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Integration of Holistic Care in Toddler Growth and Development

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ABSTRACT

Monitoring of children's growth and development is carried out periodically according to the child's age using the KIA and SDIDTK books to detect any problems or abnormalities that may occur in children. The objective of this study was to integrate holistic care, which was not yet included in the KIA and SDIDTK books, into the growth and development of toddlers in Jember Regency. The research method began with the creation of holistic instruments to monitor spiritual, cognitive, and artistic development appropriate to the age of the child, which were not yet available in the KIA book and SDIDTK guidelines. Those involved in the development of the instrument were lecturers specialising in child growth and development, professional midwife organisations, and practising midwives in the Jember Regency. The results obtained include holistic instruments for monitoring child growth and development as additional instruments in monitoring toddler growth and development, which have been implemented using the KIA and SDIDTK books. It was concluded that monitoring of children's growth and development should be carried out regularly using the KIA and/or SDIDTK books, with the addition of holistic SOPs on toddler growth and development.

Keyword: Holistic Care, Growth, Development

ABSTRAK

Pemantauan pertumbuhan dan perkembangan anak dilakukan secara berkala sesuai usia anak menggunakan buku KIA dan SDIDTK dapat mendeteksi masalah atau penyimpangan yang terjadi pada anak. Tujuan penelitian ini adalah untuk mengintegrasikan asuhan holistik yang belum ada dalam buku KIA dan SDIDTK dalam pertumbuhan dan perkembangan balita di Kabupaten Jember. Metode penelitian dimulai dengan membuat instrumen holistik untuk memantau perkembangan spiritual, kognitif, dan seni sesuai usia anak yang belum ada di buku KIA dan pedoman SDIDTK. Yang terlibat dalam pembuatan instrumen yaitu dosen dengan spesialisasi pertumbuhan dan perkembangan anak, organisasi profesi bidan, dan bidan pelaksana di wilayah Kabupaten Jember. Hasil yang diperoleh mencakup instrumen holistik untuk pemantauan pertumbuhan dan perkembangan anak sebagai instrumen tambahan dalam pemantauan tumbuh kembang balita yang telah dilaksanakan menggunakan buku KIA dan SDIDTK. Disimpulkan bahwa pemantauan pertumbuhan dan perkembangan anak dilakukan secara berkala menggunakan buku KIA dan atau SDIDTK dengan penambahan SOP holistik pada pertumbuhan dan perkembangan balita.

Kata Kunci: *Asuhan Holistik, Pertumbuhan, Perkembangan*

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Introduction:

The fulfilment of children's rights is guaranteed by Indonesian Law No. 23 of 2002 concerning child protection. Article 4 states that every child has the right to live, grow, develop and participate in a manner appropriate to their human dignity, as well as to receive protection from violence and discrimination. Article 8 states that every child has the right to receive health services and social security in accordance with their physical, mental, spiritual and social needs (Llanaj *et al.*, 2020). In addition, Minister of Health Regulation No. 66 of 2014 concerning the monitoring of children's growth, development and growth disorders stipulates that these activities can be carried out at primary health care facilities and kindergartens (Kemenkes, 2014). At this time, growth and developmental disorders commonly found in children include physical growth disorders, motor development disorders, language disorders and behavioural disorders. Physical growth disorders in children can take the form of wasting, stunting, and overweight, while developmental disorders in children can take the form of behavioural deviations, delays in gross motor skills, fine motor skills, speech and language, as well as socialisation and independence. Monitoring of children's growth and development can be done using the KIA and SDIDTK books (Usnawati, *et al*, 2016). The development monitored using SDIDTK covers gross motor skills, fine motor skills, socialisation and independence, as well as speech and language (Dela, *et al*, 2019). Holistic care addresses physical, psychological, social, spiritual, and cultural aspects.

