020). School Health Policy Implementation: Facilitators and Challenges. *The Journal of School Nursing*, 36(5), 330–338. <https://doi.org/10.1177/1059840519846089>
- Damayanti, R., Ahmad, S., & Wahidy, A. (2020). Pedagogic Competency Analysis of Teachers in Indonesia. *Journal of Social Work and Science Education*, 1(3), 241–248. <https://doi.org/10.52690/JSWSE.V1I3.111>
- Edwita, Hasanah, U., & Marini, A. (2024). Revealing the Implementation of the Child-Friendly Healthy School Program and its Effectiveness on Health Literacy and Psychological Well-Being to Achieve the SDGs. *Journal of Lifestyle and SDGs Review*, 5(2), e02990. <https://doi.org/10.47172/2965-730X.SDGsReview.v5.n02.pe02990>
- Fathi, B., Allahverdipour, H., Shaghaghi, A., Kousha, A., & Jannati, A. (2014). Challenges in developing health promoting schools' project: application of global traits in local realm. *DOAJ (DOAJ: Directory of Open Access Journals)*. <https://doi.org/10.5681/hpp.2014.002>
- Handoko, T. H. (2012). *MANAJEMEN*. BPFE-Yogyakarta.
- Istiqomah, N., & Mafruhah, I. (2023). Determinants of payment compliance of the national health insurance among non-salaried participants. *Corporate and Business Strategy Review*, 4, 54–61. <https://doi.org/10.22495/cbsrv4i4art6>
- Kurniawan, F., Wiraharja, R. S., Santi, B. T., Astiarani, Y., Kristian, K., Amita, A. S. D., Bororing, S. R., Wijaya, L., Regina, Sahusilawane, I. G., Yue, R., Setiawan, A., & Wijaya, E. (2023). Correlation between health status and academic achievement among elementary school students in North Jakarta. *Journal of Education and Health Promotion*, 12(1). https://doi.org/10.4103/jehp.jehp_1534_22
- Lisetyaningrum, I., Pujasari, H., & Kuntarti. (2021). A Cross-Sectional Analysis of Snacking Habits, Eating Habits, Physical Activity, and Indicators of Obesity among High School Students in Jakarta, Indonesia. *Journal of Public Health Research*, 10(1_suppl). <https://doi.org/10.4081/jphr.2021.2402>
- Matingwina, T. (2018). Health, Academic Achievement and School-Based Interventions. In *Health and Academic Achievement*. InTech. <https://doi.org/10.5772/intechopen.76431>

- Maulidina, U. R., Alif Mudiono, Yudithia Dian Putra, & Imron Arifin. (2025). Peran Lingkungan Kampus dalam Meningkatkan Motivasi Belajar Mahasiswa : Studi Literatur. *Didaktika: Jurnal Kependidikan*, 14(3), 5627–5636. <https://doi.org/10.58230/27454312.2293>
- Maysaroh, A., Sukirman, S., & Hidayati, D. (2025). Digital Accessibility Management For Students In an Inclusive School: A Case Study in Indonesia. *Tadbir : Jurnal Studi Manajemen Pendidikan*, 9(1), 95–110. <https://doi.org/10.29240/jsmp.v9i1.13058>
- Moleong, L. J. (2017). *Metodologi Penelitian Kualitatif*. Remaja Rosdakarya.
