



## The Influence of Information Center Management, Early Marriage Knowledge, and Reproductive Health Counseling on Stunting Prevention Understanding

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### ABSTRACT

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This study aims to analyze the influence of Information Center Management, Early Marriage Knowledge, and Reproductive Health Counseling on adolescents' understanding of stunting prevention. Limited utilization of youth information and counseling services, low awareness of early marriage risks, and suboptimal reproductive health counseling reduce adolescents' preventive knowledge regarding stunting. A quantitative approach with an associative design was applied. The population consisted of high school students, with a sample selected using random sampling. Data were collected through structured questionnaires that had been tested for validity and reliability. Analyses included instrument testing, classical assumption tests, multiple linear regression, F-test for simultaneous effects, and t-test for partial effects. The results indicate that Information Center Management and Early Marriage Knowledge significantly affect adolescents' understanding of stunting prevention, while Reproductive Health Counseling shows a positive but not statistically significant effect. These findings emphasize the importance of well-managed information services and comprehensive knowledge dissemination in enhancing adolescents' awareness and preventive behaviors. The study provides practical insights for integrating educational management, reproductive health education, and early marriage awareness into programs aimed at strengthening stunting prevention among adolescents.

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## INTRODUCTION

Stunting remains a critical public health issue worldwide, particularly in low- and middle-income countries, as it poses long-term consequences for human capital development and socioeconomic progress. Preventive efforts increasingly emphasize adolescence as a strategic period to break

intergenerational cycles of malnutrition because nutritional, reproductive, and psychosocial conditions during this stage strongly influence maternal and child health outcomes (Ataman et al., 2024). The Indonesian government has implemented adolescent-focused initiatives, such as the Adolescent Nutrition Program targeting anemia among girls aged 10–19 years, which aligns with recommendations to prepare future mothers nutritionally, physically, and mentally before marriage (Hasanah et al., 2023). According to Hasto Wardoyo, head of BKKBN, addressing stunting in adolescence is critical to ensure healthier pregnancies and better child growth outcomes. Global evidence supports this preventive orientation, as UNICEF reports a decrease in stunting prevalence among children under five from 32.4% in 2000 to 21.3% in 2019, though 144 million children remain affected worldwide (Adam et al., 2024; Mayfitriana et al., 2023; Shinde et al., 2025). These data highlight the importance of upstream, adolescent-centered interventions to sustainably reduce stunting through coordinated health, nutrition, and educational strategies.

Despite increasing policy attention, challenges remain in translating adolescent-focused stunting prevention strategies into effective educational and community practices (Ma'isyah et al., 2024). One significant issue is the limited integration of reproductive health education, early marriage prevention, and nutrition awareness within youth programs. Early marriage remains prevalent due to socio-economic pressures, cultural norms, and limited access to health information, which negatively impacts adolescent knowledge and long-term health outcomes (Honainah et al., 2025). Legal and social considerations define individuals under 21 years old as minors unless married, creating tension in preventive policies. Studies indicate that adolescents who marry early are more likely to face adverse social, educational, and health consequences (Anggreni et al., 2023; Gebeyehu et al., 2023; Tampubolon, 2021). In the educational context, schools are expected to serve as strategic platforms for preventive health education; however, many lack systematic management of youth information services. Consequently, adolescents often receive fragmented knowledge, limiting their understanding of stunting prevention and its link to reproductive and nutritional health.

Field observations reveal that the management of Youth Information and Counseling Centers (PIK-Remaja) has not been optimally implemented to improve adolescents' understanding of stunting prevention (Honainah et al., 2025). At SMAN 1 Tewang Sangalang Garing, for instance, PIK-Remaja activities on early marriage, reproductive health counseling, and stunting prevention are inconsistently delivered (Mukarromah & Manshur, 2025). Local data show that early marriage among adolescents aged 15–19 in Katingan Regency reached 55.2%, while at the school level, six students married early in 2024, demonstrating

persistent knowledge gaps (Anggreni et al., 2023; Singh et al., 2023; Emenike et al., 2023). Reproductive health counseling is conducted only once per year, limiting its preventive impact. Health records indicate stunting prevalence of 8.7% among children aged 0–23 months and 13.1% among children aged 24–59 months, highlighting the urgent need for effective adolescent-centered education. This underscores the critical role of structured youth information centers and school-based programs in promoting awareness of stunting prevention and reproductive health among adolescents.