Based on data from Komdatkesmas 2021, the coverage rate of children under five who are monitored for growth and development is 68.9% of the target of 70% (Mardeyanti, *et al*, 2023). Based on data from the East Java Health Profile in 2021, the coverage rate of services for children under five is also still below the target, which is 70.34% of the target of 83%. The Indonesian Pediatric Association (IDAI) of East Java in 2021 examined 2,634 children aged 0-72 months with the results of normal development in accordance with age 53%, doubts as much as 13%, and developmental deviations as much as 34%. The data states that dubious development and developmental deviations are still quite large. Data obtained from the Jember District Health Office showed that in 2021 there were around 17 children out of 163,963 preschool children (3-5 years old) with developmental disorders (Kemenkes RI, 2019).

If growth and development checks on toddlers are not carried out regularly, recent research shows various long-term negative consequences; children are at greater risk of stunting, decreased cognitive abilities, delays in language and communication skills, and abnormal brain function. For example, a study shows that height status from early childhood has a significant effect on cognitive function in adolescence, both when compared using national growth standards and WHO standards, with toddlers with impaired physical growth showing lower cognitive scores (Moelyo *et al.*, 2025). In addition, a survey on factors related to communication and cognitive delays in children aged 0-3 years in Indonesia found that malnutrition and a lack of developmental stimulation from the surrounding environment were significantly associated with these delays (Febrina, et al., 2023). Thus, without adequate monitoring of growth and development, children may miss the critical window during which early intervention can repair or prevent permanent developmental damage.

Monitoring a child's growth and development can detect any problems or abnormalities that occur early on. Regular monitoring of children's growth and development

enables them to achieve optimal physical, mental and emotional growth and development, and to develop a level of intelligence that matches their genetic potential (Yulianto, *et al*., 2016). Growth and development monitoring has been carried out using KIA and SDIDTK books. The use of KIA books at the family and community level by parents, early childhood educators, BKB officers, TPA officers, kindergarten teachers and trained health cadres, while the SDIDTK manual is used at the community health centre level by trained health workers to monitor toddler growth and development (Khasanah *et al.*, 2019). However, this does not yet provide holistic care, so additional instruments are needed to ensure that the physical, psychological, social, spiritual and cultural aspects of each toddler are optimally addressed so that the child's growth and development can be maximised in accordance with their age-appropriate stimulation needs. The main issue to be addressed is how to improve the effectiveness of using the KIA and SDIDTK books, which have been used to monitor child growth and development, by providing holistic care for children. Implementation, tools and materials, as well as monitored aspects are required to support regular monitoring and development of children through holistic care using the KIA or SDIDTK book with additional holistic instruments. The aim of this study was to integrate care for toddlers using the KIA or SDIDTK book with additional holistic instruments on toddler growth and development.

Methods:

This type of research begins with the creation of a holistic instrument for child growth and development in collaboration with experts (Permendikbud No. 137, 2014). Those involved in the development of the instrument were lecturers specialising in child growth and development, professional midwife organisations, and practising midwives in the Jember Regency. In the initial stage, researchers conducted exploratory qualitative studies to develop holistic instruments that incorporated physical, psychological, social, spiritual, and cultural aspects to be applied to children in conjunction with growth and development monitoring using KIA and SDIDTK books. The instruments that had been developed were consulted with the health sector from community health centres in Jember Regency and the Indonesian Midwives Association (IBI) Jember Branch in a Focus Group Discussion (FGD). The result is an additional instrument in the areas of religious and moral values, physical-motor skills, cognitive skills and arts for each stage of a child's age, which will be implemented in conjunction with the KIA or SDIDTK book to monitor the child's growth and development periodically according to their age.

Population is a generalisation consisting of objects or subjects that have certain qualities and characteristics that are determined by researchers to be studied and then concluded (Amelia, 2022). The population in this study were policy makers and implementing midwives for monitoring the growth and development of toddlers in the working area of the Jember Regency health centre. This research was declared ethically sound by the Ethics Committee of dr. Soebandi University No. 574/KEPK/UDS/IX/2024 on 2 October 2024.

