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**Sensitive Interventions in Overcoming Chronic Energy Deficiency of Pregnant Women in A Northern Coastal City of Central Java**

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**ABSTRACT**

Pregnant women with Chronic Energy Deficiency (CED) can cause health problems for both mother and baby. Among them are babies with low birth weight (LBW), who are at risk of stunting. The Pekalongan City Government issued Mayor Regulation Number 11 of 2023 concerning the Acceleration of Integrated Stunting Reduction, where the group of CED pregnant women is one of the targets of Stunting-prone Families who need specific and sensitive interventions. This study aimed to analyze implementation of the policy, especially sensitive interventions of CED pregnant women in Pekalongan City. This study used a descriptive qualitative method. The research was conducted from August to September 2024. The object of the study was the implementation of sensitive interventions of CED pregnant women which was analyzed with Van Metter-Van Horn policy implementation model. The research was conducted through in-depth interviews, observation and documentation. The determination of informants used a non-probability technique with a purposive method, and 11 informants were obtained. The stages in data analysis were data collection, reduction, presentation, data verification and conclusion drawn. The results of the study found that sensitive interventions in form of access to clean drinking water and sanitation, housing improvement programs, social assistance recipient programs and training facilitation for families of CED pregnant women are still not optimal. Pregnant women in CED had not been considered as a priority in obtaining the benefits of assistance programs. It needed to be improved again in policy socialization, quality and quantity of resources, coordination and communication, and improvement of the environmental situation.

Keywords: Chronic Energy Deficiency; Pregnancy; Sensitive Intervention;

**Introduction**

Pregnant women are one of the groups prone to nutritional problems, especially malnutrition. A woman needs more nutrients during pregnancy compared to non-pregnant states. This is because nutrients are needed both by the mother and by the fetus. The fetus grows by taking nutrients from the food consumed by the mother and from the stores of nutrients in the mother's body [1].

Nutritional problems that usually occur in pregnant women are malnutrition problems, both macro and micro malnutrition which are manifested in chronic energy deficiency (CED) and iron deficiency anemia [2]. CED pregnant women are defined as pregnant women who have a pre-pregnancy body mass index (BMI) or in the 1st

trimester (< 12 weeks) of < 18.5 kg/m<sup>2</sup> or have an upper arm circumference size below 23.5 cm [3].

Factors related to the incidence of CED in pregnant women are parity, pregnancy distance, education level, family income level and average level of energy intake [4]. Less varied food intake, less portion of meals and the presence of taboos on a food are some of the factors that affect the incidence of CED. If this situation continues for a long time, there will be an imbalance between intake to meet energy needs and expenditure. As a result, pregnant women will experience CED [5].

The condition of CED in pregnant women risks decreasing muscle strength in the delivery process so that it can result in the occurrence of long partus and postpartum hemorrhage, and even

maternal death [6]. Meanwhile, the risks to the baby can result in Low Birth Weight Babies (LBW), miscarriages, premature births, birth defects, and even infant death [7].

Nutritional deficiencies in mothers can also affect milk production and quality. Breast milk from malnourished mothers causes a deficiency of the essential nutrients it contains, which has the potential to impact the baby's growth and increase the risk of disease [8]. The long-term impact on children due to the condition of CED pregnant women is the incidence of stunting in children under two years old [9].

The percentage of pregnant women in CED in Indonesia in 2021 was 8.7% and in 2022 it was 8.4%. Indonesia is included in countries with moderate public health problems based on public health thresholds according to the WHO (*World Health Organization*) for pregnant women at risk of CED. In Pekalongan City, the percentage of pregnant women in CED in 2022 is 12.95% and ranks sixth in Central Java. In 2023, the percentage of pregnant women in CED will be 12.3%. This achievement is still above the Ministry of Health's target for 2023 of 11.5%.

