FAMILY BASED KNOWLEDGE IDENTIFICATION OF BALANCED NUTRITION DURING PREGNANCY

Hardaniyati^{1*}, Dian Soekmawaty Riezqy Ariendha², Irni Setyawati³

1,2,3 Program Studi Kebidanan Program Sarjana, STIKES Yarsi Mataram *Email: hardaniyatidaniya88@gmail.com

ABSTRAK : IDENTIFIKASI PENGETAHUAN TENTANG GIZI SEIMBANG SELAMA KEHAMILAN BERBASIS KELUARGA

Latar Belakang: Status gizi ibu hamil berperan krusial dalam menentukan kualitas kesehatan generasi mendatang. Kondisi seperti Kurang Energi Kronis (KEK), anemia, dan ketidakseimbangan asupan zat gizi masih banyak ditemukan di Indonesia, dengan dampak serius seperti berat badan lahir rendah, kelahiran prematur, hingga stunting dan kematian ibu maupun bayi.

Tujuan: Mengidentifikasi tingkat pengetahuan tentang gizi seimbang selama kehamilan berbasis keluarga Metode: Jenis penelitian ini menggunakan jenis penelitian deskriptif. Sampel dalam penelitian ini adalah ibu hamil trimester, I, II, III yang berjumlah 43 orang.

Hasil: hasil penelitian menunjukan 43 responden (50,0%) memiliki pengetahuan kurang, sebagian besar katagori kurang sebanyak 24 (55,8%), dan yang mempunyai pengetahuan baik sebanyak 7 (16,2%), dukungan keluarga terhadap gizi seimbang pada ibu hamil, sebagian besar keluarga tidak mendukung 27 (62,7%) responden, dan sebagain kecil tidak mendukung sebesar 16 (37,2%) responden.

Kesimpulan: sebagian besar ibu hamil memiliki tingkat pengetahuan yang kurang tentang gizi seimbang dan keluarga terutama suami belum memberikan dukungan optimal terhadap gizi seimbang ibu hamil. Oleh karena itu, diperlukan edukasi dan penyuluhan gizi tidak hanya kepada ibu hamil, tetapi juga kepada suami, agar tercipta lingkungan keluarga yang lebih peduli terhadap pemenuhan gizi selama kehamilan

Saran: Diharapkan ibu hamil dapat meningkatkan pengetahuan tentang gizi seimbang melalui berbagai sumber, seperti mengikuti kelas ibu hamil, konseling gizi di Puskesmas, atau mencari informasi dari tenaga kesehatan. Ibu hamil juga perlu lebih aktif dalam menanyakan dan mempraktikkan pola makan gizi seimbang agar kebutuhan nutrisi selama kehamilan dapat terpenuhi dengan baik.

Kata Kunci: Tingkat pengetahuan, gizi, ibu hamil, keluarga

ABSTRACT

Background: The nutritional status of pregnant women plays a crucial role in determining the health of future generations. Conditions such as Chronic Energy Deficiency (CED), anemia, and imbalanced nutrient intake are still prevalent in Indonesia, with serious consequences such as low birth weight, premature birth, stunting, and maternal and infant mortality.

Objective: To identify the level of knowledge about balanced nutrition during pregnancy based on family.

Method: This research uses descriptive research. The sample in this study was 43 pregnant women in their first, second, and third trimesters.

Results: The results of the study showed that 43 respondents (50.0%) had insufficient knowledge, the majority of which were in the insufficient category, 24 (55.8%), and those who had good knowledge were 7 (16.2%), family support for balanced nutrition for pregnant women, the majority of families did not support 27 (62.7%) respondents, and a small portion did not support 16 (37.2%) respondents.

Conclusion: Most pregnant women have insufficient knowledge about balanced nutrition, and their families, especially husbands, do not provide optimal support for balanced nutrition for pregnant women. Therefore, nutrition education and counseling are needed not only for pregnant women but also for husbands, to create a family environment that is more concerned with nutritional needs during pregnancy.

