Volume 5 Issue 2 (2026), Pages 76-96
Sahaja: Journal Sharia and Humanities
p-ISSN 2964-7096, e-ISSN 2829-9396
https://ejournal.darunnajah.ac.id/index.php/sahaja

Gender-Responsive Legal Protection of Pregnant Women's Nutrition: Reframing Indonesia's "Isi Piringku" through the FAO Policy on Gender Equality

Hera Susanti, Universitas Sultan Ageng Tirtayasa
Hamdan Arief Hanif, Universitas Sultan Ageng Tirtayasa
Khariska Khaula Tania, Universitas Sultan Ageng Tirtayasa
Clarinta Alda Fuadiyah, Universitas Sultan Ageng Tirtayasa

Corresponding: susantihera57@untirta.ac.id

Article Info

Article history:

Received: September 26, 2026
Revised: November 4, 2026
Accepted: November 5, 2026

Keywords:

Legal protection,
Pregnant women,
Isi Piringku,
FAO Policy on Gender Equality,
Gender justice

Abstract

The right of pregnant women to nutritious food is not only a matter of biological need but also a question of legal protection and gender justice. In Indonesia, high maternal mortality and persistent child stunting remain serious structural problems, and they are often worsened by patriarchal patterns of food distribution within the household. This study analyses how the legal protection of pregnant women can be strengthened by integrating the "Isi Piringku" (My Plate) nutrition guideline with the Food and Agriculture Organization (FAO) Policy on Gender Equality. Using normative legal research with statute, conceptual, and policy-comparative approaches, the study examines constitutional, statutory, and regulatory norms alongside international gender-equality standards. The results show that Indonesian health legislation formally guarantees the right to health, but clinical nutrition campaigns such as "Isi Piringku" fall short because they ignore household gender power dynamics and stop at the door of the private home. The FAO Policy on Gender Equality offers three relevant pillars: equal decision-making power, equal access to resources and food, and the reduction and redistribution of unpaid care work. The study proposes a policy shift that turns "Isi Piringku" from a passive health recommendation into an active, gender-responsive legal instrument, supported by shared spousal duties, the recognition of nutritional neglect, and village-level regulation, so that pregnant women receive equitable access to nutritious food.

To cite this article: Susanti, H., Hanif, H. A., Tania, K. K., & Fuadiyah, C. A. (2026). Gender-Responsive Legal Protection of Pregnant Women's Nutrition: Reframing Indonesia's "Isi Piringku" through the FAO Policy on Gender Equality. *Sahaja: Journal Sharia and Humanities, 5*(2), 76-96.

A. Introduction

Pregnancy is often celebrated as a profound milestone in a woman's life, representing a period of profound personal fulfillment and societal continuation (World Health Organization, 2019). Yet behind the celebration lies a complex reality marked by physical, social, and legal vulnerabilities that frequently place expectant mothers at severe risk (UNICEF, 2021). In developing nations like Indonesia, one of the most immediate threats expectant mothers face is malnutrition, a primary driver of maternal mortality and long-term child stunting (Kementerian Kesehatan RI, 2021). To combat this pervasive public health crisis, the Indonesian government launched the "Isi Piringku" (My Plate)

***Corresponding Author:**
Hera Susanti, Universitas Sultan Ageng Tirtayasa, Indonesia, Email: susantihera57@untirta.ac.id
Copyright ©2026 Sahaja: Journal Sharia and Humanities

campaign via the Ministry of Health, modernizing older dietary frameworks into an easy-to-visualize balance of carbohydrates, proteins, vegetables, and fruits (Kementerian Kesehatan RI, 2018).

However, translating a dietary graphic into daily domestic practice is rarely straightforward in practice (World Bank, 2020). Malnutrition among pregnant women is seldom just a matter of nutritional ignorance or a simple lack of awareness regarding dietary guidelines (Black et al., 2013). In many agrarian and low-income communities, the root issue is tied directly to structural gender inequality within the household unit (FAO, 2011). Deep-seated cultural habits and patriarchal norms frequently put pregnant women at the back of the line when meals are served, reserving the most nutrient-dense protein portions for male heads of the household or young boys (Agarwal, 1997; Hadiz, 2004).

This cultural disparity is precisely where the domestic legal framework falls short (Bedner & Van Huis, 2010). Indonesian health law has long treated nutritional fulfillment as a private family matter or a purely clinical issue, rather than a fundamental human rights priority that demands gender-responsive legal protections (Indonesian Human Rights Commission, 2020). Without clear legal mechanisms ensuring equal access to food at the micro-level, inside the home, guidelines like "Isi Piringku" risk remaining well-intentioned posters on community clinic walls rather than actionable rights (Cornwall & Rivas, 2015).

International benchmarks, such as the FAO Policy on Gender Equality, offer a practical and transformative way forward for policy reform (FAO, 2013). The FAO emphasizes that global food security and adequate maternal nutrition cannot be achieved without structural gender justice, specifically regarding resource ownership, joint household decision-making, and dismantling systemic cultural discrimination (FAO, 2020). This paper examines how legal protections for pregnant women in Indonesia can be restructured by coupling the clinical nutrition goals of "Isi Piringku" with the substantive human rights principles championed by the FAO (World Health Organization, 2015).

The intersection between constitutional guarantees and daily household practice exposes a major structural disconnect in national public health governance (Butt & Lindsey, 2018). Although Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia explicitly guarantees every citizen the right to a healthy life and a clean environment, these constitutional directives rarely translate into enforceable protections at the domestic dining table (Republic of Indonesia, 1945). The state's traditional non-intervention stance in domestic arrangements creates a legal void where informal patriarchal customs override formal legal entitlements (Nyamu-Musembi, 2002). Consequently, pregnant women remain legally unprotected from intra-household food deprivation, which directly undermines both national maternal health targets and broader economic development goals (Molyneux, 2007).

Reconceptualizing the "Isi Piringku" framework through a gender-responsive legal lens requires a fundamental shift in how public health interventions interact with family law and local governance (Razavi, 2009). When nutritional campaigns ignore intra-household power dynamics, they inadvertently place the entire burden of compliance on women without giving them the decision-making authority or financial autonomy to alter household spending (Kabeer, 1999). Incorporating the core tenets of the FAO Policy on Gender Equality, namely equal rights to resources, shared domestic responsibility, and gender-transformative institutional policies, enables Indonesian policymakers to draft enforceable regulations that hold both family structures and local government units accountable for maternal well-being (FAO, 2013; KemenPPPA, 2020).

Recent scholarship has examined parts of this problem but has rarely brought them together. Nutrition and midwifery literature describes the specific dietary needs of pregnant women and the content of balanced-nutrition guidance (Andayani, 2024; Kementerian Kesehatan RI, 2021; Yuhanah et al., 2026), and reproductive health texts place maternal nutrition within the wider field of reproductive and family health (Purwoastuti & Walyani, 2015; Rohan, 2017). Recent intervention studies report that "Isi Piringku" education can improve pregnant women's knowledge and their control of meal portions (Handayani et al., 2025), while a systematic review notes that low nutritional literacy, limited food access, and economic constraints weaken its effect and that the involvement of husbands and families supports dietary change (Basit & Refina, 2025). Legal scholarship has examined

the reform of women's reproductive health rights and the protection of women in Indonesian law (Nabila & Desmawati, 2022; Nurhidayah, 2022; Sikti, 2021), and international studies show that intra-household norms and gender power relations shape who eats what and how much (Barak et al., 2024; Gulema et al., 2024). What remains missing is a legal analysis that connects the nutritional standard of "Isi Piringku" with enforceable obligations inside the household and with an international gender-equality benchmark.

