

IDENTIFICATION OF DEVELOPMENT IN BABIES UNDER FIVE YEARS (TODDLERS)

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ABSTRAK : IDENTIFIKASI PERKEMBANGAN PADA BAYI BAWAH LIMA TAHUN (BALITA)

Jumlah balita di Indonesia mencapai sekitar 31.8 juta jiwa pada tahun 2022 hal ini menjadikan tumbuh kembang balita sangat penting untuk diperhatikan karena menyangkut kualitas estafet generasi penerus bangsa. Menurut Dinas Kesehatan sebesar 85.779 (62,02%) anak usia prasekolah mengalami gangguan perkembangan. Data Riskesdas angka prevalensi *stunted* (hambatan pertumbuhan) pada balita di Nusa Tenggara Barat adalah sebesar 24,5 %. Data yang didapat dari Dinas kesehatan Kota Mataram pada tahun 2013 terdapat sebanyak 1.136 balita yang mengalami gangguan pertumbuhan dan perkembangan. Nusa Tenggara Barat (NTB) tercatat 12,6% anak mengalami keterlambatan motorik halus.

Tujuan : Penelitian ini bertujuan untuk mengidentifikasi perkembangan pada balita.

Metode: Penelitian ini menggunakan metode penelitian *kuantitatif deskriptif*. Desain penelitian yang digunakan yaitu *simple random sampling*. Populasi dalam penelitian ini adalah ibu yang memiliki balita sejumlah 95 anak balita.

Hasil: Hasil penelitian menunjukkan bahwa sebagian besar balita berjenis kelamin laki-laki 50 (53%), sebagian ibu berpendidikan junior high school 50 (52%) serta sebagian balita memiliki perkembangan sesuai 63 (66%).

Kesimpulan : Bahwa sebagian besar perkembangan pada balita adalah normal yaitu sesuai yang diperiksa menggunakan KPSP.

Saran : Diharapkan untuk ibu-ibu yang memiliki anak usia balita diharapkan mengunjungi puskesmas atau fasilitas kesehatan lainnya untuk dapat memantau perkembangan anak dengan menggunakan KPSP yang dilakukan oleh bidan atau tenaga kesehatan.

Kata Kunci : Balita, Perkembangan

ABSTRACT

The number of toddlers in Indonesia will reach around 31.8 million in 2022, making toddler growth and development very important to pay attention to because it concerns the quality of the next generation of the nation. According to the Health Office, 85,779 (62.02%) preschool children experience developmental disorders. Riskesdas data shows the prevalence of *stunted* (growth disorders) in toddlers in West Nusa Tenggara is 24.5%. Data obtained from the Mataram City Health Office in 2013 showed that 1,136 toddlers experienced growth and development disorders. West Nusa Tenggara (NTB) recorded 12.6% of children experiencing fine motor delays.

Objective: This study aims to identify development in toddlers.

Method: This study uses a descriptive quantitative research method. The research design used is simple random sampling. The population in this study were mothers who had 95 toddlers.

Results: The results of the study showed that most toddlers were male 50 (53%), some mothers had junior high school education 50 (52%) and some toddlers had appropriate development 63 (66%).

Conclusion: That most of the development in toddlers is normal, namely according to what was examined using KPSP.

Suggestion: It is hoped that mothers who have toddlers will visit community health centers or other health facilities to be able to monitor their children's development using the KPSP carried out by midwives or health workers.

Keywords : Toddler, Development

INTRODUCTION

The first five years of a child's life are a very critical period for their development. This period is very short and cannot be repeated. This period

occurs as a "golden period", "window of opportunity" and "critical period". Child development is the result of the maturation of body organs, especially the central nervous system. In development, there are

stages that children must go through to reach adulthood. The most important stage is during the golden period of the first year, because during this period growth and development occurs rapidly and determines the child's future. (IDAI, 2009) Based on (World Health Organization, 2018) Indonesia is the third largest country with the highest prevalence in the South-East Asia Region (SEAR) of toddlers experiencing growth and development disorders with 28.7%.

