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Association between Stunting Prevention Behaviors and Quality of Life among Adolescent Girls: A Cross-Sectional Study in Lebak District, Indonesia

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Adolescent girls constitute a strategic group in the prevention of intergenerational stunting through the establishment of healthy lifestyle behaviours from an early age. However, evidence regarding the relationship between stunting prevention behaviours and quality of life remains limited. This study aims to analyse the relationship between stunting prevention behaviours and quality of life among adolescent girls in Lebak Regency, Indonesia. The study employed an observational analytical design using a cross-sectional approach involving 113 adolescent girls selected at random from a senior secondary school. Stunting prevention behaviours were measured using a health behaviour questionnaire, whilst quality of life was assessed based on the dimensions of satisfaction, productivity, independence and social participation. Analysis was performed using Kendall's tau correlation test. The results showed a statistically significant positive association between stunting prevention behaviour and overall quality of life ($r=0.349$; $p<0.001$), as well as across all dimensions of quality of life ($r=0.181-0.268$; $p<0.05$), although the strength of the association ranged from weak to moderate. These findings suggest that adolescents with better stunting prevention behaviours tend to have a better quality of life. However, as a cross-sectional design was used in a single school, the study results cannot be used to draw conclusions about a cause-and-effect relationship. A longitudinal study that accounts for confounding factors is required to confirm these findings.

Keywords: Adolescent girls; Nutritional behaviour; Quality of life; Stunting prevention

INTRODUCTION

Stunting is a form of chronic malnutrition that reflects growth failure in children due to long-term nutritional deficiencies, thereby impacting physical and cognitive development as well as future quality of life. Research indicates that stunting is not only associated with nutritional status during the first 1,000 days of life but is also closely linked to adolescent nutrition, particularly among adolescent girls as future mothers, which can influence the health of subsequent generations. This underscores the need to break the cycle of stunting starting from adolescence through proper nutrition education and healthy behavioural practices (Mokoagow et al., 2024).

In the context of public health, the issue of stunting continues to be a global focus due to its impact on productivity and the economic burden on countries, including Indonesia, which still faces a high prevalence of child stunting. In Indonesia, although the prevalence of stunting is on a downward trend, the rate of stunting in children remains quite high, necessitating more comprehensive and sustainable prevention strategies, including interventions targeting adolescent girls from an early age (Setiani & Indriati, 2025).

Adolescent girls play a central role in stunting prevention efforts because they are in a critical phase of development and will become parents who determine the nutritional status of the next generation. Adolescent girls who have good nutritional knowledge, healthy eating habits, and the ability to implement nutritional prevention measures not only have an impact on their own health but also contribute to future reproductive health (Rosyada et al., 2020).

Along with the understanding of stunting, various intervention approaches have been carried out to raise awareness among adolescents about the importance of preventing stunting through nutrition education and community empowerment. One important approach is the empowerment of adolescent girls through educational programmes that involve interactive methods, youth cadre training, and materials that comprehensively discuss balanced nutrition and stunting prevention (Yuniarti et al., 2025).

The results of the literature review indicate that community- and school-based education programmes can improve adolescents' knowledge, attitudes and motivation towards nutrition and stunting prevention, which in turn is expected to change their behaviour towards healthier

nutrition. Interventions such as audiovisual educational media and peer education activities have been shown to have a positive impact on adolescents' understanding of the importance of healthy eating and stunting prevention (Handayani et al., 2025).

However, most studies discussing stunting prevention among adolescents still focus on measuring knowledge, attitude, and practice (KAP) or increasing knowledge alone, without linking these behavioural changes to broader educational measures such as the multidimensional quality of life of adolescent girls. This is a methodological weakness in the literature because quality of life is an important indicator that reflects physical, psychological and social well-being, as well as individual involvement in various aspects of daily life (Pano-Rodriguez et al., 2025).

The quality of life of adolescents is a multidimensional construct that encompasses physical, emotional, social, and school or daily activity dimensions, which can be a strategic outcome measure in evaluating the success of public health interventions. Global health research shows a relationship between diet quality and health-related quality of life (HRQoL), where adolescents with healthy eating patterns tend to have higher quality of life scores than those with unhealthy eating patterns (Brushett et al., 2024).

Recent studies in international literature also confirm that adolescents' quality of life is influenced by various factors, including dietary habits, physical activity, and a social environment that supports healthy behaviour. A multidimensional approach that considers diet, physical activity, and psychosocial factors is necessary to gain a more comprehensive understanding of the relationship between nutritional status and adolescents' quality of life in various social settings (Pano-Rodriguez et al., 2025).

