


## The Perceptions of Midwives Toward Screening Stimulation, Detection, and Early Intervention of Child Growth and Development in Public Health Center

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### Abstract

Under sixteen percent (26,7 million) of Indonesia children experienced developmental disorders, both fine and gross motorik development, hearing loss, less intelligence and delay. Every 2 out of 1,000 babies experienced motoric development disorders and 3 babies up to 6 babies out of 1,000 have hearing loss and 1 out of 100 children have less intelligence and slowness of speech. Based on data from children in Kudus city, 70,845 who experienced delays in malnutrition were 516 (0.87%), stunting 20 (0.02%). The implementation of SDIDTK (Screening Stimulation, Detection, and Early Intervention of Child Growth and Development) was carried out by health workers, namely midwives as the spearhead. Research purpose it was to analyze the perceptions and behavior of Midwives toward SDIDTK in Wergu Wetan Public Health Center Kudus. This research used a qualitative method with phenomology approachment. Data collection techniques with in-depth interview. It was found that there were still many midwives who had not yet carried out SDIDTK (Stimulation, Detection, and Early Intervention of Child Growth and Development) according to the guidelines due to lack of time and lack of HR in its implementation. SDIDTK as one of the children's program that requires the participation of all parties.

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## INTRODUCTION

The current development paradigm is the development of quality human resources. Indicators of development success are measured in the economic, health and education development that is listed in the Millennium Development Goal (MDG's). For health development alone there are four health sectors which are key positions, namely; reduce child mortality; improve maternal health; and combating HIV / AIDS, malaria and other infectious diseases (WHO, 2015).

Health development as part of efforts to build a whole human being, among others, is carried out through child health efforts that are carried out as early as possible since the child is still in the womb. Today's quality of children is a determinant of the quality of quality human resources in the future. To prepare quality human resources in the future a child needs to be prepared so that he can grow and develop optimally (Rahardjo, et al., 2019).

Indonesia the number of toddlers is very large, which is around 10% or around 18,857,312 people of the entire population, then as a candidate for the next generation, the quality of toddler growth in Indonesia needs to get serious attention, namely getting good nutrition, adequate stimulation and affordable by quality health services including detection and early intervention in growth deviation. Through the activities of Stimulation, Detection, and Early Intervention of Child Growth and Development (SDIDTK) various efforts such as prevention efforts, intervention measures, stimulation, and recovery efforts can be given as early as possible correctly and precisely in accordance with the indications (Abdullah et al., 2017).

Stimulation, Detection, and Early The intervention of Child Growth and Development (SDIDTK) is an effort of monitoring and screening through activities to check growth, development and mental emotional in children to find out early on there

are deviations and prevent permanent disturbances from growth, development and mental emotional in toddlers and preschoolers (Machfudloh, 2014).

The parameters used in monitoring physical growth were anthropometric measurements, namely body weight, height, head circumference, gross motoric skills, fine motor skills, speech ability, and social skills and independence in children. Assessing developments using special instruments, one of which is used in Indonesia is SDIDTK. Detection was monitored through the development pre-screening questionnaire (DPSQ), Hearing Test (HT), View Power Test (VPT), Emotional Mental Problems Questionnaire (EMPQ), Checklist for Autism in Toddlers (CHAT), and Attention deficit Hyperactivity Concentration Disorders (ADHD) (Damayanti et al, 2012).

About 16% of the number of toddlers (26.7 million) in Indonesia experience developmental disorders. Every 2 out of 1,000 babies experience motor development disorders and 3 babies to 6 babies from 1,000 babies experience hearing loss and 1 in 100 children has less intelligence and slowness in speech. When compared with Western countries, motoric development in Indonesian children is classified as low (Nurlaila, 2014).

Based on the data of toddlers in Kudus city from the number of 70,845 who experienced delays in the growth of malnutrition as much as 516 (0.87%), stunting 20 (0.02%) and those experiencing developmental problems in toddlers from the results of surveys at each puskesmas in the district sanctuary is 186 cases (0.2%), and children aged 3-5 years are 47 cases (0.06%) (Dinkes, 2016).

Based on data at the Wergu Wetan Community Health Center, in 2016 the number of children 0-72 months was 3237 children and those who participated in the SDIDTK program were only (41.4%) 1332 children. In 2015 there were 3227 children aged 0-72

months (44.4%) 1434 who attended SDIDTK activities. Data on the number of children participating in this activity is the lowest in Kudus Puskesmas, compared to other Puskesmas. The number of developmental problems in the Wergu Health Center area is also a reason, where in 2016 the number of children was affected by malnutrition 3 children, low nutrition 20 children, 1 child autism, delay in talking to 5 children, and other development problems.

