

Socialization of The Implementation of Psychosocial Development Screening for Preschool Children with Stunting In The Work Area Of Ngronggot Public Health Center

Risa Nurhayati^{1*}, Deppi Nurmalita², Pradita Ayu Rahma³

^{1,2,3} Nursing Professional Education Program, STIKes Satria Bhakti Nganjuk

*Corresponding author: ners.risa@gmail.com

ABSTRACT

Stunting is a growth disorder that indicates problems with the body's organs, particularly the brain, which is vulnerable to damage. Conducting psychosocial development screening for stunted children has benefits in efforts for early detection and appropriate interventions to support the overall growth and development of children. Stunted children not only face obstacles in physical growth but are also at risk of experiencing delays in cognitive, emotional, social, and behavioral development. Therefore, a comprehensive approach through psychosocial screening becomes a strategic step to prevent more serious long-term impacts. This community service aims to conduct psychosocial development screening for preschool children experiencing stunting. The method used was to provide counseling to parents about psychosocial development, then conduct a psychosocial development screening practice using the KMME questionnaire followed by a question and answer session. The questionnaire was given in the form of closed-ended statements with two answer options: yes or no. The results obtained were good development (34.8%), poor development (65.2%). This community service shows that parents are capable of conducting psychosocial development screening for their children. Through this screening, parents can understand their child's psychosocial development and can enhance it through various efforts such as stimulation and parenting styles implemented within the family. The appropriate parenting style and developmental stimulation provided by parents to their children are expected to allow parents to recognize any abnormalities in their child's developmental process as early as possible, enabling them to provide comprehensive stimulation for the child's growth and development in physical, mental, and social aspects.

Keywords : Preschool Children, Psychosocial Development Screening, Stunting

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INTRODUCTION

Preschool-aged children are in the childhood phase between 4-6 years old (Maghfuroh & Putri, 2017). During this period, children are very sensitive to their surroundings; this phase is very short and cannot be repeated (Ilmiah et al., 2019).

The preschool period is extremely important because during this time children will begin to enter a new environment that is unfamiliar to them and will start to learn to recognize new people. The preschool period is referred to as the golden period and window of opportunity because during this time children will have many tasks related to their development (Potterton et al., 2016).

However, in children who experience stunting, this developmental process is often hindered due to the long-term effects of chronic malnutrition from an early age. Stunting affects brain growth and the central nervous system, which play an important role in a child's ability to manage emotions, build social relationships, and develop self-confidence. Preschool children who experience stunting often show delays in language development, making it difficult for them to express themselves and understand social communication. These limitations cause the child to be less active in social play, reluctant to take initiative, and more easily feel ashamed or guilty when failing to do something (Black et al., 2013).

Stunting is a condition of failure to thrive in children under five years old (toddlers) due to chronic nutritional deficiencies, especially in the first 1000 days of life (Risa Nurhayati et al., 2024), resulting in the child being too short for their age, and can impact their growth and development (Lia Agustin and Rahmawati, 2020). Growth becomes suboptimal and there are developmental obstacles in early life, resulting in lower educational attainment in the future (Maureen M Black et al., 2017).

Stunting is a growth disorder that can indicate dysfunction in body organs, with the brain being one of the organs that experiences damage most rapidly (Primasari, 2020). This issue becomes crucial after it is understood that stunting contributes to motor aspects and psychosocial disturbances, and these harmful psychosocial disturbances can continue into adolescence, where height can affect self-efficacy and peer interaction (Intje Picauly, 2013).

Children with stunting are more likely to play at home due to their vulnerable physical condition, which makes them more susceptible to infectious diseases, leading parents to allow their children to play indoors without interacting with peers. This reduces their egocentric feelings, such as the desire to share toys, and the child tends to feel hesitant and shy in facing new situations, which impacts the success of achieving developmental tasks at the next stage if not met (Rozana Himaz, 2018).

Based on interviews with the Village Midwife, the handling of stunting has so far only focused on physical health, but has not yet addressed psychosocial development, whereas psychosocial development also impacts the future of preschool children with stunting. Therefore, we are motivated to conduct community service at the Posyandu in the working area of the Ngronggot Health Center. Based on the above description, the author carries out this service with the title "Socialization of Psychosocial Development Screening for Preschool Children with Stunting".

METHOD

The method of implementing this community service is a series of activity processes that have been structured and systematically arranged according to the determination of target areas. In determining the target area according to data from observations and interviews with village midwives, a survey of the target area is from the data obtained. The community service team reviews the location, conducts observations taken on site, compiles socialization materials for screening psychosocial development in stunted children, carries out permits. This activity method is in the form of health education with a lecture method, and direct practice of screening psychosocial development through the KMME questionnaire (Mental Emotional Problems Questionnaire) which consists of Psychosocial development using the KMME questionnaire with a score of 1 for yes answers and a score of 0 for no answers, then the results will be categorized into 2, namely if the total score > 22 then psychosocial development is good, and if the total score ≤ 22 then psychosocial development is poor.