Although there is literature discussing the quality of life of adolescents in general, very few studies explicitly explore the relationship between stunting prevention efforts—including healthy dietary behaviour, nutritional understanding, and stunting education—and the quality of life of adolescent girls. This indicates a significant research gap in scientific understanding linking stunting prevention behaviour to multidimensional quality of life outcomes in adolescents (Stewart-Knox et al., 2025).

Di Indonesia khususnya, sejumlah penelitian telah dilakukan untuk meningkatkan literasi gizi dan Prevention of stunting among adolescents through outreach activities, school education, and empowerment of adolescents concerned with stunting. These activities demonstrate that education and intensive interaction with adolescents can increase their knowledge and motivation in preventing stunting (Wulandari et al., 2025).

However, most studies are descriptive or programme reviews that show only an increase in knowledge. Few studies measure how this increase in knowledge and stunting prevention behaviour impacts the overall quality of life of adolescents as an outcome measure, which includes social, psychological and physical functioning

dimensions (Wulandari et al., 2025). In addition, many studies conducted in Indonesia are based on community service or outreach activities without strong outcome measurements such as quality of life. This creates a methodological gap because it only describes changes in proximate indicators (knowledge) without showing distal outcomes that reflect the long-term well-being of adolescents (Ditya Yankusuma Setiani & Indriati, 2025).

Other findings in global literature indicate that poor dietary patterns and malnutrition in adolescents can affect their quality of life, including psychological and social aspects. For example, a cross-sectional study in an adolescent population showed a relationship between diet quality and HRQoL scores, supporting the idea that healthy eating patterns are an important factor in the quality of life of adolescents. However, there are still no studies that focus exclusively on this relationship in relation to stunting prevention behaviour among adolescent girls (Brushett et al., 2024).

In addition, available scientific evidence also shows that poor nutrition in adolescence can have an impact on future reproductive health and become a determinant of stunting risk in the next generation. This reinforces the urgency of research linking stunting prevention behaviours in adolescence with holistic health outcomes, including their quality of life (Mokoagow et al., 2024).

In line with the identification of this research gap, there is a need to conduct research that not only assesses adolescents' knowledge and attitudes towards stunting prevention but also measures how these preventive behaviours relate to the overall quality of life of adolescent girls. This approach will broaden scientific understanding of the outcomes of stunting prevention and can serve as a reference for more effective and measurable public health programmes (Pano-Rodriguez et al., 2025).

Thus, this study was designed to fill this gap by assessing the relationship between stunting prevention efforts and the quality of life of adolescent girls quantitatively and analytically. This study will use a correlational design to explore the extent to which stunting prevention behaviours—including healthy dietary patterns, nutritional understanding, and other health practices—are related to multidimensional quality of life scores among adolescent girls in secondary schools.

This research is expected to provide more holistic empirical evidence on the impact of stunting prevention on the quality of life of adolescent girls. The results of this study are expected to contribute to more comprehensive education and public health policies in stunting prevention efforts, especially in countries with high stunting prevalence such as Indonesia.

METHODS

Research Design

This study is an analytical observational study with a cross-sectional design, which aims to analyse the relationship between stunting prevention behaviours and quality of life among adolescent girls. The study was conducted in 2025

at SMAN 1 Cibadak, Lebak Regency, Banten Province, Indonesia. The analysis was based on data collected at a single point in time; therefore, the results only indicate associations between variables and cannot be used to draw conclusions regarding cause and effect.

Research Location and Time

The study was conducted at SMAN 1 Cibadak, Lebak Regency, Banten Province, Indonesia, which is one of the priority areas for tackling stunting. Data collection took place in 2025 following approval from the school and relevant authorities.

Population and Sample

The population in this study consisted of all female adolescents enrolled as active students at SMAN 1 Cibadak during the study period. Female adolescents were selected as research subjects based on their strategic role as future mothers and agents of change in efforts to prevent intergenerational stunting. Sampling was conducted using random sampling techniques to ensure population representativeness. A total of 113 respondents were successfully collected and analysed. All respondents met the inclusion criteria and no missing data was found in the final analysis process.