Ultimately, transforming "Isi Piringku" from a passive educational advisory into an enforceable legal right is an essential step toward achieving substantive equality for Indonesian women (Sen, 1999). Addressing the structural causes of maternal malnutrition rather than just treating its physiological symptoms allows the legal system to uphold the dignity and constitutional rights of pregnant mothers (Fredman, 2016). By aligning national healthcare strategies with international gender equality standards, Indonesia can establish a comprehensive legal framework that guarantees every pregnant woman equal access to the food and nutrition necessary for her health and the future of her child (UNICEF, 2021). Accordingly, this study aims to analyse how the legal protection of pregnant women's nutrition in Indonesia can be strengthened by aligning the "Isi Piringku" guideline with the FAO Policy on Gender Equality. Its unit of analysis is the body of legal norms and policy instruments that govern maternal nutrition, from the Constitution to village regulations. After this introduction, Section B explains the research method, Section C presents the results of the normative analysis, Section D discusses these results in relation to previous studies and proposes a protection model, and Section E presents the conclusions.

B. Methods

This study employs normative legal research (doctrinal legal research) to systematically evaluate the adequacy of existing legal mechanisms in safeguarding the nutritional rights of pregnant women (Soekanto & Mamudji, 2015). Grounded in a combined statutory (statute approach) and conceptual framework (conceptual approach), the analysis examines binding legislative norms alongside theoretical models of feminist jurisprudence, human rights, and food security (Ibrahim, 2006; Marzuki, 2017). Primary legal materials consist of core constitutional directives, specifically Article 28H paragraph (1) of the 1945 Constitution guaranteeing the right to health, and key statutory provisions, including Law No. 39 of 1999 on Human Rights, Law No. 23 of 2004 on Domestic Violence Elimination, and Law No. 17 of 2023 on Health (Republic of Indonesia, 1945, 1999, 2004, 2023). These domestic statutes are evaluated directly against executive health guidelines, such as Ministry of Health Regulation No. 41 of 2014 and the "Isi Piringku" technical campaign, as well as binding international benchmarks like the FAO Policy on Gender Equality and the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) (Kementerian Kesehatan RI, 2018; FAO, 2013; United Nations, 1979).

The legal materials were organised into three categories, following the usual classification in Indonesian normative legal research (Marzuki, 2017; Soekanto & Mamudji, 2015). Primary legal materials comprised the instruments listed above together with Law No. 1 of 1974 on Marriage, which sets out spousal support duties, Law No. 6 of 2014 on Villages, which provides the basis for village regulations and budgets, Law No. 7 of 1984 on the ratification of CEDAW, and Minister of Health Regulation No. 41 of 2014 on Balanced Nutrition Guidelines (Kementerian Kesehatan RI, 2014; Republic of Indonesia, 1974, 1984, 2014). Secondary legal materials consisted of books, journal articles, and institutional reports on maternal nutrition, health law, women's protection, and gender relations in the household. Tertiary legal materials, such as legal dictionaries and encyclopaedias, were used to clarify legal terms.

The legal materials were collected through library and documentary research (Bakhri, 2018; Soekanto, 2007). Statutory and regulatory texts were taken from their official publications, policy documents were taken from the institutions that issued them, and secondary sources were selected for their relevance to the right to nutrition of pregnant women, the regulation of the household, and international gender-equality standards.

Complementing this statutory foundation, secondary legal materials were gathered from peer-reviewed legal and health journals, academic treatises, and institutional reports addressing intra-household bargaining power, structural gender inequality, and maternal health outcomes (Kabeer, 1999; Sen, 1999). Rather than taking a purely descriptive approach, these collected materials were evaluated qualitatively through a prescriptive legal lens to assess the normative alignment and enforceability of national public health interventions (Hadjon, 2007). The hermeneutic data analysis involved identifying legal ambiguity (obscuur libel) and systemic regulatory gaps where existing health policies fail to penetrate private domestic arrangements (Fineman, 2008). By synthesizing domestic statutory mandates with the gender-transformative standards of the FAO framework, the methodology formulates actionable legal reforms designed to elevate the "Isi Piringku" campaign from a passive health advisory into a binding, gender-responsive legal guarantee for expectant mothers (Fredman, 2016).

The analysis proceeded in four steps. First, the relevant norms were inventoried and classified according to their level in the hierarchy of legislation. Second, the norms were interpreted through the statute and conceptual approaches to establish what protection they give to the nutrition of pregnant women and where that protection stops. Third, the results were compared with the three pillars of the FAO Policy on Gender Equality and with CEDAW. Fourth, the findings were synthesised into prescriptive recommendations and a legal protection model. The analysis was qualitative and descriptive-analytical: the materials were reduced, organised, and displayed before conclusions were drawn (Sugiyono, 2011). The procedure is summarised in Figure 1.

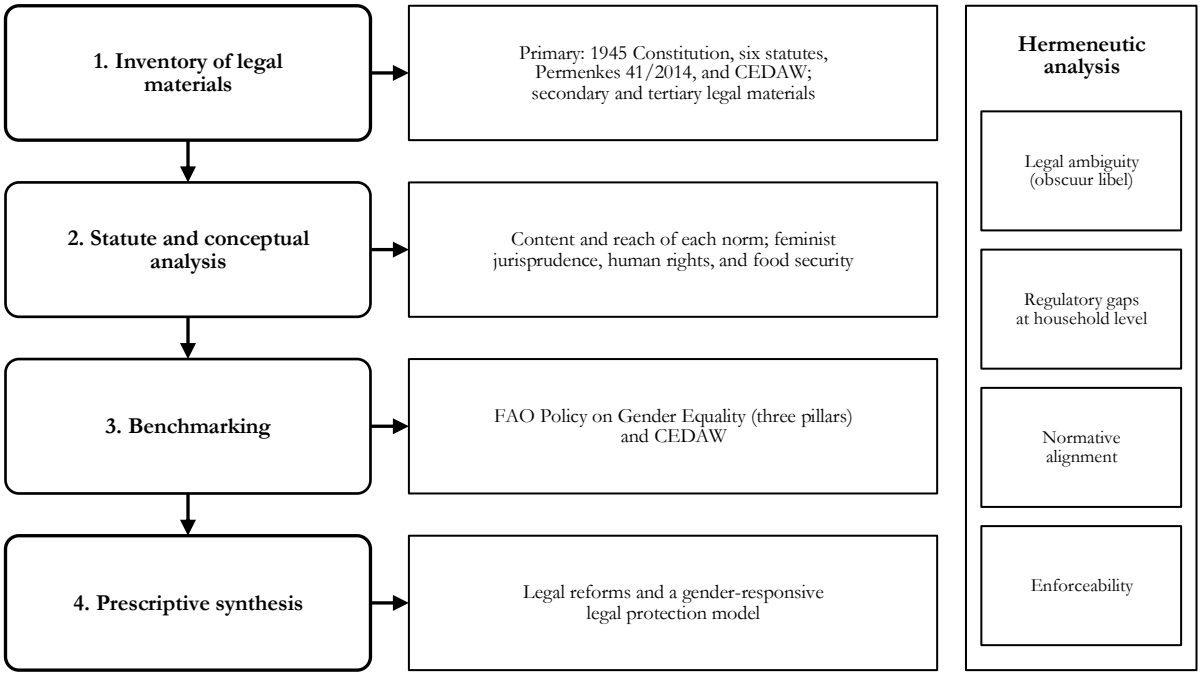


Figure 1. Normative legal research procedure

Source: Authors' elaboration (2026).

