Effectiveness Of Stimulation Of Parents For 3 Hours Or More In A Day For 3 Months Increasing Development Of Children Ages 0-3 Years In Posyandu Oebobo, Oetete And Fatululi Public Health Oebobo Kota Kupang

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Abstract
Mental stimulation can improve the development of children. Children who are always stimulated and develop faster than children who are not stimulated. The purpose of the study is to know the development of children 0-3 years with good development in groups that get good stimulation and substandard stimulation and the development of children developing 0-3 years with good development between groups that get good stimulation and less stimulation. Quantitative research design with a prospective cohort approach. Research in April-June 2015. The study sample of mothers who had children 0-3 years as many as 66 respondents in 2 groups, namely groups of children with good stimulation 33 people and groups of children with good development and less stimulation as many as 33 people. Data were analyzed using the chi-square test. The results showed that the initial KPSP results in the group of respondents with stimulation <3 hours and stimulation ≥ 3 hours had a development that corresponded to age, namely 33 people (100%) while the final KPSP results, groups of children with stimulation ≥ 3 hours all had age-appropriate development of 33 people (100%), while most groups of children with stimulation <3 hours had a dubious development of 27 people (81.8%). It was concluded that stimulation had a significant relationship with the final KPSP results, with a contingency coefficient of 0.640 which had a very strong relationship with the final KPSP result of 0.91 or (91%), RR 0.182 children who received good stimulation (≥ 3 hours), It is possible to be moved well as much as 5.5 times when compared to children who are less stimulated (<3 hours). It is expected that parents always provide stimulation to children > 3 hours every day so that children's development becomes optimal.

Keywords: Child Development, Stimulation, Stimulation Detection and Early Growth Intervention (SDIDTK)

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BACKGROUND

A toddler’s brain is more plastic than an adult’s brain. On the positive side, the brain of a toddler is more open to accepting learning while the negative side is very sensitive to the environment that does not support such as inadequate nutrition, lack of stimulation, so that the toddler is a very sensitive period, short and does not repeat, so called "golden period" (window of opportunity) and "critical period" (critical period) (Kemenkes RI, 2012).

Efforts to maximize the potential of children, parents must provide stimulation early. Giving continuous stimulation, varied and full of love will spur the multiple intelligence of children namely logiko-mathematical intelligence, emotion, communication, language (linguistics), musical intelligence, motion (kinesthetic), visuo-spatial, fine arts and others (Fida & Maya, 2012).

Mental stimulation can optimize children’s development. Children who are always stimulated in a directed and regular manner will develop faster than children who are not stimulated. A supportive environment causes good physical and mental development of children while the less supportive environment causes obstructed child development (Soetjiningsih, 2013).

Giving early stimulation by parents can affect synapse formation (the process of synaptogenesis) of brain cells so that gangliosides are formed with sialic acid which is important for the speed of the learning and memory process. In addition stimulation can increase the branches of dendrites which are important for children’s cognitive appearance (Soetjiningsih, 2013, Fida dan Maya, 2012).

If the child is not stimulated early, regularly and directed according to the stage of development, there will be deviations in various aspects of gross motor development, fine motor skills, speech-language and independence - socialization (Soetjiningsih, 2013).

Of the 200 million children under the age of 5 in developing countries, more than one-third are not fulfilled their potential for development (Unicef, 2006). Studies conducted in Turkey report that out of 1200 mothers who have
children under 3 years of age, more than 50% cannot answer questions about the stages of child development and early stimulation (Ertem et al, 2007).

Child development screening in 30 provinces in Indonesia, it is reported that around 45.12% of infants experience developmental disorders (Depkes RI, 2003). SDIDTK research on child development in Indonesia conducted on 500 children from 5 DKI Jakarta regions found that there were 57 people (11.9%) experiencing abnormal growths (Depkes RI, 2010). Research in West Java shows that 30% of children experience developmental disorders (Fadlayana E, 2003). Some causes of child development problems are 80% due to lack of stimulation (Fadlayana E, 2003). Another factor that causes high child development problems is the lack of knowledge of parents about providing early stimulation. Children from mothers with low knowledge about early stimulation will be at greater risk of experiencing motor delay than children with good knowledge (Syamlan, 2013).

