

## MANAGEMENT OF MIDWIFE IN PREGNANT WOMEN CHRONIC ENERGY DEFICIENCY (CED) FROM WOMEN'S EMPOWERMENT PERSPECTIVE

Melinda Rosita Wariyaka<sup>1</sup>, Diyan Maria Kristin<sup>2</sup>, Tirza Vivianri Isabela Tabelak<sup>3</sup>

<sup>1,2,3</sup>Jurusan Kebidanan Poltekkes Kemenkes Kupang<sup>1</sup>,  
Korespondensi email : wariyakamelinda1984@gmail.com

### ABSTRAK : PENATALAKSANAAN BIDAN PADA IBU HAMIL KURANG ENERGI KRONIS (KEK) DARI PERSPEKTIF PEMBERDAYAAN PEREMPUAN

Berbagai program telah dilakukan di puskesmas oleh bidan untuk mengatasi masalah ibu hamil dengan KEK sejak lama, seperti pemberian makanan tambahan bagi ibu hamil yang sudah di galakkan di semua Puskesmas. Pentingnya mengembangkan model penatalaksanaan bidan terhadap ibu hamil dengan KEK menjadi latar belakang penulis untuk memotret apakah penatalaksanaan KEK oleh bidan sudah komperhensif dikaitkan dengan penyebab KEK dan pemberdayaan perempuan. Undang-Undang Kebidanan No 4 Tahun 2019 memberikan Amanah kepada bidan dalam perannya yang salah satunya merupakan pemberdayaan masyarakat

Tujuan penelitian yang akan dilakukan adalah menganalisis penatalaksanaan ibu hamil KEK oleh bidan dengan perspektif pemberdayaan perempuan

Metode : Penelitian ini menggunakan metode descriptive study dengan pendekatan *cross sectional*, dua variable dikembangkan yaitu penatalaksanaan bidan pada ibu hamil KEK dari tahap pengkajian hingga monitoring dan evaluasi dan variable pengetahuan kami menghubungkan keduanya untuk mengetahui lebih dalam apakah ada hubungan yang bermakna. Analisis bivariat menggunakan cross tab analisis dengan nilai P yang digunakan <0.05.

Hasil Analisis univariat Sebagian besar bidan belum melakukan penatalaksanaan ibu hamil KEK berdasarkan aspek pemberdayaan perempuan, hasil analisis bivariate  $P>0,005$  menunjukkan tidak ada hubungan yang bermakna antara penatalaksanaan bidan dengan pengetahuan oleh karena banyak faktor yang mempengaruhi pengetahuan ibu hamil kurang energi kronis.

Kesimpulan : Sebagian besar penatalaksanaan bidan pada ibu hamil KEK dari dimensi pemberdayaan perempuan yang terdiri dari pengkajian, penetapan diagnosa, monitoring dan evaluasi belum sesuai, tidak ada hubungan penatalaksanaan bidan dengan pengetahuan ibu hamil KEK

Saran : Saran disampaikan kepada bidan agar didalam memberikan asuhan kebidanan kepada ibu hamil yang mengalami kurang energi kronis dapat mempertimbangkan aspek pemberdayaan perempuan, Bagi pengambil kebijakan pentingnya berkolaborasi dan membuat sosialisasi penatalaksanaan bidan dari aspek pemberdayaan perempuan.

Kata Kunci : Penatalaksanaan Bidan, Pemberdayaan, Kehamilan KEK

### ABSTRACT

Introduction :Various programs have been carried out at the puskesmas by midwives to overcome the problems of pregnant women with SEZ for a long time, such as providing additional food for pregnant women which has been promoted in all Puskesmas. The importance of developing a midwife management model for pregnant women with Chronic Energy Deficiency is the background of the author to photograph whether the management of Chronic Energy Deficiency by midwives has been comprehensively associated with the causes of Chronic Energy Deficiency and empowering women. Midwifery Law No. 4 of 2019 provides mandates to midwives in their roles, one of which is community empowerment

The purpose of the research to be carried out is to analyze the management of pregnant women with chronic energy deficiency by midwives with the perspective of women's empowerment

Methods: This study used a descriptive study method with a cross sectional approach, two variables were developed, namely the management of midwives for pregnant women from the assessment stage to monitoring and evaluation and our knowledge variable connected the two to find out more deeply whether there was a significant relationship. Bivariate analysis using cross tab analysis with P value used <0.05.