Suggestion: Pregnant women are expected to increase their knowledge about balanced nutrition through various sources, such as attending prenatal classes, nutrition counseling at community health centers, or seeking information from health professionals. Pregnant women also need to be more active in asking about and practicing a balanced diet to ensure their nutritional needs are met during pregnancy.

Keywords: Level of knowledge, nutrition, pregnant women, family

INTRODUCTION

During pregnancy, women need at least 400 kcal of calories. This increase in needs is at least 15% of what is normally consumed daily. Of this need, 40% is for the fetus and 60% is for the mother. Pregnant women need to pay attention to their nutritional intake. Not only should they consume sufficient food and drink, but they should also provide adequate and balanced nutrition. If nutrition is not met during pregnancy, it can result in malnutrition, known as KEK (energy calorie deficiency), which can have adverse effects on fetal growth and birth defects. Food intake during pregnancy differs from pre-pregnancy intake to meet the needs of both mother and fetus. Based on the 2013 Recommended Dietary Intake (RDA), an additional 300 kcal per day is required during pregnancy. Supplementing with 20g of protein per day, 10g of fat per day, and 40g of carbohydrates per day during pregnancy, along with other micronutrients, is essential to support fetal growth. Pregnant women need to pay attention to their nutritional intake. This includes not only food and drink but also adequate and balanced nutritional intake (Dartiwen dan Nurhayati, 2019)

The nutritional status of pregnant women plays a crucial role in determining the health of future generations. Conditions such as Chronic Energy Deficiency (CED), anemia, and imbalanced nutrient intake are still prevalent in Indonesia, with serious consequences such as low birth weight, premature birth, stunting, and maternal and infant mortality (Dwi Fara et al., 2022). Stunting, caused by chronic malnutrition from pregnancy to age two, can have long-term impacts on a child's cognitive development and future productivity (Sulistyawati Ari., 2013)

However, data shows that energy and fiber intake among the population, particularly in non-agricultural areas, remains low. In Baubau City, energy consumption from staple foods only covers 20–40% of daily needs, and most respondents have a fiber intake of less than 20% (Rejeki et al., 2024). Lack of variety in food consumption and low nutritional literacy exacerbate this situation. Many pregnant women do not understand the importance of a balanced diet that includes all nutrient groups and are even influenced by myths or dietary restrictions that actually limit the intake of essential nutrients (Dwi Azhahra et al., n.d.)

Based on previous research, the occurrence of KEK during pregnancy can be triggered by several factors, including the mother's level of knowledge and education, the mother's age, pregnancy spacing, economic status, parity,

frequency of births Antenatal Care (ANC) visits, and infectious diseases. Considering these risk factors, maternal knowledge is the key factor in determining a pregnant woman's nutritional status during pregnancy. This statement has been proven by (Novelia & Annisa, 2021), who found that a pregnant woman's knowledge of her nutritional needs significantly influences her behavior and decision-making throughout her pregnancy. Pregnant women with good nutritional knowledge have been shown to make efforts to meet the nutritional needs of their pregnancy (Hale et al., 2017)

Food intake during pregnancy is different from pre-pregnancy intake to meet the needs of the mother and fetus, based on the 2013 nutritional adequacy rate (AKG), an additional 300 kcal per day is required during pregnancy. The addition of 20g/day of protein, 10g/day of fat and 40g/day of carbohydrates during pregnancy as well as other micronutrients to support the growth process of the fetus in the womb. The growth and development of the fetus is greatly influenced by the mother's nutritional intake during pregnancy. If the health and nutritional status of the pregnant mother are good. then the health of the mother and the fetus she is carrying will also be good, conversely, if the health and nutritional status of the pregnant mother are poor (anemia) it can cause stillbirth or a baby born with a weight below normal / low birth weight. (Wulandari, 2021)

