

Stimulation of Early Childhood Detection and Intervention of Early Childhood Growth and Development (SDIDTK) at Posyandu Dusun VII, Paya Geli Village, Deli Serdang Regency

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Abstract

Early Growth and Development Stimulation, Detection, and Intervention (SDIDTK) is a systematic effort to monitor early childhood growth and development so that potential delays can be recognized early. This study aims to describe the implementation of SDIDTK in early childhood at Posyandu Dusun VII, Paya Geli Village, Deli Serdang Regency and identify the results of monitoring child growth and development. The research uses a qualitative approach with a case study method. Data collection techniques include observation, interviews, and documentation involving village midwives, posyandu cadres, and children's parents. The results of the study showed that most children were in the age-appropriate development category in the motor, language, and social aspects of independence. However, six children were found to have irregularities in growth and development, consisting of cases of underweight, intellectual disability, and physical disability. Stimulation activities have been carried out regularly through educational games and education to parents, while early intervention is still not optimal due to the limitations of experts and facilities. Thus, it is necessary to increase the capacity of cadres, support facilities, and active involvement of parents to optimize the implementation of SDIDTK at the posyandu level.

Keywords: Stimulation, Detection and Intervention, Growth and Development, Early Childhood.

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Introduction

Early childhood is an individual who has unique developmental potential and is different from one another. These developments do not occur naturally, but are influenced by various interrelated factors. Internal factors include the condition of the child from pregnancy to birth, such as the nutritional status of the mother, a healthy lifestyle, and the delivery process. Meanwhile, external factors include the family environment, parental parenting, and stimulation provided continuously by the surrounding environment, including educators and the community. Early childhood is known as a very important period in human life because it is at this stage that the basic formation of physical, cognitive, language, and social-emotional development occurs. The experience gained by children during this period will have a long-term influence on development in the later stages. Therefore, early childhood is often referred to as being in a sensitive phase and golden age which requires optimal attention and stimulation so that the potential of child development can be achieved optimally (Rahman, 2019).

Early childhood is a critical phase of child growth and development. Scientifically, before various efforts and efforts were made in order to discuss children's problems that occurred for many years in life, the reality that occurred and was accepted that in the early years of child development it was known as the critical phase, the sensitive phase and the golden age phase of early childhood growth and development (Utami, 2023). Early childhood physical development takes place very rapidly, especially in gross motor and fine motor skills. Abilities such as walking, running, jumping, and fine movement coordination develop as children age. In addition, height and weight growth are important indicators that need to be monitored regularly to ensure the child's condition is in accordance with normal growth standards. Monitoring that is not carried out regularly can cause growth and development delays to not be detected early (Widya, et al, 2024).

Efforts to systematically monitor children's growth and development can be carried out through the Stimulation, Detection, and Early Intervention of Growth and Development (SDIDTK) program. The SDIDTK program is a monitoring activity that aims to detect early deviations in children's growth and development so that appropriate interventions can be carried out according to the needs of children. Early detection is very important to be carried out regularly so that growth and development disorders can be treated before the child passes the critical period of his development (Ministry of Health of the Republic of Indonesia, 2016). Growth is an increase in the size and number of cells and intercellular tissues, meaning an increase in physical size and body structure partially or completely, so that it can be measured in units of length and weight. Development is the increase in more complex body structures and functions in gross movements, fine movements, speech and language as well as socialization and independence. In addition, what must be monitored by health workers is related to their development, namely emotional behavior problems, autism and attention center disorders and hyperactivity (Junaidi, et al, 2024).

Growth occurs simultaneously with development. Development is the result of the interaction of the maturity of the central nervous system with the organs it affects, for example, the development of the neuromuscular system, the ability to speak, emotions and socialization, all of which play an important role in a complete human life (Ministry of Health of the Republic of Indonesia, 2015). Periodic monitoring is needed to find out whether a child's growth and development is normal or not. At the age of infants up to the age of 1 year, it is expected that monitoring is carried out once a month. In preschool children (ages 3 to 6 years), monitoring is carried out every 3 months. Meanwhile, school children and adolescents are monitored every 6 months. Monitoring includes aspects of child growth and development.

