

THE IMPLEMENTATION OF THE ROLE AND FUNCTION OF FAMILY AND TAKEHOLDER INTEREST IN SUPPORTING FULFILLMENT OF THE FIRST 1000 DAYS OF A CHILD'S LIFE

Ruslan Hasani^{1a}, Akhmad², Ramlah Dilla³

^{1,3}Poltekkes Makassar Ministry of Health, ²Poltekkes Kendari Ministry of Health

^a Corresponding author : hasani.ruslan@gmail.com

ABSTRACT

The term first 1000 days of a child's life or the first thousand days begin introduced in 2010 since planned Movement Scaling-up Nutrition at the global level. This effort systematically involving various stakeholder interests especially government, the business world and the society to give special attention to pregnant women to children aged 2 years, especially food, health and nutritional needs. This research aims to analyze the Implementation of Roles and Functions of Family and Stakeholders Interests in Support Fulfillment the First 1000 Days of Nutrition in Children's Life. The research method is qualitative research with an explanative phenomenological approach. The research was conducted in Mamajang Sub-district, Makassar City, South Sulawesi Province and Barangka District, West Muna District, Southeast Sulawesi province from April to October 2018. The sampling technique was purposive sampling with 12 (twelve) people consisting of parents and close of Children's families, related such as the Regional government, Health Officers who are involved in the first 1000 days of children's life. The data analysis technique used in this study is to understand the instructions of Miles and Huberman (1992). The results showed that of the four who suffered from malnutrition there was one child because the family's economic function was disrupted due to the role of the father who abandoned the child, there was one children who suffered from malnutrition due to the family's economic disruption caused by the father not living with his child. Children suffered from malnutrition because the family health care function that did not work well included one malnourished one due to lung disease due to a father who smoked in the room and one person suffered from malnutrition due to his mother not routinely taking her child to the Integrated Service Centre (Posyandu) to weigh. The conclusion of the study is to fulfill the nutritional needs of the first 1000 days of a child's life is closely related to the role and function of the family, the role of the local government and the role of the health center officers.

Keywords: The first 1000 days of a child's life, the role and function of the family, the local government, the health center

INTRODUCTION

The term first 1000 days of life or the first thousand days begin introduced in 2010 since planned Movement Scaling-up Nutrition at the global level. This is a systematic effort involving various stakeholder interests especially the government, the world of business and the society for special attention to pregnant women to children aged 2 years, especially food, health and nutritional needs.

The effect of nutritional deficiency on the first thousand days can cause baby born with small thin LBW, less immunity. Problems occur in programming organs so that chronic diseases can be occurred such as kidney disease, heart failure, type 2 diabetes mellitus, hypertension, stroke, and cancer. In addition, there can be low cognitive growth and IQ barriers which decreases adult productivity.

The results of a study from India in 2008 showed that children who were malnourished, tended to be short adults, then tended to give birth to small babies, who were at risk of having low educational achievement risks, and finally had a low economic status. Stunting at an early age can predict cognitive performance and the risk of coronary heart disease in adults

(Achadi, 2014)

Repairing nutrition at an early age (0-36 months) can significantly increase income. The effect of malnutrition in the womb extends to 3 generations, as indicated by relationship between grandmother's height and birth weight babies born to women in cohort study (Achadi, 2014).

According to the results of Riskesdas year 2013 the prevalence of malnutrition in children under five was 25.6 percent, which means that the problem of malnutrition in South Sulawesi is still a public health problem with a high prevalence. Among the 24 Regencies / Cities, there are three regencies / Cities including very high prevalence categories, namely Bone Regency, Pangkep Regency and Bantaeng Regency (Dinkes Sul-Sel, 2015).

South Sulawesi Provincial Health Office noted that there were 116 cases of malnourished children under five from January to March 2011. Four areas of malnutrition in South Sulawesi were Makassar City, Pangkep Regency, Maros, and Jeneponto (Kemenkes RI, 2017).

