

Analysis of Policy Implementation of The First 1000 Days of Life Program in Overcoming Stunting in Maros District

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ABSTRACT

Stunting is closely related to the first 1000 Days of Life. This 1000 HPK period starts from pregnancy until the age of 2 years. The aim of the study was to analyze the implementation of the First 1000 Days of Life program policy in Stunting Management in Maros Regency. This study uses a qualitative panel research method with a descriptive approach. Data were analyzed using content analysis. Interviews were conducted with 9 informants in several agencies, including 3 key informants and 6 regular informants. **Research result:** Communication between Organizations and Executing Activities (The process of conveying information about the 1000 HPK program in tackling stunting is carried out in the form of good socialization). Resources (Almost fulfilled in carrying out the 1000 HPK program but the capacity of human resources is still inadequate in this case the understanding and availability of budgets sourced from APBD funds and APBN funds). Characteristics of the Executing Agency (There is an SOP for the implementation of 1000 HPK. In the distribution of tasks and responsibilities to all policy implementers of the 1000 HPK program contained in the SK so that each cross-sector coordinate with each other. Disposition of Executors (Executors have played an active role and have a commitment for the success of the 1000 HPK program). **Conclusion:** Socialization activities have not gone well; several agencies are still experiencing a shortage of human resources both in quantity and quality and experiencing budget shortages resulting in inadequate facilities. In implementing the 1000 HPK program policies, several agencies used the SOP as a procedure for implementing the program as well as the division of tasks and responsibilities based on the Decree of the Maros Regent. Special suggestions for the health office to pay more attention to and have a high commitment to the nutritional status of children by ensuring specific nutrition interventions and sensitive nutrition interventions are right at the location of the village and at the right target group. **Key words:** First 1000 Days of Life, Policy, Stunting.

INTRODUCTION

Stunting is a condition of failure to thrive in children under five (babies under five years) resulting from chronic malnutrition so that children are too short for their age. Malnutrition occurs since the baby is in the womb and in the early days after the baby is born, however, stunting conditions only appear after the baby is 2 years old.¹

Stunting is closely related to the first 1000 Days of Life. The 1000 HPK period starts from pregnancy until 2 years old.² The period of the first 1000 days of life is often called the golden period based on the fact that during this period it determines the quality of life, this period is quite sensitive because the impact will be permanent, for this it is necessary to fulfill good nutrition.³

In an effort to prevent stunting, the government stipulates Presidential Regulation Number 42 of 2013 concerning the National Movement for the Acceleration of Nutrition Improvement, it is stated that the movement is a joint effort between the government and the community through raising and participating as well as stakeholder care in a planned and coordinated manner to accelerate the improvement of priority community nutrition in the thousand the first day of life or commonly known as Scaling Up Nutrition (SUN). The World Health Organization (WHO) recommends a 3.9% reduction in stunting per year to meet the stunting reduction target in 2025, which is 40%.⁴

Global Health Observatory (GHO) data from the World Health Organization (WHO) shows that 21.3% of all children under 5 years in the world are stunted in 2019 (World Health Organization, 2020). It is known that the prevalence of stunting for the South-eastern Asia region in 2020 is 24.1% (18%-31.5%) with an estimated number of stunting cases of 13.5 million (10.1%-17.6%).⁵ According to the results of the Indonesian Nutrition Status Study (SSGI) of the Ministry of Health (Kemenkes), the prevalence of stunted toddlers in Indonesia is 24.4% in 2021.

Thus, almost a quarter of toddlers in the country experienced stunting last year. However, this percentage has decreased compared to previous years. In 2020, the prevalence of stunting in Indonesia is predicted to still be 26.92%. Seeing the trend, the prevalence of stunting in Indonesia had jumped to 37.2% in 2013 and 30.8% in 2018. However, the numbers have tended to decrease in recent years (SSGI Indonesia, 2021). The government is also targeting the prevalence of stunting in Indonesia to fall to below 14% in 2024. For this reason, the target for reducing the prevalence of stunting every year must be around 2.7%. Data from the Pocket Book of Results of the Indonesian Nutrition Status Study (SSGI) in 2021, the stunting rate in South Sulawesi reaches 27.4%, from the national figure of 24.4%.

Based on data from the South Sulawesi Provincial Health Office, there are still regencies that contribute the highest stunting cases in 2021, namely Jeneponto

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Regency with 37.9%, Maros Regency with 37.5%, Takalar Regency with 34.7%, Bone Regency with 34.1% and Pangkajene Islands Regency 33.1%.