Research Variables

The independent variable in this study is behaviour aimed at preventing stunting, whilst the dependent variable is the quality of life of adolescent girls. Behaviours that help prevent stunting include a balanced diet, adherence to iron-rich tablet supplementation, physical activity, stress management, clean and healthy living practices, and avoiding risky behaviours. Quality of life is measured across four dimensions: satisfaction, productivity, independence and social participation.

Research Instruments

The research instrument used was a structured questionnaire comprising two sections: a questionnaire on stunting prevention behaviours and a questionnaire on quality of life. The stunting prevention behaviour questionnaire was used to measure adolescent girls' behaviour in implementing stunting prevention measures, which included maintaining a balanced diet, adherence to iron-rich tablet intake, physical activity, stress management, clean and healthy living practices, and avoidance of risky behaviour. The stunting prevention behaviour score uses a scale of 1–10, with a higher score indicating better stunting prevention behaviour.

Quality of life was measured using a multidimensional questionnaire covering four dimensions, namely satisfaction, productivity, independence, and social participation. Each dimension is assessed on a scale of 1–4, with higher scores indicating a better perceived quality of life. In addition to being analysed by each individual dimension, quality of life scores are also calculated as an average score to reflect overall quality of life.

Before being used in the study, the questionnaire was reviewed to ensure that the language was clear, the context was appropriate, and it was easy for respondents to understand.

Data Collection Procedures

Prior to data collection, all respondents were given an explanation of the aims, benefits and procedures of the study. After agreeing to take part in the study, the respondents completed the questionnaire independently under the supervision of the researchers. All questionnaires were checked for completeness before the coding, data entry and data cleaning processes were carried out.

Data Analysis

Descriptive analysis was used to describe the characteristics of the respondents and the distribution of each research variable in terms of mean, standard deviation, median, minimum value, maximum value, frequency and percentage, depending on the type of data. Before conducting the bivariate analysis, the data were tested for normality to determine the appropriate type of statistical test.

The relationship between stunting prevention behaviour and quality of life was analysed using Kendall's tau correlation test, as the data were not normally distributed. The level of statistical significance was set at $p < 0.05$.

Where data are available, multivariate analysis using linear or ordinal regression is strongly recommended to control for confounding factors such as age, socio-economic status, parental education, nutritional status, physical activity, family support and history of anaemia.

Ethical Considerations

This study has been approved by the Health Research Ethics Committee of the Banten Ministry of Health Polytechnic. All respondents participated voluntarily after giving their consent to take part in the study. The confidentiality of the respondents' identities has been maintained, and all data collected has been used solely for research purposes.

RESULTS AND DISCUSSION

Characteristics of Research Variable Values

A total of 113 adolescent girls at SMAN 1 Cibadak, Lebak Regency, were successfully analysed without any missing data. Descriptive analysis was conducted to describe the distribution of stunting prevention efforts and the quality of life of adolescent girls.

Based on Table 1, the average score for stunting prevention efforts shows a very good category. Meanwhile, all sub-dimensions of quality of life are in the adequate or moderate category, with the productivity sub-dimension having the lowest average score. The overall average quality of life is also in the moderate category.

Table 1. Descriptive Statistics of Stunting Prevention Efforts and Quality of Life of Adolescent Girls (n = 113)

Variable	Mean	Minimum	Maximum	Score Range	Scale Description
Efforts to prevent stunting	9.11	7.00	10.00	3.00	scale 1–10
Quality of life – Satisfaction	2.46	2.00	3.00	1.00	scale 1–4
Quality of life – Productivity	1.34	2.00	3.00	1.00	scale 1–4
Quality of life – Independence	2.26	1.50	2.90	1.40	scale 1–4
Quality of life – Social involvement	2.08	1.30	2.90	1.60	scale 1–4
Average quality of life	2.04	1.63	2.48	0.85	scale 1–4

Analysis of the Relationship between Stunting Prevention Efforts and Quality of Life

Bivariate analysis was conducted to assess the relationship between stunting prevention efforts and each sub-dimension of quality of life, as well as overall quality of life. Based on Table 2, all subdimensions of quality of life and the average quality of life showed a statistically

significant relationship with stunting prevention efforts ($p < 0.05$). The correlation coefficient values showed a positive relationship with weak to moderate strength, indicating that increased stunting prevention efforts were followed by an increase in the perception of quality of life among adolescent girls.

