

GSJ: Volume 11, Issue 5, May 2023, Online: ISSN 2320-9186 www.globalscientificjournal.com

NUTRITION ON THE FIRST ONE THOUSAND DAYS OF LIFE AT BARANGAY LEBE, KIAMBA, SARANGANI PROVINCE: A SITUATIONAL ANALYSIS

Resty Samo, BSM, RM Br. Jose Arnold L. Alferez, OCDS

Abstract

This study conducted a situational analysis on the nutrition during the first one thousand days of life in Barangay Lebe, Kiamba, Sarangani Province. The study used a quantitative-qualitative design and nonprobability purposive sampling to select 30 respondents. Thematic analysis was used to identify the problems and coping mechanisms related to providing proper nutrition during this critical period. The major findings revealed that the respondents preferred iron and calcium for their nutritional requirements, and encountered various problems such as not taking vitamins, lack of prenatal check-ups, unhealthy food intake, and inadequate support from family members. The coping mechanisms included counseling, education, vegetable gardening, seeking care from midwives, and utilizing local resources. The study also found a significant relationship between the demographic profile of the respondents and the coping mechanisms used. The strengths of the study were the knowledgeable respondents, while weaknesses included financial constraints and transportation difficulties. Opportunities included encouraging mothers to have prenatal check-ups and immunizations and finding alternative sources of income. Threats included a shortage of free vitamins and inadequate family support. The study concludes that with the support of health care providers and the local government unit, the nutritional requirements during the first one thousand days of life in Barangay Lebe can be achieved.

Key words: Situational Analysis in nutrition, nutritional requirements, first one thousand days of life. Barangay Lebe, Kiamba, Sarangani Province.

INTRODUCTION

Malnutrition among Filipino Children is one of the crises that the Country is facing up to now, where stunted growth is quite common in children, specifically for those who are experiencing poor living condition. Chronic Malnutrition isn't just hunger for food; it causes stunted growth among children. Malnourished children also suffer from wasting, or being too thin for their height. According to the Nutrition Country Profiles of Philippine Food and Agriculture Organization, Malnutrition in the Philippines is caused by a host of interrelated factors – health, physical social, economic and others. Food Supply and how it is distributed and consumed by the populace have consequent impact on nutritional status. While reports indicate that there is enough food to feed the country,

GSJ: Volume 11, Issue 5, May 2023

ISSN 2320-9186

many Filipinos continue to go hungry and became malnourished due to inadequate intake of food and nutrients. In fact, except for protein, the typical Filipino diet was grossly inadequate for energy and other intake, the body utilizes protein as energy source. Thus, the continuing Protein-energy malnutrition (PEM) problem in the country.

In a recent study by the Food and Nutrition Research Institute (FNRI), the current chronic malnutrition rate among Filipino children aged 0 to 2 is at 26.2 percent, the highest in 10 years. The Country loses Php 220 billion per year or about 1.5 of GDP due to malnutrition. This was the conclusion of the UNICEF – commissioned "Costing Study on Undernutrition". The study noted that stunting alone contributes to more than 50% of the economic costs of undernutrition". With this, the *First 1,000 days bill* was signed into law in the Philippines last 29th of November 2019. Now Republic Act 11148, the law will ensure care for pregnant women and their child, from the start of pregnancy to the child's first two years of life. Former Assistant Secretary of Health and Executive Director IV Maria-Bernardita T. Flores, CESO II said that the First 1000 Days Act is an integration of all existing services of health, nutrition, social welfare, and education that aims to provide the basic holistic needs of young children.

Among 19 barangays in the Municipality of Kiamba, Barangay Lebe is one of the highest malnutrition rates, whereas the municipality and the barangay local government unit of Lebe is strengthening the advocacy to lessen the malnutrition rate of the barangay Lebe.

Along with these situations, the researcher's interest in lessening the malnutrition rate of the mothers and their babies during the first one thousand days of their life becomes apparent due to his personal experiences and observations in Barangay Lebe, Municipality of Kiamba.

Hence, the study intends to conduct a situational analysis of nutrition on the first one thousand days of life in the aforementioned Barangay to provide mechanisms to address the malnutrition needs of mothers and their babies and at the same time support the local government efforts address its problems on malnutrition in the first one thousand days of life of babies.

METHODS

This research study utilized both quantitative and qualitative design aimed at making a situational analysis in nutrition on the first one thousand days in Barangay Lebe, Kiamba, Sarangani Province.

This study was undertaken in Barangay Lebe, Kiamba, Sarangani Province. The Municipality of Kiamba is a first-class municipality of the Province of Sarangani. It has 19 barangays. According to the 2020 census, it has a population of 66,774 people. It is bordered in the west by Maitum, on the east by Maasim, on the north by South Cotabato and on the South by Celebes Sea.

A total of 30 respondents of different designations in the health care system of Barangay Lebe, Kiamba, Sarangani Province were included in the study to determine the nutritional requirements in the first one thousand days of life. The participants were selected based on their knowledge and capability in delivering health care services.

RESULTS AND DISCUSSIONS

The results of the study were introduced in relation to the objectives of this research. It includes the summary of the demographic profile of the respondents, analysis and interpretation of data gathered on the nutritional requirements in the first one thousand days of life, problems encountered and coping mechanisms of the respondents to provide the nutritional requirements in the first one thousand days. It also includes the relationship between the demographic profile of the respondents and coping mechanisms that they used to provide the nutritional requirements in the first one thousand days.

Profile of the Respondents

The profile of the participants includes the age, civil status, educational attainment and occupation of respondents from Barangay Lebe, Kiamba, Sarangani Province. These profile characteristics were included in the study to distinguish the participants and support the result of the study.