Figure 1 shows that the study moved from the inventory of legal materials to a prescriptive synthesis. The left column follows the four analytical steps, and the right column shows the materials and questions that guided each step. The hermeneutic identification of legal ambiguity and regulatory gaps runs across all steps, because each level of the analysis asked where the existing norms fail to reach the household. The final step links the findings to the protection model presented in the Discussion.

C. Results

The Right to Adequate Nutrition for Pregnant Women under Indonesian Law

Under national legislation, the right to health and food is explicitly protected by Article 28H paragraph (1) of the 1945 Constitution of the Republic of Indonesia and Law No. 39 of 1999 on Human Rights (Republic of Indonesia, 1945, 1999). Constitutional guarantees establish that every citizen possesses an inherent entitlement to a healthy living environment and adequate medical care, principles further reinforced by Law No. 17 of 2023 on Health (Republic of Indonesia, 2023). Within this statutory framework, health regulations specifically designate vulnerable populations, most notably pregnant and lactating women, as primary statutory beneficiaries entitled to continuous healthcare services, specialized maternal consultations, and targeted micro-nutrient interventions (Kementerian Kesehatan RI, 2018). These legislative safeguards reflect a formal constitutional commitment to upholding maternal health standards and mitigating national stunting rates across the archipelago (World Bank, 2020).

However, a critical legal and structural gap persists between formal statutory rights and their practical enforcement within private domestic settings (Bedner & Van Huis, 2010). National nutrition strategies, including the flagship "Isi Piringku" (My Plate) campaign implemented under Ministry of Health Regulation No. 41 of 2014, rely almost exclusively on technical-clinical delivery models (Kementerian Kesehatan RI, 2014). Public health strategies operate under the flawed assumption that distributing educational literature and visual nutritional charts will automatically translate into improved dietary intake for expectant mothers (Black et al., 2013). What this rigid legal and regulatory framework systematically overlooks is that the domestic household is rarely a neutral or egalitarian space (Agarwal, 1997). A pregnant woman's practical ability to consume her recommended daily share of protein, vegetables, and micronutrients under the "Isi Piringku" guidelines is frequently restricted by deeply embedded patriarchal customs that position women as subordinate caretakers who eat last and receive the smallest meal portions (Hadiz, 2004; Kabeer, 1999).

Consequently, contemporary Indonesian health law fails to provide substantive legal protection because its operational authority effectively stops at the front door of the private home (Nyamu-Musembi, 2002). By treating intra-household food allocation as a private family matter rather than a human rights issue, state regulations inadvertently tolerate subtle forms of domestic gender discrimination (Fredman, 2016). When legal mechanisms remain passive regarding how household resources are managed, clinical programs like "Isi Piringku" remain unenforceable ideals (Cornwall & Rivas, 2015). Without gender-responsive legal mandates that hold family structures accountable for equitable resource distribution, state nutritional guarantees remain theoretical for the women who need them most (Sen, 1999).

The instruments examined in this study, the protection that each provides, and the gap identified in each are summarised in Table 1.

Table 1. Legal instruments relevant to the nutrition of pregnant women and the protection gaps identified

Instrument	Protection provided	Gap identified
1945 Constitution, Article 28H(1)	Guarantees the right to a healthy life, a healthy environment, and health care	Rarely translates into enforceable protection at the domestic dining table
Law No. 39 of 1999 on Human Rights	Protects the right to health and food	No mechanism reaches food allocation inside the household
Law No. 1 of 1974 on Marriage	Sets out spousal support duties	Spousal duties are not linked to the nutritional needs of pregnancy
Law No. 23 of 2004 on the Elimination of Domestic Violence	Prohibits domestic violence, including household neglect	Passive nutritional deprivation of pregnant women is not explicitly addressed
Law No. 17 of 2023 on Health	Reinforces the right to health; health regulations treat pregnant and lactating women as priority beneficiaries	Relies on technical-clinical delivery; its authority stops at the door of the home
Minister of Health Regulation No. 41 of 2014 and "Isi Piringku"	Sets balanced-nutrition guidance for daily meals	Educational and advisory; assumes that the household is a neutral space
Law No. 6 of 2014 on Villages	Enables binding village regulations and village budgets	Not yet used for gender-equity measures in maternal nutrition
CEDAW, ratified by Law No. 7 of 1984	Requires adequate nutrition during pregnancy and lactation (Art. 12(2)) and equality in family relations (Art. 16)	Implemented mainly through health services; not yet translated into household-level obligations

Source: Authors' analysis of the legal materials (2026).

Table 1 shows a consistent pattern across the hierarchy of legislation. The Constitution, the Human Rights Law, and the Health Law establish the right to health and identify pregnant women as a priority group, but they address the state and health services rather than the household. The Marriage Law and the Domestic Violence Law reach into the household, yet neither links the duties of family members to the nutritional needs of pregnancy. The "Isi Piringku" guideline sets out what a pregnant woman should eat but relies on education alone, and the Village Law offers a regulatory and budgetary channel that has not yet been used for gender-equity measures in maternal nutrition. CEDAW, which Indonesia has ratified, sets the most specific standard by requiring adequate nutrition during pregnancy, yet it has been implemented mainly through health services. The protection of pregnant women's nutrition therefore depends on several instruments that do not yet work together.

The FAO Policy on Gender Equality as an Interventional Framework

The FAO Policy on Gender Equality was established on the fundamental premise that while women constitute the primary backbone of global agricultural production, food preparation, and domestic care, they remain disproportionately vulnerable to malnutrition and economic poverty (FAO, 2011, 2013). To dismantle these structural inequities, the FAO outlines key strategic pillars essential for achieving genuine food security and gender justice.

The first pillar is equal decision-making power: women must exercise a meaningful, legally recognized voice in household financial management, including direct control over agricultural income, food procurement, and daily meal allocation (FAO, 2013, 2020). The second pillar is equal access to resources and food: eliminating socio-cultural and legal obstacles that prevent women from accessing essential nutritional resources, particularly during high-vulnerability physiological windows such as pregnancy and lactation (FAO, 2013; World Health Organization, 2015). The third pillar is the reduction and redistribution of unpaid care work: promoting an equitable sharing of domestic responsibilities between partners so that an expectant mother's physical health, time, and emotional well-being are protected from exhaustion (FAO, 2013; Razavi, 2009).