Table 1. KMME (Mental Emotional Problems Questionnaire)

No.	Question	Yes	No
1	Do children know that girls are characterized by wearing skirts and boys are characterized by wearing trousers?		
2	Does the child know right from wrong? (for example, games that use rules such as snakes and ladders and hide and seek)		
3	When at home, does your child play with friends of the same age?		
4	Can children retell their daily experiences?		
5	Does the child not care about others? (e.g., does not like to share food)		
6	Does your child have difficulty getting along with peers?		
7	Does the child accept peers to join in playing?		
8	Does your child easily socialize with other people, especially peers?		
9	Is your child confident in appearing in public?		
10	Is the child able to express his feelings when he feels bored?		
11	Is the child able to draw what he thinks? (for example drawing a beach, hill or mountain view)		
12	Does your child often fight with his peers?		
13	Are children willing to obey their parents' rules?		
14	Can children say what they want?		
15	Are children involved in daily activities at home? (e.g. helping to bake or clean the house)		
16	Does your child feel embarrassed when asked to introduce himself to other children of the same age or people he knows?		
17	Can the child play some games (for example guess the color)?		
18	Does your child feel optimistic about doing activities? (e.g., going to the kindergarten, playing with friends, or drawing objects around them)		
19	When your child does something, does he ask for other people's approval (for example, playing in the water or playing hide and seek with his friends)?		
20	Does the child receive stimulation when he or she is upset? (e.g., being comforted, hugged, and talked to)		
21	Does your child know the rules of games like snakes and ladders or other games that he has mastered?		
22	Is your child enthusiastic about new things? (e.g., curious about objects he sees for the first time or games he has just discovered)		
23	Does your child seem lazy and unenthusiastic about carrying out activities? (e.g., going to the kindergarten, playing with friends, or drawing objects around them)		
24	Does the child understand gender roles and identities? (such as mother is female and father is male)		
25	Does your child appear sick and unenthusiastic when going to <i>daycare</i> ?		
26	Does your child enjoy playing with children his/her own age?		
27	Does your child feel afraid when in an unfamiliar environment?		

This counselling activity uses a PPT and a provided KMME questionnaire. The counselling activity is conducted once for parents who have preschool children with stunting. The pre-activity steps include data collection of parents and stunted children, obtaining permits, and preparing counselling tools/materials. The activity takes place at a community hall involving local midwives and cadres. Parents are then invited to attend the socialization. The activities include providing materials on the impact of stunting on children's psychosocial development, practicing psychosocial development screening, and discussion. This community service is carried out in the working area of the Ngronggot Health Centre.

RESULTS

A. Activity Planning In this stage, the community service team takes several initial steps:

At this stage, the community service team takes several initial steps: 1. Problem identification: Through a preliminary survey or data from the local health centre to determine the prevalence of stunted preschool children; 2. Target determination: parents (fathers/mothers) who have preschool children with stunting; 3. Preparation of educational materials: Materials are prepared according to the needs of the local community, covering topics such as: Stunting and its Impact, Psychosocial Development Screening.

B. Activity Implementation

Implementation is carried out at the target location (village hall), with the following steps: 1. Opening and introduction of the team, Evaluation of knowledge (parents of pre-school children with stunting about psychosocial development before education is carried out), Delivery of educational materials on stunting and its impacts and psychosocial development through the following methods: Interactive lectures, Questions and answers; 2. Direct practice, such as: screening psychosocial development using the KMME questionnaire; 3. Evaluation of knowledge of parents of pre-school children with stunting about psychosocial development after education is carried out; 4. Distribution of leaflets.

C. Evaluation and Follow-up

Evaluation of activities is carried out by periodically detecting the psychosocial development of pre-school children with stunting and coordinating with Posyandu/Puskesmas cadres so that these activities can be continued and monitored regularly.

D. Expected Outcomes

1. Screening allows health workers or educators to quickly identify delays or disorders in a child's social, emotional, behavioural, and communication aspects. Early detection is crucial because the sooner a problem is discovered, the greater the chance of providing effective intervention. 2. Through screening results, stunted children who experience psychosocial delays can be referred for appropriate interventions, such as play therapy, psychological counselling, or early stimulation. This helps support a child's growth and development more holistically and does not only focus on the physical aspects.

Table 2. Results of Knowledge About Psychosocial Development

No	Knowledge	Pre		Post	
		Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
1.	Good	5	21,7	8	34,8
2.	Sufficient	8	34,8	9	39,1
3.	Poor	10	43,5	6	26,1
	Total	23	100	23	100

Table 3. Results of Psychosocial Development Screening of Preschool Children with Stunting

No	Psychosocial Development	Frequency (f)	Percentage (%)
1.	Good	8	34,8
2.	Poor	15	65,2
	Total	23	100



Figure 1. Presentation of material on stunting and its impacts as well as psychosocial development screening



Figure 2. Parents Filling Out the Psychosocial Development Screening for Preschool Children with Stunting



Figure 3. Group Photo with the Village Midwife, Cadres, and Parents with Their Children

DISCUSSION

Based on the implementation of community service activities, the socialization regarding the screening of psychosocial development in preschool children with stunting has been initiated with education about stunting and its impacts. Health education, as explained by Ginanjar (2022), is a supportive method of health programs that is effective in generating changes in knowledge in a short period of time. This concept includes the learning process of individuals and groups from previously not knowing health values to becoming knowledgeable, and from being unable to being able to address health issues.

