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Development Of Stunted Children Aged 2-5 Years At Sukorejo Health Centre, Blitar City

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ABSTRACT

Stunting is one of the nutritional problems that the government focuses on because it risks disrupting child development. This study aims to the development of stunted children aged 2-5 years at the Sukorejo Community Health Centre in Blitar City. The research method used is descriptive quantitative with a population of 91 stunted children aged 2-5 years taken by purposive sampling technique conducted on 25 March to 20 April 2024 with the DDST (Denver Development Screening Test) sheet instrument with normal interpretation if there is only 1 caution on the age line, abnormal if there are 2 or more cautions on the age line, Suspect if there are more than 2 cautions or more than 1 delay. Based on the results of the analysis of the overall development of stunted children aged 2-5 years, 75 children (82%) were normal, 7 children (8%) were abnormal, and 9 children (10%) were suspect. The conclusion in this study is that most children show normal development because parents provide regular stimulus, although there are a number of children who have delays due to lack of stimulus from parents. This study provides insight for researchers, educational institutions, health centres, and parents to increase attention to the development of stunted children.

Keywords: Stunting, Child Development, Toddler Nutrition

Background

Stunting is a physical growth disorder characterised by a decrease in growth rate and is the result of nutritional imbalances (1). Child growth and development are important aspects in creating quality human resources in the future. Child development conditions can be affected by growth disorders (2).

According to Basic Health Research Data Kemenkes RI (3), stunting cases in Indonesia are still relatively high, touching 30.8%, consisting of 11.5% very short and 19.3% short (4). In 2015, according to data from the Blitar City Health Office, there were 605 children under five in the short category (9.71%) and 96 children under five in the very short category (1.54%). In Kecamatan Sananwetan, there were 170 children (7.04%) and 23 children (0.96%) were very short. In Kecamatan Sukorejo, there were 261 children (12.13%) and 57 children (2.65%) under five were very short. In Kepanjen Kidul sub-district, there were 174 children (10.44%) and 96 children (1.54%) under five were very short (5).

Many interplaying factors lead to stunting, not just poor nutritional intake for pregnant women or toddlers. The risk of stunting begins at conception, which is the factor responsible for the mother. Stunting in babies who are born is strongly influenced by mothers who do not know about health and nutrition from pregnancy to childbirth. Good early learning and ANC-Ante Natal Care (health care for mothers during pregnancy) and Post Natal Care (health care for mothers after childbirth) services are very important during pregnancy. This is linked to consuming adequate amounts of iron during pregnancy, receiving exclusive breastfeeding, and consuming ideal complementary foods (MPASI) (6).

Correspondent*

Health Gate
Volume 3 Number 3 July 2025 ISSN 2986-1098
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Stunting requires enormous attention as it can affect children's lives until they reach adulthood, especially increasing the risk of impaired physical and cognitive development if not addressed immediately. In the short term, stunting can lead to decreased learning ability due to lack of cognitive development. However, in the long term, it can reduce a child's quality of life as an adult due to lack of better education, employment and income opportunities. In addition, there is also a tendency to become obese later in life, which increases the risk of diabetes, hypertension, cancer, and other non-communicable diseases (6)

WHO states that stunting can cause impaired gross motor, fine motor, language, and personal social development. Language and personal social development are related to children's behaviour in adjusting to the rules of society and their environment. Language is the child's ability to respond to sounds, follow commands, and speak politely (7). At 15 months of age, children experience significant language development and can understand more than a hundred words, especially the names of objects in the house, clothes, people, and frequently used words. However, there is a significant difference between the number of words understood and spoken, which causes children to cry frequently at this age (8).

The results of preliminary research at Puskesmas Sukorejo showed that there were 77 stunted toddlers aged 0-23 months and 98 stunted toddlers aged 24-59 months. Thus, there are a total of 175 stunted toddlers in the Sukorejo Puskesmas area (Puskesmas Report for August 2023).

Based on this description, the researcher conducted a study on the development of stunted children aged 2-5 years at the Sukorejo Community Health Centre in Blitar City.