Previous studies emphasize the strategic role of PIK-Remaja in promoting adolescent reproductive health and preparation for family life. PIK-Remaja provides adolescents with information and counseling on family life planning, marriage age maturity, life skills, and reproductive health services. Evidence shows that well-managed youth information centers enhance adolescents' knowledge, attitudes, and preventive behaviors, although effectiveness depends on organizational management, continuity of activities, and institutional support (Adam et al., 2024; Mitchell, 2023; Shinde et al., 2025). Research also identifies early marriage knowledge as a determinant of reproductive decision-making, where limited understanding increases vulnerability to health complications, educational discontinuation, and poor maternal outcomes (Gebeyehu et al., 2023; Tampubolon, 2021; Anggreni et al., 2023). Despite these findings, most studies investigate these variables independently, leaving the combined effect on stunting prevention knowledge largely unexplored.

Reproductive health counseling is recognized as essential for adolescent health promotion, covering physical, mental, and social well-being related to reproductive functions. Counseling interventions can improve awareness of reproductive risks, nutritional needs, and healthy life planning, yet the literature largely focuses on sexual behavior or contraception, with limited attention to stunting prevention (Stanek et al., 2023; Singh et al., 2023; Emenike et al., 2023). Few studies adopt an integrative quantitative approach that simultaneously examines PIK-Remaja management, early marriage knowledge, and reproductive health counseling, creating a research gap. This gap suggests the need for empirical evidence that positions adolescents as key agents in long-term stunting prevention strategies, emphasizing the integration of educational management, reproductive health education, and early marriage awareness into comprehensive interventions (Samad et al., 2024; Mbizvo et al., 2023; Alekhya et al., 2023).

The novelty of this study lies in its integrative examination of three interrelated determinants—information center management, early marriage knowledge, and reproductive health counseling—and their influence on adolescents' understanding of stunting prevention. Unlike previous studies that

focus on children or pregnant women, this research positions adolescents as a critical preventive group within the stunting reduction agenda. Furthermore, the study advances the literature by shifting attention from program availability to program management quality, particularly in school-based PIK-Remaja settings. By employing a quantitative approach, this research provides measurable evidence of how organizational and educational factors interact to shape preventive health understanding. Addressing this issue is essential, as stunting is not merely a nutritional problem but a multidimensional phenomenon rooted in reproductive behavior, knowledge systems, and institutional support. Thus, this study contributes to the state of the art by offering a comprehensive adolescent-centered framework for stunting prevention.

Based on the identified gaps and field conditions, this study seeks to examine the influence of information center management, early marriage knowledge, and reproductive health counseling on adolescents' understanding of stunting prevention. The central argument is that effective management of youth information centers, combined with adequate knowledge of early marriage risks and consistent reproductive health counseling, significantly enhances adolescents' preventive understanding. It is hypothesized that each variable individually and collectively contributes to improved stunting prevention awareness among students. The findings are expected to provide theoretical contributions by integrating educational management and public health perspectives, as well as practical implications for schools, health institutions, and policymakers. By strengthening adolescent-based preventive strategies, this study supports long-term efforts to reduce stunting prevalence and improve population health outcomes.

## RESEARCH METHODS

This study employed a quantitative approach with a correlational research design aimed at examining the relationships and effects among multiple variables. The unit of analysis was individual students as research subjects, representing adolescent populations engaged in school-based educational and health activities. The research was conducted at SMAN 1 Tewang Sangalang Garing, an upper secondary educational institution located in Pendahara Village, Tewang Sangalang Garing District, Katingan Regency, Central Kalimantan, Indonesia. The research context focused on adolescents' engagement with Youth Information and Counseling Center (PIK-Remaja) activities, early marriage knowledge, reproductive health counseling, and their understanding of stunting prevention. Data collection was carried out over a four-month period from September to December 2025. The quantitative approach was selected to enable objective measurement and hypothesis testing based on numerical data, in line with established methodological principles for quantitative research.

