Open Access Health Scientific Journal
https://oahsj.org/index.php/oahsj Vol. 7 No. 1 February 2026, pp. 165-178
Research article

Analysis of The Implementation of Early Detection of Growth and Development and Parenting Patterns of Children Aged 0-6 Years

Fitri Ramadhaniati*, Deni Maryani, Yetti Purnama, Kurnia Dewiani

Universitas Bengkulu, Indonesia
*Corresponden Author: Fitri Ramadhaniati (fitri_ramadhaniati@unib.ac.id)

ARTICLE INFO
Keywords:
Early Childhood,
Early Detection,
Growth and Development,
Parenting.

ABSTRACT
Background: Problems with growth and development disorders continue to increase every year. The low ability of parents to conduct early detection of their child's growth and development results in delayed early interventions that could be carried out. Parenting patterns also determine the appropriateness of a child's growth and development. This study aimed to analyze the implementation of early detection and parenting patterns of children aged 0-6 years.
Methods: This research is a qualitative study with a descriptive approach. The informants involved in this study numbered 13 people who are mothers of children aged 0-6 years from 10 sub-districts in the city of Bengkulu. The information obtained from the informants includes sources of information, the implementation of early detection, knowledge, and parenting patterns in children. Data were collected through in-depth interviews, document reviews, and observations. The data were analyzed using the narrative analysis method to determine the extent of the implementation of early detection and parental parenting patterns in children aged 0-6 years.
Results: Research results show that not all parents obtain information about early detection of child growth and development. Early detection is not conducted continuously according to the child's age stage. Children are generally cared for by their mothers and some of the informants use gadgets in the caregiving process. Children with growth and development disorders are still found.
Conclusion: Early detection of child growth and development is still not being implemented, and child care is centered on the mother, with the use of gadgets in the caregiving process. As an effort to optimize child development stimulation, health workers are expected to provide more intensive education to parents, and there is a need for innovative guides for growth and development detection that are easier to use.

INTRODUCTION

Early childhood is widely recognized as a critical or “golden” period in the human life cycle, during which rapid physical, cognitive, emotional, and social development occurs. At this stage, children aged 0–6 years experience significant brain development, forming neural connections that will influence their intelligence, behavior, and overall well-being in later life. Therefore, ensuring optimal growth and development during this period is essential, as any disturbances or delays that are not identified early may have long-term consequences on a child’s quality of life. The health of infants and toddlers must

Received 25 December 2025; Accepted 24 January 2025; Published 5 February 2026
Published by Griya Eka Sejahtera. This is an open access article under the CC BY NC SA license (http://creativecommons.org/licenses/by-nc-sa/4.0/). DOI: https://doi.org/10.55700/oahsj.v7i1.204

receive serious attention because both physical growth and psychological development take place simultaneously and interactively.

Various global and national studies indicate that developmental and mental health problems in early childhood are still relatively high. Data published by the Ministry of Education, Culture, Research, and Technology shows that approximately 9% of children worldwide experience anxiety disorders, 11–15% suffer from emotional disorders, and around 9–15% exhibit behavioral disorders. These conditions often go unrecognized or are misunderstood, particularly within family environments. In many cases, children who show signs of social-emotional deviation are labeled negatively by parents as "naughty," "stubborn," or "troublesome," rather than being understood as children who may need special attention or intervention. Such misperceptions can delay appropriate handling and potentially worsen the child's developmental outcomes.

Efforts to monitor and support optimal child development can be carried out through early detection of growth and developmental milestones. Early detection is a systematic screening process aimed at identifying deviations or abnormalities in a child's growth and development as early as possible. This process is typically conducted through regular clinical examinations and developmental assessments that should be followed by all children from birth to six years of age. Through early detection, any delays or disorders whether physical, cognitive, language-related, or socio-emotional can be identified promptly, allowing for timely and appropriate intervention.

The importance of early detection is closely linked to the effectiveness of early intervention. Research has shown that early intervention can significantly improve children's intellectual abilities, enhance adaptive skills, and reduce symptoms in children with developmental disorders, including those with autistic traits. In addition, early intervention serves as a preventive measure that can minimize the risk of more severe developmental problems in the future. It has also been proven to contribute positively to children's academic readiness, social competence, and behavioral regulation.

However, the success of early detection and intervention efforts is not solely determined by the availability of health services. Parenting patterns play a crucial role in shaping children's development and in determining whether early detection programs are effectively implemented. Parenting styles—such as authoritative, authoritarian, permissive, or neglectful—can influence how parents perceive their child's development, respond to developmental issues, and engage with health services. Parents with adequate knowledge and positive parenting practices are more likely to participate in regular developmental screenings and follow through with recommended interventions. Conversely, a lack of awareness, limited access to information, and socio-cultural factors may hinder parents from recognizing early signs of developmental delays.

