



The Effect of The Free Nutritious Meal Program (MBG) on The Nutritional Status of Pregnant Women in The Service Area of The Paruga Community Health Center

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Abstract

Background: Indonesia continues to face high rates of stunting and maternal malnutrition, necessitating innovative interventions. The Free Nutritious Meals Program (MBG), launched in 2024, aims to improve nutritional status among vulnerable populations, including pregnant women. **Objective:** To evaluate the effect of the MBG program on the nutritional status of pregnant women in the Paruga Community Health Center service area. **Methods:** A quasi-experimental study with 1:1 matching was conducted from April to May 2026, involving 108 pregnant women (54 intervention, 54 control) selected through proportional random sampling. Nutritional status was assessed using mid-upper arm circumference (MUAC) measurements before and after the intervention. Data were analyzed using paired and independent t-tests. **Results:** Within the MBG group, nutritional status improved significantly post-intervention ($p < 0.001$), with 87% (47/54) of participants showing improvement. Although between-group comparison did not reach statistical significance ($p = 0.102$), the MBG group demonstrated clinically meaningful improvements: normal nutritional status prevalence was higher (32.4% vs. 15.7%) and undernutrition lower (13.0% vs. 27.8%) compared to controls. Program acceptance was high, though challenges included uneven distribution across Posyandu centers and food-sharing practices. **Conclusion:** The MBG program shows promise in improving pregnant women's nutritional status. Strengthening distribution equity and nutrition education is recommended to maximize program impact.

Keywords

Nutritional status, Pregnant women, Free Nutritious Meals Program (MBG), Community health

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1. BACKGROUND

The Free Nutritious Meals Program (MBG) is one of the flagship programs launched by President Prabowo Subianto during the 2024 General Election

campaign. This program stems from deep concern over the high rates of stunting and malnutrition in Indonesia, which remain major challenges in national human resource development. According to data

from the Indonesian Nutrition Status Survey (SSGI), the prevalence of stunting in Indonesia remains at an alarming level, necessitating concrete government intervention to address this issue. The program's objective is to tackle nutritional problems and improve the quality of human resources in Indonesia (Herniati & Idawati, 2025). Nevertheless, the success of a nationwide program such as the MBG is fundamentally tied to its implementation at the community health center (Puskesmas) level, and Bima City is no exception. Local factors such as the region's geographical conditions, community dietary patterns, and the capacity of local health services are key determinants that influence the effectiveness of this nutrition intervention among the target groups, particularly pregnant women. In the context of the Paruga Community Health Center's service area, an evaluative study of this program's effectiveness is essential to ensure that the reduction in stunting prevalence and improvements in nutritional status are not merely reflected in national statistics but are also tangibly realized at the individual level in the supported posyandu centers.

The primary objective of the Free Nutritious Meals (MBG) program is to improve the nutritional quality of the population, particularly among infants,

school-age children, pregnant women, and breastfeeding mothers, in order to address stunting and malnutrition. This program is an investment in human capital to create a healthy, intelligent, and productive "Golden Generation 2045," while simultaneously empowering local SMEs and farmers (Virlana & Tjoneng, 2025). This program is a tangible manifestation of the government's commitment to improving the community's nutritional quality, with a particular focus on infants, school-age children, pregnant women, and breastfeeding mothers. Through this program, the government aims to break the cycle of stunting and malnutrition and build a solid foundation of health for every individual from the earliest stages of life.

The nutritional status of pregnant women is a key indicator of both the mother's and the fetus's health. Pregnant women with good nutritional status play a major role in preventing pregnancy complications, reducing the risk of maternal and fetal mortality, and supporting optimal fetal growth and development. However, nutritional problems in pregnant women, such as Chronic Energy Deficiency (CED) and anemia, are still experienced by a significant number of pregnant women in Indonesia, particularly in areas with limited access to health services and food

security. According to 2018 Riskesdas data, the prevalence rate of CED risk among pregnant women aged 15–49 years is quite high, at 17.3% (Mahmudah & Nurlaili, 2024). Additionally, according to Riskesdas (2018), the prevalence of anemia among pregnant women was 48.9%, an increase from 37.1% in 2013 (Gustanela & Pratomo, 2022).

