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Early detection of children development: A pilot study

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Abstract

School-age children's development stages are a significant time for the continuity of children's development because school age is a period where children gain knowledge and experience that can bring them into adolescence. The role of parents as people closest to children also affects the process of child development, one of which is providing stimulation to children to achieve optimal growth and development. This study aims to describe the early detection and stimulation of development in school-age children. The method used in this research is a case study using purposive sampling. The sample used was a 9-year-old school-age child who experienced a lack of developmental stimulation in children. The research data was taken using participatory observation methods, unstructured interviews and documentation. The results showed that providing health education can increase developmental motivation in children. Health education is useful for increasing developmental stimulation in children to achieve optimal growth and development.

Keywords: Children development; nursing care; nursing assessment; child growth stimulation; child health

Introduction

Children are the young generation has characteristics that are specifically different from others (Likhar, Baghel & Patil, 2022). The number of children in Indonesia accounted for about one-third of the total population, which reached 89.5 million (37.7%) in 2013. Number of school-age children: 27.1 million (30.3%). Children in Central Java is about 10.7 million (25.4%) and people with school-age children reaching 3.4 million (31.8%) people. The stage of child development at the school age is a significant time for the survival of the child's development because the age of school is when the child acquires knowledge and experience that can bring it to the adolescent generation. This requires the support of parents, teachers, and the community (Richter et al., 2019). School-age is an industry vs. inferiority situation where the psychosocial development of this child is the ability to produce work, interact and socialize with their friends, and play a role in group games (Black et al., 2017). The psychosocial development of school-age children showed satisfactory results because they did not want to participate in their group activities. To achieve a suitable school-age outcome, it is necessary to carry out optimal resilience and health preparation so that the child can be productive by providing an incentive or stimulation (Choo, Agarwal, How & Yeleswarapu, 2019). Suppose stimulation is not performed in school-age children. In that case, it will be at risk in the stage of mental development of schoolchildren who become impaired, including the risk of bullying, depression, and suicide attempts. Obstacles or failures in achieving a child's action at the appropriate school age can cause the child to become a low self so that the child can experience barriers to socialization during adulthood.

Problems in the environment that can affect the quality of development of children at school age, i.e., in the family environment, the educational status of parents, and the socio-economic situation, significantly impact the growth of children (Bornstein et al., 2012). Weak parental skills in child care, an inability to communicate that causes the child to be closed to parents or family, an inappropriate parenting style (which tends to be permissive or very authoritarian), an unfavorable or less harmonious home atmosphere, and less supportive methods of socialization at home in shaping character in children, such as a lack of example, explanation, and sanction in the child when committing violations, and a lack of compassion and attention to the child, can harm the child's growth (Mah & Ford-Jones, 2012). The existence of barriers to the ability to perform developmental tasks can cause the child to feel low self-esteem and lack confidence because the child does not have a positive strategy to interact with the people around him. In adulthood, the child may experience barriers to socializing. The effort that parents (families) can make as the closest person to the child and as the determinant of the child's educational success is to provide

balanced nutrition and create a conducive learning environment at home. If parents are late in dealing with the problem, the child will experience a lack of developmental stimulation (Frosch, Schoppe-Sullivan & O'Banion, 2019).

The studies above highlighted that lack of stimulation could lead to developmental abnormalities in children, even sedentary disorders. Stimulation of child growth can be done by the father and mother, who are the closest to the child, the child's substitute or caregiver, other family members, and community groups in their respective household environments and daily life. Parents' positive attitude toward stimulating children's growth plays a huge role. Childcare efforts aim to prepare healthy, intelligent, and qualified future generations and reduce child mortality from when the fetus is still in the womb, born, after birth, and up to the age of 18 years. Unfortunately, studies focusing on the early detection of child development in Indonesia are scarce in the literature. Conducting this study will assist community nurses in detecting health issues that affect children's development. Therefore, there is a need for early detection intervention, i.e., using a questionnaire to detect the presence of growth disorders in children of school age. The study aimed to provide health education to enhance one's child's growth through communication, information, and education to develop their abilities and play an essential role in society.

Method

The design used was a descriptive case study using purposive sampling. The subjects in this case study were nine-year-old school-age children of the male sex who experienced a lack of developmental stimulation. Data collection in this study was taken using participatory observation methods, unstructured interviews, and documentation. The data collection tool is a questionnaire for early detection of the development of school-age children, a form of psychosocial development records as well as a form for assessment of health care. This study uses a research approach, namely a qualitative research approach and a case study research strategy, as this case often occurs in school-age children with developmental delays. The research data uses participatory observation methods, unstructured interviews, and documentation. The researchers also pay attention to the ethical principles of autonomy (autonomy) and confidentiality (confidentiality), and before the action, request a letter of consent or informed consent. The data collection tool is a questionnaire for early detection of the development of school-age children, a form of psychosocial development records as well as a form for assessment of health care. The ethical clearance was obtained before the study conducted.

Results

Our participant was a 12-year-old Muslim sitting in the Junior High School. The client's self-concept says they are satisfied with their physical condition; there are no disabilities or decreased body functions, and they can judge themselves objectively. The client said he liked what was in him and felt satisfied with his personality as a boy. Our participant is underage, but sometimes he wants to help with homework, like sinking. The client said he was closer to his mother. The client says he is not aware of the advantages and disadvantages he has. The client said he aspires to be a teacher. The client says he often plays with friends who are equal to him. Customers seem to be polite to the community. The believer believes that the religion of Islam and his life are the source of God. The client said he asked for help from his parents if he had a complicated problem. In interviews with her parents, she said she often advised her clients to engage with others who make them comfortable and behave politely at home or inside. The client's parents also said they had created a relaxed home atmosphere, guided the client in their learning activities, and determined their future. Based on this problem, after completing the early detection questionnaire with a result of 70% achievement of developmental tasks, the author provides nursing measures in the form of health education for children and parents to improve growth stimulation in clients.