Based on the 2018 Riskesdas data, the stunting prevalence rate in Maros Regency is 34.9%, which is above the average prevalence rate in Indonesia, which is 30.8% (Riskesdas 2018). Meanwhile, based on data from the Indonesian Nutrition Status Study (SSGI) in 2021, the prevalence rate of stunting in Maros Regency is 37.5%.

According to the 2017 National Team for the Acceleration of Poverty Reduction (TNP2K), the first 1000 days of life program has not shown encouraging results such as a lack of integration planning, budgeting implementation, services, monitoring and evaluation, as well as the lack of common goals and agreement on the importance of handling the first 1000 days of problems. Likewise, intervention policies and programs are as effective as stunting because policies and regulations related to stunting intervention have not been utilized optimally as a common basis for stunting management (TN2PK, 2017).

The implementation of the First 1000 Days of Life program intervention also involved several cross-sectors so that some implementers still did not understand what the First 1000 Days of Life were and what was still an obstacle was the presence of sectoral egos that emerged in several related OPDs. Based on this statement, the researcher is interested in further examining how the "Implementation of the First 1000 Days of Life program policy in Stunting Management in Maros Regency".

METHOD

This research uses a qualitative panel research method with a descriptive approach which aims to find out information and problems regarding the implementation of the first 1000 days of life program policies in tackling stunting in Maros Regency. Sampling was purposive sampling, with a sample of 9 people consisting of 3 key informants, namely the Head of Regional Planning, Development, Research and Development Agency, Coordinator of the DP3A Stunting Task Force and Head of Public Health at the Health Office. The usual informants were 6 sub-coordinators for family health and nutrition at the health office, head of the PAUD curriculum section at the education and culture office, sub-coordinator for family social security at the social service, head of the food security division at the agriculture and food security office, DPUTRPP Drinking Water and Wastewater Sub-Coordinator and Sub-Coordinator for Empowerment of Processing and Marketing Businesses at the Department of Fisheries. Data were obtained using interview guidelines and prepared notes. Data analysis used content analysis method. The triangulation in this study was data source triangulation, theoretical triangulation, and technical triangulation. All procedures in this study had received ethical approval from the health research ethics commission, Faculty of Public Health, Hasanuddin University with number: 2133/UN4.14.1/TP.01.02/2023.

RESULTS

Communication between organizations and implementation activities

Transmission: Providing knowledge from health educators is the most strategic effort that gives leverage to alleviating the problem of stunting in Indonesia.

The results of the interview with the common informant said that socialization activities about the First 1000 Days of Life are often carried out. The following is an excerpt of the interview:

"Very often, well eee for meetings that are gathering people it's not scheduled but for implementation eee every month maybe friends carry out what is called education related to that 1000 HPK huh" (SUT, 48 years)

The interview excerpt from the NAJ key informant is the same as the statement of the usual informant, who said that socialization activities about the First 1000 Days of Life are often carried out but the informant is only a supporter. Here are excerpts from his interview:

"It has often been carried out, but we are only supporters of the implementation. Return to the health office, okay?"(NAJ, 57 Years Old, Head of Regional Planning, Development, Research and Development Agency)

Based on the results of the interviews that the researchers conducted, both ordinary informants and key informants explained that: Activities Socialization for the first 1000 days of life for stunting prevention has often been carried out.

Clarity: From the results of in-depth interviews with all informants, it was stated that the clarity of the First 1000 Days of Life program policy information was quite clear and kept repeating the intent and purpose of implementing the First 1000 Days of Life program policies. The following is an excerpt from the NAJ key informant interview:

"If we are in Bappeda, for example, the coordinator for the third area is budget planning, how do we ensure that in activities that touch stunting, we clear it, so we verify that there is a review later so that we ensure that the related OPDs there must be a touch on reducing stunting." (NAJ, 57 Years, Head of Regional Planning, Development, Research and Development Agency)

The excerpt of the interview is the same as the statement of the NAJ informant, who said that the information on the First 1000 Days of Life Program in Combating Stunting in Maros Regency regarding its aims and objectives has often been repeated. Following are key informant statements:

"Eee, like I said before, every activity that leads to stunting, we try to convey about how to prevent stunting, not only in 1,000 HPK, so if you ask about the mechanism, that's it" (NR, 42 years, DP3A Stunting Task Force Coordinator)

Based on the results of the interviews that the researchers conducted, from all informants, both regular informants and key informants explained that: the aims and objectives of the 1000 First Days of Life program were clear and often repeated in socialization activities and other activities so that OPD understood about the 1000 program Day of life.