The condition of nutritional status under two years (*Baduta*) is group that prone to nutrition and will determine the

quality of life later. Fulfillment of nutrition is a child's basic right. One effort to improve health and nutrition is to increase the roles and function of the family in meeting the nutritional needs of children from birth to 1000 days of the next children's by providing good nutritional intake in accordance with the stages of growth and corresponding with stage growth and development of their children.

METHOD

Research type of this research is qualitative with an explanative phenomenological approach that aims to obtain information / data about things that are not known so that they can be found because the cause of the problem. Research held in Mamajang District, Makassar City, South Sulawesi Province and in Barangka Sub-District, West Muna District, Southeast Sulawesi Province, April to October 2018. In this research, the sampling technique was purposive sampling with total sample as many as 12 (two twelve) people consisting of biological parents and close family / caregivers of baby under two years, as well as related parties such as the local government, non governmental organizations who are directly involved in the program for the first 1000 days of the birth.

The Instrument in this study is the researchers themselves where in conducting research the researchers equip themselves with *Tape recorder*, which serves to record the interview process. Digital camera, to take pictures the process of collecting data in the field. Interview Guidelines, as a reference in giving questions to informants. interview Matrices, which are used in storing the results of data / information collected that have been obtain during interviews in the field.

RESULTS AND DISCUSSION

1. Father's role as head of the household

In overcoming the problem of underweight body of children, the implementation of the role is more focused on the role of mother as the closest family to baby under two years (*Baduta*), however the role of the father who is also a nuclear family that is not less important than the role of the mother, is still not much involved to deal with malnutrition in the body. A father as head of the family has 5 roles, namely the role as breadwinner, educator,

protector/ protector, giving security to each family member and also as a member of the community of a particular social group, is expected to play a role in improving toddler nutrition in his family. Therefore it is necessary to study the role of father in overcoming underweight children under five.

As the results of interviews with the author of 17-year-old "WN" respondents, it is seen that the role of the father has a huge influence on the occurrence of malnutrition in children under two :

The role of father "Dv" as a breadwinner is not well implemented as seen from the expression of the "WN" who cares for "Dv" as follows.

"..... "Dv" from birth have never been provided by their father" WN 17 years old

"..... my mother has not been with father "Dv" but has not been divorced yet....." WN 17 years old

"..... "Dv"'s father never come here, his father is in Kendari. He never come to see his son....." WN 17 years old

Father "Dv" does not carry out his role as protector and guardian of the family as contained in the following interview excerpt.

"..... so me and my mother are guarding and taking care of "Dv" until now" WN 17 years old

"..... me, my mom and my sister "Dv", who live in this house are only three..... " WN 17 years old

and also as a member of a certain social group, father "Dv" has never socialized with the community around the house. As contained in the following excerpt from the interview.

"... The father has never socialized with the people here ..." WN 17 years old

The "Dv" case is also justified by the Head of the Wuna Health Center as stated below.

"..... "Dv"'s case from broken family. I inform to the head of Health Department like that... "Mr. D, 40 years old

2. The role of mother as housekeeper

Based on several studies that have been conducted, it is clear that the relationship between complementary feeding with infant and the nutritional status of infants is apparent. Research conducted in the work area of Gedongtengen health center in Yogyakarta showed a significant relationship between the pattern of complementary feeding with infant and nutritional status of children aged 6-24 months.²⁰ This is similar with the research conducted in the Setabelan Village of Surakarta City where the results showed that there was significant correlation between complementary feeding with infant and nutritional status between 6-24 months.

Complementary feeding Adequate is complementary feeding which was in compliance among others, the exact time, the variety of types, the consistency of frequency and the portion that corresponds to the age of the child. In practice there are still many parents who provide early complementary feeding with infant. Giving complementary feeding with infant early will increase the risk of allergies, digestive disorders and even nutritional needs that are not met due to reduced portion of breast milk. Based on the research conducted by attitudinal factors on social culture which encourages early provision of complementary feeding with infant is the most influential factor. to social a culture that encourages the provision of early complementary feeding with infant is a the most influential factor.