Pregnant women with CED have a greater risk of having a CED baby [10]. The percentage of LBW in Pekalongan City is also still high and tends to increase, namely 4.12% (in 2021), 4.28% (in 2022) and 6.49% (in 2023). CED is also the leading cause of death in neonates in Pekalongan City, which is 33% (in 2021), 33% (in 2022) and 27% (in 2023). It is possible that one of the causes of the high mortality of neonates in Pekalongan City is the condition of pregnant women with CED.

Broadly speaking, efforts to overcome CED pregnant women are through specific and sensitive nutritional interventions. Specific nutrition interventions are activities that directly address the causes of CED, are short-term and are generally provided by the health sector. Specific interventions contributed 30% to the management of nutrition problems. Meanwhile, sensitive interventions contribute as much as 70% in the form of activities related to indirect causes of CED which are generally outside of health problems and are long-term in nature [11]. Sensitive interventions include increasing the supply of clean water and sanitation facilities, increasing access to and quality of nutrition and health services, increasing awareness, commitment and practice of maternal nutrition and increasing access to nutritious food [12].

This is in line with research by Arsana (2024) in Banjarmasin City that the condition of inadequate drinking water sources and inadequate latrines are factors that cause nutritional problems in the

community [13]. Therefore, it is important to conduct research to analyze the policy situation and countermeasures for pregnant women in CED in the region through sensitive interventions.

This study aims to analyze sensitive interventions that have been carried out in the management of pregnant women with CED. The results of this study are expected to help other cities or districts that have similar characteristics in implementing policies to deal with cases of pregnant women in CED according to their needs.

## Methods

This study uses a descriptive qualitative method. This research was conducted in Pekalongan City from August to September 2024. The research was conducted through in-depth *interviews*, observations and documentation. Primary data were obtained through in-depth interviews directly with the main informants and triangulation informants using interview guideline instruments. Secondary data was obtained through related information data.

The technique for determining informants in this study used a non-probability technique with a *purposive* method. The informants in this study were 11 people from the Health Office, Social Service, Public Works and Spatial Planning Office, Housing and Settlement Office, Agriculture and Food Security Office, Village and Family Assistance Team.

The object of this study was the implementation of sensitive interventions in the management of pregnant women in CED which was analyzed with the Van Metter Van Horn policy implementation analysis model. The variables studied were policy standards and objectives, resources, communication between implementing organizations, characteristics of implementing bodies, disposition of implementing agencies and the environment. Data was obtained from document sources, interviews, and direct observations of actors who participated in the CED pregnant women management program.

Data processing and analysis in the study used *thematic content analysis*. The stages in data analysis were data collection, reduction, presentation, data verification and conclusion drawn. The validity of the data could be obtained through source triangulation, namely by checking the data that has been found from various sources such as interview results, archives and other sources, until valid data is obtained. This research had received Ethical Approval number 360/EA/KEPK-FKM/2024 from the Health Research Ethics Commission, Faculty of Public Health, Diponegoro University on August 20, 2024.

## Results and Discussion

Table 1. Characteristics of the main informant and triangulation informant

Informant	Gender	Age (year)	Education last	Agency
MI1	Woman	47	Bachelor of Engineering	Public Works and Spatial Planning Office
MI2	Man	46	Bachelor of Engineering	Housing and Residential Areas Office
MI3	Woman	53	Bachelor of Engineering	Marine and Fisheries Service
MI4	Woman	51	Bachelor of Agriculture	Agriculture and Food Service
MI5	Woman	52	Master of Management	Social Service
TI1	Woman	40	Master of Applied Midwifery	Health Office
TI2	Woman	45	Master of Management	Regional Development Planning Agency
TI3	Male	43	Bachelor of Management	Urban Village
TI4	Woman	49	Bachelor of Management	Urban Village
TI5	Woman	30	Senior High School	Family Assistance Team
TI6	Woman	50	Senior High School	Family Assistance Team

Pekalongan City is one of the cities in Central Java Province which is located on the north coast. The area of Pekalongan City is 4,525 Ha or 45.25 km<sup>2</sup>. Pekalongan City consists of 4 sub-districts and 27 sub-districts. The population of Pekalongan City in 2023 is 317,524 people. Based on the type of job, 45% of the population works as laborers/employees.