Consistency: The results of in-depth interviews with several key informants stated that the communication in conveying information in outreach activities about the First 1000 Days of Life program was consistent. The information received is frequent and there is no difference in the information conveyed. Following is the interview excerpt:

"Well, it's been consistent, sometimes there are obstacles but we can still handle them." (NAJ, 57 Years, Head of Regional Planning, Development, Research and Development Agency)

Based on the results of the interviews that the researchers conducted, all informants, both ordinary informants and key informants, explained that: several informants said that in the stunting prevention socialization, policy implementers knew what was expected of them and knew what had to be done and the implementation of the 1000 HPK socialization had been running consistently but several informants said that the socialization implementation activities were not consistent.

Resource

Human resources: Based on the results of in-depth interviews with regular informants at the Maros District Health Office, the availability of human resources in implementing the First 1000 Days of Life

program is still lacking in nutritional staff so that human resources are still not fulfilled, the following is an excerpt from the interview:

if I do recommend nutrition support staff, it is very good. [...] we still always need power assistance for that." (SUT, 48 Years)

Excerpts from interviews with ordinary SUT informants differ from key informant statements, who say that the availability of human resources at BAPPEDA agencies is sufficient in the First 1000 Days of Life program. Here are excerpts from his interview:

"Well, I think HR is enough." (NAJ, 57 Years, Head of Regional Planning, Development, Research and Development Agency)

Based on the results of the interviews that the researchers conducted, both ordinary informants and key informants explained that: The availability of human resources in several agencies has been fulfilled but some of the agencies feel that the availability of resources is still lacking both in terms of quantity and quality.

Budget: A program or policy to ensure the implementation of the policy without adequate budget support, the policy will not work effectively in achieving goals and objectives. Budgeting for the implementation of the First 1000 Days of Life program policy in tackling stunting in Maros Regency comes from the center, namely BOK funds and APBD funds. From the results of in-depth interviews, informants used to say that budgeting for implementing the first 1000 days of life program is still lacking. The following is an excerpt of the interview:

"um, thank God, if we have assistance from the APBN, in this case DAK, non-physical DAK, thank God we got this year more or less compared to last year and the bureaucratic budget was cut more last year. , national to province, province to region, 2 more bureaucracy cut directly from the center, the center goes straight to the puskesmas so that's the good thing this year but the budget maybe a lot last year anyway, from the adequacy of the budget we still need a budget anyway, still need a lot of budget especially those that go directly to the posyandu, how many activities that seem lacking, maybe we still need it because, um, what's the name, there's a slight reduction, what's the name, the budget related to that. This year the total budget is 14 billion BOK funds.

The interview excerpt from the key informant NAJ is the same as some of the statements of ordinary informants, who said that in the first 1000 days of life program budgeting comes from BOK APBN funds and APBD funds but the budgeting is not enough to implement the program. Here are excerpts from his interview:

"Well that's not enough either, so this year it's because of stunting prevention because last year there was a BOK from the center because yesterday the TPPS secretary was from here at the Health Service for 2023 there was a change, now the head of the implementing team is BKKBN, it turns out The BOK from the central government is no longer available, so some of us are in Bappeda as those in the field of budget planning, meaning that the budget for implementing the program is lacking in budget, because it was estimated that it was still in the KB to it turns out that it is no longer there, so eee it is still lacking." (NAJ, 57 Years, Head of Regional Planning, Development, Research and Development Agency)

Based on the results of the interviews that the researchers conducted, all of the regular informants and key informants explained that: Availability of budgets, several agencies received budgets to support the 1000 HPK programs sourced from APBN and APBD funds to suffice and ensure the implementation of policies, because without adequate budget support, policies will not run effectively in achieving goals and objectives.