Applying these institutional pillars to national maternal health protections transforms the "Isi Piringku" initiative from an isolated dietary obligation into an enforceable, shared domestic responsibility binding husbands, extended family networks, and local administrative authorities alike (Molyneux, 2007). By embedding the FAO's transformative gender standards into domestic public health policy, the state can bridge the disconnect between macro-level nutritional targets and micro-level household dynamics (KemenPPPA, 2020). Gender-responsive legal frameworks recognize that securing adequate nutrition for pregnant women requires direct policy interventions aimed at shifting power balances within the home (Fineman, 2008). When statutory mandates actively support a woman's right to control household resources and make health decisions, the "Isi Piringku" framework evolves into a viable instrument for structural legal protection (UNICEF, 2021).

The same direction is set by CEDAW, which Indonesia ratified through Law No. 7 of 1984 (Republic of Indonesia, 1984). Article 12(2) of the Convention requires States Parties to ensure that women receive appropriate services in connection with pregnancy, confinement, and the post-natal period, including adequate nutrition during pregnancy and lactation, while Article 16 requires equality between women and men in matters relating to marriage and family relations (United Nations, 1979). Read together with the FAO pillars, these provisions show that the nutrition of pregnant women is not only a health target but also a treaty obligation of the state that extends to the conditions of family life. Indonesian legislation has incorporated the general principle of non-discrimination, but the specific obligation to secure adequate nutrition during pregnancy has so far been implemented mainly through health services and education rather than through norms that address the household (Nabila & Desmawati, 2022; Republic of Indonesia, 1999).

Table 2 relates each FAO pillar to the household problem that limits "Isi Piringku" and to the legal implication identified in this study.

Table 2. FAO gender-equality pillars, household conditions of "Isi Piringku", and legal implications

FAO pillar	Household problem limiting "Isi Piringku"	Legal implication
Equal decision-making power	Men often control household spending and decide whether nutrient-dense foods are bought	Recognise women's voice in household food decisions; require spousal participation in maternal nutrition counselling
Equal access to resources and food	Customs that make pregnant women eat last and receive the smallest portions	Recognise intra-household food deprivation as an infringement of the right to health; set standards for domestic nutritional welfare
Reduction and redistribution of unpaid care work	Exhaustive domestic and physical labour that undermines maternal health	Treat care work as a shared domestic responsibility supported by village regulations and budgets

Source: Authors' analysis based on FAO (2013, 2020) and the legal materials (2026).

Table 2 indicates that each pillar addresses a different point at which the nutritional guideline fails in practice. The first pillar concerns who decides what food is bought and how it is shared, the second concerns whether the pregnant woman actually receives her portion, and the third concerns the physical and time burdens that undermine her health even when food is available. The legal implications follow the same order: recognition of women's voice in household food decisions, recognition of intra-household food deprivation as an infringement of the right to health, and shared domestic responsibility supported by local instruments. Read together, the pillars show that a nutritional standard becomes a legal protection only when it is linked to decision-making, access, and workload within the household.

Aligning "Isi Piringku" with FAO Gender Justice Principles

Integrating the FAO's human rights framework into national public health policies converts "Isi Piringku" from a soft educational advisory into an actionable, legally binding mechanism for

maternal protection (FAO, 2013; Fredman, 2016). Public health policies in Indonesia have historically treated maternal nutrition as a localized biological issue, failing to recognize how broader structural inequalities inhibit compliance at the household level (World Bank, 2020). By anchoring health guidelines in international human rights frameworks, state entities are required to look beyond medical outcomes and actively address the legal, social, and economic barriers preventing pregnant women from accessing essential food resources (Nyamu-Musembi, 2002; World Health Organization, 2015). This paradigm shift redefines nutritional compliance not merely as a maternal duty, but as a state-enforceable right guaranteed to expectant mothers across both public and private domains (Sen, 1999).

The alignment between the three FAO pillars, the household conditions that "Isi Piringku" depends on, and the domestic legal anchors identified in this study is mapped in Figure 2.

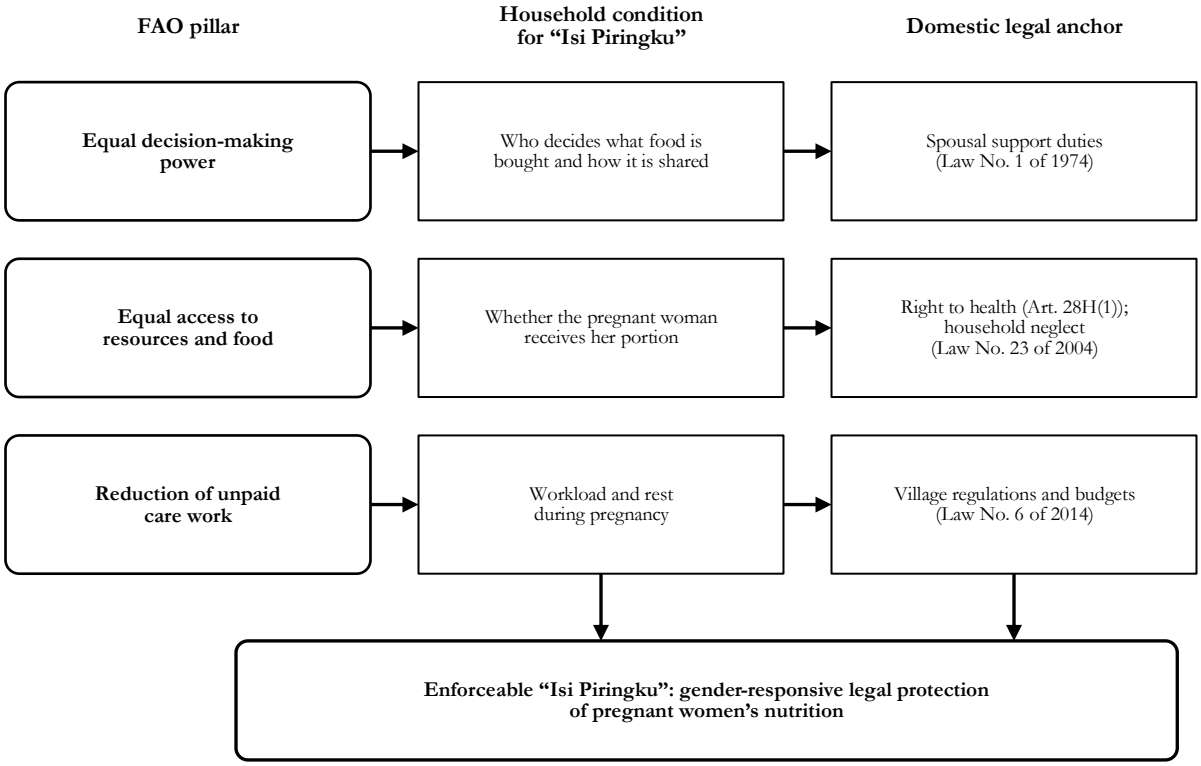


Figure 2. Alignment of the FAO gender-equality pillars with "Isi Piringku" and domestic legal anchors

Source: Authors' analysis based on FAO (2013, 2020) and Indonesian legislation (2026).

Figure 2 should be read from left to right. Each FAO pillar is linked to the household condition on which the "Isi Piringku" plate depends and then to the domestic legal instrument that can carry the corresponding obligation. Decision-making power is linked to spousal support duties under the Marriage Law, equal access to food is linked to the constitutional right to health and to the Domestic Violence Law, and the redistribution of care work is linked to village regulations and budgets. The figure shows that the elements needed for alignment already exist in Indonesian law; what is missing is an explicit connection between them and the nutritional standard.