The role of parents has a huge influence on the success of children's growth and development. Parents are the first and main environment for children to obtain stimulation and fulfill basic needs, including nutritional needs. However, the family's social and economic conditions are often obstacles in providing balanced nutritional intake and optimal stimulation. Instant food consumption habits as well as parents' lack of understanding of the importance of

nutrition and developmental stimulation can have an impact on children's growth and development conditions (Rozana, et al, 2022). Basically, every parent's desire is to have a healthy child, both physically and mentally. They hope that the child born does not have disorders or abnormalities, either congenital or disorders that occur during their developmental period (Munisa, 2022). They make various efforts to care for and raise children in healthy conditions. For this reason, parents need to observe the development of their child's physical and mental abilities during their growth period. The importance of monitoring early childhood growth and development is useful for all parties involved, especially for Posyandu, teachers, parents, and the children themselves. For parents, it is hoped that they can determine what steps or efforts can be taken in helping children's development because from the family, in this case parents, the beginning of growth and development begins.

In addition to family, Posyandu has a strategic role as a means of community-based basic health services. The Posyandu functions as a forum for monitoring children's growth and development through weighing, measurement, immunization, and health education activities. Posyandu cadres and village midwives have an important role in the implementation of SDIDTK, both in monitoring children's physical growth and detecting children's development as a whole (Sianturi, et al, 2013). The role of parents also affects children's growth and development because from the family, in this case the parents, the beginning of growth and development begins. The duty of midwives so that every child in their work area grows and develops optimally, so in this community service activity, all preschool children get Stimulation, Detection and Early Intervention Services for Growth and Development according to their age.

Based on the conditions found in Paya Geli Village, Dusun VII, Deli Serdang Regency, there are still several children who experience delays in growth and development, such as underweight, risk of stunting, and certain developmental disorders. As data obtained in Paya Geli Village, Dusun VII, this year is the year where these cases increased. The data on the names of children who are declared to be delayed by SDIDTK are: Children with the initials R aged 6 years with cases of delay of SDIDTK underweight, children with initials A aged 1 year with cases of delay of SDIDTK underweight, children with the initials K aged 3 years with cases of delay of SDIDTK Intellectual Disabilities (Impairment of intellectual function below average and limitations of adaptive function), child with the initials S aged 3 years with a case of delay of SDIDTK Intellectual Disability (Impairment of intellectual function below average and limitation of adaptive function), child with the initials Z of 5 years old with a case of delay of SDIDTK Intellectual Disability (Impairment of intellectual function below average and limitation of adaptive function), child with the initials K aged 6 years with a case of delay of SDIDTK Physical Disability. This condition shows that the implementation of SDIDTK needs to continue to be optimized through increasing parental understanding, training of posyandu cadres, and supporting adequate facilities and infrastructure.

Therefore, this study was conducted to examine the implementation of Early Childhood Growth and Development Stimulation, Detection and Intervention (SDIDTK) at Posyandu Dusun VII, Paya Geli Village as an effort to support optimal growth and development. As parents, they must always know how their child's development is according to their age, by taking their children to the Posyandu to see their development through checks such as Weight (BB), Height (TB), Body Length (PB), Head Circumference (LK), Arm Circumference (LL), Immunization and providing nutritional intake such as fruits, vegetables, and milk which will always be recorded for each development in the KIA book. Paya Geli Village, Deli Serdang Regency, especially in Hamlet VII, is one of the villages that handles the Integrated Service Post (POSYANDU). Posyandu is part of the working group (Pokja IV) of Family Welfare Development (PKK) in each hamlet in Paya Geli Village, which is one of the most populous areas with a population of 21,713 people. This number is spread across 7 hamlets with a total of 30 RTs and 14 RWs in Paya Geli Village, this data was obtained from the results of an interview from one of the village officials named Mr. Reginal. The purpose of this study is to

provide knowledge to families about the stimulation, detection and early intervention of early childhood growth and development by always monitoring children's growth and development according to their age, emphasizing the importance of SDIDTK in children to anticipate delays in growth and development in children, so that children can grow optimally.