- Muthmainnah, Nurmala, I., Siswantara, P., Rachmayanti, R. D., & Devi, Y. P. (2021). Implementation of Adolescent Health Programs at Public Schools and Religion-Based Schools in Indonesia. *Journal of Public Health Research*, 10(4). <https://doi.org/10.4081/jphr.2021.1954>
- Oddo, V. M., Roshita, A., Khan, M. T., Ariawan, I., Wiradnyani, L. A. A., Chakrabarti, S., Izwardy, D., & Rah, J. H. (2022). Evidence-Based Nutrition Interventions Improved Adolescents' Knowledge and Behaviors in Indonesia. *Nutrients*, 14(9), 1717. <https://doi.org/10.3390/nu14091717>
- Proceedings of the Andalas International Public Health Conference 2017. (2017). *BMC Public Health*, 17(S6), 897. <https://doi.org/10.1186/s12889-017-4877-4>
- Reeve, E., Thow, A. M., Bell, C., Engelhardt, K., Gamolo-Naliponguit, E. C., Go, J. J., & Sacks, G. (2018). Implementation lessons for school food policies and marketing restrictions in the Philippines: a qualitative policy analysis. *Globalization and Health*, 14(1), 8. <https://doi.org/10.1186/s12992-017-0320-y>
- Roshita, A., Riddell-Carre, P., Sjahrial, R., Jupp, D., Torlesse, H., Izwardy, D., & Rah, J. H. (2021). A Qualitative Inquiry into the Eating Behavior and Physical Activity of Adolescent Girls and Boys in Indonesia. *Food and Nutrition Bulletin*, 42(1_suppl), S122–S131. <https://doi.org/10.1177/0379572121990948>
- Sagala, S. (2018). *Pendekatan & Model Kepemimpinan*. Prenada Media. <https://books.google.co.id/books?id=sMNoDwAAQBAJ>
- Suarjana, I. W. G. (2024). The role of health education in improving student health in Indonesian schools. *Christian Journal for Global Health*, 11(2), 50–54. <https://doi.org/10.15566/cjgh.v11i2.346>
- Sudiati, S., Widayatsih, T., & Eddy, S. (2025). Learning Community Management in Improving Teachers' Pedagogic Competency. *Journal of Social Work and Science Education*, 6(2), 540–556. <https://doi.org/10.52690/JSWSE.V6I2.1197>
- Terry, G. R. (2015). *Prinsip-Prinsip Manajemen*. Bumi Aksara. <https://openlibrary.telkomuniversity.ac.id/pustaka/99061/prinsip-prinsip-manajemen.html>
- Umar, A., & Purbaya, I. A. (2020). Implementation of School Health Unit in a Elementary School. *Proceedings of the 1st International Conference of Physical Education (ICPE 2019)*. <https://doi.org/10.2991/assehr.k.200805.005>
- UNESCO, K. N. I. (2014). *Pendidikan untuk Pembangunan Berkelanjutan (Education for Sustainable Development) di Indonesia*.
- Vande Velde, F., Levecke, B., Gabriël, S., Birhanu, Z., Mekonnen, Z., & Templeton, M. R. (2023). Sustaining effective latrine cleaning in schools to protect child health in low-income settings. *Nature Water* 2023 1:11, 1(11), 907–914. <https://doi.org/10.1038/s44221-023-00159-5>
- Warnaini, C., Haq, A. D., Kadriyan, H., Shibuya, F., & Kobayashi, J. (2025). A dynamic journey of comprehensive school health policy implementation in response to the COVID-19 pandemic in Lombok, Indonesia. *Tropical Medicine and Health*, 53(1), 25. <https://doi.org/10.1186/s41182-025-00690-z>
- Yin, R. K. (2018). Case study research and applications: Design and methods. In *Journal of Hospitality & Tourism Research* (Vol. 53, Issue 5). <https://doi.org/10.1177/109634809702100108>
- Yoandra, C. K., Katmawanti, S., & Deniati, E. N. (2023). *Knowledge and Lifestyle for the Nutritional Status of Female Adolescents at Singosari District* (pp. 163–176). Atlantis Press. https://doi.org/10.2991/978-94-6463-320-7_16
- Permadi, M. A. M., Syaban, W. K., Habibi, M. I., Purnama, F., & Ampera, S. (2026). The Dynamics Of Learning Difficulties Among Students At Islamic Boarding Schools In The Digital Age: Between Tradition And Technological Limitations. *Al-Ulum: Jurnal Pendidikan Islam*.
- Abdulghani, N. A., & Sya'ban, W. K. (2026). Inter-Islamic Law Simulation in Education as an Effort to Build a Community Legal Culture. *Amorti: Jurnal Studi Islam Interdisipliner*.

Yusni, Y., & Meutia, F. (2019). Anthropometry analysis of nutritional indicators in Indonesian adolescents. *Journal of Taibah University Medical Sciences*, 14(5), 460–465. <https://doi.org/10.1016/j.jtumed.2019.07.001>