

Legal policy of the midwives' competency training on the early stimulation, detection, and intervention children's development

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Abstract

The first five years of life are a critical period for a child's development. In Indonesia, midwives are the spearhead of implementing early stimulation, detection, and intervention in child development. This paper aims to analyze the correlation between midwives' competency training and the implementation of early stimulation, detection, and intervention for 48-to-60-month-old children's growth, as well as the increase in midwives' competencies (knowledge, attitude, and skills). It also aims to analyze the obstacles that midwives face in carrying out early stimulation, detection, and intervention in child development. This study utilized a mixed-method design with a sequential explanatory approach, involving 65 midwives (33 midwives in the treatment group and 32 midwives in the control group). There is a positive correlation between training and the increase in midwives' competencies in early stimulation, detection, and a lack of parental involvement. It was also found that this training was not successful in improving midwives' attitudes. There is a weak correlation between training and the increase in midwives' attitudes toward early stimulation, detection, and intervention in child development. The increase in the implementation of early stimulation, detection, and intervention in child development. It was also found that this training was not successful in improving midwives' attitudes. There is a weak correlation between training and the increase in midwives' attitudes toward early stimulation, detection, and intervention in child development. The increase in the implementation of early stimulation, detection, and intervention in child development.

Keywords: Legal policy, Child development, Competence, Early detection, Indonesia, Midwife, Training.

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1. Introduction

Children are the future of a nation. Countries need quality children for a better future. The growth and development of children must receive adequate attention, including during infanthood (below five years). The first five years of life are called the golden period [1].

During this period, toddlers' brains are more plastic than adults' brains. Thus, the former are more open and sensitive to acquiring various knowledge and enrichments, both positive and negative. Toddlers' growth and development will be optimal when their environments provide positive support [2].

The large number of toddlers contributes to determining the future of the nation. In 2010, the number of toddlers in Indonesia was quite large, namely 30,236,184 lives or around 10.91% of the whole population [3]. The number of toddlers in East Java Province reached 2,405,679 or 6.34% of the population [4]. Then, in Ponorogo Regency, there were 79,774 toddlers, reaching 8.66% of the population [5].

Toddlers' development may be measured by their nutritional status. The Indonesian Basic Health Research of 2022 found that the prevalence of lack of nutrition in Indonesian toddlers was 17.9%, while 5.4% of toddlers suffered from malnutrition [6]. It was recorded that there were 8,410 toddlers suffering from malnutrition in the East Java Health Service [4]. This rate increased by 650 compared to the previous year, 2010 [4]. In Ponorogo, it was noted that there were 242 cases of toddlers suffering from a lack of nutrition in 2011 [5].

Apart from the growth aspect, there is also a need to pay attention to the development aspect of toddlers. In Indonesia, developmental disorders (motoric retardation, language retardation, behavioral disorders, autism, and hyperactivity) reach a rate of 13% to 18% [7].

Research from Fadlyana, et al. [8] found that babies who experience developmental retardation in rural areas reached 30%. Meanwhile, in urban areas, this rate is 19%. Most cases of developmental retardation were due to a lack of stimulation. The Ponorogo Health Service recorded 27 cases of KPSP (Kuesioner Pra-Skrining Perkembangan/Growth Pre-Screening Questionnaire) from January to July 2023, with examination results indicating the possibility of the occurrence of a deviation, 4 cases of the possibility of the occurrence of a negative disorder, and 4 cases of the possibility of the occurrence of a hearing disorder. Child health services in Ponorogo reached 75% in 2022, which was a decrease compared to the previous year (78%). This rate was still below the minimum service standard target, which was 90%. Child health services include growth and development monitoring through the SDIDTK (Stimulasi Deteksi dan Intervensi Dini Tumbuh Kembang/Stimulation of Early Detection and Intervention of Growth and Development), the administration of vitamin A, as well as the ownership and usage of the toddler care book.

