EARLY DETECTION OF CHILDREN’S DEVELOPMENT ON STUNTING TODDLERS

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ABSTRACT

Stunting is an impaired growth in children because of long-term insufficient nutrition from conception until the age of two. Regarding Basic Health Research 2018, the prevalence of stunting in Indonesia was 30.8%, higher than the WHO’s target. As stated in the Nutritional Status Monitoring, the prevalence of stunting in Karangasem from 2015 to 2017 was 27.5%, 26.1%, and 23.6% respectively. Early detection of child development status could be utilized as a pilot project to construct an intervention scheme for stunting prevention. This research aims for in-depth learning on the children growth status of stunting toddlers in the village of Ban Karangasem Bali, including gross motor, fine motor, language and adaptive skills. The research method was a qualitative design with a phenomenological approach. The in-depth interview was arranged with 15 participants sorted by purposive sampling, including 5 stunting toddlers, 5 mothers or babysitters of those toddlers, and 5 health personnel in the field. This result showed impairment of child development in long-term stunting toddlers. Without stimulation from parents, babysitters, and the social environment for those impaired children, they would undergo prolonged developmental failure. The data also showed that the majority of children experienced impairment in fine motor-adaptive skills whereas the gross motor and language skills were still normal.

Keywords: Stunting; Nutrition; Child Development; In-depth Interview.

INTRODUCTION

Stunting is a condition of failure to thrive on toddlers that occurs due to chronic malnutrition since in the womb and in the early period after given birth (Aryastami & Tarigan, 2017; Vaivada et al., 2020). Indonesia is ranked 5th in the world for the number of children with stunting conditions. This prevalence is higher than other countries in Southeast Asia, such as Myanmar (35%), Vietnam (23%), and Thailand (16%) (Rahmadhita, 2020). Based on Riset Kesehatan Dasar (Riskesdas) 2019, the prevalence of stunting in Indonesia is 30.8% with the proportion of stunted nutritional status (stunting) being 22.4% and the proportion of very short nutritional status...
(severely stunted) is 15.3% (Kementerian Kesehatan RI, 2019). This condition is still not able to meet the target of the Sustainable Development Goals (SDGs) set by the World Health Organization (WHO), which are less than 20% (Rahmadhita, 2020; Trihono et al., 2015).

The high rate of toddlers mortality with malnutrition and stunting is still a strategic issue for health development in Bali (Dinas Kesehatan Provinsi Bali, 2018). The percentage of children aged 0-59 months with stunting conditions in Bali in 2018 was 14.2% for stunting (short) cases and 4.9% for severe stunting (very short) cases (Kementerian Kesehatan RI, 2018). However, based on the results of the 2015-2017 Nutritional Status Monitoring (NSM) by the Bali Provincial Health Office, there was a gap in the prevalence of stunting between one district and another in Bali. The percentage of stunting in 2017 in several regions in Bali still did not suffice the WHO target (less than 20%), those regions include Buleleng (28.9%), Bangli (28.4%), Jembrana (25.1%), Karangasem (23.6%), and Gianyar (22.5%) (Dinas Kesehatan Provinsi Bali, 2018; Kementerian Kesehatan RI, 2018).

Based on research carried out by Aritonang et al. (2020) there is a relationship between household food security and the nutritional status of toddlers. Food insecurity in households is related to the presence of toddlers nutritional disorders, such as stunting (p = 0.018). the food security is also highly related to family income.

Based on the above finding, therefore, this research is carried out in order to determine the developmental status of children along with age in stunting toddlers in Ban village, including assessment of gross motor, fine motor, language, and personal-social aspects in depth. Several previous studies explained that one of the effects of stunting was to cause child development disorders, but those studies did not delve further into when the disorder occurred. If a child is detected early as having stunting, has it caused a disturbance in his development?

Analysis of child development in this research was carried out using a qualitative approach through in-depth interviews with the Denver Development Screening Test (DDST) II (Shulman & Yoffe, 2021; Veiskarami et al., 2021). This analysis specifically assessed the developmental abilities of gross motor, fine motor, verbal and personal-social according to the age of toddlers (Latubessy & Wijayanti, 2018; Veiskarami et al., 2021).