Table 2. Correlation between Stunting Prevention Behaviors and Quality of Life among Adolescent Girls (n = 113)

Variables	Kendall's τ	p -value	Strength of Correlation
Stunting Prevention Behaviors – Satisfaction	0.239	0.002	Weak positive
Stunting Prevention Behaviors – Productivity	0.190	0.028	Weak positive
Stunting Prevention Behaviors – Independence	0.181	0.020	Weak positive
Stunting Prevention Behaviors – Social Participation	0.268	0.001	Weak positive
Stunting Prevention Behaviors – Overall Quality of Life	0.349	<0.001	Weak-to-moderate positive

Note: Kendall's tau correlation test was used to examine the association between stunting prevention behaviors and quality of life. Statistical significance was set at $p < 0.05$. Correlation coefficients indicate positive associations of weak to weak-to-moderate magnitude.

The results of the study indicate that female adolescents at SMAN 1 Cibadak have implemented stunting prevention efforts at a very good level. However, their quality of life is still in the moderate category. Correlation analysis confirms a positive and significant relationship between stunting prevention efforts and quality of life, both in each dimension and overall. This study found that efforts to prevent stunting through nutritional and health behaviours in adolescent girls are positively associated with their well-being in terms of daily life, indicating that health behaviours are important for adolescent well-being. Other studies also confirm that a balanced and high-quality diet can have a positive impact on health-related quality of life (HRQoL) in children and adolescents, where a healthy diet provides

the energy and nutrients necessary to support optimal physical health, psychosocial health, and growth(Brushett et al., 2024). This finding is consistent with evidence showing that a healthy, nutrient-rich diet is associated with higher physical function and psychological well-being among children and adolescents(Brushett et al., 2024). In addition to a healthy diet, global research shows that adolescent nutrition is a critical period that has a direct impact on long-term health and the prevention of malnutrition, including stunting, and is an important phase for forming sustainable health behaviours(Parajuli & Prangthip, 2025). In a comprehensive review, Parajuli and Prangthip emphasise that nutritional interventions during adolescence are crucial to prevent long-term health consequences and help break the cycle of

intergenerational malnutrition(Parajuli & Prangthip, 2025). The findings of this study are consistent with this idea, demonstrating the importance of behavioural interventions during adolescence to influence overall quality of life.

A multidimensional approach to quality of life is also understood as a meaningful indicator of physical, mental, social, and environmental well-being in adolescents, which reflects not only physical fitness but also emotional and social well-being(Pano-Rodriguez et al., 2025). This multidimensional study shows that a higher quality of life among young people is associated with various lifestyle factors and healthy eating patterns(Pano-Rodriguez et al., 2025). Therefore, the results of this study, which show a relationship between stunting prevention behaviours and quality of life, support the literature emphasising the importance of a comprehensive healthy lifestyle.

In addition to diet, the literature also highlights the role of other factors such as physical activity, sleep quality, and environmental context in shaping the quality of life of adolescents(Pano-Rodriguez et al., 2025). The implementation of a healthy lifestyle involving a balanced diet, appropriate physical activity, and a social environment that supports health can strengthen the well-being of adolescents in various dimensions of their lives(Pano-Rodriguez et al., 2025). These findings reinforce the importance of a holistic approach to adolescent health in preventing malnutrition and improving their overall quality of life.

Adequate nutritional needs for adolescents are not only important for physical growth but also relate to cognitive and emotional aspects that affect social functioning and psychological well-being, all of which are important components of quality of life(Lupu et al., 2025). A narrative review on adolescent nutrition indicates that nutritional deficiencies during this period can affect mood, behaviour, and academic performance, which in turn can influence their perception of overall well-being(Lupu et al., 2025). In other words, poor diet quality can have an impact not only physically but also emotionally, socially, and academically among adolescents.

Other studies have also found that active involvement of adolescents in health behaviours, such as nutrition education and understanding the principles of a balanced diet, can strengthen their ability to make healthy lifestyle choices that support their quality of life now and in the future(Mokoagow et al., 2024). Qualitative studies show that adolescents, as agents of change, can play an important role in stunting prevention efforts if they are empowered through education and opportunities to participate in public health activities(Mokoagow et al., 2024). This empowerment approach can improve young people's understanding, involvement and skills in maintaining healthy eating habits and lifestyles, which in turn has an impact on their quality of life.

Other studies highlight the use of educational media and technology-based interventions as strategies

for improving modern adolescent health behaviours, which can also contribute to improving their quality of life(Marlinawati et al., 2023). Interventions such as audiovisual media, digital applications, and school-based education have been proven to improve adolescents' understanding of nutrition and diet, as well as motivate them to adopt healthy lifestyle practices that can have a positive impact on their psychosocial well-being(Marlinawati et al., 2023).

