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**Barriers to Maternal Nutritional Intake and Their Impact on Stunting: A
Qualitative Study in Cirebon, Indonesia**

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Abstract

The nutritional intake of pregnant women is significantly influenced by socioeconomic conditions, and malnutrition during pregnancy impacts maternal health and fetal development. Chronic malnutrition is a contributing factor to stunting, which can hinder physical growth, cognitive abilities, and future economic productivity. This study aims to explore barriers to meeting nutritional intake for pregnant women in stunting-prone areas and identify potential solutions to address nutritional deficiencies. The study used a qualitative design with a phenomenological approach and was conducted in Kalijaga Village, Cirebon City. Respondents were 10 pregnant women who met the inclusion criteria in the second and third trimesters and experienced chronic energy deficiency (CED) and anemia. The research instruments included an in-depth interview guide and a focus group discussion (FGD) guide validated by experts. Data were collected through interviews and FGDs, then analyzed using thematic analysis with the help of NVivo. The main obstacle to meeting nutritional needs for pregnant women was economic constraints, followed by cultural influences and early marriage. Although some mothers had relatively good nutritional awareness, the quality of health education from health workers was still suboptimal, impacting the implementation of balanced nutrition during pregnancy.

Keyword : Maternal Nutrition Disorders, Pregnant Women, Stunting, Growth Disorders, Socioeconomic Factors

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INTRODUCTION

The nutritional intake of pregnant women is significantly influenced by family income, and this intake can affect the health and development of the fetus in the womb. Several studies have shown that socioeconomic factors, including food security and family income, are correlated with the nutritional intake and dietary patterns of pregnant women. Pregnant women from low-income families often have inadequate intake of essential nutrients (Murphy et al., 2022). Other studies show that 21% of pregnant women with nutritional deficiencies, particularly in fruit and vegetable consumption, have high levels of depression and stress (Cheng et al., 2023). Pregnant women from higher socioeconomic backgrounds tend to follow healthier diets, such as increasing their consumption of fruits, vegetables, and whole grains, which are essential for fetal development (Ruggieri et al., 2022). In Taiwan, low-income pregnant women have higher rates of micronutrient deficiencies, highlighting the need for better diets to combat anemia and related health problems (Mayasari et al., 2023). Conversely, if family income is low, nutritional needs are less likely to be met. One way to address this is through intervention and health education to help reduce this effect. Socioeconomic status is not the only determinant of health and nutritional intake during pregnancy.

Higher levels of education are associated with better nutritional knowledge, which can lead to better food choices during pregnancy. Other studies show that women with higher education have better nutritional knowledge scores, enabling them to comply with nutritional intake recommendations during pregnancy (Papežová et al., 2023). Significant improvements in the nutritional knowledge of pregnant women have been demonstrated through educational interventions, regardless of their initial level of education. For example, a study in western Iran showed that significant improvements in nutritional awareness can occur after educational interventions. Access to health services and proximity to quality health services influence prenatal care, which includes nutritional counseling and supplementation for pregnant women. The affordability of adequate health services is essential to achieving comprehensive health coverage and improving the quality of prenatal care. In sub-Saharan Africa, low accessibility and poor coverage of prenatal visits reduce the quality of care (Sanogo et al., 2020). In Kenya,

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the Introduction of health insurance and free delivery services increased the utilization of antenatal and delivery services in facilities, demonstrating that increased access can increase service utilization.

In Mozambique, women travel longer distances to access higher-quality prenatal care services. Culture has a significant influence on food preferences and practices during pregnancy, which in turn affects the nutritional intake of pregnant women. In some communities, such as in East Africa, the eating habits of pregnant women are influenced by significant social contexts, including preferences for and access to certain foods influenced by specific social groups. Strong family support can improve access to nutritious food and health services. For example, in Uttar Pradesh, India, family support is significantly associated with better maternal nutrition practices, including consumption of a variety of foods and adherence to iron and calcium supplements. A similar situation occurs in Bangladesh, where family members, especially mothers and mothers-in-law, play a vital role in influencing nutritional intake and health-seeking behavior among adolescents and pregnant women (Pike et al., 2021).

The urgency of this research lies in its potential to provide in-depth insights and practical solutions in addressing complex stunting problems, as well as supporting overall maternal and child health. Stunting resulting from chronic malnutrition significantly impairs physical growth, cognitive ability, and economic productivity in the future (Ramlan et al., 2025) Effective stunting prevention requires collaboration across sectors, including health, education, and agriculture. Policies that integrate these sectors can improve resource optimization and policy coherence (Mulyani et al., 2025)

Research can make a significant contribution in understanding the obstacles in fulfilling the nutritional intake of pregnant women and overcoming or finding solutions to solve problems about the causes of lack of nutritional intake of pregnant women in areas experiencing stunting crises, so that it can make a real contribution to efforts to improve the health of pregnant women and children, as well as reduce the prevalence of stunting in affected areas.

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METHOD.