In the context of Bengkulu City, challenges related to the implementation of early detection programs and variations in parenting patterns are still evident. Factors such as differences in educational background, socio-economic status, access to healthcare facilities, and cultural beliefs may influence how parents monitor and support their children's development. Although early detection services may be available through community health centers and early childhood education institutions, their utilization and effectiveness depend largely on parental involvement and awareness.

These conditions highlight the need for a comprehensive analysis of how early detection of growth and development is implemented in practice, as well as how parenting patterns contribute to or hinder its success. Understanding these aspects is essential for identifying predisposing factors that affect child development outcomes. Therefore, this study on the Analysis of the Implementation of Early Detection of Growth and Development and Parenting Patterns of Children Aged 0–6 Years in Bengkulu City in 2025 is important to conduct. The findings are expected to provide insights that can support the optimization of child growth and development through improved early detection strategies and more effective parenting practices.

METHODS

This research is a qualitative study with a descriptive approach to analyze the implementation of early detection of growth and development and parenting patterns for children aged 0-6 years. This method allows for further assessment that cannot be measured through quantitative research. This study involved 13 informants from 10 sub-districts in the city of Bengkulu. Information was collected through in-depth interviews, document reviews, and observations using interview guidelines and cameras. This research was conducted from November 2024 to February 2025. The informants in this study are mothers and children aged 0-6 years living in ten sub-districts in the city of Bengkulu. The research was conducted through in-depth interviews, observations with checklists, and document reviews. Informants were given explanations about the procedures for conducting the research. Data analysis was carried out using narrative analysis by collecting stories and narratives from the informants. The research was conducted through in-depth interviews, observations using checklists, and document review. Informants were given explanations about the procedures for conducting the research. Data analysis was carried out using narrative analysis by collecting stories and narratives from informants regarding information sources, detection and early intervention plans for child growth and development, as well as the parenting patterns given to the children.

RESULTS

Characteristics of Informants

The informants in this study are heterogeneous. The characteristics of the research informants can be seen in Table 1.

Tabel 1. Characteristics of Informants

Informant	Characteristics						
	Education	Occupation	Age of Mother	Age of child	Child Order in the Family	Family Income per Month	Address (Urban Village)
Informant 1	SHS	Housewife	35 years	3 months	3	Rp. 1.000.000,00	Tengah Padang
Informant 2	SHS	Housewife	29 years	6 months	2	Rp. 5.000.000,00	Peurunan
Informant 3	SHS	Housewife	34 years	9 months	3	Rp. 4.000.000,00	Padang Harapan
Informant 4	Bachelor Degree	Teacher	26 years	12 months	1	Rp. 5.000.000,00	Sawah Lebar
Informant 5	Bachelor Degree	Teacher	35 years	15 months	2	> Rp. 5.000.000,00	Kandang Limun
Informant 6	SHS	Contract Employee	46 years	18 months	3	Rp. 3.000.000,00	Jembatan kecil
Informant 7	ES	Housewife	25 years	21 months	2	< 500.000,00	Tanjung Agung
Informant 8	SHS	Seller	27 years	24 months	2	Rp. 3.000.000,00	Padang Harapan
Informant 9	Associate Degree	Housewife	29 years	30 months	1	> Rp. 5.000.000,00	Pekan Sabtu
Informant 10	Bachelor Degree	Housewife	33 years	46 months	3	Rp. 4.000.000,00	Padang Harapan
Informant 11	JHS	Housewife	36 years	42 months	2	Rp. 5.000.000,00	Tanah Patah
Informant 12	SHS	Seller	28 years	48 months	1	Rp. 3.000.000,00	Penurunan
Informant 13	SHS	Housewife	40 years	60 months	1	Rp. 3.000.000,00	Teluk Sepang

Interview Results and Data Reduction
Source of Information

The informant's statements regarding sources of information on stimulation, detection, and early intervention of child development can be seen in the following excerpts:

> *"Never received information about Stimulation, Detection, and Early Intervention of Child Development (If1)."*
> *"Already, from the health post. Children's growth and development includes weight, height. I get information about child development at every health post. For information from social media, I get it from TikTok and Instagram (If2)."*
> *"Never received information about SDIDTK, but I often look for information about children's health on YouTube and Google (If3)."*
> *"I have quite often received information about child growth and development at the integrated service post. I have never used a specific application to monitor my child's growth and development, but I follow the social media of midwives who often provide education about children (If4)."*
> *"I have received information about growth and development, such as child immunizations, through social media, but not regularly, it depends on when it appears on my feed. Besides that, I also receive information about child growth and development when there are counselors at the community health center or integrated service post (If5)."*
> *"I often get information about growth and child health, but regarding stimulation, detection, and intervention, not yet. I don't have social media or use any apps for child development (If6)."*
> *"Have received information about early stimulation, detection, and intervention at the Posyandu. Got the information every month, every time I go to the posyandu (If7)."*
> *"Information about Early Stimulation, Detection, and Intervention in Child Development has been received from integrated service posts, such as active movement. That's all, I rarely get information. As for social media followed about child development, there is none (If8)."*
> *"I have received information about early detection stimulation and intervention for child development, I got it back in college. Besides that, at the community health center, and fairly often. As for following applications or social media about child development, not yet (If9)."*
> *"I get information about child development from social media, not often, just occasionally. Social media from TikTok, Facebook, and YouTube (If10)."*
> *"I have received information about Stimulation, Detection, Early Intervention for Child Development, but rarely. I have not followed any social media or applications about it either (If11)."*

These informants' statements were analyzed narratively in data reduction in Table 2.