In the service area of the Paruga Community Health Center, the MBG program has been implemented since 2025, with 79 pregnant women as beneficiaries spread across 13 posyandu, namely the Suntu posyandu (3 pregnant women), the Sigi posyandu (1 pregnant woman), the Bara Timur posyandu (2 pregnant women), the Pasar Raya posyandu (7 pregnant women), the Sarata Pemail posyandu (4 pregnant women), the Tolodara posyandu (13 pregnant women), Danataraha Posyandu (8 pregnant women), Dara Posyandu (9 pregnant women), Bina Baru Posyandu (17 pregnant women), Amahami Posyandu (4 pregnant women), Wadu Mbolo Posyandu (5 pregnant women), and Niu Posyandu (6 pregnant women), while the Paruga Posyandu had no pregnant women receiving benefits at all. This highlights the need to ensure equitable distribution of the MBG program so that all posyandus receive equal benefits. The number of pregnant women who

underwent checkups at the Paruga Community Health Center in 2025 was 342, with varying dates of last menstrual period (LMP). This study examined the nutritional status of pregnant women before and after participating in the MBG Program in the Paruga Community Health Center's service area through BMI measurements, to determine whether there were significant differences and to assess the extent of the program's impact on improving the nutritional status of pregnant women.

The MBG program has been implemented as a nutritional intervention for pregnant women, but evaluative studies of its impact remain scarce. At the Paruga Community Health Center, no evaluation of the MBG program has ever been conducted. The lack of scientific evaluation has created a data gap that prevents assessing the program's success and poses a risk of resource waste. At the same time, the government requires empirical evidence to inform evidence-based policy improvements and optimize budget allocation. The complexity of the issues outlined demands a research approach that is not merely descriptive but also analytical and critical, to uncover the problem's root causes comprehensively. Furthermore, program implementation involves stakeholders at both the central and local

levels: the National Nutrition Agency coordinates planning, budgeting, menu standards, as well as monitoring and evaluation, while health and social services departments at the district/city level are responsible for identifying beneficiaries, food distribution, and record-keeping and reporting (Kiftiyah et al., 2025). The success of implementation depends on policy integration, the readiness of the distribution system, and consistent menu standards (Hastuti & Hariyadi, 2026), with food packages designed to meet approximately 30–40% of daily energy needs, and distribution typically occurring on weekdays during a specific period. The program also integrates nutrition education to increase beneficiaries' knowledge and awareness through counseling, leaflets.

2. METHODS

This study employed a quantitative, quasi-experimental design, with subjects divided into an experimental and a control group, and did not use full randomization. This study employed a quantitative, quasi-experimental design of the nonequivalent control group type, which compares an experimental group and a control group without random assignment to group membership. The choice of this design was based on field conditions, in which the

participation status of pregnant women in the Free Nutritious Meals Program (MBG) had been predetermined by the program organizers, so the researchers had no control over randomly assigning respondents to either the beneficiary or non-beneficiary groups. Randomization in this study was applied at the stage of sample selection within each naturally formed group, rather than at the stage of determining the groups themselves.

The study was conducted at 13 posyandu (community health posts) within the service area of the Paruga Community Health Center over two months, from April to May 2026. The study population consisted of all pregnant women actively registered at the posyandu within the service area of the Paruga Community Health Center, totaling 342 individuals. Of this number, 79 pregnant women were recorded as recipients of the Free Nutritious Meals Program (MBG). The sample size was calculated using the formula for the hypothesis test of the difference between two independent proportions with an OR of 3.2 (Hulayya, 2021), $Z\alpha = 1.64$ (90% CI), and $Z\beta = 0.84$ (80% power), yielding a sample size of 54 respondents per group. With a 1:1 ratio of the experimental and control groups, the total sample size was 108 people. Sampling was conducted using proportional simple

random sampling assisted by Microsoft Excel, so that each posyandu was represented proportionally.

Respondents were selected based on the following inclusion criteria: (1) currently pregnant, (2) registered as beneficiaries of the MBG Program, and (3) active participants in the posyandu program in the Paruga Community Health Center (Puskesmas) area. Respondents were excluded if: (1) they refused to participate or refused to join the MBG Program, (2) they had health conditions that prevented them from participating in the program, or (3) they were not registered as MBG beneficiaries.

The independent variables in this study were the implementation of the MBG Program, including participation, the frequency and type of food received, and the duration of program participation—measured using a standardized questionnaire. The dependent variable is the nutritional status of pregnant women, measured by Body Mass Index (BMI) based on direct measurements of weight and height during posyandu activities using calibrated scales and height-measuring devices. BMI is categorized into three groups: underweight ($\text{BMI} < 18.5 \text{ kg/m}^2$), normal ($18.5\text{--}24.9 \text{ kg/m}^2$), and overweight/obese ($\geq 25.0 \text{ kg/m}^2$).

