

## Perceptions of Agents of Change Toward Stunting Prevention Education Through the Health Belief Model

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### ABSTRACT

Stunting remains a major nutritional problem in Indonesia that may impair physical growth, cognitive development, and future productivity. This study aimed to explore the perceptions of GenRe Ambassadors regarding stunting prevention education based on the Health Belief Model. A qualitative study with an exploratory phenomenological design was conducted among five active GenRe Ambassadors in Karawang Regency selected through purposive sampling. Data were collected through semi-structured in-depth interviews and analyzed using Colaizzi thematic analysis involving transcription, coding, categorization, and theme development. The findings identified six themes: perceived susceptibility, perceived severity, perceived benefits, perceived barriers, self-efficacy, and educational efforts and expectations. Adolescents were considered vulnerable to stunting due to unhealthy lifestyles, limited nutritional knowledge, and inadequate reproductive health awareness. Peer education, digital campaigns, and youth-centered educational approaches were perceived as effective strategies to improve adolescents' awareness, participation, and preventive behaviors related to stunting prevention.

**Keywords :** GenRe Ambassadors; Health Education; Health Belief Model; Adolescents; Stunting

### I. INTRODUCTION

Stunting or chronic malnutrition is a nutritional problem caused by a lack of nutritional intake from food over a long period (Fitri et al., 2022). The prevalence of stunting is one of the largest nutritional problems among toddlers in Indonesia (Sinaga et al., 2022). Stunting is a growth and development disorder in children due to chronic malnutrition and recurrent infections, characterized by their length or height being below the standard set by the minister organizing government affairs in the health sector (Peraturan BKKBN Republik Indonesia Nomor 12 Tahun 2021 Tentang Rencana Aksi Nasional Percepatan Penurunan Angka Stunting Indonesia). In the short term, stunting can cause impaired brain growth, decreased intelligence, and metabolic function disorders. In the long term, individuals who experience stunting have a higher risk of experiencing decreased immunity, metabolic diseases, cardiovascular diseases, learning difficulties, and cognitive impairment (Rakhmalia Imeldawati, 2025).

Adolescents' low understanding and perception regarding stunting prevention can affect their future health behaviors. Therefore, the Health Belief Model approach is suitable to understand how adolescents perceive health education in stunting prevention. HBM assumes



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that changes in health behavior are influenced by an individual's perception of health problems (Winarto et al., 2026). HBM is a model that encompasses perceived susceptibility, severity, benefits, and barriers (Fathoni & Setyawan, 2025) felt by an individual toward a disease. According to Rosenstock (1974), the Health Belief Model (HBM) explains that health behavior is influenced by perceived susceptibility, perceived severity, perceived benefits, and perceived barriers. The HBM framework was later expanded by Janz and Becker (1984) through the addition of self-efficacy and cues to action components.

Each dimension within the Health Belief Model has a role in influencing individual health behavior. Perceived susceptibility refers to an individual's perception regarding the possibility of experiencing a health problem, while perceived severity relates to an individual's perception of the seriousness and consequences of a disease (Setyaningsih, Yudianti, & Mansur, 2022). Perceived benefits describe an individual's belief regarding the advantages of preventive actions, whereas perceived barriers refer to obstacles perceived in carrying out health behaviors (Sa'diyah & Surjaningrum, 2021). In addition, cues to action function as triggers that encourage individuals to take health actions, while self-efficacy reflects an individual's confidence in performing healthy behaviors consistently (Janz & Becker, 1984).

Adolescence is an important phase in human development when social, biological, and psychological development occurs (Alwi et al., 2022). Proper nutrition during adolescence is essential for optimal growth and development and may affect the health of future generations (Alwi et al., 2022). Adolescents also have the potential as agents of change in delivering health information to their surroundings. Adolescents play an important role in breaking the chain of stunting, both as future parents and as agents of change in their environment (Ditya Yankusuma Setiani & Indriati, 2025).

Recent international studies have highlighted the strategic role of adolescents in promoting health awareness and preventing stunting through peer-led and digital-based educational approaches. A global systematic review reported that school-based peer education interventions were effective in improving adolescents' health knowledge and fostering positive attitudes toward healthy behaviors, as adolescents tend to be more receptive to information delivered by individuals within their own peer group (Dodd et al., 2022). Furthermore, media-based health education interventions, particularly those utilizing social media, audiovisual materials, and mobile applications, were found to significantly improve adolescents' understanding and awareness regarding healthy lifestyles and stunting prevention (Marlinawati et al., 2023). These findings indicate that adolescents have substantial potential to serve as agents of change in stunting prevention efforts through peer education and digital health communication strategies.