Methods

The research design in this study was an exploratory descriptive survey. The population in this study were all children aged 2-5 years who were stunted with a total of 91 children. The sample in this study were children aged 2-5 years who were stunted with a total of 91 children who were taken using purposive sampling technique and who met the inclusion criteria, namely, children aged 2-5 years who were cooperative for DDST examination and had been declared stunted. The location and time of this study at the Sukorejo Community Health Centre in Blitar City on 25 March - 20 April. The variable in this study is the development of stunted children aged 2-5 years at the Sukorejo Community Health Centre in Blitar City. Data collection in the study used the DDST (Denver Development Screening Test) sheet. The data analysis used in this study was univariate analysis.

Results

Table 1 Characteristics of stunted children aged 2-5 years at the Sukorejo Community Health Centre in Blitar City

Characteristics		F	%
Gender	Male	59	65
	Female	32	35
Age	24-36 months	38	42
	36-48 months	23	25
	48-60 months	30	33
Mother's Occupation	Housewife	56	61
	Self-employed	18	20
	Private	9	10
	Civil servant	8	9
Mother's	Primary school	4	4

Correspondent*

Health Gate
Volume 3 Number 3 July 2025 ISSN 2986-1098
Homepage: https://healthgate.ppnikotablitar.com

Characteristics		F	%
education	Junior high school	15	16
	Senior high school	51	56
	Diploma 3	10	11
	Bachelor	10	11
	Magister	1	2

Based on table 1, it shows that most of the stunted children at the Sukorejo Community Health Centre in Blitar City were male as many as 59 children (65%). The most age was 24-36 months as many as 38 children (42%). Most mothers' occupations as housewives were 56 people (61%). The most recent education of mothers is SMA / SMK as many as 51 people (56%).

Table 2 Social development of stunted children aged 2-5 years at the Sukorejo Health Centre Blitar City

Age	Development Indicators	Total	%
24-36 Months	Able to say his friend's name	38 N	100
	Can wash and dry his hands	3A	8
	Can undress	3C	8
	Can clap hands	38 N	100
	Can use spoon and fork	2 D	5
36-48 Months	Can put on a t-shirt	2 C	9
	Can dress without assistance	1 D	4
	Can drink from a cup	23 N	100
	Can brush teeth with help	23 N	100
	Can play snakes and ladders or cards	4 A	17
48-60 Months	Can take his own food	3 A	10
	Can express a wish	30 N	100
	Can brush teeth without help	2 C	7
	Can imitate activities	1 D	3
	Can help at home	30 N	100

Description: N: Normal C: Caution A:Advanced D: Delay

Based on table 2, the personal social development of stunting children at the age of 24-36 months can be interpreted as 3 (8%) advanced children with indicators can wash and dry their hands, as many as 3 (8%) caution children with indicators can undress, and as many as 2 (5%) delay children with indicators can use spoons and forks. At the age of 36-48 months can be interpreted as 4 (17%) advanced children with indicators can play snakes and ladders or cards, as many as 2 (9%) caution children with indicators can wear shirts, and as many as 1 (4%) delayed children with indicators can dress with help. At the age of 40-60 months, it can be interpreted that as many as 3 (10%) advanced children with indicators can take their own food, as many as 2 (7%) caution children with indicators can brush their teeth without assistance, and as many as 1 (3%) delayed children with indicators can imitate activities. From the results of the research on early detection of personal social development in 91 respondents at the Sukorejo Community Health Centre in Blitar City, it can be concluded in the following table:

Correspondent*

Health Gate
Volume 3 Number 3 July 2025 ISSN 2986-1098
Homepage: https://healthgate.ppnikotablitar.com

Table 3 Results of social personal assessment in stunted children aged 2-5 years at Puskesmas Sukorejo Blitar City

Social Personal	**f**	**%**
Advanced	10	11
Normal	71	78
Caution	7	8
Delay	3	3
TOTAL	**91**	**100**

Based on table 3 shows that the personal social development of stunted children aged 2-5 years is mostly normal as many as 71 children and (78%) and the development of advanced stunted children as many as 10 children (11%). From the table above, it can also be seen that the personal social development of stunted children who experience caution is 7 children (8%) and those who experience delay are 3 children (3%).