This study uses a qualitative method with a phenomenological study approach. The phenomenological approach was chosen to understand the subjective experience of pregnant women in facing obstacles to meeting nutritional intake needs in stunting-prone areas. The phenomenological study allows researchers to explore an in-depth understanding of how pregnant women experience, feel, and interpret the challenges they face in meeting their nutritional intake needs during pregnancy. Research Location and Time : This research will be conducted in areas that have a high prevalence of stunting based on data from the local health office, namely in Kalijaga Village, Harjamukti District, Cirebon City, which is the second-highest area for stunting cases. The region was selected purposively by considering access to health services, socio-economic conditions, and environmental factors that can affect the Fulfillment of nutritional intake of pregnant women. The research period is starting from January to July 2025, which includes the process of data collection, analysis, and preparation of research reports. Research Subject : The subjects of this study are pregnant women who live in areas prone to stunting. The criteria for selecting participants used the purposive sampling technique, with the following criteria: Pregnant women who are in the second or third trimester, Living in an area with a high prevalence of stunting, Willing to become a research participant after being given complete information (informed consent), Not have any chronic diseases that can affect diet or pregnancy conditions.

The number of participants will be determined until it reaches the data saturation point , which is when there are no new findings from the interviews conducted. It is estimated that as many as 10 participants will be interviewed in depth. Data Collection Techniques : To dig deeper into the information, this study uses several data collection techniques as follows: In-depth interviews and Focus group discussions (FGD) Semi-structured interviews are used to understand the experiences and barriers that pregnant women face in meeting their nutritional intake needs. Some of the key topics in the interview include: Pregnant women's understanding of nutritional intake needs during pregnancy, Obstacles experienced in accessing nutritious

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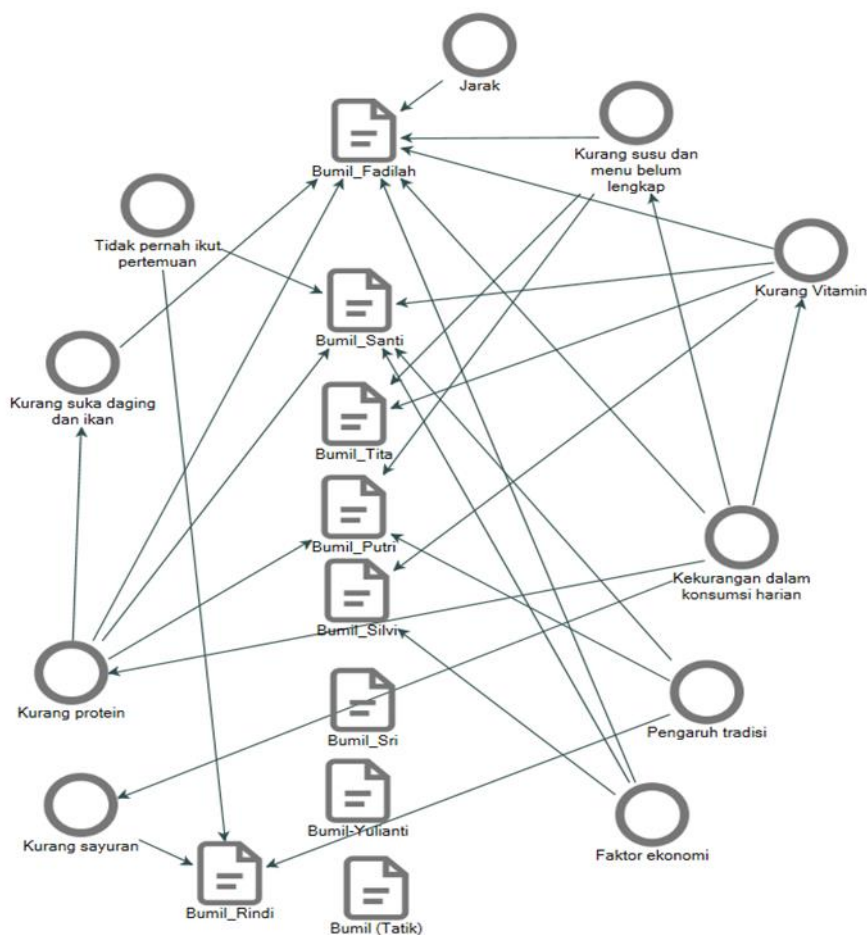
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From the picture above, according to the results of an in-depth interview conducted with pregnant women, it can be seen that 50% said that the lack of nutritional intake of pregnant women was due to lack of daily food consumption, especially protein, other obstacles were economic factors, the influence of tradition, not liking meat and fish, never attending health education meetings, lack of vegetable consumption, incomplete daily menu and drinking milk. (Figure 2).