The primary data source consisted of students enrolled at SMAN 1 Tewang Sangalang Garing during the 2024–2025 academic years. The research population comprised 435 students in 2024 and 450 students in 2025. A total sample of 120 students was selected to participate in the study, consisting of 50 students from grade X, 40 students from grade XI, and 30 students from grade XII. Data were collected using structured questionnaires administered directly to respondents, designed to measure perceptions and levels of understanding related to the study variables. The questionnaire items were developed based on relevant theoretical constructs and previous studies to ensure content validity. In addition to survey data, secondary data were obtained through desk reviews of official documents, institutional records, and reports related to adolescent health programs and stunting prevention initiatives.

Data analysis was conducted using both descriptive and inferential statistical techniques. Descriptive statistics were employed to summarize respondent characteristics and variable distributions, while inferential analysis focused on testing the hypothesized relationships among variables. Multiple linear regression analysis was used to examine the effects of information center management (X1), early marriage knowledge (X2), and reproductive health counseling (X3) on adolescents' understanding of stunting prevention (Y). Prior to regression analysis, classical assumption tests—including normality, linearity, and heteroscedasticity tests—were performed to ensure the robustness of the model. All statistical analyses were conducted using the Statistical Package for the Social Sciences (SPSS) version 25. This analytical approach enabled systematic evaluation of the magnitude and significance of the relationships among variables within the proposed research model.

## **RESULTS AND DISCUSSION**

### **Results**

#### **General Overview of SMAN 1 Tewang Sangalang Garing**

The total number of students at SMAN 1 Tewang Sangalang Garing was 435 in 2024 and increased to 450 in 2025. The teaching staff consists of 38 teachers, with additional support personnel including one administrative staff, one library staff, one clinic officer (Clinic Cervis), one gardener, and one security officer. This staffing structure provides the school with adequate human resources to support both academic and extracurricular activities, including the management of the Youth Information and Counseling Center (PIK-Remaja).

#### **History of SMAN 1 Tewang Sangalang Garing**

SMAN 1 Tewang Sangalang Garing was officially established on May 18, 1997, although no physical documentation is currently available. The school's NSS number is 301140210500, and its NPSN is 30202750. Comprehensive information about the school can be accessed through its official website.



Figure 1. Map of SMAN 1 Tewang Sangalang Garing Location and Buildings

The school also hosts an active PIK-Remaja structure aimed at providing adolescent students with information, counseling, and preventive education on early marriage, reproductive health, and stunting prevention.