Table 4 Adaptive-motor development of stunted children aged 2-5 years at Puskesmas Sukorejo Blitar City

Age	**Development Indicato**	**Total**	**%**
24-36 Months	months Able to put 1 cube on top of another cube	38 N	100
	Can wiggle the thumb	38 N	100
	Can imitate a vertical line	5 A	13
	Can take the beads shown	1 D	3
	Can scribble on pape	2 C	5
36-48 Months	months Can draw a straight line	23 N	100
	Can draw a circle	3 C	13
	Can construct a tower of 6 cubes	23 N	100
	Can copy the plus sign (+)	3 A	13
	Can draw a 3-part person	1 D	4
48-60 Months	months Can choose a longer line	30 N	100
	Can draw a square	2 C	7
	Can thread a needle	4 A	13
	Can reach for a toy	30 N	100
	Can draw a 6-part person	1 D	3

Description: N: Normal C: Caution A:Advanced D: Delay

Based on table 4, the adaptive-fine motor development of stunting children at the age of 24-36 months can be interpreted as 5 (13%) advanced children with indicators can imitate vertical lines, as many as 2 (5%) caution children with indicators can scribble on paper, and as many as 1 (3%) delay children with indicators can take the beads shown. At the age of 36-48 months, it can be interpreted that as many as 3 (13%) advanced children with indicators can copy the plus sign (+), as many as 3 (13%) caution children with indicators can draw circles, and as many as 1 (4%) delayed children with indicators can draw 3-part people. At the age of 40-60 months can be interpreted as 4 (13%) advanced children with indicators can insert the thread into the needle, as many as 2 (7%) caution children with indicators can draw a square, and as many as 1 (3%) delayed children with indicators can draw 6 people parts. From the results of the research on early detection of fine adaptive-motor development in 91 respondents at the Sukorejo Community Health Centre in Blitar City, it can be concluded in the following

Correspondent*

Health Gate
Volume 3 Number 3 July 2025 ISSN 2986-1098
Homepage: https://healthgate.ppnikotablitar.com

table:

Table 5 The results of the assessment of fine adaptive-motor development in stunted children aged 2-5 years at Puskesmas Sukorejo Blitar City

Adaptive-motor fine	**f**	**%**
Advanced	12	13
Normal	69	76
Caution	7	8
Delay	3	3
TOTAL	**91**	**100**

Table 5 shows that the development of fine adaptive-motor aspects of stunted children aged 2-5 years is mostly normal as many as 69 children (76%) and the development of advanced stunted children as many as 12 children (13%). From the table above, it can also be seen that the fine adaptive-motor development of stunted children who experience caution is 7 children (8%) and those who experience delay are 3 children (3%).

Table 6 Language Development of Stunting Children 2-5 Years Old at the Sukorejo Health Center of Blitar City

Age	**Development Indicator**	**Total**	**%**
24-36 Months	Can name 2 objects	38 N	100
	Can mention the body part	4 A	11
	Can show 2 pictures	38 N	100
	Can imitate the sound of words	5 C	13
	Can know 2 activities	1 D	3
36-48 Months	Can say a name	23 N	100
	Can name the age	23 N	100
	Able to mention the theme he is	1 D	4
	Can say 3 colors	2 C	9
	Can speak 3 words	4 A	17
48-60 Months	Able to say full name without help	30 N	100
	Can mention new words	3 C	10
	Can speak 5 words	3 A	10
	Can answer questions correctly	2 D	7
	Can count 5 cubes	30 N	100

Description: N: Normal C: Caution A:Advanced D: Delay

Based on table 6 language development of stunting children at the age of 24-36 months can be interpreted as many as 4 (11%) advanced children with indicators can mention their body parts, as much as 5 (13%) children are caution with indicators can imitate the sound of words, and as many as 1 (3%) children with indicators can know 2 activities. At the age of 36-48 months can be interpreted as much as 4 (17%) advanced children with indicators can speak 3 words, as much as 2 (9%) children caution with indicators can mention 3 colors, and as much as 1 (4%) children delay with indicators can indicate where they are. At the age of 40-60 months can be interpreted as many as 3 (10%) advanced children with indicators can speak 5 words, as many as 3 (10%) children with indicators can mention new words, and as many as 2 (7%) children with indicators can answer questions correctly. From the results of research on the early detection of language development in 91 children at the Blitar City Sukorejo Health Center can be summarized in the following table:

Correspondent*

Health Gate
Volume 3 Number 3 July 2025 ISSN 2986-1098
Homepage: https://healthgate.ppnikotablitar.com

Table 7 The results of the results of language development in Stunting children aged 2-5 years at the Sukorejo Health Center of Blitar City

Language	**f**	**%**
Advanced	11	12
Normal	66	73
Caution	10	11
Delay	4	4
TOTAL	**91**	**100**

Based on table 7 shows that the language development aspect of stunting children aged 2-5 years in a row, most of the stunting children are normal as many as 66 children (73%) and the development of advanced stunting children as many as 11 children (12%). From the table above, it can also be seen that language development in stunting children who experience caution as many as 10 children (11%) and who experience delays of 4 children (4%).