Facility: The availability of facilities and infrastructure is a supporting factor in the implementation of the First 1000 Days of Life program policy so that it can carry out existing programs and provide standard and quality services aimed at reducing stunting rates. Based on the

information obtained from the results of in-depth interviews with key informants and ordinary informants that the availability of facilities in the implementation of the first 1000 days of life program in Maros Regency according to the key informants said that the facilities were only owned by other agencies such as the Health Office, DP3A and DUPPR. Following are the results of his interview excerpts:

"um, if we are in Bappeda, it's just coordination, so if it's technical, it's in KB and the Health Service." (NAJ, 57 Years, Head of Regional Planning, Development, Research and Development Agency)

The interview excerpt is different from the statement of the SUT informant, who said that the availability of facilities at the Office of Education has not been fulfilled but is not an obstacle for the program to be implemented. Here are excerpts of his interview:

"We don't have any facilities and infrastructure because if there are ordinary activities it is inserted into other activities so there are no special facilities and infrastructure." (ERM, 45 Years)

Based on the results of the interviews that the researchers conducted, from all the informants the availability of facilities used in different agencies such as the Health Office and DP3A, the facilities used such as anthropometric tools were still lacking in each posyandu and other agencies that did not have special facilities in implementing the 1000 HPK program but did not an obstacle in its implementation.

Characteristics of the executing agency

SOP mechanism: Based on the results of in-depth interviews with the heads of all informants that in implementing the 1000 First Days of Life program policy in tackling stunting in Maros Regency several agencies use Standard Operating Procedures related to services related to the 1000 HPK program, but do not have a Special SOP in the 1000 HPK program. Excerpt of his interview:

"There is, there is in the health department." (NAJ, 57 Years, Head of Regional Planning, Development, Research and Development Agency)

"As for the SOP, I think the Health Service has it, but here it is, but it's not too specific for that kind of thing, it's just for prevention in family planning." (NR, 42 Years, DP3A Stunting Task Force Coordinator)

Based on the results of the interviews that the researchers conducted, from all informants, both regular informants and key informants explained that: In implementing the First 1000 Days of Life program in Maros District, several agencies used SOP as a procedure in implementing the program.

Fragmentation: Based on the results of in-depth interviews with all informants that in the Implementation of the First 1000 Days of Life Program Policy in Stunting Management in Maros Regency, all informants said that the implementation of the division of labor and responsibility for all 1000 HPK program implementers was based on the Decree of the Maros Regent. The following are excerpts from the interview:

"The structure is in SK TPPS which is a field." (NAJ, 57 Years, Head of Regional Planning, Development, Research and Development Agency)

"There is a TPPS structure, right?"

In the successful implementation of the first 1000 Days of life program policy in Maros Regency, coordination from all relevant agencies is needed, based on the results of interviews with all key informants and ordinary informants said that coordination activities are always carried out and coordinated directly by the deputy regent who is also the team leader for accelerating stunting reduction to support the success of the 1000 HPK program policy. Here's an excerpt of the interview:

"We were coordinated, thank God, it went smoothly. It just so happened that our TPPS head, Mrs. Deputy Regent, even the Deputy Regent,

has made a secretariat in front of her room, Mrs. Deputy Regent, so that's where we monitor the development of stunting every day." (NAJ, 57 Years, Head of Regional Planning, Development, Research and Development Agency)

"Of course, there is coordination because these 1000 HPKs are broad, not only the health sector must work, sectors outside the health scope must also be involved and we coordinate with each other." (NR, 42 Years, DP3A Stunting Task Force Coordinator)

Based on the results of the interviews that the researchers conducted, from all the common informants and key informants it can be concluded that: in carrying out the division of tasks and responsibilities to all OPDs regarding the implementation of the 1000 HPK program policy based on the Decree of the Maros Regent and for the success of its implementation each OPD coordinates mutually direct.

Executor's disposition

Commitment and implementation support are needed in every policy success, especially also in this 1000 HPK program policy. Based on the results of interviews with all key informants and ordinary informants, all informants said that in the commitment and support for the implementation of the first 1000 days of life program policies in Maros Regency, all agencies had carried out coordination and commitment involving several cross-sectors so that all of them were able to play an active role in supporting the success the first 1000 Days of life program in tackling stunting in Maros Regency. The following is an excerpt of the interview:

"Alhamdulillah everything went well, if there are any problems, there must be some but they can be overcome. At least those were the facilities and infrastructure, and even then, we also planned the most, how can we determine more about our budget in the district, it's still limited, okay?" (NAJ, 57 years old, Head of Regional Planning, Development, Research and Development Agency)

"Until now all are still active, then what you want to improve is understanding in all matters to accelerate the reduction of stunting." (NR, 42 Years, DP3A Stunting Task Force Coordinator)