Results:

Monitoring of child growth and development can be carried out using the KIA (Maternal and Child Health) book, which is implemented at the family and community level by mothers/families, early childhood education/RA/kindergarten teachers, cadres, and health workers. In addition, the SDIDTK (Stimulation, Detection, Early Intervention in Growth and Development) guidebook can also be used, which is implemented by trained health

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workers such as doctors, midwives, nurses, community health centre level nutritionists, and other health workers at the

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Table 1. Holistic Instruments for Monitoring Child Development.

NO.	AGE	CATEGORY	DEVELOPMENTAL MILESTONES
1	12-18 months	Religious and moral values	interested in worship activities (imitating worship movements, imitating prayer readings)
		Physical-motor (Health and safety behaviour)	responds to parental restrictions but still requires supervision and assistance
		Cognitive	a. learning and problem solving: naming some names of objects, types of food; asking for the name of an unknown object; recognising some basic colours (red, blue, yellow, green); naming own and known people b. logical thinking: distinguishing the size of objects (big-small); distinguishing between neat or untidy appearance; assembling simple puzzles c. symbolic thinking: mentions numbers without using fingers from 1-10 but still likes to miss some numbers
		Art	a. is interested in music, songs, or certain speech tones: imitates sounds, voices, or music with a regular rhythm b. is interested in artwork and tries to make a movement that makes a sound: rubs his/her hands on paper/cloth using various media (e.g. coloured pickle pulp, watercolours)
2	18-24 months	Religious and moral values	a. begins to show good behaviour (as taught by religion) towards people who are praying b. says greetings and kind words, such as sorry, thank you in appropriate situations
		Physical-motor (Health and safety behaviour)	a. holds an adult's hand when in public places b. recognising some pain markers (e.g. showing pain in a certain part of the body)
		Cognitive	a. learning and problem solving: understanding pictures of people's faces b. logical thinking: knowing the effect of an action (e.g. pulling a tablecloth will drop things on it) c. symbolic thinking: mentions the numbers one to five using fingers
		Art	a. is interested in certain music, songs, or tunes: mumbles a song with 4 stanzas (e.g., My Balloon, Little Star, Old Bird) b. is interested in art and tries to make a

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NO.	AGE	CATEGORY	DEVELOPMENTAL MILESTONES
			movement that makes a sound: forms a simple piece (round or oval) from plasticine
3	2-3 years	Religious and moral values	begins to imitate the movements of praying/praying according to his/her religion
		Physical-motor (Health and safety behaviour)	tell an adult when sick
		Cognitive	a. learning and problem solving: looking at and touching objects shown by others b. symbolic thinking: giving names to works made
		Art	a. is interested in musical activities, movements of people, animals, and plants: sings completely with the correct rhythm (short songs or 4 verses) b. interested in activities or works of art: observing and distinguishing objects around him that are in the house
4	3-4 years	Religious and moral values	begins to imitate short prayers according to his/her religion
		Physical-motor (Health and safety behaviour)	a. clearing dirt (snot) b. understand the meaning of traffic light colours
		Cognitive	a. learning and problem solving: answering what will happen next from various possibilities b. logical thinking: recognising the concepts of many and few c. symbolic thinking: naming roles and tasks (e.g. chef cooks)
		Art	a. interested in musical activities, movements of people, animals, and plants: moves the body according to the rhythm b. interested in art activities or works: drawing using various media (watercolours, markers, drawing tools) and methods (such as finger painting, watercolours, etc.)
5	4-5 years	Religious and moral values	a. imitate the movements of worship in the correct order b. say prayers before and/or after doing something
		Physical-motor (Health and safety behaviour)	a. use the toilet (use of water, cleaning oneself) with minimal assistance b. understand various danger alarms (fire, flood, earthquake)

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NO.	AGE	CATEGORY	DEVELOPMENTAL MILESTONES
		Cognitive	a. learning and problem solving: uses objects as symbolic play (chair as car) b. logical thinking: recognising cause-and-effect phenomena related to him/her c. symbolic thinking: recognises letter symbols
		Art	a. the child is able to enjoy various songs or sounds: plays a musical instrument/ instruments/ objects that can form a regular rhythm b. interested in art activities: chooses a favourite type of song

Discussion :

