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STIMULATION PROGRAM TO ENHANCE OPTIMAL DEVELOPMENT IN EARLY CHILDHOOD (CASE STUDY OF DEVELOPMENTAL ASSESSMENT OF 3-YEAR-OLD CHILDREN)

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Abstract: *Parents have the primary responsibility for educating children, but in the new normal era, caregiving roles can be undertaken by other adults who are close to the child. The principles of child rearing are not confined to who performs them but are more focused on educational activities that stimulate child development. The importance of at least one strong relationship with a caring adult who pays attention to the child's well-being is crucial in achieving optimal development. WHO data indicates additional risks for children lacking consistent caregivers, with around 43% of children worldwide not reaching optimal development. In Indonesia, the prevalence of developmental deviations reaches 7.51%, and the goal of this program is to detect and address deviations early through a partnership between parents, the community, and healthcare professionals. Early detection involves regular and sustained analysis of the child's physical, psychological, and social aspects. In conclusion, stimulation programs have a positive impact on child development, and solutions involve continued stimulation at home, consulting with professionals, participating in stimulation groups, developing motor skills, focusing on creativity, open communication with educators, regular monitoring, and family support. This program helps children, such as FIR and AMS, overcome their developmental challenges, with positive outcomes in motor skills, focus duration, language, and social skills. Overall, these solutions support children's development towards their optimal potential.*

Keywords: *Early Childhood, Early Detection, Development Stimulation*

INTRODUCTION

In general, parents have the primary responsibility in educating children by providing support for the development of their abilities, knowledge, skills, and taking care of their health. However, in the new normal era, when parents start working, children can be cared for by other adults who are close to them. The principles of parenting do not depend on who is caring for the child, but rather focus on things that can help the child's development. Having a strong relationship with a caring adult who is concerned about the child's well-being is an important component of healthy child development. Research from Shonkoff and Phillips (2000) shows that children's brain development is greatly influenced by early life experiences.

Children are at higher risk if they do not have a regular caregiver. Data collected by WHO in 2016 showed that about 43% or 250 million children worldwide are not achieving optimal development. In Africa, more than 40% of

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children aged 3-5 years experience barriers in cognitive and emotional development due to lack of caregiving support in early childhood learning. Influencing factors Socio-cultural, economic, educational, environmental, and caregiver support are all components that make up successful parenting. In Indonesia, 7,512 developmental deviations per 100,000 children (7.51%), with an estimate that approximately 5-10% of children have developmental delays. Therefore, support from parents or caregivers is essential to maximize child development and reduce the risk of developmental deviations. Support from adults allows children to approach learning with a more positive and confident attitude.

Effective educational interaction and stimulation in parenting can be realized through play activities, which can stimulate the development of children's moral religion, language, physical motor, social emotional, cognitive, art, and creativity. The bioecological model developed by Bronfenbrenner and Morris (2006) illustrates how various environmental systems interact to influence child development. Hurlock (1978) states that the prenatal period is considered very important because it has important characteristics such as the baby's innate, rapid growth and development during the 9-month pregnancy, and prenatal environmental conditions. Subsequent development is shaped by the physical and mental components carried by the baby. Pregnancy experiences rapid growth and development, especially during the first three months, when important organs such as the brain, heart and liver are developing. Prenatal conditions, such as the physical and emotional condition of the mother, can influence the development of innate potential, while unfavorable conditions can inhibit or disrupt subsequent development (Yuniatari & Suyadi, 2021).

Sex determination, number of children (singleton or twins), and family order can affect a child's behavior and personality throughout his or her life. Parents' attitudes towards their child, influenced by their view of their role as a parent and the perceptions of their family members at the time, affect how they treat the child during their early years. It is important to understand the time after a child's birth, especially when implementing developmental stimulation. It enhances our understanding of developmental challenges and issues that may arise during a child's development.