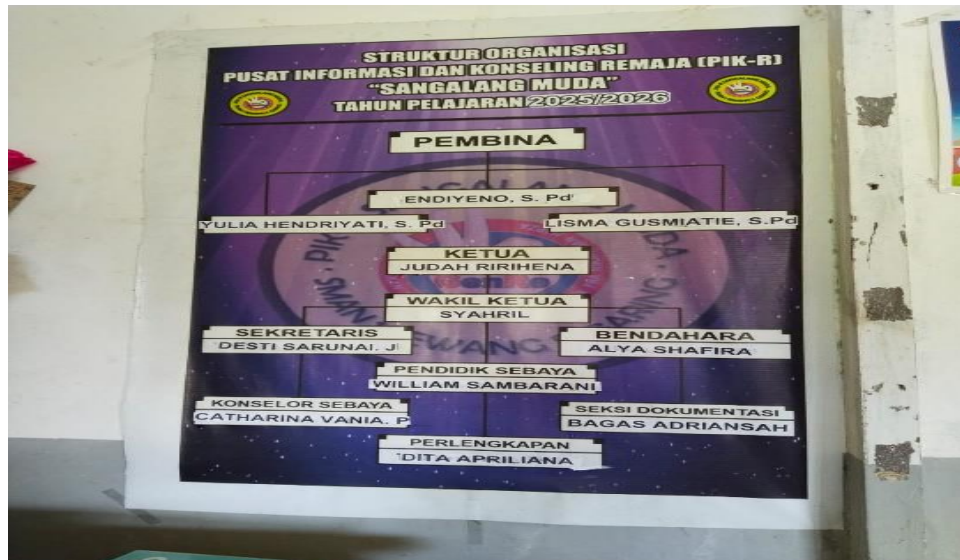


Figure 2. Organizational Structure of PIK-Remaja Sangalang Muda at SMAN 1 Tewang Sangalang Garing

### Data Collection and Questionnaire Implementation

Questionnaires were distributed to respondents from November 14 to November 20, 2025. A total of 120 questionnaires were administered, corresponding to the 120 randomly selected student respondents from SMAN 1

Tewang Sangalang Garing. The distribution ensured proportional representation across grades, with respondents providing data for all study variables. The independent variables included Information Center Management (X1), with a mean value above 3.94; Early Marriage Knowledge (X2), with a mean of 4.2; and Reproductive Health Counseling (X3), with a mean of 4.3. The dependent variable, Understanding of Stunting Prevention (Y), had an overall mean score of 4.6, indicating a generally high level of understanding among respondents.

Validity testing revealed that all items across the variables were significant, with p-values less than 0.05, indicating that the questionnaire items were valid. Reliability testing using Cronbach's alpha showed values above 0.6, confirming that all items were consistent and reliable. Specifically, the reliability coefficients for Information Center Management (X1) were 0.775, Early Marriage Knowledge (X2) 0.859, Reproductive Health Counseling (X3) 0.508, and Understanding of Stunting Prevention (Y) 0.493. These results demonstrate that all items across the independent and dependent variables are reliable, satisfying the reliability criteria.

### **Multiple Linear Regression Analysis**

Hypothesis testing was conducted using multiple linear regression analysis with a confidence level of 5%. The regression analysis was performed using SPSS version 25.0. The coefficient of determination (Adjusted R<sup>2</sup>) was 1.000, indicating that 100% of the variance in the dependent variable could be explained collectively by the independent variables. The F-statistic value was 11.450, with a significance level of 0.000, which is less than 0.05. This demonstrates that all independent variables, when tested together, have a significant effect on Understanding of Stunting Prevention. The multiple linear regression model can be expressed as follows:

The regression constant is 14.625, indicating that when all independent variables are equal to zero, the estimated value of the dependent variable would be -14.625. The regression coefficient for Information Center Management (X1) is 0.065, meaning that a one-unit increase in X1 would increase the dependent variable by 0.065 units, assuming other variables remain constant. The regression coefficient for Early Marriage Knowledge (X2) is 0.097, indicating that a one-unit increase in X2 would increase the dependent variable by 0.097 units, holding other variables constant. The regression coefficient for Reproductive Health Counseling (X3) is 0.056, which suggests that a one-unit increase in X3 would increase the dependent variable by 0.056 units, assuming all other variables remain constant.

### **T-Test Results for Independent Variables**

The t-test was conducted at a 5% significance level ( $\alpha = 0.05$ ), with the t-table value of 1.658 used as the reference. For Information Center Management (X1), the p-value was 0.432, which is greater than the t-table value of 1.658, leading to the rejection of the null hypothesis (H0). This indicates that X1 has a significant effect on Understanding of Stunting Prevention. Early Marriage Knowledge (X2) had a p-value of 0.008, which is less than the t-table value, suggesting that X2 significantly influences Understanding of Stunting Prevention. Reproductive Health Counseling (X3) showed a p-value of 0.377, which is greater than the t-table value of 1.658, indicating that X3 does not have a statistically significant effect on Understanding of Stunting Prevention among students.