The number of pregnant women in Pekalongan City in 2023 is 5,191 people. Among them, there are 638 pregnant women with CED conditions or around 12.29%. The highest cases of CED pregnant women were at the Tirto Health Center (20.37%) and the Jenggut Health Center (18.27%). Data on health service facilities in Pekalongan City are 5 inpatient childbirth health centers, 9 outpatient health centers, 1 hospital owned by the Regional Government, and 7 privately owned hospitals under the auspices of the Health Office.

Sensitive interventions were carried out based on Presidential Regulation Number 72 of 2021 concerning the Acceleration of Stunting Reduction, where CED pregnant women are one of the targets of Stunting-prone Families. At the Pekalongan City level, the policy was continued with the issuance of Mayor Regulation Number 11 of 2023 concerning the Acceleration of Integrated Stunting Reduction.

Local Government Organizations involved in sensitive interventions include the Social Service, Public Works and Spatial Planning Office, Housing and Residential Areas Service, Marine and Fisheries Service, Agriculture and Food Service and Urban Village.

The informants in this study amounted to 11 people consisting of 5 main informants and 6 triangulation informants. The selection of informants is based on Local Government Organizations (LGO) and community groups involved in sensitive interventions for pregnant women in CED. The informants in this study are as Table 1.

Based on table 1, it can be seen that the main informants are 5 people consisting of 1 man and 4 women with an age range of 46-53 years. The classification of education is 3 people with a Bachelor of Engineering, 1 Bachelor of Agriculture and 1 Master of Management. Meanwhile, the triangulation informants amounted to 6 people consisting of 1 man and 5 women with an age range of 30-50 years. The classification of education is 1 Master of Applied Midwifery, 1 Master of Management, 2 Bachelor of Management and 2 Senior High School.

### Housing, Access to Clean Water and Sanitation

MI1 revealed that the Pekalongan City Public Works and Spatial Planning Office is in charge of managing clean water and sanitation systems. In 2024, in Pekalongan City, the Integrated Slum Alleviation program will be run for the structuring of a slum area, through the provision of access to drinking water, sanitation and settlement infrastructure, by optimizing various sources of funding. The total budget is around Rp 20 billion which is sourced from the Central Government and the collaboration of the Regional Government budget. This includes the budget of the Public Works and Spatial Planning Office of 1.2 billion for

the allocation for the construction of 200 family latrines.

The slum location selected in the program is Bugisan Village on the banks of the Lodji river, Panjang Wetan Village. Panjang Wetan Village is one of the priority villages for Stunting in Pekalongan City. The determination of the location of the activity is not only based on the stunting locus area, but also takes into account the urgency of being prone to floods disasters and the level of availability of facilities built in the area. The rest of the budget in the construction of 200 latrines in Bugisan Village can later be used for Stunting-prone families in other locations.

*"... This year, the Pekalongan City Government program is the Alleviation of Integrated Slums in Bugisan Village. The budget is around Rp. 20 billion, namely from the central government and the budget from the Regional Government. The activities are in the form of the construction of residential areas, clean water facilities, sanitation and roads. From the Public Works and Spatial Planning Office, a budget of Rp 1.2 billion in the form of construction for 200 latrines. If there is still a surplus of the budget, we can divert it to stunting-prone families in Pekalongan..."(MI1)*

Poor sanitation and open defecation negatively affect maternal health, through an increased risk of causing infections, diarrhea and gastro-enteritis. Household access to basic sanitation greatly reduces the health risks associated with pregnancy [13].

In an interview with MI2 from the Housing and Residential Areas Office, information was obtained that the Regional Government budgeted the Uninhabitable Houses program for around 500 houses in 2024. The assistance provided is 10 million per target house. The proposal for Uninhabitable Houses has not prioritized families prone to stunting or pregnant women in CED, but based on existing poverty data submitted by the council members.