Understanding what is expected to develop, when milestones can occur, and how to stimulate the child's growth allows us. It also allows us to plan for appropriate encouragement and prepare the child to deal with changes and possible deviations. The speed of development of a person varies depending on their maturity level and learning process. Early detection analysis or program in early childhood aims to evaluate the child's health condition. The purpose of this program is so that if there are deviations in a child's growth and development, they can be identified and treated early. This activity is carried out through collaboration between parents, communities and health professionals, as described by the Ministry of Health of the Republic of Indonesia in 2007. Early detection involves analyzing the physical, psychological and social aspects of the child. This process is done as early as possible, regularly, and on an ongoing basis.

Through this partnership, it is hoped that there will be a joint effort in detecting potential health or developmental problems in children so that treatment can be carried out as quickly as possible. The importance of parents' understanding of the type of stimulus needed by children is a fact that affects the optimal growth of children. Correspondingly, if teachers have knowledge of the obstacles children face at school, they can immediately address them and provide preventive measures. Therefore, the goal of providing stimulus to children is to overcome obstacles as quickly as possible. Given the complexity of this issue, researchers are interested in further analyzing early detection and evaluating the importance of providing appropriate stimulus as a treatment step for children who experience barriers, especially to ensure optimal growth (Sri, 2019).

THEORETICAL STUDIES

Physical Motor Development

Physical growth in each child is not always uniform; there are variations between fast and slow growth. Height and weight gain in childhood are usually balanced. A child's motor development consists of two components: gross motor and fine motor. Gross motor development in three-year-olds includes simple movements such as prancing, jumping and running, which they do with pride to show that they are doing well. Children keep doing the same movements at age four, but they start to take risks, such as climbing stairs with one foot and going down the same way, and timing each step. By age 5, the child becomes more confident and tries to compete with peers or parents. Some experts consider 3 years of age to be the period with the highest activity level in human life. Due to the high level of activity and the development of large muscles such as arms and legs, pre-school children are advised to exercise regularly. Meanwhile, the development of fine motor skills the baby's ability to place and hold objects at the age of three is still related. By the age of 4, fine motor coordination is improving, as seen in the difficulty in putting together tall blocks due to concerns about imperfections. By age 5, the child has good eye coordination, combining hands, arms and other limbs to move. Play activities are essential in the learning process of children, who tend to move and play all the time. From morning to night, children are actively moving, such as back and forth, prancing, running and jumping. They cannot be considered as miniature adults, because every activity they do reflects the level of maturity and ability according to their age (Puspita, 2014).

Cognitive Development

The term "cognitive" comes from the word "cognition" or knowledge, and refers to mental activities that include the use, organization, and acquisition of knowledge. In general, cognitive is the area of the psyche that is located in the brain and is related to conation (will) and affection (feeling). Although the process of cognitive development begins at birth, the intervention of brain cells only begins to occur after the baby is five months old. The two main theories of cognitive development are learning theory, which involves the concept of habituation, and cognitive development theory, proposed by Piaget.

According to learning theory, there are two forms of habituation, namely classical habituation and instrumental

habituation. Classical habituation occurs when a neutral stimulus such as the sound of a bell is associated with an unconditional stimulus such as milk, so the infant becomes habituated. Instrumental habituation occurs when an infant responds with a smile if a parent tickles their tummy. Piaget's cognitive development theory identifies four stages of cognitive development, namely the sensorimotor stage (0-2 years), pre-operational stage (2-7 years), concrete operational stage (7-11 years), and formal operational stage (11-15 years) (Piaget, 2008).

The sensorimotor stage at 0-2 years old involves reflex movements such as grasp reflex and rooting reflex. This stage is part of cognitive development that manifests in motor activity in response to sensory stimulation. Age 2-7 years is the pre-operational period, where children understand the concept of object permanence and develop delayed imitation. They are also able to understand situations that contain problems and can find solutions with an 'aha' reaction. However, they are not yet able to understand differences in views with others. The provision of physical and sensory capacities forms the basis of cognitive development in children. These stages form the basis for the types of intelligence the child will have in the future. At the age of 18-24 months, children begin to develop the ability to recognize permanent objects or have an understanding of the existence of objects that remain (Khadijah et al., 2022).