Results of univariate analysis Most midwives have not managed Chronic Energy Deficiency pregnant women based on the aspect of women's empowerment, the results of bivariate analysis  $P > 0.005$  showed there was no significant relationship between midwifery management and knowledge because many factors influenced the knowledge of pregnant women with chronic energy deficiency.

Conclusion: Most of the management of midwives in pregnant women with Chronic Energy Deficiency from the dimension of women's empowerment which consists of assessment, diagnosis, monitoring and evaluation is not appropriate, there is no relationship between midwife management and knowledge of pregnant women with Chronic Energy Deficiency.

Suggestion: Suggestions are submitted to midwives so that in providing midwifery care to pregnant women who experience chronic energy deficiency, they can consider aspects of women's empowerment. For policy makers it is important to collaborate and make socialization of midwife management from the aspect of women's empowerment.

Keywords: Chronic Energy Deficiency , Empowerment , Midwife Management, Pregnancy

## **INTRODUCTION**

One indicator in measuring the nutritional status of a particular community is the nutritional status of pregnant women. Malnutrition occurs when a pregnant woman's nutritional intake from food is not balanced with her body's needs. The results of the 2018 Riskesdas stated that the prevalence of Chronic Energy Deficiency (CED) in pregnant women was 17.3%. SEZ in NTT ranks highest compared to other provinces with a prevalence of 36.8%. (Ministry of Health RI 2018) Data from the Tarus Health Center in 2019 there were 125 pregnant women (9.36%) out of a total of 1335 who experienced Chronic Energy Deficiency (CED), while in 2020 it increased to 216 pregnant women with CED or 19.72% of 1095 people. (Puskesmas Tarus n.d.) Ministry of Health, in 2016 conveyed that CED in pregnant women causes indirect maternal death because it reduces the strength of the muscles that assist childbirth resulting in bleeding, prolonged parturition and anemia. In infants, miscarriages, premature births, birth defects, low birth weight, and short toddler physical growth (stunting) can occur. (Bakri 2021). The cause of SEZ states that there is a significant influence between food intake, education level, occupation, knowledge, family income, age, parity, utilization of ANC services, and food availability on chronic energy deficiency in pregnant women (Purwanto, Masni, and Bustan 2020; Rachmawati, Dewi, and Widyaningsih 2019; Tejayanti 2019). Empowering women can increase women's knowledge and health status (Susanti et al. 2017).

Research on the management of CED in pregnant women has been carried out by several researchers before, but what has become the focus of several studies such as in the publication submitted by Santi, 2021 is how midwifery management uses the Varney approach. Other

researchers describe how the management of CED pregnant women uses a more holistic but has not yet detailed aspects of women's empowerment as proposed in the author's current research. (Praja and Karyus 2020). Midwives have carried out various programs at the puskesmas to address the problems of pregnant women with CED for a long time, such as providing additional food for pregnant women which has been encouraged in all puskesmas. The importance of developing a midwife management model for pregnant women with CED is the author's background for photographing whether the management of CED by midwives is comprehensive in relation to the causes of CED and women's empowerment. Midwifery Law No. 4 of 2019 gives a mandate to midwives in their roles, one of which is community empowerment.

The purpose of the research to be carried out is to analyze the management of pregnant women with CED by midwives with the perspective of women's empowerment in the work area of the Tarus Public Health Center, Kupang Regency in 2022 with the specific objective of identifying the assessment of pregnant women with CED by midwives in the working area of the Auxiliary Health Center from the perspective of women's empowerment, Identifying diagnosis determination midwives for CED pregnant women in the working area of the Tarus Public Health Center, Kupang Regency from the perspective of women's empowerment, analyzing the management of nutrition by midwives for CED pregnant women on the results of their evaluation and monitoring from the perspective of women's empowerment, and analyzing the relationship between midwives' management of CED pregnant women from the perspective of women's empowerment with knowledge of CED pregnant women about CED

## RESEARCH METHOD

This research is a descriptive observational study with a cross-sectional study in which the researcher observes the midwife's management of chronic energy deficient pregnant women at the health center and then verifies and studies the midwife's care documents contained in the MCH handbook, patient status and cohort of mothers related to midwife management steps. in general and approaches to women's empowerment.

