



**SCOPING REVIEW: OBSTACLES IN IMPLEMENTING SUPPLEMENTARY FOOD PROGRAM FOR PREGNANT WOMEN**

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**ABSTRACT**

The percentage of pregnant women with Chronic Energy Deficiency (CED) in Indonesia is still quite high. This will give a negative impact on the mother's and baby's health. Indonesian government overcomes the problem of CED pregnant women through the provision of supplementary food. The identified obstacles in implementing supplementary food program for pregnant women can be used as consideration in planning, implementation, monitoring and reporting at the Community Health Center. The method used in this study is scoping review. Article identification uses two databases, namely Google Scholar and Garuda. The article searched in the database was 919 articles. After screening with inclusion and exclusion criteria, there were 7 eligible articles. In the input aspect, deficiencies were found in the quantity and quality of health human resources, funds and facilities. In the process aspect, the distribution of PMT from the center was uncertain and there was no monitoring of the use of PMT by the target. Some CED pregnant women were also less compliant in taking PMT and consuming PMT. In the output aspect, the system of program's monitoring and evaluation at the Community Health Center was not carried out well.

Keywords: pregnant women; program evaluation; supplementary food

**How to cite (in APA style)**

Yuliati, E., Sriatmi, A., & Suryoputro, A. (2024). Scoping Review: Obstacles in Implementing Supplementary Food Program for Pregnant Women. *Indonesian Journal of Global Health Research*, 6(S6), 255-264. <https://doi.org/10.37287/ijghr.v6iS6.4730>.

**INTRODUCTION**

Pregnant women with Chronic Energy Deficiency (CED) are one of the nutrient-vulnerable groups that need special attention, due to the short-term and long-term impacts caused. The percentage of pregnant women in CED in Indonesia in 2021 is 8.7% and in 2022 is 8.4%. Indonesia is included in countries with moderate public health problems (5% - 9.9%) based on public health thresholds according to the WHO (World Health Organization) for pregnant women at risk of CED (Ministry of Health of the Republic of Indonesia, 2022). During pregnancy, a woman needs more nutrients compared to not being pregnant. This is because nutrients are also needed for the fetus in addition to the mother. The fetus grows by taking nutrients from the food consumed by the mother and from the stores of nutrients in the mother's body (Balanced Nutrition Guidelines, 2014). 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. Pregnant women with CED are defined as pregnant women who have a pre-pregnancy Body Mass Index 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 (Ministry of Health of the Republic of Indonesia, 2022).

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. Meanwhile, the risk to babies can result in low birth weight babies,

miscarriages, premature births, birth defects, and even infant death (Indonesia Health Profile 2021, 2022) The long-term impact on children after birth due to the condition of pregnant women with CED is the incidence of stunting in children under two years old (Mariyami & Sanjaya, 2022). Factors related to the incidence of CED in pregnant women are parity, pregnancy distance, average level of energy intake, education level, family income level, and food abstinence culture (Yusriyani & Budiono, 2023). Less varied food intake, less food portions, and the existence 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 (Ineu siska et al., 2021).

One of the efforts of the Government of Indonesia in reducing the percentage of pregnant women in CED is in the form of the Supplementary Feeding (Pemberian Makanan Tambahan / PMT) program which aims to meet the nutritional needs of mothers during pregnancy. PMT does not mean replacing the intake of main foods, but increasing the intake of nutritional needs. PMT for pregnant women that has been running so far is the provision of layer biscuits with fortified vitamins and minerals, pregnant women's milk and the provision of nutritious food based on local ingredients. Supplementary foods based on local ingredients for pregnant women in CED are prioritized in the form of animal and vegetable protein sources (for example, fish, eggs, meat, chicken, beans and processed products such as tofu and tempeh). This supplement is given once a day for 90 consecutive days (Ministry of Health of the Republic of Indonesia, 2010). PMT activities need to be accompanied by nutrition and health education for behavior change, for example with support for breastfeeding, education and counseling on feeding, hygiene and sanitation for families (Rohmah, 2020).