The coverage of Stimulation Detection and Early Development of Intervention (SDIDTK) in NTT Province is still very low at 40% of the target set at 60%. In 2014 out of the 22 regencies in NTT province that carried out the Early Growth and Stimulation Detection and Intervention (SDIDTK) program, only 5 districts had 866 people (Dinkes Propinsi NTT, 2015). Data obtained from the Kupang City Health Office was in 2012, the number of children under five in Oebobo Community Health Center was 1,913 people, of which, there were early detection of under-fives growth of 123 people (6.43%) and in 2013, there were 1,946 under-fives Early detection of growth and development was 377 people (19.4%). Based on the data for the two years it was not explained the results of early detection of growth and development. In 2014, the number of children under five years of Early Developmental Growth Detection (DDTK) used a Pre-Development Screening Questionnaire (KPSP) of 344 people (16.35%) from a total of 2,103 toddlers and it was found that 318 people (92.44%) development is appropriate, 25 people (7.86%) have dubious development and 1 person (4%)
experiences developmental irregularities (Kupang City Health Office, 2014).

Given the stimulation of child development is very important so that researchers are interested in conducting research on “Effectiveness of stimulation of parents of 3 hours or more in a day for 3 months to improve the development of children aged 0-3 years in Posyandu Oebobo Public Health Center in Kupang”

RESEARCH METHODS

The type of research used is quantitative research with a prospective cohort study design. The population in this study were mothers with children aged 0-3 years who were registered at the Posyandu Oebobo Health Center Work Area totaling 988 people. The sample in this study was the sample of the study were mothers who had children aged 0-3 years as many as 66 respondents consisting of 2 groups namely groups of children with good development who received good stimulation 33 people and groups of children with good development who received less stimulation as many as 33 people. The inclusion criteria for parent samples in this study were mothers with children aged 0-3 years, mothers who lived at home with their children, mothers who could read and write. The inclusion criteria for children were children living in the Oebobo Health Center Working Area Posyandu, not experiencing physical and mental disability (autism, mental retardation, down syndrome), normal-born children, children who did not experience chronic pain. The sample exclusion criteria in children are children born with a vacuum, children who are being treated at the hospital. The sampling technique is a randomized multistage sampling. This research was carried out at the Posyandu Oebobo Health Center in Kupang, East Nusa Tenggara in April-June 2015. The sample size in this study was for 33 well-developed groups of children who had good stimulation and groups of children with good development who received less stimulation. 33 so that a total sample of 66 people. Data analyzed using uji chi-square test (Fisher’s Exact test).
RESEARCH RESULT

Characteristics Of Respondents

Table 1 Characteristics of Respondents

<table>
<thead>
<tr>
<th>Characteristics of Respondents</th>
<th>Frequency (%)</th>
<th>Stimulation ≥ 3 hours</th>
<th>&lt; 3 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutritional status</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well</td>
<td>57 (86,4)</td>
<td>38 (57,6)</td>
<td>19 (28,8)</td>
</tr>
<tr>
<td>Less</td>
<td>9 (13,6)</td>
<td>3 (4,5)</td>
<td>6 (9,1)</td>
</tr>
<tr>
<td>Mother’s education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elementary,</td>
<td>13 (19,7)</td>
<td>5 (7,6)</td>
<td>8 (12,1)</td>
</tr>
<tr>
<td>Middle School</td>
<td>8 (12,1)</td>
<td>3 (4,5)</td>
<td>5 (7,6)</td>
</tr>
<tr>
<td>High School</td>
<td>35 (53,0)</td>
<td>25 (37,9)</td>
<td>10 (15,1)</td>
</tr>
<tr>
<td>College</td>
<td>10 (15,2)</td>
<td>7 (10,6)</td>
<td>3 (4,5)</td>
</tr>
</tbody>
</table>

It can be concluded that most of the children who got stimulation ≥ 3 hours had good nutritional status ie 38 respondents (57.6%), most of the children who got stimulation ≥ 3 hours with the mother’s status not working ie 36 respondents (54.5%) , most of the children who got stimulation ≥ 3 hours had good nutritional status ie 38 respondents (57.6%), most of the children who got stimulation ≥ 3 hours with the mother’s status not working ie 36 respondents (54.5%) had mothers with a high school education level of 25 respondents (37.9%) with the mother’s status not working ie 36 respondents (54.5%) had mothers with a high school education level of 25 respondents (37.9%)

