
Analysis Of The Implementation Of The First 1,000 Days Of Life (1,000 HPK) Specific Nutrition Intervention Program For Stunting Management At Sarwodadi Community Health Center, Pemalang Regency, In 2025

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Abstract

Stunting remains a significant public health problem in Indonesia. The Sarwodadi Community Health Center is one of the areas with a relatively high prevalence of stunting. In 2024, the stunting prevalence was recorded at 16.90%, and in 2025 the number of stunting cases increased by 18.63% compared with the previous year. This condition indicates that the implementation of the stunting intervention program has not yet been fully successful in reducing the prevalence of stunting. This study aimed to analyze the implementation of the First 1,000 Days of Life (1,000 HPK) Specific Nutrition Intervention Program for stunting management at the Sarwodadi Community Health Center. This study employed a descriptive qualitative design using a case study approach. Data were collected through in-depth interviews, observations, and document reviews. The data were analyzed using data reduction, data display, and conclusion drawing techniques. Data trustworthiness was ensured through source and method triangulation. The findings revealed that several indicators of the specific nutrition intervention program targeting the first 1,000 days of life had not been optimally achieved. In terms of input, there were limitations in human resources, and specialized training for community health volunteers (cadres) on stunting management had not been systematically planned. Regarding the process aspect, the frequency of direct field monitoring remained limited. In the output aspect, the coverage of exclusive breastfeeding, as well as iron supplementation (30 and 90 iron-folic acid tablets) for pregnant women, had not reached the established targets. The study recommends conducting regular monitoring and evaluation of the First 1,000 Days of Life nutrition intervention program to improve its effectiveness in preventing and reducing stunting.

Keywords: *Stunting, Specific Nutrition Intervention, First 1,000 Days of Life (1,000 HPK), Program Implementation, Community Health Center*

INTRODUCTION

Stunting remains one of the most critical global public health and nutrition problems, particularly in low- and middle-income countries, including Indonesia. Despite ongoing national efforts to improve maternal and child nutrition, stunting continues to affect a substantial proportion of Indonesian children. According to recent national data, the prevalence of stunting in Indonesia remains high at approximately 21.6%, which is still considerably above the government's target of reducing the prevalence to 14% (Puspitasari et al., 2023; Yuniarti et al., 2024). The World Health Organization (WHO) also reported that Indonesia had one of the highest stunting prevalence rates in Southeast Asia, reaching 31.8% in 2020. Although the prevalence declined to 24.4% in 2021 and further decreased to 21.4% in 2022 based on the Indonesian Nutritional Status Survey (SSGI), stunting continues to pose a major public health challenge (Fachrul, 2024).

Stunting is a multifactorial condition resulting from chronic undernutrition during critical periods of growth and development. Several risk factors contribute to its occurrence during pregnancy and early childhood. One of the most frequently identified determinants is inadequate maternal knowledge regarding maternal health, nutrition, and appropriate dietary intake during pregnancy and after childbirth. In addition, limited access to and utilization of maternal health services, particularly antenatal care (ANC), further increase the risk of impaired child growth and development (Rini et al., 2024).

To address the persistent burden of stunting, the Indonesian Government has implemented a range of nutrition-specific interventions, including the First 1,000 Days of Life (1,000 HPK) Specific Nutrition Intervention Program. The first 1,000 days of life, spanning from conception until a child

reaches two years of age, represent a critical window for ensuring optimal growth and development (Kriswibowo, 2023). This period, often referred to as the "golden period," encompasses approximately 270 days of pregnancy and the first 730 days after birth. Nutrition interventions during this period include antenatal care (ANC), iron and folic acid supplementation for pregnant women, supplementary feeding for pregnant women with chronic energy deficiency and undernourished children, early initiation of breastfeeding (EIBF), exclusive breastfeeding during the first six months of life, appropriate complementary feeding for children aged 6–24 months, vitamin A supplementation, and nutritional management for children with severe malnutrition (Rahayu et al., 2018).

The First 1,000 Days of Life program constitutes one of Indonesia's primary nutrition-specific strategies for preventing and reducing stunting (Rahadiyanti, 2022). Community Health Centers (*Puskesmas*) play a pivotal role in implementing these interventions by delivering essential maternal and child health services at the primary healthcare level. Consequently, reducing stunting prevalence has become one of the priority performance indicators for Community Health Centers through the implementation of the national First 1,000 Days of Life nutrition intervention program, including at the Sarwodadi Community Health Center (Samiah, Rizki, & Hakim, 2023).