The interview excerpts from all the key informants are the same as the statements of ordinary informants, who say that all cross-sectors have played an active role both as executors and just as supporters in the 1000 HPK program. Here are excerpts from his interview:

"Everyone is very supportive, the head of the TPPS in Maros or the team leader for accelerating stunting reduction is the vice regent and she really cares about this program, she always pays attention to the problem of stunting and nutritional problems, stunting and poverty. he is really trying to solve problems related to nutrition and poverty in Maros." (SUT, 48 Years)

"As explained earlier, eee deck, we always have coordination from various parties and all work together to support the reduction of stunting." (ERM, 45 Years)

Based on the results of the interviews that the researchers conducted, from all regular informants and key informants it can be concluded that: All OPDs in Maros Regency have played an active role and are committed to the success of the 1000 HPK program policy in tackling stunting, but in practice some OPDs are still experiencing obstacles.

DISCUSSION

Communication between organizations and implementing activities

Transmission: Based on the results of the research, it shows that regarding communication, transmission has often occurred. The

process of conveying information about the First 1000 Days of Life program in tackling stunting is carried out in the form of socialization, both in terms of socialization that is specifically focused on the First 1000 Days of Life program and delivery at various other meetings. The Health Service and the Head of the Team for the Acceleration of Stunting Reduction, in this case the Deputy Regent of Maros Regency, have held a meeting related to the first 1000 Days of Life program which aims to provide cross-sectoral understanding of the aims and objectives of specific interventions and sensitive interventions. Although there is no specific schedule to discuss the 1000 HPK program.

Research that has been conducted by⁶ which states that openness or transparency in an organization is seen from the easy access to information provided by the organization for the community, with the existence of reciprocal communication carried out by the government to the community. With the delivery of clear information, proper communication, and division of work to subordinates, each individual subordinate will work according to the authority received.⁷

Clarity: From the results of in-depth interviews with all informants, clarity about the first 1000 days of life program was obtained. several activities and meetings so that what is known by the executors can be conveyed to the community. Life so that the information provided is clearer and more focused.

This is in line with research conducted by (Hegantara et al., 2021)⁸ related to the implementation of policies on communication variables in the dimension of clarity, it is not clear, this is because the delivery of information is not clear, the difference in the ability of implementers to capture and understand the information conveyed is also different and the age of the policy since it was issued has been long.

Consistent: Based on the results of the research, the implementers know what is expected of them and know what to do, this is obtained from every activity that is attended by the relevant OPDs in Maros Regency, where in every outreach activity or other meeting activities are carried out consistently so that implementers get clear and consistent information without any discrepancies in information other than that the team leader for accelerating stunting reduction, in this case the Deputy Regent, directs all executors not to change and stay in accordance with the decree that has been determined so that there are no discrepancies in the information that has been conveyed. Consistency in communication needs to be improved in policy implementation in order to eliminate risks that may arise.⁹

Resource

Human resources: Based on the results of in-depth interviews with all informants, several informants stated that the availability of human resources had almost been fulfilled in implementing the 1000 HPK program but the ability of human resources was still inadequate in this case understanding of the first 1000 days of life. Several informants also stated that the obstacle related to human resources was a lack of staff, while there were so many targets in program implementation that some program implementations did not run optimally. However, several informants also stated that the availability of human resources had been fulfilled so that there were no obstacles related to human resources.

Human resources are very important in the success of a policy, this is in line with research conducted by (Nefy et al., 2019)¹⁰ which states a shortage of human resources both in quality and quantity. malnutrition as much as 62.5%. The shortage of nutrition workers and several health workers and other extension workers has resulted in sub-optimal implementation of interventions in the field, and has had a major impact on efforts to improve community nutrition.

Budget: The results of this study found that in implementing the first 1000 Days of Life program policies in Maros Regency, the availability

of budgets sourced from APBD funds and APBN funds, each agency involved in implementing the program had different activities or interventions with different budget amounts. Most of the informants stated that the budget for implementing the program was still limited, so that not all loci could be intervened.

The budget is related to the adequacy of capital or investment in a program or policy to ensure the implementation of the policy, because without adequate budget support, the policy will not work effectively in achieving goals and objectives.¹¹

Facility: The use of facilities and infrastructure in implementing the first 1000 days of life program in tackling stunting in Maros Regency varies depending on several agencies, but there are also agencies that do not use special facilities but are not an obstacle in implementing the 1000 HPK program, such as in the Service Agencies. Health and DP3A the availability of facilities and infrastructure using anthropometric, ultrasound and other tools but the availability of anthropometric tools is still very lacking at some posyandu, there are still posyandu that use tools that are not according to standards while the Office of Social Affairs, the Office of Education and the Office of Fisheries do not have special facilities in implementing the program.