RESEARCH METHOD

This research used a qualitative design with a phenomenological
approach to dig deeper into the development of gross motor, fine motor, language, and personal-social in stunting toddlers in Ban village, Karangasem region. Data was collected using in-depth interview by two lecturers in the field of community medicine, Faculty of Medicine and Health Sciences, Warma-dewa University. The research was conducted for 7 months from May 2021 to December 2021.

This study took 15 participants who were taken by purposive sampling technique. The participants were stunted toddlers, mothers/caregivers (baby-sitters) of toddlers and health workers. With the inclusion criteria:

1. Stunting toddlers aged 0-5 years,
2. Mothers or other caregivers willing to be informants,
3. Being able to communicate well and
4. Willing to provide information needed by researchers.

Five stunting toddlers were observed using the Denver Development Screening Test II (DDST II) and 5 mothers or caregivers for the toddlers. Separate interviews were also conducted with 5 health workers at the research location to determine the stunting profile and health care facilities in the area.

Interviews were completed until the same information was obtained or until the results obtained were saturated and had reached data saturation by conducting in-depth interviews. The duration of the interview lasted 30 minutes-1 hour which was carried out in 4 separate interviews. Generally, the interview was completed in 30 minutes because the respondent had other activities on that day, so it was continued on another day. During the Covid-19 pandemic, observations and interviews were conducted online via WhatsApp or other video conference media.

This study used thematic analysis with the following stages: a) Compiling transcripts of the results of in-depth interviews; b) Making coding then categorized from small units; c) Rereading transcripts of in-depth interviews for recoding; d) Creating categories information by grouping the same information from the coding results that have been made and each category was analyzed based on the research theme; e) Interpreting the information, making a detailed analysis description of the feelings, opinions and perceptions of participants contained in the theme. The research theme was determined prior to the interview, but the questions were open to go deeper into the opinions and perspectives of the participants. Furthermore, The data that had been collected then classified to make a conclusion related to the phenomena found during in-depth interviews.
RESULTS

The following presents the results of qualitative research in the form of narratives based on the results of in-depth interviews regarding the condition of child development of stunted toddlers in Ban Village, Karangasem, Bali and the results of developmental observations using the DDST II form.

Characteristics of Participants

The number of participants involved in this study were 15 people consisting of 5 stunting toddlers, 5 mothers or caregivers for the toddler, and 5 health workers. All participants came from Bali and were Hindu. The nutritional status of 5 toddlers being observed were 4 stunted toddlers and 1 very stunted toddler. The age range of toddlers is 18 – 30 months as listed in table 1.

Table 1. Characteristics of Stunting Toddlers

<table>
<thead>
<tr>
<th>Name (Initial)</th>
<th>Age (Month)</th>
<th>Sex</th>
<th>Length or Height (cm)</th>
<th>Berat Badan (kg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAP</td>
<td>24</td>
<td>M</td>
<td>80</td>
<td>9</td>
</tr>
<tr>
<td>PK</td>
<td>20</td>
<td>F</td>
<td>75</td>
<td>10</td>
</tr>
<tr>
<td>MA</td>
<td>18</td>
<td>M</td>
<td>73</td>
<td>10</td>
</tr>
<tr>
<td>KJP</td>
<td>28</td>
<td>F</td>
<td>81</td>
<td>11</td>
</tr>
<tr>
<td>KM</td>
<td>30</td>
<td>F</td>
<td>79</td>
<td>9.60</td>
</tr>
</tbody>
</table>

The age range of mothers is 22-28 years. The majority of mothers work as housewives with a final education of elementary school as listed in table 2.