Table 2. Data Reduction of Information Sources

In-Depth Interview Results	Results of Document Review and Observation
Some informants have received information about Early Childhood Development Stimulation, Detection, and Intervention from health workers during integrated service posts. Information about child health is most often obtained from social media (If2, If4, If5, If6, If7, If8, If9, If10, If11). Some informants have never received information about Early Childhood Development Stimulation, Detection, and Intervention (If1, If3)	Most informants have sufficient knowledge about child growth and development (If4, If5, If6, If7, If8, If9, If10, If11). Some informants have good knowledge about child growth and development (If2, If3). There are still informants who have insufficient knowledge about child growth and development (If1).

Early Detection of Child Growth and Development

Information regarding child development detection is conducted through interviews and assessments of child development. The informant's statements regarding child development detection can be seen in the following excerpts:

"I feel I have no complaints about my child's growth and development. My child breastfeeds as usual and is still given breast milk, not other foods. If there is an issue, it is mostly when the child is fussy, making it difficult to breastfeed. I breastfeed my child when he/she is fussy or about to sleep. I know my child's development is appropriate for his/her age; at 3 months, the child can at most lift the head and turn left and right. I do not feel that my child's abilities are different from those of other children his/her age. For visits to the growth and development clinic, I take my child to Lais Health Center. The services received include examinations, immunizations, and weighing (If1)."

"I have no complaints about my child's growth and development. My child has just started eating complementary foods. I give five tablespoons of mashed porridge. I understand my child's development according to age stages through the MCH book and my experience with my first child. I feel my child is different from children his age; his growth is faster. I keep developing his abilities. So far, I have never visited a child growth and development clinic (If2)."

“There are no complaints about his growth and development. He also eats well, given complementary foods three times a day. If you want to check whether his development is appropriate, you do so by observing his daily movements. My child's abilities are the same as other children; there doesn’t seem to be any difference. If there seems to be an issue, it would be trained and consulted at the health center. The healthcare facility we have visited for growth and development is the Lempuing Health Center, which is nearby (If3).”

“There are no complaints about my child's growth and development, because currently I see my child at 1 year old can already speak fluently and is confident in interacting with people. There are no eating disorders in my child either. My child eats rice usually 3-4 times a day, interspersed with snacks such as apples, pears, or biscuits. How to know whether a child is growing and developing according to their age, I mostly look it up on the internet, but I also observe and compare my child's development with other children of the same age in our environment. My child's abilities may be different from those of children his age. If there are differences, the most important thing is to discuss it with the father first and find a solution. I have never visited a growth and development clinic (If4).”

“There seem to be no complaints regarding growth and development. If there are eating disorders, usually there aren't any, but right now he is having eating problems because of mouth ulcers. The difficulty is eating, because when given rice or bread, he always vomits it back. This week, the child has consumed dragon fruit, banana, papaya, and he also ate Syakila bread but only a little. If you want to know the child’s development according to age, it is evident from his behavior that there are changes in his growth and development. The difference between my child and the neighbor's child he met yesterday, for example, when playing with toy cars, my child plays by pushing the toy cars whereas the neighbor's child only bites the toy cars. I’m happy because my child is experiencing good growth and development. Due to a busy work schedule, there hasn’t been a chance to go to the child development clinic (If5).”

“There are no complaints about growth and development, and no eating disorders either. Usually eats rice, vegetables, chicken, fish, biscuits with a portion 2-3 times a day. No problems with eating. Never felt that your child's abilities are different from children of the same age. Never taken to a growth clinic (If6).”

“There are complaints about growth and development at certain times, like outside the house, being fussy, you know. As for eating disorders, there are none; the child eats rice three times a

day, fruits, and snacks. If I want to know whether he is developing properly, I observe his condition, like whether the child is active or not. As for differences or abnormalities compared to other children, it seems there are none. Have taken the child to a growth clinic, at the Sukarami Community Health Center, services like a physical examination (If7)."

"There are complaints about the child's growth and development, slightly delayed in being able to walk. No eating disorders, he eats half a plate of rice at each meal, along with snacks. To know whether a child's development is appropriate for their age by comparing with other children, it seems my child is different, delayed in walking. The effort I make is to continue teaching and supporting. Went to the growth and development clinic, once visited the Puskesmas, but I forgot what services were provided (If8)."