Tabel 8 Gross motor development of Stunting Children aged 2-5 years at the Sukorejo Health Center Blitar City

Age	**Development Indicator**	**Total**	**%**
24-36 Months	Can walk backwards without losing balance	4 C	11
	Able to sit without a handle	3 A	8
	Able to run	38 N	100
	Can walk up the stairs	1 D	3
	Can run well	38 N	100
36-48 Months	Can jump with 1 leg raised	1 D	4
	Can stand on 1 foot for 5 seconds	1 C	4
	Can sit with head up	23 N	100
	Can kick the ball	23 N	100
	Can get up to stand up	3 A	13
48-60 Months	Can stand on 1 foot for 10 seconds	1 D	3
	Can jump with both legs raised	30 N	100
	Can throw the ball up	30 N	100
	Can walk with heels	2 C	7
	Can get up and keep sitting	2 A	7

Description : N: Normal C: Caution A:Advanced D: Delay

Based on table 8 the development of gross motor stunting children at the age of 24-36 months can be interpreted as many as 3 (8%) advanced children with indicators of being able to sit without a handle, as many as 4 (11%) caution children with indicators can walk backwards without losing balance, and as many as 1 (3%) children with indicators can walk up the stairs. At the age of 36-48 months can be interpreted as many as 3 (13%) advanced children with indicators can rise to stand, as many as 1 (4%) children are caution with indicators can stand with 1 foot for 5 seconds, and as many as 1 (4%) children delay with indicators can jump with 1 foot raised. At the age of 40-60 months it can be interpreted that as many as 2 (7%) advanced children with indicators can get up and continue to sit, as many as 2 (7%) caution children with indicators can walk using heels, and as many as 1 (3%) children with indicators can stand on 1 foot for 10 seconds. From the results of research on the early detection of language development in 91 children at the Blitar City Sukorejo Health Center can be summarized in the

Correspondent*

following table:

Tabel 9 The results of the assessment of gross motor development in Stunting children aged 2-5 years at the Sukorejo Health Center, Blitar City

Gross motor	f	%
Advanced	8	9
Normal	73	80
Caution	7	8
Delay	3	3
TOTAL	**91**	**100**

Based on table 9 shows that the development of stunting children aged 2-5 years in a row in the gross motor aspect of most normal stunting children are 73 children (80%) and the development of advanced stunting children is 8 children (9%). From the table above, it can also be seen the development of stunting children who experience caution as many as 7 children (8%) and who experience delays as many as 3 children (3%)

Discussion

Personal Social Development

The results of data analysis seen from the personal social aspects of most children are normal as many as 71 children (78%), advanced as many as 10 children (11%), caution as many as 7 children (8%) and those who experience delays as many as 3 children (3%). According to Asthiningsih and Muflihatin (9) personal social development is strongly influenced by environmental factors. The existence of both internal and external environmental factors is a way for a child to interact with parents will affect the child's interaction outside the home because warm relationships with other people, such as fathers, mothers, peers, and so on will have a major effect on the child's emotional, social and intellectual. Personal social development includes various abilities that are categorised as habits, personality, character and emotions.

Based on my research, personal social development is caused by the environment, socialising with parents and peers. From the results of interviews with parents whose children found advanced results because parents provide more stimulus and trust in children so that children can be more independent in doing more abilities above the age line on the right. This can be proven by the child being able to wash and dry his own hands, can play snakes and ladders or cards, and can take his own food. Normal results were found because parents influence the child's interaction outside the home so that the child has a warm relationship with other people or peers and will affect the child's emotional and social behaviour. This can be proven by the child being able to name his friend, being able to express wishes, and being able to help the mother at home. Caution results were found because some mothers said that if their children could not do it independently because so far most mothers were housewives. So, activities ranging from bathing the child, dressing the child, feeding the child are also done by the mother. So that children lack the opportunity to learn to wear their own clothes. This can be proven by the child not being able to undress, not being able to wear a shirt, and not being able to brush his own teeth. It was found that the results of delay in children because parents also limit activities outside the home, children do more activities inside the house such as playing mobile phones, and watching television so that children become less confident and cannot perform abilities on the age line on the left. Whereas at that age children should be able to perform their own developmental tasks according to their age. This can be evidenced by children not being able to use spoons and forks, not being able to imitate activities that are modelled, and not being able to dress themselves.