In the working area of the Sarwodadi Community Health Center, the prevalence of stunting reached 16.90% in 2024, with 374 stunted children identified among 2,213 children measured. This prevalence exceeded the national target of 14%, indicating that stunting remained a significant health concern in the area. Furthermore, the prevalence increased to 18.63% in 2025, representing an increase of 1.73 percentage points compared with the previous year. This upward trend suggests that the implementation of the stunting intervention program has not yet achieved its intended outcomes in reducing stunting prevalence within the Sarwodadi Community Health Center's service area. Therefore, evaluating the implementation of the First 1,000 Days of Life Specific Nutrition Intervention Program is essential to identify existing gaps, challenges, and opportunities for improving program effectiveness. Based on these considerations, this study aims to analyze the implementation of the First 1,000 Days of Life (1,000 HPK) Specific Nutrition Intervention Program for stunting management at the Sarwodadi Community Health Center, Pemalang Regency.

RESEARCH METHODS

This study was conducted within the service area of the Sarwodadi Community Health Center, Pemalang Regency, Indonesia. Data collection was carried out on 24, 28, and 29 April 2026 at the Pemalang Regency Health Office, Sarwodadi Village, and Kebojongan Village.

This study employed a descriptive qualitative design using a case study approach to explore the implementation of the First 1,000 Days of Life (1,000 HPK) Specific Nutrition Intervention Program for stunting management. The qualitative case study approach enabled an in-depth understanding of program implementation, including its strengths, challenges, and contextual factors influencing its effectiveness.

The study participants consisted of two categories of informants: key informants and triangulation informants. A total of 12 informants participated in the study, including the nutrition officer and coordinating midwife from the Sarwodadi Community Health Center, a nutrition officer from the Pemalang Regency Health Office, community health volunteers (*Posyandu* cadres), and mothers of children under five years of age. Participants were selected using purposive sampling, whereby individuals with direct involvement in or experience related to the implementation of the nutrition intervention program were intentionally recruited to provide relevant and comprehensive information.

Data were collected through in-depth interviews, direct observations, and document reviews. The interview guide focused on exploring the implementation of nutrition-specific interventions during the first 1,000 days of life, while observations and document reviews were conducted to

corroborate the interview findings and provide contextual information regarding program implementation.

The collected data were analyzed using the interactive qualitative data analysis framework, which consisted of data reduction, data display, and conclusion drawing and verification. To enhance the credibility and trustworthiness of the findings, source triangulation and method triangulation were employed by comparing information obtained from different informants and multiple data collection techniques.

RESULTS AND DISCUSSION

The evaluation of the implementation of the First 1,000 Days of Life (1,000 HPK) Specific Nutrition Intervention Program for stunting management at the Sarwodadi Community Health Center was conducted through in-depth interviews with informants directly involved in program implementation as well as program beneficiaries. The findings were analyzed using a systems approach consisting of input, process, and output components.

Input

The input component focuses on the availability of resources required to implement the First 1,000 Days of Life Specific Nutrition Intervention Program, including human resources, funding, facilities and infrastructure, and operational guidelines.

Human Resources

The findings revealed that the availability of personnel responsible for implementing the nutrition intervention program remains limited. The nutrition officer at the Sarwodadi Community Health Center explained that one nutrition officer is responsible for supervising approximately 35 Posyandu (Integrated Health Posts), making routine direct monitoring of every Posyandu impractical. Consequently, monitoring activities are delegated to other healthcare personnel, including midwives, health promotion officers, and environmental health officers, according to operational needs. Furthermore, capacity-building activities, particularly specialized training for community health volunteers (Posyandu cadres) on stunting management, are not conducted regularly. These findings indicate that the limited workforce has reduced the intensity of field supervision and may affect program effectiveness.

Funding

The study found that program financing is supported through multiple funding sources. Financial resources are derived from the Health Operational Assistance Fund (BOK) and the Village Budget (APBDes). The combination of these funding mechanisms demonstrates effective intersectoral collaboration and provides adequate financial support for implementing nutrition interventions.

Facilities and Infrastructure

Adequate facilities and infrastructure, particularly standardized anthropometric equipment, are essential for accurate growth monitoring and early detection of stunting. The findings showed that all Posyandu within the Sarwodadi Community Health Center have been equipped with standardized height and length measurement devices recommended by the Indonesian Ministry of Health. Therefore, the availability of anthropometric equipment has met the required standards.

Standard Operating Procedures

Although technical guidelines from the Ministry of Health are available, the study found that formal Standard Operating Procedures (SOPs) are not well documented at the district health office level. Nevertheless, healthcare personnel at the community health center continue to implement the program according to established operational practices. Stunting cases are identified through monthly Posyandu activities, during which children's weight and height are measured and subsequently entered into the Electronic Community-Based Nutrition Recording and Reporting System (e-PPGBM). Nutritional status is then automatically classified through the integrated information system. These

findings suggest that while operational implementation has been standardized in practice, better documentation and dissemination of SOPs are needed to ensure consistency and sustainability.

Process

Planning

Program planning is conducted using evidence generated from the e-PPGBM information system. Nutritional status data are used to identify priority Community Health Centers and target populations requiring intervention, including children with stunting, wasting, underweight, and overweight conditions. This demonstrates that program planning is data-driven and consistent with the Ministry of Health's risk-based intervention strategy.

