Socialization of Growth and Development Stimulation of Toddlers in Posyandu Cadres in Mulyasari Village in the Working Area of Tamansari Health Center

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ABSTRACT

The Stimulation Detection and Early Intervention of Growth and Development (SDIDTK) program is one of the main programs of the puskesmas. Several efforts can be made to help children grow and develop optimally. Posyandu as a form of community participation under the Ministry of Health is one of the most basic levels of implementation of public health education and monitoring. The liveliness of posyandu activities is based on the participation of posyandu cadres. The task of posyandu cadres is very important and complex where posyandu activities should not only monitor growth but also monitor development so that early growth and development deviations can be detected. The main problem that is prioritized is the lack of optimal cadres in stimulating the growth and development of toddlers early. Provide assistance to partners, namely posyandu cadres, by providing counseling / health education about toddler growth and development. And socialization of cadres with role play and demonstration media using growth and development assessment sheets (KPSP) directly, this can increase the understanding of cadres in assessing or measuring toddler growth and development. As well as providing training to posyandu cadres as a whole in early detection of toddler growth and development until cadres are able to assess obstacles to toddler growth and development. The output targets of this community service are publications in accredited national journals, publishing articles in mass media, making videos of activities uploaded to YouTube, increasing the knowledge and skills of cadres.

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INTRODUCTION

Universitas Muhammadiyah Tasikmalaya (UMTAS) is one of the universities in the Tasikmalaya city area that is concerned with humanitarian social movements in the health sector. One of the health services that continues to be developed by UMTAS is service and counseling to the community. One of the things that will be done at this time is related to the socialization of stimulation of growth and development of toddlers who can improve cognitive, affective and psychomotor abilities for posyandu cadres which have an impact on increasing public concern for toddlers in collaboration with parents, caregivers and other families (Subayu, A, 2022).

The partner in community service through this community partnership program is the Tamansari Puskesmas and the person in charge of the Maternal and Child Health (MCH) program at the Tamansari Puskesmas. Puskesmas Tamansari is one of the district / city health technical implementation units (UPTD) which is responsible for organizing health development in a working area. As a UPTD, puskesmas plays a role in organizing part of the technical operational tasks of the city health office and is the first level implementing unit and the spearhead of health development in Indonesia. The geographical condition of Tamansari Sub-district consists of plains and rice fields. The location of the Tamansari Health Center Working Area is one of two Puskesmas located in the Tamansari District of Tasikmalaya City which is about 5 km from the capital city of Tasikmalaya to the south, the north of the tamansari area is lowland while the south and east are hilly areas. Its boundaries include: the north is bordered by Cibeureum District; and the west is bordered by Kawalu District. In an effort to empower the community, Tamansari Health Center fosters 84 posyandu with 332 cadres, with details as follows: Sukahurip village cadres: 69 cadres, Setyamulya village cadres: 66 cadres, Mulyasari village cadres: 99 cadres, Setyawargi village cadres: 98 cadres.

Data from the Tasikmalaya City Health Office in 2018, from 21 Puskesmas in Tasikmalaya City, the highest number of stunting sufferers in the Tamansari Puskesmas work area with a total of 603, followed by Karanganyar Puskesmas with a total of 575, Cihideung Puskesmas with a total of 557, Kahuripan Puskesmas with a total of 536, and Kawalu Puskesmas with a total of 368 (Profil Dinas Kesehatan Kota Tasikmalaya, 2018). The number of stunting sufferers in the Tamansari Puskesmas area in 2018 from the age of 24-59 months there were 467 stunted toddlers out of 3191 toddlers who were weighed at the Puskesmas. The number of stunting in Mulyasari Village from 24-59 months is 65 toddlers, Setiamulya Village from 24-59 months is 123 toddlers, Setiawargi Village from 24-59 months is 165 toddlers and Sukahurip Village from 24-59 months is 114 toddlers. From this data, it is considered necessary to socialize the stimulation of growth and development of toddlers to health cadres in order to reduce the number of errors in interpreting the results of measuring the growth and development of toddlers.