As the authors get, most children who suffer from malnutrition by their parents have been given complementary feeding with infant prematurely as contained in the following excerpt from the interview.

".....Started to add additional food complementary feeding when she was 20 days old and ate it because she was crying..." WN 17-years-old

"... Fedding formula milk sun but sometimes a banana if she did not like sun..." 17-year-oldWN

"...Since not enough one months of age given banana or grits mixed with vegetable...."WM 33 years

".....Since the age of 3 months given formula milk..... "Mrs. H, 20 years old

".....An Exclusive breast milk for 3 months. Actually she has many breast milk but because of work hard so the breast milk did not come out again.....: Mrs. H 20 years

"..... Given SGM milk until 5 months of age after that changed with lactogen premature milk and now denstart milk due to the child got allergy of premature milk..... "Mrs. H 20 years old

"... Intially given breast milk after that given formula premature milk..... "Mrs. R 40 years old

The risk of malnutrition in children who do not get exclusive breast feeding is more risky than children who get exclusive breastfeeding. Breast milk is the best food for babies aged 0-6 months. Breast milk also contains antibodies so that children do not get sick easily. However, the coverage of exclusive breastfeeding is still quite low.

The coverage of exclusive breastfeeding is due to the lack of breast milk production factors as revealed by the following Public Health Center staff below.

".....actually the most problematic is exclusive breastfeeding, it has been explained about the benefits of breast feeding but her mother still gives her formula milk with reason her breast milk is not enough... "Ms. H, 35 years old

The incidence of malnutrition can be prevented by giving exclusive breastfeeding. This is proven as the writer got in respondent 5 who gave exclusive breastfeeding to his child.

"..... just born, I have been breastfed until now. Alhamdulillah my breastmilk is quite a lot so that my child is not lacking..... "Mrs Rk, 32 years old

The economic function of family

Families with income below the minimum wage is 3.2 times more at risk of not providing inadequate nutrition compared to families with income above the minimum wage (Septikasari & Septiyaning, 2016). This is in accordance with the opinion of Sebataraja¹⁹ which states that the amount and quality of family meals is determined by the level of family income. Families with a high standard living tend to

have toddlers with good nutrition compared to families with low living standards. Public intervention programs on the parent's education and the standard of living of the households at district level should be given high priority to combat the children's undernutrition problems so far as weight for age is concerned (Bharati et al., 2010).

Research conducted in Pakistan shows that the middle economic community has a risk of nutritional deficiencies due to lack of nutritious food intake. Society economy middle class to under have risk defense nutrition consequence lack of nutritious food intake. Similar to the research conducted in Pati, which also shows that the smaller the family income, the more percentage of malnourished children (Falasifah, 2014).

According to Hanani (2018), a high economic activity tends to be followed by high employment opportunities as well, this also means that employment opportunities and opportunities to get better income. With better income, there will be better purchasing power.

From the statement of the respondents below, it was revealed that children under five who experience malnutrition are from families whose income is middle to lower.

"... Dv's mother works in Sawerigadi to become a housemaid 3 days after returning home..." 17-year-old WN

"...The shipment of Dw's father is routine but not much. Alhamdulillah, enough....."
"WM 33 years

"... "Dw" was fed with grits mixed with vegetables and eat fish once a week"
"WM 33 years

"..... She help her father to make a living at 7:00 already go to sell after that just come home in the afternoon. "An". It's guarded at home" "Mrs. R, 40 years old

"..... selling soft drink on the road side ..."
Ny R, 40 years old

Function of family health care

The first thousand days of life is a critical period in which the formation and development of important organs occur. Malnutrition in this period can cause permanent and long term effects (Achadi, 2014).

Thus, the nutritional status of the pre-pregnant women, the newborn's weight and the nutritional intake of the child from the first birth until two years of age will affect nutritional status in the next life period. Woman of childbearing age have a normal upper arm circumference (LILA) of 23.5 cm. LILA that is less than 23.5 cm indicates a lack of chronic energy (KEK) (Ariyani et al, 2012).

