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Posyandu's Role in Toddler Growth Screening and Early Stunting Detection, Sindet Bantul

Julian Duwi Prasetya[1], Fara Yudanta Putri[2], Ahmad Qolbiy[3], Ulfaturohmah[4], Deci Pramanda Putri Soelaman[5], Fitri Nurazizah[6], Wasti Melan Karmating[7], Indo Bulaweng[8], Meysika Nabillah[9], Aninda Putri Salsabila[10], Alfian Muhazir[*11]
[1,2,3,4,5,6,7,8,9,10,11]Universitas Aisyiyah Yogyakarta, Indonesia
e-mail: alfianmuhazir@unisayogya.ac.id[1], farayudanta@unisayogya.ac.id[2], ahmadqolbiy@unisayogya.ac.id[3], ulfaturohmah@unisayogya.ac.id[4], decipramanda@unisayogya.ac.id[5], fitrinurazizah@unisayogya.ac.id[6], wastimelan@unisayogya.ac.id[7], indobulaweng@unisayogya.ac.id[8], meysika@unisayogya.ac.id[9], anindaputri@unisayogya.ac.id[10], juliandwi@unisayogya.ac.id[11]

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Abstract

The toddler years are a critical “golden age” for determining a child's future health and intelligence. This community-service study evaluated the role of Posyandu in growth monitoring, developmental screening, parent education, and early identification of possible stunting concerns in Dukuh Sindet, Bantul. Methods included caregiver interviews, physical examinations through anthropometric measurement, developmental screening using the age-appropriate KPSP instrument, counseling, discussion, and leaflet-based education. Complete KPSP records were available for 23 children: 18 were classified as developmentally appropriate, 3 had questionable results, and 2 had inappropriate results involving motor, language, socialization, and independence aspects. Anthropometric records were available for 56 children and showed differences in mean height and weight across age groups. However, individual age- and sex-specific height-for-age z-scores were not available, so the data could not support a definitive stunting classification or the conclusion that all growth was normal. Interviews also showed that some parents lacked knowledge of appropriate home stimulation and did not fully understand the broader monitoring and educational functions of Posyandu. The activity indicates that Posyandu can support developmental screening, parent education, stimulation guidance, and referral. Standardized individual anthropometric assessment and documented follow-up are still required for early stunting detection.

[*)]Corresponding author : alfianmuhazir@unisayogya.ac.id

1. INTRODUCTION

Children in early childhood possess distinctive developmental characteristics. In this program, the study population ranged from 3 to 72 months and therefore encompassed infancy, toddlerhood, and the preschool period. Developmental findings were interpreted according to each child's exact age rather than through a single age definition [1]. During this age range, children are in a phase of very rapid growth and development that determines the quality of their health and intelligence in the future. The toddler period is therefore often referred to as the “golden age.” This term illustrates how crucial the first five years of a child's life are, since it is during this period that the foundations of physical, cognitive, social, and emotional ability begin to be formed and developed. The golden age is considered a golden opportunity to provide optimal stimulation and to meet children's basic needs. Previous literature explains that this period offers the best opportunity to accelerate physical growth and to develop children's innate potential, whether in the motor, language, or social aspects. Children's brain development progresses very rapidly during this phase, with approximately 80% of brain structure

formed between the ages of 0–6 years. The formation of neural networks in the brain occurs through consistent stimulation from the surrounding environment, so that the quality of a child's interaction with parents, family, and the environment greatly determines the direction of the child's subsequent development.

In addition, the behavior, habits, and treatment children receive from those closest to them have a major impact on the formation of character, personality, and intellectual ability. Every word, attitude, and example set by parents becomes a primary stimulus that influences a child's behavior and mindset. This underscores the importance of the role of parents, family, and the social environment in optimizing children's development during the toddler years. Adequate nutrition, appropriate stimulation, proper parenting, and a conducive environment during the golden age are therefore determining factors that cannot be ignored. These efforts contribute directly to the quality of human resources in the future, since the main foundation of intelligence and character is formed during the toddler phase [1]. Regular monitoring of children's growth and development plays a crucial role in supporting the formation of behavior, character, and intellectual ability so that children can develop optimally. This activity is not limited to measuring physical growth but also involves assessing mental, emotional, social, and cognitive aspects in line with the child's genetic potential [11]. In other words, growth and development monitoring is a preventive measure aimed at ensuring that children remain on a developmental trajectory appropriate for their age.