Adequate nutritional intake is essential for pregnant women. This nutritional requirement is necessary for providing adequate nutrition to the fetus for its growth and development. Fetal growth and birth weight are influenced by the mother's nutritional intake during pregnancy. Adequate nutritional intake during pregnancy will prevent malnutrition, which, if continued, can negatively impact fetal development. This research is considered important for providing solutions to a common problem during pregnancy, namely anemia. Most cases of anemia occur due to inadequate nutritional intake by pregnant women during pregnancy, and this significantly impacts fetal growth and development (Hariani Ratih, 2024)

Based on these issues, this study was conducted to identify knowledge about nutrition during pregnancy to provide solutions to problems that often occur during pregnancy, namely pregnancy with anemia problems, because most cases of anemia occur due to insufficient consumption of nutrients in pregnant women during pregnancy, and this also greatly affects the growth and development and well-being of the fetus. The

results of the study are expected to form the basis of educational modules through the Gimbal (Balanced Nutrition for Pregnant Women) education platform as a learning medium for the community, especially pregnant women and Posyandu (HKI) cadres.

RESEARCH METHODS

The type of research used was quantitative descriptive research, which aims to describe facts about a situation objectively. This research was conducted in September-October 2025 at the Sengkol Community Health Center, Central Lombok.

The population in this study were all pregnant women in their first (Dahlan,2014), second and third trimesters at the Sengkol Health Center. The sample in this study were all pregnant women in their third trimester, a total of 43 pregnant women who checked their health at the Sengkol Health Center.

Inclusion Criteria 1) Domiciled in the Labuapi Health Center area, 2) Pregnant women who check their pregnancy with health workers, Pregnant women can read and write 4) Pregnant women are willing to participate in the study. Exclusion Criteria 1) Pregnant women who are not present at the time of data collection or at the research location 2) Pregnant women who do not undergo an ultrasound 3) Pregnant women who have a history of diabetes mellitus.

Using a total sampling technique, the data type in this study is descriptive, meaning the results are presented in narrative and tabular form. Conclusions are then drawn from the analysis. The data source used in this study is primary data using a questionnaire instrument. Univariate analysis was used.

RESEARCH RESULT Univariat

Based on table 1, it shows that the level of knowledge about balanced nutrition is mostly in the poor category, as many as 24 (55.8%), and those who have good knowledge are as many as 7 (16.2%).

Tabel 1
Respondent Characteristics

| Characteristics | N | % |
|--------------------|----|------|
| Mother's age | | |
| < 20 | 17 | 39,5 |
| 20-35 | 23 | 57,5 |
| >35 | 3 | 6,9 |
| Mother's Education | | |
| SD | 8 | 18,6 |
| SMP | 28 | 65,1 |
| SMA | 7 | |
| Mother;s Job | | |
| IRT | 29 | 67,4 |
| Swasta | 14 | 32,5 |

Tabel 2
Frequency Distribution of Mothers' Knowledge
Level Regarding Balanced Nutrition

| Knowledge level | N | % |
|----------------------|----|------|
| Good knowledge | 7 | 16,2 |
| Knowledge sufficient | 12 | 27,9 |
| Lacking knowledge | 24 | 55,8 |

Table 3
Distribution of Family Support for Balanced
Nutrition in Pregnant Women

| Information | N | % |
|------------------|----|------|
| Support | 16 | 37,2 |
| Does not support | 27 | 62,7 |

Based on table 2, it shows that family support for balanced nutrition for pregnant women, most families do not support 27 (62.7%) respondents, and a small portion does not support 16 (37.2%) respondents.

DISCUSSION

Analisis Univariat

Mother's knowledge about balanced nutrition

Based on table 1, the results of the study show that the frequency distribution obtained was 43 respondents, most of whom, 24 respondents (55.8%) had poor knowledge, while those who had good knowledge were 7 respondents (16.2%).