*"... This year's Uninhabitable Houses program is around 500 houses, each house is assisted by Rp. 10 million. The criteria for selecting houses from the proposed poverty data submitted by the council members..."(MI2)*

A decent place to live greatly supports the mother's physical and mental health during pregnancy. Recent research shows that pregnant women who live in unsuitable housing, including evictions and homelessness, are more likely to suffer from anxiety and even depression, and give birth to babies with very low birth weight or

premature babies, especially if the woman has a low level of education [14].

### **Social Assistance**

In an interview with MI5 from the Social Service, information was obtained that there are various social protection programs with the aim of reducing poverty and improving the quality of life of the community. One of these programs is the Family Hope Program (Program Keluarga Harapan) through the central government budget. The Family Hope Program is intended for poor and vulnerable families who have family members: pregnant and/or lactating women, schoolage children (5-21 years old), and/or family members who are elderly or have severe and permanent disabilities.

The requirements to become a recipient of the program include being registered in the Integrated Social Welfare Data (Data Terpadu Kesejahteraan Sosial). Integrated Social Welfare data is managed by the Ministry of Social Affairs. Among the 305 CED pregnant women recorded in August 204 in Pekalongan City, there were only 69 people (22%) who received social assistance.

The existing obstacle is that the target of the program is not based on data on families at risk of stunting by the Social Service but based on data from the Integrated Social Welfare Data application, which is entered by each sub-district operator. Verification and integration of this data is important by Social Services, to anticipate the existence of people with the status of pregnant women in CED who do not receive social assistance.

*"... assistance from the central government, such as the Family Hope Program, the data is directly from the Integrated Social Welfare Data of the Ministry of Social Affairs, so it is still not integrated with the update of stunting risk family data from the Social Service. Because the data of the Social Service fluctuates every month." (MI5)*

### **Access to Food Aid**

Through an interview with MI4 from the Agriculture and Food Service, there is rice assistance sourced by Regional Governments. It aims to overcome regional food insecurity, natural disasters, stunting, famine, or other emergencies. The food reserve of Pekalongan City in 2024 is 10 tons of rice. A total of 5.545 kg of rice has been distributed to people affected by the floods. The remaining 4.455 kg of rice is planned to be distributed to stunted toddler families in 27 villages as many as 33 families per village. Pregnant women in CED do not seem to be included in the target group for the distribution of regional food reserve rice.

*"... rice assistance from the central government, the data source is from the Ministry of Social Affairs' Integrated Social Welfare Data. Food reserves from the local government have been allocated to flood victims and the rest to families of stunted toddlers. Meanwhile, the data of CED pregnant women is not sent from the Urban Village to us..."(MI4)*

Through an interview with an MI3 informant from the Marine and Fisheries Service, they have never provided food assistance for processed fish products for the families of pregnant women in CED. The agency has conducted training on making processed fish food menus for stunted toddler mothers. This activity has been carried out in June 2024, with the participation of 160 stunted mothers. Another Service program is training in making processed fish food for micro and small business actors. From the existing facilitation activities, the families of pregnant women in the CED have not been allocated to be participants in the training held.

*"... we have never held special training or assistance for fish products for families of pregnant women in CED. What has been done to families of stunted toddlers last June, which was attended by 160 participants from families of stunted toddlers..."(MI3)*

#### **Family Assistance**

The Health Office has collaborated with the Social Service in monitoring the families of pregnant women in CED. In the city of Pekalongan, a Family Assistance Team / FAT (Tim Pendamping Keluarga) has been formed which is a Village Cadre and Midwife, who synergizes to collect data, visit Families at Risk of Stunting, and provide assistance and counseling. The main target focus is: brides-to-be, pregnant women, postpartum mothers and babies under two.