The variables in this study are divided into two, namely the management of midwives is defined as the management of midwives from assessment, determination of diagnosis and management, to evaluation and monitoring which has a Women's Empowerment approach while the Behavior Variable of pregnant women is defined in terms of things that pregnant women do to improve their health, the dependent variable is the knowledge of pregnant women about cake. Descriptive analysis of univariate variables, bivariate analysis, namely the management of CED and knowledge of pregnant women, researchers used Chi Square which was stated to be significant if the results of the Cross Table showed a value of  $P < 0.05$ . The population in this study were all pregnant women diagnosed with Chronic Energy Deficiency from January to March with no other chronic diseases such as malaria, tuberculosis and so on in 2022 with a total of 64 people, because the population is less than 100, the sample in this study is the total population, in practice due to various things encountered during the study in terms of time and the sample who were not willing to be respondents, 44 pregnant women with CED were determined to be the sample in this study.

## RESEARCH RESULT

Table 1

**Frequency Distribution of Characteristics of Pregnant Women with Chronic Energy Deficiency in the Management of Midwives in CED Pregnant Women based on the dimensions of Women's Empowerment in the working area of the Tarus Health Center, Kupang Regency**

Characteristics	N	%
Age		
<20 dan >35 Year	11	25
20-35 Year	33	75
Ethnic Group		
Timor	27	61
Rote	5	11

Sumba	1	2
Alor	2	5
Flores	3	7
Lainnya	5	11
Sabu	1	2
Last Education		
No School	1	2
Elementary School	10	23
Junior High School	12	27
Senior High School	19	43
Bachelor	2	5
Income of Fammily		
Under Regional Minimum wage	40	91
Above Regional Minimum wage	4	9

Table 2

**Frequency Distribution of Midwife Assessments in the Management of Midwives in with Chronic Energy Deficiency of Pregnant Women based on the dimensions of Women's Empowerment in the working area of the Tarus Health Center, Kupang Regency**

Distribution	Frekuensi	Percentage
Pengkajian		
Incomplete	17	38
Complete	27	62
Diagnosis		
Incomplete	40	91
Complete	4	9
Management and Evaluation		
Incomplete	40	90.9
Complete	4	6.8

Table 3

**Description of the Complete Management and Knowledge of Cronic Energy Deficiency Pregnant Women based on the dimensions of Women's Empowerment in the working area of the Tarus Health Center, Kupang Regency**

Description	Frekuensi	Percentage
Knowledge		
Low	30	68
Moderate	1	2
High	13	30
Knowledge Ibu Hamil CED		
Low	30	68
High	14	32

Table 4

**Knowledge of CED Pregnant Women and Management of Midwives in CED Pregnant Women based on the dimensions of Women's Empowerment in the working area of the Tarus Health Center, Kupang Regency**

Knowledge		Knowledge		Total
		Low	High	
Management of Midwifery Care from Assessment to Evaluation based on the Dimensions of Women's Empowerment	Incomplete	21	9	30
	Complete	9	4	13
Uji Silang Chi Square		0.07		

**DISCUSSIONS**

The problem of chronic energy deficiency in pregnant women is closely related to the mother's age, number of parities, level of education, knowledge, (Widyawati and Sulistyoningtyas 2020). This research is related to the empowerment of mothers as women in the family so that the midwives' management descriptions will be compared according to the perspective of women's empowerment but remain in the management guidelines for midwives provided by the Indonesian Ministry of Health. The existence of various limitations carried out by midwives in providing comprehensive midwifery care gives the idea that it is important to see management from other aspects that allow midwives to help improve maternal health. The concept that health problems in the community is not only the responsibility of health workers but is the responsibility of the government from the center to the regions, as well as the community itself which includes the family and the mother as a member of the family.

Community empowerment, which includes women's empowerment, is one of the answers to the various limitations that exist in health facilities, namely the dimensions of aspects of resources, personnel, and facilities. Empowerment is interpreted as a process of obtaining power, strength or ability from those who have power to those who are less or less empowered. (Sulistiyani 2004). Batliwala (1994) cited by (Odutolu et al. 2004). Management of CED in pregnant women by midwives based on the perspective of women's empowerment is. the active participation of women, in this case pregnant women who experience CED, are able to empower them to process, utilize the resources around them to produce benefits for the welfare of women and their families, especially to improve health status through maximum nutritional adequacy.

