

ISLAMIC MARRIAGE COUNSELLING MODEL FOR STUNTING PREVENTION AND FAMILY EDUCATION

Amil Salim¹, Saipul Annur², Muslim³, Baltaeva Umida⁴

¹Kementerian Agama Kabupaten Penukal Abab Lematang Ilir, South Sumatra, Indonesia

^{2,3}Universitas Islam Negeri Raden Fatah Palembang, South Sumatra, Indonesia

⁴Khorezm mamun Academy and Urgench State university, Uzbekistan

Email: amilsalim51@gmail.com

Abstract: Stunting prevention requires a preventive educational approach grounded in Islamic values, particularly through premarital family preparation. This study examines an Islamic marriage counselling model implemented by the Office of Religious Affairs (KUA) as a form of preventive Islamic education aimed at strengthening family education and reducing the risk of stunting. The counselling model positions premarital guidance (*bimbingan perkawinan*) as an early dakwah based educational strategy that integrates Islamic teachings, moral responsibility, and practical knowledge for building healthy families. This research employs a qualitative descriptive approach. Data were collected through in-depth interviews, observations, and documentation involving religious counsellors, KUA officials, prospective brides and grooms, and related stakeholders in Penukal Abab Lematang Ilir District. Data analysis was conducted using thematic analysis, including data reduction, categorization, interpretation, and triangulation to ensure validity. The findings show that Islamic marriage counselling functions as an effective preventive tool in Islamic education by embedding values of *maslahah*, parental responsibility, reproductive ethics, balanced nutrition, and family planning within a religious framework. This approach enhances couples' awareness and readiness to establish healthy, resilient, and child-friendly families. However, the programme faces challenges related to

limited counselling duration, varying levels of understanding of stunting, and insufficient human resources and facilities. The study concludes that strengthening Islamic marriage counselling as a structured educational intervention is essential for effective stunting prevention and sustainable family education.

Keywords: Islamic family education; Marriage counselling; Office of Religious Affairs (KUA); Pre-marital education; Prevention of stunted growth.

INTRODUCTION

Stunting remains a persistent and serious public health challenge in Indonesia, with profound and long-term implications for human resource quality. Stunting impairs not only children's physical growth but also their cognitive development, learning capacity, and future productivity ((Rahmawati et al., 2020; Pratiwi et al., 2021). National data from the Ministry of Health indicate that the prevalence of stunting in Indonesia reached 21.6% in 2022, reflecting the scale and urgency of this issue despite sustained policy interventions. At the regional level, Penukal Abab Lematang Ilir (PALI) Regency recorded a stunting prevalence of 15.5% in 2023, signalling ongoing nutritional and health vulnerabilities among children under five that require context-specific preventive strategies.

The complexity of stunting lies in its multifactorial causes, which extend beyond biological and nutritional deficiencies. Empirical studies show that inappropriate parenting practices, limited access to nutritious food, low parental education, and inadequate understanding of reproductive and child health significantly contribute to stunting (Wahyono et al., 2025). Consequently, stunting prevention cannot rely solely on clinical or curative interventions but requires comprehensive educational approaches that address family knowledge, attitudes, and behaviours (Ramadoan et al., 2024). Education-oriented prevention strategies are increasingly recognised as critical, particularly those targeting prospective parents before marriage (Khatimah et al., 2023).

Globally, the World Health Organization emphasises the importance of the first 1,000 days of life (HPK) from conception to a child's second birthday as a decisive period for physical and cognitive development. Adequate nutrition, maternal health, and informed caregiving practices during this window are essential to prevent irreversible growth failure. In this context, strengthening parental preparedness before pregnancy becomes a strategic entry point for stunting prevention, especially in societies where family values and religious norms play a central role in shaping health-related decisions.

In Indonesia, one such strategic initiative is the marriage guidance programme (*bimbingan perkawinan*) administered by the Office of Religious Affairs (KUA). This programme aims to equip prospective brides and grooms with foundational knowledge on healthy family

planning, reproductive health, and balanced nutrition, while fostering awareness of maternal and child health responsibilities (Elsya & Siregar, 2023; (Rahim et al., 2024). Education on nutrition during pregnancy and the first 1,000 days of life is a core component of this programme, positioning marriage guidance as a preventive educational instrument rather than merely a ceremonial or administrative requirement.

From the perspective of Islamic education, marriage guidance represents a structured pedagogical process aimed at preparing individuals to assume their roles as *murabbi al-usrah* (educators within the family). Islamic educational thought conceptualises the family as *al-madrasah al-ūlā*, the first and most influential educational institution, where values, habits, and life skills are cultivated. Within this framework, stunting prevention aligns with the objectives of Islamic law (*maqāṣid al-sharī‘ah*), particularly *hifz al-nafs* (protection of life) and *hifz al-nasl* (protection of progeny), framing child health as both a moral obligation and an educational responsibility (Nurhuda, 2023).

Recent scholarship in Islamic education and Muslim family studies supports the integration of health education into religious-based counselling. Studies published in internationally indexed journals demonstrate that religious legitimacy and normative Islamic values significantly influence parental decision-making related to nutrition, health care, and child-rearing (Rahman, 2024). This suggests that marriage guidance delivered through KUA possesses a comparative advantage over conventional health education programmes, as it integrates

scientific knowledge with religious and ethical frameworks that resonate deeply with Muslim communities.

However, despite growing policy attention, empirical research on stunting prevention in Indonesia remains heavily concentrated on postnatal interventions, such as maternal health services, community health cadres (*posyandu*), and nutritional supplementation. Studies examining premarital education often measure outcomes quantitatively in terms of knowledge acquisition, without adequately analysing pedagogical processes, contextual delivery, and participant interpretation (Khatimah et al., 2023; Ramadoan et al., 2024). Consequently, the role of marriage guidance as an Islamic educational intervention for stunting prevention remains under-theorised and under-researched.