Literature Review

Stimulation, Detection, and Early Intervention for Growth and Development (SDIDTK) is a program designed to monitor the growth and development process of early childhood comprehensively from the age of 0 to 72 months. This program aims to find early deviations in children's growth and development so that actions can be taken immediately in accordance with the needs of children. SDIDTK monitoring is carried out periodically by adjusting the age group of children, so that the results of observations can be used as a basis for decision-making in early intervention (Ministry of Health of the Republic of Indonesia, 2022). The theory of cognitive development put forward by Jean Piaget states that early childhood is in the preoperational stage, which is the stage when children begin to develop the ability to think symbolically, language, and imagination. At this stage, children are highly dependent on stimuli from the surrounding environment to develop their potential. Therefore, stimulation that is given appropriately and continuously will help children optimize the development of various aspects, such as gross motor, fine motor, language, cognitive, and social-emotional. Proper stimulation will help optimize children's brain function, especially during the golden age of brain development (*Golden Age*), which is 0-6 years old (Pambudi, et al, 2023)

SDIDTK not only focuses on physical growth aspects, but also includes aspects of child development, such as gross motor, fine motor skills, language, and social and independence. With early detection, risk factors that have the potential to inhibit children's growth and development can be identified early so that more serious impacts can be prevented (Nursalam, 2023) According to Glen Dolman, an expert in child ability development, states that the most rapid development of human brain growth occurs at the age of 0-7 years. It is also said that brain development at an early age can be achieved optimally if all elements of development are given the right stimulus, both motor stimuli, social-emotional stimuli, and speech stimuli (Nofianti, 2021). Stimulation must be done in a fun and joyful atmosphere (Soetjningsih, 2013). Meanwhile, according to (Harlock, 2009) the environment is one of the driving factors for infant development. A stimulating environment encourages good physical and mental development, while an unstimulating environment causes the development of babies below their capabilities. Providing stimulation to babies will be more effective if they pay attention to the needs of babies according to their developmental stages.

Research Methodology

The approach used in this study is to use a qualitative approach. This qualitative research uses case study research, which is a research method that focuses on an in-depth and detailed exploration of one or more cases in their specific context using relevant data collection and data analysis techniques, which is designed to obtain in-depth data on how to stimulate early childhood growth and development detection and intervention (SDIDTK) at the Paya Geli Village Posyandu, Dusun VII, Deli Regency Serdang. One of the sources of information from this study is the midwife of Paya Geli Village who is in charge of handling services from pregnant women, babies to toddlers. Furthermore, the posyandu cadres are tasked with stimulating the detection and early intervention of children's growth and development by measuring Height (TB), Weight (BB), Body Length (PB), Head Circumference (LK), Arm Circumference (LL), by immunizing and providing nutritional intake such as fruits, vegetables, and milk. The Paya Geli Village apparatus is tasked with recording and recording all residents in Paya Geli Village so that we can get information about the large number of residents, including early childhood in Paya Geli Village. Parents of early childhood are also included in this study because parents are the first and main environment where children interact as the

oldest educational institution, meaning this is where an educational process begins, so as to play the role of educators for their children, and to know about children's growth and development according to their age.

The data collection techniques in this study are observation, interviews and documentation, while the data analysis techniques used by researchers to process and analyze data are: data reduction, data presentation, and data conclusion or verification. The population in this study is the number of visits and those registered at the Paya Geli Village Posyandu Dusun VII as many as early childhood. The sample of this study amounted to 6 early childhood children who attended posyandu activities for 2 months of research. The sampling technique is using *Purposive Sampling*. *Purposive Sampling* is a sample determination technique in non-probability research that is carried out by selecting subjects or informants based on certain criteria and considerations that are relevant to the purpose of the research. The selection of samples was deliberately carried out by the researcher because the subject was considered to be able to provide in-depth, accurate, and relevant information in accordance with the focus of the research being studied (Sugiyono, 2019). The samples in this study were taken based on the criteria of the SDIDTK that have been determined, namely early childhood who visited and were registered at the Posyandu of Paya Geli Village, Dusun VII with the condition of SDIDTK delay. The informants in this study consisted of: Paya Geli Village Midwives, Posyandu Cadre Women, Paya Geli Village Apparatus, and Parents of Early Childhood Present at Paya Geli Village Posyandu.