As for improving the health status of women with a women's empowerment approach, it has been carried out, namely: 1). Health education for women to improve health status which can increase women's

knowledge about their health (Susanti et al. 2017). 2). Increasing the values of gender equality in society towards women. 3). Improving women's health by empowering women in the economic sector. (Siswati et al. 2017).

The development of the concept of managing CED for pregnant women based on the perspective of women's empowerment is intended to look at the role and function of midwives in the management of CED-based pregnant women for the benefit of empowering women. The many factors that influence the nutritional status of pregnant women form the basis of the empowerment aspect. The assessment format used for pregnant women is in accordance with the assessment format that has been published in the midwifery documentation book by Wildan and Hidayat (2008), and determination of the diagnosis according to the nomenclature of obstetric diagnoses in pregnancy by Wariyaka and Baso (2021). The factor-based management of CED that influences the incidence of CED in pregnant women (2018) is added to management based on women's empowerment (Susanti et al. 2017), namely the approach to empowering women in health midwives.

The development of the concept of managing CED for pregnant women based on the perspective of women's empowerment is intended to look at the role and function of midwives in the management of CED-based pregnant women for the benefit of empowering women. The many factors that influence the nutritional status of pregnant women form the basis of the empowerment aspect. The assessment format used for pregnant women is in accordance with the assessment format that has been published in the midwifery documentation book by Wildan and Hidayat (2008), and determination of the diagnosis according to the nomenclature of obstetric diagnoses in pregnancy by Wariyaka and Baso (2021). The factor-based management of CED that influences the incidence of CED in pregnant women (2018) is added to management based on women's empowerment (Susanti et al. 2017), namely the approach to empowering women in health midwives.

The results of the study present characteristic aspects in the context of maternal demographics including age, education level, including the area of origin of pregnant women, which is related to beliefs based on the region of origin of pregnant women known as the Diaman tribe related to food taboos for pregnant women which can affect nutritional intake in mothers. Another study was also carried out by us relating to family income, namely the total family real income within 1 month compared to the provincial minimum wage (UMP) category.

The age of pregnant women in table 1 of CED for pregnant women is mostly in the reproductive age range of 20-35 years, namely 75 percent of all mothers, including mothers aged less than 20 years and more than 35 years. The results of previous studies proved that younger or older ages have a greater chance of experiencing diabetes than reproductive age because of the physiological factors of the reproductive system that are not optimal compared to the recommended age, but in this study the researchers did not correlate the age factor with the incidence of CED in mothers. statistically pregnant. There are differences in the results of this study because the incidence of CED is not only influenced by one factor but by several other factors. (Tilahun, Fufa, and Tadesse 2022)

The results of the study in Table 1 also show that the majority of pregnant women are from Timorese. The importance of presenting this aspect is based on research by (Ayele et al. 2020) where there is a significant relationship related to beliefs traditionally limiting foods such as eggs, milk and dairy products, avocados for women, the presence of weak nutrition education and malnutrition screening programs, daily consumption of locally prepared alcoholic beverages called "Cheka", low socioeconomic status, and no good knowledge of agriculture for utilization by the mother were found to be obstacles for malnourished women. usually the Timorese have some restrictions as previously conveyed by Kencanawati, 2016 that this prohibition applies to pregnant women themselves and their families as for some, namely pregnant women are prohibited from eating shelled corn, roots or rice crusts that have dried or charred after cooking, proteins such as eggs and meat are killed, but when the meat The ones that have been processed into shredded or jerky can be eaten but they are expensive. The results of this study and what studies have been submitted by previous researchers provide input to midwives on the importance of studies related to ethnicity and dietary restrictions for pregnant women with small children, so that the

management is more based on the causes of the mother.