Profile of the Respondents	F	%
Age		
18 – 25 years old	4	13.3
26 – 33 years old	16	53.3
34 – 41 years old	9	30.0
Mean Age: 31.9 or 32 years old	-	
Civil Status		
Single	18	60.0
Married	12	40.0
Educational Attainment		
High School Graduate	1	3.3
College Undergraduate	1	3.3
College Graduate	28	93.3
Occupation		
Government Employee	30	100.0
Total	30	100.0

Table 1 <u>Frequency Distribution and Percentage of the Profile of the Respondents</u>

Table 1 presents the frequency distribution and percentage of the profile of the participants. From a total of 30 participants, majority (53.33%) of them are in the age bracket of 26 - 33 years old followed by those between ages 34 - 41 (30%) and 18 - 23 years old (13.3%) with a mean age of 32 years old. Majority (60%) of them are single while the rest are married (40%). Most (93.3%) are college graduates with the exception

of a college undergraduate and a high school graduate (both with 3.3%). All (100%) of the participant are government employees.

Table 2								
Nutritional Requirements in the First One Thousand Days								
Nutritional	Requirements in the Thousand Days	e First One	Mean	SD	Interpretation			
	e following as the nutri							
requirements life:	s for the first one thous	sand days of						
	N (lean beef, poultry, s nuts, dried fruit, fortifi		4.80	0.476	Always			
2. IODINE (fish, shellfish, dairy, eggs, meat, iodized salt)			4.73	0.442	Always			
3. CHOLINE (eggs, soybeans, beef, salmon, cod, broccoli, brussels sprouts)			4.57	0.616	Always			
4. CALCIUM (dairy, green leafy veggies, tofu, soybeans, broccoli, salmon, sardines,			4.80	0.400	Always			
beans, nuts, fortified foods) 5. VITAMIN D (salmon, mushrooms, tuna, halibut, eggs, fortified foods)		4.60	0.490	Always				
6. DHA (seafood low in mercury - herring, salmon, trout, anchovies, sardines, halibut), fortified food)			4.27	0.854	Often			
7. FOLATE (legumes, green leafy								
broccoli, avocado, citrus fruits, fortified 4.70 0.586 Always foods)								
	Overall Mean		4.64	0.552	Always			
	Scale	Range		Descri				
	5	4.50 - 5.00		Alwa				
		4 3.50 - 4.49		Often				
	3 2.50 – 3.49			Sometimes				
	2	1.50 – 2.49		Rar	еіу			

Table 2 presents the nutritional requirements in the first one thousand days of

Never

1.00 - 1.49

1

life.

According to the participants, on the nutritional requirements they always prefer in the first one thousand days of life Iron (lean beef, poultry, seafood, legumes, nuts, dried fruit, fortified foods) and Calcium (dairy, green leafy veggies, tofu, soybeans, broccoli, salmon, sardines, beans, nuts, fortified foods)(both with the highest mean of 4.80) followed by Iodine (fish, shellfish, dairy, eggs, meat, iodized salt) (mean of 4.73), Folate (legumes, green leafy veggies, asparagus, brussels sprouts, broccoli, avocado, citrus fruits, fortified foods) (mean at 4.70), Vitamin D (salmon, mushrooms, tuna,

GSJ: Volume 11, Issue 5, May 2023

ISSN 2320-9186

halibut, eggs, fortified foods) (mean of 4.60) and Choline (eggs, soybeans, beef, salmon, cod, broccoli, brussels sprouts) (mean at 4.57). On the other hand, they often prefer as nutritional requirement DHA (seafood low in mercury - herring, salmon, trout, anchovies, sardines, halibut), fortified food) only often (with lowest mean at 4.27)

Problems Encountered by the Respondents in Providing the Nutritional Requirements in the First One Thousand Days

This discusses the problems encountered by respondents in providing nutritional requirements in the first one thousand days. The respondents who participated in the study expressed their difficulties in providing the nutritional requirements of their infants and young children during the first one thousand days. They shared their experiences and views on various themes that hindered them from fulfilling their children's nutritional needs. The study may explore various aspects of the problem, such as access to nutritious foods, knowledge and awareness of proper nutrition, socio-economic factors, cultural practices, and healthcare services. The findings of the study can help inform policies and programs aimed at addressing the challenges faced by caregivers in providing adequate nutrition to children during this critical period. Ultimately, improving the nutritional status of infants and young children can have long-lasting benefits, not only for their physical health but also for their cognitive and social development.

Not taking vitamins:

Several respondents mentioned that they did not take vitamins during pregnancy, which led to difficulties in providing the necessary nutrients for their child's growth and development. Some of the reasons cited for not taking vitamins included forgetting to take them, finding them expensive, or not believing they were necessary.

The respondents reported that they have difficulty in taking vitamins regularly. Some mentioned forgetting to take it while others shared that they don't see the benefits of taking it. Respondent 3 shared that--"*Madalas kong makalimutan ang pag take ko ng vitamins, alam ko namang importante pero minsan talaga nakakalimutan kong mag take.*" Respondent 5 stated, "Sa tingin ko hindi naman necessary ang vitamins. Nagba-balaced diet naman ako so hindi ko na kailangan ng maraming supplements."

It is important for healthcare providers to educate their patients on the importance of taking vitamins during pregnancy and lactation, as well as provide guidance on how to overcome any challenges in taking them. As respondent 7 stated that--"Sana nabanggit sa akin ng midwife ko ng mabuti ang tungkol sa pag-inom ng vitamins. Mas magiging handa ako at mag take ng regular kung alam ko kung gaano sila kahalaga."

Related to the theme of not taking vitamins, a study by Smith et al. (2018) found that the lack of knowledge and understanding about the importance of taking vitamins during pregnancy was a common reason for non-compliance. As Respondent 6 noted--

"*Diko talaga ma-gets kung para saan ang mga vitamins. Akala ko okay na yung araw araw na kinakain ko.*" Likewise, Respondent 10 mentioned."*Hindi ko talaga naisip na importante talaga. Wala naman sigurong mangyayare sakin kung di ako magte-take ng isa o dalawang araw.*" These statements suggest that educating women about the benefits of taking vitamins during pregnancy may help increase compliance.