According to research by Fitrianingtyas et al., (2018), a mother's knowledge will influence her decision-making and behavior. Mothers with good nutritional knowledge are more likely to provide adequate nutrition to their babies. This is even more important when the mother enters a craving period, where the stomach is usually reluctant to enter any nutritious food, because of the nausea felt, instead

JKM (Jurnal Kebidanan Malahayati), Vol 11, No. 11. November 2025, ISSN (Print) 2476-8944 ISSN (Online) 2579-762X, Hal 1142-1147

choosing foods with fresh and sour flavors. Even in such conditions, if a mother has good knowledge, the mother will try to meet her nutritional needs and those of her baby (Rahmawaty & Nugrahani, 2024)

Pregnant women who are less knowledgeable cause a lack of information and knowledge regarding nutritious intake to meet the nutritional needs of pregnant women, so that the food consumed is not in accordance with what is recommended for pregnant women, and this knowledge causes changes in the metabolism of nutrients in the body and pregnant women at the Sengkol Health Center still do not know about KEK, anemia and its impacts so that this ignorance affects good eating habits for pregnant women.

According to Soekirman (2020), food choices and dietary habits are influenced by knowledge, attitudes toward food, and behavioral practices. Knowledge about nutrition underpins food choices. A housewife's formal education is often positively associated with the development of family food consumption patterns. Several studies show that as a mother's education level increases, nutritional knowledge and practices improve. Efforts to choose nutritious foods are increasing; housewives with nutritional knowledge are more likely to choose more nutritious foods than less nutritious ones.

In addition, the results of this study are also supported by Nia Agustina, et al. (2024) with the title "The Relationship Between Pregnant Women's Knowledge About Pregnancy Nutrition and the Incidence of Chronic Energy Deficiency (KEK) at the Muara Kati Community Health Center in 2024." The results of this study indicate that there is a significant relationship between pregnant women's nutritional knowledge and KEK during pregnancy, as evidenced by the results of the statistical test with a p value of 0.000.

Family Support

Based on the research results, it was found that of the total number of pregnant women respondents, the majority of husbands did not provide support for the implementation of balanced nutrition, namely 27 respondents (62.7%), while 16 respondents (37.2%) supported the husbands.

These results indicate that the level of husbands' support for fulfilling balanced nutrition for pregnant women is still relatively low. This low level of support may be due to several factors, including husbands' lack of knowledge about the importance of nutrition during pregnancy, their limited involvement in prenatal care, and the perception that nutritional fulfillment is solely the mother's responsibility. Balanced nutrition during pregnancy

is a crucial factor in determining the health of both mother and fetus. Good nutritional intake is influenced by many factors, one of which is family support, particularly from the husband and other family members living in the same household. The family plays a role in food decision-making, food provision, and emotional support for pregnant women to maintain a healthy diet(Bg Rizki, 2023)

Lack of husband's support can directly impact a pregnant woman's eating habits. Husbands play a crucial role in providing nutritious food, accompanying mothers during prenatal checkups, and motivating them to maintain nutritional intake. When this support is inadequate, pregnant women tend to pay less attention to a balanced diet and nutritional intake, putting them at risk of nutritional problems such as anemia, CED, or low birth weight for gestational age(Bahriyah, 2024)

This is consistent with research findings (Desta et al., 2019), which found that women who receive support from their husbands are more likely to achieve adequate dietary diversity than those who do not. Husbands' support during pregnancy is measured by their husbands' actions in supporting pregnant women to increase dietary diversity. Women who receive support from their husbands can share knowledge about food, and their husbands can then guide their intake of dietary diversity (Salulinggi et al., 2021)

This study also aligns with the opinion of (Lestari et al., 2020) who stated that support provided by husbands, through education and knowledge, has a positive impact on the health of pregnant women. If a husband has a good education and knowledge, he can be more effective in maintaining the health of his pregnant wife. This also agrees with (Marina Nyoman et al., 2022) who showed that a husband with a good educational background tends to have more in-depth knowledge and a broader perspective, thus being able to respond appropriately to information conveyed by health workers (Widya & Harahap, 2021)

Researchers believe that husband support is a key factor in successfully implementing balanced nutrition for pregnant women. Husbands who understand the importance of nutrition will be more concerned about the types of food their mothers consume, help provide nutritious food, and provide emotional support to motivate them to maintain their health. Conversely, a lack of support can leave mothers feeling unmotivated and less able to maintain a healthy diet during pregnancy.