In research conducted by (M. Ulfah & Rahman, 2019) said that in order to successfully implement the 1000 First Days of Life Movement Program, adequate support is needed in terms of facilities, infrastructure, and personnel. Posyandu is already available in every village, the number can be added again with the reason to reach the people to the furthest point. Height measuring devices and scales for monitoring toddlers are often in poor condition.

Characteristics of the executing agency

SOP mechanism: The results of this study indicate that every program related to the first 1000 Days of Life program policy already has an SOP in its implementation. related SOPs are within the scope of the Health Office and the Agriculture and Food Security Service and the Fisheries Service, while OPDs such as the Social Service, BAPPEDA, DP3A and the Education Office do not have SOPs. With the Standard Operating Procedure (SOP) implementers can optimize the available time so that it is more effective and can function to standardize the actions that must be carried out because there are already standards that can be used.

This is in line with research conducted by (Ani & Eko Budi, 2016)¹² that the attitude of the implementer is said to be good if the executor or implementor has carried out the task in accordance with the procedure, it means that they have understood what is related to the program and what is the executor's task.

Fragmentation: The results of the study indicate that in the distribution of tasks and responsibilities to all policy implementers of the First 1000 Days of Life program through the Decree of the Maros Regent concerning the establishment of a Team for the Acceleration of Stunting Reduction where each cross-sector is contained in a decree so that each cross-sector coordinate with each other to carry out the 1000 Days program policy First life.

The aim of coordination is to increase the effectiveness of stunting prevention through synchronization, harmonization and integration between various stunting prevention priority activities. Coordination is strengthened at every level of administration from the central level to the village level, with specific roles and functions. At the district level, coordination is expected to create a regional policy environment that supports convergent nutrition intervention policies, by adapting regional policies to central policies and regional conditions (TNP2K, 2018).

Executor's disposition

The results of the research show that the implementation of stunting prevention in Maros Regency is not only an obligation of the Health Service agency but also involves the participation of other institutions that have an influence on the incidence of stunting, the implementation of the 1000 First Days of Life program policy in Maros Regency has gone well because of the implementers have played an active role and have a commitment to the success of the First 1000 Days of Life program. The commitment of the executors is seen from the enthusiasm of the executors in carrying out their duties.

Based on research results (Cahyani *et al.*, 2022)¹³ said the implementation of the stunting prevention program could run well because of a good bureaucratic structure at the Konawe District Health Office. That the implementation of the stunting prevalence prevention program is a form of support for equal distribution of health to the community in a way that is responsible for creating a healthy community in Konawe district.

CONCLUSION

The conclusions from the research results that have been examined are as follows:

Socialization activities aimed at executors have not been running consistently because of the difficulty in adjusting the time between cross-sectors to carry out socialization activities and other meetings. Several agencies are still experiencing a shortage of human resources both in quantity and quality so that the implementation of the First 1000 Days of Life program is still not optimal. All related agencies experienced budget shortages so that not all loci could be intervened by implementers. The availability of facilities in several agencies such as the Health Service is still inadequate as there is still a lack of anthropometric and ultrasound equipment and some Posyandu use equipment that does not comply with standards. In implementing the first 1000 days of life program policy in combating stunting in Maros Regency several agencies use SOP as a procedure for implementing the program as well as the division of tasks and responsibilities based on the Decree of the Maros Regent. In this case, all cross-sectors participate in stunting prevention so that all implementers play an active role. and have a commitment.

SUGGESTION

The suggestions given from the results of this study are as follows:

Especially for the health department to pay more attention to and have a high commitment to the nutritional status of children by ensuring specific nutrition interventions and sensitive nutrition interventions are right for the location of the village and right for the target group. Agencies need to regularly and continuously review the 1000 First Days of Life program in Stunting Prevention and should establish a special budget to support the 1000 HPK program in Maros District. Create a stunting prevention program using a positive deviation approach and implement a program to accelerate nutrition improvement with the first 1000 days of life movement and create a community empowerment program by utilizing the potential of local food sources of nutrients based on Moringa leaves.

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