At the first meeting, the author gave health education to clients and their parents offline. Before health education, the client did not understand the meaning of growing school age, but his parents already understood the importance of increasing school age. The client's parents said that the school-age child is a child aged 6–12 years. After receiving the education, the client and parents stated that they better understood and could explain the material submitted for health education again. The time spent on this meeting was about 20 minutes. At the second meeting, the author provided offline health education to clients and parents. The material given is about the characteristics of the psychosocial development of children of average school age and deviations using leaflets. The client said that he understood the explanation given by the author, and the client can explain back the material submitted. The time spent on these two meetings is about 30 minutes. At the third meeting, the authors discussed with clients and parents the positive activities clients can do at home and school. The client says that often, by teaching and not forgetting, the client also helps his parents, and in the learning activities, the client also performs them to the maximum with the guidance of his parents. The time spent on these three meetings is about 20 minutes.

At the fourth meeting, the author encouraged the client to participate in child-related activities with his parents. The client is a brother and sister, as he is the second child of three brothers. As a sister, the client could respect his older brother, even though he often quarreled with him over minor issues. As a sister, the client can take care of his sister while his parents are away from work. The time spent on these four meetings is about 25 minutes.

At the fifth meeting, the writer discussed with the client and the parents a plan to be made. The client says he aspires to be a teacher; in this case, he wants to continue his schooling at a higher level to realize his ideals. As a parent, the client can only encourage his child to realize those ideals. The time spent on these five meetings is about 25 minutes. At the sixth meeting, the authors gave health education on how growth stimulation blooms in children. Parents say that after being given health education, the child's behavior undergoes a good change and can add knowledge to parents on how to stimulate children's growth. After providing stimulation to the client, the measurement results of the questionnaire obtained 100% achievement of development tasks on the client. The time spent on this meeting was about 60 minutes.

Discussion

Based on the results of this case study, health education can impact increased growth stimulation in children. Before health education, 70% early detection of child development tasks is obtained, and after health education, 100% achievement of children's developmental duties is obtained to improve motivation in children. In some cases, providing health education increases growing children's stimulation (Derwig, Tiberg & Hallström, 2021). This is because this intervention offers broad knowledge to the client about developmental tasks and the parent about how to stimulate the child for optimal growth. The stimulation given to the child can serve as an amplifier or reinforcement. Motivation is one of the most essential things in a child's growth process. Children will overgrow if they receive direct and regular stimulation (Mistry et al., 2012). Regarding the achievement of developmental tasks in children from 70% to 100%, it can occur because, in the provision of health education, there is an assessment of the problems or obstacles experienced by the client so that the nurse can provide intervention according to what is needed by the customer. It can be seen from the results of such good changes based on the information known through health education about how to stimulate the growth of school-age children (Inkelas & Oberklaid, 2018).

The child's knowledge of growing to school age is also related to parents' knowledge in telling and teaching children about growing to school age (Zhang et al., 2021). The role of parents in giving this child growth is to accompany the child in doing a positive activity. Health education is expected to enhance children's knowledge and can affect a good lifestyle (Luz, Marinho, Lima & Coriolano-Marinus, 2022). It is known from the research results that there are differences in children's knowledge of treatment before and after health education. Implementing health education for clients and parents requires appropriate, specific strategies to achieve the ultimate goal. In this case, providing health education has its challenges for the author because she has to deal directly with the client and parents (Lee, Lo, Keung, Kwong & Wong, 2019). The strategy carried out by the author in implementing this health education involves using leaflets and discussions together. Efforts are being made at the national, regional, and global levels to better support young children because of growing evidence that their formative years significantly impact their health, happiness, and productivity throughout their lives (Richter et al., 2022). Ethics is not independent of nursing practice, including providing interventions in health education applications to stimulate the development of school-age children (Masten & Barnes, 2018). What should be considered as a nurse is to give a leaflet of informed consent to the client to ask for consent to be a respondent and to provide guarantees in the use of research subjects by not showing or not listing the name of the respondent on the sheet of measurement and only writing code on the data collection sheet or the research results to be presented, and to give a guarantee of the confidentiality of research results, both information and other issues. As a result, one of the most important things that should be done to improve people's health throughout their entire lives is to make sure that children have a secure and nurturing environment in which to grow up that meets their health, nutritional, and developmental needs while also shielding them from danger and providing them with interactions that are responsive, emotionally supportive, and stimulating (Rayhan, 2022).

Conclusion

The study documented that early assessment of children's development is essential for their growth. In addition, integrating health education improves the children's knowledge and lifestyle. Healthcare professionals are recommended to use the assessment among children in hospital and community settings. Identifies nine distinct facets of the role of nursing professionals in early childhood care through the development of parenting. Given the significance and breadth of their position, clinical nurses may also contribute to the development of parenting in

early childhood care. This study provides a greater understanding of pediatric care as well as enhancements to clinical practice. Given the identified deficiency in this area, it supports the development of research to enhance the skills of nursing professionals in early childhood care through the development of parenting. Future studies must develop a comprehensive intervention to prevent child growth impairment.

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