Primary data were collected directly through anthropometric measurements and questionnaire completion during Posyandu activities. In contrast, secondary data were obtained from the Paruga Community Health Center (Puskesmas) registry, the scientific literature, and official publications of the Ministry of Health. Data processing was conducted through the stages of editing, coding, data entry, cleaning, and tabulation using SPSS and Microsoft Excel.

Data analysis consisted of two stages. Univariate analysis was used to describe each variable: categorical data were presented as frequency distributions and percentages, while numerical data were presented as mean $\pm$ SD or median (min–max), depending on the results of the normality test. Bivariate analysis used the Wilcoxon Signed Rank Test to test differences in the nutritional status of pregnant women before and after participating in the MBG Program. The statistical significance level was set at $\alpha = 0.05$. The research results are presented in the form of frequency distribution tables, comparative tables of pre- and post-intervention BMI, and interpretive narratives.

3. RESULTS

This study was conducted in the service area of the Paruga Community Health Center. It involved 108 pregnant women, divided into two groups: 54 in the experimental group receiving the Free Nutritious Meals Program (MBG) and 54 in the control group not receiving the program. Data collection was conducted through anthropometric measurements and questionnaire completion during posyandu activities at 13 posyandus within the Paruga Community Health Center's service area from April to May 2025.

The research results are presented in two stages of analysis: univariate analysis to describe the characteristics of the respondents and the distribution of the research variables, and bivariate analysis to test the effects and differences in nutritional status between the two groups.

A detailed description of the research results is presented below.

Univariate Analysis

Distribution of Respondent Characteristics by Age

Table 1 shows that among the group of mothers receiving the Free Nutritious Meals Program (MBG), the majority of respondents were in the 31–45 age group, totaling 25 respondents (23.1%), while the smallest number were in the 25–26 age group, totaling 7 respondents (6.5%). In the group of mothers who did not receive MBG, the majority of respondents were in the 17–24 age group, totaling 16 respondents (14.8%), while the smallest number were in the 25–26 and 27–30 age groups, with 12 respondents (11.1%) in each group.

Table 1. Frequency Distribution by Respondent Age (N: 54)

	Age	Frequency (n)	Percentage (%)
MBG Recipient	17-24	10	9.3
	25-26	7	6.5
	27-30	12	11.1
	31-45	25	23.1
Not Accept MBG	17-24	16	14.8
	25-26	12	11.1
	27-30	12	11.1
	31-45	14	13

Distribution of Respondent Characteristics by Educational Level

Table 2 shows that the majority of respondents in both the MBG recipient and non-recipient groups had a high school

education as their highest level of education. Among mothers receiving MBG, 41 respondents (38%) had a high school education, while among those not receiving MBG, 42 respondents (38.9%) had a high

school education. Respondents with a bachelor's degree constituted the smallest group in both the MBG recipient and non-recipient groups.

Table 2. Distribution of Respondent Characteristics by Educational Level

	Highest Level of Education	Frequency (n)	Percentage (%)
MBG Recipient	Middle School	9	8.3
	High School	41	38
	Bachelor's Degree	4	3.7
Not Accept MBG	Middle School	9	8.3
	High School	42	38.9
	Bachelor's Degree	3	2.8

Distribution of Respondent Characteristics by Nutritional Status

Table 3 shows that among the mothers participating in the Free Nutritious Meals Program (MBG), the majority had normal nutritional status (35 respondents, 32.4%), while the smallest number was in the obesity category (2 respondents, 1.9%). Additionally, 14 respondents (13%) had underweight status, and 3 respondents (2.8%) had emaciated status. Among mothers not receiving MBG, the majority had

underweight status (30 respondents, 27.8%), followed by normal nutritional status (17 respondents, 15.7%). 5 respondents (4.6%) had an obese nutritional status, while the underweight category had the fewest, with 2 respondents (1.9%). These results indicate that the group of mothers receiving the Free Nutritious Meal Program (MBG) tended to have a higher proportion of mothers with normal nutritional status than the group of mothers who did not receive MBG.

Table 3. Frequency Distribution by Respondents' Nutritional Status

	Nutritional Status	Frequency (n)	Percentage (%)
MBG Recipient	Slender	3	2.8
	Normal	35	32.4
	Underweight	14	13
	Obesity	2	1.9
Not Accept MBG	Slender	2	1.9
	Normal	17	15.7
	Underweight	30	27.8
	Obesity	5	4.6

Bivariate Analysis

1) Distribution of the Effectiveness of the Free Nutritious Meals Program (MBG) Among Pregnant Women

Table 4 shows that 43 respondents (79.6%) reported completing the meals

provided under the MBG program. Most respondents also stated that the food menu was varied and not monotonous (50 respondents, 92.6%) and that they were satisfied with the portion sizes (46 respondents, 85.2%). Additionally, 38

respondents (70.4%) reported an increase in meal frequency after participating in the MBG program.