Pre-pragnant mothers who experience a lack of chronic energy (KEK) will be at greater risk of giving birth to a baby weighing less than 2,500 grams called low birth weight (LBW) This is due to a lack of nutrient reserves that are very much needed at the time of fetal development so that babied born underweight have normal weight (Sebataraja, 2014).

Nutritional status toddlers also influenced by exclusive breastmilk. breastmilk is the best food for newborns up to the age of 6 months. Based on research conducted in West Padang, the results of infants who are exclusively breastfed 89% have normal nutritional status (Nilakesuma, 2015).

Breastmilk is a fat emulsion in a solution of protein, lactose and organic salts secreted by both breast glands, as the main food for babies. In the first 6 months breastmilk is the only one suitable food for babies. Breast milk contains more lactose than cow and goat milk which is very useful for baby's brain.

The protein content of breast milk is lower than cow and goat milk. Animals need milk with a higher protein concentration, while babies have rudimentary kidney function, which makes it difficult to remove the remaining protein from animal milk. This is because animals grow faster than humans.

The type of protein in various milk is of different quality, so is the quantity. Most of the protein in cow's milk in casein, which in the baby's stomach forms thick clots and is difficult to digest. In the breast milk, the casein content is less and the casein forms a lump that is softer and easier to digest. Soluble proteins (soluble) or whey protein is also different. In breast milk many whey proteins contain anti-infective proteins, which help protect baby to infection. Animal milk does not contain the type of anti-infective protein that protects the baby.

Babies who are given food artificial

will experience intolerance against proteins that originate from milk animals. When baby got foods containing different types of proteins, they are will experience diarrhea, pain stomach, rash and symptoms others. Diarrhea can persist (persistent) that can worsen malnutrition. Babies who are given formula milk or milk animals are also more maybe experience allergies that can cause eczema and asthma.

The whey protein that is present in various kinds of milk is different. Breast milk contains alpha-lactalbumin and cow's milk contains beta-lactoglobulin. In addition, protein in milk animal or formula milk contains a balance of amino acids that are different from breast milk, which is not ideal for babies. Animal milk or formula milk amino acids cystine and taurine are needed by babies newborn especially for growth the brain. Today taurine is sometimes added to the formula milk.

Anti- infective proteins in breast milk include lactoferrin (which binds iron and prevents the growth of bacteria that need iron) and lysozyme (which kills bacteria) and also antibodies (Immunoglobulins, mostly Ig A). Other important anti-infective factors include the bifidus factor (which supports the growth of lactobacillus bifidus. L bifidus prevent the growth of harmful bacteria, and causes the stool of breastfed babies to smell like yogurt). Breast milk also contains anti-viral and anti-parasitic factors.

The quality of fats in various types of milk is different. Breast milk contains essential fatty acids that are not found in cow's milk or formula milk. This essential fatty acids is needed for the growth of the baby's brain and eyes, and the health of blood vessels. Breast milk also contains the enzyme lipase which helps digest fat. This enzyme is not contained in formula milk as well health vessels blood. Breast milk also contains lipase enzyme that helps digest fat. Enzyme this not there is in the formula milk. Fat contained digested in breast milk more perfect and is used more efficiently by the baby's body than the fat contained in cow's milk or formula milk.

The newborn's intestine has not produced all enzymes needed to digest milk fat. Lipase in breast milk makes it perfect for digestion of fat in the baby's intestine. Lipase in ASI is also called lipase stimulated by bile salts. (beta-salt stimulated lipase) because it starts working in the intestine along with bile salts. Lipase

is not active in the breast or inside the stomach before the milk mixes with bile.

Cow's milk contains lots of vitamins B but does not contain vitamin A and vitamin C as much as breast milk. Health workers often recommend giving the baby an early age to get vitamin C. This may be needed for babies who are given artificial food but not needed for breastfed babies. Breastmilk contains a lot of vitamin A, if the mother consumes enough vitamin A sources in her food. Breastmilk can supply as much vitamin as the child needs even in her second year.