In line with this, Sirait et al. [3] emphasize that developmental monitoring is an integral part of efforts to maintain children's health, particularly during the golden age. This golden period is a critical time that occurs only once in a lifetime, so that any delay in detecting deviations can lead to long-term consequences. Developmental delays that are not promptly identified often impair children's ability to adapt, learn, and socialize, potentially reducing their quality of life in the future. Early detection of growth and development has therefore become an absolute necessity that must be carried out systematically. Prasma et al. [4] explain that through early detection, any form of growth abnormality or developmental obstacle can be promptly identified. This enables faster and more targeted intervention, whether through stimulation, parenting, or medical treatment as needed. The earlier an abnormality is found, the greater the child's opportunity to achieve optimal growth and development and to avoid long-term risks, including health problems, intellectual limitations, and even stunting. Growth and development monitoring is therefore not merely curative but also a promotive and preventive strategy that supports the achievement of a healthy, highquality generation in the future.

Children who receive consistent stimulation tend to be able to demonstrate their interests and talents. For example, some children quickly master speaking skills, show an interest in music, enjoy counting, are physically active, are able to think in a structured manner, show empathy, enjoy socializing, or are even able to manage their emotions well. Each of these potentials is part of an individual's development that needs to be carefully observed by parents. With appropriate attention, parents can provide suitable forms of stimulation so that a child's potential can develop more optimally [1]. This view is consistent with Damayanti and Salsyabilla [2], who emphasize that indicators of a healthy toddler are not measured by physical growth alone but also encompass psychosocial and cognitive development. In other words, a child needs not only to gain weight and height but also to demonstrate the ability to interact, adapt, think, and manage emotions well. This highlights the importance of continuous developmental stimulation, both to hone potential and to help children catch up when obstacles occur in the growth and development process.

Furthermore, Sari and Mardalena [5] explain that the practice of detecting children's growth and development can be an effective effort in minimizing delays in identifying developmental disorders. This detection benefits not only health workers but also provides education to parents on how to independently observe their child's growth and development at home. Parents thus play an active role in recognizing early signs of abnormalities and in promptly taking appropriate steps to obtain the necessary medical assistance or intervention. This process is very important, given that delayed detection can have a serious impact on a child's quality of life, whether in the cognitive, social, or emotional aspects later in life. However, growth disorders such as stunting, motor developmental delays, and cognitive

impairments remain major problems in Indonesia. If not properly addressed, these disorders can prevent children from achieving an optimal quality of life [6]. Results from the Indonesian Nutritional Status Survey (SSGI) conducted by the Ministry of Health in 2022 showed that 21.6% of toddlers experienced stunting [7]. This figure exceeds the standard set by the World Health Organization (WHO), which states that only two out of ten children should experience stunting. This data indicates that the prevalence of stunting in Indonesia still exceeds the 20% threshold considered high, confirming that this issue remains a significant problem [8].

Previous community screening evidence indicates that early identification of stunting is very important because when children with malnutrition are identified earlier, there is a greater likelihood that they will receive appropriate treatment before the stunting worsens, through anthropometric measurement. Of the 15 children examined, five fell into the short or very short category, indicating that many children are at high risk of stunting and that it is important to identify them promptly so that they can receive appropriate intervention. Monitoring of toddlers' growth can be carried out through routine visits to the Posyandu (Integrated Health Post). This routine enables the early identification of malnutrition problems. Toddlers who visit the Posyandu every month have their weight checked, receive supplementary food, and receive nutrition counseling. Attending the Posyandu also indicates that toddler health services are easily accessible; when toddlers attend, their growth and development are monitored [9]. Not many mothers understand the benefits of the Posyandu — some believe it is only for weighing their children rather than for tracking their overall development. This situation results in insufficient monitoring of children's growth and development [10]. Certain families may be unable to adequately monitor their children's development for various reasons, such as being too busy, lacking knowledge, or facing unsupportive socioeconomic conditions. The Posyandu therefore becomes very important as a place for the community to monitor children's growth and development in an integrated manner [11].