Studies on the educational status of pregnant women who experience CED are also presented in Table 1, starting from the most basic Kindergarten to the secondary and tertiary education levels. The background of the highest level of education in this study was pregnant women who had graduated from high school (SMA). In theory, the higher a person's educational status, the higher the ability of pregnant women to access various information and increase their knowledge. low level of education, this research is hoped as a reference that pregnant women who are affected by CED have a variety of educational levels ranging from lowest to middle, and in line with previous research (Widyawati and Sulistyoningtyas 2020). Pregnant women who have a higher level of education become a midwife's strength in carrying out management, which becomes easier in terms of understanding and comprehension in providing information and guidance.

Midwives' assessment of pregnant women Chronic energy deficiency based on women's empowerment was developed by researchers with several items consisting of whether midwives have ever asked about the decision-making process in the family, whether there has been a midwife's assessment since the mother experienced CED regarding the use of the mother's home yard is it possible to plant supporting plants maternal and family nutrition. In the aspect of diagnosis, has it ever been stated that the mother has chronic energy malnutrition due to an inadequate diet of pregnant women, due to a lack of knowledge about nutrition and food, because before pregnancy the pregnant woman was thin, lack of blood, there is a possibility of gender inequality in the family, the influence of other factors or social culture. In the analysis per item of the questionnaire, the assessment and diagnosis by midwives is still far from the standard procedure, especially when it is developed with the concept of women's empowerment. Midwives do it based on the standards in the puskesmas, only with the Upper Arm Circumference (LILA).

Midwifery studies must be rational and comprehensive. Characteristics of pregnant women who experience chronic energy deficiency are identified and reported very much, but it is still very limited by midwives. Physically, the assessment required is the mother's hemoglobin status, body mass index, assessment of the mother's weight before pregnancy, total maternal weight gain according to body mass index. The results of the study revealed that midwives' assessment of pregnant women with CED was not in accordance

with what should be done, although there were midwives who reviewed it accordingly, some even did not. (Schulz and Wirtz, 2021).

Management of Chronic Energy Deficiency pregnant women by midwives is presented in the Guidelines for Managing Chronic Energy Deficiency (CED) in Pregnant Women. consists of assessing the determination of diagnosis, management and evaluation (Ministry of Health RI 2015). These guidelines and references should be a reference for midwives in providing health services to pregnant women. The management of midwives as measured by researchers in this study was whether during the nutrition intervention for pregnant women midwives provided nutrition education and counseling with the aim of eating behavior for pregnant women, did midwives collaborate with nutritionists to calculate energy requirements for pregnant women, provided diet according to individual needs and whether there is provision of additional food in accordance with the nutritional needs of each individual. Analysis per item of midwife intervention found that pregnant women who had been diagnosed with CED, midwives provided additional food in the form of biscuits that had been prepared by the puskesmas, then counseling was given in detail, there was no good communication between midwives and nutritionists to be able to calculate the dietary and nutritional needs of each of these mothers.

The monitoring and evaluation aspect consists of two questions. For the aspect of compliance monitoring, this is illustrated by the adherence of mothers in consuming Iron Tablets, the adherence of pregnant women in consuming PMT and monitoring of the increase in body weight of pregnant women with CED who receive PMT. The comments given by the midwife were that monitoring of iron and weight gain was carried out well because it was a regular procedure during repeat visits, while monitoring related to adherence to consuming additional food was still lacking because biscuits were brought home and no monitoring was developed by the puskesmas to oversee this. The results of research related to supplementary feeding by midwives were evaluated and proven that the effect of supplementary feeding to mothers could not improve the nutritional status of pregnant women, only 13 percent of all samples experienced it, while the rest did not experience significant changes. This study also conveyed that the causes of CED pregnant women who did not experience an increase in nutritional status after supplementary feeding were diet, food consumption, health status, economy, internal health status including work and knowledge. (Nugrahini et al. 2014), different from what was

presented Nugrahini said that giving supplemental food for the recovery of pregnant women is actually quite effective and has an impact on pregnant women to improve nutritional status, especially the maximum upper arm circumference, but requires recommendations to improve monitoring and assessing output whether it has been successful. (Pastuty, KM, and Herawati 2018)