Early detection through SDIDTK activities is needed to find early growth irregularities, development irregularities and emotional mental deviations in children so that intervention and stimulation can be carried out as early as possible to prevent the occurrence of growth irregularities, development irregularities and permanent mental emotional deviations. SDIDTK activities are not only carried out on children who are suspected of having problems but must be done on all toddlers and pre-school children regularly 2 times a year (Kemenkes, 2012).

The implementation of SDIDTK (Stimulation, Detection, and Early Intervention of Child Growth and Development) was carried out by health workers, namely midwives as the spearhead of SDIDTK (Stimulation, Detection, and Early Intervention of Child Growth and Development) activities, therefore SDIDTK assessment (Stimulation, Detection, and Early Intervention of Child Growth and Development) conducted by midwives so that a midwife must be trained and knowledgeable both in carrying out and interfering with toddler growth and development) (Etika et al., 2014).

The purpose of this study was to analyze the perceptions and behavior of midwives toward Stimulation, Detection, and Early Intervention of Child Growth and Development (SDIDTK) in Wergu Wetan public health center Kudus.

## METHOD

This research includes qualitative research, which uses a phenomenological approach. This is due to the phenomenon that midwives are an important role in efforts to monitor child growth and development known as SDIDTK. In qualitative research requires participants to share experiences or perceptions and behaviors according to research problems that are part of the selected population (Dempsey, 2002).

This study requires triangulation as an examination technique to achieve validity. The type of triangulation used is source triangulation. In this study the source triangulation is Midwives who carry out SDIDTK activities and Mothers who have children aged 0-72 months (Saryono, 2010).

The Research Instruments Used are guidelines for interviews, recording devices, and stationery. Data Collection Techniques in this study data were collected by in-depth interview (Sugiyono, 2011).

Data collection is done by qualitative analysis methods. This technique transcribes the raw data obtained from in-depth interview. The results of the study were obtained by data sorting and classifying data. Whereas to analyze the data used content analysis method. The researcher then re-made the interview transcript by coding. (Moleong, 2009).

## RESULTS AND DISCUSSION

### Results

#### Overview of Research Sites

Wergu Wetan Health Center is part of the Puskesmas in Kudus Regency. Wergu Wetan Health Center or also called the City Health Center in Kudus is complex in the Gor Wergu Wetan Kudus.

### Description of Participants

Participants were taken from village midwives who had conducted SDIDTK training in DKK Kudus.

**Table 1.** Characteristics of Participants

No. Participant	Interview Date/Hour	Age of Participants	Last education
P1	8 November 2018/09.00	27 years	D3
P2	13 November 2018/18.30	39 years	D3
P3	14 November 2018/15.30	32 years	D4

From the description of the participants above, it can be seen that participant 1 has the youngest age and has only worked for 2 years who have carried out SDIDTK training. Free SDIDTK training for village midwives by DKK was carried out within 5 days. In Wergu Health Center, there were 8 village midwives who had all conducted SDIDTK training from 16 midwives at Wergu Wetan Health Center.

In-depth interviews were conducted with three participants who were village midwives with triangulation from the midwives, child program holders and mothers from children who participated in SDIDTK.

### Data analysis

Performed to determine the themes of the problems that arise between one category to another to describe the interrelationships so that they influence each other, the themes generated from the research are discussed separately to reveal the meanings or meanings of various perceptions of participants, such as the following participant statement:

#### a. Midwives Perception about SDIDTK.

Following the results of the interviews conducted with the participants above, it can be concluded that the perceptions of Midwives about SDIDTK at the Wergu Wetan Kudus

Community Health Center. One category was obtained, namely understanding perceptions of SDIDTK is stimulation and detection of growth in children, such as the following participant statement:

*"SDIDTK, about stimulation and detection of growth according to their age" (P1)*

*"SDIDTK is about stimulation and detection of growth and development in children" (P2)*

*"SDIDTK, yes about stimulation and detection of growth in children" (P3)*

Following the results of the interviews, one category was obtained, namely an understanding of the perception of how the SDIDTK process can detect growth and development is because it has been adapted to the guidebook, when children come directly to detect growth and development, such as the following participant statement:

*"The process is according to the guidebook. Children will be detected for growth and development later (P1)*

*"The implementation is in accordance with the guidebook, the growth of children comes and continues to be detected" (P2)*