In this study, the selected agents of change are the Generasi Berencana (GenRe) Ambassadors. This selection is based on the consideration that GenRe Ambassadors are adolescents who have received briefings on reproductive health, family life planning, and other adolescent health issues. Strengthening the role of peer educators is important in efforts to change health behavior because education and communication-based interventions have proven to be an important part of the strategy to accelerate stunting prevention, especially in Early Childhood Education which is one of the priority interventions included in the specific intervention group (Sekretariat Wakil Presiden Republik Indonesia., 2020). With this background, GenRe Ambassadors are considered to have a better understanding than adolescents in general. In addition, they also have experience in delivering education to their peers.

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Although numerous studies on stunting prevention have been conducted, previous research has predominantly focused on pregnant women, parents, children, and community-based interventions, while adolescents have received limited attention as active agents of change in stunting prevention efforts. Dodd et al. (2022) reported that peer-led health education interventions were effective in improving adolescents' health knowledge and attitudes; however, the study mainly focused on quantitative outcomes and did not explore adolescents' personal perceptions and experiences regarding health education. Similarly, Marlinawati et al. (2023) found that digital-based health education could increase adolescents' awareness regarding healthy lifestyles and stunting prevention, yet the study primarily emphasized the effectiveness of educational media rather than adolescents' beliefs and interpretations toward stunting prevention behaviors. Furthermore, studies specifically involving GenRe Ambassadors as peer educators in stunting prevention and applying the Health Belief Model to explore adolescents' perceptions remain limited, particularly in the Indonesian context. Therefore, this study offers a novel contribution by exploring the perceptions and experiences of GenRe Ambassadors regarding stunting prevention education through the perspective of the Health Belief Model to provide a deeper understanding of adolescents' beliefs and preventive behaviors related to stunting prevention.

## **II. MATERIAL / METHODS**

This research employed a qualitative approach with an exploratory phenomenological design to obtain a deeper understanding of the experiences and perceptions of GenRe Ambassadors as agents of change in stunting prevention education. The study was conducted in Karawang Regency over 10 days during April–May 2026, with the interview schedule adjusted to the informants' availability. The participants consisted of active GenRe Ambassadors of 2026 who had experience in adolescent health education activities. Informants were selected purposively according to criteria relevant to the research objectives, resulting in five participants with relatively similar backgrounds in terms of organizational role, age range, and peer education experience. The aspects explored in this research referred to the components of the Health Belief Model, namely perceived susceptibility, perceived severity, perceived benefits, perceived barriers, self-efficacy, and cues to action (Nasywa Winidya & Hudiawati, 2025).

Within the phenomenological approach, the number of informants was considered sufficient because the focus of the research was to obtain rich and meaningful descriptions of participants' lived experiences rather than statistical generalization. Data collection continued until thematic saturation was achieved, indicated by the repetition of similar responses and the absence of new emerging themes during the interview process. The researcher acted as the main research instrument and was directly involved in conducting interviews, interpreting data, and analyzing findings, assisted by one assistant for technical purposes such as recording and documentation. Data were collected through face-to-face semi-structured in-depth interviews using interview guidelines, audio recordings, and field notes to capture contextual information during the interviews. Prior to data collection, all informants received explanations regarding the research objectives, procedures, confidentiality, and voluntary participation before signing informed consent forms.

The interview data were transcribed verbatim and analyzed using thematic analysis based on the Colaizzi phenomenological method. The analysis process began with repeated reading of the interview transcripts to gain a comprehensive understanding of the participants' experiences and perceptions regarding stunting prevention education. Significant statements related to the research focus were then identified and grouped into meaning units, followed by

the formulation of meanings to interpret participants' experiences. The formulated meanings were subsequently organized through a thematic coding process, in which similar codes were categorized, compared continuously, and developed into broader categories and themes based on recurring patterns found in the data. The final themes were then interpreted according to the components of the Health Belief Model, namely perceived susceptibility, perceived severity, perceived benefits, perceived barriers, self-efficacy, and cues to action. To ensure the credibility and trustworthiness of the findings, member checking was conducted by reconfirming several interpretation results with the informants, while reflective notes, peer discussions, interview recordings, field notes, and coding documentation were used to minimize researcher bias and strengthen the dependability and confirmability of the analysis process.