Furthermore, Liani et al. [10] report that five out of ten pregnant women do not know what Posyandu means and regard it only as a disease-prevention program. Seven mothers even believed that their children did not need to be brought to the Posyandu if they appeared healthy, illustrating differing understandings of the Posyandu's main purpose. A number of studies emphasize that optimal growth and development in the early years of a toddler's life are extremely important. Children who experience obstacles in the early stages of growth and development tend to show lower abilities compared with their peers. In the first five years, physical, cognitive, language, and socialemotional development occur very rapidly, but not all toddlers are able to achieve appropriate development; some experience growth and developmental disorders that can have negative impacts on their lives.

Studies show that healthy growth and development are very important in the early years of a child's life, and children who experience early growth or developmental delays require closer attention. During the first years of life, physical, cognitive, language, and social-emotional development occurs rapidly, yet not all children achieve milestones appropriate for their age, and some experience disorders that may affect later quality of life. The situation identified in Dukuh Sindet was that some mothers did not yet fully understand the primary role of Posyandu and often viewed it mainly as a place for weighing. Consequently, health education, comprehensive growth and developmental monitoring, early detection of nutritional problems, and timely follow-up had not received sufficient attention. This gap could delay recognition and management of nutritional and developmental problems. The program was therefore conducted to describe the children's developmental screening and anthropometric results, strengthen parents' understanding of Posyandu, provide stimulation and stunting-prevention education, and clarify the need for follow-up assessment and referral.

2. METHOD

This program used caregiver interviews, physical examinations through anthropometric measurement, and developmental screening. Interviews explored parents' knowledge, participation, and monitoring practices; they were not used to score child development. Height or length and weight measurements described physical growth, while the age-specific Pre-Screening Developmental Questionnaire (KPSP) assessed gross motor, fine motor, speech-language, and socialization-

independence development. The tools and materials were KPSP forms, a weight scale, a length or height measuring device, and leaflets on stunting.

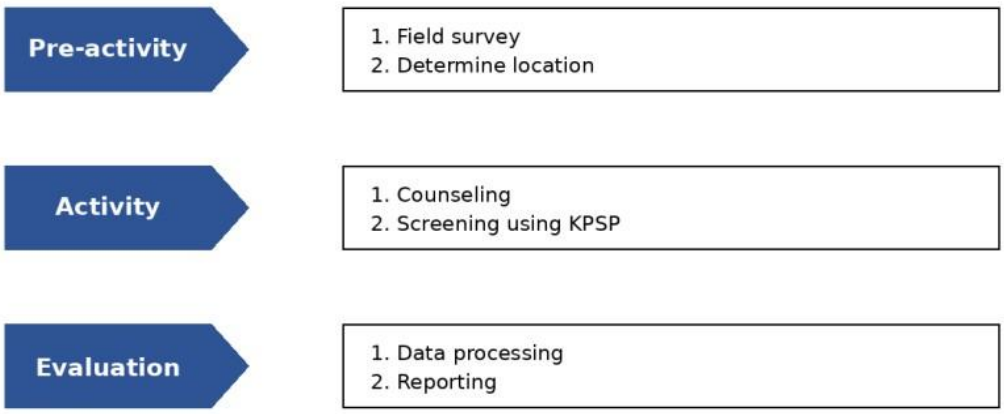


Fig. 1. Stages of program implementation

The activity was implemented during the Universitas 'Aisyiyah Yogyakarta KKN period from 4 August to 2 September 2025. The pre-activity field survey and coordination took place in early August 2025 in Dukuh Sindet, Wukirsari, Imogiri, Bantul, and involved the KKN team, the Dukuh Sindet administration, the Posyandu cadre, and community representatives. The education and screening session was held on 14 August 2025 at the Dukuh Sindet hamlet head's residence. The implementation was designed through systematically arranged stages so that the program objectives could be achieved optimally. The field survey obtained a comprehensive picture of community conditions and identified the target area's needs. This initial mapping served to identify the main problems faced by the community and became the basis for selecting the most relevant intervention. The survey made the choice of location and program more precisely targeted, ensuring that the activities addressed the community's actual needs. The information collected also guided the implementation strategy, method selection, and preparation of counseling materials suited to local social and cultural conditions.

