

MODEL PENDAMPINGAN IBU HAMIL KURANG ENERGI KRONIS DALAM MENCEGAH TERJADINYA STUNTING DI KABUPATEN JOMBANG

Sestu Retno Dwi Andayani¹, Mudhawaroh², Rodiyah³

^{1,2,3} Sekolah Tinggi Ilmu Kesehatan Pemkab Jombang

Article Info	ABSTRAK
Article History: Received 21/08/2026 Revised - Accepted 02/09/2026 Keywords: Chronic Energy Deficiency Low Birth Weight Prenatal assistance Stunting	Kurang Energi Kronis (KEK) pada kehamilan masih menjadi masalah utama kesehatan masyarakat di Indonesia serta berdampak kelahiran bayi dengan Berat Badan Lahir Rendah (BBLR), dalam jangka panjang bisa menyebabkan terjadinya stunting. Determinan utama BBLR adalah Kurang Energi Kronis (KEK) pada ibu hamil (Bumil), kehamilan KEK berisiko 4 kali melahirkan bayi BBLR. Kabupaten Jombang berusaha menekan kejadian stunting dengan mengadakan Program pendampingan ibu hamil KEK yang merupakan intervensi komprehensif selama masa kehamilan. Penelitian ini bertujuan untuk menguji efektifitas pendampingan Bumil yang mengalami KEK dalam mencegah BBLR dengan indikator Bumil Bebas KEK. Jenis penelitian ini adalah pra-eksperimen one-group pra-post tes design, yang dilakukan pada 108 Bumil KEK di 10 Puskesmas wilayah kerja Dinas Kesehatan Kabupaten Jombang. Pendampingan dilakukan selama enam bulan, mulai bulan Mei 2025 sampai Oktober 2025. Setiap Bumil didampingi oleh seorang kader sampai Bumil tersebut melahirkan dan dimonitor oleh Bidan desa di wilayah masing-masing. Hasil monitoring dilaporkan ke Dinas Kesehatan Kabupaten Jombang. Selama pendampingan ibu Hamil mendapatkan pemeriksaan, penyuluhan gizi, pemberian Multiple Micronutrient Supplement (MMS), Komunikasi Antar Pribadi (KAP) serta adanya dukungan dari Tim Penggerak PKK. Uji statistik menggunakan uji Wilcoxon Signed Rank menunjukkan nilai Asymp. Sig (p value) 0.020. Artinya ada pengaruh model pendampingan ibu hamil kurang energi kronis dalam mencegah terjadinya stunting di Kabupaten Jombang. Setelah dilakukan pendampingan selama enam (6) bulan, 54,6% (59) Bumil status gizi Normal, dari 59 Bumil tersebut, 89,8% melahirkan bayi dengan Berat badan normal dan 10,2% dengan BBLR. 45,4 % (49) Bumil tetap mengalami KEK 49, dari 49 Bumil KEK, 75,5% melahirkan bayi Berat badan normal dan 24,5% dengan BBLR. Perlu pendampingan ibu hamil KEK dalam upaya menurunkan angka kejadian BBLR, mengingat bahwa Bayi yang lahir dengan BBLR dapat meningkatkan risiko terjadinya stunting dan gangguan tumbuh kembang. ABSTRACT Chronic Energy Deficiency (CED) during pregnancy is a major public health issue in Indonesia and contributes to Low Birth Weight (LBW), which can lead to stunting in the long term. The primary determinant of LBW is chronic energy deficiency (CED) in pregnant women, who are four times more likely to have a baby with LBW. Jombang Regency is working to reduce the incidence of stunting by implementing a support program for pregnant women with CED, which is a comprehensive intervention provided

throughout pregnancy. The purpose of this study was to test the effectiveness of counseling for pregnant women with KEK in preventing low birth weight (LBW), using the indicator of pregnant women free of KEK. This study employed a pre-experimental, one-group, pre-post test design and was conducted among 108 pregnant women with KEK at 10 community health centers (Puskesmas) in Jombang Regency. The support program lasted for six months, from May 2025 to October 2025. Each pregnant woman was supported by a community health worker until she gave birth and was monitored by a village midwife. During the six-month mentoring period, pregnant women received medical checkups, nutrition counseling, Multiple Micronutrient Supplements (MMS), interpersonal communication, and support from the PKK team. A statistical analysis using the Wilcoxon Signed-Rank test revealed a significant difference. After six months of support, 54.6% of the population—59 pregnant women with normal nutritional status— 83,3% with normal birth weight, while 17.7% gave birth to low birth weight infants (LBW). Meanwhile, among the 45.7% of pregnant women with KEK (49 women), 75.5% with normal birth weight and 24.4% infants with LBW. Therefore, support for pregnant women with KEK is essential to reduce the incidence of LBW, thereby lowering the risk of stunting and growth and developmental disorders.

Corresponding Author: sestu.retno@yahoo.com