"I have complaints about my child's growth and development, regarding communication, such as limited vocabulary. Eating is normal, no issues, he eats three meals a day with fruit in between, in medium-sized portions. To know if his development is appropriate for his age, I observe his behavior, speech patterns, and through the posyandu. He has visited a growth and development clinic, and the services received included weight and height measurements (If9)."

"So far there have been no complaints about growth and development, hopefully there won't be any complaints. There are also no complaints about eating; the child eats three times a day with one scoop of rice plus side dishes of vegetables and protein. To know the child's development, the way is to look at peers of the same age. So far, there is no difference in growth and development compared to other children; if there were, I would find out why it could be different. (They have) never been to a growth and development clinic (If10).

"There are no complaints about the child's growth and development; everything seems normal. There are also no complaints about eating; the diet is varied, including rice and vegetables. To know whether a child is developing according to their age, I look at their health. This child's abilities are different; he is very smart at picking things up, is active, and easily gets along with new people. Usually, other children cry when they wake up, but he does not. If a child's development is different from others, I take him to the doctor. But so far, he has never been to a growth and development clinic (If11)."

Growth monitoring results are carried out through anthropometric measurements. Development monitoring is conducted using the Pre-Development Screening Questionnaire form. The results of growth and development monitoring can be seen in Table 3.

Table 3. Data Reduction of Child Development Detection

Informant	Growth	Development
Child Informant 1	Normal	Possible Deviations
Child Informant 2	Normal	Appropriate
Child Informant 3	Normal	Appropriate
Child Informant 4	upper arm circumference below standard	Appropriate
Child Informant 5	Normal	Appropriate
Child Informant 6	Obesity	Appropriate
Child Informant 7	Normal	Appropriate
Child Informant 8	Malnutrition	Appropriate
Child Informant 9	Overweight	Appropriate
Child Informant 10	Normal	Appropriate
Child Informant 11	Normal	Appropriate
Child Informant 12	Overweight	Doubtful
Child Informant 13	Normal	Appropriate

This informant's statement is analyzed narratively in the data reduction in Table 4.

Table 4. Data Reduction of Child Growth and Development Detection

In-Depth Interview Results	Observation Results
Some informants said they had no complaints about their child's growth and development (If1, If2, If3, If4, If5, If6, If10, If11). Some informants had complaints about their child's growth and development (If7, If8, If9). Some informants had visited a growth and development clinic (If1, If3, If7, If8, If9).	Some child informants have normal growth (If.An.1, If.An.2, If.An.3, If.An.5, If.An.7, If.An.10, If.An.11). Others experience growth deviations with conditions of malnutrition, overnutrition, and obesity (If.An.4, If.An.6, If.An.8, If.An.9, If.An.12). Most child informants have appropriate development (If.An.2, If.An.3, If.An.4, If.An.5, If.An.6, If.An.7, If.An.8, If.An.9, If.An.10, If.An.11, If.An.13). Others have questionable development and possible deviations (If1, If12).

Parenting Patterns

Statements from informants regarding parenting patterns can be seen in the following quotes:

"The one who takes care of the child the most is me myself along with the father. On a daily basis, my child also interacts with extended family. The routine I do every day with my child is talking to them, in the morning exposing them to a little sunlight, sometimes in the afternoon taking a short walk near the house. The game I play with my child is mostly peek a boo. If my child is fussy in public places, I just breastfeed them. The crying is normal, never too loud. Usually, they cry because they were picked up late or greeted late when they cried or were carried. I soothe them by coaxing and then carrying them. Even if I am not feeling well or have a lot on my mind, I still take care of them. I feel my child is different from children of the same age, their development is faster. I keep developing their abilities. So far, I have never visited a child development clinic (If1)."

"The one who takes care of my child on a daily basis is me, and if interacting, it also involves the father, the siblings, and the people around. The routine with the child is like everyday activities. When playing, we play with the playgym, cilupba, then clapping hands. As for communication, he can already say mama, mama, nyanya, like that. For quality time, I fill it by playing with the child, going for walks. My child cannot ask for something yet. If he does something good, I appreciate it. If he is fussy in public, I usually calm him down, give understanding to the child. His crying is normal, not excessive like screaming. If he is sick or emotionally unstable, I still take care of him; it doesn't really affect me, it's like usual (If2)."