### **III. RESULTS**

This study involved five informants who were active GenRe Ambassadors of Karawang Regency in 2025 and had experience in adolescent health education activities. Data collection was conducted through in-depth interviews to explore informants' perceptions regarding stunting prevention education based on the components of the Health Belief Model. The interview results showed that each informant had different experiences and perspectives shaped by their role as peer educators and adolescents involved in health promotion activities. From the analysis process, six main themes were identified, namely perceived susceptibility, perceived severity, perceived benefits, perceived barriers, self-efficacy, and educational efforts and expectations (see Table 2).

#### **1. Perceived Susceptibility**

The interviews revealed that all informants perceived adolescents as having a risk of contributing to stunting in the future if they lack nutritional knowledge, reproductive health readiness, and healthy lifestyle behaviors. As illustrated in Figure 1, this perception was associated with unhealthy eating habits, anemia, early marriage, lack of physical activity, and limited understanding regarding the importance of the first 1000 days of life. Several informants explained that many adolescents still underestimate the importance of maintaining their health from an early age. These conditions were considered capable of affecting adolescents' readiness to become healthy future parents.

"...we become unprepared when the child is in their first thousand days... so we do not know the proper nutritional fulfillment... the risk will be greater for the child..." (I1)

"...a lot of ultra-processed food... many young women experience anemia... early marriage and pregnancy... lack of knowledge about reproductive health and nutrition..." (I2)

#### **2. Perceived Severity**

All informants described stunting as a serious problem because its impact extends beyond physical growth and also affects cognitive development, learning ability, productivity, and the quality of future human resources. As presented in Figure 2, the participants viewed stunting as a long-term issue that may influence both individual well-being and national development. Several informants emphasized that children experiencing stunting may face educational difficulties and decreased competitiveness in the future. Overall, the findings indicate that the informants had a strong awareness regarding the seriousness of stunting and its long-term consequences.

"...children who experience stunting do not only experience physical disorders, but also cognitively... lowering the nation's competitiveness..." (I2)

"...impacts the quality of human resources... health, intelligence, and productivity..." (I4)

#### **3. Perceived Benefits**

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The findings showed that all informants considered stunting prevention education during adolescence important for preparing healthier and higher-quality future generations. As illustrated in Figure 3, health education was perceived as beneficial in improving adolescents' understanding regarding balanced nutrition, reproductive health, anemia prevention, and readiness for future parenthood. Some informants also explained that healthy habits formed during adolescence may influence health conditions later in adulthood. In general, the participants believed that early education could encourage adolescents to adopt healthier lifestyles and preventive behaviors.

"...adolescents are future prospective parents... very important for adolescents..." (I1)

"...adolescents start forming life habits... stunting education since adolescence can prevent stunting in the future..." (I4)

### **4. Perceived Barriers**

The interviews showed that the main barriers in stunting prevention education among adolescents were low awareness, limited interest in health education, and the perception that stunting is not directly related to their lives. As shown in Figure 4, informants also identified cultural influences, social media exposure, and the use of difficult health terminology as challenges in delivering educational messages. Several participants explained that adolescents are often less interested in conventional educational methods and prefer more interactive approaches. These findings suggest that educational strategies need to be adjusted to adolescents' characteristics and communication preferences.

"...many still consider that stunting is not their issue... cultural and social media influences..." (I2)

"...the adolescents' interest is quite low... needs innovations in educational methods..." (I4)

### **5. Self-Efficacy**

The results indicated that adolescents' confidence in practicing healthy behaviors can be strengthened through adequate knowledge, supportive environments, and consistent positive habits. As illustrated in Figure 5, peer support, motivation, and simple practical experiences were considered important in encouraging adolescents to maintain healthy behaviors consistently. Informants also emphasized that appreciation and access to health education may help adolescents become more confident in preventing stunting. Overall, social and environmental support were perceived as important factors in developing adolescents' self-efficacy toward healthy lifestyles.

"...built from consistent small habits and surrounding support..." (I2)

"...it is important to have a supportive environment... motivation to live better..." (I4)

### **6. Educational Efforts & Expectations**

The findings revealed several educational efforts carried out by GenRe Ambassadors, including school socialization programs, peer education, digital campaigns, strengthening of PIK-R programs, and collaboration with multiple sectors. As illustrated in Figure 6, interactive and continuous educational approaches were considered more effective in improving adolescents' understanding regarding stunting prevention. Informants also highlighted the use of social media and creative digital content as important tools for reaching adolescents more effectively. In general, the participants expected that collaborative and youth-friendly educational strategies could increase adolescents' awareness and participation in stunting prevention efforts.