Table 2 Characteristic Analysis of Respondents with Final Results of the Developmental Development Screening (KPSP) Questionnaire

<table>
<thead>
<tr>
<th>Characteristics of Respondents</th>
<th>Final KPSP</th>
<th></th>
<th></th>
<th>p</th>
<th>RR</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9-10</td>
<td>7-8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Corresponding)</td>
<td>(Doubtful)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nutritional status</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well</td>
<td>37 (56,1)</td>
<td>20 (30,3)</td>
<td>0,026</td>
<td>0,342</td>
<td></td>
</tr>
<tr>
<td>Less</td>
<td>2 (3,0)</td>
<td>7 (10,6)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother’s education</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elementary school</td>
<td>4 (6,1)</td>
<td>9 (13,6)</td>
<td>0,040</td>
<td>0,339</td>
<td></td>
</tr>
<tr>
<td>Middle School</td>
<td>3 (4,5)</td>
<td>5 (7,6)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School</td>
<td>25 (37,9)</td>
<td>10 (15,2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>College</td>
<td>7 (10,6)</td>
<td>3 (4,5)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Information:
1. Signifikan p < 0,05 Fisher’Exact Tes: 0,026, contigency coefficient 0,286, RR: 0,342
2. Signifikan p < 0,05 Fisher’Exact Test: 0,040, contigency coefficient 0,339.

It can be concluded that the relationship are child nutritional status variables that have a significant relationship and mother’s education. The nutritional
status of children has a significant relationship with the results of the final KPSP with contingency coefficient 0.286 meaning that the nutritional status of children has a strong relationship with the final KPSP results which are 0.40 or (40%) and RR: 0.342 means that children who have good nutritional status may have development that is appropriate to the age of the child 3 times than children who have under nutrition. Maternal education has a significant relationship with the results of the final KPSP, with contingency coefficient 0.339 meaning that the mother’s education has a strong relationship with the final KPSP result which is 0.48 or (48%).

**Developmental Analysis of Children in Groups that Have Good and Less Stimulation with KPSP**

<table>
<thead>
<tr>
<th>Initial KPSP</th>
<th>Stimulation</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Child development is appropriate (9-10)</td>
<td>33 (100)</td>
<td>33 (100)</td>
</tr>
</tbody>
</table>

It can be concluded that the results of the initial KPSP in the group of respondents with stimulation <3 hours and stimulation ≥ 3 hours had a development that was in accordance with the age of each of the 33 respondents (100%).

**Table 4 Analysis of the Development of Children 0-3 Years Old in the Group of Children Who Get Good and Less Stimulation with the Results of the Final Pre-Development Screening Questionnaire (KPSP) at the Posyandu Oebobo Health Center in Kupang City April-June 2015.**

<table>
<thead>
<tr>
<th>Final KPSP</th>
<th>Stimulation</th>
<th>p</th>
<th>RR</th>
<th>KK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child development is appropriate</td>
<td>≥ 3 hours</td>
<td>&lt; 3 hours</td>
<td>0.000</td>
<td>0.182</td>
</tr>
</tbody>
</table>
Information: Signifikan p < 0,05 chi-square test: 0,000, contingency coefficient 0,640, RR: 0,182.

It can be concluded that the final KPSP results, in groups of children with stimulation ≥ 3 hours all had development according to age, namely 33 respondents (100%), and most groups of children with stimulation <3 hours had a dubious development of 27 people (81.8%) and only 6 respondents (18.2%) who have development according to age. From the table above it can also be concluded that stimulation has a significant relationship with the results of the final KPSP, contingency coefficient 0.640 it means that stimulation has a very strong relationship with the final KPSP result which is 0.91 or (91%), RR 0.182 means that children who get good stimulation (≥ 3 hours), are likely to get good development 5.5 times when compared to children lack of stimulation (<3 hours) or a child who is less stimulated (<3 hours) is likely to experience developmental disorders as much as 5.5 times than children who get good stimulation.