"If the one who spends the most time taking care of the child is me, as the mother, when interacting other than with me it's with relatives and the father. The routines done with the child usually involve talking to them, inviting them to play. As for the games, like singing together, clapping hands, playing cilupba. Communication involves teaching the child to say words like mama-mama, father, and others. Quality time is spent practicing speaking, teaching the child. If they ask for something, it is given. If they do something dangerous, it is prohibited, we keep them away from anything harmful. If they do something good, we praise the child by saying very smart, intelligent, good, and so on. If a child cries in public, I take them to a quieter place and then play with them. Tantrums and crying happen sometimes, usually because of heat or hunger. I calm them by breastfeeding and giving them something to drink. Each child's character is different, so I don't treat them differently from their siblings. Hmm, when they are not feeling well or

are sad, I still take care of them while they cry (If3)."
"The one who took care of my child the longest was the caregiver because I work from morning until evening. When interacting with me, it is usually the caregiver's father and friends. The daily routine I do with my child, on workdays, I usually read a story from her book before bedtime while putting her to sleep, but on weekends we usually go for walks around Bengkulu. The activities I do usually involve teaching her to read and telling stories, besides that I often play dolls with her and draw/doodle in a book. The communication I have with my child always involves demonstrating phrases like mama and papa. In addition, I mention the objects around that can be seen. When spending quality time, usually on weekends my family and I go out. If my child asks for something, I will first listen to what they want, and if possible, I will give it to them. If not, I always remain calm and give them advice. When setting rules, I first give them an understanding of what can and cannot be done. If the rules are broken, I provide a good example, not immediately saying they are naughty. If they do something good, I show appreciation or give the child a kiss. If the child throws a tantrum in public, I make sure to stay calm and take them to a quieter place so their emotions can settle. Sometimes crying while throwing a tantrum, maybe because the child wants something but cannot express it clearly. I calm them down by distracting the child or giving food they like. If the child's character really cannot be compared to their sibling, it doesn't mean treating the siblings the same; treat them according to their needs and their own age. When in a condition of illness or emotional instability, I try to stay calm so as not to hurt the child (If4).
"The one who takes care of the child every day the longest is myself. My child interacts with his parents, his older brother, and his grandmother. If formal playgroups are not yet available, the child often accompanies his mother teaching at the elementary school. The routines carried out include talking to the child, jumping, and running. I often take the child to the elementary school where there is a canteen, so the child often plays with cups, and often joins the children in playing soccer. As for communication, the child often calls 'mama' or 'papa,' although it is not very clear yet; it depends on the older brother—if the older brother calls 'mama,' he will also call. Quality time is after the child finishes playing, he is invited to take a nap first, later when his father comes home he will play again with his father. If the child asks for something, it depends on what the child asks for, for example earlier the child asked for a fork, but it was not given because it would be dangerous. When the child does something wrong, the mother immediately scolds him, so the child immediately becomes quiet and understands. If the child breaks the rules, I just advise them, because if I scold the child, they will get angrier and cry. If the child does something good, I praise them with the words "mama's darling." If they are fussy, I distract the child, for example by pointing at a chicken or something else. There was a time when they threw a tantrum because they were bitten by a mosquito. I say my child never cries for long, because they can be distracted by something else. My child has a different character from their sibling; the older one is mischievous while the younger one is quieter, but I treat them fairly even though their characters are different. If I am not feeling well or have a problem, I distract them by letting them play on the phone or inviting them to sleep (If5)".
"The one who takes care of me every day, but for daily interactions, it's the older sibling, mother, father, and children around the house. I haven't joined a playgroup yet, still just at home. The routine is like playing at my temporary work place, sleeping, etc. Communication with the child involves talking to them, teaching them words. Quality time is spent playing together. If the child asks for something, I first check what is being

requested; if it is safe for the child, I give it to them while talking to them. If the child breaks the rules, I reprimand them. If the child shows good behavior, I appreciate it. If they are fussy, I persuade them. They've never gotten so fussy as to throw a tantrum. If I am sick or sad, I just leave them with their older sibling until I am better (If6)."

"The ones who take care of the child the longest every day are his/her grandmother and uncle/aunt. Every day the child interacts with his/her own family members. He/She hasn't attended a formal playgroup yet, and on a daily basis I invite him/her to play in the kitchen. The daily games we do include naming animals and pointing out parts of the body, for example, ears, eyes, hair. In terms of communication, we ask who things are, what their names are, also the body parts, and say words that are often spoken. We spend quality time with the child by taking him/her to recreational places. If the child asks for something, we fulfill the request if we can. At this time, he/she has already started being taught rules. I teach him starting from very small things; if he misbehaves, we give a small warning, and if he does something good, we praise him and encourage him. He has fussed in public before; we would invite him shopping or give him food. He has cried and thrown tantrums before, usually because he was playing and didn't want to be disturbed, he could cry nonstop, or while eating and drinking. If he doesn't get along with his sibling, he is allowed to play alone. If I am not feeling well or have a lot on my mind, I let him play alone or with his sibling, or the family plays together with his grandmother, and if he is tired, he is encouraged to sleep (If7).