D. Discussion

The results show that the weakness in the legal protection of pregnant women's nutrition lies less in the absence of rights than in the absence of mechanisms that carry those rights into the household. This section discusses three areas in which such mechanisms can be built, compares the findings with previous studies indexed in Scopus and Sinta, and proposes a gender-responsive legal protection model.

Two theoretical lenses help to explain why the existing rights do not reach the household. The first is substantive equality, which asks the law not only to treat women and men alike but to redress disadvantage, address stereotypes, enhance women's voice, and accommodate difference through structural change (Fredman, 2016). Measured against this standard, a guideline that tells pregnant women what to eat without changing who decides and who serves addresses only the first step. The second is vulnerability theory, which holds that the state must respond to the shared and situational vulnerability of its citizens through institutions that build resilience (Fineman, 2008). Pregnancy is a period of heightened physiological vulnerability, and the household is the institution in which that vulnerability is either supported or deepened. Both lenses therefore point to the same conclusion as the results: the legal response to maternal malnutrition must reach the institutions that shape a pregnant woman's daily access to food, including the family, the village, and local health services.

Deconstructing Patriarchal Meal Practices

Legal and administrative frameworks governing public health must actively engage spouses and male family members in mandatory "Isi Piringku" educational programs (Kementerian Kesehatan RI, 2018; KemenPPPA, 2020). Clinical counseling cannot continue to target pregnant women in isolation during routine prenatal visits while ignoring the domestic decision-makers who control household finances (Black et al., 2013). In many rural and low-income Indonesian households, male family members exercise primary control over discretionary spending, directly dictating whether nutrient-dense food items such as animal proteins and fresh produce are purchased (Agarwal, 1997; Kabeer, 1999). Furthermore, deeply ingrained cultural customs often dictate that male heads of household are served the largest and most protein-rich portions first, leaving pregnant women with nutrient-deficient leftovers (Hadiz, 2004).

Existing spousal support duties, such as those codified in Law No. 1 of 1974 on Marriage and Law No. 23 of 2004 on the Elimination of Domestic Violence, must be explicitly linked to maternal health policies to ensure that husbands share the legal and moral obligation to prioritize nutrient-dense foods for expectant mothers (Republic of Indonesia, 1974, 2004). Reorienting health counseling into a joint domestic obligation transforms dietary recommendations into an enforceable family contract (Bedner & Van Huis, 2010). When public health agencies require spousal participation in maternal health sessions, the legal responsibility for securing proper nutrition shifts from an individual burden placed on the woman to a shared marital duty recognized by law (Razavi, 2009).

These arguments are consistent with recent empirical work, although that work also shows the limits of spousal involvement on its own. A systematic review of "Isi Piringku" education for pregnant women found that involving husbands and families encouraged dietary behaviour change, while low nutritional literacy, limited food access, and economic constraints remained barriers (Basit & Refina, 2025). In Uganda, the norms-and-beliefs domain of intra-household empowerment was strongly linked to food security, and in fishing households women's food security was highest when their partners were also empowered (Barak et al., 2024), which supports the inclusion of men in nutrition programmes. Research in Ethiopia similarly shows that social norms and food taboos shape how food is allocated within households (Gulema et al., 2024). Other studies call for caution. A cross-sectional study of 105 pregnant women in Indonesia found no significant relationship between husband support and the fulfilment of balanced-nutrition needs, and instrumental support was the weakest dimension (Rinaldi et al., 2023), while an analysis of intrahousehold food distribution in the Philippines found no clear evidence of gender discrimination in the sharing of nutrient-rich foods (Angeles-Agdeppa et al., 2024). These findings suggest that patterns of intra-household allocation vary across contexts and that encouraging husbands to attend counselling is not sufficient by itself. They therefore support the argument of this study that spousal participation should be accompanied by enforceable duties and by measures that secure women's access to food.

Preventing Gender-Based Nutritional Neglect

The FAO highlights how systemic gender discrimination frequently manifests as passive nutritional neglect within low-income and agrarian households (FAO, 2011). While active physical violence is clearly prohibited under domestic abuse statutes, passive forms of gender-based deprivation, such as withholding adequate food, forcing pregnant women to perform exhaustive

physical labor, or refusing financial support for prenatal dietary needs, remain largely unaddressed within the legal system (Fineman, 2008; Molyneux, 2007). These silent practices contribute directly to severe maternal anemia, intrauterine growth restriction, and high rates of child stunting across Indonesia (UNICEF, 2021).

From a gender-responsive legal perspective, allowing a pregnant woman to suffer from preventable malnutrition, micronutrient deficiency, or exhaustion due to domestic pressures or spousal inaction should be legally recognized as an infringement upon her constitutional right to health care (Republic of Indonesia, 1945; World Health Organization, 2015). Establishing clear statutory standards for domestic nutritional welfare provides legal recourse and enables healthcare providers to intervene when intra-household food deprivation threatens maternal or fetal survival (Indonesian Human Rights Commission, 2020). Formalizing nutritional neglect as a breach of statutory care duties allows community health workers (Kader Posyandu) and clinical staff to document domestic deprivation, trigger state interventions, and provide legal protection for expectant mothers experiencing intra-household marginalization (Cornwall & Rivas, 2015).

A point of entry for such recognition already exists. Law No. 23 of 2004 includes household neglect among the forms of domestic violence, but it does not specify the withholding of food or of support for prenatal dietary needs as a form of that neglect (Republic of Indonesia, 2004). An explicit interpretation or implementing regulation that names nutritional deprivation during pregnancy would therefore extend an existing legal category rather than create an entirely new one. The role this assigns to health workers is consistent with the ethical and legal duties of the health professions, including midwives, to protect the health of the patients they serve (Is, 2015; Muchtar, 2016), and with legal approaches that treat the protection of women as a responsibility of both the state and the community (Nurhidayah, 2022; Sikti, 2021). Such an approach also reflects the call in recent Indonesian legal scholarship to reform the protection of women's reproductive health rights so that it responds to women's actual circumstances (Nabila & Desmawati, 2022). At the same time, any intervention in the household must respect women's autonomy and avoid placing additional blame on mothers, which is why the emphasis should fall on shared duties and support rather than on sanctions against pregnant women themselves (Fredman, 2016).

Strengthening Protection through Village-Level Governance

Operationalizing the FAO framework requires robust, decentralized legal mechanisms at the local government level (Hadiz, 2004). National health mandates often lose their enforceability when filtered down through complex administrative layers, resulting in poor execution at the community level where daily dietary choices occur (Butt & Lindsey, 2018). Village administrations (Pemerintahan Desa) can enact binding village regulations (Peraturan Desa) under Law No. 6 of 2014 on Villages, allocating local health budgets not only for supplementary food distribution, but also for mandatory gender-equity and spousal nutrition workshops for young couples (Republic of Indonesia, 2014; World Bank, 2020).