Monitoring of child growth and development can be carried out using the KIA book (Maternal and Child Health) by mothers, families, and early childhood education teachers. In addition, the SDIDTK (Early Stimulation, Detection, and Intervention of Child Growth and Development) Implementation Guidebook can also be used by trained health workers, cadres, and trained early childhood education teachers. This activity can be carried out by health workers every month during posyandu to monitor the results of monitoring by mothers, families, and/or early childhood education teachers using the KIA book. This activity must be carried out regularly to determine growth and development disorders in children as they age so that the possibility of growth and development delays can be prevented. In addition, the implementation of child growth and development monitoring also prepares mothers and families to stimulate child development. The KIA book and SDIDTK assist in monitoring the physical growth and development of children, and to complement the more comprehensive needs of children, instruments are added in the categories of 1) religious and moral values, 2) physical-motor skills (health and safety behaviour), 3) cognitive skills, and 4) arts (Permendikbud No. 137, 2014).

A holistic approach to supporting toddler growth and development emphasises the importance of integrating various essential services, such as education, health and nutrition, stimulation, care, protection, and family involvement into a single integrated system. Each aspect complements the others to achieve optimal child development (Fabillah, 2019). Children are seen as an investment in the future of families and the nation, so their quality will greatly determine the progress of a country. Therefore, the golden age of children needs special attention because they are valuable assets of the nation who need a comprehensive approach in their growth and development process (Usnawati, *et al*., 2016). The government has shown concern for the importance of comprehensive early childhood development, taking into account various factors that influence child growth and development. Children's rights to grow and develop must be fully fulfilled through the implementation of integrated services (Tindakan *et al.*, 2011). A holistic approach means covering all aspects of child development—care, protection, nurturing, and education—as a whole. Meanwhile, an integrative approach refers to the implementation of services that are carried out jointly and mutually supportive between these functions. Holistic-integrative learning aims to shape individuals who not only develop personally but

also as social beings. This approach combines various aspects of development—cognitive, emotional, social, physical, motor, language, and art—in a comprehensive and integrated manner (Hijriyani and Machali, 2017). Children have various interrelated basic needs, both physical and non-physical, in order to grow into healthy, intelligent, happy, strong, and moral individuals. On the other hand, research results in Jember show that training health cadres in providing stimulation for toddler growth and development is effective, proving that a community-based holistic approach plays an important role in the comprehensive implementation of child services (Septiyono, *et al*., 2024).

The holistic care approach in Jember Regency has great potential to improve the quality of infant growth and development, especially when implemented through collaboration between health cadres, parents, and relevant agencies. Training health cadres has proven to be an effective starting point due to their proximity to the community. However, for holistic care to truly address all aspects of development, greater commitment is needed from local governments and stakeholders to strengthen infrastructure, promote a broader understanding of the importance of child growth and development, and enhance the knowledge and competencies of health workers and related personnel. This overall synergy is believed to result in a more comprehensive care approach with long-term impacts on the growth and development of infants in Jember.

Conclusions:

Monitoring of toddler growth and development is carried out periodically according to the child's age using tools for detecting toddler growth and development, such as the KIA book and the SDIDTK guidebook, with the addition of holistic care SOPs to complement monitoring from psychological, social, and cultural aspects for holistic care. This ensures that children have the right to live, grow, and develop optimally through growth and development monitoring.

The implementation of child growth monitoring in primary health care facilities and kindergartens requires regular monitoring and evaluation by trained personnel. It is also necessary to raise awareness among all elements involved in child growth monitoring, such as families with toddlers, early childhood teachers, and posyandu cadres, about the importance of child growth monitoring.

References:

Amelia Prameswari Pitaloka (2022) 'Literature Review : Faktor - Faktor Yang Mempengaruhi Burnout Syndrome Pada Perawat Yang Menangani Pasien Covid-19', *Professional Health Journal*, 4(1), pp. 51–61. Available at: https://doi.org/10.54832/phj.v4i1.283.