Comparative analysis of Child Development according to Age between Groups that Have Good and Less Stimulation.

<table>
<thead>
<tr>
<th>KPS P results</th>
<th>Stimulation ≥ 3 hours</th>
<th>Stimulation &lt; 3 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre</td>
<td>Post</td>
</tr>
<tr>
<td>Child development is appropriate 9-10</td>
<td>33 (100)</td>
<td>33 (100)</td>
</tr>
<tr>
<td>Child development is doubtful 7-8</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
It can be concluded that, before and after stimulation ≥ 3 hours with the results of KPSP, all respondents have developed according to age, namely 33 respondents (100%). Whereas in the group of respondents with stimulation <3 hours before and after daily stimulation with KPSP results, drastically decreased from 33 respondents (100%) with development according to age, namely 6 respondents (18.2%) with development according to age and and 27 respondents (81.8%) doubted development.

**DISCUSSION**

**Characteristics Analysis of Respondents with Final Results of the Developmental Development Screening (KPSP) Questionnaire**

Nutritional status plays an important role in the growth and development of children. If a child's nutritional needs are met, it can support the child's growth and development process. In toddlers, children will experience a relatively rapid growth process so that to support the process nutrients are needed (Solihin, 2013). Disorders of growth and development in toddlers will affect physical endurance and intelligence so that it can have an impact on children's lives in the future (Muchlis, 2013). In addition, if children experience malnutrition, they can cause various limitations, including horizontal growth, weight and height deviate from normal growth, and this causes delays in growth in children (Puspitawati, 2013).

Based on the results of the study, most children who got stimulation ≥ 3 hours had good nutritional status as many as 38 respondents (57.6%) (Table 5.1). This is because children who have good nutritional status will experience rapid growth, besides that children with good nutritional status will support the growth process properly, especially in stimulation, children with good nutritional status have good cognitive abilities so that children easier to capture what is taught by the mother. This is in accordance with the theory that nutrition has an important role in child development. Food needs for children are different from adults, besides that it is also a daily activity for growth (Soetjiningsih, 2013). In this study also the nutritional status of children has a
significant relationship with the results of the final KPSP with contingency coefficient (contingency coefficient) 0.286 means that the nutritional status of children has a strong relationship with the final KPSP results are 0.40 or (40%) and RR: 0.342 means children those who have good nutritional status are likely to have development in accordance with their age as much as 3 times than children who have poor nutritional status. This is because mothers pay attention to the quality of children’s food at home, especially in the supply and processing of foods that contain nutritional value from food consumed by children and every month the child always gets PMT in the form of peanut porridge and boiled eggs. The same study, according to Soilihin et al (2013), found that there was a significant relationship between nutritional status and cognitive and motor development in preschool children. Research in Wonogiri Central Java by Puspitasari et al. (2011) found that there was a significant relationship between verbal abilities and children’s cognitive abilities.

Parental education is one of the most important factors for child development, because with good education parents can receive all information from outside, especially about how to care for children, maintain children’s health and how to educate children (Soetjiningsih, 2013). Based on the results of the study, it was found that most of the children who got stimulation ≥ 3 hours had mothers with a high school education level of 25 respondents (37.9%) (table 5.1). This is caused by the good mother’s education so that the mother will get information from outside, especially regarding the benefits of stimulation for children so that the mother can apply in the practice of providing stimulation to children at home. In addition, with the level of education of mothers, namely high school, the mother is easier to understand and understand about how to provide stimulation to the child so that it has an impact on the practice of stimulating child development at home. In addition, mothers often get information from health workers at the posyandu about how to provide
stimulation to children. This is in accordance with the theory that one of the important factors that shape a person's health behavior is knowledge or cognitive (Notoatmojo, 2010). In this study, maternal education has a significant relationship with the final KPSP results, with contingency coefficient (contingency coefficient) 0.339 meaning that mother's education has a strong relationship with the final KPSP result of 0.48 or (48%).