The final management of midwives for Chronic Efficiency Defisiensi pregnant women is to evaluate the achievement of all midwives' activities for CED pregnant women, marked by the reported number of pregnant women who received nutrition education, nutritional counseling, received PMT, increased body weight and increased hemoglobin levels for CED pregnant women with anemia. Researchers did not get a complete report from midwives as part of the concept of managing CED pregnant women. Reporting carried out by midwives is in accordance with the routine reporting carried out by midwives every month in accordance with the main responsibilities. The importance of documentation of midwifery care for pregnant women with CED also does not clearly describe specific midwifery care for these mothers apart from providing information about fulfilling a balanced diet and adequate rest, as stated in the paragraph above that the findings are related to the lack of monitoring or the need for monitoring and evaluation by midwives needs to be improved and if necessary can invite cadres to become a team in managing pregnant women so that the programs and care being carried out can be evaluated whether they are effective including getting input on strategies that need to be developed to achieve maximum goals. (Pastuty, KM, and Herawati 2018). Various activities involving inviting cadres have been delivered in a number of activities including providing midwifery care, empowering pregnant women to assist midwives in carrying out community tasks related to maternal health itself. (Tabelak, Boimau, and Wariyaka 2021)

The result of a women's empowerment movement is an increase in women's knowledge so that they are able to empower what they have to get optimal health. (Hermawati 2019). The results of the study in table 3 above show that most pregnant women lack knowledge about the concept of chronic energy deficiency in pregnant women. Question points that are still lacking are what causes CED, the mother does not understand what impact the mother and fetus will have if they experience CED during pregnancy and the mother also does not understand the concept of empowerment related to CED. The concept of empowerment concerns the factors that

exist in the mother, culture, support, gender perceptions, decision-making patterns, all of which have a relationship in making mothers improve their health. whether to overcome the problem of obesity, all the factors that exist in the mother can help her meet her nutritional needs thereby reducing the impact of CED, including in the aspect of women's empowerment. Pregnant women also do not understand that what they have, what has become their culture or habits around them can help them or make her be in good mother's health or less. a The results showed that pregnant women lack knowledge about the main maternal risk factors, pregnant women admit to receiving little information during gynecological examinations and therefore, some do things they do not know for example smoking so that they need an intervention design in services to increase the level of women's knowledge and to promote appropriate behavior in relation to major risk factors in pregnancy.(Esposit et al. 2015).

## COCLUSION

Most of the management of midwives for pregnant women with CED from the dimension of women's empowerment which consists of assessment, diagnosis, monitoring and evaluation is not in accordance with the guidelines for the management of CED for pregnant women.

## SUGESTION

Suggestions were conveyed to midwives so that in providing midwifery care to pregnant women who experience chronic energy deficiency they can consider aspects of women's empowerment. For policy makers it is important to collaborate and socialize the management of midwives from the aspect of women's empowerment.

## REFERENCE

- Armini, Ni Ketut Alit, Tiyas Kusumaningrum, and Nurul Hidayati. 2020. "Determinants of Nutritional Status Among Pregnant Women: A Transcultural Nursing Approach." *Jurnal Ners* 15(2).
- Ayele, Ebud et al. 2020. "Prevalence of Undernutrition and Associated Factors among Pregnant Women in a Public General Hospital, Tigray, Northern Ethiopia: A Cross-Sectional Study Design." *Journal of Nutrition and Metabolism* 2020.
- Bakri, Sri Handayani. 2021. *Upaya Peningkatan Kesehatan Dan Gizi Ibu Hamil*. Bandung: Media Sains Indonesia. [https://www.google.co.id/books/edition/UPAY\\_A\\_PENINGKATAN\\_KESEHATAN\\_DAN\\_GIZI\\_IBU/XMQWEAAAQBAJ?hl=en&gbpv=1&dq=CED+pada+ibu+hamil&pg=PA3&printsec=frontcover](https://www.google.co.id/books/edition/UPAY_A_PENINGKATAN_KESEHATAN_DAN_GIZI_IBU/XMQWEAAAQBAJ?hl=en&gbpv=1&dq=CED+pada+ibu+hamil&pg=PA3&printsec=frontcover).

