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POWERLESSNESS OF PREGNANT WOMEN IN THE FAMILY IN MEDAN BELAWAN DISTRICT

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ABSTRACT

This study aims to explore the powerlessness of pregnant women within the family in Medan Belawan District, Medan City. The method used is participatory action research with a qualitative approach through in-depth interviews, Focus Group Discussion (FGD), and field observations. Participants consisted of 34 people including pregnant women, families, health workers, cadres, and community leaders selected by purposive sampling. The results revealed four dimensions of powerlessness experienced by pregnant women: (1) Economic powerlessness, wherein pregnant women are fully financially dependent on their husbands' unpredictable fishing income, creating a chronic food insecurity cycle; (2) Relational powerlessness, in which pregnant women occupy subordinate positions in family decision-making, including in food selection and preparation, thus inhibiting them from demanding fulfillment of their nutritional needs; (3) Informational powerlessness, where access to meaningful health information is limited—pregnant women routinely attended posyandu but lacked substantial understanding, to the extent that severe anemia went unrecognized; and (4) Cultural powerlessness, where cultural norms prohibiting pregnant women from asking too much and food taboos—including a ban on consuming crab (baby crab)—structurally hinder access to the best local iron sources available in their environment. These findings confirm that anemia in pregnant women in coastal communities is not merely a nutritional problem, but a multidimensional social and structural phenomenon that requires an empowerment-based intervention approach.

Keywords: powerlessness; pregnant women; anemia; coastal community; participatory action research

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INTRODUCTION

Anemia in pregnant women remains a major public health problem in Indonesia, particularly in coastal communities. In Medan Belawan District, the prevalence of anemia in pregnant women is considerably high, driven not only by inadequate nutritional intake, but also by complex social and structural factors. Pregnant women in this area face multiple dimensions of vulnerability that limit their access to nutritious food and health services.

Previous studies have shown that food insecurity among pregnant women in coastal communities is often associated with socioeconomic factors, household food availability, and gender-based decision-making power (Rasyid et al., 2016). However, the specific forms and mechanisms of powerlessness experienced by pregnant women within the family context—particularly in a fishing community setting—have not been thoroughly explored.

The participatory action research approach was selected because it enables the exploration of community conditions from an insider perspective, while simultaneously facilitating collaborative change processes. This study specifically aimed to explore the powerlessness of pregnant women within the family in Medan Belawan District, Medan City, as a basis for developing an appropriate empowerment-based intervention.

METHODS

This study employed a participatory action research (PAR) design with a qualitative approach. The research was conducted in Medan Belawan District, Medan City, from January to December 2025. Participants (n=34) were selected through purposive sampling and consisted of pregnant women (IH1–IH5), family members (K1–K5), health workers (TK1–TK10), health cadres (KD1–KD10), and community leaders (TM1–TM4).

Data were collected through in-depth interviews, Focus Group Discussion (FGD), field observation, and 24-hour food recall over seven consecutive days. The reconnaissance phase was carried out through community approach, initial observation, identification of change agents, early dialogue, and food consumption mapping.

Data were analyzed using thematic analysis. Triangulation was performed by comparing information obtained from pregnant women, health workers, cadres, community leaders, and fishermen. Credibility was established through member checking and prolonged engagement in the field (Aryati, 2015).

RESULTS AND DISCUSSIONS

The reconnaissance phase identified four dimensions of powerlessness experienced by pregnant women within the family, as described below.

1. Economic Powerlessness

Pregnant women in Medan Belawan are fully financially dependent on their husbands' income as fishermen, which is highly irregular and weather-dependent. This creates chronic food insecurity cycles where food availability and quality fluctuate daily and cannot be predicted. Health workers confirmed this condition:

> "Suami ketika pulang bekerja kadang tidak membawa uang, sehingga ibu hamil makan seadanya saja, seperti mie instan atau hanya nasi dengan garam, kadang-kadang dengan kecap." (TK3)

"Kadang suami bawa uang dari hasil jual ikan, tapi lebih sering dipakai untuk beli rokok. Jadi untuk makan di rumah seadanya saja, yang penting bisa makan." (IH4)

Food recall data over seven days showed that pregnant women's daily iron (Fe) intake was only around 5–6 mg/day, far below the recommended 27 mg/day during pregnancy—representing an enormous deficit with direct implications for anemia risk.

2. Relational Powerlessness

Pregnant women occupied subordinate positions in household decision-making, including in food selection and preparation. The fear of demanding or requesting nutritional fulfillment was a clear marker of this subordination. Pregnant women reported that their food intake followed whatever was available at home, without differentiation from other family members:

> "Kalau di rumah kami tak ada beda kak antara makanan saya sama yang lain. Semua makan sama saja, jadi saya pun ikut itu aja walaupun lagi hamil." (IH5)

"Masalahnya bukan cuma di pengetahuan kak, tapi juga kebiasaan. Walaupun sudah dikasih tau, di rumah tetap ikut pola makan keluarga, jadi sulit berubah." (KD2)

Cadres observed that even when pregnant women received nutrition education, they reverted to family eating patterns at home because family—especially husbands—did not support behavioral change.