By institutionalizing gender-transformative criteria within local governance, village authorities can mandate that community health funds (Dana Desa) fund targeted micro-nutrient programs alongside spousal education workshops (KemenPPPA, 2020). Localized legal instruments establish concrete accountability mechanisms for community healthcare workers, village leaders, and heads of household alike (Ibrahim, 2006). Grassroots legal instruments create an immediate community support network, safeguarding pregnant women from unfair domestic labor burdens and ensuring equitable food distribution inside every home (Cornwall & Rivas, 2015).

Empirical evidence supports the village as a site for this protection. A national study found that village fund programmes significantly reduced stunting prevalence, with the clearest effects outside Java, and that the number of village officials was associated with lower prevalence, which points to the importance of administrative capacity (Indra & Khoirunurrofik, 2022). The World Bank's review of stunting expenditure likewise emphasised the need to spend nutrition budgets more effectively across levels of government (World Bank, 2020). Research on the governance of Indonesia's Free Nutritious Meals programme shows, however, that a solid legal foundation can be weakened by fragmented regulations and weak institutional coordination (Zaini, 2026). Village

regulations on maternal nutrition should therefore be coordinated with national health policy and with the work of community health centres, rather than operating as isolated local initiatives.

A Gender-Responsive Legal Protection Model

The three areas discussed above can be combined into a single model of legal protection. In this model, the national legal framework provides the rights and standards, village governance turns them into local rules and budgets, health services monitor and support pregnant women, and the household carries shared duties for food allocation and care work. The FAO pillars inform each level, so that decision-making, access to food, and workload are addressed together rather than separately. The model is presented in Figure 3.

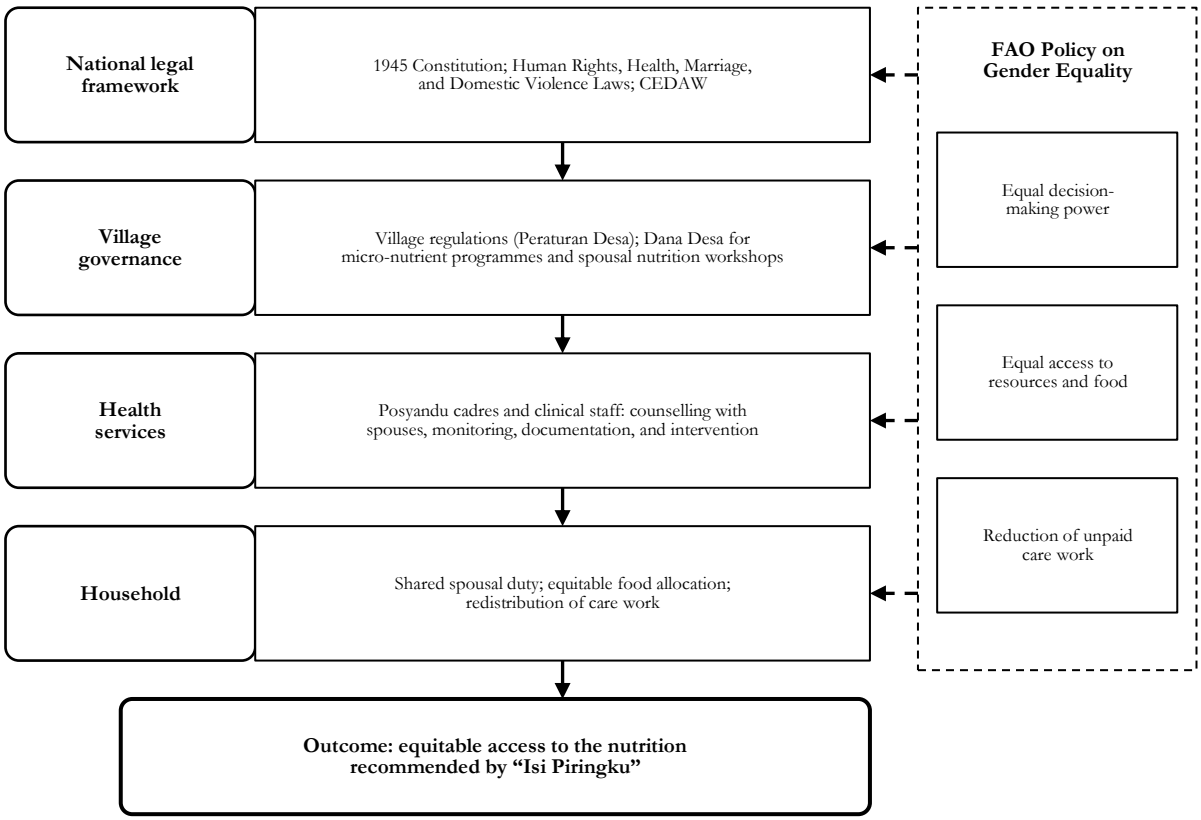


Figure 3. Gender-responsive legal protection model for pregnant women's nutrition
Source: Authors' elaboration (2026).

Figure 3 shows that the protection of a pregnant woman's nutrition depends on a chain of obligations rather than on a single rule. The national level supplies the legal basis, the village level supplies regulations and funding, health services supply counselling, monitoring, and documentation, and the household supplies the daily practice of equitable food allocation and shared care. The FAO pillars on the side indicate which gender dimension each level must address. The outcome at the bottom, equitable access to the nutrition recommended by "Isi Piringku", can be reached only when every level performs its role; a gap at any level returns the burden to the pregnant woman alone. The model is a normative proposal that follows from the analysis and still needs to be tested in practice.

Several practical steps follow from the model. At the national level, the balanced-nutrition guidance could state explicitly that counselling for pregnant women should involve spouses or other household decision-makers, and an implementing interpretation of the Domestic Violence Law could clarify that withholding food or support for prenatal dietary needs falls within household neglect. At the village level, model village regulations could earmark part of the village budget for micro-nutrient programmes and couple-based nutrition sessions, as the results suggest. At the level of health services,

community health workers and midwives could record indications of intra-household food deprivation during antenatal visits and refer cases to village or social services. At the household level, these measures aim to make the shared duty of spouses visible and practical rather than to sanction pregnant women. Each step uses an instrument that already exists in Indonesian law, which makes the proposal feasible without new legislation, although its effectiveness still depends on coordination between levels of government (World Bank, 2020; Zaini, 2026).

Contribution and Limitations

This article contributes to the literature in two ways. First, it moves the discussion of "Isi Piringku" from health education to legal protection, showing how a nutritional guideline can be connected with constitutional rights, family law, domestic violence law, and village regulation. Second, it uses the FAO Policy on Gender Equality as an analytical benchmark for domestic legal reform, which links the literature on intra-household bargaining (Agarwal, 1997; Kabeer, 1999) with the literature on substantive equality and vulnerability (Fineman, 2008; Fredman, 2016). Table 3 positions the study in relation to recent research.