Research Results

The SDIDTK program is a comprehensive and quality child growth and development coaching program through Early Growth and Development Stimulation, Detection and Intervention (SDIDTK) activities in early childhood (Syofiah, et al, 2018). The SDIDTK program is not only carried out by medical personnel but also with the support of the parenting style of the child, the role of parents also affects the growth and development of the child because from the family, in this case the parents, the beginning of growth and development begins. The duty of midwives so that every child in their work area grows and develops optimally, so in this community service activity, all preschool children get Stimulation, Detection and Early Intervention Services for Growth and Development according to their age.

The role of parents in providing a healthy breakfast is characterized by an unwillingness to prepare food. Especially for parents, in this case mothers who work and are busy. Mom cooks simple, practical meals and even buys things from outside. In addition, the practice of fast food consumption has an effect on children's reluctance to eat vegetables and adolescents who have a tendency to consume certain food ingredients. Vegetables are essential for the growth and development of children in terms of nutrition. Because of fear, the young person does not want to eat (S.Rozana, et al, 2022). Usually, mothers cook their children's favorite dishes, such as fried chicken, nuggets, noodles, and other fried foods. It is a need for parents to know health and nutrition education for children. This research was conducted at Posyandu Dusun VII, Paya Geli Village, Sunggal District, Deli Serdang Regency. Research sample of 6 early childhood children who attended posyandu activities.

Based on the results of interviews with the Paya Geli village midwife at the Posyandu Dusun VII, it can be concluded that the implementation of Early Childhood Stimulation, Detection, and Intervention (SDIDTK) activities has been carried out regularly and integrated with monthly posyandu activities. Activities include weighing weight, measuring height, and detecting progress using the Pre-Screening Developmental Questionnaire (KPSP). Midwives and posyandu cadres play an active role in providing education to parents about the importance of stimulating children's growth and development and how to apply it in the home environment. However, the implementation of SDIDTK activities still faces several obstacles, including the lack of understanding of some parents about the importance of growth and development checks, as well as the level of community participation that is not optimal. Despite these obstacles, the posyandu together with village midwives continue to strive to improve the implementation of

SDIDTK activities through counseling, cadre training, and cooperation with health centers. Overall, SDIDTK activities at Posyandu Dusun VII Paya Geli Village have been running quite well and have played an important role in efforts to detect and optimize early childhood growth and development in the region. Detection and Intervention of child growth and development can be carried out by everyone if they are given an understanding by medical personnel and have complete facilities and infrastructure.

19 children received stimulation from their parents at home, 7 children did not receive directed stimulation, parents admitted that they did not understand the importance of providing stimulation according to their age. The examination is carried out using the Pre-Screening Development Questionnaire (KPSP) tool, but not all children carry out posyandu activities regularly, routine examinations are carried out at posyandu, namely weighing BB, measuring TB and PB, measuring LK and LL. From the results of the KPSP, 30 children who attended the routine activities of the posyandu in Hamlet VII, Paya Geli Village, namely, 19 children developed according to their age, 7 children experienced delays (language, motor), 4 children showed a risk of delay. Weight and height monitoring showed that 25 children had age-appropriate growth according to KMS (Card Towards Health), 3 children were malnourished, and 2 children were classified as at risk of stunting. Posyandu cadres noted that children with malnutrition are less likely to come from families with low economic levels and lack of variation in daily nutritional intake. Of the 11 children who showed delay, only 2 children were ever referred to the health center. Posyandu cadres show high commitment to service, and each cadre participates in special training.



Figure 1. Immunization Activities and Vitamin Administration



Figure 2. Early Childhood Measurement Activities



Figure 3. Early Childhood Data Collection Activities and KIA Book Collection

Documentation of posyandu activities carried out in Paya Geli Village every month with posyandu cadres, midwives of Paya Geli Village and monitored by the Head of Paya Geli Village.