The health level of a nation can be seen from the health level of its children. Children have abilities that can be developed into quality human beings who can continue the development of the nation. Every year, more than 200 million children under the age of 5 years show developmental delays and 86% of these cases occur in developing countries. (UNICEF, 2016) (Soetjiningsih a (Soetjiningsih, 2017) Around 43% of children in developing countries are feared to experience developmental disorders. (UNICEF, 2016) The failure to fulfill the potential for child development will cause the child's abilities in adulthood to decrease, which will have implications for the development of a nation. (Wilar R, 2015)

Nationally in Indonesia, the latest data reported by WHO in 2016 children under five years old with developmental disorders reached 7,512.6 per 100,000 population (7.51%). Around 5-10% of children are estimated to experience developmental delays. Specific data on what developmental disorders children experience are not yet known for certain, but it is estimated that around 1-3% of children under five years old experience general developmental delays. (Inggriani DM, Rinjani M, 2019)

The number of toddlers in Indonesia will reach around 31.8 million in 2022 (Ministry of Health of the Republic of Indonesia, 2023). This makes toddler growth and development very important to pay attention to because it concerns the quality of the next generation of the nation. A child is said to be growing and developing optimally if physical growth (weight and height) increases the same as good thinking and creativity skills (Diyah, 2020). According to the Health Office in (Sri Widati, 2012) 85,779 (62.02%) preschool children experience developmental disorders. Riskesdas (2013) the prevalence rate of stunted (growth retardation) in toddlers in West Nusa Tenggara is 24.5%. Data obtained from the Mataram City Health Office in 2013 there were 1,136 toddlers who experienced growth and development disorders. West Nusa Tenggara (NTB) according to (Riskesdas, 2018)

recorded 12.6% of children experiencing fine motor delays.

Any developmental disorder, no matter how small, during infancy if not detected and not handled properly will have a bad impact. (Ministry of Health, 2015) If the delay is not known sooner, it will greatly affect the child's subsequent motor development, because child development has a series of sequential stages. (Lestari RD, Isa N, 2016) One of the government's efforts to overcome child development problems is the Ministry of Health launching the book Stimulation, Detection and Early Intervention of Growth and Development (SDIDTK). is a comprehensive and quality child growth and development development guidance book through stimulation activities, early detection and intervention of growth and development deviations in the first five years of a child's life. In the book Stimulation,

Detection and Early Intervention of Growth and Development (SDIDTK) there is an early detection instrument using the Pre-Screening Questionnaire Development method. The Pre-Screening Questionnaire Development (KPSP) is a tool or instrument used to determine whether a child's development is normal or there are deviations. Given this background, the high rate of growth and development disorders means that researchers are interested in examining the identification of development in toddlers at the Tanjung Karang Community Health Center in the Mataram City Community Health Center working area.

RESEARCH METHODS

This study employed a descriptive quantitative research method. The population consisted of 95 mothers with children aged 1 to 5 years, residing within the Tanjung Karang Community Health Center (Puskesmas) in Mataram City. Univariate analysis was used for data analysis. All data were processed descriptively and presented as frequencies and percentages (%) for each variable to identify developmental milestones in toddlers.

Data collection was based on predetermined inclusion criteria. Selected respondents were given an explanation of the study and those who agreed signed a consent form. Growth and development levels were then measured using the KPSP (Student Growth and Developmental Assessment). The collected data were then processed using SPSS 16.

RESEARCH RESULTS

Univariate analysis

Table 1
Frequency Distribution of Toddler Gender

Gender (Toddler)	(N)	(%)
Man	50	53%
Women	45	44%

Based on table 1 above, it shows that the majority of respondents were male, 50 (53%) and female, 45 (44%) of the total number of respondents, 95 toddlers.

Table 2
Frequency Distribution of Maternal Education

Education	(N)	(%)
Elementary school	13	14%
Junior high school	50	52%
Senior highschool	19	20%
Bachelor	13	14%

Based on table 2 above, it shows that mothers who had elementary school education were 13 (14%), junior high school 50 (52%), high school 19 (20%) and graduate 13 (14%) of the total respondents of 95 toddlers.

Table 3
Frequency Distribution of Toddler Development

Development	(N)	(%)
in accordance	63	66 %
Doubtful	30	32%
Deviate	2	2%

Table 3 above shows that 63 (66%) toddlers have appropriate development, 30 (32%) have doubtful development and 2 (2%) have deviant development.