Table 3. Position of this study in relation to recent research

Study	Focus and setting	Main finding	Relation to this study
Basit & Refina (2025)	Systematic review of "Isi Piringku" education for pregnant women	Education improved knowledge, attitudes, and practices; husband and family involvement supported change	Supports spousal involvement; this study adds legal duties
Handayani et al. (2025)	One-group study of 15 pregnant women with chronic energy deficiency, Indonesia	The "Isi Piringku" plate helped regulate meal portions	Shows the clinical value of the guideline; this study addresses household barriers
Rinaldi et al. (2023)	Cross-sectional study of 105 pregnant women, Indonesia	No significant relation between husband support and balanced nutrition	Support alone is insufficient; enforceable duties and access measures are needed
Barak et al. (2024)	762 respondents in fishing villages, Uganda	Norms and beliefs strongly linked to food security	Supports including men and addressing norms
Angeles-Agdeppa et al. (2024)	National intrahousehold consumption survey, Philippines	No clear gender discrimination in sharing nutrient-rich foods	Allocation patterns are context-specific
Indra & Khoirunurrofik (2022)	Village funds and stunting, Indonesia	Village funds reduced stunting, especially outside Java	Supports the village as a level of protection
Zaini (2026)	Governance of the Free Nutritious Meals programme, Indonesia	A solid legal basis is weakened by fragmented regulation and coordination	Supports coordinated rather than isolated regulation

Source: Authors' compilation (2026).

Table 3 shows that previous studies have examined the effects of "Isi Piringku" education, the role of husbands, intra-household norms, village funds, and the governance of nutrition programmes, but mostly from health, nutrition, or public administration perspectives. The present study differs in that it treats these factors as matters of legal obligation and proposes how existing instruments can be connected. The study also has limitations. As normative legal research, it does not provide empirical data on food allocation in Indonesian households, and its proposals have not yet been tested in villages or health services. The analysis also relies on the policy texts and literature available to the authors, so regional regulations and local customary rules were not examined in detail. Future research should test

the proposed model through empirical socio-legal studies in households, villages, and community health centres, and should examine how regional and village regulations on maternal nutrition are drafted and enforced.

E. Conclusion

This study concludes that (1) legal protections for pregnant women in Indonesia will remain incomplete as long as healthcare laws treat nutrition as isolated from domestic gender power dynamics, because the "Isi Piringku" initiative offers a solid clinical baseline for balanced nutrition but its practical impact is severely muted when patriarchal practices within the household dictate food distribution and favor men with the most nutrient-dense portions; (2) current public health frameworks rely heavily on medical advice and educational outreach and ignore how intra-household bargaining power and entrenched gender roles marginalize expectant mothers, so that without legal mechanisms that reach into private domestic spaces dietary guidelines will continue to act as passive recommendations rather than actionable human rights guarantees; (3) by integrating the principles of the FAO Policy on Gender Equality, maternal legal protections can transition from superficial health advisories into transformative legal rights, in which fulfilling an expectant mother's nutritional needs is recognized as a binding legal responsibility shared by spouses, families, and state institutions under relevant marriage and domestic protection frameworks; and (4) public health policy must shift the burden of nutritional compliance away from an isolated domestic chore placed solely on women and embed it within legally supported, community-driven governance, so that bridging national dietary campaigns with international gender justice standards allows "Isi Piringku" to function as an effective mechanism to combat maternal malnutrition and safeguard bodily integrity across Indonesia. In the future, the gender-responsive protection model proposed in this article can guide the drafting of implementing regulations and village regulations on maternal nutrition, and empirical socio-legal studies are needed to test how such regulations change food allocation and care work within households.

Acknowledgement (Optional)

The authors would like to express their gratitude to Universitas Sultan Ageng Tirtayasa for the financial support and assistance provided through the Internal Research and Community Service Grant Year 2026 on PKW Scheme which enabled the successful execution of this research.

Author Contributions

Hera Susanti, conceptualization and writing (original draft); Hamdan Arief Hanif, methodology and writing (review and editing). All authors have read and approved the final manuscript.

Conflict of Interest

The authors declare that there is no conflict of interest.

Data Availability Statement

No new data were generated in this study. The legal materials and literature analysed are published documents listed in the references.

Declaration of Generative AI Use

The authors used Grammarly and Claude (Anthropic) to improve the language of this manuscript, including grammar, spelling, clarity, and sentence flow. These tools were not used to generate the research design, legal analysis, findings, or references. The authors reviewed and edited all AI-assisted text and take full responsibility for the content of this article.

REFERENCES

Agarwal, B. (1997). "Bargaining" and gender relations: Within and beyond the household. *Feminist Economics, 3*(1), 1–51. https://doi.org/10.1080/135457097338799

Andayani, H. F. (2024). *Gizi ibu hamil*. Penerbit NEM.

Angeles-Agdeppa, I., Bouis, H., Briones, R. M., Espineli, I. B., & Maniego, M. L. V. (2024). Intrahousehold food distribution in the Philippines: A food share over energy share perspective. *Food and Nutrition Bulletin, 45*(2–3), 91–104. https://doi.org/10.1177/03795721241282415

Bakhri, S. (2018). *Metodologi penelitian hukum normatif dan operasionalisasinya*. Rajawali Pers.

Barak, F., Efitre, J., Odong, R., & Melgar-Quiñonez, H. (2024). Intrahousehold empowerment patterns, gender power relations, and food security in Uganda. *World Food Policy, 10*(1), 7–32. https://doi.org/10.1002/wfp2.12071

Basit, A., & Refina, L. (2025). Systematic review: Empowerment of pregnant women through "My Plate" ("Isi Piringku") education in stunting prevention and nutritional status improvement across the life cycle. *Journal of Scientific Insights, 2*(3), 193–210. https://doi.org/10.69930/jsi.v2i3.382

Bedner, A., & Van Huis, S. (2010). Plurality of marriage law and marriage registration for Muslims in Indonesia: A plea for pragmatism. *Utrecht Law Review, 6*(2), 175–191. https://doi.org/10.18352/ulr.130

Black, R. E., Victora, C. G., Walker, S. P., Bhutta, Z. A., Christian, P., de Onis, M., Ezzati, M., Grantham-McGregor, S., Katz, J., Martorell, R., Uauy, R., & the Maternal and Child Nutrition Study Group. (2013). Maternal and child undernutrition and overweight in low-income and middle-income countries. *The Lancet, 382*(9890), 427–451. https://doi.org/10.1016/S0140-6736(13)60937-X

Butt, S., & Lindsey, T. (2018). *Indonesian law*. Oxford University Press.

Cornwall, A., & Rivas, A.-M. (2015). From 'gender equality' and 'women's empowerment' to global justice: Reclaiming a transformative agenda for gender and development. *Third World Quarterly, 36*(2), 396–415. https://doi.org/10.1080/01436597.2015.1013341

FAO. (2011). *The state of food and agriculture 2010–11: Women in agriculture: Closing the gender gap for development*. Food and Agriculture Organization of the United Nations.

FAO. (2013). *FAO policy on gender equality: Attaining food security goals in agriculture and rural development*. Food and Agriculture Organization of the United Nations.

FAO. (2020). *FAO policy on gender equality 2020–2030*. Food and Agriculture Organization of the United Nations. https://doi.org/10.4060/cb1583en

Fineman, M. A. (2008). The vulnerable subject: Anchoring equality in the human condition. *Yale Journal of Law & Feminism, 20*(1), 1–23.

Fredman, S. (2016). *Substantive equality: Revisiting the concept of equality in international human rights law*. Oxford University Press.