"The one who has spent the most time taking care of my child is me myself, on a daily basis my child interacts with me, my younger sibling along with my aunt. My child has never attended a formal playgroup. The daily routine with my child includes playing, learning to draw, singing, and so on. The activities we do include singing and drawing. I also encourage my child to tell stories and talk. We spend quality time through playing. I have begun teaching my child rules by making simple, clear, and easy-to-understand rules, as well as explaining the reasons behind the rules.

If my child misbehaves, I tell them in a gentle tone. If they do something good, I give appreciation in the form of praise, sometimes also food. If my child is fussy in public, I soothe them. There was a time my child cried and threw a tantrum because their request was not fulfilled, and I still comforted them. Their character is different from their older sibling, so I accept them and do not compare them to other children. If I am sick or have a lot on my mind, I take care of them as usual, and do not take it out on the child (If8)."

"I have spent the longest time taking care of this child. Every day he interacts with his friends, his father, and when at the village, with his grandmother and grandfather. My child has not yet joined a formal playgroup. The routine I do every day with my child is like that of an ordinary housewife, role-playing and playing pretend cooking. Other games include playing dress-up. I have already communicated with my child, in a two-way communication. As for quality time, it is filled by focusing more attention when it is just the two of us. If a child asks for something, it depends on the child's request; if the request can be fulfilled at that time, it will be granted. When teaching rules has begun, if the child breaks them, I will ask the child about their feelings and give advice when the child has calmed down. If the child does something good, I give the child praise. If the child is fussy in public, I try to calm the child down. Tantrums to the point of throwing a fit never happen. If I am sick, I explain to the child that mother is sick (If9)."

"I am the one who takes care of him the longest every day, while interaction is with his father, older sibling, and grandmother. My child has not joined a formal playgroup yet. The daily routine I do is accompany him to play and feed him. The games that are often

played are playing with toy cars and pretend shooting. I communicate with him by telling stories and teaching. We spend quality time by going out and buying snacks. If he asks for something, we always try to provide it. For rules, first, the child is given an explanation; if violated, we get angry. But if he does good, we praise him. He has been fussy in public, yes, I just give him an explanation. But it does not reach a tantrum. If he has a different character, I provide a good example. When I am sad or unwell, I do not do activities as usual (If10)."
"The child is mostly taken care of by me, his grandmother, sometimes also by his mom and dad, but they work. Every day, he interacts with his grandmother, mom, dad, siblings, and neighbor's children as well. He hasn't joined a formal playgroup yet. His daily routine is usually in the morning when he wakes up, I bathe him, then he eats. After eating, he usually plays at home or sometimes goes to a neighbor's house to play. In the afternoon, he takes a nap, and when he wakes up, usually in the late afternoon, he eats while playing as well. The games he plays are usually varied; he rides a bike at home, sometimes plays with dolls, scribbles, and also studies. Communication is done through everyday conversations. We spend quality time by inviting the child to play. If the child asks for something, I don't immediately comply, but if the mother usually gives it, then yes. There are no special rules; at most I just say if there is something dangerous, I forbid it, I guide. If the child does something good, well, nothing, it's just normal according to me. If my child is fussy in public, I give him milk because he is easily comforted, or I take him to a snack shop. He never throws a tantrum because he likes to cry and fuss. If children have different characters, well, every child is indeed different. If I am sick or sad, he is with his mother and father (If11)."

Table 5 Reduction of Child Rearing Data Patterns

In-Depth Interview Results	Observation Results
Every day, children interact with their families. Most children are cared for by their mothers (If1, If2, If3, If5, If6, If8, If9, If10). Some working mothers entrust their children to caregivers or family members (If4, If7, If8, If11).	A child is closer to the one who has taken care of them the longest. Some of the informants involved the use of gadgets in the caregiving process, especially when the child is fussy.

DISCUSSION

Source of Information

The results of the data reduction show that mothers obtain health information about child growth and development. However, they do not obtain information about stimulation, early detection, and early intervention of child growth and development. Some of them also obtain this information through social media. Others do not follow social media that has content about stimulation and early detection of child growth and development and obtain information about children during integrated service posts.

Information sources are a way to provide understanding to someone about a certain matter. The information received can provide knowledge that will later foster motivation and changes in attitude to improve. Ultimately, information can increase a person's awareness of beneficial things. Research conducted by Merita in 2019 showed that sources of information about child growth and development were obtained through television programs, radio, the internet, newspapers, and magazines. Research conducted by Abidah and Novianti in 2020 showed that education on growth and development stimulation can become information about the education on growth and development stimulation can serve as information about early detection and intervention programs for child development. Information about a program is necessary for the target audience to encourage them to actively participate in early

detection and stimulation for children.

Early Detection of Child Growth and Development

The data reduction results show that no parents have complaints about their child's growth and development. Some informants said their child does not have eating problems, while others said their child experiences eating issues or is difficult to get to eat. Some informants do not know whether their child's development is in accordance with developmental stages. Others said that they assess their child's growth and development by comparing their child with other children of the same age. No parents felt that their child's growth and development is different from other children. Some parents have visited the growth and development clinic at the health center, while others have never visited the growth and development clinic.

