

The First 1000 Days of Birth (HPK) Education Movement: Efforts to Increase Public Understanding through Home Visits in Cimahpar Subdistrict, North Bogor

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ARTICLE INFO

Kata Kunci: The First 1,000 Days of Life, Complementary Foods, Exclusive Breastfeeding, Community Service, Door-to-Door

Received : 16, December

Revised : 18, February

Accepted: 20, April

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ABSTRACT

This community service activity used an educational approach through door-to-door visits to 10 families in Cimahpar Village, North Bogor. The intervention was carried out through direct counseling, interactive discussions, and the provision of educational media. The evaluation used pre- and post-test methods to assess improvements in community understanding. The results showed an increase in understanding across all indicators, with an average increase of 62%. The largest increase was in understanding the concept of the first 1,000 days of life and the provision of complementary foods (MP-ASI) (70%), while the smallest was in understanding exclusive breastfeeding (50%). Residents also demonstrated active participation and a positive response to the educational methods provided. The home visit method has proven effective at increasing community understanding by enabling personal interaction and the delivery of contextual information.

INTRODUCTION

Maternal and child nutrition remains a major challenge to health development in Indonesia. One indicator of this problem is the high prevalence of stunting in toddlers. Stunting is a condition of growth failure due to chronic malnutrition that occurs from pregnancy through early childhood, impacting physical and cognitive development, and increasing the risk of non-communicable diseases in adulthood (Black et al., 2013). The First 1,000 Days of Life (HPK), from conception to 24 months of age, is a critical and irreversible period. During this period, the brain and other vital organs develop rapidly, so nutritional deficiencies or exposure to risk factors can have long-term impacts on the quality of human resources (Black et al., 2013; Victora et al., 2008, 2021). Therefore, interventions during this period are a top priority in efforts to prevent stunting and improve the health of future generations.

The Indonesian government, through various national programs, has emphasized the importance of interventions during the 1000 HPK (First Thousand Days of Life), including efforts to accelerate stunting reduction. However, implementation at the community level still faces various obstacles, primarily due to limited public knowledge and awareness of appropriate nutritional practices during pregnancy and infancy (Audi Setyawati et al., 2025; Kemenkes, 2018). Several factors contributing to this low public understanding include education level, access to health information, and socio-cultural factors that influence parenting and feeding practices. Furthermore, various misconceptions persist, such as the belief that supplementary feeding can be given to infants before 6 months of age, or a lack of understanding of the importance of iron supplementation for pregnant women (Bhutta et al., 2013; Dewi & Nindya, 2017; James, 2021; Means, 2020).

Cimahpar Village, North Bogor, is an area with diverse socioeconomic and educational backgrounds. Based on initial observations, limited public understanding of the 1000 HPK concept remains, particularly regarding the importance of balanced nutrition during pregnancy, exclusive breastfeeding practices, and the provision of appropriate complementary foods (MP-ASI). In addition, community participation in integrated health post (Posyandu) activities is not yet optimal, so the delivery of health information through these facilities has not reached all targets (Beal et al., 2018; Hapsari et al., 2022). On the other hand, current health education approaches tend to be general and impersonal, making them less effective in changing people's behavior. According to the World Health Organization (WHO), community-based approaches involving direct interaction with families, such as home visits, have proven more effective in improving health knowledge and practices because they allow for two-way communication and tailoring materials to individual needs (Organization, 2023)

Based on initial identification through observation and communication with residents in Cimahpar Village, several key issues were identified, as follows:

1. Low knowledge about the 1000 HPK (Five-Day Period)
Most families do not fully understand the concept of the 1000 HPK (Five-Day Period) or its importance in determining child growth and development.
2. Suboptimal nutritional practices
Pregnant women are still found not to consume a balanced diet regularly, and there is a lack of compliance with iron supplementation.
3. Lack of understanding about exclusive breastfeeding and complementary feeding (MP-ASI)
Some families have inaccurate perceptions regarding the timing of complementary feeding and the benefits of exclusive breastfeeding.
4. Limited access to effective health education
Counseling conducted at health facilities has not reached the entire community, especially families who do not regularly attend integrated health service posts (Posyandu).
5. The need for a more personalized educational approach
The community requires counseling methods that are more interactive, easy to understand, and tailored to everyday life.