The coverage of supplementary feeding for pregnant women in CED in Indonesia in 2021 is 89.7%. The provinces with the highest coverage of PMT for pregnant women in CED are Bali, Bangka Belitung Islands, and DI Yogyakarta at 100.0%. Meanwhile, the provinces with the lowest achievements are North Maluku (69.4%), DKI Jakarta (63.8%) and West Papua (42.2%) (Indonesia Health Profile 2021, 2022). Many studies on the evaluation of PMT for CED pregnant women have been carried out. However, the literature review on obstacles in the implementation of the PMT program for pregnant women in CED is still limited. This information is often scattered across various journals and reports, making it difficult for practitioners, researchers, and policymakers to access. In this framework, this study tries to fill the knowledge gap by conducting a comprehensive literature review on the obstacles faced in the implementation of PMT for pregnant women with CED, as well as providing insight into possible solutions to overcome these problems. The main purpose of this study is to identify and analyze the obstacles that exist in the implementation of PMT for pregnant women with CED. The barriers that have been identified can be input for improving the program's management at community health centers or health services in Indonesia.

## **METHOD**

The method used in this study is scoping review. Scoping review is a type of knowledge synthesis, by following a systematic approach to mapping evidence on a topic and identifying key concepts, theories, sources, and knowledge gaps (Tricco et al., 2018). This scoping review will discuss the obstacles in the implementation of PMT for pregnant women in CED in Indonesia with research questions using the criteria of SPIDER, S: Sample (population used) is pregnant women in CED who get PMT; Phenomena of interest (An interesting phenomenon) namely the provision of PMT for pregnant women in CED, Design (research model) is a case study, descriptive and narrative. Evaluation is a barrier or obstacle, Research

type is qualitative or mixed methods. Article identification was carried out in July – September 2024 using two databases, namely Google Scholar and Garuda. Search using boolean operators. The initial search involved scanning the title, abstract, and keywords of articles published since 2018 to identify those that met the criteria.

The keywords used were "pregnant women", "chronic energy deficiency", "program", and "supplementary feeding". After the researcher obtained articles based on keywords, then the articles were selected based on the title and abstract and then decided based on inclusion and exclusion criteria. The inclusion criteria for this study were original articles, articles with research articles, articles with open access, United Kingdom and Indonesian, published in 2018-2024, research in Indonesia, and types of qualitative research or mix methods. The exclusion criteria were journal reviews, articles with the same title and author. The author reads the abstract of each article to understand the contents of the article and selects articles that suit the research objectives. Then articles were extracted using manual tables by authors. The contents of the table included author, year of publication, article title, research method and research results. The collected articles were analyzed by the author based on program evaluation theory, that includes input, process and output aspects.

## RESULT

The search results for articles from the Google Scholar and Garuda databases were filtered according to the PRISMA flow listed in figure 1.