The target community comprised 69 registered children and their parents or caregivers. Children aged 3–72 months who attended the activity and had usable records were included in the corresponding analysis. Complete KPSP records were available for 23 children, consisting of 9 male and 14 female participants. Anthropometric records were available for 56 children, consisting of 27 male and 29 female participants. The different denominators reflect the availability of complete records for each assessment. The core activity focused on educating parents and examining children's growth and development. The community received counseling on the importance of regular monitoring, and the material emphasized the central role of parents in supporting physical health and psychosocial development. The counseling was interactive and included presentation, question-and-answer sessions, discussions, experience sharing, and supervised practice so parents did not receive information only in one direction.

In addition to education, developmental screening was conducted using the Pre-Screening Developmental Questionnaire (KPSP), a standardized national instrument used for early identification of possible developmental delay [5], [12]. The KPSP assessed gross motor skills, fine motor skills, speech and language, and socialization and independence. Parents practiced completing the age-appropriate KPSP with facilitator guidance. Screening results were classified as appropriate, questionable, or inappropriate and became the basis for follow-up advice. Parents of children with questionable or inappropriate results received explanations, stimulation guidance, advice for repeat screening, and recommendations to consult health professionals. Thus, the activity combined education with a practical early-detection and referral pathway.

Anthropometric assessment consisted of measuring body weight and recumbent length or standing height using the Posyandu's measuring equipment. The measurements were summarized by age group. Because the available records did not contain complete individual height-for-age z-scores by exact age and sex, the program did not assign stunting classifications and did not infer normal growth status from group means. Stunting education covered balanced nutrition, exclusive breastfeeding, complementary feeding, parenting practices, regular growth monitoring, long-term impacts, and prevention, supported by leaflets and discussion.

The evaluation stage was carried out after the entire series of activities had concluded. Screening data collected from participating children were processed and analyzed to obtain a comprehensive picture of growth and development conditions in the target area. Data analysis determined the number and proportion of children whose development was appropriate for age, those with questionable results, and those with inappropriate results. Anthropometric data were presented as descriptive age-group means rather than diagnostic categories.

Evaluation did not merely involve calculating figures or presenting raw data but also interpreting the results to make them meaningful for follow-up. Information was compiled into a written report as accountability for the activity. The report served as an archive and as a document that could be used by Posyandu cadres, community health-center workers, local educational institutions, and village stakeholders when planning policies, follow-up activities, referrals, or more targeted interventions. Parent education was evaluated descriptively through attendance, participation in discussion, questions, and supervised KPSP practice. No pre-test/post-test or comparison group was used, so educational effectiveness was not quantified.

Through planned and systematic evaluation, the benefits of the activity were intended to extend beyond the implementation day. The data and findings can provide a foundation for preventing and addressing growth and developmental concerns, improving monitoring, strengthening parent and cadre education, and planning continued cooperation among the university, Posyandu, health services, and the local community. Long-term outcomes, adherence to referral advice, and changes in parent behavior were not measured and should be evaluated in future activities.

3. RESULTS AND DISCUSSION

Table 1. Developmental screening results (n = 23)

Age group	M	F	Appropriate	Questionable	Inappropriate
3–12	1	1	1	1	0
12–36	5	11	13	2	1
36–72	3	2	4	0	1
Total	**9**	**14**	**18**	**3**	**2**

Table 1 shows that 18 of 23 children (78.3%) had age-appropriate KPSP results, 3 (13.0%) had questionable results, and 2 (8.7%) had inappropriate results. These results directly support the observational finding that several children required closer monitoring in gross motor, fine motor, speech-language, socialization, or independence development. In the toddler group aged above one year, some children were not yet able to eat rice by themselves without spilling much, could not yet undress themselves, walk up stairs independently, speak well (e.g., using two words), stack four cubes, or hold a cup by themselves through to learning to eat and drink independently. This indicates obstacles in gross motor, fine motor, speech, and independence development. In addition, observations of the 36–72 month age group also showed developmental delays, with several toddlers still unable to recognize colors, state their name, age, and place of residence, or put on their own shoes, trousers, shirt, and clothing — indicating delays in gross and fine motor development that should already be emerging at this age range.