Based on these issues, a more effective and targeted health education intervention is needed. One approach is home visits (door-to-door), which allow health workers or activity implementers to provide direct education to families, better understand their conditions, and build stronger relationships with the community.

This approach is expected not only to increase knowledge but also to encourage sustainable changes in health behavior, particularly in nutritional practices during the 1000-day life period. Therefore, this community service activity is designed to address this need through a home-visit-based educational initiative in Cimahpar Village, North Bogor.

IMPLEMENTATION AND METHODS

This community service activity was carried out in Cimahpar Village, North Bogor, targeting 10 families with pregnant women or toddlers.

Implementation Stages:

1. Preparation
 - a. Preparation of educational materials on the 1000 HPK.
 - b. Creation of simple educational media (leaflets).
 - c. Coordination with local officials.
2. Implementation
 - a. Home visits to 10 families.
 - b. Material delivery included:
 - i. The importance of nutrition during pregnancy.
 - ii. Exclusive breastfeeding.
 - iii. Appropriate complementary feeding.
 - iv. Stunting prevention.
 - c. Interactive discussion and Q&A.

3. Evaluation

- a. Observation of understanding before and after education.
- b. Assessment of community response and participation.

The method used was participatory education with an interpersonal communication approach

RESULTS AND DISCUSSION

From the activities conducted with 10 families, the following results were obtained:

1. Before education, most families had a limited understanding of the 1000 HPK (First Day of Life).
2. After the education, there was an increase in understanding, particularly regarding:
 - a. The importance of nutritional intake for pregnant women.
 - b. The benefits of exclusive breastfeeding for 6 months.
 - c. The timing and method of providing complementary foods.
 - d. Residents demonstrated high enthusiasm throughout the activity.

The general results are presented in Table 1 below:

Table 1. The General Results are Presented

No	Understanding Indicators	Pre (n)	Post (n)	Increasing (n)	Percentage (%)
1	1000 HPK Concept	3	10	7	70%
2	Nutrition of Pregnant Women	4	10	6	60%
3	Exclusive Breastfeeding	5	10	5	50%
4	Complementary Foods	2	9	7	70%
5	Stunting Prevention	3	9	6	60%

Simple Statistical Interpretation

Average increase in understanding:

$$(70\% + 60\% + 50\% + 70\% + 60\%) / 5 = 62\%$$

Highest increase:

1000 HPK concept and complementary feeding (70%)

Lowest increase:

Exclusive breastfeeding (50%), although still showing significant improvement.

These results indicate that the educational intervention had a fairly strong positive impact on increasing public knowledge.

Documentation as in Figure 1 below:



Figure 1. Documentation

The results of this community service activity demonstrated a significant increase in understanding across all indicators related to the First 1,000 Days of Life (HPK) after education through home visits. The average increase of 62% indicates that this approach is quite effective in increasing community knowledge, particularly among the target group of families with pregnant women and toddlers.

The highest increases were found in understanding the basic concepts of the First 1,000 Days of Life (HPK) and the practice of providing complementary foods (MP-ASI), with 70% of each. This indicates that before the intervention, the community still had limited basic information regarding the critical period of child growth and development. After direct education, there was a significant increase in understanding, confirming that lack of information is a major factor contributing to low public awareness of the importance of the First 1,000 Days of Life (HPK).

This finding aligns with research by Rahmawati et al. (2024), which found that direct education about the First 1,000 Days of Life (HPK) significantly improved mothers' knowledge, particularly regarding the importance of the golden period of child development. Furthermore, research by (Pibriyanti et al., 2023) also showed that nutritional education interventions for pregnant women can increase understanding regarding nutritional needs during pregnancy and breastfeeding. The door-to-door home visit method used in this activity has proven to be superior to conventional outreach methods. This approach allows for more personal interaction, allowing educators to tailor the material to each family's social, economic, and cultural circumstances (Berliana, 2024; Dwijayanti et al., 2022; Hamzah et al., 2024). This is important because health behavior is strongly influenced by the context of people's daily lives (De Onis et al., 2013).