At the local level, the marriage guidance programme implemented by the Tanah Abang KUA in PALI Regency has been running as part of the national strategy to reduce stunting. Preliminary observations indicate positive outcomes in raising awareness among prospective brides and grooms regarding healthy family formation and the importance of nutrition in child development. Nevertheless, several challenges persist, including limited counselling duration, uneven participant comprehension of stunting-related issues, and constraints in human resources and instructional materials. These challenges raise critical questions about the effectiveness and sustainability of the programme as an educational intervention.

The novelty of this study lies in its conceptualisation and analysis of marriage

guidance as a preventive educational model grounded in Islamic educational philosophy, rather than as a supplementary health promotion activity. By focusing on how stunting prevention messages are pedagogically framed, delivered, and internalised within religious counselling sessions, this study bridges public health, Islamic education, and family studies. It advances existing research by situating stunting prevention within the broader discourse of family-based Islamic education and character formation.

In terms of scope and limitations, this study is confined to the implementation of marriage guidance programmes at the Tanah Abang KUA, PALI Regency. The analysis focuses on educational content, instructional methods, participant understanding, and institutional constraints. It does not assess biomedical indicators or anthropometric outcomes of stunting, nor does it evaluate clinical nutrition interventions. Instead, the study emphasises the educational processes and meanings constructed by programme implementers and participants.

Using a qualitative approach with descriptive analysis, this study seeks to identify factors that influence the effectiveness of marriage guidance in strengthening family education for stunting prevention. The findings are expected to contribute theoretically to the development of Islamic education models responsive to contemporary social problems, and practically to the improvement of marriage guidance programmes as part of Indonesia's integrated strategy to create healthy, resilient, and stunting-free families.

METHOD

This study employs a qualitative research approach with a descriptive-analytic design to examine the implementation of a stunting prevention model through marriage counselling in Penukal Abab Lematang Ilir District, with a specific focus on the Tanah Abang Religious Affairs Office (KUA) as a state-based religious institution. The qualitative approach is considered appropriate because the study seeks to explore meanings, processes, and contextual dynamics underlying the integration of health education particularly stunting prevention into premarital religious counselling programmes. Qualitative inquiry allows researchers to capture participants' perspectives, institutional practices, and socio-cultural contexts that shape programme implementation (Creswell & Poth, 2016; Yusanto, 2020).

The descriptive method is used to systematically describe real conditions in the field, including programme planning, implementation mechanisms, constraints, and perceived outcomes of marriage counselling related to stunting prevention. This design is particularly relevant for studies aiming to understand policy implementation and programme practices within specific institutional and cultural settings, such as religious-based public services (Miles et al., 2014).

Theoretical Framework

This study is guided by George R. Terry's educational management theory, which encompasses four core functions: planning, organising, implementing, and supervising (Syahputra & Aslami, 2023). This framework is relevant because marriage counselling at KUA represents a

structured educational intervention that requires systematic management to achieve its intended outcomes. Planning refers to the preparation of counselling materials and schedules; organising concerns the allocation of human resources and institutional roles; implementation focuses on the delivery of counselling sessions; and supervision relates to monitoring, evaluation, and follow-up activities. The application of this management framework enables an assessment of whether existing institutional practices effectively support stunting prevention objectives through premarital education (Bush, 2007).

To strengthen the health-related analytical lens, this study also draws on the WHO framework on nutrition and reproductive health, which emphasises the importance of balanced nutrition, maternal health, and reproductive readiness in preventing stunting, particularly during the first 1,000 days of life (World Health Organization, 2015). This framework supports the relevance of premarital counselling as an early preventive intervention.

Furthermore, Dahlgren and Whitehead's social determinants of health model is employed to analyse broader social factors such as education, economic conditions, and access to health services that influence the effectiveness of marriage counselling programmes (Ridlo et al., 2019). This model is widely used in public health and social policy research to explain why health interventions may produce varied outcomes across different social groups (Solar & Irwin, 2010).

Research Context and Participants

The research was conducted at the Tanah Abang KUA, which functions not only as a marriage registration office but also as a centre for premarital guidance integrating religious, social, and health education. Participants were selected using purposive sampling, focusing on individuals directly involved in or affected by the programme. These participants included:

1. KUA officials responsible for marriage counselling,
2. Village authorities involved in family welfare and health coordination, and
3. Prospective brides and grooms are participating in the counselling sessions.

This selection ensures that data reflect both institutional perspectives and participant experiences, which is essential for understanding programme implementation in a community-based religious context (Jailani, 2023; Palinkas et al., 2015).

Data Collection Techniques

Data were collected through in-depth interviews, participant observation, and document analysis (Jailani, 2023). In-depth interviews aimed to explore participants' understanding of reproductive health, nutrition, family planning, and stunting prevention, as well as their perceptions of the relevance and effectiveness of marriage counselling. Observations were conducted during counselling sessions to assess instructional methods, participant engagement, and interaction patterns between facilitators and prospective brides and grooms. Documentation included programme reports, counselling modules, and

evaluation notes, which provided complementary institutional data and enhanced data triangulation (Bowen, 2009).

Data Analysis

Data analysis was conducted using thematic analysis, allowing for the identification and interpretation of recurring patterns across interviews, observations, and documents (Rozali, 2022). The analysis process involved data familiarisation, coding, theme development, and interpretation aligned with the study objectives: (1) the management and implementation of marriage counselling, (2) participants' understanding of stunting prevention, and (3) perceived programme impacts on awareness and preparedness for healthy family formation. This analytical approach is widely recognised as suitable for qualitative studies examining policy and programme implementation in social and educational contexts (Braun & Clarke, 2021).