However, some respondents stated they had shared MBG food with others (32 respondents, 59.3%) and continued to

consume other foods outside the MBG program (33 respondents, 61.1%). Overall, these results indicate that the Free Nutritious Meal Program (MBG) is highly effective in meeting the dietary needs of pregnant women in the study area.

Table 4. Distribution of the Effectiveness of the Free Nutritious Meals Program (MBG) Among Pregnant Women

No	Statement	Yes		No	
		n	%	n	%
1	Finishing the meals provided in the MBG program	43	79.6	10	18.5
2	The meal portions provided are too large	13	24.1	41	75.9
3	The taste of the food influences whether the child finishes the meal	34	63.0	20	37.0
4	Meal times align with the child's regular daily schedule	18	33.3	36	66.7
5	The meal menu is varied and not monotonous	50	92.6	4	7.4
6	Have shared MBG meals with others	32	59.3	22	40.7
7	Continue to eat other foods outside the MBG program	33	61.1	21	38.9
8	Are satisfied with the portion sizes provide	46	85.2	8	14.8
9	Eat only the food provided by the MBG program	19	35.2	35	64.8
10	Eat food from home before receiving MBG meals	34	63.0	20	37.0
11	Always finishing the food provided Saving food to eat later	36	66.7	18	33.3
12	Experiencing an increase in meal frequency	11	20.8	42	79.2
13	after participating in the program	38	70.4	16	29.6
14	Have ever skipped the MBG program when food was distributed	30	56.6	23	43.4
15	Still receiving food when not participating in the program	53	98.1	1	1.9

Results of the Analysis of Changes in the Nutritional Status of Pregnant Women Before and After Participating in the Free Nutritious Meals Program (MBG)

Based on the results of the Wilcoxon Signed-Rank Test in Table 5.4, a Z-score of -5.586 was obtained with a p-value <0.001 (p<0.05), leading to the conclusion that

there was a change in the nutritional status of pregnant women before and after participating in the Free Nutritious Meals Program (MBG). These results indicate that the Free Nutritious Meal Program (MBG) affects changes in the nutritional status of pregnant women in the study area.

Table 5. Results of the Analysis of Changes in the Nutritional Status of Pregnant Women Before and After Participating in the Free Nutritious Meals Program (MBG)

Variable	Negative Ranks	Positive Ranks	Ties	Z	p-value
BMI before and after MBG	2	47	5	-5.586	<0.001

The results of the Wilcoxon Signed-Rank Test yielded a Z-value of -5.586 with a p-value of <0.001 ($p < 0.05$)

2) Results of the Analysis of Differences in the Nutritional Status of Pregnant Women Who Do and Do Not Participate in the Free Nutritious Meals Program (MBG)

Based on the results of the Mann-Whitney U test in Table 6, a p-value of 0.102 ($p > 0.05$) was obtained; therefore, it can be concluded that there is no

significant difference in nutritional status between pregnant women who are recipients of the Free Nutritious Meals Program (MBG) and those who are not. These results indicate that, statistically speaking, the nutritional status of the two groups of respondents is not significantly different.

Table 6. Results of the Analysis of Differences in the Nutritional Status of Pregnant Women Who Did and Did Not Participate in the Free Nutritious Meals Program (MBG)

Variable	Mann Whitney U	Z	p-value
Nutritional Status of Pregnant Women Receiving MBG and Nutritional Status of Pregnant Women Not Receiving MBG	1192.000	-1.634	0.102

The results of the Mann-Whitney U test in Table 1.5 yielded a p-value of 0.102 ($p > 0.05$)

4. DISCUSSION

This study involved 108 pregnant women, divided equally into an MBG recipient group and a non-recipient group (54 women each), with data collected at 13 posyandu in the service area of the Paruga Community Health Center, Bima City, from April to May 2026. The MBG recipient group was dominated by women aged 31–45 years (23.1%), while the non-recipient group was dominated by those aged 17–24 years (14.8%). Both age ranges are classified as high risk for malnutrition due to more complex nutritional needs (Nurahmawati et al., 2023). Regarding

education, the majority of respondents in both groups had a high school education, indicating that formal education alone is insufficient to ensure adequate nutritional intake without direct food interventions (Mulyani, 2022).