Furthermore, an interpersonal approach to health education allows for effective two-way communication, where people not only receive information but also ask questions and discuss problems they face. This fosters deeper understanding compared to one-way lecture methods. According to (Bhutta et al., 2013), community-based interventions involving direct interaction with families have a greater impact on improving health practices than solely health facility-based approaches.

The 70% increase in understanding of complementary feeding practices indicates that the education provided addresses common misconceptions in the community, such as providing complementary foods before 6 months of age or foods that do not meet children's nutritional needs. This is important because inappropriate complementary feeding practices are a major risk factor for stunting (Black et al., 2013; Victora et al., 2021).

Meanwhile, the 50% increase in understanding of exclusive breastfeeding, although the lowest among the indicators, still represents a positive result. This is likely due to the basic knowledge already held by some members of the community prior to the intervention, resulting in a smaller increase than for other indicators. However, further educational efforts are needed to strengthen understanding and optimal practice of exclusive breastfeeding.

From a public health perspective, increasing knowledge is a crucial first step in behavioral change. The health behavior change model states that increased knowledge will influence attitudes, which then contribute to changes in practice (Glanz et al., 2015). Therefore, the results of this activity have the potential to have a long-term impact on improving maternal and child health practices in the community. Furthermore, the 1000 HPK program has been globally recognized as a key intervention in improving the quality of human resources. Research by (Victora et al., 2021) shows that interventions in early life have long-term impacts on an individual's health, education, and economic productivity. Therefore, increasing public understanding of the 1000 HPK will not only impact individual health but also broader social and economic development (Dhirah et al., 2022; "Edukasi Pentingnya 1000 HPK Dalam Pencegahan Gangguan Tumbuh Kembang Anak Di Kampung KB Rawa Makmur Bengkulu," 2024; Pibriyanti et al., 2023; Suryanegara et al., 2023).

However, this initiative has several limitations. First, the relatively small sample size (10 families) means the results cannot be widely generalized. Second, the evaluation was limited to short-term knowledge and did not directly measure behavioral changes. Behavioral change is a key indicator of the success of public health interventions. Furthermore, external factors such as socioeconomic conditions, education level, and family support can also influence the successful implementation of knowledge in daily practice. Therefore, a more comprehensive and sustainable approach is needed to ensure that increased knowledge is followed by tangible behavioral changes. As a follow-up, this educational activity needs to be developed into a sustainable program, for example through family mentoring, health care training, and integration with integrated health post (Posyandu) activities. A multisectoral approach is also needed to address the social determinants that influence community nutritional

status. Thus, it can be concluded that 1000 HPK education through home visits is an effective strategy for increasing community understanding. However, to achieve a broader and more sustainable impact, further integrated and ongoing efforts are needed.

CONCLUSIONS AND RECOMMENDATIONS

Community service activities through the 1000 HPK Education Movement, conducted through home visits in Cimahpar Village, North Bogor, demonstrated the effectiveness of a family-based educational approach in increasing community understanding. This was demonstrated by an average increase of 62% across all indicators. The home visit method allows for more personalized, interactive, and contextual information delivery tailored to each family's circumstances, thereby increasing the effectiveness of education compared to conventional outreach methods. This increase in understanding was particularly evident in the basic concepts of the 1000 HPK, the importance of maternal nutrition, exclusive breastfeeding, and proper complementary feeding practices. However, this activity remains limited in its target population and fails to measure long-term behavioral changes. Therefore, further efforts are needed, including ongoing education, family mentoring, and integration with community health programs such as integrated health posts (Posyandu) to ensure sustainable behavior change. Overall, this activity demonstrates that 1000 HPK education through a door-to-door approach can be an effective strategy for increasing community awareness and knowledge as a first step in preventing stunting and improving maternal and child health.

ACKNOWLEDGMENT

Thank you to the residents of Cimahpar sub-district, North Bogor district, for their cooperation during the implementation of this PkM activity.

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