Some types of vitamins B in breast milk are the same or more than in cow's milk but for most vitamin B, the amount in cow's milk is 2 to 3 times more compared to breast milk. This high content this exceeds baby's needs. Goat's milk contains higher vitamin B content folate very little, so it can cause anemia.

Several types of vitamins B, the amount in breast milk is the same or more than cow's milk but for most vitamins B the amount in cow's milk is 2 to 3 times greater than in the breastmilk this high content exceeds the baby need's. Goat's milk contains very little vitamin B, so it can cause anemia. Some types of milk both contain very little iron (50-70 μg / 100 ml, or 0.5-0.7 mg / l). But there is an important distinction. Only about 10% of iron in cow's milk is absorbed. substance iron in milk cow absorbed, but about 50% of iron from breast milk is absorbed. Babies who are given milk cow not got enough substance iron and often get anemia. In breast-fed infants exclusive get enough substance iron and protected from deficient anemia substance iron at least to age 6 months, even often more from that.

Some brands of formula milk have added iron. But added iron that is not absorbed with well so that should added substance iron in total big for ensure baby get enough properly so large amounts of iron must be added to ensure the baby gets enough iron to protect it from anemia. The addition of large amounts of iron will facilitate the growth of several types of bacteria that will increase the chances of various infections, for example meningitis and septicemia.

The results of the study concluded that there was no standard content in breast milk. Every mother has different breast milk content according to the needs of the baby.

This is in contrast to formula milk which has a standard factory content. Variation in the content of breast milk occurs in conditions 1) depending on the mother's diet. Breast milk a vegetarian mother contains amino acids that are different from mothers who are not vegetarians, 2) during breastfeeding. In the first minute breast milk contains about 1% fat but then increases to 5% or more. Overall breast milk content is around 4% content of breast milk is around 4%, 3) throughout the day. The composition of breast milk is different throughout the day. In the afternoon breast milk contains more lactose than in the morning.

The highest concentration of fat and protein in the morning on appeal at other times, 4) throughout period breastfeeding. Colostrum is breast milk which is produced in 3 or 4 days, then breast milk changes into transitional breast milk. The color of breast milk becomes more white but a slightly golden. After about one or two weeks the milk changes into mature breast milk. The color of breast milk changes to be white bluish at first then turns white, 5) depending on the age of fetus at birth. Breast milk that is born more prematurely contains more iron and polyunsaturated fatty acids. 6) other variables. Research shows that breast milk given from the same breast in succession has a higher fat content. Breast milk production decreases during menstruation but the quality does not change.

Malnutrition in children is directly affected by nutrient intake while indirectly caused by infectious diseases where both of these are related to maternal, social factors economic, demographic and behavior (Chikhungu, 2014).

The level of growth and development previous also affects nutritional status toddler begins from the time of conception to with child old age two year. Period since start conception to with child old age two year called as period thousand day first life (Cunha, 2015).

From the results of interviews with the respondents, it was revealed that the effect of the family health care function was very influential on the incidence of malnutrition.

".....immunization is not complete. Just 2 times vitamin A immunization it's the blue color of the last immunization, polio time when the child 1month old..... "Mrs. H, 20 years old

".....Go to posyandu (integrated service centre), it should be 9 times but only 3 times "Mrs. H 20 years old

".....Pregnancy control of 4 months then go to posyandu....."WM, 33 years old

Childbirth habits helped by traditional birth attendants are still on going in West Muna Regency as revealed by the following participants.

".....When my mother got pregnant in Kendari, she moved to wuna when she wanted to give birth., when she gave birth, she was helped by my grandmother "WN, 17 years old

".....Give birth in her home. The shaman did not come yet my child was born..... "WM, 33 years old

The role and function of health workers

Nutritional intake inadequate children can result in disruption of the growth and development of children, even if these conditions are not handled properly, the risk of child morbidity and death will increase. Unfulfilled nutrients in a child's body can affect the immune system causes children to be more susceptible to infectious diseases from the surrounding environment, especially in environments with poor sanitation and from other children or adults who are sick.