Picture 2. Figure Obstacles to meeting nutritional needs according to pregnant women

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There is a need for training, online learning, and educational applications about the health of pregnant women, with a focus on nutrition. Pregnant women prefer interactive and engaging learning methods such as role-playing, learning simulations, peer teaching, and lectures/seminars. They also like interactive books and videos as teaching materials (Putri et al., 2020). Various technological interventions, including mobile apps, online learning, social media, and telemedicine, have been shown to improve nutritional literacy and prevent anaemia in pregnant women significantly. Telemedicine, in particular, has a significant impact due to direct interaction with healthcare workers. Pregnant women are increasingly using mobile phone apps to obtain, store, and share health information, although awareness and usability of these apps need to be improved. You are still in a young marriage, so you are not ready to be a mother. Early marriage, defined as marriages that occur before the age of 18, is still an important issue around the world, especially in poor and rural areas in underdeveloped and developing countries. This practice has profound implications for young brides, especially regarding their readiness to become mothers. Young brides are more likely to experience complications during pregnancy and childbirth due to their physiological immaturity. This includes high maternal and infant mortality rates, premature births, and the birth of babies with low birth weights.

Long-term effects of socioeconomic factors, our findings suggest that young maternal age and limited household income limit nutritional intake. This condition can have long-term health implications for both mother and child, according to concerns raised in previous research. Socio-economic factors greatly affect the nutritional intake needs of pregnant women. The impact of socio-economic determination and the uniqueness of local culture is understood so that it does not harm the health and nutrition of pregnant women. Effective interventions in improving the nutrition of pregnant women start from understanding and education, as well as knowledge about the health of pregnant women. The economic impact (such as a pandemic or natural disaster) on maternal nutrition needs to be well-documented. Policies in handling socio-economic and nutritional issues for pregnant women need to be reviewed to assess their effectiveness in dealing with nutritional problems.

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DISCUSSION

Theoretical benefits: Scientific development, especially in the fields of public health, nutrition, and stunting policy. Practical benefits: Helping health workers (midwives, nutritionists, cadres) in understanding the factors that inhibit the nutritional intake of pregnant women, so that they can provide more targeted interventions. It is the basis for policy recommendations or programs to improve nutrition interventions for pregnant women in stunting prevention.

Family income has a significant impact on the nutritional choices of pregnant women, as various studies show that economic status directly affects food quality and nutritional intake. Pregnant women from low-income families often face challenges in accessing nutritious food, leading to poorer dietary habits and health outcomes. In the city of Pekanbaru, 25.2% of pregnant women are classified as poor, with 64.7% having inadequate energy intake, indicating a direct link between economic status and nutritional deficiencies (Erowati et al., 2022). The long-term effects of socioeconomic factors on maternal and child health remain unknown. Although research on the relationship between socioeconomic status and health has been well documented, the specific mechanisms by which socioeconomic factors influence long-term health outcomes are not yet fully understood. For example, the role of intermediary determinants such as behavioral and psychosocial factors needs to be further investigated (Moujahid et al., 2024).

In addition, the impact of socioeconomic determinants on health varies significantly by region and culture, and more localized studies are needed to understand these differences better. Socioeconomic determinants of health (SDoH) such as income, education, and ethnicity have different impacts across regions and cultural contexts. In the United States, health disparities are influenced by factors such as race/ethnicity, socioeconomic status, and geographic location, with significant differences in health indicators across regions (Pellegrin et al., 2024)(Sachs et al., 2025).

Data on the effectiveness of specific interventions aimed at improving maternal nutrition in the context of socioeconomic challenges is still limited. There is a need for the most

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effective strategies in different contexts. Previous research has shown that integrated programs combining nutrition with other sectors such as agriculture, social safety nets, and education can increase effectiveness. For example, UNICEF's Maternal and Child Nutrition Program in Kenya utilizes an integrated management model and a family-based approach to achieve significant results despite resource constraints (Codjia et al., 2022). Weak coordination between government and non-government actors and the low priority given to maternal nutrition are significant obstacles. Advocacy to highlight the economic and health benefits of maternal nutrition is essential (Saldanha et al., 2012). Another program is the Home Gardening and Animal Husbandry program. This intervention aims to improve household food security and diversify diets. For example, biofortified crops and home gardening have shown potential in improving the nutrition of mothers and children.

CONCLUSION(S)

Conclusions should answer the research This research can reveal obstacles and determinant factors in fulfilling the nutritional intake of pregnant women as an effort to prevent stunting in Cirebon City. The results of this study make a real contribution to efforts to improve the health of pregnant women and children, as well as reduce the prevalence of stunting in the affected areas. Solution to problems that hinder the fulfillment of the nutritional intake needs of pregnant women is found in the form of socio-economic conditions, education that is not optimal,

Research Contributions. Theoretical benefits: Scientific development, especially in the fields of public health, nutrition, and stunting policy. Practical benefits: Helping health workers (midwives, nutritionists, cadres) in understanding the factors that inhibit the nutritional intake of pregnant women, so that they can provide more targeted interventions. It is the basis for policy recommendations or programs to improve pregnant women's nutrition interventions in stunting prevention. Do not state the data in this section.

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Conflict of Interest

The authors declared that there is no significant competing financial, professional, or personal interest that might have affected the performance or presentation of the work described in this manuscript

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