Early Growth and Development Detection examinations must be followed by all children aged 0-6 years. Child growth and development detection is conducted once a month for children aged 0-12 months, every 3 months for children aged 1-3 years, and every 6 months for children aged 3-6 years. This examination can be carried out at Early Childhood Education posts, integrated service posts, community health centers (puskesmas), or hospitals. Research conducted by Kahayati (2022) shows that the majority of children's growth and development are in normal and appropriate conditions. There are still children found to be overweight, very overweight, underweight, and very underweight. Research conducted by Sari and Mardalena (2021) found that 88.9% of children had doubtful development and 11.1% of children had appropriate development. Generally, parents do not know the schedule for child growth and development detection. This is what makes them unaware of whether their child has grown and developed according to their age.

Parenting Style

The results of data reduction show that most informants stated that the parents are the ones who take care of the child the longest. Some informants also said that the one who takes care of the child the longest is a caregiver or the child's grandmother. In daily life, children usually interact with family and neighbors around the house. Some working parents involve their children in informal playgroups, while others leave their children with the parents. The daily routine of the children includes playing or accompanying their parents to work. Most parents have communicated with their children by engaging them in conversation.

They spend quality time by inviting their children to play. Parents' responses when their children ask for something are partly to give it immediately, but partly to first see what their children are asking for. Informants have started implementing rules for their children by first telling them what is allowed and what is not when the child is about to do something, and scolding the child if they break what is not allowed. Every parent gives words of appreciation to their child when they have done a good activity.

Parents' response when their child acts fussy in public is to coax the child. In addition, parents also take their child to a quieter place to help the child feel calmer. Some informants said that their children had experienced tantrums. The tantrums occurred because the child wanted something but the parents did not give it. Some informants shared that when their children had tantrums, they tried to coax them not to cry. If parents are unwell or emotionally unstable, some informants said they would still take care of their children, while others would entrust their children to other family members.

Research conducted by Lestari et al. (2022) shows that parents have the greatest influence on children. Each parent has their own parenting style in terms of nurturing, caring, and loving in their relationship with their children, and this affects the child's growth and development. Research conducted by Dengah (2022) found that there are several different forms of parenting styles due to parents' busy work schedules, which lead to letting children play and socialize without parental control, as well as a lack of parental understanding of the importance of informal education for children in their development,

resulting in several impacts from the parenting styles they apply to their children in daily life.
Parenting patterns are the ways parents educate and treat their children. This process is influenced by many factors such as culture, religion, customs, and beliefs. Good parenting can support children to grow and develop optimally according to their age stages.

Table 6. Child Rearing Pattern Data Reduction

In-Depth Interview Results	Observation Results
Every day, children interact with their families. Most children are cared for by their mothers (If1, If2, If3, If5, If6, If8, If9, If10). Some working mothers entrust their children to caregivers or family members (If4, If7, If8, If11).	A child is closer to the person who has cared for them the longest. Some of the informants involved the use of gadgets in the caregiving process, especially when the child is fussy.

CONCLUSION

Child growth and development are greatly influenced by various factors, both internal (such as nutritional status, health, and the child's psychological condition) and external (environment, parenting patterns, as well as access to health and education services). The role of the family, especially parents, is crucial in supporting a child's growth and development. Responsive and loving parenting promotes healthy emotional development and the child's self-confidence. Families need to improve their knowledge and activeness in meeting the needs for stimulation, early detection, and intervention. Follow-up actions from the monitoring and evaluation of the implementation of the Early Childhood Development Program (SDIDTK) need to be prepared so that the evaluation results can be used to make policies that can improve the quality of program implementation.

ACKNOWLEDGMENTS

Our thanks are directed to the University of Bengkulu as well as all informants and parties involved in this research.

CONFLICTS OF INTEREST

This research was conducted without any conflicts of interest from any party.

REFERENCES

Abidah, S. N., & Novianti, H. (2020). The Influence of Growth and Development Stimulation Education on Parents' Ability to Detect Growth and Development in Children Aged 0-5 Years. *Poltekita: Jurnal Ilmu Kesehatan*, 14(2), 89-93.

Arofah, S., & Fitriwati, C. I. (2021). The Relationship Between Parents' Occupation and Early Stimulation in Children Aged 0-36 Months in the Working Area of Bungo I Community Health Center, Bungo Regency. *Madago Nursing Journal*, 2(2), 58-65. Doi: https://doi.org/10.33860/mnj.v2i2.604

Baiti, N. (2021). *Child development boosts children's potential from an early age*. Guepedia.