Social Emotional Development

According to psychologists, children have three types of temperament. First, there are children who are easy to manage; they are happy to adapt to new experiences, play with new toys, sleep and eat regularly, and can adjust to changes in their surroundings. Second, there are unruly children; they often resist daily routines, tend to cry, take a long time to eat, and feel restless at bedtime. Third, there are children who need a long warm-up time, appear lazy and passive. A child's temperament is influenced by innate factors and upbringing as a child. At the age of one year, children enjoy playing with others and show a desire to be more independent. At 1 to 1.5 years of age, they start doing activities on their own and show signs of jealousy and tantrums if their wishes are not met. When they reach 1.5 to 2 years of age, the child begins to interact with others but still has difficulty sharing and may cry when separated from parents. At 2.5 to 6 years of age, the child's emotions are very strong, including outbursts of anger, fear, unreasonable envy and jealousy.

In social cognition, at 0-1 years of age, the child develops a sense of being an individual and has a preference for familiar people. At 1-2 years of age, they begin to recognize intentional behavior. At 3-5 years old, the child understands the difference between trust and desire, forming friendships based on shared activities. At 6-10 years of age, friendships are based more on physical similarities and mutual trust (Talango, 2020). Erikson (1963) explains that children's social-emotional development is influenced by the psychosocial stages they go through, where in early childhood, children experience a crisis between autonomy versus shame and doubt. The secure attachment between child and caregiver, as explained by Bowlby (1988), forms the foundation for healthy social-emotional development.

Language Development

Language skills vary from individual to individual, both in quality and level, and this development begins early in life. At 0-1 years of age, a child begins to make sounds that resemble conversation and can distinguish conversational sounds. The babbling in this period lays the foundation for language development. By one year of age, children can say single words or experience a holoprastic period. At 18 to 24 months, they expand their vocabulary by making two- or three-word sentences, which is called the telegraphic period, as they eliminate small grammatical signs and ignore unimportant words. At 2.5 to 5 years of age, word pronunciation improves, and their language begins to resemble that of adults. They are able to produce longer utterances, although they are not always grammatically correct. Children can pronounce words like adults at the age of six and above. Intelligence level, type of discipline, position in the family order, family size, socioeconomic status, racial status, dual language use, and gender role classification are some of the factors that influence how much children talk. If we care about a child's development, these traits must be taken into account. This understanding allows for the provision of extra attention that suits the child's needs, so that they grow into the individual they are expected to be (Nasution, 2020).

METHODOLOGY

The research was conducted on 3-year-old children, involving interviews and observation as the main methods. The research subjects consisted of 2 young children, a boy and a girl, with the research time in June, September, August, and November. The research method applied was a qualitative method, focusing on observation and data collection from structured interviews with parents beforehand. Data was collected through several tools, including measurements of the child's weight and medical history. In addition, attention was paid to the child's concentration while at home, observation of the child's thinking, social and emotional, language, and motor skills. All of these data are directly related to the child's development. Evaluation of the results of this research activity provides significant benefits for parents to know their children's needs and support optimal growth and development. In addition, the research results are also useful for educators, such as teachers, who can provide appropriate stimulus in the school environment to improve children's growth and development. With these activities carried out regularly, it is expected that children's growth and development can be addressed effectively (Deva, 2016).

RESULTS AND DISCUSSION

FIR showed positive progress in the development of his thinking aspects. For example, when he was playing with blocks, he was able to assemble them into a building that resembled a station. When role-playing, he enthusiastically portrays the role of a machinist who carries many passengers in a long carriage. In addition, Baim's imagination skills are seen when he plays with dolls; for example, when he picks up an orangutan doll, he is able to move the doll as if it is swinging on a tree. In addition to these activities, FIR also shows proficiency in hand-eye coordination.