DISCUSSION

Based on table 1 above, it shows that the majority of respondents are male, 50 (53%) and female, 45 (44%). Table 2 above shows that mothers who have elementary school education are 13 (14%), junior high school 50 (52%), high school 19 (20%) and bachelor's degree 13 (14%). Table 3 above shows that toddlers who have appropriate development are 63 (66%), doubtful development is 30 (32%) and deviant development is 2 (2%) of the total respondents of 95 toddlers.

Based on the results of the study, it was found that out of 95 toddlers who were sampled,

most of the development according to what was felt using PSP was 63 (66%) toddlers in the Tanjung Karang Health Center area, Mataram City. In this study, there were 2 toddlers whose developmental examination results were in the deviant category. Based on the guidelines for the implementation of Early Child Development Stimulation, Detection, and Intervention (SDIDTK) for toddlers who have deviant developmental status, the efforts that must be made are to provide instructions to mothers to stimulate their children's development more often and to conduct health checks to look for possible diseases that cause developmental deviations. Ask the mother to re-evaluate the KPSP 2 weeks later using the KPSP list according to the child's age. For toddlers with deviant status, make a referral to the Hospital by writing down the type and number of developmental deviations. (RI, 2010)

The role of parents is very important in monitoring the development process of children during toddlerhood in providing development stimulation. The purpose of providing stimulation is to help toddlers achieve optimal or expected levels of development, stimulation is adjusted to age and principles of stimulation. Early stimulation can be done since the baby is born (even better since the fetus is 6 months in the womb) is done every day, to stimulate all sensory systems (hearing, sight, touch, smell, taste). Stimulation is very helpful in stimulating the brain to produce the hormones needed in its development. Stimulation can be given in various forms that are simple and easy to do. This stimulation can be in the form of warmth and sincere love given by parents. Interaction between children and parents through touch, hugs, smiles, singing, and listening attentively is also a form of early stimulation. When a child who cannot speak babbles, the babbling needs to get a response as a form of stimulation of the child's speech ability. From an early age, parents should talk to their child in a soft voice and provide a sense of security (Yunita et al., 2020).

In addition to the role of parents, there are important factors that influence children's growth and development, namely nutritional factors. Children need to be given sufficient and high-quality food, because lack of food in children can have an impact on stunted growth, susceptibility to infection, and ultimately stunting. (Rosela E, Hastuti TP, 2017) This theory is in line with the results of Inggar's 2017 study, toddlers who have good nutritional sufficiency have better development compared to toddlers with poor or excessive nutritional status. (IR Kusuma, H Salimo, 2017) Another factor that influences development is growth and development

stimulation. The interaction between the environment and stimulation can help brain development in compiling nerve structures. (Warsito, 2012)

There are several factors that influence the success of stimulation, including the basic abilities of individuals, health, family, environment, and socio-economic conditions. In addition, it is also influenced by when the initial stimulation was given, how long, and how to do it. Children's developmental abilities have distinctive characteristics, namely having a fixed pattern and occurring sequentially, so that early stimulation that is carried out must be directed and emphasized first for the formation of basic abilities before developing more complex cognitive and behavioral abilities. (Aticeh, 2015)

The role of parents in supporting the growth and development of children is very important. Where parents can provide the means to grow and develop well and perfectly. The growth and development of toddlers can grow optimally if parents can properly care for their toddlers, adequate health care, provide adequate nutrition, clean and stimulating environmental conditions or stimulation that is directed at their toddlers according to age in all aspects of development, both gross motor skills, fine motor skills, language and personal social. (Fatmawati, 2023)

CONCLUSION

Based on the results of research conducted at the Tanjung Karang Community Health Center in the Mataram City working area, some toddlers had appropriate development, namely 63 (66%), but there were also 2 toddlers with deviant development results.

SUGGESTION

It is hoped that mothers who have toddlers and midwives can monitor the development of toddlers through KPSP so that they can detect developmental disorders in toddlers.