- Esposit, Giuseppe, Rossella Ambrosio, Francesco Napolitano, and Gabriella Di Giuseppe. 2015. "Women's Knowledge, Attitudes and Behavior about Maternal Risk Factors in Pregnancy." *Plos One* 10(12). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4694714/>.
- Hermawati, Dewi. 2019. "EMPOWERMENT OF PREGNANCY CARE FOR PREGNANT WOMEN: A CONCEPT ANALYSIS." *Nursing Journal X*(2): 26–34.
- Kemendes R.I. 2015. *Pedoman Penanggulangan Kurang Energi Kronik (CED) Pada Ibu Hamil*. Jakarta: Kementerian Kesehatan RI. Dir. Bina Gizi. Dirjen.Bina Gizi dan Kesehatan Ibu dan Anak.
- Kementerian Kesehatan RI. 2018. "Laporan Risetdas 2018." *Laporan Nasional Risetdas 2018* 53(9): 154–65. [http://www.yankes.kemkes.go.id/assets/downloads/PMK No. 57 Tahun 2013 tentang PTRM.pdf](http://www.yankes.kemkes.go.id/assets/downloads/PMK%20No.%2057%20Tahun%202013%20tentang%20PTRM.pdf).
- Kencanawati, Dewa Ayu Putu Mariana. 2016. "Kehamilan Dalam Pandangan Budaya Timor (ATONI)." *Info Kesehatan* 14(2).
- Nugrahini, Evi Yunita et al. 2014. "Asupan Energi Dan Protein Setelah Program Pemberian Makanan Tambahan Pemulihan Ibu Hamil Kurang Energi Kronik Di." *IJEMC (Journal Of Education and Midwifery Care)* 1(1): 41–48.
- Odutolu, Oluwe, Adebola Adedimeji, Omobola Odutolu, and Olatunde Baruwa. 2004. "Economic Empowerment and Reproductive Behaviour of Young Women in Osun State, Nigeria." *African Journal of Reproductive Health* 7(3): 92–100.
- Pastuty, Rosyati, Rochmah KM, and Teti Herawati. 2018. "Efektifitas Program Pemberian Makanan Tambahan-Pemulihan Pada Ibu Hamil Kurang Energi Kronik Di Kota Palembang." *Jurnal Ilmu Kesehatan Masyarakat* 9(3): 179–88.
- Pemprov NTT. 2021. *Keputusan Gubernur Nusa Tenggara Timur Tentang Upah Minimum Provinsi Nusa Tenggara Timur Tahun 2021*. Kupang.
- Praja, M H, and A Karyus. 2020. "Penatalaksanaan Holistik Pada Ibu Hamil Dengan Kurang Energi Kronis (CED) Melalui Pendekatan Kedokteran Keluarga." *Medical Profession Journal of Lampung* 10: 496–501. <http://www.journalofmedula.com/index.php/m>

