JHR
JOURNAL OF HEALTH AND RELIGION
ACADEMIC SOLUTION PUBLISHER

STUNTING AWARENESS AND SELF-REPORTED HEALTHY LIFESTYLE PRACTICE AMONG JUNIOR AND SENIOR HIGH SCHOOL ADOLESCENTS: A DESCRIPTIVE STUDY

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Article Info

Article history:

Received : January 17, 2026
Accepted : January 29, 2026
Published : January 31, 2026
Available online
http://aspublisher.co.id/index.php/jhr

E-ISSN: 3090-1529

How to cite:
Salsabila, F., Auliya, J., Rahma, S., & Afrilia, N.N. (2026). Stunting awareness and self-reported healthy lifestyle practice among junior and senior high school adolescents: A descriptive study. *Journal of Health and Religion, 3*(1), 30–38.

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ABSTRACT

School-level data on adolescents' familiarity with stunting remain limited. This descriptive cross-sectional study assessed stunting awareness and self-reported healthy lifestyle practice among junior and senior high school adolescents. Twenty students aged 13-19 years, recruited by convenience sampling, completed an online questionnaire. Data were analyzed univariately with IBM SPSS Statistics 32. Most respondents were male (65.0%) and attended junior high school (70.0%). Eighteen respondents (90.0%; 95% CI 69.9-97.2%) had heard of stunting, whereas eight (40.0%; 95% CI 21.9-61.3%) reported practicing a healthy lifestyle every day. Awareness was common, but daily practice was reported by fewer than half. Given the small, self-reported and non-representative sample, these findings describe this group only.

Keywords: *Adolescents, Stunting awareness, Healthy lifestyle, Stunting prevention, Descriptive study*

ABSTRAK

Data tingkat sekolah tentang keterpaparan remaja terhadap isu *stunting* masih terbatas. Penelitian deskriptif potong lintang ini menilai kesadaran tentang *stunting* dan praktik gaya hidup sehat yang dilaporkan sendiri pada remaja SMP dan SMA sederajat. Sebanyak 20 siswa berusia 13-19 tahun yang direkrut secara *convenience sampling* mengisi kuesioner daring. Data dianalisis secara univariat dengan IBM SPSS Statistics 32. Sebagian besar responden laki-laki (65,0%) dan bersekolah di SMP/MTs (70,0%). Sebanyak 18 responden (90,0%; IK 95% 69,9-97,2%) pernah mendengar istilah *stunting*, sedangkan 8 responden (40,0%; IK 95% 21,9-61,3%) melaporkan menerapkan gaya hidup sehat setiap hari. Istilah *stunting* sudah banyak dikenal, tetapi praktik harian dilaporkan kurang dari separuh responden. Karena sampel kecil, berbasis laporan diri, dan tidak representatif, temuan ini hanya menggambarkan kelompok ini.

Kata Kunci: Remaja, Kesadaran stunting, Gaya hidup sehat, Pencegahan stunting, Studi deskriptif

1. INTRODUCTION

Stunting reflects chronic undernutrition in early life, and its consequences extend into adulthood through lower educational attainment, reduced productivity and a higher risk of chronic disease (Soliman et al., 2021; Victora et al., 2021). In Indonesia, national prevalence fell from 21.5% in 2023 to 19.8% in 2024, still well above the 2029 target of 14.2%, and North Sumatra remains one of the six provinces with the largest number of stunted children under five (Badan Kebijakan Pembangunan Kesehatan [BKPK], 2025). The national strategy for accelerating stunting reduction names adolescents among its target groups (Peraturan Presiden Nomor 72 Tahun 2021), because adolescence is a nutrition-sensitive period whose effects reach the children that today's adolescents will later raise (Norris et al., 2022; Patton et al., 2022).