Table 2. Characteristics of Mother /Stunting Toddler Caregivers

<table>
<thead>
<tr>
<th>Name (Initial)</th>
<th>Age (year)</th>
<th>Religion</th>
<th>Etnic</th>
<th>Education</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM</td>
<td>22</td>
<td>Hindu</td>
<td>Bali</td>
<td>Secondary</td>
<td>Housewife</td>
</tr>
<tr>
<td>NWE</td>
<td>24</td>
<td>Hindu</td>
<td>Bali</td>
<td>High</td>
<td>Merchant</td>
</tr>
<tr>
<td>NT</td>
<td>23</td>
<td>Hindu</td>
<td>Bali</td>
<td>Elementary</td>
<td>Housewife</td>
</tr>
<tr>
<td>MS</td>
<td>25</td>
<td>Hindu</td>
<td>Bali</td>
<td>Elementary</td>
<td>Housewife</td>
</tr>
<tr>
<td>NKI</td>
<td>28</td>
<td>Hindu</td>
<td>Bali</td>
<td>Elementary</td>
<td>Farm-Labor</td>
</tr>
</tbody>
</table>

Health workers are environmental factors that influence the monitoring of children's growth and development in the area, consisting of 1 Head of district public health, 2 Heads of UKM (Upaya Kesehatan Masyarakat), and 2 Village Midwives. The age range of health workers is 28-40 years. All health workers are Hindu and Balinese. With the educational background of health workers is D3-S1 Profession as listed in table 3.
Table 3. Characteristics of Health Workers

<table>
<thead>
<tr>
<th>Name (Initial)</th>
<th>Age (year)</th>
<th>Religion</th>
<th>Etnic</th>
<th>Education</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>APN</td>
<td>40</td>
<td>Hindu</td>
<td>Bali</td>
<td>S1</td>
<td>Head of district public health</td>
</tr>
<tr>
<td>KP</td>
<td>32</td>
<td>Hindu</td>
<td>Bali</td>
<td>S1</td>
<td>Head of MCH UKM</td>
</tr>
<tr>
<td>VH</td>
<td>30</td>
<td>Hindu</td>
<td>Bali</td>
<td>D3</td>
<td>Head of Nutrition UKM</td>
</tr>
<tr>
<td>WN</td>
<td>28</td>
<td>Hindu</td>
<td>Bali</td>
<td>D3</td>
<td>Village midwife</td>
</tr>
<tr>
<td>PEY</td>
<td>36</td>
<td>Hindu</td>
<td>Bali</td>
<td>D3</td>
<td>Village midwife</td>
</tr>
</tbody>
</table>

The following are the results of the thematic analysis of this study as listed in table 4.

Table 4. Results of Thematic Analysis

<table>
<thead>
<tr>
<th>Document Transcript</th>
<th>Code</th>
<th>Interpretation</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM: I don't know how to see normal development according to age</td>
<td>1</td>
<td>Lack of knowledge</td>
<td>Knowledge of child development</td>
</tr>
<tr>
<td>NWE: no one has ever told about the child development</td>
<td>2</td>
<td>Lack of information</td>
<td></td>
</tr>
<tr>
<td>NT: I've heard during counseling in the village, but I don't understand</td>
<td>3</td>
<td>Lack of information and lack of knowledge</td>
<td></td>
</tr>
<tr>
<td>MS: I don't know what a good development should look like</td>
<td>4</td>
<td>Lack of knowledge</td>
<td></td>
</tr>
<tr>
<td>NKI: not understanding the term development</td>
<td>5</td>
<td>Lack of knowledge</td>
<td></td>
</tr>
<tr>
<td>MM: I see my child is just fine</td>
<td>1</td>
<td>Apathy towards child development</td>
<td>Perception of child development</td>
</tr>
<tr>
<td>NWE: I believe my child is just fine</td>
<td>2</td>
<td>Apathy towards child development</td>
<td></td>
</tr>
<tr>
<td>NT: What is the importance of knowing the child's development!</td>
<td>3</td>
<td>Negative perception to monitor child development</td>
<td></td>
</tr>
<tr>
<td>MS: as long as my child wants to eat, I believe he is just fine</td>
<td>4</td>
<td>Apathy towards child development</td>
<td></td>
</tr>
<tr>
<td>NKI: by far, my child is looked after by my mom</td>
<td>5</td>
<td>Negative perception to monitor child development</td>
<td></td>
</tr>
<tr>
<td>MM: I haven't taught any skills yet.</td>
<td>1</td>
<td>Negative attitude for developmental stimulation</td>
<td>Attitudes towards developmental status and stimulation of child development</td>
</tr>
<tr>
<td>NWE: my child is too small so he can't do anything yet, NT: I never stimulate my child development</td>
<td>2</td>
<td>Apathy towards child development</td>
<td></td>
</tr>
<tr>
<td>MS: because of work, I never monitor my child development</td>
<td>3</td>
<td>Negative attitude for developmental stimulation</td>
<td></td>
</tr>
<tr>
<td>NKI: I don't really know what I should be able to do at this age</td>
<td>4</td>
<td>Negative attitude for developmental stimulation</td>
<td></td>
</tr>
</tbody>
</table>