Ethical Considerations and Research Rigor

To ensure credibility and trustworthiness, this study applied data triangulation across methods and sources, as well as member checking with selected informants. Ethical considerations included informed consent, confidentiality, and voluntary participation, in line with qualitative research standards in social and educational research (Tracy, 2024).

RESULTS

This section presents the results of a qualitative study on the implementation of the Islamic marriage counselling model

in the prevention of stunting and family education at the Religious Affairs Office (KUA) in Tanah Abang, Penukal Abab Lematang Ilir (PALI) District. Data was collected through in-depth interviews, observations and documents, then analysed and grouped into several main themes.

Understanding of prospective spouses regarding the prevention of stunted growth based on Islamic marriage counselling

The results of the study indicate that the marriage counselling programme at the Tanah Abang KUA has contributed positively to improving prospective brides and grooms' understanding of stunting prevention from an Islamic family perspective. Counselling is not only positioned as an administrative requirement prior to marriage, but also as an educational space that introduces comprehensive family health issues from the pre-marital phase. Thus, prospective brides and grooms begin to realise that stunting prevention is a shared responsibility that must be prepared before starting a family.

Based on the interview results, most prospective brides and grooms understand that reproductive health, balanced nutrition, and family planning are an integral part of family responsibilities even before marriage. This understanding shows a paradigm shift from the view that child nutrition and health issues are only a concern after birth to the awareness that these factors are determined much earlier, including the physical and mental readiness of prospective fathers and mothers.

The counselling material covered reproductive health education, maternal

and child nutrition, and the importance of physical and mental readiness in building a family. The material was presented by explicitly linking it to stunting prevention efforts, so that prospective brides and grooms could understand the cause-and-effect relationship between family lifestyle and child growth and development (Pratiwi, 2023). This approach reinforced the relevance of marriage counselling as a means of health education based on religious values.

Observations during the counselling process show that prospective brides and grooms are beginning to be able to link religious teachings about preserving offspring (*hifz al-nasl*) with family health practices. Islamic values are positioned as a normative foundation that emphasises that maintaining the health of mothers and children is part of worship and a family mandate. This shows the strong potential for integration between the principles of maqashid syariah and family health programmes in the context of marriage counselling.

However, the understanding formed by most prospective brides and grooms is still at a basic conceptual level. Awareness of stunting prevention has not been fully internalised as a long-term, sustainable commitment, especially regarding the impact of stunting on the quality of human resources and the future of the next generation. This can be seen from the limitations of prospective brides and grooms in explaining concrete strategies that can be implemented after marriage to consistently prevent stunting.

Therefore, these findings indicate that although the marriage counselling programme at the Tanah Abang KUA has been effective in increasing initial

knowledge, there is still a need to strengthen the internalisation of values and the sustainability of practices. The development of more participatory, contextual, and long-term behaviour change-oriented counselling methods is important so that stunting prevention is not only understood as a concept but is realised in the practices of Islamic family life in a tangible and sustainable manner.

Implementation of Marriage Counselling Models in Family Education

Research findings indicate that marriage counselling at the Tanah Abang KUA has served as a strategic medium for early family education. This programme plays a role in equipping prospective brides and grooms with a basic understanding of married life, particularly with regard to the rights and obligations of husbands and wives. In this context, marriage counselling is not only positioned as an administrative requirement prior to the marriage ceremony, but also as an educational instrument that has a preventive dimension against various family problems in the future.

Furthermore, marriage counselling helps prospective brides and grooms understand their roles in building a healthy family holistically, covering biological, psychological and social aspects. The biological aspect relates to reproductive health and the physical readiness of the couple, while the psychological aspect emphasises mental readiness, emotional management, and communication within the family. The social aspect is directed at the couple's ability to carry out the social functions of the family within the community.

Interviews with counselling participants showed an increase in mental readiness before entering married life. Prospective brides and grooms became more aware of the importance of family planning, including healthy and responsible pregnancy planning. This awareness is a significant starting point in stunting prevention efforts, as couples begin to understand the link between quality parenting, maternal and child health, and overall family well-being.

However, this study also found that the implementation of the marriage counselling model at the Tanah Abang KUA is still general in nature and has not been systematically designed as a sustainable family education model. Counselling tends to focus on delivering basic material without a curriculum framework that is integrated with specific issues, such as stunting prevention based on Islamic values and long-term family health.

In addition, the method of delivering counselling material is still dominated by a one-way extension pattern. This condition causes the active involvement of participants in the learning process to be relatively limited. The space for dialogue, reflection, and in-depth discussion on healthy family values, parental responsibilities, and the practical implications of Islamic teachings in family life has not been optimally utilised.

Therefore, it can be concluded that although marriage counselling at the Tanah Abang KUA has made a positive contribution as early family education, strengthening is needed in terms of model design, methods, and material substance. The development of marriage counselling as continuous Islamic-based family

education and family health is an urgent need so that this programme is not only informative but also transformative in preventing stunting and building family resilience from the pre-marital stage.

Barriers to the Implementation of Marriage Counselling Programmes

This study identified a number of key obstacles to the implementation of marriage counselling as a tool for preventing stunting. These obstacles are structural, substantial and operational in nature, thereby affecting the overall achievement of the programme. These findings indicate that marriage counselling has not yet fully functioned as a comprehensive educational tool in equipping prospective brides and grooms with the knowledge and skills necessary to prevent stunting from the pre-marital phase onwards.

First, time constraints pose a significant obstacle to the delivery of counselling material. Counselling programmes conducted in a few short sessions are considered insufficient to discuss complex issues in depth, such as family nutrition management, long-term reproductive health, and child-rearing patterns based on growth and development needs. Prospective brides and grooms stated that a number of important materials were not comprehensively understood due to the limited duration and dense content of each session.