Table 1. Outcome in Boys (FIR)
Thinking Ability

Outcome Indicator	Assessment	
	June	Sep
Listen attentively and make relevant comments, especially in relation to events within the family or in the home environment.	1	2
Enjoys looking at picture books and seems to be explaining the story of the pictures to others.	1	2
Likes stories that intrigue	1	2
Points to the correct object when asked	2	3
Realistic role play such as feeding a doll or putting legos together to make a train carriage	2	3
Placing the stick/pin into the right place	2	3

He was able to precisely and consistently insert cones or donuts into the sticks, showing the development of his motor skills. However, in the activity of reading picture storybooks, FIR did not seem to show significant interest. To address this, the researcher got involved by inviting him to take a picture book and together pay attention to the contents of the book and listen to the story. This approach is expected to stimulate FIR's interest and understanding of picture storybooks.

Table 2. Social and Emotional

Outcome Indicator	Assessment	
	June	Sep
Demonstrate a cooperative attitude in group activities	1	2
Shows the beginning of independence (bathroom/handwashing alone)	2	3
Demonstrate the attitude to start a friendship	3	3
Expressing feelings verbally	2	3
Patiently waiting for your turn	1	2
Proud of the work created	2	3
Know and understand different kinds of feelings	2	3

Overall, FIR showed positive progress in her social and emotional aspects. This can be observed from his ability to take the initiative to build friendships, such as when he pays attention to his friends and does not refuse when he is invited to play by the researcher. FIR also engaged in playing together with others, greeting and asking about his friends' activities. In addition, FIR's social and emotional development can be seen in the patience he shows. He can wait patiently when the researcher explains or models the activity first. FIR also shows patience in completing one activity before moving on to the next. An analysis of this development shows that FIR is making significant progress in social interaction and managing his emotions. His ability to communicate, cooperate and show patience are positive indicators of his social and emotional development. This reflects FIR's readiness to interact with his social environment, both in school and in daily interactions with adults.

Table 3. Language

Outcome Indicator	Assessment	
	June	Sep
Recounts his experiences about objects, events and people: "Jerry has a swimming pool in his yard"	3	3
Answer simple questions appropriately	3	3
Adding information to a story that someone else just	3	2

told: "Yes, then he caught her again"		
Answer simple questions appropriately	3	3
Ask several questions, including the place/identity of an object and person	3	3
Using sentences to extend the conversation: "What did he do afterward?", "How did he hide it?"	3	3
Recounts his experiences about objects, events and people: "Jerry has a swimming pool in his yard"	3	3

In general, FIR's language development is in line with her age stage of development, although there are some vowels in certain words that still need to be improved so that they can be pronounced more clearly. For example, some words like "machinist" becomes "matinit," "water beads" becomes "watelbit," and "blue" becomes "bilu." Nevertheless, FIR has been able to demonstrate the ability to answer questions well. When he was invited to communicate by the researcher, such as when asked "FIR has eaten?", he was able to give a developed answer, such as "I have, I ate with eggs." FIR was also able to tell stories clearly about experiences or events that had happened. For example, when he shared that he had just been circumcised and got a trampoline as a gift, he was able to provide good information when the researcher asked further. FIR was able to specify that the trampoline was bought by "jidah." On the aspect of being able to ask questions and use sentences to extend the conversation, FIR showed consistency and good ability. He was not only able to answer questions, but was also able to ask questions back, showing that he was engaged in a two-way communication process. This is a positive indicator of the progress of FIR's language skills in terms of speaking initiative and participating in verbal interactions.

Table 4. Motoric

Outcome Indicator	Assessment	
	June	Sep
Climb up and down stairs without assistance	2	3
Stand on one foot with balance	1	2
Kick a large ball and catch a *gym ball* using the stretch of both hands	1	2
Uses a spoon well/slightly with assistance	1	2
Jumping in place	1	2
Pedaling a 3-wheeled bicycle	2	3

Overall, FIR's motor development showed significant progress during the stimulation program. One indicator of this progress is her balance while jumping in place. Earlier, FIR had not been able to jump using both feet simultaneously, but now he has overcome the challenge. Her ability to use a spoon to scoop grains also shows her fine motor development, which is characterized by less spillage while scooping.