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DOI: [http://dx.doi.org/10.36679/kedokteran.v7i2.521](http://dx.doi.org/10.36679/kedokteran.v7i2.521)
The explanation of the various themes is explained in detail as follows:

Knowledge of child development

The first theme is that participants do not understand children’s development and do not know that children’s growth can affect development. Participants know that every child will go through a developmental phase as they get older, but are not aware that growth delays can affect a child’s development. Growth and development are two interrelated aspects.

Most of the participants had heard of growth and development. The following are excerpts from statements from participants.

“I’ve heard of developments but I don't know how to see it in my son. We really need to match the age of the child to his ability.”

(MM, housewife, 22 years old)

"Yes, I've heard when there was counseling in the village. Because I work multiple jobs, children usually play with their grandmothers. I know what Putu can do from his grandmother's story. I rarely play with him."

(NT, housewife, 23 years old)

“Ooh…. I don't understand, I know that measuring weight and height. he every month is brought by her grandmother to the healthcare (Posyandu). I Don't know any progress. Once I was given additional food assistance, but there were questions about the child's development."

(NKI, farm worker, 28 years old)

There are some participants who do not understand that growth can affect development. Participants believe that development occurs because the child's age increases. If there is a disturbance in growth, it does not affect its development. The following are excerpts from statements from participants.

"As long as the weight is normal, I already feel safe. I don't remember measuring height at the Village healthcare (Posyandu). It's just immunization. Is there a developmental disorder if the child is short?"

(NT, housewife, 23 years old)

“I was once told that my child is short and underweight. It was good that he was given food assistance from the Public health center. But when the weight is good again, I can't get food assistance. No one was told about developments."

(NWE, merchant, 24 years old)

"I don't know. He is Usually raised by his grandmother because I work multiple jobs so Iam still able to provide him meal. I have ever been told that if he was not tall enough and asked to cook nutritious food for him. Never get asked about the child's development. What development should be like, I don't understand."

(MS, housewife, 25 years old)

Perception of child development

The second theme is the participant's perception of development and the informant's perception of the role of the environment in child development. Participants did not feel the need to pay attention to the child's development. It is said that with age, children will develop on their own. There are also those who think that they have never been referred to a doctor for developmental monitoring, so they
assume there are no problems with their child's development. The following are excerpts from statements from participants.

“The one who usually takes care of my son is his grandmother, because I work in the fields, his grandmother doesn't say anything about his development. She just concerns with feeding him. My son never gets finicky. His grandmother can't read, so no one can tell stories to my son. He is still just a child, so he is still slurred.”

(NKI, farm labor, 28 years old)

“I see my son just fine. He is not fussy and eats a lot though he is still being fed. If he asks to eat alone, then everything will fall apart. He is also still being bathed. he can't take his clothes off, he is still a kid. I believe he can do it by himself when he is older. Now leave it like this, the important thing is he is not fussy.”