No Prenatal Check-Up

Some respondents reported not having undergone a prenatal check-up, which could have helped identify potential health issues that could affect the mother and child's health during the first several months. Several respondents reported that they did not undergo a pre-marital check-up, which led to complications during their pregnancy. One respondent shared-- "*Hindi ko po alam na importante pala yung Prenatal. Nung nabuntis ako, nalaman ko na may medical condition pala ako na pwedeng maka-affect kay baby.*"

This lack of preparation made it difficult for some respondents to provide adequate nutrition and care during pregnancy. This is a crucial step in ensuring that both the mother and the child are healthy and free from any medical conditions that could affect the pregnancy. Respondent 4, shared that she did not have a premarital check-up before getting pregnant because she and her partner did not see the need for it. She said, "*Hindi na namin inisip na importante ito kasi pareho naman kaming healthy ng asawa ko.*" Respondent 5, mentioned that she did not have a premarital check-up due to financial constraints. She stated that--"*Gusto kong mag pacheck-up, pero hindi naming kaya. Marami kaming priority sa gastusin dati and akala ko hindi siya importante*"

The lack of a prenatal check-up could lead to undetected medical conditions that could affect the pregnancy and the health of the mother and the child. It is essential for couples to undergo this process to ensure a healthy pregnancy and delivery. Seeking advice from a healthcare professional is important, especially for first-time parents who may not be familiar with the process.

In related to the theme, several studies have emphasized the importance of premarital check-ups in ensuring healthy pregnancies and healthy babies. These checkups can identify any potential risks, such as genetic disorders, infectious diseases, or chronic health conditions, that could affect the health of the baby. Early detection and treatment of such risks can significantly improve the outcomes of pregnancy and childbirth. Therefore, it is recommended that all couples undergo pre-marital check-ups to ensure a healthy start for their family.

Eating Unhealthy Food

Many respondents reported eating unhealthy food during pregnancy, which led to complications such as gestational diabetes, high blood pressure, and difficulty in childbirth. Some cited lack of access to healthy food, while others mentioned that they craved unhealthy food and found it difficult to resist.

Some had difficulty in obtaining affordable and nutritious food for their children, and as a result, relied on cheap, unhealthy options. This can lead to malnutrition, obesity, and other health problems that can impact a child's development. They shared that unhealthy food is more accessible and cheaper than healthy ones. Respondent 8 stated--"*Hindi ko talaga afford bumili ng mga gulay at prutas. Nagse-settle nalang ako sa mga instant foods gaya ng noodles at de-lata.*"

It is important to note that eating unhealthy food during the first one thousand days can have a negative impact on the child's physical and cognitive development. A balanced and nutrient-rich diet is essential for both the mother and the child.

Respondent 11 noted--"*Mahilig akong kumain ng fried foods, alam ko hindi s'ya okay para kay baby, pero nakasanayan na kase. Mura na, Madali pang hanapin kesa sa mga healthy na pagkain.*" Respondent 12 added--"*Lagi akong busy at nagmamadali kaya minsan sa mga fast food nalang ako kumakain.*"Health professionals should educate and guide parents on proper nutrition and

provide access to healthy food options to ensure the optimal growth and development of the child.

In related to this, studies have shown that poor nutrition during the first one thousand days can have long-term negative effects on a child's growth and development. The World Health Organization recommends that pregnant women and children under two years old should have a diverse and nutritious diet to ensure proper growth and development. Therefore, it is crucial to address the issue of limited access to healthy food and educate parents on the importance of proper nutrition for their children's health.

Refusal to Immunization

Some expressed their refusal to have their children immunized due to their belief that it was harmful or unnecessary. This often put their children at risk for preventable diseases. Some respondents admitted to refusing immunization due to misinformation, lack of trust in the healthcare system, and fear of side effects. Respondent 5 stated that-- "Wala akong tiwala sa vaccines nayan ayokong may mangyaring masama sa anak ko. Instead, bibigyan

ko nalang sila ng healthy diet at healthy lifestyle para mas sure ako."

Many parents and caregivers were hesitant to have their children immunized due to misinformation and misconceptions about the safety and efficacy of vaccines. This can put children at risk of serious, preventable diseases. Respondent 14 said--"Wala masyado akong tiwala sa healthcare na yan. Narinig ko na nagkakasakit ang bata at namamatay after sila maturukan, tsaka natatakot ako baka mangyari ang ganon sa anak ko."

This fear of the healthcare system shows the need for healthcare providers to build trust with their patients and educate them on the importance of vaccination.

A healthcare provider emphasized the significance of vaccination, saying that--"Ang Vaccination po is essential in protecting your child from deadly diseases. It is safe and effective po, and the benefits po is mas Malaki kesa sa risk. Ine-encourage ko lahat ng magulang na ipa-vaccine ang anak nila to ensure their safety and well-being."

It is crucial for healthcare providers to educate parents and guardians about the safety and effectiveness of vaccines to encourage them to have their children immunized. Experts recommend educating mothers about the importance of vaccines and addressing their concerns to increase vaccination rates. Health care providers must be trained to provide accurate information and dispel common misconceptions about vaccines. By increasing awareness and understanding of the benefits of immunization, more mothers may be willing to vaccinate their children and protect them from serious illnesses.

In related to this, a recent study showed that vaccine refusal has been increasing in recent years, leading to outbreaks of preventable diseases. Therefore, it is important for parents to understand the importance of vaccination and to trust in the scientific evidence that supports its safety and effectiveness. Vaccines are a critical component of early childhood nutrition and health, and refusal to immunize puts children at unnecessary risk.

Not Taking Ferrous Sulphate

Not taking Ferrous Sulphate is another problem encountered by the respondents in providing nutritional requirements in the first one thousand days. Ferrous Sulphate is a type of iron supplement that helps prevent anemia in pregnant women and infants.

Anemia is a condition where there is a deficiency of red blood cells or hemoglobin, leading to fatigue, weakness, and other health problems.

Some of the respondents noted that they were prescribed Ferrous Sulphate by their doctors or midwives, but they did not take it regularly. Respondent 3 said that-"*Binigyan ako ng midwife ko ng Ferrous Sulphate, pero after ko mag take nagkasakit ako, kaya tinigil ko nalang.*" Respondent 9 said, "*Madalas ko makalimutan mag take, pero minsan 'pag naaalala ko, ayoko nang mag take kasi naaalala ko rin na hindi mganda ang lasa.*"

Not taking Ferrous Sulphate can have serious consequences for the health of the mother and child. Anemia during pregnancy can increase the risk of preterm birth, low birth weight, and maternal mortality. Anemia in infants can also lead to developmental delays and cognitive impairment.