Correspondent*

Fine Adaptive-Motor Development

The results of data analysis seen from the adaptive-fine motor aspects of most children are normal as many as 69 children (76%), advanced as many as 12 children (13%), caution as many as 7 children (8%) and those who experience delay as many as 3 children (3%). According to Anggraini (10) adaptive-fine motor development is influenced by internal factors and external factors. Internal factors that can influence are such as children's potential and enthusiasm for learning. External factors that can influence are experiences with peers and the environment. The environment in question is an environment that can benefit the maturity of organ and psychological functions. Children's adaptive fine motor skills are based on the influence of the environment around the child. Children will learn from the environment that treats them, both in the family environment and around. Especially in a family environment with parents who have special attention to train children's fine motor skills, then children's motor development can be well honed.

Based on the results of my interviews in the field, I found advanced results because parents more often provide directed stimulus with simple tools as objects used to stimulate development so that children can do more than the age line on the right. This can be proven by the child being able to imitate a vertical line, being able to copy the picture (+), being able to insert the thread into the needle. Normal results were found because parents have more time at home to interact and play with children so that mothers can monitor and stimulate fine motor development continuously. This can be proven by the child being able to put 1 cube on top of another cube, being able to draw a straight line, and being able to choose which line is longer. Caution was found because parents claimed to rarely provide stimulation to their children such as doodling or teaching drawing shapes and body parts. The reason parents rarely provide stimulation is because they are busy working. This can be proven by the child not being able to doodle on paper, not being able to draw a circle, and not being able to draw a square. Delay was found because parents lacked support and fine stimulation for their children and they also did not have supporting facilities for fine stimulation so that they could not perform the ability on the age line on the left. This can be proven by the child not being able to pick up the beads shown and not being able to draw a 3-6 part person.

Language Development

The results of data analysis showed that most children's development based on the language sector was in the normal category as many as 66 children (73%) and advanced child development as many as 11 children (12%), caution as many as 10 children (11%) and those who experienced delay as many as 4 children (4%). According to Wiwin (11) language development in children is influenced by the role of parents who provide stimulus to children. Parents play an important role in children's language development because they function as language models and correctors of children's mistakes. Therefore, parents should be able to actively participate in tracking their child's language development and offering appropriate language guidance. If they do so, the children will experience positive language development. A child's entire development can be seen from language skills, as language skills are sensitive to delays or abnormalities in other systems, such as cognitive, sensorimotor, psychological, emotional, and environmental skills. Auditory and visual sensory stimuli play an important role in language formation.

Based on the results of my interviews in the field, I found advanced results because parents provide a good stimulus by often inviting learning to talk or mentioning new words to children so that children can do more than the age line on the right. This can be proven by the child being able to mention parts of his body and being able to speak 3-5 words. Normal results were found because when children speak, parents often provide correct language correction to children, so children will experience positive language development. This can be proven by the

Correspondent*

child being able to mention 2 object names, being able to mention his/her age, and being able to say the full name without help. Caution results were found because parents did not provide enough stimulus in recognising colours and new words. Parents more often allow their children to play mobile phones as long as they don't cry. This can be proven by the child not being able to mention 3 colours and not being able to mention new words. The results of the delay were found because parents rarely interact with their children so they lack communication with children so that children are more silent when conducting developmental tests. Parents said they had not taught their children such as knowing the place where they were because parents were sometimes too busy with their homework so that children could not perform abilities on the age line on the left. This can be proven by the child not being able to know 2 activities, not being able to say exactly where he is, and not being able to answer questions correctly.

Gross Motor Development

The results of data analysis show that in the gross motor aspect most children are normal as many as 73 children (80%), advanced as many as 8 children (9%), caution as many as 7 children (8%) and those who experience delay as many as 3 children (3%). According to Wiwin, (11) gross motor development in children is influenced by the quality of interaction with parents. Quality of interaction with parents. In this case, of course, the role of parents, especially mothers, is very important because they are the closest people who interact directly with children. So that mothers have more time to directly monitor the process of child growth and development by providing training and motivation. Children at this age have exceptional learning abilities, especially in early childhood.