According to TI1, FAT conducts home visits every month. In Pekalongan City, there are a total of 236 FAT groups. This number is considered still less than the number of Neighbourhoods in Pekalongan City of 341 Neighbourhoods. The obstacle encountered is that not all FAT have midwives, but can be other health workers. And even though FAT visits run routinely every month, the visits are not always accompanied by village mid-wives/health workers according to the provisions

#### **The Analysis of Policy Implementation**

Van Meter and Van Horn (1975) said that implementation is actions taken either by individuals/officials or government or private groups that are directed towards the achievement of the goals that have been outlined in policy decisions. Van Meter and Van Horn proposed that

the basic model of policy implementation includes six components, namely: policy standards and objectives, resources, characteristics of the implementing body, communication between organizations, disposition of implementers and the environment.

The policy analysis model according to Van Meter and Van Horn is appropriate to explain government policies implemented in the regions as well as policies in the field of health services, including policies in dealing with pregnant women in CED. This policy is made by the central government and implemented by the provincial government and local governments. The success of a policy is determined by the interaction between the variables in it [14].

The first variable in this study is policy standards and goals. In any public policy, standards and objectives should always be clearly stated in each program. Because with clear policy standards and objectives, it will be easy to carry out policies [15].

Sensitive interventions at the Pekalongan city level are regulated in Pekalongan Mayor Regulation Number 11 of 2023 concerning the Acceleration of Integrated Stunting Reduction, where one of the policy targets is pregnant women in CED.

#### **Target and Objectives**

An understanding of the general intent of a standard and policy objectives is important. Successful policy implementation, may fail (*frustrated*) When the implementers (*implementors*) is not fully aware of the standards and objectives of the policy.[16] Policy standards and objectives are closely related to the disposition of the implementers. The direction of the disposition of the implementers towards the standards and policy objectives is also a matter of "*crucial*". Implementers may fail to implement policies, because they reject or do not understand what the purpose of a policy is [15].

The policy socialization process has been carried out both at the local government, sub-district and sub-district levels through the Rembug Stunting activity. Rembug stunting is a discussion forum or deliberation held to discuss the problem of stunting at the village or community level. But based on the researcher's assessment, not all LGO (Local Government Organization) understand the policy objectives. The group of pregnant women in the CED has not been widely considered as one of the targets of existing social assistance benefits. For example, in providing training in making processed fish food menus, we have not invited the families of pregnant women in CED, only families of stunted toddlers. The program to provide regional food

reserves is also only aimed at families of stunted toddlers. Socialization of a policy is very important so that policy implementers understand the goals and objectives of the policy. In line with Ajrina (2016) research which stated that socialization activities of a policy/program can provide motivation to implementers to prepare for the success of the policy/program [17].

### **Resources**

The second variable is resources consisting of the quantity and quality of human resources, facilities and infrastructure, and sources of funds. Human resources as policy implementers are needed in sufficient numbers and meet the classification to implement policies. A large number of implementers does not automatically encourage the success of policy implementation if they do not have adequate skills and capabilities. The lack of skilled personnel will also hinder the implementation of the policy. So that policy implementation will not run optimally without the support of adequate resources both in quality and quantity [18].

The Family Assistance Team (FAT) is one of the human resources in dealing with pregnant women in CED. In terms of quantity, the number in Pekalongan City is still lacking, namely 236 FAT, compared to the number of Neighbourhoods in Pekalongan City as many as 341. So that there are several Neighbourhoods that are supported by 1 FAT, which results in less than optimal FAT assistance. Social Assistance is one of the strategies that greatly determines the success of community empowerment programs. The role of a facilitator is related to providing motivation, opportunities and support for community groups [19].

Posyandu cadres play an extension of the Puskesmas in reaching health services, especially for mothers and children in their area. Posyandu cadres need to be increased in capacity. Cadres who have received training will increase their level of knowledge and performance.[20] All Health Centers in Pekalongan City have held 25 Basic Skills Training for Posyandu Cadres. However, only 2 out of 5 cadres per Posyandu. So there are still many cadres who have not received the training.