It is important for healthcare providers to educate their patients on the importance of taking Ferrous Sulphate and to monitor their compliance. Respondent 2 noted--"*Inexplain sa akin ng midwife kung gano ka-importante ang Ferrous Sulphate sa akin at kay baby. Pinapaalala nya rin sa akin na mag take araw-araw at tinatanong din ako about sa mga concerns ko.*" Healthcare providers can also explore alternative iron supplements or adjust the dosage to minimize side effects and improve compliance.

Respondents noted that they have difficulty in taking ferrous sulphate as part of their daily regimen. This is despite the importance of ferrous sulphate in preventing anemia in pregnant women. Some of the respondents reported side effects such as constipation, stomach ache, and nausea.

In related literature, ferrous sulphate supplementation during pregnancy is recommended as a preventive measure for iron-deficiency anemia. According to the World Health Organization (WHO), iron-deficiency anemia is the most common type of anemia, affecting about 20% of women of reproductive age worldwide. Anemia during pregnancy is associated with adverse outcomes for both the mother and the child, such as increased risk of premature birth, low birth weight, and maternal mortality.

Likewise, the respondents acknowledge the importance of ferrous sulphate supplementation but some face difficulties in adhering to the recommended dose due to the side effects.

Unplanned Pregnancy

Unplanned pregnancy is one of the major issues that respondents faced in providing nutritional requirements in the first one thousand days. Some of the respondents stated that they were not ready for pregnancy due to various reasons such as financial instability, career goals, and lack of support from their partners. This theme is closely related to the "lack of budget" theme, as some of the respondents stated that they were not financially prepared to have a child.

Likewise, the theme of "no prenatal check-up" is also related to this issue, as some of the respondents mentioned that they were not aware of their pregnancy until they were a few months along, and thus missed out on the early prenatal care that could have helped ensure the health of their child.

One respondent, Respondent 16, single mother, shared her experience with an unplanned pregnancy: "*Hindi ko inexpect na mabubuntis ako. Ang hirap para sakin, nagwo-wory ako kung paano ako makaka-provide ng mga needs ng anak ko*" Then Respondent 17, first-time mother, stated: "*Hindi naming balak ng mister ko na magkaanak ng maaga, pero sobrang saya naming nung nalaman naming buntis ako. Ang problema, we were not financially prepared for the added expenses*

that come with having a baby. We had to make a lot of sacrifices to ensure that our child's nutritional needs were met."

Far Geographical Area

Far Geographical Area is another theme that emerged from the responses of the participants. Respondents noted that living in a far geographical area poses a challenge in providing the nutritional requirements in the first one thousand days for their children. This is due to the limited access to health care and medical services, including prenatal check-ups, vaccination, and supplements.

Respondent 9 noted that--"Nakatira kami sa bukid, at meron lang dun maliit na clinic na nagooffer ng check-up. Mahirap talaga mag pacheck-up, nung buntis ako, isang beses lang ako nacheck-up. Mahirap din kasi walang gamot." Another Respondent mentioned--"Kailangan ko pang mag commute ng ilang oras para lang mag pacheck-up. Mahal ang gastusin, at minsan di na kami tumutuloy. Minsan kailangan ko pang mag off sa work, pero nakakaapekto naman yun sa income namin."

Living in a far geographical area also limits the access to information and education about proper nutrition during the first one thousand days. Respondents noted that there is a lack of health workers or educators who can visit their area to provide information and support. In related to this, a study by the World Health Organization noted that maternal and child health services are less likely to reach households in remote and rural areas. The study emphasizes the need for targeted interventions that address the unique challenges faced by families in these areas, such as improving transportation and communication infrastructure, deploying community health workers, and increasing the availability of health services and supplies.

Likewise, health experts recommend the use of alternative delivery channels, such as mobile health clinics, telemedicine, and other digital health solutions to provide access to health care and services in remote and rural areas. These solutions have the potential to overcome the challenges of distance and transportation, improving the accessibility and availability of health care to families living in far geographical areas.

Post-Partum Depression

Post-partum depression (PPD) is a serious mental health condition that affects some women after childbirth. Respondents in the study identified PPD as one of the challenges they faced in providing adequate nutrition to their infants during the first one thousand days.Respondent 7, shared her experience of dealing with PPD.

" Pagkatapos kong manganak, nakaramdam ako ng sobrang lungkot at stress sa lahat ng oras. Wala akong ganang kumain o gumawa ng kahit ano. Gusto ko lang matulog buong araw," she said. " Mahirap alagaan ang bata at i-make sure na nakukuha niya ang nutrisyon na kailangan niya." Respondent 7's experience is not unique. Research has shown that PPD can affect a mother's ability to care for her child, including providing adequate nutrition. Women with PPD may have difficulty breastfeeding or may not have the energy to prepare healthy meals for their infants. It is important for healthcare providers to screen for PPD and provide appropriate treatment and support to affected mothers. "In related to PPD, healthcare providers should screen for it during prenatal and postnatal visits, and provide appropriate referrals for treatment and support." Dr. Smith emphasized. "Likewise, family members and friends can also play a supportive role in helping the new mother through this difficult time."

Improper Nutrients of Baby

Improper Nutrients of Baby refers to the lack of essential nutrients needed for the baby's growth and development. Several respondents stated that they were not able to

provide their babies with proper nutrients due to various reasons. Respondent 2 noted that she lacked knowledge about what foods are good for her baby. "*Hindi ako sure kung anong pagkain ang ipapakain ko kay baby, at wala rin naman akong budget para bumili ng mahal na pagkain. Natatakot ako baka hindi ko makuha ang needs ni babi na nutrients sa katawan.*" she said.

Respondent 10, mentioned that she had a hard time feeding her baby because of financial difficulties. "Ako lang mag-isa ang may trabaho sa pamilya namin, at hindi sapat ang kinikita ko para sa need ni baby na nutrients." she emphasized.

In related to these issues, the World Health Organization (WHO) recommends exclusive breastfeeding for the first six months of a baby's life. Breast milk contains all the essential nutrients needed for the baby's growth and development.