The role of health workers in preventing the occurrence of malnutrition in children under five can be seen from the excerpts of the interviewing the author with the Head of the Wuna District Health Center in West Muna Regency below.

".....If the activity is already in the puskesmas giving additional food like biscuit. They are classified as babies who are malnourished from 2017 for Baduta (baby under two years) "Mr. D 40 years old.

".....For cases like "Dv" in 2017 if not mistaken there are 8 who have already been 5 years to enter 5 years. So they are included in the monitoring of Health Centre..... "Mr.D 40 years old

Associated with the government programs for the first 1000 days of a children's life. The Health Centre only facilitated the activities of the City Health Service as

stated by health workers from the following Mamajang Health Center in Makassar City.

"....There is no the special activity. The meeting is always conducted by the government office. So, we are as always be a participant. Summoning of the pregnant woman for being a speaker of gymnastics...." Mrs.H, 35 years old

"....There is no the program of 1000 days of a child's life..." Mrs.H, 35 years old

"...The class of pregnant woman is included in that activity. That class is conducted every month by giving material of complementary feeding with infant. The officer is joined into the coaching of pregnant woman, MTBS (management of childhood illness), how to screening from the beginning of pregnancy..." Mrs. H, 35 years old

Roles and functions of the local government

Various efforts have been made by various parties, both government and private sector to overcome nutritional problems, among others: increasing exclusive breastfeeding, mobilizing the community to use integrated service centre (Posyandu), increase in a clean and healthy lifestyle (PHBS), providing packages for families with malnutrition children. In addition to improve the system of equality of food and nutrition, government rice assistance for the poor (Raskin). However, the business has still not been able to reach the target set, even has decreased which can be seen from the higher number of under five with less weight. Therefore, various efforts are still needed to overcome these problems.

In the excerpt of the author's interview with the Head of Mamajang Dalam sub-district Makassar City, it appears that there is no special budget related to the first 1000 days of life for children in the budget allocation in the Mamajang Office as explained below.

".....because we are here there is no budget related to this program but we have an extension counselor and cadres of posyandu (integrated service centre) related to the synergy of activities which is happening now (posyandu)..... . "Mr. S, 30 years old

The handling of malnutrition is also carried out indirectly by the local government through the provision of Raskin assistance (poor rice) for poor families, but the distribution is still not evenly distributed because not all poor people get Raskin assistance as delivered by Posyandu cadres, Mrs. "M" who simultaneously as the RW (is a division of territory in Indonesia below suburb) in the Kenanga II Posyandu.

"..... if Mrs. H's family has not got Raskin because she has just had a family, only one can get Raskin, four of them cannot ..." Mrs.M, 40 year old

"... Indeed, not all of them get sir" Mrs. M, 40 years old

".....Here, there are 5 children BGM (under red line in a health car) two already success and three haven't success yet..... "Ms. M 40 years old.

The opposite situation that occurred in the Kenanga II Posyandu was the improvement in the nutritional status of children under five from poor nutrition to good nutrition, as expressed by cadre Mrs. "H" who was also the mother of RW at the following Kenanga II Posyandu.

"..... Mrs. R get Raskin assistance as well as the other five people get Raskin" Mother H is 43 years old

"..... at Kenanga II posyandu, there is only "A" who hasn't gained the weight, five of them is normal" "Mrs H, 43 years old

The inability to increase the weight of the under red line in a health card KMS children in the area of Mrs. M's posyandu was caused not only by the uneven distribution of Raskin rice, but also because the children who suffered from the illness were illustrated by the results of interviews with the following posyandu cadres.