Previous descriptive studies in Indonesian schools suggest that adolescents' understanding of stunting is usually partial. Among members of a youth counseling group in a vocational school, only 2.5% had good knowledge and 63.5% had sufficient knowledge (Malinda et al., 2022). Studies of Islamic senior high school and junior high school students likewise concluded that knowledge still needed improvement (Saputri & Mutiarawati, 2025; Annisa & Ikasari, 2025), and a survey of secondary students found a medium level of understanding with no meaningful difference between boys and girls (Kadafi et al., 2025). Among youth cadres, 83% had poor knowledge even though 56% held fairly good attitudes (Handayani et al., 2023).

Knowledge alone does not establish preventive behavior. In an Islamic boarding school, 56.7% of adolescents had high knowledge, yet 60% showed poor prevention behavior (Lestari & Wildayani, 2025). Among 246 adolescent girls in Riau, 67.5% had good nutrition and stunting knowledge while 75.2% had poor clean and healthy living behavior (Juwita et al., 2025), and a study of 106 adolescent girls reported that balanced-nutrition knowledge was not yet reflected in daily practice (Hermawanti et al., 2026). Other studies examined how knowledge and attitudes relate to prevention behavior or to supplement adherence among adolescent girls (Azzahra et al., 2024; Yuniarti et al., 2025).

Intervention studies form a separate body of evidence. Electronic modules, educational videos, mobile applications, audiovisual sessions and poster-based counseling raised adolescents' knowledge or attitude scores after exposure (Adam et al., 2022; Yuliam &

E-ISSN 3090-1529

Mariyani, 2023; Wijaya & Annisa, 2023; Qarragyta et al., 2025; Ekasari et al., 2026; Maulana et al., 2026), and school nutrition education produced similar gains outside Indonesia (Raut et al., 2024; Luthviatin et al., 2024). Most of these studies measured outcomes shortly after the program, and some lacked a control group, so they show short-term change under intervention rather than what adolescents know or do in ordinary conditions or whether behavior changes over time (Maulana et al., 2026).

This study keeps four constructs apart. Awareness means having heard of stunting. Knowledge means correct understanding of its causes, consequences and prevention, measured with a scored test. Attitude is an evaluative disposition toward prevention, usually measured with a rating scale. Practice is what adolescents actually do, such as eating balanced meals or staying physically active. Much of the existing evidence comes from girls, specific school types or intervention settings, and little is known about awareness and everyday practice among mixed-gender junior and senior high school students outside intervention programs. This study therefore aimed to describe stunting awareness and self-reported daily healthy lifestyle practice among junior and senior high school adolescents.

2. RESEARCH METHOD

This was a descriptive cross-sectional survey. The target population was adolescents aged 13-19 years enrolled in junior high school (SMP/MTs) or senior high school (SMA/SMK/MA). A link to an electronic questionnaire was distributed online, and every eligible adolescent who submitted a complete response during the data collection period was analyzed, giving 20 respondents. Because inclusion depended on who received the link and chose to respond, the technique was convenience (non-probability) sampling rather than total sampling.

The structured questionnaire contained respondent characteristics (age, gender and school level) and items on stunting (definition, causes and impacts), prevention-related habits (diet, breakfast, vegetable and fruit intake, clean living and physical activity) and views on prevention. This article reports two items as outcomes: awareness, measured by asking whether the respondent had ever heard of stunting (yes/no), and self-reported healthy lifestyle practice, measured by asking whether the respondent practiced a healthy lifestyle every day (yes/no). No knowledge score

or attitude scale was computed, so the results do not describe knowledge level or attitudes.

The study followed the national guidelines for health research ethics (Komisi Etik Penelitian dan Pengembangan Kesehatan Nasional [KEPPKN], 2021). The first page of the form explained the purpose, voluntary participation and confidentiality, and no names were recorded. Respondents aged 18-19 years gave their own consent. For respondents aged 13-17 years, the adolescent's assent and a parent's or guardian's consent were obtained.

Data were processed with IBM SPSS Statistics version 32 (IBM Corp., Armonk, NY, USA) and analyzed univariately as frequencies and percentages. For the two outcome proportions, 95% confidence intervals (CI) were calculated with the Wilson method to show their precision. No inferential tests were performed because the sample was too small for subgroup comparison, and online recruitment of this kind limits generalization (Andrade, 2020).