(MM, housewife, 22 years old)

“I was told that my child was malnourished and get additional food assistance from District Health center (puskesmas). But no one said anything about child development. The next month, again I get additional food assistance. No one asks to check him to a doctor. I think my son is fine. Never get fussy. Though eat and bathe by his grandmother. He is just child can't do anything yet.

(NWE, merchant, 24 years old)

Environmental factors also influence the development of children. Health workers are a social environment that can support child development. Health workers say that the social environment affects children's development, both in the gross motor, fine motor, language, and personal-social sectors. Some said that monitoring child development at the Village Healthcare (Posyandu) is the first step in detecting developmental disorders in children. The following are excerpts from statements from participants.

“The environment plays a very important role in children's development, both to train gross and fine motor skills, as well as language development. Through Village Healthcare (Posyandu) and cadres, it is hoped that they can be the first line to monitor children's development.”

(APN, 40 years old)

“Through the village Healthcare (Posyandu) every month, toddlers can interact with other toddlers. That's where I can see children who grow up healthy and actively interact with their environment. For children who are passive, I usually look at the nutritional status in the MCH Handbook, then give input to the mother.”

(VH, 30 years old)

“In children whose growth is less than normal, I advise the mother to improve the nutrition of the child's diet. If his weight is less than normal, I will give him additional food, which is a program from the district health center (Puskesmas). However, I have not been able to specifically monitor the development of children because of the large number of Posyandu participants.”

(WN, 28 years old)

Mother's attitude towards child development.

The third theme is that participants have never monitored and stimulated the development of their child. Regarding child development, the majority of mothers of toddlers who graduated from elementary school did not understand what things should be
monitored in child development. And also do not understand that the development of children who are late for their age need to be stimulated from an early age. Participants never monitor their child's development because they do not know what should be monitored for their child's development. The following are excerpts from statements from participants.

“Usually at home, he is raised by his grandmother. I just ask my son what he can do. What do you like to play? I don't see what it's up to. Food is also still being fed by me or my grandmother.”

(MS, housewife, 25 years old)

“Early in the morning, I only had time to prepare food before going to the fields. At home, she is looked after by her grandmother. Eat and play with her grandma. When I come home from the field, I directly prepare for dinner, then accompanying my daughter to sleep. I don't know at all what I should be able to do at this age.”

(NKI, farm laborer, 28 years old)

“At home, my mother helps me take care of my son. Because I'm doing other work too. He still nipples. Taking a bath with her grandmother, she also helped take off his clothes. He can't do anything yet, he is still small.”

(NWE, merchant, 24 years old)

Stimulation of child development has never been done by mothers because they thought that the child's ability will develop with as the time passess by according to his/her age. Participants do not understand what things are being monitored in development, so they do not stimulate if there is a delay in their child's development. The following are excerpts from statements from participants.

“What is developmental stimulation, doc? I don’t know. I just let him play with his grandmother and aunt. He is just a child, I just let him play. I haven't taught anything yet.”

(MM, housewife, 22 years old)

“my child likes to run around in the yard. I haven't given the pictures yet. He's just playing at home. he just want to eat, I'm grateful, I can't buy toys for my child yet. I don't know what developmental stimulation is.”

(NT, housewife, 23 years old)

“I don't know what developmental stimulation is. His grandmother is taking care of him at home. I leave in the morning and return home at night. He is fed by his grandmother. He is rarely invited to play in the yard too. I dont feel comfortable to ask many things for my kid, she wants to look after him, that's it. I feel thankful and I don't want to be fussy.”

(NKI, farm labor, 28 years old)

Child Development Status in Stunting Toddlers

Observations were made on stunting toddlers to detect whether there was a delay in the child's development according to age. The examination was carried out according to the gross motor, fine motor, language, and personal-social sectors. The following are the results of the developmental examination using the DDST II form as listed in table 5.
Table 5. Assessment Results of Toddler Growth and Development.