Beyond the child's perspective, interviews conducted with several parents showed that some parents were not yet optimal in monitoring their children's growth and development. Some parents stated that they did not know the appropriate forms of stimulation when a child experienced a delay, while

others stated that they were not fully aware of the importance of regularly monitoring development at the Posyandu.

Limited knowledge and busy parent or caregiver schedules were identified as contextual concerns, but this descriptive program did not test whether they caused developmental delay. As a follow-up to these findings, growth and development screening of toddlers was carried out during the Posyandu activity, together with the provision of stimulation and intervention for children who were experiencing, or likely to experience, delays.

Table 2. Descriptive anthropometric results (n = 56)

Age (months)	Male	Female	Mean height	Mean weight
3–12	4	6	68.0 cm	7.81 kg
12–36	17	16	82.67 cm	10.83 kg
36–72	6	7	96.6 cm	14.6 kg
Total	**27**	**29**	—	—

Based on Table 2, the results of the height and weight measurements of toddlers show a fairly clear variation across age groups. In the 3–12 month age group, the average height of toddlers was recorded at 68.0 cm with an average weight of around 7.81 kg. This group mean is presented descriptively; without individual age- and sex-specific height-for-age indicators, it cannot establish normal growth or stunting status. This period is known as the golden period of very rapid growth, since almost all aspects of physical development — including muscles, bones, and other body tissues — undergo significant acceleration. At this stage, infants also begin to show basic motor abilities such as lying on their stomach, sitting, and crawling. Nutritional intake, particularly from breast milk (ASI) and complementary foods (MP-ASI), therefore greatly determines the continuity of an infant's growth during this early period of life.

Entering the 12–36 month age group, average height increased to 82.67 cm with an average weight of 10.83 kg. Although the growth rate at this stage is no longer as fast as in the first year, children still show consistent physical development. A distinctive characteristic of this early toddler period is the child's increasing ability to move actively, learn to walk, and begin to explore their surroundings more broadly. Increasingly varied physical activity means that children's energy and nutritional needs also increase, making balanced food intake a key factor in supporting optimal growth and development. This period also marks the beginning of a child's social and emotional development, as they begin to interact more with parents and their surrounding environment.

Meanwhile, in the 36–72 month age group, average height reached 96.6 cm with an average weight of around 14.6 kg. This data indicates a growth pattern that continues, although the rate of increase is more stable compared with infancy. Children at this stage typically already possess increasingly complex gross and fine motor skills, such as running, jumping, drawing, and using writing tools. Besides physical aspects, cognitive and language development also progress rapidly, requiring appropriate stimulation support from both parents and the educational environment. Adequate nutritional intake — particularly protein, iron, calcium, and vitamins — is a key factor supporting body and brain growth during this period.

Overall, mean height and weight increased across age groups, which describes the expected direction of physical growth in a mixed-age sample. However, these group means are insufficient to conclude that every child followed a normal developmental curve or to classify stunting. Individual assessment requires complete measurements interpreted by exact age and sex using an accepted growth standard. Regular Posyandu monitoring remains necessary to identify possible undernutrition, stunting, growth faltering, or developmental delay and to provide timely counseling, repeat measurement, or referral.

Based on the results obtained, it is evident that some toddlers experienced developmental delays in several important aspects, namely gross motor, fine motor, language, and independence. Ideally, children above one year of age already begin to show basic skills such as eating independently, undressing, climbing stairs, and stacking a certain number of blocks. However, field findings still show

children who have not reached these stages and can therefore be categorized as experiencing developmental delay. This delay was also observed in the 36–72 month age group; ideally, at the preschool stage, children begin to show more mature cognitive and social abilities, such as recognizing colors, stating their identity (name, age, or home address), and dressing without assistance. However, some children in this age group still experience obstacles in mastering these skills, indicating that not all children achieve development appropriate to the expected age stage, so possible inhibiting factors must be given attention.