"...education based on a peer approach... two-way and continuous education..." (I2)

"...strengthening PIK-R... digital campaigns... cross-sector collaboration..." (I4)

#### **IV. DISCUSSION**

Adolescents' perceptions regarding the risk of stunting showed that inadequate health readiness during adolescence was considered capable of increasing the likelihood of stunting in future generations. Within the Health Belief Model framework, this finding reflects perceived susceptibility, where adolescents recognize that unhealthy eating habits, anemia, early marriage, lack of physical activity, and limited reproductive health knowledge may contribute to future health problems. This perception was reflected in the informants' statements regarding "...we become unprepared when the child is in their first thousand days..." (I1) and "...lack of knowledge about reproductive health and nutrition..." (I2). These findings indicate that adolescents who are aware of their vulnerability tend to develop stronger awareness regarding the importance of preventive behaviors from an early age. Similar findings were reported by (Dodd et al., 2022), who explained that peer-based health education can improve adolescents' awareness and understanding of health risks because information delivered by peers is often perceived as more relatable and easier to accept. In addition, (Nurhaeni et al., 2024) emphasized that adolescent health education should be adjusted to adolescents' psychosocial characteristics, communication patterns, and peer interactions in order to strengthen awareness and preventive behavior related to stunting.

The findings also showed that informants perceived stunting as a serious health problem because its impact extends beyond physical growth and affects cognitive development, learning ability, productivity, and the quality of future human resources. In the Health Belief Model, this finding reflects perceived severity, where adolescents understand the long-term consequences of stunting for both individuals and society. This perception was reinforced by the statements "...children who experience stunting do not only experience physical disorders, but also cognitively..." (I2) and "...impacts the quality of human resources... health, intelligence, and productivity..." (I4). The findings suggest that adolescents increasingly view stunting as an issue closely related to the quality of future generations and national development. This is consistent with (Suyatno et al., 2024), who stated that stunting may affect children's long-term development and reduce the quality of human resources in adulthood. Similarly, (Winarsi Mokoagow et al., 2024) highlighted that stunting may contribute to impaired cognitive development, lower academic achievement, and reduced productivity, which may continue across generations if preventive efforts are not initiated early.

Health education during adolescence was perceived by the informants as beneficial in improving awareness regarding balanced nutrition, reproductive health, anemia prevention, and readiness for future parenthood. Within the Health Belief Model framework, this finding represents perceived benefits, where adolescents believe that preventive actions may reduce future health risks. Informants emphasized that adolescence is an important stage for developing healthy habits, as reflected in the statement "...adolescents start forming life habits... stunting education since adolescence can prevent stunting in the future..." (I4). These findings are in line with (Mughtar et al., 2023), who explained that nutrition education can improve adolescents' understanding and encourage healthier lifestyle practices. In addition, (Marlinawati et al., 2023) reported that media-based and digital educational approaches may strengthen adolescents' understanding because interactive learning methods are considered more attractive and accessible for young people. Supporting these findings, (Hairil et al., 2025) explained that educational interventions delivered through digital media, peer education, videos, and interactive platforms were associated with improvements in adolescents' knowledge, attitudes, and preventive behaviors related to stunting prevention.

Although health education was considered important, the findings revealed several barriers that may hinder adolescents from engaging in stunting prevention efforts. In the Health Belief Model, these obstacles reflect perceived barriers, including low awareness, limited interest in health education, cultural influences, social media exposure, and the perception that

stunting is unrelated to adolescents' daily lives. This condition was reflected in the informants' statements mentioning "...many still consider that stunting is not their issue... cultural and social media influences..." (I2) and "...the adolescents' interest is quite low... needs innovations in educational methods..." (I4). These findings suggest that educational approaches should be adapted to adolescents' communication preferences and daily experiences in order to improve participation and understanding. Similar findings were reported by (Ditya Yankusuma Setiani and Indriati, 2025), who emphasized that adolescent nutrition education requires more adaptive and contextually appropriate educational approaches to increase awareness and participation. Likewise, (Khoeriyah et al., 2025) explained that digital-based education may improve nutrition literacy and preventive behavior; however, its effectiveness is strongly influenced by consistent exposure, accessibility, supportive environments, and the availability of adequate digital infrastructure.