The ability to catch and kick a ball using both hands shows the development of his gross motor skills. In addition, FIR has overcome fears and can climb higher places, such as the brachiation ladder and spider wall play ground, all the way to the top without assistance. Although initially he was reluctant to climb and only overcame 2-3 steps, but now he is able to overcome the challenge. An analysis of FIR's motor development shows that the

stimulation program has had a positive impact in improving his balance, fine and gross motor skills. His ability to overcome fear and overcome physical challenges shows that FIR has developed his confidence and overall physical abilities. This stimulation program helped form a solid foundation for his further motor development.

Table 5. Outcome in Girls (AMS) Thinking Ability

Outcome Indicator	Assessment	
	June	Sep
Listen attentively and make relevant comments, especially in relation to events in the family or in the home environment.	1	2
Enjoys looking at picture books and seems to be explaining the story of the pictures to others.	1	2
Likes stories that intrigue	1	2
Points to the correct object when asked	2	3
Realistic role play such as feeding a doll or putting legos together to make a train carriage	2	3
Placing the stick/pin into the right place	2	3

Overall, AMS has shown positive progress in his thinking skills. This progress can be seen when he actively arranges blocks into a structure, such as a cow shed, and plays the role of a cow farmer who feeds and cares for a cow doll. In addition, he is able to role-play using a doll and describe the character of the doll, such as when he plays the role of a jungle man. AMS's ability to insert cones or donuts into the sticks appropriately shows his ability to coordinate his hands and eyes consistently. This reflects the development of his fine motor skills. Although AMS's thinking and role-playing skills have developed well, he does not seem to show a strong interest in picture storybooks. The researcher's efforts to invite him to pay attention to the contents of picture storybooks aimed to stimulate his interest and participation in literacy. Analysis of this development shows that AMS has demonstrated creative and imaginative thinking skills through role-playing and building blocks. However, engaging her interest in literacy and picture storybooks may require a specialized approach to further develop her awareness and love for reading. The development of children's thinking abilities, as seen in FIR and AMS, reflects various types of intelligence as identified by Gardner (2011), including spatial intelligence in block building and kinesthetic intelligence in role play.

Table 6. Social and Emotional

Outcome Indicator	Assessment	
	June	Sep
Demonstrate a cooperative attitude in group activities	1	2
Shows the beginning of independence (bathroom/handwashing alone)	2	3
Demonstrate the attitude to start a friendship	1	2
Expressing feelings verbally	2	3
Patiently waiting for your turn	2	3
Proud of the work created	2	3
Know and understand different kinds of feelings	2	3

Overall, AMS has experienced positive development in her social and emotional aspects. This progress can be seen in

his ability to initiate friendships, such as when he pays attention to his friends and is willing to play when he is invited by the researcher. AMS has also demonstrated the ability to play and share toys together with others, although at first he may show resistance when distracted from the activities he is engaged in.

Over time, AMS was able to improve her social skills. AMS's success in being patient, both in waiting for her turn and completing one activity before moving on to the next, reflects progress in emotional aspects and self-management. This patience is a positive indicator that AMS has developed emotional control and the ability to adapt to her surroundings. Analysis of these developments shows that AMS has made significant progress in social interaction and managing her emotions. Her ability to form and maintain friendships, be patient, and increase positive responses to social interactions are positive aspects of her development. This stimulation program effectively assisted AMS in developing social and emotional skills that are essential for healthy social interaction and interpersonal relationship formation.

Table 7. Language

Outcome Indicator	Assessment	
	June	Sep
Recounts his experiences about objects, events and people: "Jerry has a swimming pool in his yard"	1	2
Answer simple questions appropriately	1	3
Adding information to a story that someone else just told: "Yes, then he caught her again"	1	2
Answer simple questions appropriately	1	3
Ask several questions, including the place/identity of an object and person	1	1
Using sentences to extend the conversation: "What did he do afterward?", "How did he hide it?"	1	1
Recounts his experiences about objects, events and people: "Jerry has a swimming pool in his yard"	1	2