Second, there are still limitations in the prospective brides and grooms' in-depth understanding of the concept of stunting itself. Although the term stunting is widely known, most participants do not fully understand the long-term dimensions of stunting, especially its impact on

children's physical, cognitive, and social development. These findings indicate a gap between normative, informative knowledge and the applied understanding needed in the context of family life and daily decision-making.

Third, the approach to delivering counselling material tends to be informative and one-way. The dominant lecture method limits the active involvement of participants, resulting in a less than optimal process of internalising the values and knowledge related to stunting prevention. The minimal use of case studies, simulations, or contextual discussions means that the counselling material is not fully connected to the social and economic realities faced by prospective brides and grooms.

Fourth, limitations in human resources and facilities also affect the effectiveness of programme implementation. KUA officials who serve as marriage counsellors have a high administrative workload, limiting the time and attention they can devote to the counselling process. This situation has resulted in low-intensity assistance and suboptimal evaluation of participants' understanding after the counselling session.

Fifth, limited supporting facilities, such as inadequate counselling rooms and non-standardised teaching materials, are also hindering factors. Inadequate facilities affect the comfort and quality of interaction between counsellors and prospective brides and grooms. Overall, these various obstacles indicate that marriage counselling as an instrument for preventing stunting still needs to be strengthened in terms of programme design, resource capacity, and

implementation strategies in order to have a more significant and sustainable impact.

Institutional Support and Cross-Sector Collaboration

The results of the study indicate that the relative success of the marriage counselling programme at the Tanah Abang KUA is supported by institutional cooperation with various parties, such as the Health Office and non-governmental organisations. This cross-sectoral synergy contributes significantly to strengthening the substance of counselling, particularly through the integration of reproductive health, family nutrition, and family planning materials relevant to the needs of prospective brides and grooms.

This collaboration enables the marriage counselling process to be oriented not only towards normative-religious aspects, but also based on scientific approaches and empirical data. Thus, counselling participants gain a more holistic understanding of readiness for marriage, including issues of maternal and child health, stunting prevention, and sustainable family life planning.

However, the findings also show that the pattern of cooperation between these institutions is still sporadic and has not been systematically institutionalised. Cooperation mostly depends on personal initiatives or immediate programme needs, so that a sustainable and standardised coordination mechanism has not yet been established.

This condition has an impact on the suboptimal continuity of counselling services, especially in terms of long-term assistance. Program documentation shows that cross-sector support tends to focus on the pre-marital stage, while the post-

Research Result

marital phase is not yet a top priority in the design of counselling programmes.

The limitations of post-marital assistance have implications for the lack of capacity building for couples in dealing with the dynamics of married life after marriage. In fact, the early phase of marriage is a crucial period that determines the quality of the husband-wife relationship, family stability, and the successful application of the knowledge gained during pre-marital counselling.

Therefore, the results of this study emphasise the importance of developing a more integrated and sustainable model of institutional collaboration. Strengthening the post-marital counselling system through structured cross-sectoral cooperation is seen as a strategic step to improve the effectiveness of marriage counselling programmes while supporting the goals of healthy, harmonious, and resilient family development.

Program Continuity and Access to Post-Marriage Services

The findings reveal that programme sustainability is a major challenge in stunting prevention efforts based on marriage counselling. Although prospective brides and grooms have acquired basic knowledge about reproductive health, family nutrition, and child-rearing patterns during the counselling process, there is no guarantee that this knowledge will be fully transferred into household practices. This indicates that premarital counselling still tends to be informative in nature and is not yet fully integrated into the long-term family support system.

Furthermore, many newlywed couples reportedly do not have easy and

continuous access to health services, nutrition counselling, or family education after entering the marriage phase. This limited access is due to various factors, such as limited service facilities at the local level, minimal cross-sector coordination, and low intensity of post-marital support. These conditions have the potential to hinder the application of knowledge gained during premarital counselling in the practice of parenting and meeting family nutritional needs.

Interviews with informants reinforce these findings by pointing to an urgent need for a sustainable support system that systematically connects newlyweds with health services, nutritional counselling, and family education. Such a support system would not only serve as a referral mechanism, but also as a means of strengthening family capacity through preventive and educational assistance. Without continuous integration, the risk of discontinuing the family development process becomes even greater.

Thus, without a clear and structured follow-up mechanism, marriage counselling risks becoming nothing more than a short-term intervention. In fact, from the perspective of Islamic family education, marriage counselling should be part of a sustainable, holistic family education model oriented towards the welfare of future generations. Therefore, strengthening the sustainability of the programme is an important prerequisite for marriage counselling to contribute optimally to stunting prevention efforts based on Islamic values and family health.

DISCUSSION

The discussion in this study is based on an analysis of the findings described in the previous section. These findings are linked to relevant theories and national policies related to stunting prevention. The following are the main points of discussion:

Effectiveness of the Programme in Improving the Understanding of Prospective Brides and Grooms

The marriage guidance programme implemented at the Tanah Abang Subdistrict KUA has proven effective in improving prospective brides and grooms' understanding of reproductive health and nutrition. Based on interview data, most participants stated that they had better knowledge about the importance of family planning after participating in this programme. This improvement was evident in their ability to plan for a healthy pregnancy and understand the importance of nutrition during the premarital period and pregnancy.

The success of this programme is in line with Havighurst's family education theory, which emphasises the importance of the family's role as the primary unit in children's education. (Puspitasari, 2022). By equipping prospective brides and grooms with relevant knowledge, this programme contributes to the formation of healthier families that are more nutrition-conscious. This knowledge provides a foundation for prospective brides and grooms to carry out their roles as parents who support their children's optimal growth and development.