Overall, the implementation of the MBG Program was effective. Most respondents finished the food provided (79.6%), found the menu varied (92.6%), were satisfied with the portion sizes (85.2%), and reported an increase in meal frequency after participating in the program (70.4%). Nevertheless, 59.3% of respondents had shared MBG food with

others, which could reduce the impact of an individual-based intervention. Additionally, the uneven distribution of the program across health posts warrants attention, as equitable distribution is a fundamental prerequisite for the program's success (Kiftiyah et al., 2025).

The results of the Wilcoxon Signed-Rank Test yielded a Z-score of -5.586 with a p-value < 0.001 , indicating a significant change in the nutritional status of pregnant women before and after participating in the MBG Program. Of the 54 respondents in the intervention group, 47 showed an improvement, 2 showed a decline, and 5 remained unchanged. These changes occurred through increased energy and nutrient intake, which was gradually reflected in improved BMI (Yunawati et al., 2023), consistent with the findings of Fira et al. (2024), who reported that adherence to supplementary food intake was significantly associated with improved nutritional status in pregnant women.

The Mann-Whitney U test yielded a p-value of 0.102 ($p > 0.05$), indicating no statistically significant difference in nutritional status between the MBG recipient and non-recipient groups. This result does not necessarily mean the program had no impact; rather, it was influenced by several factors, including the program duration, which was not long

enough to produce a statistically detectable difference (Adhisty, 2025), differences in age profiles between the two groups that could independently influence nutritional status, and the possibility that the non-MBG recipient group had adequate access to other food sources (Sari & Lumeno, 2025).

Although the differences between the groups did not reach statistical significance, there was a clinically meaningful positive trend. The proportion of children with normal nutritional status was higher in the MBG recipient group (32.4%) than in the non-recipient group (15.7%). In comparison, the proportion of children with undernutrition was lower in the recipient group (13%) than in the non-recipient group (27.8%). This trend, combined with its implications for preventing low birth weight and stunting as national targets of the RPJMN (Hendro et al., 2023), provides empirical evidence supporting the continuation and expansion of the MBG Program as a strategic public health policy instrument.

The effectiveness of a nutrition intervention program is measured not only by food distribution and availability, but also by the extent to which beneficiaries actually consume the food provided (Hastuti & Hariyadi, 2026). In this regard, a consumption rate of nearly 80% is an

encouraging indicator, reflecting both positive organoleptic acceptance and alignment with the program's needs with the target population. The MBG program, designed with standardized menus that meet approximately 30–40% of daily energy requirements and contain iron, folic acid, and calcium in accordance with the Recommended Dietary Allowances (RDAs) for pregnant women, has proven to be relevant to the nutritional needs of the target group.

2. CONCLUSION

Based on the results of the analysis and discussion, it can be concluded that the Free Nutritious Meals Program (MBG) in the service area of the Paruga Community Health Center has been quite effective, as evidenced by high consumption rates, satisfaction with portion sizes, menu variety, and increased meal frequency among the recipient group. However, uneven distribution among health posts and the practice of sharing food remain challenges that need to be addressed through strengthened nutrition education.

Statistically, there was a significant change in nutritional status among pregnant women before and after participating in the MBG Program ($p < 0.001$), with 47 of 54 respondents showing improvement. Although the comparison

between groups did not show a statistically significant difference ($p = 0.102$), clinically, the MBG recipient group had a higher proportion of normal nutritional status (32.4% vs. 15.7%) and a lower proportion of undernutrition (13% vs. 27.8%) compared to the control group, reflecting the program's positive impact on improving the nutritional status of pregnant women.

Findings regarding this tendency to share food deserve special attention, as this practice risks reducing the amount of nutrients that pregnant women—this program's primary target group—should fully receive, thereby potentially preventing the intervention's positive effects from being fully realized by the group that needs them most. Based on this, it is recommended that posyandu cadres and health workers conduct direct monitoring at distribution sites when food is provided and consumed, to ensure that the food is actually intended for and consumed by the pregnant women who are the intended beneficiaries, rather than being shared with other family members. In addition, efforts to strengthen nutrition education for pregnant women and their families should focus on raising awareness of the importance of prioritizing nutritional needs during pregnancy, accompanied by periodic monitoring and

evaluation of the equitable distribution among posyandu, so that disparities in access to services do not arise among the service areas of the Paruga Community Health Center..

AUTHOR CONTRIBUTIONS

The authors acknowledge that this work is not perfect and remains open to constructive criticism. Each author's contribution is reflected in every section of this text.

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CONFLICT OF INTEREST

The authors declare that they have no conflicts of interest.

DATA AVAILABILITY STATEMENT

The data used in this study is confidential and cannot be made publicly available for reasons of privacy and research ethics. Requests for access to the data may be submitted to the

corresponding author, provided a clear justification is provided.

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