Bening, T. P., & Ichsan, I. (2022). Analysis of the application of parental knowledge in stimulating aspects of early childhood development. *Ideas: Jurnal Pendidikan, Sosial, Dan Budaya*, 8(3), 853-862. Doi:https://doi.org/10.32884/ideas.v8i3.829

Brahmani, I. A. M., Laksmi, I. G. A. P. S., & Jayanti, D. M. A. D. (2023). The Relationship between Mothers' Knowledge about Growth and Development with the Development of Children Aged 1-2 Years at the UPTD Klungkung II Health Center. *Jurnal Ilmu Kesehatan Bhakti Husada: Health Sciences Journal*, 14(01), 25-32.

Dary, D., Tampubolon, R., & Rumagit, R. A. (2023). Stimulation of Social Development of Preschool Children Based on Mother's Employment Status. *LINK*, 19(2), 87-96. DOI: 10.31983/link.v19i2.9550

Dengah, J. I. (2022). A Study on Parenting Patterns in Child Growth and Development. *Jurnal Ilmiah Wahana Pendidikan*, 8(23), 635-643.

Elwinda, A. M. (2023). Determinants of Development in Preschool Children (4-5 Years) at As-Shaffah Kindergarten and Permata Bunda Kindergarten, Bengkulu City in 2023 (Doctoral dissertation, Poltekkes Kemenkes Bengkulu).

Fatmawati, T. Y. (2022). Efforts to detect early child development based on parental knowledge. *Jurnal Penelitian Multidisiplin Ilmu*, 1(2), 055-064.

Khayati, F. N. (2022). Early Detection of Growth and Development of Preschool Children. *Jurnal Pengabdian Masyarakat Kebidanan*, 4(2), 1-5.

Huru, M. M., Mangi, J. L., Boimau, A., & Mamoh, K. (2022). Optimizing the Use of Kia Books by Parents and Posyandu Cadres in Stimulating Early Detection and Intervention of Growth and Development in Toddlers. *JMM (Jurnal Masyarakat Mandiri)*, 6(5).

Ikatan Dokter Anak Indonesia. (2023). Understanding Common Developmental Delays in Children. Dikases tanggal 10 Juni 2025. Url: https://www.idai.or.id/artikel/seputar-kesehatan-anak/mengenalketerlambatan- perkembangan-umum-pada-anak.

Kementrian Kesehatan RI. (2022). Guidelines for the Implementation of Stimulation, Detection, and Early Intervention of Child Growth and Development at the Primary Health Care Level

Kementrian Kesehatan RI. (2024). Maternal and Child Health Book: A Complete Guide to Achieving Healthy Mothers and Children.

Lestari, V. L., Suwarsito, S., & Rasyada, A. (2022). The Influence of Parenting Styles on Child Growth and Development (Stunting). *EDUSAINTEK: Jurnal Pendidikan, Sains dan Teknologi*, 9(2), 302-311.

Merita, M. (2019). Growth and Development of Children Aged 0-5 Years. *Jurnal Abdimas Kesehatan* (JAK), 1(2), 83-89.

Ramadia, A., Sundari, W., Permanasari, I., & Pardede, J. A. (2021). Parents' knowledge about child development stimulation is related to the growth and development stages of toddlers.. *Jkj: persatuan perawat nasional indonesia*, 9(1), 1-10.

Mohzana, M., Murcahyanto, H., & Fahrurrozi, M. (2024). The Influence of Parental Education Level on Early Childhood Parenting Orientation. *Journal Of Elemantary School (JOES)*, 7(1).

Parwati, N. W. M., Wulandari, I. A., & Darmayanti, P. A. R. (2021). Characteristics and Perceptions of Toddler Mothers Regarding the Use of KIA Books as Early Detection of Toddler Growth and Development During the Adaptation Period to the New Normal. *Jurnal Ilmu Kesehatan MAKIA*, 11(2), 72-78. E - ISSN: 2549-9327, P - ISSN : 2407-6309.

Putri, L., & Iskandar, S. (2021). Pediatric nursing textbook.

Samta, S. R., Utami, L., & Mulyani, L. (2024). Correlation between Parenting Patterns and Early Childhood Nutritional Growth and Development.

Shoppia, T., Ichsan, I., & Winarti, W. (2022). The Influence of Parental Education Level and Its Implications on Early Childhood Education Parenting Patterns at RA ARROFROF. *Zuriah: Jurnal Pendidikan Anak Usia Dini*, 3(1), 39-48. Doi: https://doi.org/10.29240/zuriah.v3i1.4679

United Nations Children's Fund. (2020). *The Situation of Children in Indonesia - Trends, Opportunities, Challenges in Fulfilling Children's Rights*. Jakarta: UNICEF Indonesia.

Windiya, N., Fajria, L., & Neherta, M. (2021). Characteristics and Behavior of Mothers in Providing Developmental Stimulation to Children Aged 18-24 Months. Jurnal Ilmiah Universitas Batanghari Jambi, 21(3), 1130-1134. Doi: http://dx.doi.org/10.33087/jiubj.v21i3.1715