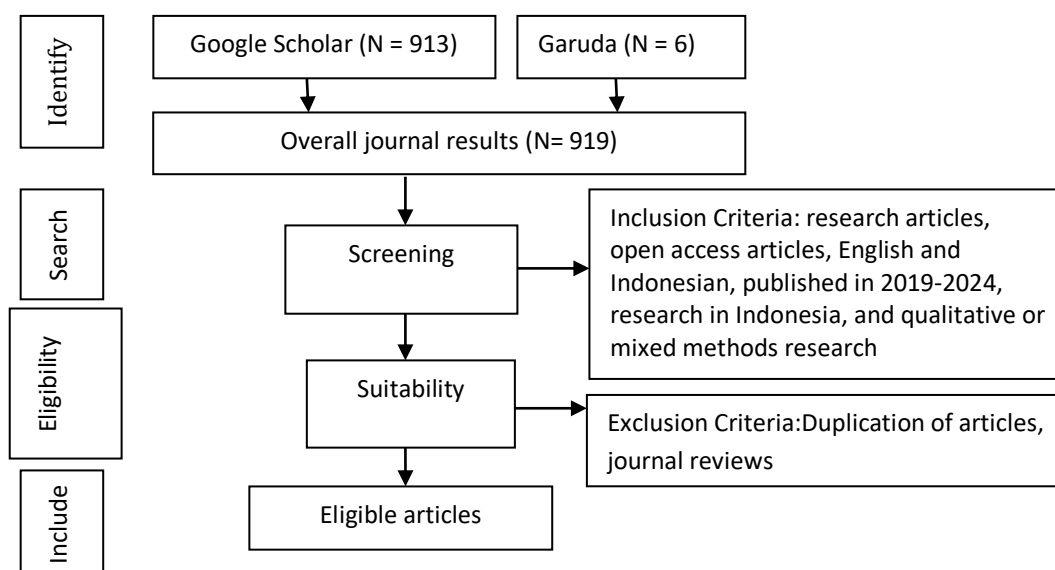


Figure 1. Stages of Article Search and Selection to Become a Reviewed Article

The number of article searched in the database is 919 articles. After going through screening with inclusion criteria, 53 articles were obtained, then exclusion criteria were carried out so that 7 eligible articles were selected based on the criteria of SPIDER, Sample, Phenomena of interest, Design, Evaluation and Research type listed in table 1.

Table 1.  
List of Eligible Articles

Author / Year	Article Title	Method (Design, Sample)	Research Results (Barriers in PMT for pregnant women in CED)
(Mangalik et al., 2019)	Supplementary Feeding Program: A Case Study on Pregnant Women with Chronic Energy Deficiency at the Cebongan Salatiga Health Center.	Descriptive research with case study design. The sample was a pregnant woman who had a LiLA <23.5 cm. PMT was in the form of a layer biscuit made with a special formulation and fortified with vitamins and minerals.	The distribution of PMT was not optimal, there was a lack of awareness of pregnant women to carry out antenatal care checks and the MT provided was not spent by pregnant women because it tasted too sweet.
(Oktafiani, 2018)	Evaluation of the Recovery Supplementary Feeding Program for Pregnant Women with Chronic Energy Deficiency (CED) at the Jetis Health Center in Yogyakarta City.	Descriptive qualitative method with case study design. The main informants were officers from the Yogyakarta City Jetis Health Center and the triangulation informants were nutrition officers from the Yogyakarta City Health Office and pregnant women in CED. PMT was in the form of fortified biscuits.	The Yogyakarta Health Office sent PMT biscuits to the Jetis Health Center in quantities that exceeded the target, and CED pregnant women did not consume PMT biscuits every month. There was no form to monitor consumption, acceptability and existing problems. There was no warehouse for the storage of PMT biscuits. Monitoring was carried out without using stock sheets. The health center did not report the results of the recording of the development of nutritional status to the Yogyakarta City Health Office.
(Rohmah, 2020)	Supplementary Feeding Program for Chronic Energy Deficient Pregnant Women at the Karanganyar Health Center, Semarang City.	Descriptive qualitative research with case study design. The main informants were: nutritionists, triangulation informants are the Head of the Health Center, midwives, Gasurkes at the Karanganyar Health Center, the Head of the Community Empowerment and Nutrition Section of the Semarang City Health Office and CED Pregnant Women who receive PMT. PMT was in the form of fortified biscuits.	Input: human resources were still lacking. Funds were only in the form of PMT obtained from the Health Office or directly from the center. Process: the time of dropping biscuits was erratic, even for almost a year there have been no dropping from the center. Output: PMT providers could only be monitored until distribution to pregnant women in CED, but consumption monitoring had not been carried out.
(Puspitasari et al., 2021)	Provision of supplementary food for CED pregnant women at the Pekanbaru Women's Work Health Center.	The research method was qualitative with a phenomenological research design. The main informants were 5 CED pregnant women and 2 cadre support informants, 1 health center nutrition staff, midwives, and health promotion officers. PMT was in the form of fortified biscuits.	The knowledge of pregnant women in CED was still lacking. The compliance of pregnant women in CED was still lacking. Pregnant women in CED did not like the taste of PMT. The information provided by health workers during counseling needed to be improved by using digital media such as videos.
(Huda et al., 2024)	Giving Biscuits to Pregnant Women at Posyandu Jati Wetan,	Qualitative research method, through interviews with 5 pregnant women, 2 Posyandu	It was still found that there were pregnant women who had not consumed PMT biscuits regularly