<table>
<thead>
<tr>
<th>Toddlers’ Initial (Age)</th>
<th>Anthropometric Status</th>
<th>Development Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PB/U</td>
<td>BB/U</td>
</tr>
<tr>
<td>WAP (24 months)</td>
<td>Stunting</td>
<td>Poor Nutrition</td>
</tr>
<tr>
<td>PK (20 months)</td>
<td>Stunting</td>
<td>Poor Nutrition</td>
</tr>
<tr>
<td>MA (18 months)</td>
<td>Stunting</td>
<td>Normal</td>
</tr>
<tr>
<td>KJP (28 months)</td>
<td>Stunting</td>
<td>Normal</td>
</tr>
<tr>
<td>KM (30 months)</td>
<td>Severely Stunted</td>
<td>Poor Nutrition</td>
</tr>
</tbody>
</table>

Based on the table above, it was found that stunting toddlers experience 1 developmental disorder. Only 1 toddler has a developmental disorder in the gross motor and language sectors. Four out of five stunting toddlers experience developmental disorders in the fine motor sector.

In table 5 it can be seen that severely stunted toddlers with poor nutritional status experience developmental disorders in all development sectors. The gross motor skills are still with caution status, but there is a delay in the fine motor, language, and personal-social sectors. The interpretation of development in this toddler is a suspected developmental disorder, which requires further treatment.

In addition, it was found that for toddlers with stunting and normal nutrition status, two development sectors fall into *caution* status, namely the fine motor sector and personal-social sector. Interpretation of development in this toddler is a suspected developmental disorder that requires further examination.

DISCUSSION

Knowledge is an important domain in shaping a person's perception and behavior. Based on research conducted by Syahailatua et al. (2020) in Papua, there was a significant relationship between mother's knowledge and the development of children aged 1-3 years. This is also in line with research conducted in Nagan Raya Regency which showed a significant relationship between mother's knowledge on toddler development (*p = 0.006*) (Tiara & Zakiyah, 2021). Parents should always monitor the development of their children in daily activities to avoid developmental delays.

However, most of the respondents in the research in Ban Village do
not understand the definition and scope of development, so they do not realize the need to monitor their child's development. Most of the respondents also do not understand the relationship between growth and development. When their child is detected as stunted, most of the respondents do not realize the need to monitor whether the stunting condition affects their child's development.

Mothers' perceptions of child development are based on their knowledge of the benefits and consequences that may arise if they do not monitor their child's development (Indah, 2020). Knowledge is an important domain that affects one's perception. With low education, most respondents (mothers of toddler) do not have knowledge about child development according to age so they are less aware of delays in their child's development. Most of the respondents thought that children's development occurs naturally as children get older, so they do not monitor their children's development. There has been no previous research on the relationship between mother's or parent's perception of optimizing child development, so this qualitative research is expected to be a pilot project to find out what factors influence child development.

Based on the research of Safitri et al. (2021) regarding the relationship of family and social support to the development of toddlers, it was found that family empowerment and social roles have a positive effect on children's development, both in motor, language, and social. Good parenting in the family has an important role in the growth and development of children (Asri, 2018). Most of the informants realize that the social environment also plays a role in children's development. The environment as a place for children to grow and play is a supporting factor in children's development, both gross motor, fine motor, language, and personal-social. District health centre and village healthcare are the first line in the community to see if there are developmental problems in stunting toddlers.

Based on Haryanti's research (2019) in Gringsing sub-district regarding the effect of providing stimulation on the development of children aged 0-6 years, it was found that giving stimulation had a positive effect on the development of children aged 0-6 years. The lack of knowledge in most respondents caused them not to provide stimulation to their child's development. This is supported by research Utamingtyas, et al. (2019) in Lembu Village, Bancak which showed a positive effect on development after
stimulation. The group of participants had previously been intervened with growth and development education to compare the effects of stimulation on the group of participants who had been intervened and had not been intervened. The results of the study were the effect of stimulation on children's development after the group of participants received the intervention, and there was no effect of stimulation on the development of the group of participants who did not receive the intervention (Utamingintyas, 2019). Effective developmental stimulation should be based on good knowledge from both parents and baby caregivers (Hairunis et al., 2018).