Toddlers are the hope of the nation who must be properly cared for and educated in order to become the next generation of quality nations (Zuhana, N., Ersila, W., & Suparni, S., 2019). In order for children to grow and develop optimally, they need to fulfill their physical and biological needs, affection and emotional needs, and stimulation needs. Development of children's growth and development in a comprehensive and quality manner organized through stimulation activities in toddlers carried out in the period of the first 5 (five) years of a child's life as a "golden period or window of opportunity, or critical period" (Embarek-Hernández, M, 2022). At this time the toddler's brain is more plastic than the adult brain in the sense that children under five are very open to receiving various kinds of learning and enrichment both positive and negative. The other side of this phenomenon that needs attention is that the toddler's brain is more sensitive to intake that does not support brain growth such as inadequate nutritional intake, lack of stimulation and lack of adequate health services (Soedjatmiko, S. 2016).

The Stimulation Detection and Early Intervention of Growth and Development (SDIDTK) program is one of the main programs of the puskesmas. Several efforts can be made to help children grow and develop optimally. Posyandu as a form of community participation under the Ministry of Health is one of the most basic levels of implementation of public health education and monitoring. The liveliness of posyandu activities is based on the participation of posyandu cadres (Handayani, R, 2020). The task of posyandu cadres is very important and complex where posyandu activities should not only monitor growth but also monitor development so that early growth and development deviations can be detected. To increase public knowledge about health, especially about growth and development in toddlers, a continuous health education process is needed, which is aimed primarily at posyandu cadres and parents. With Community Service (PKM) can be a solution to problems in the community, is a very appropriate media to facilitate the community in improving the quality of their health (Syahda, S., & Nislawaty, N, 2021).

METHOD OF IMPLEMENTATION

The solutions offered to deal with the problems faced by partners, here are some solutions offered to overcome this and summarized in community service activities:

- 1. Provide assistance to partners, namely posyandu cadres by providing health education / education about toddler growth and development. This is in accordance with the recommendation that health education with a growth and development stimulation modeling approach for infants aged 0-6 months can be used to increase maternal knowledge, reduce the risk of errors in caring for and increasing child growth and development according to their age level in every interaction with children, so that it is hoped that child growth and development can develop optimally.
- 2. Socialization of cadres with role play and media demonstrations using growth and development assessment sheets (KPSP) directly, this can increase the understanding of cadres in assessing or measuring the growth and development of toddlers.



RESULTS AND DISCUSSIONS

FIGURE 1. Socialization Of Growth And Development Stimulation



FIGURE 2. Socialization of cadres with role play and media demonstration using growth and development assessment sheet (KPSP)

Community service activities have been carried out according to plan. This activity was prepared and carried out by the team from the start of counseling facilities and infrastructure, discussions with the team in determining the day of counseling, at the implementation stage before counseling the team coordinated with the head of the puskesmas, midwife coordinator and posyandu cadre coordinator. The activity was held on Wednesday, July 20, 2022 in the Cl.2 room of the Tasikmalaya Muhammadiyah University campus which was attended by 30 representatives of posyandu cadres in Mulyasari village, Tasikmalaya city. At the initial stage before the socialization, a pretest was conducted to assess the extent of the cadres' knowledge level related to the measurement of growth and development in toddlers which is always carried out at the posyandu, and the results were 70% of the cadres understood how to measure the growth and development of toddlers. Followed by the presentation of the theory, the participants who attended listened and were guite enthusiastic about listening to the education provided by the Team. The socialization of growth and development was carried out for approximately 3 hours consisting of exposure to growth and development theory, practical application of growth and development and direct practice on toddlers. followed by discussion and question and answer sessions. The service team also provided leaflets and booklets, after the socialization / counseling activities most of the participants began to understand how to monitor growth and development in toddlers including checking height, weight and monitoring development through android applications related to developmental assessment.