*"Adapted to the guidebook, when children come we immediately detect growth and development" (P3)*

Following the results of the interviews, one category was obtained, namely understanding perceptions if there were occurrences of growth problems and what was done in SDIDTK activities, when children came directly to detect growth and development, such as the following participant statement:

*"If the name is growth, then what do you mean by chasing if it's thin, let's discuss the nutrition. If the development is usually it retreats first, according to the age of the past. If you don't, you can't refer to it. Referred must be consulted by the Puskesmas doctor first, then how can the doctor's health center be referenced" (P1)*

*"From growth, for example, if he is thin, we will see the nutrition, and for development, usually backwards, so it will be adjusted to the age he can first. If you don't get it, you will be referred to the hospital later (P2)*

"If for example the lean body growth, then what do we see the nutrition. If the development is usually back first, according to the age you can first. If it cannot be dealt with, we will only refer to it later (P3)

Following the results of the interviews, one category of SDIDTK targets was obtained, namely all toddlers who went to posyandu up to 5 years old, such as the following participant statement:

"All toddlers go to posyandu, up to 5 years old. Yes, but if the development starts from 3 years, it can be detected" (P1)

"All toddlers go to posyandu, up to 5 years old. For those who have developed three new years it can be detected" (P2)

"All toddlers go to posyandu, up to 5 years old. But for those who are developing, starting from 3 years can be detected" (P3)

One category is obtained, namely the time to implement SDIDTK is 2 times a year, as follows:

"A year 2 times" (P1)

"6 months 1 time" (P2)

"There are 2 times SDIDTK activities a year" (P3)

#### **b. Midwife's behavior about SDIDTK**

Following the results of interviews conducted with the participants above, it can be concluded that the behavior of Midwives about SDIDTK at the Wergu Wetan Kudus Community Health Center. Obtained one category, namely SDIDTK is Stimulation, detection and early intervention of child development, such as the following participant statement:

"Stimulation of early detection of child growth and intervention" (P1)

"Stimulation of detection of early child development interventions" (P2)

"Stimulation, detection and early intervention in child development" (P3)

Following the results of the interviews, one category was obtained, namely how to carry out SDIDTK activities: When posyandu was weighed, height, head circumference. while its development is according to its age, as follows:

"When the posyandu is weighed, the height, head circumference are the same for their development according to their age" (P1)

"When at the posyandu we weigh, measure height, head circumference and for development according to age" (P2)

"At the time the posyandu was weighed, height, head circumference. while the development is according to age" (P3)

Following the results of the interviews, one category was obtained, namely what if the child does not attend SDIDTK is not good, because now there is a stunting, to prevent stunting as well, like the following participant statement:

"It's not good because the problem is now there is a stunting, to prevent stunting" (P1)

"That's not good, because now there is a stunting, to prevent stunting" (P2)

"Not good because now there is a stunting. Where SDIDTK can prevent stunting" (P3)

Following the results of the interviews, one category was obtained, namely if the child did not carry out SDIDTK activities because of the limited time he could go to his house and invite local cadres and conduct SDIDTK at his home, such as the following participant statement:

"You can go to his house or invite cadres and do SDIDTK at his house" (P1)

"Later we will come to his house, then do SDIDTK for the child" (P2)

"We can go to his house and invite local cadres. Then later we can do SDIDTK at home" (P3)

Following the results of the interviews conducted, one category was obtained, namely what was done in stimulating growth and development in children aged 0-72 was to assess according to their growth and development, such as the following participant statement:

"Yes, that rate is in accordance with the growth and development" (P1)

"To assess according to growth and development" (P2)

"Assessing according to children's growth and development" (P3)

Following the results of the interviews, one category was obtained, namely the measurement of the detection of growth deviations in the measurement of height and head circumference, if any new deviations were

referred to the Puskesmas first, such as the following participant statement:

*"If the deviation in growth in measurements means measured height and head circumference, if there are irregularities, refer to the Puskesmas first" (P1)*

*"For deviations, growth in measurements is measured in height and head circumference, if there are new deviations referred to the Puskesmas first" (P2)*

*"Where we will measure height and head circumference, if there is a deviation in growth, it will be referred to the Puskesmas first" (P3)*

Following the results of the interviews conducted, one category was obtained, namely that the measurement of developmental deviations was slightly different, where the development usually retreated before the previous age. If there is a developmental deviation we just refer, such as the following participant statement:

*"If it is developed, it usually retreats to the previous age stage, if you have not been able to do the new referral" (P1)*