3. Informational Powerlessness

Access to meaningful health information was severely limited. Although pregnant women routinely attended posyandu, their understanding of the substance of the information provided was minimal. Notably, severe anemia went unrecognized because the symptoms—fatigue, dizziness, and weakness—were considered normal aspects of pregnancy:

> "Saya kira hanya kelelahan biasa, ternyata setelah diperiksa katanya Hb saya rendah." (Ibu Hamil Partisipan)

"Kalau kami lihat di lapangan, ibu-ibu hamil itu sebenarnya mau saja ikut anjuran, tapi karena kurang pengetahuan, mereka jadi tidak tau mana makanan yang bagus untuk dikonsumsi selama hamil." (TK5)

Health workers noted that education on local food sources, including baby crab—one of the richest iron sources available in their environment—had not been conveyed effectively. Community members lacked awareness of the nutritional potential of local marine resources (Kumutha, Aruna & Poongodi, 2014).

4. Cultural Powerlessness

Cultural norms placing pregnant women in a position where they are "not supposed to ask for much" constituted a structural barrier to nutritional rights fulfillment. More critically, generational food taboos directly restricted the consumption of the most accessible iron-rich local food:

> "Kepercayaan turun-temurun yang beredar dalam komunitas nelayan secara nyata membatasi asupan zat gizi ibu hamil. Yang paling kritis adalah larangan mengonsumsi kepiting (termasuk baby crab)—justru salah satu sumber zat besi terbaik yang tersedia di lingkungan mereka." (Catatan Lapangan Peneliti)

The irony is stark: baby crab (Portunus pelagicus Linn.) is abundantly available in Medan Belawan waters as a fishing by-catch, with an iron content of 8.7 mg/100g and iron bioavailability of 15–35% due to heme iron from crab hemocyanin. Yet this resource is systematically excluded from pregnant women's diets due to cultural prohibitions (Martt, 2015; Kusniawati, 2017).

Table 1. Dimensions of Powerlessness of Pregnant Women in the Family

Dimension	Manifestation	Impact
Economic	Full dependence on husband's fishing income; unpredictable daily income	Chronic food insecurity; Fe intake only 5–6 mg/day (need: 27 mg/day)
Relational	Subordinate position in family decision-making; afraid to demand nutritional needs	No special food for pregnant women; follows general family diet
Informational	Limited access to meaningful health information; routine posyandu attendance without substance	Severe anemia unrecognized; symptoms considered normal pregnancy complaints
Cultural	Food taboos (ban on consuming crab/baby crab); norm of "not asking too much"	Best local iron source excluded from diet; structural barrier to nutritional rights

Source: Primary Research Data, 2025

DISCUSSION

The four dimensions of powerlessness identified in this study—economic, relational, informational, and cultural—form an interlocking system that structurally maintains anemia in pregnant women in coastal communities. This finding is consistent with the concept of multidimensional poverty which asserts that food insecurity cannot be explained by economic factors alone, but also by social relations and cultural systems that constrain individuals' agency (WHO, 2018).

Economic powerlessness, manifested through complete dependence on fishermen husbands' irregular income, directly determines daily food availability. This condition is exacerbated by relational powerlessness, in which pregnant women lack bargaining power to demand their nutritional needs within the household. The combination of these two dimensions creates a chronic food insecurity cycle that cannot be resolved merely through nutritional supplementation (Rasyid et al., 2016).

Informational powerlessness reveals a critical gap between routine health service attendance and genuine health literacy. Pregnant women's inability to recognize severe anemia symptoms reflects the failure of conventional one-way health communication approaches. This finding

underscores the need for interactive, context-specific, and culturally sensitive health education (Syahmara, 2015).

The cultural dimension, particularly food taboos against crab consumption, represents the most structurally complex barrier. In the Medan Belawan context, this taboo directly eliminates access to baby crab—the highest-quality heme iron source available in their immediate environment. These cultural beliefs require an empowerment approach that engages community leaders and older family members, not merely individual pregnant women, to achieve sustainable change (Kumutha, Aruna & Poongodi, 2014).

CONCLUSIONS

The powerlessness of pregnant women in Medan Belawan District is multidimensional in nature, encompassing economic, relational, informational, and cultural dimensions that are structurally interconnected. Anemia in this community is not merely a nutritional problem, but a social phenomenon rooted in power inequality within the family and community.

Interventions to address anemia in pregnant women in coastal communities must adopt a comprehensive empowerment approach that: (1) involves husbands and family members in nutrition education; (2) develops culturally sensitive communication strategies to address food taboos; (3) optimizes locally available marine food resources, particularly baby crab; and (4) strengthens the role of cadres as community-based change agents. Further research is needed to evaluate the effectiveness of empowerment-based interventions in addressing the structural causes of anemia in this population.

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CONFLICT OF INTEREST AND FUNDING DISCLOSURE

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AUTHOR CONTRIBUTIONS

RRS: conceptor, data curation, formal analysis, investigation, methodology, project administration, visualization, writing original draft, writing review and editing; EA: supervision, validation, writing review and editing; ES: methodology, validation; SRS: supervision, writing review and editing.

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