The final stage was carried out a post test related to the material that had been delivered, and the results were 97.8% of cadres understood and understood the measurement and assessment of growth and development of toddlers. Suggestions from cadres can continue as a suggestion to up grade the development, especially regarding activities in the posyandu. Growth is the increase in size and number of cells and intercellular tissues, meaning the increase in physical size and body structure in part or in whole, so that it can be measured in units of length and weight. Development is the increase in the structure and function of a more complex body in the ability of gross motor, fine motor, speech and language as well as socialization and independence (Ministry of Health, 2016). The process of child development during the critical period of the first 3 years of life must be monitored and recorded properly, which aims to find growth and development disorders early so that treatment can be carried out as early as possible before the child passes his critical period (IDAI, 2015).

A healthy child will show optimal growth and development, if given an adequate bio-psychopsychosocial environment. To assess a child's physical growth, anthropometric measurements are often used, such as body length/height, body weight, head circumference, upper limb circumference. As stated in the introductory chapter, monitoring the growth and development of infants / toddlers is very important, because monitoring growth and development is useful for finding deviations in the growth and development of infants and toddlers early, so that prevention, stimulation, healing, and recovery efforts can be given correctly according to the indications (IDAI, 2015).

According to the Ministry of Health of the Republic of Indonesia, 2016, an important period in child development is during the toddler period. After birth, especially in the first 3 years of life, the growth and development of brain cells is still ongoing; and there is growth of nerve fibers and their branches, so that a complex network of nerves and brain is formed. The number and arrangement of relationships between these nerve cells will greatly affect all brain performance, from the ability to learn to walk, recognize letters, to socialize. During toddlerhood, the development of speech and language skills, creativity, social awareness, emotional and intelligence runs very fast and is the foundation for subsequent development. Moral development and the basics of a child's personality are also formed during this period, so that any negligence / deviation at all if not detected let alone not handled properly, will reduce the quality of human resources in the future.

Toddlers are the hope of the nation who must be properly cared for and educated in order to become the next generation of quality nations. In order for children to grow and develop optimally, they need to fulfill their physical and biological needs, affection and emotional needs, and stimulation needs. Development of children's growth and development in a comprehensive and quality manner organized through stimulation activities in toddlers carried out in the period of the first 5 (five) years of a child's life as a "golden period or window of opportunity, or critical period".

At this time the toddler's brain is more plastic than the adult brain in the sense that children under five are very open to receiving various kinds of learning and enrichment both positive and negative. The other side of this phenomenon that needs attention is that the toddler's brain is more sensitive to intake that does not support brain growth such as inadequate nutritional intake, lack of stimulation and lack of adequate health services. The Stimulation Detection and Early Intervention of Growth and Development (SDIDTK) program is one of the main programs of the puskesmas. Several efforts can be made to help children grow and develop optimally. Posyandu as a form of community participation under the Ministry of Health is one of the most basic levels of implementation of public health education and monitoring. The liveliness of posyandu activities is based on the participation of posyandu cadres. The task of posyandu cadres is very important and complex where posyandu activities should not only monitor growth but also monitor development so that early growth and development deviations can be detected. With the implementation of this activity, it is expected to increase the knowledge and understanding of posyandu cadres in early detection of toddler growth and development and high awareness of how efforts to optimize toddler growth and development.

CONCLUSIONS AND SUGGESTIONS

Provide assistance to partners, namely posyandu cadres by providing health education/education about toddler growth and development. This is in accordance with the recommendation that health education with a modeling approach to growth and development stimulation in infants aged 0-6 months can be used to increase maternal knowledge, reduce the risk of errors in caring for and increasing children's growth and development according to their age level in every interaction with children, so that it is expected that children's growth and development can develop optimally. Socialization of cadres with role play and media demonstrations using growth and development assessment sheets (KPSP) directly, this can increase the understanding of cadres in assessing or measuring the growth and development of toddlers.

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