Based on my research, I found advanced results because parents do not limit the child's space so that the child can explore the abilities that exist in him, but parents still closely monitor every developmental progress made by the child so that the child can do more than the age line on the right. This can be proven by the child being able to sit without a handle and the child can get up to sit or stand. Normal results were found because parents often invite children to actively play out to the playground such as chasing or pushing and playing ball. This can be proven by the child being able to run and walk well, can kick the ball, and can jump with both feet raised. Caution results were found because parents are less regular in providing stimulus and trust because some parents often allow their children to watch television or play mobile phones at home, so that children lack confidence in doing development. This can be proven by the child not being able to walk backwards without losing balance, not being able to stand on 1 leg for 5 seconds, and not being able to walk using heels. The results of the delay were found because parents more often confine their children to the house, some mothers also do not allow their children to often play with friends and result in children becoming less free in doing activities so that children cannot perform abilities on the age line on the left. This can be proven by the child not being able to walk up stairs, not being able to jump with 1 leg raised, and not being able to stand on 1 leg for 10 seconds.

Overall Assessment of Child Development

After interpretation of several 4 aspects of development, the results of the conclusion of the overall assessment of child development show that most children are normal as many as 75 children (82%), abnormal there are 7 children (8%), and suspect there are 9 children (10%). According to Wiwin, (11) overall development in children is influenced by parents who provide stimulus to their children. Children who receive directed and regular stimulation will develop faster than children who do not know or lack stimulation. This can make children develop more. Growth and development in early life is very important. Therefore, early detection should be done through regular screening and stimulation to find out how the structure and function of the body become more complex and regular.

Correspondent*

Based on the results of my research, normal child development is because parents, after knowing that their children are stunted, provide directed stimuli such as providing balanced nutrition and facilitating their children to attend doctor's therapy so that children can develop according to the age line. Abnormal child development because parents do not give trust to children, some mothers spoil their children more often so that children are still dependent on parents. Suspect child development is caused because parents think their children have no problems so they do not provide stimulus to children so that children fail to develop according to age lines. This statement can be proven by Asthiningsih and Muflihatin, (9) that normal child development is caused by parents who provide facilities and stimulation. Children who get directed and regular stimulation will develop faster than children who do not know or lack stimulation. Stimulation can support children's psychosocial mental development which includes intelligence, independence, creativity, personality, and productivity. Abnormal child development is caused by parents not providing regular stimulation and trust in children. Children who experience suspect development is due to the child failing to perform developmental tasks at the age line. The child's failure is because most parents think the child has no problem and they do not provide stimulus to the child.

Conclusions and Recommendations

The personal social development of stunted children aged 2-5 years consecutively most children are normal as many as 71 children (78%), the development of advanced children is 10 children (11%), the personal social development of children who experience caution is 7 children (8%), and those who experience delay are 3 children (3%). The difference in development is due to parents not giving their children enough freedom so that they still depend on their parents to do things.

The development of fine adaptive-motor skills of stunted children aged 2-5 years consecutively most children are normal as many as 69 children (76%), the development of advanced children is 12 children (13%), the development of fine adaptive-motor skills of children who experience caution is 7 children (8%), and those who experience delay are 3 children (3%). The difference in development is due to parents claiming to rarely provide stimulus to their children such as doodling or drawing shapes.

The language development of stunted children aged 2-5 years consecutively most children are normal as many as 66 children (73%), the development of advanced children is 11 children (12%), the language development of children who experience caution is 10 children (11%) and those who experience delay are 4 children (4%). The difference in development is due to parents not providing stimulus such as talking or communicating to children so that children are more silent.

Gross motor development of stunted children aged 2-5 years in a row, most children are normal as many as 73 children (80%), advanced development as many as 8 children (9%), gross motor development of children who experience caution as many as 7 children (8%) and those who experience delay as many as 3 children (3%). The difference in development is due to parents more often confining their children to the house, some mothers also do not allow their children to often play with friends and cause children to be less free in doing activities.

The results of the overall development conclusion in stunted children aged 2-5 years consecutively obtained normal child development totalling 75 children (82%), abnormal 7 children (8%), and suspect there were 9 children (10%). The difference in development was found that normal child development was caused by the provision of stimulus directed by parents. Abnormal child development is because parents do not give trust to children so that children are still dependent on parents. Suspect child development is caused because parents think their children have no problems so they do not provide stimulus to children so that children fail to develop according to age lines.

Correspondent*

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