Author / Year	Article Title	Method (Design, Sample)	Research Results (Barriers in PMT for pregnant women in CED)
	Jati District, Kudus Regency.	cadres, and 1 midwife and direct observation to the Jati Wetan Kudus Posyandu. PMT was in the form of fortified biscuits.	and delays in the distribution of biscuits in the following month.
(Pujiastuti et al., 2023)	Evaluation of Supplementary Feeding for Pregnant Women in CED from the Corporate Program Social Responsibility (CSR) in the Work Area of the Tegal Angus Health Center, Tangerang Regency 2022	Mixed Methods with Sequential Explanatory Engineering design. Secondary data was taken from Puskesmas data, while primary data was through in-depth interviews (indepth interviews). Data analysis was carried out using the Wilcoxon test. PMT was in the form of 1 complete menu portion per day for 6 months.	Some pregnant women remain in CED status even though LiLA had increased, due to the possibility that PMT was also consumed by other family members.
(Fadilla Yahya, 2023)	Evaluation of the Supplementary Feeding Program for Pregnant Women with Chronic Energy Deficiency in the Work Area of the Kapau Health Center, Agam Regency in 2022	Qualitative research method with explanatory research design. Data was obtained from 9 informants by conducting in-depth interviews, observations and document analysis with data analysis using OpenCode software. PMT was in the form of fortified biscuits.	Input aspect: new officers had not received training on PMT, there were still Polindes who do not have PMT storage warehouses. Process aspect: the planning and schedule of receiving PMT from the center was uncertain, pregnant women were still found who were not monitored by officers and there was still weak monitoring of PMT consumption power.

## DISCUSSION

Based on several articles that had been reviewed, the obstacles in the PMT program for pregnant women in CED could be classified as follows:

### Input Aspect

Pregnant women's knowledge about PMT is still lacking. This can be caused by the incomplete information provided by health workers and the absence of supporting media in conveying information during counseling. Knowledge is the result of "knowing" and this occurs after people sense a particular object. Knowledge or cognitive is a very important domain for the formation of a person's actions. Behavior that is based on knowledge will be more lasting than behavior that is not based on knowledge (Wayan, 2006). Health workers did not receive adequate training on PMT for pregnant women in CED. so their ability to provide counseling is limited. Employees need to be given training so that employees can master their field of work well, which in turn will improve their performance. Training is a method that is often used to improve competence followed by reciprocity that can grow abilities (Rudhaliawan et al., 2015).

The media used by health workers when providing counseling to CED pregnant women was only in the form of KIA books, there were no other more interesting supporting media (Puspitasari et al., 2021). Health promotion media is a means which is useful for displaying messages or information what you want to convey to the communicator. Promotional media health aims to achieve targets knowledge and then be able to change behavior goals become more positive. Health promotion media is divided into several types, namely print media, electronic media and media outdoor (Jatmika et al., 2019). Currently, health workers may

need to develop counseling through audio-visual media to attract patient attention better. The research results show that respondents' knowledge has increased after being given education through video media. This is due to the use of media videos in research can besides depict a moving object accompanied by interesting voice, can also present information, describe processes, explain complex concepts, and can influence respondents. Video media also present the material concisely, clearly and easily understood so that it can be done facilitate understanding and strengthen respondents' memories.(Sayuti et al., 2022).

Human resources for the distribution of PMT were in accordance with the capacity of officers, but there were no cadres or special officers in monitoring the use of PMT. This was not in accordance with the PMT Juknis from the Ministry of Health which states that there had to be special officers or cadres to monitor the consumption or utilization of PMT (Rohmah, 2020). Research by Aprianto & Zuchri (2021) states that service performance in health facilities was not optimal, among other things, due to the shortage of health human resources, resulting in more workload and a lack of capacity building for health human resources. It is necessary to assist pregnant women by health cadres in assisting the duties of health officers. Social Assistance is one strategy that really determines the success of community empowerment programs. The role as a facilitator is related to providing motivation, opportunities and support for community groups (Ungusari, 2015).

Budget was a financial expression of the work program to achieve goals within a predetermined period of time. The PMT program was financed from the Health Operational Assistance (BOK) fund. The Health Office and Puskesmas did not provide other funds. In the event of a stock vacancy, the Health Center did not budget for the purchase of products, but only conducts counseling and counseling as a substitute (Rohmah, 2020). The health budget was one of the important factors in improving health services. Budget relates to capital or investment in a program or policy to ensure the implementation of the policy. Because without an adequate budget, the policy will not run effectively in achieving its goals. Financial resources must be available in order to facilitate the administrative implementation of a policy (Hutapea et al., 2008). This was in line with research by (Rini et al., 2021) that there was a significant positive influence between budget allocation and service quality at UPTD Girimaya Health Center.