Fabillah, F.F. (2019) 'Pengelolaan Program Pendidikan Anak Usia Dini Di Paud Al-Ikhwan Palembang', *Raudhatul Athfal: Jurnal Pendidikan Islam Anak Usia Dini*, 3(1), pp. 45–65. Available at: https://doi.org/10.19109/ra.v3i1.3165.

Febrina, F., Lawalata, V.C.P. and Ramli, Y. (2023) 'Factors associated with cognitive and communication delay in children aged 0-3 years using the Battelle-Developmental Inventory, 2nd edition', *Paediatrica Indonesiana(Paediatrica Indonesiana)*, 63(4), pp. 282–289. Available at: https://doi.org/10.14238/pi63.4.2023.282-9.

Hijriyani, Y.S. and Machali, I. (2017) 'Pembelajaran Holistik – Integratif Anak Usia Dini dengan Pendekatan Cashflow Quadrant di RA Al Muttaqin Tasikmalaya', *Al-Athfal: Jurnal Pendidikan Anak*, 3(2), pp. 119–134. Available at: https://doi.org/10.14421/al-athfal.2017.32-

02.

Kemenkes, 2014 (2014) 'Pemantauan Pertumbuhan, Perkembangan, dan Gangguan Tumbuh Kembang Anak', *Berita Negara Republik Indonesia Tahun 2014 Nomor 1524*, p. 365.

Kemenkes RI (2019) 'Lakip Kesga 2021'.

Khasanah, U. *et al.* (2019) 'Pendampingan Deteksi Dini Tumbuh Kembang Anak Dengan Menggunakan Sdidtk Pada Guru Paud Dan Tk Di Kecamatan Socah Kabupaten Bangkalan', *Community Development Journal*, 3(1), pp. 27–32. Available at: https://doi.org/10.33086/cdj.v3i1.1099.

Llanaj, E. *et al.* (2020) 'Dietary profile and nutritional status of the roma population living in segregated colonies in Northeast Hungary', *Nutrients*, 12(9), pp. 1–21. Available at: https://doi.org/10.3390/nu12092836.

Mardeyanti, Hamidah and Nikmah, R. (2023) 'Optimalisasi Stimulasi', *Ejurnal.Poltekkesjakarta3*, pp. 172–182.

Dela Melia Inggriani, Margareta Rinjani and Rika Susanti (2019) 'Deteksi Dini Tumbuh Kembang Anak Usia 0-6 Tahun Berbasis Aplikasi Android', *Wellness And Healthy magazine*, 1(1), pp. 115–124. Available at: https://wellness.journalpress.id/wellness/article/download/w1117/65.

Moelyo, A.G. *et al.* (2025) 'The effect of early childhood stature on later cognitive functions in Indonesian adolescents: comparation using the National growth reference and the WHO growth standard', *BMC Pediatrics*, 25(1). Available at: https://doi.org/10.1186/s12887-025-05829-9.

Permendikbud No. 137 (2014) 'Standar Tingkat Pencapaian Perkembangan Anak', *Peraturan Menteri Pendidikan Dan Kebudayaan Republik Indonesia*, pp. 1–31.

Septiyono, E.A., Kurniawati, D. and Rahmawati, I. (2024) 'DEDIKASI SAINTEK: Jurnal Pengabdian Masyarakat', 3(1), pp. 11–19.

Tindakan, P. *et al.* (2011) 'Metode dalam penelitian ini menggunakan', 1(1), pp. 75–92.

Usnawati, N., Setiyani, A. and Subagyo (2016) 'Pembinaan PAUD holistik integratif dalam perspektif pencapaian target SDIDTK', *Jurnal Penelitian Kesehatan Suara Forikes*, VII(3), pp. 131–135.

Yulianto, D., Lestariningrum, A. and Utomo, H.B. (2016) 'Analisis Pembelajaran Holistik Integratif Pada Anak Di Taman Kanak-Kanak Negeri Pembina PG-PAUD Universitas Nusantara PGRI Kediri', *Jurnal Pendidikan Anak Usia Dini*, 10(2), pp. 277–294. Available at: https://doi.org/10.21009/JPUD.102.