Implementation

The implementation of the First 1,000 Days of Life intervention follows a comprehensive life-course approach beginning in adolescence, continuing through premarital health services, pregnancy, childbirth, and child health services until the child reaches two years of age. One notable innovation identified in the study is the provision of supplementary foods based on locally available food resources, which strengthens community participation while promoting sustainable nutrition interventions.

Monitoring and Evaluation

Program monitoring is supported by a monthly reporting system and the Integrated Nutrition Information System (Sigizi Terpadu) through the e-PPGBM platform. These digital reporting mechanisms facilitate transparent reporting from community health centers to district, provincial, and national health authorities. However, direct field monitoring is conducted only once every six months because of the limited number of nutrition personnel. This limited monitoring frequency may delay the identification and resolution of implementation problems at the community level.

Output

Stunting Prevalence

The prevalence of stunting within the Sarwodadi Community Health Center service area reached 18.63% in 2025, increasing from 16.90% in 2024, representing an increase of 1.73 percentage points. This trend indicates that additional efforts are required to achieve the national target for stunting reduction.

Exclusive Breastfeeding

Exclusive breastfeeding coverage was identified as one of the weakest program indicators. Only 51.87% of infants aged six months received exclusive breastfeeding, substantially below the national target of 80%. Health workers acknowledged that achieving universal exclusive breastfeeding remains challenging despite ongoing promotion and counseling activities.

Early Initiation of Breastfeeding and Vitamin A Supplementation

Coverage of Early Initiation of Breastfeeding (EIBF) reached 79.12%, closely approaching the national target of 80%. Vitamin A supplementation demonstrated excellent performance, with coverage reaching 99.6% among children aged 6–59 months and 100% among postpartum mothers. Interviews with mothers confirmed that early breastfeeding initiation was consistently implemented immediately after delivery, supporting neonatal survival and successful exclusive breastfeeding practices.

Iron–Folic Acid Supplementation for Pregnant Women

Coverage of iron–folic acid supplementation remained below the national target. Distribution of 30 iron tablets (Fe30) reached 85.13%, while 90 iron tablets (Fe90) reached 79.93%, compared with the national target of 90%. Several mothers reported experiencing nausea after consuming iron tablets and therefore preferred taking them at night before bedtime to minimize side effects.

Complementary Feeding for Children Under Two Years of Age

The complementary feeding program demonstrated excellent performance. All 117 children under two years of age in the eight villages served by the Sarwodadi Community Health Center received complementary foods, resulting in 100% program coverage. This achievement was supported

by the active involvement of Posyandu cadres and the implementation of Integrated Primary Health Services (ILP), which combines maternal, child, adolescent, and elderly health services into a single integrated Posyandu session. This integrated service model facilitates efficient service delivery and contributes to timely, adequate, and appropriate complementary feeding, an essential component of stunting prevention.

CONCLUSION

The implementation of the First 1,000 Days of Life (1,000 HPK) Specific Nutrition Intervention Program for stunting management at the Sarwodadi Community Health Center has generally been implemented in accordance with national guidelines; however, several aspects require improvement to enhance program effectiveness. From the input perspective, the program continues to face limitations in human resources, as only one nutrition officer is responsible for coordinating nutrition services, resulting in a high workload and limited field supervision. In addition, specialized training for Posyandu cadres on stunting management has not been systematically planned. Although funding from the Health Operational Assistance Fund (BOK) and Village Budget (APBDes) has been integrated effectively at the community health center level, financial support at the district level has declined. Standard anthropometric equipment has been fully provided across all Posyandu; however, equipment maintenance remains inadequate. Furthermore, while program implementation follows the technical guidelines issued by the Indonesian Ministry of Health, standard operating procedures are not yet well documented or systematically managed at the district level.

Regarding the process component, the implementation of the program follows a continuous life-course approach beginning from adolescence through pregnancy and early childhood. Collaboration among health programs and across sectors has been implemented effectively, while reporting is conducted through the Electronic Community-Based Nutrition Recording and Reporting System (e-PPGBM) using a structured reporting mechanism. Nevertheless, direct field monitoring remains infrequent because of the limited number of nutrition personnel, reducing opportunities for timely supervision and problem identification.

With respect to the output component, several program indicators demonstrated satisfactory performance. Coverage of vitamin A supplementation for children and postpartum mothers, complementary feeding for children under two years of age, and early initiation of breastfeeding approached or achieved the expected targets. However, the coverage of exclusive breastfeeding and iron-folic acid supplementation (Fe30 and Fe90) among pregnant women remained below the national targets. Therefore, strengthening these priority interventions, together with improving human resource capacity, routine monitoring, and program management, is essential to enhance the effectiveness of the First 1,000 Days of Life nutrition intervention program and accelerate the reduction of stunting prevalence.

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