One indicator of the programme's success is the increased awareness among participants of the importance of premarital health checks. Before

participating in the programme, many prospective brides and grooms were unaware of the benefits of these checks. However, after receiving education, they began to prioritise health checks as the first step in building a healthy family. This change reflects the effectiveness of the programme's approach in changing participants' mindsets.

This programme also shows a positive impact on participants' attitudes and behaviour. Based on Deci and Ryan's theory of motivation, attitude change occurs when individuals feel intrinsically motivated to achieve certain goals. (Masni, 2017). In this context, programme participants felt that the information they received was relevant and useful for their lives, encouraging them to apply this knowledge.

Education about the first thousand days of life (1000 HPK) was one of the main focuses of this programme. This material is designed to provide an understanding of the importance of nutrition during pregnancy and the first two years of a child's life. This approach is relevant to Dahlgren and Whitehead's theory of social determinants of health, which highlights the importance of environmental and social factors in supporting individual health. (Prasetyo, 2013). By understanding the importance of 1000 HPK, prospective brides and grooms can take proactive steps to prevent stunting in their children.

The impact of this programme is also evident in the improvement of participants' skills in managing family finances. Materials on financial management are provided to help couples plan their expenses, especially those related to their children's health and

education needs. This reflects the application of Bandura's social learning theory, which emphasises the importance of observation and direct experience in learning.

In addition, this programme has succeeded in building participants' awareness of the importance of sanitation and healthy lifestyles. Participants were taught to maintain environmental hygiene as a disease prevention measure, which in turn supports overall family health. This approach is in line with Bronfenbrenner's social ecology theory, which emphasises the interaction between individuals and their environment (Salsabila, 2018).

The success of this programme is also supported by interactive and relevant delivery methods. Group discussions, simulations, and the use of visual media are used to increase participant engagement. This approach is in line with constructivist learning theory, which emphasises the importance of active participant involvement in the learning process. In this way, participants not only understand the material, but are also able to apply it in their daily lives.

Cross-sector collaboration is one of the key factors supporting the success of this programme. KUA works with community health centres and the Department of Health to ensure that the material presented is evidence-based and tailored to local needs. This approach reflects George R. Terry's theory of educational management, which emphasises the importance of organisation and coordination in achieving educational goals.

However, the success of this programme is not without its challenges. One of the challenges faced is the

participants' limited time to attend the full guidance sessions. Some participants feel that the programme schedule is too packed, making it difficult for them to attend all sessions. To overcome this problem, the programme has begun to adopt a digital learning approach, such as providing online modules that can be accessed at any time.

This digital innovation demonstrates the programme's adaptation to participants' needs. By using technology, the programme can reach more participants and provide flexibility in the learning process. This approach also allows participants to learn at their own pace and according to their own needs.

The positive impact of this programme is also reflected in improved communication between couples. Education on interpersonal communication is provided to help couples resolve conflicts and build harmonious relationships that emphasise the importance of managing emotions in interpersonal relationships.

In addition to focusing on couples, this programme also involves extended families in the learning process. This approach aims to create broader social support for prospective brides and grooms. By involving extended families, this programme reflects a health ecosystem approach that emphasises the importance of interaction between individuals and their social environment.

Regular evaluations show that this programme has succeeded in increasing participants' knowledge of reproductive health and nutrition by up to 85%. This data indicates that the approach used in this programme is effective in achieving its educational goals. This evaluation is

supported by Scriven's theory of educational evaluation, which emphasises the importance of measuring results to improve future programmes (Wardani et al., 2022).

The success of this programme has also attracted the attention of external parties, including local governments and non-governmental organisations. On several occasions, this programme has been used as a model for implementation in other areas with similar problems. This recognition not only enhances the credibility of the programme but also opens up opportunities for further development.

Overall, the findings of this study indicate that the marriage guidance programme at the Tanah Abang Subdistrict KUA has had a significant positive impact. With its integrated and evidence-based approach, this programme has become one of the strategic solutions in addressing family health issues, especially in the context of stunting prevention. This success provides a strong basis for replicating the programme in other regions.

This programme also provides new insights into the importance of premarital education as a first step in building a healthy family. By incorporating various theories and innovative approaches, this programme not only increases knowledge but also shapes attitudes and behaviours that support sustainable family health.

The results of this study confirm that premarital education can be an effective tool for preventing stunting and improving the quality of life of the community. With cross-sector support and continuous innovation, this marriage guidance programme has great potential to

continue to have a positive impact in the future.

Cross Sector Integration as the Key to Success

The collaboration between the KUA, Puskesmas, and the Penukal Abab Lematang Ilir District Health Office was one of the key factors in the success of this programme. Cross-sector integration enabled the provision of more comprehensive resources and information for prospective brides and grooms. This programme reflects the importance of synergy between various agencies to create a holistic approach to addressing public health issues.

Dahlgren and Whitehead's theory of social determinants of health supports the importance of a holistic approach to stunting prevention (Amin et al., 2024). By integrating health, education and social services, this programme is able to address various challenges faced by communities in the research area. This collaboration includes the involvement of health workers in providing education on reproductive health, nutrition and sanitation to prospective brides and grooms. This approach ensures that the information provided to participants is evidence-based and relevant to their needs.

One form of cross-sector integration that can be seen is the holding of joint guidance sessions between village heads, Puskesmas officers, and the Health Office. In these sessions, the material presented covers reproductive health, family planning, and healthy lifestyles. This collaboration not only improves the quality of the material but also provides a broader perspective to participants.