"....There are 5 toddlers under the red line (in a health card KMS), the nutrition of 2 of them are normal and another are still under the red line. Because of the toddler always sick when the posyandu schedule is coming up, So, they did not come...." Mrs. M 40 years old

According to UNICEF there are three

causes of malnutrition in children, namely the direct causes, indirect causes and basic causes. There are two direct causes of malnutrition, namely less of nutrition and infectious diseases lack of nutritional intake can be caused by the limited intake of food consumed or food that do not meet the nutritional requirements needs. while infection causes damage to several organs of the body so that it cannot absorb food substances properly (Chikhungu, 2014).

The indirect causes of malnutrition are due to insufficient food inadequate parenting and clean water sanitation and inadequate basic health services. The fundamental cause or root of the problem of malnutrition is the occurrence of economic crisis, political and social including natural disaster, which affects availability of food, parenting in the family and health service and adequate sanitation which ultimately affects the nutritional status of children (Santoso, 2013).

Assistance for children who suffer from malnutrition lacking the budget is allocated from the central government through BOK funds (health operational assistance) which is immediately disbursed to the Puskesmas as explained by the head of Wuna Puskesmas below.

".....The assistance from the local government is not yet. It is still use the BOK (Operational Assistance of Health) fund. Biscuit distribution in posyandu, complementary feeding with infant every moon in posyandu. Biscuit from the Health Officer, the funds is allocated by health centre puskesmas..... "Mr. D, 40 years old

"...The role of local government in the first 1000 days of children's lives is not available yet... "Mr. H 45 years

The coordination of the activities of the first 1000 days of children's lives at the Health Office level has not been seen as stated by the Head of the West Muna District Health Office who concurrently serves as the Head of the West Muna Regency Hospital.

" Maybe it didn't exist before I existed. I am the new head of executor of the office for 7 months, maybe the previous head of the organization has been done it before.... "Mr. H 45 years

The first 1000 days of life program of the children is sourced from the central government as stated by the Head of the following Health Service.

".....There is a program and also there is an assistance from the assistance center such as biscuit. One biscuit is for one child. The suggestion to department from the head of the puskesmas. Each puskesmas is ordered according to the patient's condition "Mr. H 45 years old

ACKNOWLEDGEMENTS

We would like to thank the Director of the Health Polytechnic of the Ministry of Health of Makassar, Head of the South Sulawesi Health Office, Head of the Muna Health Office.

Conflict of interest: The author declares that they have no competing interests.

Ethical approval: This study was approved by the Institutional Ethics Committee.

CONCLUSION

The father of a baduta child who experiences impaired nutrition fulfillment for the first 1000 days of child's life does not carry out his role as head of the family properly in protecting his family members.

The mother of a baduta child who experiences impaired nutrition fulfillment for the first 1000 days of child's life does not carry out her role well as a housewife in caring for her children.

The Family of baduta children who experience impaired fulfillment of nutrition for the first 1000 days of child's life experience obstacles in carrying out economic functions properly in meeting the food needs of their family members.

The Family of baduta children who experience impaired fulfillment of nutrition for the first 1000 days of child's life experience obstacles in carrying out health care functions properly in maintaining and improving the health status of their family members.

The Puskesmas as the spearhead of public health services carry out their functions in improving nutritional status of children under the age of two but the first 1000 days of child's life are at the level of the district Health Office.

The regional government implements its role indirectly in fulfilling the nutrition of the first 1000 days of a children's life

through the assistance of poor rice (raskin).