- edula/article/view/102.
- Purwanto, Nofita Setiorini Putri, Masni Masni, and M. Nadjib Bustan. 2020. "The Effect of Socioeconomy on Chronic Energy Deficiency among Pregnant Women in the Sudiang Raya Health Center, 2019." *Open Access Macedonian Journal of Medical Science* 8. <https://oamjms.eu/index.php/mjms/article/view/5204>.
- Puskesmas Tarus. *Register Kohort Puskesmas Tarus*. Kupang.
- R, Nurul Utami, Mustamin, Agustina Ipa, and Siti Nur Rochimiawati. 2018. "Pendapatan Keluarga Dengan Kurang Energi Kronik (CED) Pada Ibu Hamil." *Media Gizi Pangan* 25(2).
- Rachmawati, Nur Cahya, Yulia Lanti Retno Dewi, and Vitri Widyaningsih. 2019. "Multilevel Analysis on Factors Associated with Occurrence Chronic Energy Deficiency among Pregnant Women." *Journal of Maternal And Child Health* 4(6). <https://thejmch.com/index.php?journal=thejmch&page=article&op=view&path%5B%5D=283>.
- Santi, Mila. 2021. "Penatalaksanaan CEDurangan Energi Kronis Pada Ibu Hamil Di Polindes ENI MEI FITA SARI., S.Tr.Keb Desa Pelanggiyan Kedungdung Palenggiyan." Sekolah Tinggi Ilmu Kesehatan Ngudia Husada Madura.
- Schulz, Anja Alexandra, and Markus Antonius Wirtz. 2021. "Assessment of the Quality of Woman-Centred Midwifery Care from the Mothers' Perspective: A Structural Analysis of Cross-Sectional Survey Data[Formula Presented]." *Zeitschrift fur Evidenz, Fortbildung und Qualitat im Gesundheitswesen* 166: 8–17.
- Symbolon, Demsa, Jumiyayati, and Antun Rahmadi. 2018. *Pencegahan Dan Penanggulangan Kurang Energi Kronis (CED) Dan Anemia Pada Ibu Hamil*. Edisi 1. Yogyakarta: Deepublish Publisher. [https://www.google.co.id/books/edition/Modul\\_Edukasi\\_Gizi\\_Pencegahan\\_dan\\_Penang/1r6DDwAAQBAJ?hl=en&gbpv=1&dq=CED+pada+ibu+hamil&printsec=frontcover](https://www.google.co.id/books/edition/Modul_Edukasi_Gizi_Pencegahan_dan_Penang/1r6DDwAAQBAJ?hl=en&gbpv=1&dq=CED+pada+ibu+hamil&printsec=frontcover).
- Siswati, Latifa, M. Rizal, Ambar Tri Ratna Ningsih, and Rizki Novera Y. 2017. "PEMBERDAYAAN PEREMPUAN DALAM MENGATUR KESEHATAN DAN PENINGKATAN PEREKONOMIAN KELUARGA [WOMEN EMPOWERMENT IN HEALTH REGULATIONS AND IMPROVED FAMILY ECONOMY]." *Jurnal Sinergitas PKM dan CSR* 2(1). <https://ojs.uph.edu/index.php/JSPC/article/view/678>.
- Sulistiyani. 2004. *Model Model Pemberdayaan*. Yogyakarta: Pustaka Pelajar.
- Susanti, Ari Indra, Tanti Rinjanin, Diah Ayu Pertiwi, and Nadiatul Khaira. 2017. "Pemberdayaan Perempuan Melalui Pendidikan Kesehatan Untuk Meningkatkan Derajat Kesehatan." *Jurnal Pengabdian kepada masyarakat* 1(1): 19–23.
- Tabelak, Tirza V.I, Serli Boimau, and Melinda Rosita Wariyaka. 2021. "Pemberdayaan Perempuan Dalam Masa Kehamilan Melalui Pregnancy Empowerment Program Di Desa Noelbaki Kecamatan Kupang Tengah Kabupaten Kupang." *Jurnal Kreativitas Pengabdian Kepada Masyarakat* 4(3): 698–704.
- Tejayanti, Teti. 2019. "Determinan Kurang Energi Kronik Dan Indeks Massa Tubuh Rendah Pada Ibu Hamil Di Indonesia." *Kesehatan Reproduksi* 10(2).
- Tilahun, Abel Girma, Dinaol Abdissa Fufa, and Rahel Dereje Tadesse. 2022. "Undernutrition and Its Associated Factors among Pregnant Women at the Public Hospitals of Bench-Sheko and Kaffa Zone, Southwest Ethiopia." *Heliyon* 8(5): e09380. <https://doi.org/10.1016/j.heliyon.2022.e09380>.
- Wariyaka, Melinda Rosita, and Namsyah Baso. 2021. "Model Nomenklatur Diagnosa Kebidanan Dalam Kehamilan." *Jurnal penelitian Kesehatan Suara Forikes* 12(2). <http://forikes-ejournal.com/index.php/SF/article/view/sf12207>.
- Widyawati, Widyawati, and Sholaikhah Sulistyoningtyas. 2020. "Karakteristik Ibu Hamil CEDurangan Energi Kronik (CED) Di Puskesmas Pajangan Bantul." *Jurnal JKFT* 5(2): 68.
- Wildan, Moh, and A. Aziz Alimul Hidayat. 2008. *Dokumentasi Kebidanan*. ed. Aulia Novianty. Jakarta: Salemba Medika. [https://www.google.co.id/books/edition/Dokumentasi\\_Kebidanan/4UJ6E-NoV7gC?hl=en&gbpv=1&dq=Format+Pengajian+Ibu+Hamil&pg=PA88&printsec=frontcover](https://www.google.co.id/books/edition/Dokumentasi_Kebidanan/4UJ6E-NoV7gC?hl=en&gbpv=1&dq=Format+Pengajian+Ibu+Hamil&pg=PA88&printsec=frontcover).