The findings further showed that adolescents' confidence in practicing healthy behaviors was closely related to support from peers, family, and the surrounding environment. Within the Health Belief Model, this finding reflects self-efficacy, where adolescents believe that healthy behaviors can be consistently practiced when adequate motivation, support, and understanding are available. This perception was reflected in the statements "...built from consistent small habits and surrounding support..." (I2) and "...it is important to have a supportive environment... motivation to live better..." (I4). Social support and positive reinforcement were considered important in helping adolescents maintain healthy behaviors related to nutrition and reproductive health. These findings are consistent with (Rani et al., 2023), who explained that adolescents have strong potential to become agents of change when they are supported by adequate health education and supportive social environments. In line with this, (Sumual and Soputan, 2023) emphasized that adolescents, particularly young women, may play an important role in disseminating information regarding healthy lifestyles and stunting prevention within schools and community settings.

The educational efforts carried out by GenRe Ambassadors demonstrated that adolescents respond more positively to interactive, peer-based, and digital educational approaches. Educational activities such as school socialization programs, peer education, digital campaigns, strengthening PIK-R programs, and cross-sector collaboration were considered more relevant to adolescents' current communication patterns. This finding was reflected in the informants' statements mentioning "...education based on a peer approach... two-way and continuous education..." (I2) and "...strengthening PIK-R... digital campaigns... cross-sector collaboration..." (I4). The findings also indicate important practical implications for adolescent health promotion programs, particularly the need to develop youth-centered educational strategies that integrate peer approaches and digital media to improve adolescents' participation and accessibility to health information. In line with (Dodd et al., 2022) and (Marlinawati et al., 2023), peer education and digital health communication were considered more effective in increasing adolescents' engagement because these approaches are perceived as more flexible, relatable, and suitable for adolescents' daily interactions. Furthermore, (Nurhaeni et al., 2024) suggested that collaborative and community-based educational interventions supported by engaging digital platforms may strengthen adolescents' awareness regarding stunting prevention. Similarly, (Khoeriyah et al., 2025) emphasized that integrating digital education with community involvement and cross-sector collaboration may improve the sustainability and effectiveness of adolescent stunting prevention programs.

## **V. CONCLUSION**

The findings of this study showed that GenRe Ambassadors' perceptions regarding stunting prevention education could be understood through the six components of the Health

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Belief Model, namely perceived susceptibility, perceived severity, perceived benefits, perceived barriers, self-efficacy, and educational efforts and expectations. Adolescents were considered vulnerable to future stunting risks due to limited nutritional knowledge, inadequate understanding of reproductive health, unhealthy lifestyle habits, and low awareness regarding the long-term impact of stunting. Health education was perceived as beneficial in improving adolescents' awareness related to balanced nutrition, anemia prevention, healthy lifestyles, and readiness for future family life. However, several barriers were still identified, including low adolescent participation, social media influences, and limited interest in health education. These findings indicate that adolescents have an important role as agents of change in supporting stunting prevention efforts within their surrounding environment.

This study contributes to the existing literature by providing a deeper understanding of adolescents' perceptions toward stunting prevention education through the perspective of the Health Belief Model, particularly among GenRe Ambassadors involved in peer education activities. The findings also highlight the importance of adolescent-centered educational strategies through peer education, school-based activities, digital media utilization, and cross-sector collaboration as potential solutions to strengthen stunting prevention programs, especially for adolescents. Practical implications from this study suggest that adolescent health promotion programs should be delivered using more interactive, adaptive, and youth-friendly approaches that are aligned with adolescents' communication patterns and daily experiences. Collaboration among schools, families, health workers, and youth organizations such as PIK-R and GenRe is also considered important to support sustainable adolescent health promotion programs. Future research is recommended to involve broader participant characteristics and different socio-cultural settings in order to obtain a more comprehensive understanding of adolescents' perceptions and behaviors regarding stunting prevention efforts.