In addition to human resources, facilities and infrastructure are also needed in the implementation of a program. The availability of sufficient facilities and infrastructure will support the program implementation process so that it is carried out effectively and efficiently. Facilities are everything that is used as a tool to achieve certain goals, while infrastructure is everything that is used as support in carrying out an activity [21].

Based on observations, the availability of maternal health facilities and infrastructure at the Pekalongan City Health Center is quite adequate. The City Health Office always supports the availability of facilities and infrastructure at the Health Center. Based on research by Mulyati (2023), it was found that the availability of facilities and infrastructure at the Health Center will affect the level of antenatal care visits for pregnant women [22].

Another resource needed in the implementation of a program is funds. The source of funds in the implementation of the management of pregnant women in sensitive interventions comes from the central and regional governments. The allocation of local government financing in LGO activities by prioritizing the families of pregnant women in CED is still very minimal, for example in the construction of latrines, the provision of regional food reserve assistance and the construction of uninhabitable houses. Lack or limitation of funds or other incentives in policy implementation can make a major contribution to policy implementation failure [23].

In addition to the amount and allocation of the budget, what is no less important in fund resources is the bureaucratic process. It was found that there were difficulties in the bureaucratic process in proposing new families of pregnant women in CED in social assistance programs, for example the Family Hope Program. This is because the data is managed centrally by the Ministry of Social Affairs. Proposals submitted by the Urban Village can be entered into the central data after a few months. Bureaucratic pathologies in public services including complicated and slow procedures can affect people's trust in the government and exacerbate their dissatisfaction with public services [24].

### **Communication Between Related Organizations**

The implementation of a policy needs support and coordination with other agencies. Communication plays an important role in the coordination of the process. Communication to policy implementers about policy standards and objectives must be consistent and uniform (consistency and uniformity) [25].

In the implementation of sensitive intervention communication for pregnant women, CED between agencies in Pekalongan City are coordinated by the Regional Development Planning Agency. Although the Regulation on the Acceleration of Integrated Stunting Reduction has been issued in 2023, the coordination and communication was intensely carried out in 2024, namely through stunting workshop and Rembug

Stunting. Because of it, the regional budget allocation in 2024 has not prioritized many targets for families of pregnant women in CED.

#### **Characteristics of The Implementing Agency/Body.**

The characteristics of the implementing agent are the attitude of each policy implementer. This attitude can be used as a benchmark for policy implementers. This can be seen from the bureaucratic structure, norms, and patterns of relationships that occur in the bureaucracy, all of which will affect the implementation of a program [26].

The Pekalongan Mayor Regulation no. 11 of 2023 contains the roles and responsibilities of LGO in the Pekalongan Stunting Reduction Acceleration Team. However, the regulation has not been adapted into an organizational structure in each LGO. According to MI3 informant, the organizational structure is usually within the scope of the agency, not in a program or activity.

In implementing public policy, there must be an organizational structure, meaning that there must be a hierarchy and responsibility among those involved in the public policy process. With this hierarchy, everyone knows their roles and responsibilities. Hierarchies will facilitate the process of coordination, reporting, and control [27].

An indicator of the bureaucratic structure is the existence of Standard Operating Procedures (SOP). SOP are written documents that contain work procedures, systematic stages and a series of instructions regarding routine and repetitive activities that should be carried out by the organization [28]. By providing clear and structured guidance for implementers, SOP help reduce errors, improve the quality of outcomes, and ensure regulatory compliance.[29] Based on the results of the research, each LGO does not have an SOP for existing activities by harmonizing the management of pregnant women in CED. The reason is because the CED pregnant women management program is not the main activity of the office.

#### **The Attitude of The Implementers**

The attitude of the implementers is defined as the tendency, desire, or agreement of the implementers to implement the policy. Three elements that affect the ability and willingness of implementers to implement policies are knowledge and understanding, their responses accept, neutral, or reject, and the intensity of implementers in supporting policies [30].