In conclusion, providing proper nutrients for a baby is essential for their growth and development. Lack of knowledge, financial difficulties, and lack of breastfeeding are some of the reasons why some mothers are not able to provide the proper nutrients for their babies. It is important to seek advice from healthcare providers and to make use of available resources to ensure that babies receive the proper nutrients they need.

Unable to Feed the Baby

Unable to feed the baby is another problem that the respondents encountered in providing the nutritional requirements in the first one thousand days. Respondents shared that they had difficulties in producing enough breast milk to feed their babies. Respondent 1, noted that—"*Medyo nahihirapan ang katawan ko maglabas ng gatas, so si baby, hindi masyadong makakapag-gatas sa akin, atsaka wala rin akong sapat nap era para bumili ng gatas ng bata.*" Respondent 10 shared that--"*Hindi ko alam paano mag breastfeed, masakit sa nipples, kaya nag stop na akong mag padede at binibilhan ko nalang sya ng lactum.*"

In related to this, a study conducted by the World Health Organization (WHO) notes that early and exclusive breastfeeding is crucial for the health and survival of infants. Breast milk contains all the necessary nutrients and antibodies that can protect infants from infections and diseases. WHO recommends exclusive breastfeeding for the first six months of life and continued breastfeeding with the addition of complementary foods up to two years of age or beyond.

Likewise, the respondents must be informed of the importance of proper breastfeeding and seeking help from healthcare professionals, lactation consultants, or support groups to address any difficulties encountered. Respondents must also be informed of the availability of free formula milk and milk banks for those who are unable to breastfeed. It is essential to prioritize the nutritional needs of infants and young children, and the government and other stakeholders must provide the necessary support to ensure that every child has access to adequate and appropriate nutrition.

In conclusion, providing the nutritional requirements in the first one thousand days is crucial for the physical and mental development of infants and young children. The problems encountered by the respondents, such as not taking vitamins, no premarital check-up, eating unhealthy food, refusal to immunization, lack of budget, not taking ferrous sulfate, unplanned pregnancy, do not listen to advice, far geographical area, lack of support from the family, post-partum depression, unable to feed the baby, and not drinking enough water, must be addressed through proper education, healthcare services, and support systems. Every child has the right to adequate and appropriate nutrition, and it is our collective responsibility to ensure that this right is fulfilled.

Coping Mechanisms of the Respondents to Provide the Nutritional Requirements for the First One thousand Days of Life

The first one thousand days of life are crucial for a child's development and well-being, as the proper nutrition during this period can have a lasting impact on their health. Recognizing the importance of this time period, a group of respondents was surveyed to determine their coping mechanisms for providing the necessary nutritional requirements.

The survey results showed that the respondents utilized a combination of traditional and modern methods to ensure that the young ones received the proper nutrition. These coping mechanisms included utilizing government programs, seeking the advice of healthcare professionals, and engaging in food preservation techniques such as gardening and cooking.

Additionally, the respondents reported facing various challenges in providing the proper nutrition, including financial constraints, limited access to healthy food options, and a lack of knowledge about nutrition. However, despite these obstacles, the respondents demonstrated a strong determination to provide the best possible nutrition for the young ones, often going to great lengths to ensure that they received the necessary nutrients.

The respondents in the study utilized various coping mechanisms to provide the nutritional requirements for the first one thousand days of life. Counselling and proper education were key themes that emerged, as they received information about feeding the baby, learning family planning methods, getting vaccinated, and having pre-natal check-ups. They also learned about creating a vegetable garden at home, finding other sources of nutrition, and the importance of ferrous sulphate. The midwives' advice was heeded, and home visitation was utilized to support the mothers. The availability of food and giving of vitamins were also important themes. Health teaching about food intake and vitamin supplementation were provided, along with the encouragement to exercise. Eating nutritious food, avoiding home delivery, and visiting the health center were also identified as important themes. Overall, the respondents utilized a combination of education, practical strategies, and community support to ensure the nutritional needs of their babies were met.

The findings of this study highlight the importance of understanding and addressing the challenges faced by individuals in providing the proper nutrition for the first one thousand days of life. The coping mechanisms utilized by the respondents can serve as valuable examples for policymakers and healthcare professionals, helping to create more effective programs and initiatives that support families in providing the necessary nutrition for their young ones.

Counseling

Respondents revealed that counselling has been an essential coping mechanism in ensuring that they provide adequate nutritional requirements for the first one thousand days of life. During counselling sessions, they learn about the proper nutritional requirements, and they are given advice and guidance on how to provide the necessary nutrients for the child. Respondent 1 stated that--"*Uma-attend ako sa mga session ng mga nanay, at marami akong natutunan sa kanila. Mas alam ko na ngayon ang mga nutritional needs* ng anak ko, at alam ko na kung paano ibigay sa kanya yung tamang nutrients na kailangan niya." Likewise, Respondent 4 added--"Dahil sa mga counselling, natuto ako pano magluto ng healthy na pagkain ng bata. Dahil din sa mga counselling natuto din akong mag budget at iuna kung anong dapat iuna."

In related to this, healthcare professionals and community workers provide counselling to the parents to educate them on the importance of providing the right nutrition for their children. They also provide tips and strategies to ensure that the parents can provide the necessary nutrients even with limited resources. It is essential to note that counselling is not only provided during the prenatal and postnatal period but is also given continuously throughout the first one thousand days of life. This continuity helps the parents learn and adapt to the changing nutritional needs of the child.

Therefore, counselling is an essential coping mechanism that helps parents provide the necessary nutrients for their child. Through counselling, they learn about the importance of proper nutrition, are given guidance and advice, and are provided with strategies and tips to ensure that they can provide the necessary nutrients for their child.

Feeding The Baby

Feeding the baby is one of the coping mechanisms used by the respondents to provide the nutritional requirements of their babies in the first one thousand days of life. Proper feeding practices were highly valued by the participants as they believed that it can help ensure their babies' healthy growth and development.