*"For development, it usually retreats to the previous age stage, if you have not been able to do the new referral" (P2)*

*"For developments a little different, where development usually retreats at the previous age stage. If there is a development deviation we will refer to it later" (P3)*

Following the results of the interviews, one category is obtained, which is done in mental emotional measurements. Usually a new child is found in mental emotional detection. If it is known the child experiences mental emotional deviation, then do a mental emotional KMME assessment, such as the following participant statement:

*"If it is mental emotional, it is rare, usually a new outgoing child is found in his mental emotional detection. If he is already known, then do his mental emotional KMME assessment." (P1)*

*"If it is mentally emotional, it is usually found that the child will be detected in his mental emotional. If you know the child has a mental emotional deviation then do his mental emotional KMME assessment" (P2)*

*"To be mentally emotional, usually the first out-of-child is usually detected in mental emotional detection. If you already know, just do a mental emotional KMME assessment on the child" (P3)*

Following the results of the interviews conducted, one category was obtained, namely if there were children who had to be intervened and referred to, they were usually referred to the Puskesmas, then at the Puskesmas we weighed again, measured again and more clearly screened and then consulted a doctor if really experiencing delays, then later referred to the hospital, such as the following participant statement:

*"What was said earlier, was referred to the Puskesmas later if the doctor later in the Puskesmas was weighed again, measured again and again more clearly screened, the doctor would later agree that if it was really late, then it would be referred to the hospital" (P1)*

*"Usually referred to the Community Health Center, later in the Puskesmas we weigh again, measured again and again clearer screening will later be consulted to the doctor if it is really delayed, then referenced to the hospital" (P2)*

*"We refer to the Puskesmas first in the Community Health Center to be weighed again, again measured and screened again, it is clearer, later it will be concluded by the doctor if he really experiences delays, then he will be referred to the hospital" (P3)*

Following the results of the interviews conducted, one category was obtained, which is whether it has been in line so far, with the previous answer in the implementation of SDIDTK almost suitable, such as the following participant statement:

*"Almost right" (P1)*

*"Yes, it's almost right" (P2)*

*"Almost more or less is appropriate" (P3)*

One category is obtained, namely the obstacle or difficulty in carrying out SDIDTK activities is the time and lack of energy, such as the following participant statement:

*"The difficulty is usually there is no time, there is no energy because there are a number of people in the Posyandu that have the integrated Posyandu together, the time is also lacking, there are those who rush to go home" (P1)*

*"Time and energy are lacking. To do SDIDTK we need more time and energy to do it" (P2)*

*"The difficulty is usually when the energy continues when doing SDIDTK" (P3)*

One category was obtained, if there were children who had not yet done SDIDTK,

further action was taken to visit their homes and the SDIDTK team from the Puskesmas, then later in the SDIDTK value, such as the following participant statement:

"If there really are children who are lacking in growth and development, they will be visited at home / visit later in SDIDTK if they can be with Puskesmas people and later there will be a team as well" (P1)

"If there are children who are lacking in growth and development, we will come to the house to visit later at the SDIDTK value, with the Puskesmas and their team as well" (P2)

"Later it will be visited by his house and the SDIDTK team from the Puskesmas, only later in the SDIDTK value" (P3)

Following the results of the interviews conducted, one category was obtained, namely if there are children who are normal/do not experience developmental irregularities not following SDIDTK, what do you do? if you don't come, you will still be visited at home, like the following participant statement:

*"If it doesn't come, it will still be visited at home"* (P1)

*"Still coming to his house later"* (P2)

*"Those who did not come will be visited at home"* (P3)

Following the results of the interviews, one category was obtained, namely the benefit of SDIDTK activities is that it can detect early childhood developmental deviations such as the following participant statement:

*"The benefits of being able to detect it are better so if there is nothing late in referring too"* (P1)

*"The benefits can detect early childhood development deviations"* (P2)

*"To detect early growth and development, if there is anything later we are not late to refer to it"* (P3)

Following the results of the interviews conducted, it was found that one category of adverse effects of not doing SDIDTK was stunting, also affected the delay in its development, such as the following participant statement:

*"Stunting can occur, also the delay in its development too"* (P1)

*"Later there can be stunting, it also affects the delay in its development"* (P2)

*"One of them can occur static, malnutrition and so on in the deviation of child development"* (P3)

Following the results of the interviews, one category was obtained, namely now that SDIDTK has been carried out according to the guidelines, yes or no, already, but has not been maximal, because time, HR is lacking, such as the following participant statement:

*"Already, but it can't be maximized, because time, HR is lacking"* (P1)

*"I think it has, but it still cannot be maximized due to lack of time and energy"* (P2)

*"It is sufficient according to the guidelines but not yet maximally, because the time and human resources are still lacking"* (P3)

## Discussion

The implementation of in-depth interviews in the drafting process was carried out on three participants who were all Village Midwives with triangulation from the Midwives, the child program holders and mothers of children who participated in SDIDTK can be seen as follows:

### a. Midwives Perception about SDIDTK.

Based on the results of interviews conducted with the participants above, it can be seen that the participants' perceptions of what SDIDTK meant in the Puskesmas Wergu Wetan Kudus found that one category, namely SDIDTK, was stimulation and detection of growth in children.

Based on the results of the triangulation regarding SDIDTK, the answers of the informants stated that SDIDTK here is basically the stimulation of detection and early intervention of child development. The stimulation gives stimulation according to the age group, detection is scanning earlier if there is an abnormal growth and intervention by providing counseling to parents. Because considering the number of toddlers in Indonesia is very large, namely 10 percent of the entire population, then as the nation's future candidates, the quality of toddler growth needs serious attention, namely getting good nutrition, adequate stimulation and affordable

quality health services including detection and early intervention of irregularities growth and growth. In addition, various environmental factors that interfere with children's growth and development also need to be eliminated (Kemenkes, 2012). The results of this study indicate that most participants did not understand what was meant by SDIDTK itself.

Midwives' perceptions should be good enough because the participants have attended the SDIDTK training, which is based on the results of in-depth interviews with participants. It was found that all participants stated that the SDIDTK activity process where growth and development were detected later.

The results of interviews with triangulation informants were found to be incomplete / in accordance with those stated by the participants that the SDIDTK activity process was carried out for weighing, measurement of height and LK and for development carried out KPSP, TDL, TDD and KMME to determine the ability of gross motion, smooth motion ability, speech and language skills of a child's socialization and independence. This shows that the participants were not aware of the SDIDTK activity process (Kemenkes, 2012).

Developmental problems can be detected early by SDIDTK, based on the results of interviews conducted with participants obtained one category where if there is a growth problem that is done by midwives is for growth, if we are lean try to discuss nutrition and for development usually retreat first, according to age dibisa first. If you haven't been able to get a referral until before being referred to, the Puskesmas doctor must consult first, then wait for the doctor's health center, and then refer to it.

Based on the results of triangulation regarding if there is a growth problem what is done in SDIDTK activities, it is to conduct an early intervention in developmental deviations first. The early intervention action was in the form of directed development stimulation

carried out intensively at home for 2 weeks, followed by evaluation of the results of developmental stimulation interventions. Participants and triangulation have different answers, where triangulation has answers according to the guidebook. This shows that midwives do not know how to deal with growth problems in SDIDTK activities (Kemenkes, 2012)

Based on the results of interviews conducted with participants, it was found that one category against the recommended target and time was all toddlers who went to the posyandu, ages up to 5 years, for development from the age of 3 years to detection and implementation or the recommended time for SDIDTK activities is 2 times a year.

The results of interviews with triangulation informants were obtained more or less according to the participants stated that the target of children who participated in SDIDTK were all children aged 0-6 years or infants, toddlers and preschoolers while the recommended time was carried out 4 times a year for babies and 2 times a year for toddlers and preschool. This shows that the participant already knew about the timing of the SDIDTK (Kemenkes, 2012).

More deeply analyzing the SDIDTK activities provided in the SDIDTK program based on the results of interviews conducted with the participants above, it can be seen that whatever was provided in the SDIDTK program at Wergu Wetan Kudus Community Health Center was the understanding of SDIDTK, the SDIDTK implementation process, the resolution of problem solving SDIDTK, SDIDTK target and SDIDTK recommendation time. Participant answers are not all complete. This is because it is indeed something that must be understood and understood too much, therefore all midwives have a manual for implementing SDIDTK. However, participants' answers are correct which means they are not wrong and complement each other.