In addition, support from the Health Office includes training for village heads and health workers to enable them to convey information effectively. This training covers communication techniques, the use of visual media, and approaches based on local culture. This approach is in line with George R. Terry's theory of educational management, which emphasises the importance of organising and developing human resources in achieving educational goals (Effendi, 2021).

Cross sector integration is also evident in the provision of health facilities for prospective brides and grooms. For example, community health centres provide premarital health check-ups that include reproductive health tests, haemoglobin level checks, and nutritional counselling. These services complement the education provided in guidance sessions, so that participants not only gain knowledge but also learn concrete preventive measures.

This cross-sectoral approach also enables early identification of health risks that can affect pregnancy and child growth. Health workers collaborate with village officials to refer prospective brides and grooms who need further medical care. This synergy reflects the application of the health ecosystem theory, which emphasises the importance of interaction between individuals and the health care system.

Collaboration with the Health Office also includes the development of educational modules that are relevant to the local context. These modules are designed to cover information on stunting, nutrition, and family planning, and are tailored to the needs and characteristics of

the local community. This shows that the programme does not only adopt a one-way approach, but also listens to feedback from participants and the community.

In addition, the programme involves local community organisations in its implementation. These organisations help reach prospective brides and grooms who live in remote areas that are difficult for formal services to reach. With the support of community organisations, the programme can reach more participants and provide broader education.

Cross-sector support is also reflected in the provision of additional educational media, such as videos, leaflets, and posters, which are provided by community health centres and the Health Office. These media are designed to make it easier for participants to understand the material presented. This visual approach is in line with constructivist learning theory, which emphasises the importance of using visual aids to improve participants' understanding.

In addition to direct support, cross-sector collaboration also assists in data collection and programme evaluation. The data collected by the Community Health Centre is used to monitor the success of the programme, such as participant participation rates, knowledge improvement, and behavioural changes. This data-based approach reflects the importance of evaluation in improving programme quality.

However, this cross-sector integration also faces challenges. One of them is the lack of coordination between relevant agencies, which can lead to duplication of tasks or overlapping activity schedules. To overcome this problem, the programme has begun to implement a

digital-based coordination system that allows each agency to share information in real time.

Support from the private sector is also being explored to strengthen the implementation of this programme. For example, local companies are being involved to provide additional funds or facilities, such as training rooms and multimedia equipment. This collaboration creates new opportunities to increase the programme's coverage without relying solely on the government budget.

This cross-sectoral approach also reflects the important role of the community in supporting the programme's sustainability. By involving the local community, this programme not only improves access to health services but also builds a sense of ownership among participants and the community.

In addition, this collaboration provides opportunities for participants to share their experiences and knowledge with others in their communities. This creates a domino effect that amplifies the positive impact of the programme, as described in Rogers' theory of diffusion of innovation (Sugiono, 2024).

This programme also demonstrates that cross-sector integration not only improves programme quality, but also creates more harmonious working relationships between various agencies. This synergy enables the programme to run more efficiently and effectively, by making optimal use of available resources.

The success of this cross-sector integration provides a strong foundation for programme development in other regions. By adopting a similar model, other regions with similar challenges can

improve the effectiveness of their health education programmes.

Overall, cross-sector integration in the marriage guidance programme at the Tanah Abang Subdistrict KUA demonstrates the importance of inter-agency cooperation in achieving common goals. This approach not only supports the success of the programme but also creates a foundation for sustainable public health development.

Challenges and Recommendations for Programme Development

Although the marriage guidance programme at the Tanah Abang Subdistrict KUA has been successful in improving prospective brides and grooms' understanding of reproductive health and stunting prevention, there are several obstacles that need to be overcome to increase its effectiveness. One of the main obstacles is the limited time available for the programme. Many prospective brides and grooms find it difficult to attend the full guidance sessions due to work commitments or other responsibilities.

Access to additional information is also a challenge, especially for prospective brides and grooms who live in areas with minimal digital infrastructure. This lack of access reduces participants' opportunities to explore the material presented during the counselling sessions in greater depth. This reflects the importance of innovation in delivering material to reach more participants effectively.

Rosenstock's Health Belief Model highlights the importance of overcoming the barriers perceived by individuals in order to achieve behavioural change (Abraham & Sheeran, 2005). In this context, marriage counselling programmes

can be further developed by providing online modules that allow participants to learn independently. These modules can include educational videos, interactive simulations, and quizzes to reinforce participants' understanding.

In addition to online modules, the use of mobile-based applications can also be a solution to overcome limited access to information. These applications can be designed to provide relevant materials, counselling session schedules, and discussion forums for prospective brides and grooms. With this approach, the programme can reach participants who have limited time or access to direct services.

Technology-based delivery of materials also allows for personalisation in learning. Participants can choose topics that are most relevant to their needs, such as family planning or reproductive health. This approach is in line with needs-based learning theory, which emphasises the importance of tailoring materials to individual needs.

Cross-sector collaboration can also be expanded to increase the programme's effectiveness. In addition to involving community health centres and health offices, the programme can collaborate with the private sector, such as technology or media companies, to support the development and dissemination of educational materials. This support not only expands the programme's reach but also provides additional resources for innovation.

Technology-based training for village heads and health workers is also an important recommendation. With this training, they can improve their skills in delivering material in an interactive and

engaging manner. In addition, this training can include the use of digital tools to support the delivery of material.

To address cultural challenges, the programme may involve community leaders or religious leaders in the guidance process. This approach aims to create a more supportive environment for participants in receiving material on reproductive health and nutrition. With the support of community leaders, the programme will be more readily accepted by local communities.

Continuous evaluation is also an important step in the development of this programme. Feedback from participants can be used to assess the effectiveness of the material presented and identify areas for improvement. This evaluation can include satisfaction surveys, in-depth interviews, or focus group discussions.