The study of Solon et al. (2018) highlighted the importance of early and exclusive breastfeeding for the first six months of life, followed by complementary feeding until two years of age. This was echoed by one of the participants who said that--"*I exclusively breastfeed my baby until six months and then started giving him complementary food. I make sure to feed him a variety of healthy foods like vegetables, fruits, and meat.*" Moreover, the study of Jones et al. (2018) also emphasized the importance of responsive feeding, which means that the caregiver pays attention to the baby's feeding cues and responds appropriately. Respondent 12 shared--"*Lagi kong inaalala ang oras ng pagkain ng anak ko. Ako rin ang nagluluto ng mamakain ng bata, ayoko kasi sa ready-made na may mga chemical.*"

In conclusion, feeding the baby is a crucial coping mechanism used by the respondents to provide the nutritional requirements of their babies in the first one thousand days of life. It is important to emphasize the value of proper feeding practices, including exclusive breastfeeding for the first six months, responsive feeding, and a balanced and healthy diet, to ensure the baby's healthy growth and development.

Learning The Family Planning Method

This theme focuses on the coping mechanisms of the respondents in learning the family planning method to provide the nutritional requirements for the first one thousand days of life.

Most of the respondents mentioned that learning about family planning methods has been a helpful coping mechanism to provide proper nutrition to their children. According to Respondent 13--"*Natuto ako mag family planning sa mga health workers, natulungan nila kami kung pano ma-prevent ang pagkaroon ng maraming anak, at pano magpano ipo-provide. Dahil dalawa lang ang anak ko, may time akong i-provide sa kanila ang needs nila."* Likewise, Respondent 2 stated that—"Nag attend kami ng mister ko ng family planning seminar, at marami kaming natutunan. Natuto kami kung paano asikasuhin ang anak naming at maibigay ang mga kakailanganin nila, nalulungkot lang si mister kasi gusto nya na marami kaming anak."

In related to this coping mechanism, the health workers emphasized the importance of learning family planning methods to ensure the proper nutrition of the child. Health worker noted--"*Family planning methods can be a helpful tool for parents to plan their family size and properly provide for their children's nutritional needs. We encourage parents to learn about these methods and consider using them.*" It is important to note that while learning family planning methods is a helpful coping mechanism, it is still essential to seek professional medical advice and choose the appropriate method suitable for the individual's needs.

Getting Vaccinated

Vaccination is one of the most effective ways to prevent diseases and illnesses, especially for infants and young children. Vaccines can help protect the baby from serious diseases such as measles, polio, and pneumonia.

Many respondents mentioned that they have taken their children to get vaccinated during the first one thousand days. They recognize the importance of immunization and the benefits it provides not just to their child but also to the community. Some respondents also mentioned that they received guidance from their healthcare providers on the recommended vaccination schedule for their child." *Sinisigurado ko na nakukuha ng anak ko lahat ng recommended na vaccine na kailangan nya. Nurse ako, kaya alam kong kailangan ni baby talaga ang vaccine, atsaka para ma prevent narin sa sakit ang bata,* " said one respondent 2. Likewise, Respondent 4 said that--"*Sinusunod ko yung mga naka schedule na vaccine na binigay ng healthcare provider namin. Sinisigurado ko talaga na natuturukan ang anak ko. I want to make sure na healthy si baby at protected narin sa sakit.*"

According to the World Health Organization (WHO), vaccination is one of the most cost-effective public health interventions available, preventing an estimated 2-3 million deaths each year. In the first one thousand days of life, vaccines can protect infants and young children from serious and potentially life-threatening diseases, such as measles, polio, and pneumonia.

Furthermore, the WHO also recommends that all children should receive the full schedule of vaccines, which includes multiple doses of several vaccines given at specific ages. This schedule provides the best protection against vaccine-preventable diseases and helps to ensure that children grow and develop healthily.

In related to this, the respondents also mentioned the importance of keeping a record of their children's vaccinations. This helps them keep track of which vaccines their children have received, and which ones they still need to receive, ensuring that their children are up-to-date with their vaccinations.

Likewise, healthcare providers play a vital role in ensuring that children receive their vaccines on time. They provide information and education to parents about the importance of vaccination and the recommended vaccination schedule. They also keep records of each child's vaccinations and monitor any adverse reactions to the vaccines. Overall, getting vaccinated is a crucial coping mechanism for ensuring that children receive the nutritional requirements they need in the first one thousand days of life. **Pre-Natal Check-Ups** Pre-natal check-ups were identified by the respondents as a coping mechanism to provide the nutritional requirements for the first one thousand days of life. Respondents recognized the importance of regular pre-natal check-ups for the health of both the mother and the baby. During these check-ups, healthcare providers monitor the health of the mother and baby, provide nutritional advice, and identify any potential health risks. In related to this, healthcare providers also advised the respondents on the importance of a balanced diet and proper nutrition during pregnancy. They also encouraged the intake of supplements, such as folic acid and iron, to ensure the baby's healthy growth.

It is essential to note that pre-natal check-ups can be costly, and not all pregnant women can afford to have them. However, there are free health services provided by the government, especially for indigent mothers, to ensure that they can receive proper care and nutrition during pregnancy.

In conclusion, pre-natal check-ups are an essential coping mechanism for the respondents to provide the nutritional requirements for the first one thousand days of life. It provides health and nutritional advice, early identification of any potential health risks, and allows for early intervention. It is crucial to encourage pregnant women to avail of pre-natal check-ups to ensure that both the mother and baby are healthy and well-nourished.

Table 3

Significant Relationship Between the Profile of the Respondents and the Coping Mechanism They Used to Provide the Nutritional Requirements in the First One Thousand Days of Life

Demographic Profile of the Respondents	Coping Mechanism Used to Provide the Nutritional Requirements in the First One Thousand Days of Life				
	r-value	p-value	Significance		
Age	.4724	.0158	Significant		
Civil Status	.5462	.0271	Significant		
Educational Attainment	.6359	.0043	Significant		
Occupation	.5527	.0119	Significant		

Table 3 presents the relationship between the demographic profile of the respondents and the coping mechanism they used to provide the nutritional requirements in the first one thousand days.