3. RESULT AND DISCUSSION

Results

Twenty adolescents completed the questionnaire. Table 1 shows that 13 respondents (65.0%) were male and 7 (35.0%) were female, so the sample was male-dominated. Fourteen respondents (70.0%) attended junior high school and six (30.0%) senior high school.

Table 1. Respondent Characteristics (n = 20)

Characteristic	n	%
Gender		
Male	13	65.0
Female	7	35.0
School level		
Junior high school (SMP/MTs)	14	70.0
Senior high school (SMA/SMK/MA)	6	30.0

Table 2 shows that 18 respondents (90.0%; 95% CI 69.9-97.2%) had heard of stunting, while 8 (40.0%; 95% CI 21.9-61.3%) reported practicing a healthy lifestyle every day. The wide intervals reflect the small sample.

E-ISSN 3090-1529

Table 2. Stunting Awareness and Self-Reported Daily Healthy Lifestyle Practice (n = 20)

Variable	n	%	95% CI
Ever heard of stunting			
Yes	18	90.0	69.9-97.2
No	2	10.0	2.8-30.1
Healthy lifestyle every day (self-reported)			
Yes	8	40.0	21.9-61.3
No	12	60.0	38.7-78.1

Discussion

Nine in ten respondents had heard of stunting. This is a measure of awareness, not knowledge: recognizing a term says nothing about whether an adolescent can name its causes, consequences or preventive steps. Studies that scored knowledge found mostly sufficient or moderate levels (Malinda et al., 2022; Kadafi et al., 2025; Saputri & Mutiarawati, 2025) and, among youth cadres, a majority with poor knowledge (Handayani et al., 2023). High awareness in this sample may therefore coexist with shallow understanding, but the present data cannot confirm or rule that out.

Only 40% reported practicing a healthy lifestyle every day. The contrast with awareness resembles earlier findings in which good knowledge accompanied poor clean and healthy living behavior (Juwita et al., 2025), poor prevention behavior despite high knowledge (Lestari & Wildayani, 2025) and knowledge not reflected in balanced-nutrition practice (Hermawanti et al., 2026). The comparison has limits. Practice here came from one yes/no question, respondents were not given a definition of "healthy lifestyle," and self-report is open to social desirability, so the true proportion may be lower or higher than 40%.

The sample contained more boys than girls. With 20 respondents and no gender-stratified analysis, the data cannot show whether boys and girls differ, and Kadafi et al. (2025) found no meaningful gender difference in understanding. The male majority is still worth noting because several studies on this topic sampled adolescent girls only (Azzahra et al., 2024; Juwita et al., 2025; Qarragyta et al., 2025). The predominance of junior high school students most likely reflects how the form was distributed, not the composition of the adolescent population.

Peer influence, family support and school programs may help explain why awareness does not become daily practice, but none of

these factors was measured here, so they remain hypotheses for future studies. Likewise, intervention studies show short-term gains in knowledge and attitude after structured education (Wijaya & Annisa, 2023; Raut et al., 2024; Maulana et al., 2026). They may inform school programs, but this study evaluated no intervention and makes no claim about effectiveness.

Several limitations apply. The sample was small and recruited online by convenience, so it does not represent adolescents in the area. Both outcomes were single self-reported items without established validity or reliability. Knowledge level and attitudes were not measured, and the cross-sectional design cannot show change over time.

4. CONCLUSION

Among 20 junior and senior high school adolescents, most of them male and in junior high school, 90.0% had heard of stunting, but only 40.0% reported practicing a healthy lifestyle every day. Awareness of the term was widespread in this group, while daily practice was not. These results describe this sample only; they do not measure knowledge level or attitudes and do not show behavior change. Future studies should use probability sampling, larger samples, validated knowledge, attitude and practice instruments, and analytic designs that examine family, peer and school factors, while schools and health workers may use awareness as a starting point for education that targets everyday practice.

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