Discussion

The results of the study showed that most of the early childhood children who participated in posyandu activities in Hamlet VII, Paya Geli Village, were in the age-appropriate developmental category. The developmental aspects observed included gross motor, fine motor, language, and social and independence. These findings indicate that the implementation of Stimulation, Detection, and Early Intervention of Growth and Development (SDIDTK) activities carried out regularly at posyandu contributes positively to the monitoring and control of early childhood growth and development. This is in line with the opinion of Nursalam (2016) who states that early detection of growth and development needs to be carried out periodically so that potential developmental delays can be immediately identified and treated. However, the results of the study also show that there are still some children who experience developmental delays, especially in language and motor aspects. This condition indicates that not all children get optimal stimulation in the home environment. According to Hurlock (2013), children's development is greatly influenced by environmental factors, including the intensity of stimulation and the quality of interaction between children and parents. Children who receive stimulation in a directed and continuous manner tend to show better development compared to children who receive less attention and stimulation from their immediate environment.

The implementation of SDIDTK at Posyandu Dusun VII has been integrated with monthly posyandu activities, such as weight measurement, height measurement, and progress monitoring using the Pre-Screening Development Questionnaire (KPSP). Posyandu cadres and village midwives play an active role in providing education to parents about the importance of stimulating children's growth and development according to their age stage. However, the results of the interviews show that some parents still view posyandu activities as limited to monitoring physical growth, so that the aspect of child development is not fully the main concern. In fact, the SDIDTK guidelines from the Ministry of Health emphasize that monitoring child growth and development must include aspects of growth and development as a whole (Ministry of Health of the Republic of Indonesia, 2021). The success of the program is highly

dependent on collaboration between cadres, health workers, and parents in providing stimulation, detection, and early intervention. All communities, especially parents, can detect and intervene in children's growth and development if they get direction and stimulation from the medical personnel or midwives of the village.

In addition, the general public and especially parents can also detect and intervene in children's growth and development by looking at the KIA (Maternal and Child Health) book that has been recorded by medical personnel or village midwives to see the development of children according to their age, which is recorded in the KIA book is the result of KPSP screening carried out by medical personnel, namely in the form of questions that will be asked to parents to assess the child's development. Family empowerment is needed to be more active in stimulating children's development at home. In addition, it is necessary to increase cadre training regularly as well as support from health centers and village governments so that the implementation of SDIDTK can run optimally. Empowering families to be more active in stimulating children's development at home. Thus, the results of this study confirm that the implementation of SDIDTK at Posyandu Dusun VII Paya Geli Village has made a positive contribution to monitoring early childhood growth and development, but it still needs strengthening, especially in the aspects of parental involvement, cadre capacity building, and cross-sectoral support. These efforts are expected to optimize early childhood growth and development in a comprehensive and sustainable manner.

Conclusion

Based on the results of the research conducted at the Posyandu Dusun VII, Paya Geli Village, Deli Serdang Regency, it can be concluded that: Most early childhood shows age-appropriate development in the aspects of gross motor, fine motor, language, and social independence. There are a small percentage of children who show dubious results or deviations, especially in language and fine motor aspects, that need further attention. Children's physical growth is generally relatively good, although there are still 3 children who are undernourished and 2 children at risk of stunting. Stimulation and early detection activities have been carried out regularly every month, but the implementation of early intervention is still limited because Resource limitations human resources and supporting facilities. The success of the implementation of SDIDTK is greatly influenced by the active role of parents and cross-sector support such as health centers and village governments.

In this case, there are several suggestions from the author to readers and parents, posyandu cadres, medical personnel, who will apply SDIDTK in early childhood, including: For Posyandu Cadres: It is necessary to improve competence through regular SDIDTK training so that cadres are able to detect early delays in growth and development appropriately and make early referrals if deviations are found. For Parents: It is expected to be more active in participating in posyandu activities, understanding the importance of stimulating growth and development at home, and providing balanced nutritional intake according to the child's age. For Puskesmas and Village Governments: It is recommended to add supporting facilities such as child development measuring tools and provide experts (child psychologists or growth and development therapists) who can assist in the implementation of early intervention at the village level. For the Next Researcher: It is necessary to conduct further research with a wider area coverage and use longitudinal methods to look at the child's development continuously over time.

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