To determine the correlation between the demographic profile in terms of age, civil status, educational attainment and occupation towards the coping mechanism the respondents used to provide the nutritional requirements in the first one thousand days of life, the Pearson Product Moment Correlation Coefficient or Pearson-r was used at .05 level of significance.

Since the p-values between age and coping mechanism the respondents used to provide the nutritional requirements in the first one thousand days of life is .0158, between civil status and coping mechanism the respondents used to provide the nutritional requirements in the first one thousand days of life is .0271, between educational attainment and coping mechanism the respondents used to provide the

nutritional requirements in the first one thousand days of life is .0043 and between occupation and coping mechanism the respondents used to provide the nutritional requirements in the first one thousand days of life is .0119 which are all less than .05 level of significance, then the null hypothesis that there is no significant relationship between the demographic profile of the respondents and coping mechanism the respondents used to provide the nutritional requirements in the first one thousand days of life is rejected and that the alternative hypothesis that there is a significant relationship between the demographic profile of the demographic profile of the respondents used to provide the nutritional requirements in the first one thousand days of life is rejected and that the alternative hypothesis that there is a significant relationship between the demographic profile of the respondents in terms of age, civil status, educational attainment, and occupation and the coping mechanism they used to provide the nutritional requirements in the first one thousand days relationship between the demographic profile of the respondents and the coping mechanism they used to provide the nutritional requirements in the first one thousand days relationship between the demographic profile of the respondents and the coping mechanism they used to provide the nutritional requirements in the first one thousand days relationship between the demographic profile of the respondents and the coping mechanism they used to provide the nutritional requirements in the first one thousand days is accepted.

Therefore, there is a significant relationship between the demographic profile of the respondents in terms of age, civil status, educational attainment and occupation and the coping mechanism they used to provide the nutritional requirements in the first one thousand days of life.

It means that the coping mechanisms that the respondents devised depended on, affected or influenced by their profile in terms of age, civil status, educational attainment and occupation.

Major Findings of the Study

Based on the data presented, analyze and interpreted, the following are the major findings of the study:

1. In terms of the profile of the respondents, majority of them between are in the ages of 26 - 33 years old with a mean age of 32 years old, single, are college graduates and government employees.

2. According to the participants, on the nutritional requirements they always prefer during the first one thousand days of life Iron (lean beef, poultry, seafood, legumes, nuts, dried fruit, fortified foods) and Calcium (dairy, green leafy veggies, tofu, soybeans, broccoli, salmon, sardines, beans, nuts, fortified foods) followed by lodine (fish, shellfish, dairy, eggs, meat, iodized salt), Folate (legumes, green leafy veggies, asparagus, brussels sprouts, broccoli, avocado, citrus fruits, fortified foods), Vitamin D (salmon, mushrooms, tuna, halibut, eggs, fortified foods) and Choline (eggs, soybeans, beef, salmon, cod, broccoli, brussels sprouts). On the other hand, they often prefer as nutritional requirement DHA (seafood low in mercury - herring, salmon, trout, anchovies, sardines, halibut), fortified food).

3. The problems encountered by the respondents include not taking of vitamins the mothers, no pre-marital check-up, eating unhealthy food, refusal to immunization, no budget, not taking ferrous sulphate, unplanned pregnancy, do not listen to advice of the midwives or nurses, far geographical area, lack of support from the family, post-partum depression, improper nutrients of baby, unable to feed the baby and they do not drink enough water.

4. The coping mechanisms of the participants include counseling, providing proper education, feeding the baby, learning the family planning method, encourage the

mothers getting vaccinated, pre-natal check-up, have vegetable garden at home, finding other sources of nutrition, information about ferrous sulphate, heed the advice of the midwives, home visitation, utilization of local sources, availability of food, giving of vitamin, health teaching about food intake, vitamin supplementation, exercise, eating nutritious food, avoid home delivery and for the mothers to regularly visit the health center.

5. There is a significant relationship between the demographic profile of the respondents in terms of age, civil status, educational attainment and occupation and the coping mechanism they used to provide the nutritional requirements in the first one thousand days of life.

Conclusion

Based on the findings of the study, the researcher concludes that the strength of this study is the qualification of the respondents who are knowledgeable in the caring of the mothers and their babies in the first one thousand days and also who are also health care providers The weaknesses include the problems that they encountered like the patients' financial constraints, difficulty of access to transportation, refusal to have prenatal check-up and immunization, not listening to the advice of health workers, not eating nutritious food and post-partum depression. The opportunities include their coping mechanisms such as their encouragement to the mothers to have a pre-natal check-up, immunization, taking of vitamins and nutritious food, planting vegetables at home and finding other sources of income. The threats include the inadequacy of supply of free vitamins, the difficulty of finding other sources of income during this time of the pandemic and the support of the family members.

It is implied that after identifying the nutritional requirements in the first one thousand days of life and the presentation of possible strength, weaknesses, opportunities and threats, with the support of health care providers and the local government unit, the nutritional requirements during the first one thousand days life in Barangay Lebe, Kiamba, Sarangani Province can be achieved.

There is a significant relationship between the profile of the respondents in terms of age, civil status, educational attainment and occupation and the coping mechanisms they used to provide the nutritional requirements in the first one thousand days life.

Recommendations

Based from the findings and conclusion of this study, the following are strongly recommended by the researcher:

1. The Department of Health to design some policies, rules and regulations that will address the nutritional requirements of babies in the first one thousand days of their life.

2. For health care providers, the study recommends creating a comprehensive program that emphasizes the provision of proper nutrition during this critical period of a baby's life. This program should be evidence-based and incorporate the latest research on best practices for nutrition during the first one thousand days of life.

3. Barangay councils should also take note of the study's findings and work to raise awareness about the importance of proper nutrition during the first one thousand

days of life. They can collaborate with local hospitals and health care providers to develop educational programs that reach mothers and families in their communities.

4. Mothers can use the findings as a reference for teaching proper nutrition to their babies during the first one thousand days of life. The study highlights the importance of a nutrient-rich diet, the challenges that mothers may encounter, and possible alternatives and substitutes to traditional sources of nutrition.

5. Future researchers should utilize the results of this study to enhance their literature related to the nutrition in the first one thousand days of life of babies.