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## TABLES & FIGURES

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Table 1. Informant Characteristics

| <b>Informant Code</b> | <b>Age</b> | <b>Gender</b> | <b>GenRe Ambassador Status</b>                             | <b>Length of Being a GenRe Ambassador</b> | <b>Health Education Experience</b>                       |
|-----------------------|------------|---------------|--|---|--|
| I1                    | 20 years   | Male          | GenRe Ambassador Intelligence Category                     | 8 months                                  | Has provided education to adolescents at school          |
| I2                    | 20 years   | Female        | Second Runner Up GenRe Ambassador of Karawang Regency 2025 | 7–8 months                                | Has provided reproductive health and nutrition education |
| I3                    | 20 years   | Female        | GenRe Ambassador Intelligence Category                     | 7–8 months                                | Has socialized nutrition and stunting prevention         |
| I4                    | 20 years   | Male          | Winner Male GenRe Ambassador of Karawang Regency 2025      | 8 months                                  | Has provided stunting education through a peer approach  |
| I5                    | 16 years   | Female        | Winner GenRe Ambassador of Karawang Regency 2025           | Almost 1 year                             | Has provided education related to stunting               |

(Source: Interview results processed by the researcher, 2026)

Table 2. Interview Result

| <b>No</b> | <b>Theme</b>             | <b>Related Sub-Theme</b> | <b>Description</b>  |
|-----------|--------------------------|--------------------------|---|
| 1         | Perceived Susceptibility | Unhealthy lifestyle      | Unhealthy lifestyles and poor health habits were perceived as |

**Perceptions of Agents of Change Toward Stunting Prevention Education Through the Health Belief Model**

|   |                    |                                   |   |
|---|--------------------|-----------------------------------|---|
|   |                    |                                   | factors that may increase the risk of stunting among adolescents  |
|   |                    | Reproductive health risk          | Limited reproductive health readiness and life planning were considered to contribute to future stunting risk.                  |
|   |                    | Lack of nutritional understanding | Insufficient understanding regarding nutrition and the First 1000 Days of Life was viewed as a contributing factor to stunting. |
|   |                    | Anemia & early marriage           | Anemia, early marriage, and pregnancy at a young age were perceived as increasing the risk of stunting.                         |
| 2 | Perceived Severity | Physical & cognitive disorders    | Stunting was perceived as affecting both physical growth and cognitive development.   |
|   |                    | Learning difficulties             | Children with stunting were considered more likely to experience learning difficulties and developmental delays.                |
|   |                    | Decreased productivity            | Stunting was viewed as potentially reducing productivity and  |

**Perceptions of Agents of Change Toward Stunting Prevention Education Through the Health Belief Model**

|   |                    |                                |  |
|---|--------------------|--------------------------------|--|
|   |                    |                                | increasing future health risks.  |
|   |                    | Decreased HR quality           | Informants perceived stunting as having an impact on the quality of future human resources.                              |
| 3 | Perceived Benefits | Increased knowledge            | Health education was considered helpful in improving adolescents' knowledge regarding nutrition and stunting prevention. |
|   |                    | Healthy living habituation     | Education during adolescence was believed to encourage healthier lifestyle habits.                                       |
|   |                    | Anemia & stunting prevention   | Early prevention efforts were perceived as supporting anemia prevention and reducing stunting risk.                      |
|   |                    | Prospective parent preparation | Adolescents were considered to need preparation for healthy future family life.  |
| 4 | Perceived Barriers | Lack of care for stunting      | Low awareness regarding the importance of stunting prevention remained a challenge among adolescents.                    |
|   |                    | Low interest                   | Limited interest in health education was   |

**Perceptions of Agents of Change Toward Stunting Prevention Education Through the Health Belief Model**

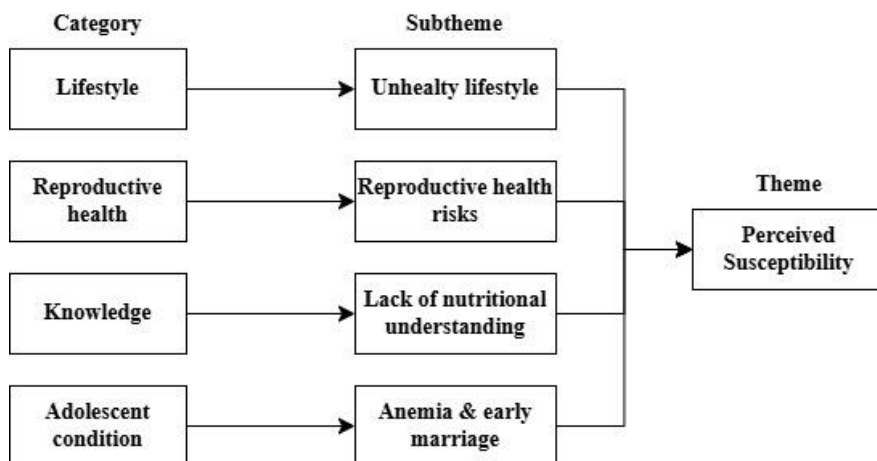
|   |               |                                    |  |
|---|---------------|------------------------------------|--|
|   |               |                                    | considered a barrier to educational activities.  |
|   |               | Cultural & social media influences | Cultural factors and social media exposure were perceived as influencing adolescents' health behaviors.          |
|   |               | Difficult-to-understand education  | Educational materials were considered more effective when delivered using simple and understandable approaches.  |
| 5 | Self-Efficacy | Healthy living awareness           | Self-awareness and health understanding were considered important in developing healthy behaviors.               |
|   |               | Healthy behavior consistency       | Consistent healthy habits were perceived as supporting adolescents' confidence in practicing healthy lifestyles. |
|   |               | Family & friend support            | Support from family and peers was considered important in maintaining adolescents' motivation.                   |
|   |               | Appreciation & positive enthusiasm | Positive support and access to education were perceived as strengthening adolescents' self-confidence.           |