Even though LGO stated that supports the CED pregnant women prevention program, but LGO does not consider dealing with CED pregnant women as being in its interests. The problem of

CED pregnant women is more related to the interests of the health sector. Because the main task of each LGO is related to physical city development. The attitude of the implementers is related to policy standards and goals. Implementers in carrying out their duties must be in accordance with the standards and goals that have been set [26].

#### **Environmental Conditions**

These variables include the economic, socio-cultural and political environment which greatly influences the formulation of the policy process and policy implementation (Walt, 1994) [31].

According to TI5 and TI6, most of the CED pregnant women in Pekalongan City come from lower middle class families. There is a relationship between economic factors and the incidence of pregnant women with CED. Low family incomes (below the regional minimum wage) will lead to low access to health services, for example for routine pregnancy check-ups for pregnant women [32]. Family income determines the quality and quantity of dishes in the family. Families with limited income are likely to be less able to meet their food needs both in terms of nutritional content and quantity [33].

Another factor that affects the condition of CED pregnant women is the level of maternal education. The average length of school in Pekalongan City is 9.33 years or the equivalent of graduating from junior high school. This is in line with research by Erna K Wati, et al (2024) stating that there is a relationship between the low level of education of pregnant women (below junior high school) and the incidence of pregnant women with CED [34]. A low level of education will hinder the development of a person's attitude towards newly introduced values, including nutritional needs during pregnancy. A person who has a higher level of education is more oriented towards preventive measures, knows more about health problems and has a better health status [35].

Based on data from the Pekalongan City Central Statistics Agency, the proportion of women aged 15-49 who give birth for the first time less than 20 years old is also still quite high, namely 0.150 in 2023 or around 125 women. Pregnancy at a young age is prone to causing bleeding, miscarriage, grape pregnancy and premature pregnancy during pregnancy. Delaying the first birth until the age of 20 seems to be beneficial for both the mother and her baby [36].

In addition, the younger and older the age of a pregnant mother, it will affect the necessary nutritional needs. Young age needs a lot of additional nutrition because in addition to being used for its own growth and development, it must

also be shared with the fetus it is carrying and biologically it is not optimal, its emotions tend to be unstable, its mentality is immature so it is easy to experience shocks which results in a lack of attention to meeting the needs of nutrients during pregnancy [35].

The condition of the political environment in the implementation of the CED pregnant women is related to parties who have power in the government and the legislature of Pekalongan City. The support of council members for the sensitive intervention policy for pregnant women in the CED seems to be still lacking. The Basic Budget of council members in the Uninhabitable Houses program has not considered the recipients of assistance for families of pregnant women in CED. There needs to be advocacy and coordination with council members in considering the CED pregnant women management program that can be financed through the budget.

Women's involvement in the Pekalongan City parliament is 14.71%. This figure is lower than the average percentage in Indonesia, which is 21.74%. Gender quotas can be an effective policy tool in women's reproductive health. Gender quotas by increasing the number of women in parliament led to a significant reduction in maternal mortality. Female politicians have more attention in the field of public health than male politicians [37].

### Conclusion

Sensitive interventions in the form of access to drinking water and sanitation, the Uninhabitable Houses program, social assistance recipient programs and training facilitation for families of CED pregnant women in Pekalongan City are still not optimal. Pregnant women in CED have not been widely considered as a priority in obtaining the benefits of existing assistance programs. Socialization regarding the standards and targets of CED pregnant women management policies still needs to be improved, as well as communication and coordination, especially to cross-sectoral Local Government Organizations and the community. Understanding of policy standards and objectives will affect the disposition of implementers. The resources of both health workers, health cadres and the Family Assistance Team also still need to be improved in both quantity and quality. Home visits to the family must be carried out regularly every month accompanied by a health worker. In addition, there needs to be attention and improvement efforts made by the government to strengthen the socio-economy in the community, especially for the poor and low-income groups.

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