This is consistent with the study of Christiari et al. (2013) that there is a meaningful relationship between maternal knowledge about early stimulation and motor development in children aged 6-24 months. Research in Manado showed that there was a significant relationship between the level of knowledge of parents about early stimulation with child development (Kosengeran et al., 2013). Research in Thailand showed that children who were cared for by parents who had low education had a three times risk of developing delays compared to parents who were highly educated (Isaranurug S, 2005). The results of the study of Ariani and Yosoprawoto, (2012), mentioning the low level of education of parents is a risk for possible delays in child development. This is because knowledge and ability to provide stimulation will be reduced compared to mothers with higher levels of education. In this study it was found that there was a significant relationship between maternal education and the results of the final Pre-Development Screening Questionnaire (KPSP). This is due to the education of mothers of most high schools, so mothers are more easily understood and understand about how to provide stimulation to children so that it has an impact on the practice of stimulating child development at home. In addition, mothers often get information from health workers at the posyandu about how to provide stimulation to children.

The results of the study are the same, namely there is a relationship between the level of knowledge of parents about early stimulation with child development (Zahro, 2011, Aryani, 2009).
Stimulation with Early and Final KPSP.

Stimulation is an activity that stimulates the basic abilities of children aged 0-6 years so that children grow and develop optimally (Ministry of Health of Republic of Indonesia, 2012). Based on the results of the study it can be found that the results of the initial KPSP in the group of respondents with stimulation <3 hours and stimulation ≥ 3 hours have a development that is age-appropriate, each of them 33 respondents (100%) (Table 5.2). This is because at the beginning of the study the researcher conducted a developmental assessment with KPSP and the researcher chose a homogeneous sample that is all mothers with children aged 0-3 years who have development according to age, after that stimulation ≥ 3 hours every day by mothers for 3 months and the researcher observed observations of stimulation for 3 months.

Based on the results of the study, stimulation has a significant relationship with the final KPSP, with contingency coefficient (contingency coefficient) 0.640 which means that stimulation has a very strong relationship with the final KPSP result which is 0.91 or (91%) and RR value 0.182 means that the child gets stimulation good (≥ 3 hours), it is possible to get good development 5.5 times from a child who is less stimulated (<3 hours) or in other words a child who is less stimulated (<3 hours) is likely to experience a developmental disorder of 5.5 times of children who get good stimulation.

The results of this study are in accordance with the theory which says that children who are always stimulated in a directed and orderly manner will develop faster than children who do not / do not get stimulation. The peak synaptic density is about 2 times the adult synapse that occurs at the age of 3-8 years so this is a reason that the provision of stimulation in children should be done during infancy so that it can increase neurogenesis which is very important in cognitive cognitive appearance of children. Providing continuous, varied stimulation and full of affection will spur the multiple intelligence of children (Soetjiningsih, 2013). Based on the
results of this study, there is a significant relationship between stimulation with the results of the Pre-Development Screening Questionnaire (KPSP) final, this is because at the beginning of the child’s development research in the group with stimulation <3 hours and stimulation ≥ 3 hours has a development that is age appropriate each 33 respondents (100%).

The results of this study are in accordance with the theory which says that children who are always stimulated in a directed and orderly manner will develop faster than children who do not / do not get stimulation. The peak synaptic density is about 2 times the adult synapse that occurs at the age of 3-8 years so this is a reason that the provision of stimulation in children should be done during infancy so that it can increase neurogenesis which is very important in cognitive cognitive appearance of children. Providing continuous, varied stimulation and full of affection will spur the multiple intelligence of children (Soetjiningsih, 2013). Based on the results of this study, there is a significant relationship between stimulation with the results of the Pre-Development Screening Questionnaire (KPSP) final, this is because at the beginning of the child’s development research in the group with stimulation <3 hours and stimulation ≥ 3 hours has a development that is age appropriate each 33 respondents (100%).

Research in Belgium found that early stimulation programs were in the form *Newborn Individualized Developmental Care and Assessment Program* serta *Infant Health and Development Program*, very effective for improving cognitive abilities and interactions between parents and children, besides that it can improve the ability of gross motion if compared with individuals who have other risk factors (Bonnier, 2008). Other research shows that to maximize a child’s intelligence, stimulation must be given since the first 3 years in a child’s life because at that age children have twice as many brain cells as adult brain cells (Maritalia, 2009). One study found that very strong cognitive stimulation can affect children with parents who have low education (Barros et all., 2008). Research in the Philippines
showed that there was an increase in psychosocial development in children aged 0-4 years after stimulation for 2 years (Soccoro et al., 2009). It is agreed that very strong cognitive stimulation can affect children with parents who have low education (Barros et al., 2008). Research by Hamadani et al. (2006) in Bangladesh about the provision of psychosocial stimulation in malnourished children aged 6-24 months, getting results that increased mental development, vocalization ability, cooperative attitude towards examiners, emotional tone, and mother’s knowledge of parenting.