CONCLUSION

It can be concluded that most pregnant women have insufficient knowledge about balanced nutrition, and their families, especially husbands, do not provide optimal support for balanced nutrition for pregnant women. Therefore, nutrition education and counseling are needed not only for pregnant women but also for husbands, to create a family environment that is more concerned with nutritional needs during pregnancy (Dwi Azhahra et al., 2024).

SUGESTION

It is hoped that pregnant women can increase their knowledge about balanced nutrition through various sources, such as attending prenatal classes, nutritional counseling at community health centers, or seeking information from health professionals. Pregnant women also need to be more active in asking about and practicing a balanced diet to ensure their nutritional needs during pregnancy are met. It is also hoped that families, especially husbands, will play a more active role in supporting pregnant women in adopting a balanced diet. Support can be provided in the form of providing nutritious food, providing motivation, and accompanying mothers during prenatal checkups. Good family support will greatly assist mothers in maintaining their own health and that of their fetus.

REFERENCES

- Ahriyah, F. (2024). Hubungan Pekerjaan Ibu Dengan Status Gizi Balita Studi Kasus Di Desa Sukajadl. *Public Health and Safety International Journal*, 4(1), 2715–5854.
- Astuti, Lina Widi. 2012. Hubungan antara status gizi ibu hamil dengan kejadian BBLR di RB Karya Rini Magelang.
- Azhahra, R., Hasina, R., & Aini, S. R. (n.d.).
 Pengaruh penyuluhan penggunaan tablet fe terhadap tingkat pengetahuan ibu hamil di puskesmas jerowaru, kabupaten lombok timur.
- Cunningham. (2017). *Buku obstetri williams* (23rd ed., Vol. 1).
- Dartiwen dan Nurhayati, Y. (2019). Asuhan Kebidanan Pada Kehamilan. In suhan Kebidanan Pada Kehamilan. PT ANDI.
- Dahlan, M. S. 2014. Statistik untuk Kedokteran dan Kesehatan. Jakarta: Epidemiologi Indonesia
- DDaba, G. 2013. Assessment of Nutritional Practices of Pregnant Mothers on Maternal Nutrition.
- D HL., Buxton, O., Grandner, M., Baldwin, C. M., Berger, L., Bliwise, D., Brooks-Gunn, J.,