During the socialization activities, participants' responses showed high enthusiasm. This was evident from the many questions raised, especially regarding the completion of the KMME questionnaire, indicating an increased understanding among parents regarding the psychosocial development of their children. This finding is in line with the research of Heni Elmiani (2024), which shows that training in the use of developmental detection tools for parents can reduce indicators of developmental delay from 40% to 20%, as well as increase detection capabilities to 55%. Another study by Eva Yuliani (2024) at Pertiwi Salep-*pa* Kindergarten in Majene found that out of 51% of preschoolers detected as experiencing stunting, about 22–34% exhibited delays or deviations in development. Stunted children indeed have a high risk of experiencing speech delays, emotional disturbances, and difficulties in forming social relationships. Without screening, these disorders are often undetected until children reach school age (Grantham, 2007). Therefore, screening is an important first step to identify problems early, so that interventions can be administered promptly. Screening also helps health workers, educators, and parents understand the psychosocial aspects that need to be strengthened. According to the Ministry of Health (2016), children identified with psychosocial problems can be immediately referred for behavioral therapy, stimulation, or family intervention, preventing the development of more serious issues in the future.

Walker et al. (2011) emphasize that without screening and intervention, children with stunting and psychosocial disturbances are at risk of experiencing academic difficulties, aggressive or withdrawn behaviour, and are vulnerable to mental health disorders in adulthood. Furthermore, Jumilia et al. (2023) mention that 46.7% of the impact of stunting is directly related to the psychosocial development of children. The research conducted by Lima (2021) shows that there is a relationship between the nutritional status of stunted children and cognitive development in children aged 4-6 years. Psychosocial stimulation refers to the interactions that occur between children and their environment, such as parents, caregivers, and the physical surroundings, aimed at supporting the optimal growth and development of children. This type of stimulation includes daily activities such as playing, talking, and other interactive activities that can stimulate children's cognitive, language, and motor development. These activities not only strengthen the bond between the child and the caregiver but also play a crucial role in stimulating brain development (We & Fauziah, 2020; Andrew et al., 2018). Unfortunately, children who experience stunting often do not receive this stimulation optimally due to economic, social, and environmental limitations (Kumalasari & Nataningtyas, 2020). In fact, research indicates that children who receive adequate social and cognitive interaction from their parents or caregivers tend to have better cognitive and language development.

The literature written by Ruswiyani et al. (2024) emphasizes that appropriate psychosocial stimulation, strong maternal support, and good parenting patterns have a significant impact in promoting the development of stunted children, particularly in cognitive, language, and motor aspects. In this regard, the role of parents, especially mothers, is very vital. Active and responsive interaction between parents and children allows for early detection of

developmental disorders so that parents can provide comprehensive and targeted stimulation (Van de Kolk et al., 2019). When children are given sufficient attention, warmth, and stimulation from an early age, they have a greater chance of developing optimally even if they face physical obstacles such as stunting.

The role of mothers is not only in terms of nutrition but also in providing stimulation, emotional support, and creating an environment that supports the growth and development of children. The knowledge and parenting practices that mothers possess have a significant impact on the nutritional status and development of children (Ni'mah & Nadhiroh, 2015; Munir & Audyna, 2022). Mothers' education, socioeconomic conditions, and access to health and nutrition services are important factors in determining the quality of care provided (Aridiyah et al., 2015; Arsyati, 2019). Interventions that combine supplementary feeding with cognitive stimulation have been shown to improve the cognitive and motor development of stunted children (Paramashanti & Sulistyawati, 2019). Therefore, efforts to combat stunting should not only focus on nutritional fulfillment, but also include psychosocial stimulation and parenting support from the child's immediate environment.

CONCLUSION

This community service activity provides significant benefits for parents in understanding the psychosocial development of children with stunting. Through screening, parents become more aware of the importance of monitoring their child's emotional aspects, behavior, social relationships, and adaptability. They can recognize early if their child is experiencing issues such as anxiety, aggression, or difficulties in socializing, allowing for quicker and more effective interventions before problems become more serious. The results of the screening also help parents understand their child's character and needs in greater depth, so that parenting styles can be adjusted to the child's psychosocial condition. If the child's development is deemed normal, parents feel more at ease and confident in their support. This understanding also fosters a more empathetic and supportive relationship between parents and children, and encourages active parental involvement in the child's growth and development. Thus, the responsibility for the growth and development of stunted children becomes part of the collaboration between the family and its surrounding environment.

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