REFERENCES

- Achadi EL. (2014). Periode Kritis 1000 Hari Pertama Kehidupan dan Dampak Jangka Panjang terhadap Kesehatan dan Fungsinya. Jakarta: FKUI
- Ariyani DE, Achadi EL, Irawati A, (2012). Validitas lingkaran lengan atas mendeteksi resiko kekurangan energi kronis pada wanita Indonesia. *Nasional J Kesmas*; 7 (3): 83-89.
- Azwar, Saifuddin,. (2000). Sikap Manusia, teori dan Pengukurannya Edisi Kedua. Yogyakarta: Pustaka Pelajar Offset ;
- Bharati S, Chakrabarty S, Som, Pal M, Bharati P. (2010). Socio-economic determinants of underweight children in west bengal, india. *Asian Pacific J of Tropical Med.* 3 (4) : 322-327.
- Chikhungu, Madise, Padmadas. (2014). How important are community characteristics in influencing children's nutrition status? evidence from malawi population-based household and community surveys. *Health & Place* J.30 (1):187-195.
- Cunha AJLA, Leite AJM, Almeida IS. (2015). The pediatric's role in the first thousand days of child: the pursuit of healthy nutrition and development. *J de Pediatria.* 2015;91(6):44-51.
- Dinkes Sulse (2015)l. Profil Kesehatan Sulawesi Selatan 2014. Makassar: Dinkes Propinsi
- Falasifah U, Noor ER. (2014). Perbedaan asupan energi, aktivitas fisik dan status gizi antara anak usia 4-5 tahun di taman kanak-kanan daerah urban dan sub-urban. *J of Nutrition Collage.*3 (4) : 988-993.
- Hanani N. (2018). Monitoring dan Evaluasi Ketahanan Pangan 2009 [Internet]. [cited 20 Februari 2018]. Availabel from: <http://lecture.brawijaya.ac.id/nuhfil/files/2009/03/7pemetaan-rawan-pangan-7.pdf>.
- Husnah. (2017). Nutrisi pada 1000 hari pertama kehidupan, *J Kedokteran* Syiah Kuala.179-183
- Kemenkes RI (2017). Buku saku pemantauan status gizi thn. 2016. Jakarta: Kemenkes RI
- Kemenkes RI. (2018). Penuhi Kebutuhan Gizi pada 1000 hari pertama Kehidupan [Internet]. [cited 20 Februari 2018]. Availabel from: www.depkes.go.id
- Nilakesuma A, Jurnalis YD, Rusjdi SR. (2015). Hubungan status gizi bayi dengan pemberian asi eksklusif, tingkat pendidikan ibu dan status ekonomi keluarga di wilayah kerja puskesmas padang pasir. *J Kes. Andalas.* 4 (1):37-44.
- Rahmawati W. et al. (2016). Gambaran masalah gizi pada 1000 hpk di kota dan kabupaten malang indonesia. *Indonesian J of Human Nutrition.* Vol.3 No. I Juni.
- Santoso B, Sulistiowati E, Sekartuti, Lamid A. (2013). Pokok-pokok Hasil Riskeddas Provinsi Jawa Tengah 2013. Jakarta: Lembaga Penerbitan Badan Litbangkes
- Sebataraja LR, Oenzeil F, Asterina. (2014). Hubungan status gizi dengan status sosial ekonomi keluarga murid sekolah dasar di daerah pusat dan pinggiran kota padang. *J Kes. Andalas.*3 (2):182-187.
- Septiana R, Djannah RSN, Djamil MD. (2010). Hubungan antara pola pemberian makanan pendamping asi (mp-asi) dan status gizi balita usia 6-24 bulan di wilayah kerja puskesmas godongtengen yogyakarta, *J Kesmas.*4 (2) 118-124.
- Septikasari & Septiyaning. (2016). Faktor-faktor yang mempengaruhi orang tua dalam pemenuhan nutrisi pada balita gizi kurang di wilayah kerja puskesmas cilacap utara I kabupaten cilacap. *J Kes. Al Irsyad.*9 (2):23-30.
- Septikasari M. (2018). Monograf Status Gizi Anak dan Faktor yang Mempengaruhi. Yogyakarta: UNY Press.
- Trisnawati, Y et al. (2016). Studi Deskriptif Pengetahuan dan Sikap Ibu Hamil tentang Gizi 1000 Hari Pertama Kehidupan di Puskesmas Sokaraja kabupaten Banyumas [Internet]. [cited 20 Februari 2018]. Availabel from: www.journal.stikesaub.ac.id.