**Perceptions of Agents of Change Toward Stunting Prevention Education Through the Health Belief Model**

|   |                                    |                                   |  |
|---|------------------------------------|-----------------------------------|--|
| 6 | Educational Efforts & Expectations | Education to schools              | Educational activities were carried out through direct school-based socialization.                           |
|   |                                    | Peer approach                     | Peer education approaches were considered more effective for adolescents.                                    |
|   |                                    | Digital campaigns                 | Social media and digital content were used to support stunting prevention education.                         |
|   |                                    | Strengthening PIK-R & partnership | Collaboration and strengthening of PIK-R programs were viewed as important in expanding educational efforts. |

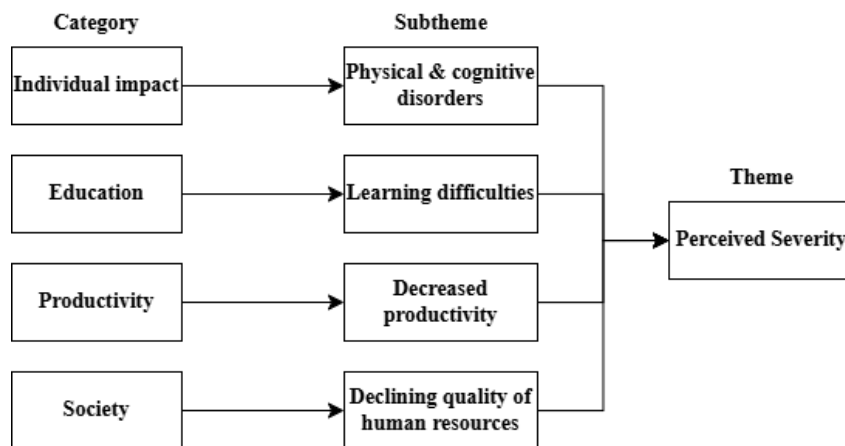
(Source: Interview results processed by the researcher, 2026)

Figure 1. Perceived Susceptibility Schema



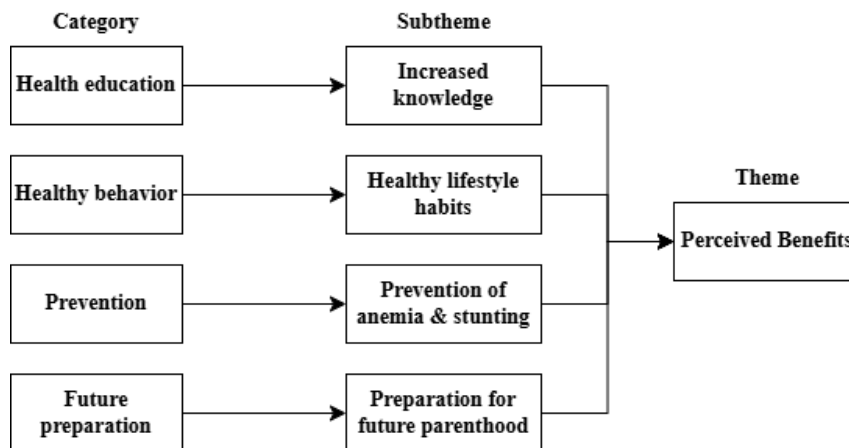
(Source: Interview data analysis results processed by the researcher, 2026)