Based on research conducted by Pratiwi et al. (2021) they found a close relationship between stunting and developmental disorders of children assessed from the academic factors of children. In this study, it was found that stunting had a negative impact on children's academic achievement and achievement.

Nevertheless, in this study the children are toddlers so their academic ability can not be assessed. According to observations made using DDST II, there are delays in the personal-social and fine motor sectors so that those could be a warning sign for the child's academic abilities in the future. The child's inability to solve problems and take action independently can affect the child's critical thinking and academic abilities in the future.

Table 6. Interview Interpretation on Developmental Status

| Interview Interpretation | Code | Developmental Status based on DDST
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of Knowledge</td>
<td>1</td>
<td>Disorders of personal social development</td>
</tr>
<tr>
<td>Lack of Information</td>
<td>2</td>
<td>Delays in personal social development</td>
</tr>
<tr>
<td>Lack of Information, Lack of Knowledge</td>
<td>3</td>
<td>Delays in fine motor development</td>
</tr>
<tr>
<td>Lack of Knowledge</td>
<td>4</td>
<td>Disorders of 2 development sectors: personal social and fine motor</td>
</tr>
<tr>
<td>Lack of Knowledge</td>
<td>5</td>
<td>Delays in 3 development sectors, while 1 other sector starts to be disrupted</td>
</tr>
<tr>
<td>Apathy towards child development</td>
<td>1</td>
<td>Disorders of personal social development</td>
</tr>
<tr>
<td>Apathy towards child development</td>
<td>2</td>
<td>Delays in personal social development</td>
</tr>
<tr>
<td>Negative perception to monitor child’s development</td>
<td>3</td>
<td>Delays in fine motor development</td>
</tr>
<tr>
<td>Apathy towards child development</td>
<td>4</td>
<td>Disorders of 2 development sectors: personal social and fine motor</td>
</tr>
<tr>
<td>Negative perception to monitor child’s development</td>
<td>5</td>
<td>Delays in 3 development sectors, while 1 other sector starts to be disrupted</td>
</tr>
</tbody>
</table>
From the table 6 it can be concluded that lack of knowledge and lack of access to adequate information can give negative perceptions for monitoring child development. Some of the participants were even apathetic about the condition that happen to their child and thought it was fine. Negative perceptions then affect negative attitudes in monitoring children's development so that they do not stimulate development if they start to see disorder in children. This can be seen in the developmental delay in the majority of respondents (60%).

CONCLUSION

Monitoring children's development from an early age is crucial to determine the suitability of development for the child's age, including monitoring personal-social abilities, gross motor skills, fine motor skills and language. Based on the research, the following conclusions were obtained:

a) The majority of participants do not understand what things need to be monitored in children's development because they lack of knowledge;

b) Most of the participants do not feel the need to pay attention to the children's development. They thought that as children get older, they will develop by themselves;

c) Most of the health workers as an environmental factor think that the social environment influences the development of children;

d) Most of the participants never monitor their children's development;

e) Most of the participants have never stimulated their children's development;

f) Based on the developmental screening using the DDST II form, it was found that most of the participants are detected to have developmental disorders in one or more developmental sectors. They experience developmental disorders in the fine motor and in the personal-social sector;

g) The impact of developmental delays can be seen from the slow response...
of the child, both personal-social and fine motoric skills. This can affect children’s cognitive abilities in the future.

Handling stunting and handling delays in stunted children requires cross-sectoral collaboration and covers various aspects, such as nutrition, infectious disease detection, public education, and the economy. Health promotion, such as health education and counseling (through brochures, pamphlets, or booklets) should be scheduled at village healthcare (Posyandu) so that mothers or caregivers can access information and understand the developmental milestones of children according to age. Good knowledge is the basis for detecting the developmental status of children whether they are in accordance with their age or late. It is also necessary to conduct training or workshops for health workers, such as village midwives and village cadres, to be able to check children's development using the Development Pre-screening Questionnaire form. The results of this examination should be recorded in the maternal and child health book (MCH) so that it can be monitored.

REFERENCES