REFERENCES

Alfarizi, M. (2015) Hubungan status gizi dengan perkembangan balita usia 3-4 tahun pada 21 Posyandu di Kota Palembang. *Jurnal Syifa' Medikavol* 6 No 1

Anjarwati, B., & Widyaningsih, T. S. (2021). Penerapan Kuesioner Pra Skrining Perkembangan (Kpsp) Terhadap Perkembangan Motorik Halus Anak Selama Masa Pandemi. *Proceeding Widya Husada Nursing Conference*

Arikunto, S. (2010) *Prosedur penelitian suatu pendekatan praktik*. Jakarta. Rineka Cipta

Aticeh dkk. (2015). *Pengetahuan Kader Meningkatkan Motivasi Dalam Melakukan Deteksi Dini Tumbuh Kembang Balita*. *Jurnal Ilmu dan Reknologi Kesehatan*. 71-76

Depkes RI. (2010). *Pedoman Pelaksanaan Stimulasi, Deteksi dan Intervensi Dini Tumbuh Kembang Anak Di Tingkat Pelayanan Kesehatan Dasar*.

Dewi, R.C., Oktiawati, A., & Saputri, L. (2015). *Teori Konsep dan Tumbuh Kembang : Bayi, Toddler, Anak dan Usia Remaja*. Nuha Medika.

E Yunita, D. L. (2019). Hubungan Pemberian Stimulasi Dini Dengan Perkembangan Motorik Pada Balita Di Desa Tanjung Berulak Wilayah Kerja Puskesmas Kampar Tahun 2019. *Jurnal Kesehatan Tambusai*, 1-8.

Fatmawati, N. (2023). *Asuhan Neonatus Bayi Balita dan Anak Prasekolah*. Purbalingga, Jawa Barat, Indonesia: CV. Eureka Media Aksara.

Hurlock, E. B. (2007). *Perkembangan Anak*. Jakarta: Erlangga.

Karina K dan Tatang. (n.d.). Aplikasi pemantauan tumbuh kembang anak menggunakan metode Kuesioner PRA Skrining Perkembangan (KPSP) berbasis android pada Rumah Bersalin Rhaudatunnadya. 2018, 3(1), 15–20.

Mansur, A. R. (2019). *Tumbuh Kembang Anak Usia Pra Sekolah*. Andalas University Press.

Marmi, K. R. (2015). *Asuhan Neonatus, Bayi, Balita dan Anak Pra Sekolah*. Pustaka Belajar.

Oktiawati, A. dkk. (2017). *Teori dan Konsep Keperawatan Pediatrik*. CV. Trans Info Media.

RI, D. (2010). *Pedoman Pelaksanaan Stimulasi, Deteksi dan Intervensi Tumbuh Kembang Anak di Tingkat Pelayanan Kesehatan Dasar*. Indonesia.

Sari, E. &. (2021). Analisis Deteksi Dini Tumbuh Kembang Pada Balita Dengan Kuesioner Pra Skrining Perkembangan (KPSP). *Jurnal 'Aisyiyah Medika*, 334–342. doi:10.36729

Saptarini, I., Rizkianti, A., Arfines, P. P., Suparmi, & Maisya, I. B. (2021). Associations between Parental Depression and Early Childhood Development in Indonesia: A Cross-sectional Study. *Journal of Preventive Medicine and Public Health*, 54(6), 451–460. <https://doi.org/https://doi.org/10.3961/jpmph.21.158>

- Soetjiningsih, &. R. (2017). *Tumbuh Kembang Anak*. Jakarta: EGC.
- Sugeng, H. (2019). Gambaran Tumbuh Kembang Anak pada Periode Emas Usia 0-24 Bulan di Posyandu Wilayah Kecamatan Jatinangor. *Jurnal Sistem Kesehatan*, 4(3). <https://doi.org/https://doi.org/10.24198/jsk.v4i3.21240>
- Warsito, O., Khomsan, A., Hernawati, N., & Anwar, F. (2012). Relationship between nutritional status, psychosocial stimulation, and cognitive development in preschool children in Indonesia. *Nutrition Research and Practice*, 6(5), 451–457
- Wong, D.L. at all. (2009). Hockenberry-Eaton, M., Wilson, D., Winkelstein, M., & Schwartz, P. Buku ajar keperawatan pediatrik (6th ed). Jakarta: EGC.
- Wulandari. (2009). Hubungan pola asuh Asah dan Asih dengan Tumbuh Kembang Anak Balita 1-3 Tahun. *The Indonesian Journal of Public Health*.