Meanwhile, from the facilities and infrastructure supporting the PMT program, it was known that there were still obstacles in the unavailability of consumption monitoring forms and warehouses for the storage of PMT-P biscuits. Limited facilities tend to reduce the motivation of policy actors in carrying out their duties. So the importance of proper procurement, such as buildings, land, medical equipment and offices, will be able to support the successful implementation of a health program or policy (Sawir, 2021). Research by Ulandari & Yudawati (2019) stated that there was a significant influence between service quality, infrastructure and the environment on patient satisfaction in the Malang Regency Health Center. The influence was positive, meaning that the higher the score of service quality, infrastructure and the environment, the higher it is.

### **Process Aspects**

The important thing in the PMT program was its distribution and utilization by targets. The distribution of PMT from the center was uncertain, and the amount has been determined by the center. This had resulted in an inhibition in the provision of PMT to pregnant women and a shortage of PMT (Fadilla Yahya, 2023). Public health centers should make good plans in proposing the number of PMTs for pregnant women, so that the number can meet target

needs. Health services apart from relying on the stability of health resources, both infrastructure and facilities, one component that really supports health services is health supplies. Lack of availability of health supplies can have a significant impact on health services and even on the self-confidence of community health center staff (Carinah et al., 2022).

Monitoring at the Karanganyar Health Center was only carried out at the distribution stage, namely the Health Center to pregnant women in CED only. Meanwhile, monitoring its utilization had not been carried out by the Health Office or yet. It was uncertain whether the PMT was consumed regularly or not. There were several reasons why pregnant women in CED did not consume PMT regularly, namely the taste of biscuits that were too sweet / too sweet greatly affect the consumption of PMT (Rohmah, 2020). Mother's compliance to take PMT was still lacking. According to (Kamidah, 2015) the factors that affect compliance are knowledge, education, and social support. The higher the mother's education, the easier it will be to receive information and the amount of knowledge possessed, as well as the support especially from the nuclear family will increase maternal compliance.

### **Output Aspect**

The health center did not report the results of the recording of the development of nutritional status to the Yogyakarta City Health Office (Oktafiani, 2018). Reporting in every health service facility is an organizational tool that aims to be able to produce reports quickly, accurately and accurately. If the reporting process of an activity does not go well, health information about the service will be hampered, which ultimately leads to an unoptimal process of planning and management of the health system (Octaviandri et al., 2023). On the other hand, the process of monitoring and evaluating the success of the program is also unknown to the Health Service (Oktafiani, 2018). Program monitoring is the systematic documentation of aspects of program performance that are indicative of whether the program is functioning as intended or according to some appropriate standard. Monitoring generally involves program performance related to program process, program outcomes or both. Evaluation is a process of looking closely at a program and determining its merit, worth and value. Evaluation also enables decision makers to make judgements about the program, improve program effectiveness, and/or inform decisions about future programming (Kaufman et al., 2009)

### **CONCLUSION**

Obstacles in the PMT program for pregnant women in CED were found in each aspect of input, process and output. The input aspect included shortcomings in the number and quality of health human resources, funds as well as facilities and infrastructure. In the process aspect, it was found that the distribution of PMT from the center was uncertain in time and there was no monitoring of the use of PMT by the target. Some CED pregnant women were also less compliant in taking PMT and consuming PMT. Meanwhile, from the output aspect, the reporting system for the results of activities was not carried out properly from the Health Center to the Health Office. Then the process of monitoring and evaluating the success of the program is also unknown to the Health Service There are limitations in this systematic scoping review because there are not many references to original articles with qualitative research methods or mix methods that discuss the implementation of the PMT program in Indonesia. The researcher hopes that through this scoping review, it can provide solutions to obstacles in the implementation of the CED pregnant women's PMT program, namely: increasing the number and quality of human resources, funds and infrastructure, as well as improvements in planning, implementation of PMT distribution, monitoring and evaluation of

the program.

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