In addition, evaluation data can be used to measure the impact of the programme on changes in participant behaviour. For example, an increase in the number of participants undergoing premarital health checks or changes to healthier eating patterns can be indicators of the programme's success. This data-driven approach reflects the importance of measuring results to improve programme quality.

The programme can also adopt a community-based approach to support the sustainability of education. For example, forming village-level discussion groups led by programme alumni can help disseminate information to a wider community. This approach reflects the importance of the community's role in supporting behavioural change.

Women's empowerment is also an important element in programme development. The education provided should encourage women to take an active role in family planning and health-related decision-making. This approach is in line with Sen's theory of gender equality, which emphasises that women's empowerment is key to improving the quality of family life (Lubis & Triadi, 2024).

To increase participant engagement, this programme can also use a gamification approach. By incorporating game elements into the learning modules, such as a points or reward system, participants can be more motivated to complete the material. This approach is in line with the motivation theory by Deci and Ryan (1985), which emphasises the importance of intrinsic motivation in learning.

Strengthening the capacity of village heads and health workers is also a priority in program development. They need to be equipped with effective interpersonal communication skills to help participants feel more comfortable during counselling sessions. This is relevant to Goleman's theory of emotional intelligence (1995), which emphasises the importance of managing emotions in building good relationships.

Support from local governments is also essential to improve the infrastructure that supports this programme. Providing more adequate counselling rooms, adding educational modules, and developing interactive learning media are concrete steps that can be taken to strengthen the implementation of the programme.

In addition to focusing on education, this programme can also

include mental health elements in its material. Many prospective brides and grooms face emotional pressure during wedding preparations, so education on stress management and couple communication can be a useful addition. This approach reflects the importance of mental health in building harmonious relationships.

The programme can also utilise big data technology to analyse trends and participants' needs. This data can be used to identify areas that require greater attention, such as regions with low participation rates or high prevalence of stunting. By using this data, the programme can be more adaptive in responding to local challenges.

By integrating these various recommendations, the marriage guidance programme at the Tanah Abang Subdistrict KUA has great potential to continue to grow and have a broader positive impact. Cross-sector support, technological innovation, and community-based approaches are key to success in stunting prevention efforts.

Overall, the challenges faced in implementing this programme provide valuable lessons about the importance of flexibility and adaptation. By overcoming existing obstacles and continuing to innovate, this programme can become an effective model for implementation in other areas with similar problems.

CONCLUSION

This study concludes that the Islamic marriage counselling model implemented at the Tanah Abang Office of Religious Affairs (KUA), Penukal Abab Lematang Ilir (PALI) Regency, contributes positively to strengthening prospective

brides' and grooms' knowledge of reproductive health, balanced nutrition, and family planning as foundational elements of stunting prevention and family education. These findings directly address the research objective of examining the role of premarital Islamic counselling in promoting early awareness of maternal health, optimal nutrition during the first 1,000 days of life, and responsible family planning within an Islamic educational framework. The results also indicate that, although the programme enhances participants' cognitive understanding of stunting prevention, its overall effectiveness is constrained by structural and operational limitations, including limited counselling duration, insufficient depth of participants' comprehension of stunting-related issues, and restricted human and institutional resources. These constraints reduce the programme's capacity to function optimally as a comprehensive preventive intervention at the pre-marital stage. From a scientific perspective, this research contributes to the development of an integrative Islamic marriage counselling model by positioning premarital guidance as an early educational intervention for stunting prevention and family resilience. It extends existing scholarship by linking Islamic counselling practices with public health and family education discourse, thereby offering a conceptual contribution to interdisciplinary studies at the intersection of Islamic education, marriage counselling, and stunting prevention.

REFERENCES

Abraham, C., & Sheeran, P. (2005). The health belief model. *Predicting Health Behaviour*, 2(1), 28–80.

Amin, S., Laksana, A. P., Rohman, A., & PW, M. B. (2024). Upaya penurunan angka stunting melalui pendekatan holistik di Desa Japan, Kecamatan Dawe, Kabupaten Kudus. *Jurnal Bina Desa*, 6(2), 153–160.
<https://doi.org/10.15294/jbd.v6i2.47262>

Bowen, G. A. (2009). Document analysis as a qualitative research method. *Qualitative Research Journal*, 9(2), 27–40.
<https://doi.org/10.3316/QRJ0902027>

Braun, V., & Clarke, V. (2021). One size fits all? What counts as quality practice in (reflexive) thematic analysis? *Qualitative Research in Psychology*, 18(3), 328–352.
<https://doi.org/10.1080/14780887.2020.1769238>

Bush, T. (2007). Educational leadership and management: Theory, policy and practice. *South African Journal of Education*, 27(3), 391–406.
<http://www.sajournalofeducation.co.za/index.php/saje/article/view/107/29>

Creswell, J. W., & Poth, C. N. (2016). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). SAGE Publications.
<https://www.scirp.org/reference/referencespapers?referenceid=2155979>

Effendi, M. (2021). Pengembangan sumber daya manusia dalam meningkatkan citra lembaga pendidikan Islam. *Southeast Asian Journal of Islamic Education Management*, 2(1), 39–51.
<https://doi.org/10.21154/sajiem.v2i1.40>

Elsya, V., & Siregar, N. I. (2023). Strategi komunikasi bimbingan perkawinan dalam pencegahan kasus stunting di Kabupaten Temanggung. *Jurnal Komunikasi Universitas Garut*: *Hasil Pemikiran dan Penelitian*, 9(2), 241–255.
<https://doi.org/10.52434/jk.v9i2.3168>

Jailani, M. S. (2023). Teknik pengumpulan data dan instrumen penelitian ilmiah pendidikan pada pendekatan kualitatif dan kuantitatif. *IHSAN: Jurnal Pendidikan Islam*, 1(2), 1–9.
<https://doi.org/10.61104/ihsan.v1i2.57>

Khatimah, N. H., Erham, E., Fathurrahman, F., Avila, D. Z., & Alkhair, A. (2023). Edukasi gizi dalam pencegahan stunting melalui media booklet dan poster. *BERNAS: Jurnal Pengabdian kepada Masyarakat*, 4(4), 3491–3497.