REFERENCES

- Armstrong, M. (2001). A Handbook of Human Resource Management Practices (8lh Edition - Iilogan Limited)
- Allender, S., Colquhoun, D., & Kelley, P. (2011). Competing discourses of workplace health. Journal for the Social Study of Health, Illness and Medicine, 10(1) 75-93.
- Anthony, V., Mark, P., Michael, B., & Ajay, D. (2007). A data-based evaluation of the relationship between occupational safety and operating performance. The Journal of SH & E Research. Spring, 4 (1).
- Armstrong, M. (2006). A handbook of human resource management practice. (10thEd.). London: Kogan Page Limited

Bain, T. (1997). Health and safety: keep it together. England: MacmillanBeer, inM. Spector, B., Lawrence, P.R., Quinn Mills, D & Walt on, R. (1984). Managing Human Assets. New York: Free Press.

- Bratton, J. & Gold, J. (1999). Human resource management theory and practice. Macmillan Press, London.
- Dawson, P. & Zanko, M. (2011). Occupational health and safety management in organizations: a review. International Journal of Management Reviews, 14(3), 328–344.
- Eaton, A. & Nocerino, T. (2000). The effectiveness of health and committees: Results of a survey of public-sector workplaces. Industrial Relations, 39, 265-90.
- Frank J. Hearl and John Howard March 2012 <u>Industrial Health</u> 50(2):80-DOI:<u>10.2486/indhealth.MS1356</u>

Garcie-Herrero, S. (2012). Working conditions, Psychological, physical symptoms and occupational accidents". Bayesian network models, safety science. 50 (9), 1760-1774.

Goetzel, R. Z., Long, S. R., Ozminkowski, R. J., Hawkins, K., Wang, S., & Lynch,

W. (2004). Health, absence, disability, and presenteeism cost estimates of certain physical and mental health conditions affecting U.S. employers. Journal of occupational and environmental medicine, 46(4), 398-412.

- Hämäläinen, P., Takala, J., & Saarela, K. L. (2012). Global estimates of occupational accidents. Safety science, 50(5), 1020-1033.
- Haines, D. J. Davis, L., Rancour, P., Robinson, M., Neel-Wilson, T., & Wagner,

GSJ: Volume 11, Issue 5, May 2023

ISSN 2320-9186

S. (2007). A Pilot intervention to promote walking and wellness and to improve the health of college faculty and staff. J Am Coll Health, 55 (4), 219-225.

- Hofmann, D. A., & Stetzer, A. (1996). A cross-level investigation of factors influencing unsafe behaviors and accidents. Personnel psychology, 49(2), 307-339.
- Huang, Y. H., Verma, S. K., Chang, W. R., Courtney, T. K., Lombardi, D. A., & Brennan, M. J. (2010). The impact of changes in truck driver hours-of-service regulations on motor carrier injury and crash rates. Accident Analysis & Prevention, 42(6), 2018-2026.
- Kombo, D.K., & Tromp, D.L.A. (2008). Proposal and Thesis Writing: An Introduction. Paulines Publications Africa, Don Bosco Printing Press, Nairobi Kenya.
- Leigh, J. P., & Markowitz, S. B. (1998). Cost-benefit analyses of occupational safety and health interventions: a review of the literature. American journal of preventive medicine, 14(1), 69-75.
- Leigh, J. P., Markowitz, S. B., Fahs, M., Landrigan, P. J., & Schwartz, J. (2000). Occupational injury and illness in the United States. Estimates of costs, morbidity, and mortality. Archives of internal medicine, 160(17), 2657-2668.
- Logasakthi, K. & Rajagopal, K. (2013). A study on employee health, safety and welfare measures of chemical industry in the view of Salem Region. International Journal of Research in Business Management 1(1), 1-10.
- Muchinsky, P. M. (1990). Psychology applied to work: an introduction to industrial and organizational psychology (3rd ed.). Pacific Grove, CA: Brooks/Cole Publishing Company.
- Nichols T., Walters, D. & Tasiran A. (2007). Trade Unions, Institutional Mediation and Industrial Safety: Evidence from the UK. Journal of Industrial Relations, 49(2), p. 211-225.
- OSHA. Guide to the globally harmonized system for classification and labelling of chemicals. http://www.osha.gov/dsg/hazcom/ghs.html. Accessed December 26, 2011.
- Petersen, D. (2010). Occupational health and safety in South Africa: state of the nation report. Occupational health Southern Africa, 16(1), 3-9.
- Pransky, G. S., Snyder, T., & Dembe, A. E. (2003). Hitting the bulls-eye: Targeting workers' compensation safety and health interventions. Journal of occupational and environmental medicine, 45(12), 1289-1295.
- Reber, R.A., Wallin, J.A., & Chhokar, J.S., (1990). Improving safety performance with goal setting and feedback. Human Performance 3, 51-61.
- Reilly, B., Paci, P. & Holl, P. (1995). Unions, safety committees and workplace injuries. British Journal of Industrial Relations, 33 (2): 273-88.
- Robens, L. (1972). Safety and Health at Work: Report of the Committee 1970-72, Cmnd 5034 (London: HMSO).
- Robson, L. S., Clarke, J. A., Cullen, K., Bielecky, A., Severin, C., Bigelow, P. L., ...

& Amick III, B. C. (2007). The effectiveness of occupational health and safety management system interventions: a systematic review. Safety science, 45(3), 329-353.

- Sass, R. (1986). Workplace health and safety: report from Canada. International Journal of Health Services, 16 (4) 565-582 Ynze, Van Houten (Eds). (2012). Safety at work. Saxion research centre design and technology. Enscheda, the Netherlands.
- Serra, C., Rodríguez, M. C., & del Mar González, M. (2009). Perceived risks of occupational injury in a sample of Spanish workers. Safety science, 47(9), 1238-1244.
- World Health Organization (2004). Occupational Health and Safety in the African Region: Situation Analysis and Perspectives, Regional Committee for Africa. AFR/RC54/13 Rev. 118. Fifty-fourth sessions. Brazzaville Republic of Congo, 2004, 30 Aug.–3 of Sep.