- Buckhalt, J., Burgard, S., Chang, A.-M., Crowley, S., Czeisler, C. A., Ekirch, A. R., Tech, V., El-Sheikh, M., Ellis, J., Figueiro, M. G., Fobian, A., Garrison, M. M., ... Wolfson, A. (2017). *Editor-in-Chief*. www.sleephealthjournal.org
- Fikawati, Sandra., Ahmad Syafia, dan Khaula Karima. 2015. Gizi Ibu dan Bayi. Jakarta: Rajawali Pers
- Mubarak, Wahit Iqbal., Nurul Chayatin, Khoirul Rozikin, dan Supradi. 2007. Promosi Kesehatan. Yogyakarta: Graha Ilmu.
- H Ratih, R. (2024). The Effect of Aromatic Ginger Water Immersion on Edema in The Limbs in Third Trimester Pregnant Women Pengaruh Rendaman Air Kencur Terhadap Oedema di Tungkai Pada Ibu Hamil Trimester III. *Jurnal Ilmu Kesehatan Abdurrab*), 2(1), 47–56.
- Hidayah, N. 2015. Relationship Of Anxiety And Nutritional Status Provision For Pregnant Women With Heavy Fetal Trim
- Handayani, S., Budianingrum S. (2011). Analisis Faktor yang Mempengaruhi Kekurangan Energi Kronis pada Ibu Hamil di Wilayah Puskesmas Wedi Klaten. *Jurnal Involusi Kebidanan*, 1(1), 42-60
- Hasanah, D.N., Febrianti dan Minsarnawati. Kebiasaan Makanan Menjadi Salah Satu Penyebab Kekurangan Energi Koronis (KEK) pada Ibu Hamil di Poli Kebidanan RSI&A Lestari Cirendeu Tangerang Selatan. *Jurnal Kesehatan Masyarakat*, 2012, 3(3): 91-104
- Kemenkes RI. 2014. Pedoman Gizi Seimbang, Direktorat Jenderal Bina Gizi dan KIA, Jakarta, hal. 24-26
- Rahmawaty, A., & Nugrahani, A. D. (2024). Korelasi tingkat kepatuhan ibu hamil dalam mengkonsumsi tablet fe dengan kadar hemoglobin sebagai upaya mencegah terjadinya anemia. http://cjp.jurnal.stikescendekiautamakudus.a c.id
- Rizki, H. M. (2023). Tingkat Kepatuhan Ibu Hamil Mengkonsumsi Tablet Fe (Ferrum) Di Puskesmas Gunung Sari.
- Riset Kesehatan Dasar (Riskesdas). 2018. Badan Penelitian dan Pengembangan Kesehatan Kementerian RI tahun 2018
- Retnaningsih. 2010. Hubungan Pengetahuan Ibu Hamil Tentang Gizi Dengan Status Gizi Ibu Hamil Trimester Iii Di Puskesmas Colomadu Ii Karanganyar.
- Salulinggi, A., Asmin, E., Titaley, C. R., & Bension, J. B. (2021). Hubungan Pengetahuan Dan Kepatuhan Ibu Hamil Konsumsi Tablet

JKM (Jurnal Kebidanan Malahayati), Vol 11, No. 11. November 2025, ISSN (Print) 2476-8944 ISSN (Online) 2579-762X, Hal 1142-1147

- Tambah Darah Dengan Kejadian Anemia Di Kecamatan Leitimur Selatan Dan Teluk Ambon.
- Sulistyoningsih, H., 2011. Gizi untuk Kesehatan Ibu dan Anak, Edisi Pertama, Yogyakarta, Graha Ilmu
- Sleep Health. (2017). The Sleep Health Times Tracking Sleep in the US.
- Supariasa, 2002. Penilaian Status Gizi. Buku Kedokteran EGC. Jakarta
- Sulistyawati Ari. (2013). Asuhan Kebidanan pada Masa Kehamilan. Salemba Medika.
- Trisnowati, H. 2016. Paparan Asap Rokok Dalam Rumah dan Berat Bayi Lahir Rendah.
- Yurniati dan Marlina. (2017). Faktor-faktor yang mempengaruhi Gizi Ibu Hamil di Puskesmas

- Leling, Kec, Tommo, Kab. Mamuju tahun 2017. Jurnal Ilmiah Forilkesuit, 1(1), 1-7.
- Widya, S., & Harahap, A. (2021). Pengaruh edukasi konsumsi tablet fe terhadap kepatuhan ibu hamil dalam mengkonsumsi tablet fe selama kehamilan di puskesmas batunadua t.
- Wulandari. (2021). Asuhan Kebidanan Kehamilan (R. L., M. S. U. K. S. K. D. M., M. N., L. N. S. H. A. N. & W. M. Catur Leni, Ed.; 1st ed.). CV. Media Sains Indonesia.
- Zuraidah, Z. (2018). Faktor Faktor Yang Berhubungan Dengan Status Gizi Ibu Hamil Di Puskesmas Sidorejo Kota Lubuklinggau. *Jurnal Media Kesehatan*, 9(1), 56–62. https://doi.org/10.33088/jmk.v9i1.292