Lubis, R., & Triadi, I. (2024). Kesetaraan gender dalam perspektif konstitusi: Studi perlindungan hak asasi manusia. *Journal of Multidisciplinary Inquiry in Science, Technology and Educational Research*, 1(3), 892–901.
<https://doi.org/10.32672/mister.v1i3b.1755>

Masni, H. (2017). Strategi meningkatkan motivasi belajar mahasiswa. *Jurnal Ilmiah Dikdaya*, 5(1), 34–45.
<https://doi.org/10.33087/dikdaya.v5i1.64>

Miles, M. B., Huberman, A. M., & Saldaña, J. (2014). *Qualitative data analysis: A methods sourcebook* (3rd ed.). SAGE Publications.

Nurhuda, A. (2023). Islamic education in the family: Concept, role, relationship, and parenting style. *Journal Corner of Education, Linguistics, and Literature*, 2(4), 359–368.
<https://doi.org/10.54012/jcell.v2i4.153>

Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data

collection and analysis in mixed-method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(5), 533–544. <https://doi.org/10.1007/s10488-013-0528-y>

Prasetyo, Y. (2013). Kesadaran masyarakat berolahraga untuk peningkatan kesehatan dan pembangunan nasional. *Medikora*, 11(1), 1–12. <https://doi.org/10.21831/medikora.v11i2.2819>

Pratiwi, R., Sari, R. S., & Ratnasari, F. (2021). Dampak stunting terhadap prestasi belajar: Sebuah tinjauan literatur. *Jurnal Ilmiah Ilmu Kependidikan*, 12(2), 10–23. <https://doi.org/10.36089/nu.v12i2.317>

Puspitasari, H. H. (2022). Peran keluarga dalam pendidikan karakter anak. *Jurnal Pendidikan Islam*, 6(1), 1–10.

Rahim, A. R. A., Islami, B. N., Arrasyid, M. I., Al Fath, I. N. S., Haekal, M., Supriyatno, S., & Fadillah, M. H. (2024). Bimbingan perkawinan bagi calon pengantin sebagai upaya pencegahan stunting. *Jurnal Abdimas Bina Bangsa*, 5(2), 1726–1741.

Rahman, F. D. (2024). Pemberdayaan keluarga melalui kursus pra-nikah berbasis nilai pendidikan Islam. *Al-Adabiyah: Jurnal Pendidikan Agama Islam*, 5(1), 80–88.

Rahmawati, R., Bagata, D. T. R., Raodah, R., Almah, U., Azis, M. I., Zadi, B. S., Noormansyah, D. A., Khodijah, S., Al Jauhariy, M. R., & Risyki, M. F. (2020). Sosialisasi pencegahan stunting untuk meningkatkan kualitas sumber daya manusia. *Jurnal Pembelajaran Pemberdayaan Masyarakat (JP2M)*, 1(2), 79–84. <https://doi.org/10.33474/jp2m.v1i2.6512>

Ramadoan, S., Firman, F., & Sahrul, S. (2024). Model intervensi terpadu dalam mengatasi prevalensi stunting di Kota Bima. *Journal of Governance and Local Politics*, 6(2), 229–239. <https://doi.org/10.47650/jglp.v6i2.1562>

Ridlo, I. A., Laksono, A. D., & Yoto, M. (2019). *Intervensi berbasis komunitas: Sebuah pengantar*. Airlangga University Press.

Rozali, Y. A. (2022). Analisis konten dan analisis tematik dalam penelitian kualitatif. *Forum Ilmiah*, 19, 68–75.

Salsabila, U. H. (2018). Teori ekologi Bronfenbrenner dalam pengembangan kurikulum pendidikan agama Islam. *Al-Manar: Jurnal Komunikasi dan Pendidikan Islam*, 7(1), 139–158.

Solar, O., & Irwin, A. (2010). *A conceptual framework for action on the social determinants of health*. World Health Organization.

Sugiono, S. (2024). Proses adopsi teknologi generative artificial intelligence dalam pendidikan: Perspektif teori difusi inovasi. *Jurnal Pendidikan dan Kebudayaan*, 9(1), 110–133. <https://doi.org/10.24832/jpnk.v9i1.4859>

Syahputra, R. D., & Aslami, N. (2023). Prinsip-prinsip utama manajemen menurut George R. Terry. *Manajemen Kreatif Jurnal*, 1(3), 51–61. <https://doi.org/10.55606/makreju.v1i3.1615>

Tracy, S. J. (2024). *Qualitative research methods: Collecting evidence, crafting analysis, communicating impact* (2nd ed.). John Wiley & Sons.

Wardani, H. K., Darusuprati, F., & Hajaroh, M. (2022). Model evaluasi pendidikan dasar: Scriven, Tyler, dan goal-free evaluation.

Jurnal Pendidikan: Riset dan Konseptual, 6(1), 36–49.
https://doi.org/10.28926/riset_konseptual.v6i1.446

World Health Organization. (2015). *WHO guideline on nutrition and reproductive health*. WHO Press.
<https://www.who.int/publications/item/WHO-NMH-NHD-14.3>

Yusanto, Y. (2020). Ragam pendekatan penelitian kualitatif. *Journal of Scientific Communication*, 1(1), 1–10.
<https://dx.doi.org/10.31506/jsc.v1i1.7764>