Based on the results of the study, it was found that, before and after stimulation ≥ 3 hours with the results of KPSP, it was found that all respondents had development according to age, namely 33 respondents (100%). The results of this study are in accordance with the theory which says that children who are always stimulated in a directed and orderly manner will develop faster than children who lack / do not get stimulation (Dwi, 2011).

Provision of stimulation can affect synapse formation (the process of synaptogenesis) of brain cells so that gangliosides are formed with sialic acid which is important for the speed of the learning process, children’s memory and strengthening the cognitive appearance of the child. In addition, multimodal and consistent stimulation of the environment can increase the branches of dendrites so that synapse proliferation and stabilization occurs so as to strengthen existing circuits or create new circuits. (Fida & Maya, 2012, Soetjiningsih, 2013).

Other supporting research in the City of Kediri shows that the one-hour
developmental stimulation method with mothers is proven effective against the development of children aged 12-24 months (Asiyah, 2008). The same study found results that provide early stimulation done at home in the first year of a child’s life, very effective in increasing the index of infant mental and psychomotor development (Nair, 2009).

In the group of respondents with stimulation <3 hours before and after daily stimulation with KPSP results, drastically decreased from 33 respondents (100%) with development according to age, to 27 respondents (81.8%) with dubious development and 6 respondents (18.2%) with development according to age. This is in accordance with the theory which says that one of the environmental factors that can optimize children’s development is mental stimulation. A supportive environment causes good physical and mental development of children while the less supportive environment causes child development to be hampered (Soetjiningsih, 2013).

Research that supports, according to Hamdani et al, (2012), which says that the provision of less stimulation in children affects children’s motor development but good stimulation will affect cognitive development and development of children’s language. The same study was conducted by Fadlayana E, et al. (2003), in West Java found that as many as 30% of children experience developmental disorders, this is caused by a lack of early stimulation. In this study also showed that the RR (Relative Risk), which is 0.182 in children who got stimulation ≥ 3 hours, means that children who get good stimulation (≥ 3 hours), are likely to get good development as much as 5.5 times from children who get less stimulation (<3 hours) or in other words children who get less stimulation (<3 hours) are likely to experience developmental disorders as much as 5.5 times from children who get good stimulation.

**CONCLUSION**

From the results of the study it can be concluded that:
1. There is a relationship between nutritional status, maternal education
and stimulation of the development of children aged 0-3 years at the Posyandu in the Oebobo Community Health Center in Kupang.

2. The development of children aged 0-3 years at the Posyandu in the Oebobo Public Health Center in Kota Kupang who received stimulation ≥ from 3 hours every day for 3 months according to the SDIDTK reference, all had development according to the age of the child.

3. Developments in children aged 0-3 years at the Posyandu in the Oebobo Community Health Center in Kupang City that are stimulated <3 hours, each day for 3 months according to the SDIDTK reference, most have dubious development. The group of children who were stimulated ≥ 3 hours every day for 3 months had a development that was according to age when compared to the group of children who were stimulated <3 hours every day, and children who received good stimulation (≥ 3 hours), likely to get good development as many as 5.5 times from children who have less stimulation (<3 hours) or in other words children who get less stimulation (<3 hours) are likely to experience developmental disorders 5.5 times than children who get good stimulation.

**SUGGESTION**

1. **Parents**
   It is hoped that parents will always provide stimulation according to the age of the child, every day more than 3 hours routinely to the child with the reference SDIDTK so that it can improve children’s development optimally.

2. **Puskesmas**
   It is hoped that health workers will always provide health education to parents on the importance of stimulation ≥ 3 hours per day for the development of children aged 0-6 years so that with good knowledge of parents, it is hoped that they can practice stimulation for their children.

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