In general, AMS's language skills are developmentally appropriate, although there are still some indicators that need to be improved. For example, in answering questions from aunty such as "Who is here with AMS?", AMS can develop his answers well, mentioning that he came with his mother and that his father is in Jakarta. AMS was also able to tell stories about experiences or events that had happened, although not always in a clear sequence. However, when the researcher asked about his travel destination, AMS still had difficulty naming the places he had visited, and needed help to determine whether it was a mall or a playground park. In terms of the ability to ask questions and use sentences to extend conversations, AMS has yet to show it. He tended to be quiet unless asked by the researcher, although he was able to answer the questions asked. Analysis of this development shows that AMS has achieved age-appropriate language skills, with the ability to answer questions and tell stories about experiences. However, there is still a need to improve the ability to determine the location or place of the visit and develop the initiative to ask questions and extend the conversation. The stimulation program could focus on developing these skills to support AMS's further language development.

Table 8. Motoric

Outcome Indicator	Assessment	
	June	Sep
Climb up and down stairs without assistance	1	3
Stand on one foot with balance	1	2
Kick a large ball and catch a *gym ball* using the stretch of both hands	2	3
Uses a spoon well/slightly with assistance	2	3
Jumping in place	2	3
Pedaling a 3-wheeled bicycle	1	3

Overall, AMS's motor development showed significant progress during the stimulation program, although there were some aspects that still needed to be improved. This progress can be seen from AMS's improved body balance when jumping in place, where previously he had not been able to jump using both feet simultaneously. The use of a spoon to scoop grains has also progressed, showing better fine motor control and less spillage when scooping. AMS has also demonstrated the ability to kick and catch a ball using both hands, reflecting progress in his gross motor skills. In addition, he has successfully conquered his fear of climbing higher places such as the brachiation ladder and spider wall playground, all the way to the top without assistance. Although initially reluctant to climb and only able to overcome 2-3 steps, AMS is now able to overcome the challenge. Analysis of this progress shows that the stimulation program has had a positive impact in improving AMS's balance, fine and gross motor skills. Although there are some aspects that still need to be improved, such as AMS's lingering fear, this progress indicates a positive outcome of the stimulation program in supporting the development of her motor skills. Overall, AMS's motor development showed encouraging progress.

Conclusions and Suggestions

From the two explanations above, it can be concluded that both children, FIR and AMS, showed positive development during the stimulation program. The program successfully improved their gross motor skills, duration of focus, speech, and social and emotional skills. FIR, previously experienced challenges in some gross motor aspects, such as two-legged jumping, but with the stimulation program, he managed to overcome these challenges. His language skills also improved, and FIR showed good social skills. Meanwhile, AMS also made significant progress in gross motor aspects and duration of focus. Improvements in speech and emotional expression were also seen. While there are still some areas that need improvement, such as adaptation to different textures and concentration in some activities, overall, AMS shows positive development. Consistent with findings by Diamond and Lee (2011), structured stimulation programs prove effective in enhancing children's executive functions, as evidenced by the improved focus duration in FIR and AMS. An authoritative parenting approach, as recommended by Baumrind (1991), can support the development of children's independence and competence. Bandura's social learning theory (1977) supports the importance of parent and educator involvement in providing positive behavioral models for children. Additionally, Vygotsky's (1978) concept of the Zone of Proximal Development emphasizes the importance of adult support in helping children reach their potential developmental level.

Parents can engage children in various stimulation activities at home to enhance their development. Provide games and activities that support motor, cognitive and social development. Consult with child development experts or medical personnel for further guidance and advice. If needed, further evaluation by relevant professionals can be done to assess the child's development holistically. Involve the child in stimulation group activities with other children of the same age. Interaction with peers can help develop social and emotional skills. Provide games and

activities that support the development of gross and fine motor skills. Encourage participation in age-appropriate physical activities, such as playing ball, cycling or jumping rope. Providing appreciation and encouragement of each child's personal achievements. Provide space for creativity through various art activities and games. Communicate openly with the child's teacher or educator to gain further understanding of the child's development at school. Discuss strategies and approaches that can be implemented both at school and at home. Conduct regular monitoring of the child's development to identify changes and additional needs that may arise over time. Discuss monitoring results with child development experts or medical personnel. Involve all family members in providing support and attention to the child's development. Provide a safe, positive and stimulating environment at home.

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