The literature describes several factors that may be associated with developmental delay, including parenting patterns with insufficient stimulation, limited interaction with the surrounding environment, inadequate attention to regular growth and development monitoring, and imbalanced nutritional intake. These factors were not directly measured or tested as causes in this program, so they should be treated as possible explanations requiring further assessment. Nutrition supports brain growth and cognitive function, and age-appropriate stimulation can help children practice new skills. These considerations reaffirm the importance of routine monitoring through Posyandu and other health facilities. Early identification allows children to receive additional stimulation, nutritional counseling, repeat screening, or referral to professionals. Without appropriate follow-up, developmental concerns may affect children's later social, emotional, and academic adaptation.

Arista et al. [12] state that 36 to 72 months constitutes early childhood, a period that is very important for the development of independence, selfrecognition, and environmental awareness in children. These factors need to be identified early so that treatment can be provided in a timely manner. Obstacles that arise in children signal a difference from the developmental achievements expected for their age. Consistent with this, Aprilia et al. [13] report that children aged 36 to 72 months should normally be able to recognize themselves — including their name, age, and place of residence — dress independently, recognize colors, master fine and gross motor skills, and communicate at a basic level with those around them. If these abilities have not been mastered, this condition can be regarded as an indication of developmental delay requiring further evaluation and treatment.

Beyond aspects related to the child, environmental and family factors also play an important role in the developmental process. The interview results showed that some parents did not yet know the appropriate forms of stimulation for their children and were not fully aware of the importance of regularly monitoring development at the Posyandu. This finding is consistent with Anggriany et al. [14], who report that around 70% of mothers still do not understand the importance of stimulating children's growth and development or how to do so correctly. This condition has the potential to result in stimulation that is inappropriate or even missed altogether, which can affect children's development. Limited parental understanding, attitudes, and involvement therefore represent an educational and monitoring concern that warrants follow-up; the present program did not establish a causal relationship with developmental delay.

Taking action through Posyandu activities can consequently serve an important function, serving not only as a means of screening children's growth and development but also for providing learning, stimulation, and mentoring to parents in supporting toddlers' optimal growth and development. Gannika et al. [15] emphasize that providing understanding and training to Posyandu cadres plays a major role in improving early-monitoring skills for infant and toddler growth and development. An optimally functioning Posyandu includes routine weighing, counseling, and developmental stimulation for children, along with providing understanding to parents. In this way, Posyandu cadres can act as agents of change who support parents in the parenting and monitoring of their children's growth and development.

This program also provided understanding about stunting as one of the long-term nutritional problems widely experienced by toddlers in Indonesia. Understanding of stunting was conveyed through direct counseling to parents of toddlers on the importance of balanced nutrition, exclusive breastfeeding, appropriate parenting, and the role of the Posyandu in monitoring children's growth and development to prevent it. To make the information easier to understand and remember, the team also distributed leaflets

containing material on stunting, covering its definition, causes, long-term impacts, and prevention efforts. This effort aimed to encourage parents' knowledge and awareness so that they could be more responsive in maintaining their children's health and growth and development. With education and supporting media in the form of leaflets, it is hoped that the community will not only understand the importance of monitoring growth and development but also be able to apply stunting-prevention behaviors in daily life.

4. CONCLUSION

The growth and developmental assessment at Posyandu Dukuh Sindet identified 18 of 23 children with age-appropriate KPSP results, 3 with questionable results, and 2 with inappropriate results. Difficulties were observed in gross motor, fine motor, speech-language, socialization, and independence items, indicating the need for stimulation, repeat screening, and referral when appropriate. Caregiver interviews also showed gaps in understanding of developmental stimulation and the wider function of Posyandu. Through counseling, discussion, leaflets, supervised KPSP practice, screening, and follow-up advice, Posyandu functioned as a community setting for monitoring, education, and early identification. Anthropometric records from 56 children showed age-group differences in mean height and weight, but the summarized data did not contain complete individual height-for-age z-scores; therefore, stunting status could not be classified and normal growth could not be confirmed for every child. Continued Posyandu monitoring should retain complete individual anthropometric data, use the applicable growth standard, repeat KPSP for questionable results, refer children with persistent concerns, strengthen parent and cadre education, and evaluate changes in knowledge, behavior, and follow-up outcomes with defined indicators.

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With institutional support, funding from the university, collaboration with Posyandu cadres, and the active involvement of the community and village government, this toddler growth and development screening program was implemented successfully and provided tangible benefits. We hope that similar activities can continue in the future through synergy between the university, health cadres, and the local community.

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