Gulema, H., Demissie, M., Worku, A., Yadeta, T. A., Tewahido, D., & Berhane, Y. (2024). Intrahousehold food allocation social norms and food taboos in rural Ethiopia: The case of adolescent girls. *Heliyon, 10*(11), e32295. https://doi.org/10.1016/j.heliyon.2024.e32295

Hadiz, V. R. (2004). Decentralization and democracy in Indonesia: A critique of neo-institutionalist perspectives. *Development and Change, 35*(4), 697–718. https://doi.org/10.1111/j.0012-155X.2004.00376.x

Hadjon, P. M. (2007). *Perlindungan hukum bagi rakyat di Indonesia* (Edisi khusus). Peradaban.

Handayani, E. P., Pratami, Y. R., & Rohmawati, S. (2025). Effectiveness of "Isi Piringku" in pregnant women with chronic energy deficiency. *Indonesian Journal of Global Health Research, 7*(2), 1001–1006. https://doi.org/10.37287/ijghr.v7i2.5575

Ibrahim, J. (2006). *Teori dan metodologi penelitian hukum normatif*. Bayumedia Publishing.

Indonesian Human Rights Commission. (2020). *Standar norma dan pengaturan nomor 4 tentang hak atas kesehatan* [Standard of norms and regulation no. 4 on the right to health]. Komnas HAM.

Indra, J., & Khoirunurrofik, K. (2022). Understanding the role of village fund and administrative capacity in stunting reduction: Empirical evidence from Indonesia. *PLOS ONE, 17*(1), e0262743. https://doi.org/10.1371/journal.pone.0262743

Is, M. S. (2015). *Etika hukum kesehatan: Teori dan aplikasinya di Indonesia*. Prenadamedia Group.

Kabeer, N. (1999). Resources, agency, achievements: Reflections on the measurement of women's empowerment. *Development and Change, 30*(3), 435–464. https://doi.org/10.1111/1467-7660.00125

KemenPPPA. (2020). *Profil perempuan Indonesia 2020*. Kementerian Pemberdayaan Perempuan dan Perlindungan Anak.

Kementerian Kesehatan RI. (2014). *Peraturan Menteri Kesehatan Nomor 41 Tahun 2014 tentang Pedoman Gizi Seimbang*. Kementerian Kesehatan RI.

Kementerian Kesehatan RI. (2018). *Pedoman sasaran pemenuhan gizi seimbang: Isi piringku*. Kementerian Kesehatan RI.

Kementerian Kesehatan RI. (2021). *Pedoman gizi seimbang ibu hamil dan menyusui*. Kementerian Kesehatan RI.

Marzuki, P. M. (2017). *Penelitian hukum: Edisi revisi*. Kencana Prenada Media Group.

Molyneux, M. (2007). *Change and continuity in social protection in Latin America: Mothers at the service of the state?* (Gender and Development Programme Paper No. 1). United Nations Research Institute for Social Development.

Muchtar, M. (2016). *Etika profesi dan hukum kesehatan: Perspektif profesi bidan dalam pelayanan kebidanan di Indonesia*. Pustaka Baru Press.

Nabila, A., & Desmawati, Y. (2022). Pembaruan hukum perlindungan hak atas kesehatan reproduksi perempuan di Indonesia. *Jurnal Hukum & Pembangunan, 52*(1), 25–48. https://doi.org/10.21143/jhp.vol52.no1.1305

Nurhidayah. (2022). *Buku ajar hukum perlindungan anak dan perempuan*. Universitas Borobudur.

Nyamu-Musembi, C. (2002). Are local norms and practices fences or pathways? The example of women's property rights. In A. A. An-Na'im (Ed.), *Cultural transformation and human rights in Africa* (pp. 126–150). Zed Books.

Purwoastuti, T. E., & Walyani, E. S. (2015). *Panduan materi kesehatan reproduksi & keluarga berencana*. Pustaka Baru Press.

Razavi, S. (2009). Engendering the political economy of agrarian change. *The Journal of Peasant Studies, 36*(1), 197–226. https://doi.org/10.1080/03066150902820412

Republic of Indonesia. (1945). *Undang-Undang Dasar Negara Republik Indonesia Tahun 1945* [The 1945 Constitution of the Republic of Indonesia].

Republic of Indonesia. (1974). *Undang-Undang Nomor 1 Tahun 1974 tentang Perkawinan* [Law No. 1 of 1974 on Marriage].

Republic of Indonesia. (1984). *Undang-Undang Nomor 7 Tahun 1984 tentang Pengesahan Konvensi mengenai Penghapusan Segala Bentuk Diskriminasi terhadap Wanita* [Law No. 7 of 1984 on the Ratification of the Convention on the Elimination of All Forms of Discrimination against Women].

Republic of Indonesia. (1999). *Undang-Undang Nomor 39 Tahun 1999 tentang Hak Asasi Manusia* [Law No. 39 of 1999 on Human Rights].

Republic of Indonesia. (2004). *Undang-Undang Nomor 23 Tahun 2004 tentang Penghapusan Kekerasan dalam Rumah Tangga* [Law No. 23 of 2004 on the Elimination of Domestic Violence].

Republic of Indonesia. (2014). *Undang-Undang Nomor 6 Tahun 2014 tentang Desa* [Law No. 6 of 2014 on Villages].

Republic of Indonesia. (2023). *Undang-Undang Nomor 17 Tahun 2023 tentang Kesehatan* [Law No. 17 of 2023 on Health].

Rinaldi, T. A., Dewi, Y. I., & Sari, T. H. (2023). Hubungan dukungan suami dengan pemenuhan kebutuhan gizi seimbang pada ibu hamil dalam mencegah stunting. *Jurnal Keperawatan Tropis Papua, 6*(2), 86–93. https://doi.org/10.47539/jktp.v6i2.354

Rohan, H. H. (2017). *Buku kesehatan reproduksi: Pengenalan penyakit menular reproduksi dan pencegahan*. Intimedia.

Sen, A. (1999). *Development as freedom*. Anchor Books.
Sikti, A. S. (2021). *Hukum perlindungan perempuan: Konsep dan teori*. UII Press.
Soekanto, S. (2007). *Pengantar penelitian hukum*. UI Press.
Soekanto, S., & Mamudji, S. (2015). *Penelitian hukum normatif: Suatu tinjauan singkat*. Rajawali Pers.
Sugiyono. (2011). *Metodologi penelitian pendidikan*. Alfabeta.
UNICEF. (2021). *UNICEF nutrition strategy 2020–2030: Nutrition, for every child* (Brief, 2021 ed.). United Nations Children's Fund.
United Nations. (1979). *Convention on the elimination of all forms of discrimination against women*. United Nations.
World Bank. (2020). *Spending better to reduce stunting in Indonesia: Findings from a public expenditure review*. World Bank.
World Health Organization. (2015). *Gender, equity and human rights in health policies and programmes*. World Health Organization.
World Health Organization. (2019). *Trends in maternal mortality 2000 to 2017: Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division*. World Health Organization.
Yuhanah, Hidayati, R. W., Defera, W., Firdannisa, A. H., Afti, I. M., Xanda, A. N., ... & Arlis, I. (2026). *Kesehatan gizi ibu hamil dalam kebidanan*. Eureka Media Aksara.
Zaini, N. A. (2026). Legal development and human rights in the governance of Indonesia's Free Nutritious Meals program: A good governance perspective. *Journal of Legal Theory and Society, 1*(2), 149–164. https://doi.org/10.26623/wdr3cr06