Based on the triangulation results from triangulation informants, it was found that what was given in SDIDTK activities was essentially stimulation, detection and early intervention of child development, the SDIDTK implementation process for growth was carried out weighing, measurement of height and LK and for development carried out KPSP, TDL, TDD and KMME to find out the ability of gross motion, subtle mobility, speech and language ability of socialization and independence of a child, in overcoming the problems of growth and development first to conduct early intervention developmental deviations first, while the target directly is all children aged 0-6 years or infants, toddlers and preschoolers and for the time being carried out 4 times a year in infants and 2 times a year in toddlers and preschoolers or once every 6 months. This is in accordance with the SDIDTK implementation guidelines by the Indonesian Ministry of Health in 2012. The results of this study show that all participants can receive information from SDIDTK properly.

#### **b. Midwife's behavior about SDIDTK**

Based on the results of interviews conducted with the participants above, it can be seen that the participants' behavior towards SDIDTK at the Wergu Wetan Kudus Community Health Center found that one category, SDIDTK, was stimulation of early detection of growth and development, in SDIDTK activities carried out at the posyandu where weighing was carried out; measuring height; head circumference and for development according to age, in SDIDTK activities provided is a measurement of growth by detecting its development and according to participants if a child does not follow SDIDTK it is not good because it can cause stunting.

Participants' attitudes towards SDIDTK activities, if there are children who do not participate in SDIDTK, the participants say it is not good because it should be done to determine growth and development, if there are

still those who have not done SDIDTK because of limited time spent visiting the house and doing SDIDTK, stimulation in growth and development is assess according to growth and development, in the detection of growth irregularities BB, TB, and LK measurements if there is a new deviation referred to the Puskesmas first, detecting developmental deviations usually backing up to the previous age stage if not yet able to do referrals, emotional deviations where we first detect the KMME assessment has been detected, if a child is detected having problems with growth and development, he is referred to the health center first and in the convention, if there are children he needs to be intervened and usually referred to the Puskesmas and arrives at the Puskesmas again if the where further treatment needs to be referred to the hospital, so far the implementation of SDIDTK according to participants is almost appropriate, where the obstacles in SDIDTK are lack of time and energy, if the child has not done SDIDTK further action is to visit home / visit later at SDIDTK If the child is normal but has not done SDIDTK, he usually visits his home, the reason for doing SDIDTK is to detect early child development, and the results obtained in following SDIDTK are that we can detect early if there is a delay in growth and development so that it can be intervened earlier.

Confidence in conducting SDIDTK where participants stated this activity was important, where the benefits of SDIDTK can detect earlier so if there are problems that are not too late in referring, the impact of SDIDTK is stunting can also occur delays in development, and so far in SDIDTK activities it is appropriate but can't be maximal because the time and HR are lacking.

Triangulation results state that SDIDTK is an activity to measure child growth, which was carried out when SDIDTK came to Posyandu, weighing TB measurements and measuring head circumference, SDIDTK measured TB, BB, and LK only, and if there

were children not following SDIDTK measured the next month again. This shows that midwives have not done SDIDTK according to the guidelines.

According to the triangulation of SDIDTK activities, it is good because this activity is very helpful in monitoring early childhood development, for visits to homes rarely carried out by midwives, usually only children affected by growth problems are visited to his house / visit, usually if there are deviations (growth, development, and emotional irregularities) will be referred to the Puskesmas first to the Hospital if the problem has to be addressed further, according to the triangulation of SDIDTK implementation not in accordance with the delivery given when counseling, obstacles or difficulties that are seen are limited time and health workers existing, because this activity is very good for monitoring, and handling if there are growth problems that must be addressed immediately. This indicates that some of the midwives delivered were not / were not in accordance with the attitude taken to deal with growth problems in children.

Based on the triangulation of SDIDTK activities, it is very important, where the benefits of knowing the problems and handling of children early, for the impact can occur diseases caused by growth problems, and according to triangulation about the handling done by midwives is not so optimal. This shows that midwives have not carried out SDIDTK activities to the fullest.

Conducting the SDIDTK program here is so that all children aged 0 - 72 months grow and develop optimally according to their genetic potential so that it is useful for the nation and the nation and is able to compete in the global era through early stimulation, detection and intervention activities (Kemenkes, 2012).

The results of this study indicate that the behavior of participants in their knowledge, attitudes and beliefs towards SDIDTK is not in

accordance with what is conveyed by triangulation / informants. Midwives have carried out SDIDTK activities, but not according to guidelines due to lack of time and energy. In accordance with the results of the presentation of some SDIDTK participants, namely to know the growth and development of a child. The good response described by participants was that participants could answer questions well so that participants did not have different stigma.

## CONCLUSION

The conclusions in this study can be taken as follows: there are still many midwives who do not carry out SDIDTK activities according to the guidelines due to lack of time and lack of human resources in the implementation.

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