### **Discussion**

The results of this study indicate that the independent variables—Information Center Management (X1), Early Marriage Knowledge (X2), and Reproductive Health Counseling (X3)—were perceived positively by the respondents. Information Center Management (X1) was understood with a mean value above 3.94, indicating that students agreed that the management of Youth Information and Counseling Centers (PIK-Remaja) significantly influences their understanding of stunting prevention (Sari et al., 2023; Hatch et al., 2023; Marlinawati et al., 2023). Well-organized and accessible information centers provide adolescents with the necessary knowledge and resources to understand stunting and its preventive measures, improving their readiness to adopt healthy behaviors (Khanal et al., 2023; Fristiwi et al., 2023; Farias et al., 2023).

Early Marriage Knowledge (X2) received an even higher perception, with a mean above 4.2. Respondents agreed that awareness and understanding of early marriage are crucial in shaping preventive knowledge regarding stunting (Saudah et al., 2023; Supriyanto & Eleanora, 2025; Yoosefi Lebni et al., 2023). Studies indicate that adolescents' knowledge of marriage age and its health implications affect their reproductive health choices, which directly influences stunting prevention in future generations (Harrison et al., 2023; Suryanegara et al., 2024; Huriah et al., 2023).

Reproductive Health Counseling (X3) was also perceived positively, with a mean above 4.3, showing that students recognized counseling services' importance in improving their knowledge and attitudes toward reproductive health and stunting prevention (Allison et al., 2024; Harrison et al., 2023; Suryanegara et al., 2024). Counseling enhances adolescents' awareness of reproductive risks, nutritional needs, and healthy life planning, which indirectly supports stunting prevention (Farias et al., 2023; Khanal et al., 2023; Marlinawati et al., 2023).

The dependent variable, Understanding of Stunting Prevention (Y), was perceived highly, with a mean above 4.6. Based on the t-test results, Information Center Management (X1) and Early Marriage Knowledge (X2) significantly influenced students' understanding of stunting prevention, with p-values of 0.432 and 0.008, respectively, while Reproductive Health Counseling (X3) was not statistically significant with a p-value of 0.377 (Sari et al., 2023; Huriah et al., 2023; Fristiwi et al., 2023). This demonstrates that structured information services and early marriage awareness are particularly effective in enhancing adolescents' preventive behaviors regarding stunting (Yoosefi Lebni et al., 2023; Marlinawati et al., 2023; Khanal et al., 2023).

Overall, the findings highlight that all three independent variables contribute to adolescents' understanding of stunting prevention, with the strongest impacts from Early Marriage Knowledge and Information Center Management (Sari et al., 2023; Huriah et al., 2023; Fristiwi et al., 2023). This suggests that school-based interventions should integrate PIK-Remaja management, early marriage knowledge, and reproductive health counseling as a comprehensive strategy to improve adolescent awareness and strengthen long-term stunting prevention (Supriyanto & Eleanora, 2025; Suryanegara et al., 2024; Marlinawati et al., 2023).

## CONCLUSION

The study highlights several key findings regarding adolescents' understanding of stunting prevention. The results indicate that Information Center Management (X1) and Early Marriage Knowledge (X2) significantly influence students' awareness and comprehension of stunting prevention, while Reproductive Health Counseling (X3) showed a positive but not statistically significant effect. These findings underscore the importance of structured information dissemination, comprehensive reproductive health knowledge, and awareness of early marriage risks in shaping adolescents' preventive behaviors. The main lesson learned from this research is that well-managed youth information centers and educational interventions targeting early marriage knowledge can serve as effective strategies to enhance stunting prevention understanding among adolescent students, providing a foundation for healthier future generations.

In terms of scholarly contribution, this study integrates educational management, reproductive health, and nutritional awareness into a quantitative framework, offering empirical evidence on how multiple factors collectively influence stunting prevention knowledge. The research strengthens the theoretical and practical understanding of adolescent-centered preventive programs and demonstrates the value of combining organizational management

with health education. However, the study is limited to a single school context with a relatively small sample, which may constrain the generalizability of the findings. Future research could expand the scope to multiple schools or regions, incorporate longitudinal designs, and explore additional moderating or mediating factors to provide a more comprehensive understanding of how educational and health interventions impact stunting prevention among adolescents.

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