In another study conducted among adolescent girls, it was found that adolescents' perceptions of stunting prevention through healthy lifestyles can create a deep awareness of the importance of balanced nutrition, which becomes part of their daily behaviour to maintain their health and social life(Rosyada et al., 2020). This perception shows how young people view the long-term benefits of preventive measures for their own nutrition and health, and how this can contribute to their quality of life.

In addition, evidence shows that nutritional literacy, or an individual's ability to understand and apply information about food and nutrition, is strongly associated with better diet quality and health outcomes, which in turn may have a positive impact on adolescents' quality of life(Buyinza et al., 2025). Research on nutritional literacy among adolescents and young adults shows that good nutritional knowledge can support healthier dietary choices and better overall lifestyle behaviours(Buyinza et al., 2025).

In addition to the relationship between nutrition and HRQoL, the literature shows that nutritional status and psychological well-being are also interrelated, whereby adequate nutritional status is associated with a reduction in symptoms of stress and depression in adolescents, which is an important part of their psychological quality of life(Haapala et al., 2025).Lifestyle factors such as physical activity, sleeping habits, and technology use also contribute to adolescents' mental health, which impacts various domains of their quality of life(Haapala et al., 2025).

In line with the findings of this study, many studies show that healthy living behaviours involving diet, nutrition, and physical activity can contribute to the well-being of adolescents in various dimensions of life, including physical, emotional, and social health, as well as their school functioning and daily activities(Pano-Rodriguez et al., 2025).For example, multidimensional research shows that a good diet and good sleep quality are associated with higher HRQoL scores among children and adolescents(Pano-Rodriguez et al., 2025).

However, most studies in the literature do not explicitly link stunting prevention behaviours with multidimensional quality of life among adolescent girls. This research gap means that although studies have explored the relationship between healthy diets, nutrition, and quality of life, as well as various other lifestyle factors, the direct relationship between stunting prevention efforts and holistic quality of life outcomes remains under-

investigated, especially in the context of adolescent girls in Indonesia.

This situation highlights the need to expand the scope of research that combines stunting prevention behaviour indicators with holistic health indicators such as quality of life, which encompasses physical, psychological, social and daily functioning aspects. Without empirical evidence linking stunting prevention behaviours to quality of life outcomes, our understanding of this relationship remains limited and it is difficult to measure the full impact of comprehensive nutrition interventions.

The findings of this study have important implications for public health practices and nutrition education policies, as they show that efforts to prevent stunting through dietary behaviour and nutrition education not only have an impact on clinical indicators, but also on the overall quality of life of adolescents. This can therefore form the basis for the development of more holistic and sustainable adolescent health programmes.

The limitations of this study include its cross-sectional design, which does not allow for the establishment of a causal relationship between stunting prevention behaviours and the quality of life of adolescents, as well as the limited generalisability of the results because the sample was only taken from one specific school setting.

SUGGESTION

Based on the findings of the study, it is recommended that stunting prevention programmes be expanded with a promotional and preventive approach that specifically targets adolescent girls in school environments through the integration of nutrition education, health literacy strengthening, and the formation of healthy behaviours in the curriculum and extracurricular activities. Policymakers in the health and education sectors need to strengthen cross-sector collaboration to develop school-based interventions that are not only oriented towards stunting prevention, but also towards improving the holistic quality of life of adolescents. Furthermore, further research is recommended using longitudinal or experimental designs to assess causal relationships and explore other contextual factors, such as family and social environment support, which have the potential to influence the effectiveness of stunting prevention efforts and the quality of life of adolescent girls.

CONCLUSION

This study found a statistically significant positive association between stunting prevention behaviors and the quality of life of adolescent girls. Better stunting prevention behaviors were associated with higher quality-of-life scores across the dimensions of satisfaction, productivity, independence, and social participation. However, the observed correlations were weak to weak-to-moderate, indicating that the magnitude of these associations was relatively small. Therefore, the findings should be interpreted cautiously and should not be

considered evidence of a causal relationship. Given the cross-sectional design and the inclusion of participants from a single school, the results have limited generalizability and cannot establish whether stunting prevention behaviors directly influence quality of life. Further longitudinal or intervention studies involving more diverse populations and controlling for potential confounding factors are needed to confirm these findings and better understand the relationship between stunting prevention behaviors and adolescent quality of life.

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