Figure 2. Perceived Severity Schema



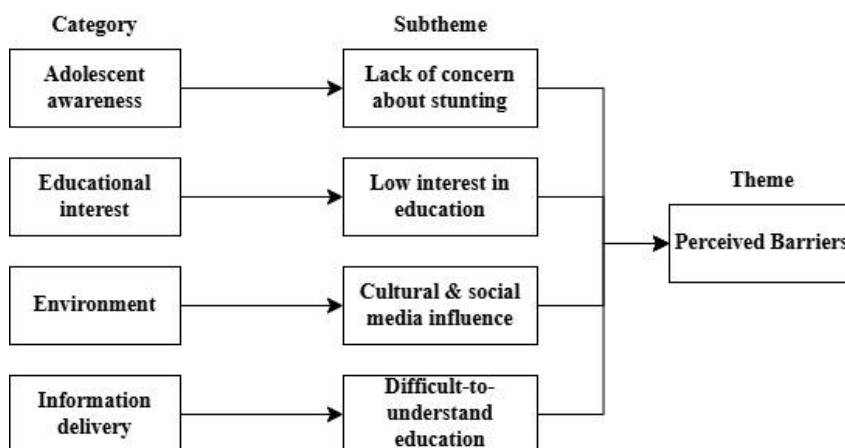
(Source: Interview data analysis results processed by the researcher, 2026)

Figure 3. Perceived Benefits Schema



(Source: Interview data analysis results processed by the researcher, 2026)

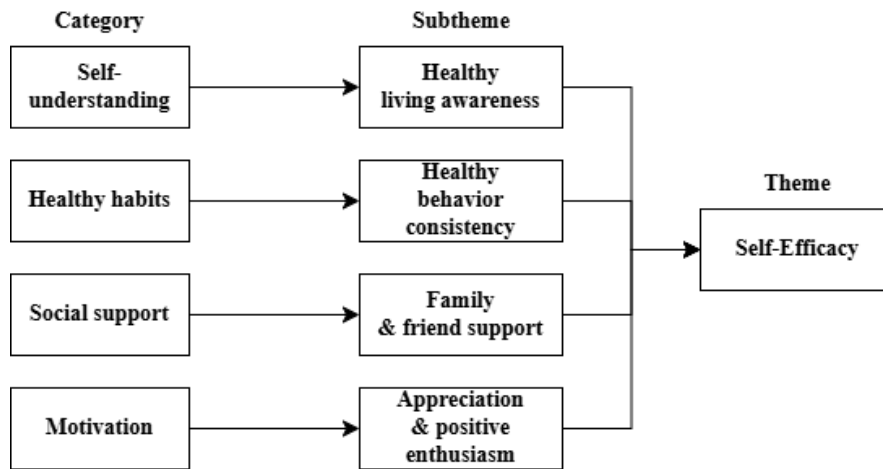
Figure 4. Perceived Barriers Schema



**Perceptions of Agents of Change Toward Stunting Prevention Education Through the Health Belief Model**

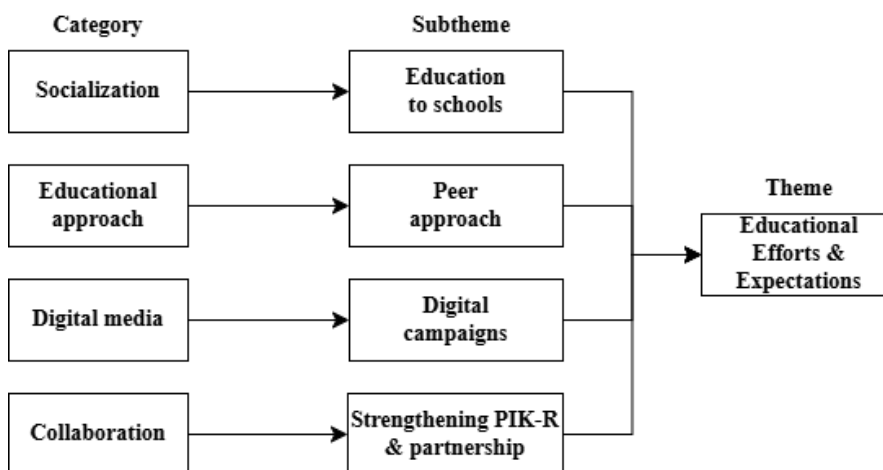
(Source: Interview data analysis results processed by the researcher, 2026)

Figure 5. Self-Efficacy Schema



(Source: Interview data analysis results processed by the researcher, 2026)

Figure 6. Educational Efforts & Expectations Schema



(Source: Interview data analysis results processed by the researcher, 2026)