There needs to be serious attention towards toddlers' development. The aforementioned attention may be given by providing them with good nutrition, adequate stimulation, as well as easy access to quality health services, including the Early Detection and Intervention of Growth disorders [2].

It is important to carry out stimulation so that children may optimally develop. Stimulation needs to be routinely and continually carried out at every opportunity. This stimulation must be carried out on all toddlers, as opposed to merely toddlers with disorders [9, 10]. Intervention on children that are suspected to suffer from developmental disorders should be carried out before that child reaches three years of age [7].

The Republic of Indonesia's Ministry of Health issued the SDIDTK module in 2017 as an effort to increase the monitoring of child growth and development. This module was a revision of the DDTK (Deteksi Dini Tumbuh Kembang Anak/Early Detection of Children's Growth and Development) module, which was issued in 2005 [2].

Midwives have the task and authority to carry out monitoring on the growth and development of babies, toddlers, and preschool children based on the Regulation of the Minister of Health No. 1464/MENKES/PER/X/2010 [11]. The midwife competency standard (competency 7) outlined that midwives must be competent in providing high-quality and comprehensive treatment to healthy babies and toddlers (from one month old to five years old). Thus, midwifery students are taught about this in their education curriculum [12, 13]. Previous research carried out by Masruroh [14] found that the factors influencing the suboptimal performance of midwives include a lack of knowledge, a lack of resources, the perception of a heavy work burden, as well as a lack of supervision [15]. Knowledge is a factor that has the most significant influence on the performance of SDIDTK implementation [14]. The SDIDTK module was first launched in 2015. Thus, midwives who graduated before that year did not obtain materials on SDIDTK during their college studies.

Midwives are the spearheads of the SDIDTK implementation [16]. It is hoped that the optimum performance of midwives may yield earlier detection of cases of disorders in child development. This is to allow early intervention, such as timely referral before it is too late. Competence is required to achieve optimum performance [17]. One of the efforts to increase competency is by participating in training. Research by Yuliana, et al. [18] found that there is a very strong correlation between training and the increase in competency (knowledge, skills, and attitude) of midwives in inserting intrauterine devices (IUD) in Sragen Regency, with a correlation score of more than 0.6. Then, the results of research conducted by Sulastri, et al. [19] found that midwives who participated in the Contraceptive Technique Update (CTU) training had a greater chance of becoming more skillful by 26 times in giving family planning counseling compared to midwives who did not participate in such training (OR=26.349; IK 95% 2.29 up to 302.76).

The Ponorogo Health Service stated that it seldom organizes SDIDTK training due to a lack of funds. The Health Service has never reviewed the obstacles that midwives face when implementing this SDIDTK program. Results of interviews with 15 midwives from different Community Health Service areas found that midwives still refer to SDIDTK by the old term, namely DDTK. Then, twelve midwives did not carry out developmental monitoring due to a lack of knowledge on SDIDTK; two midwives did not routinely carry out developmental detection with KPSP; while the eyesight and hearing tests were not organized as they lacked knowledge on such tests. Midwives who did not obtain materials on SDIDTK reached seven people

even though they graduated after 2006. Then, the number of people who have obtained socialization on SDIDTK was three midwives.

The data above shows that midwives' competencies in carrying out SDIDTK in Ponorogo Regency, East Java Province, Indonesia, are still low. Both midwives who have obtained SDIDTK materials during college as well as those who have been introduced to it still have low competencies. It is crucial to increase these competencies considering the importance of SDIDTK towards the quality of child development that contributes to determining the nation's future.

Based on the issues that have been described above, in this paper, the authors will conduct research on the analysis of the training of midwives' competencies in carrying out the early stimulation, detection, and intervention of children's development. Based on the background above, this paper aims to analyze: (1) whether or not there is a correlation between training and the increase of midwives' competencies in the early stimulation, detection, and intervention of children's development and (2) the obstacles that midwives face in carrying out the early stimulation, detection, and intervention of children's competencies.

2. Materials and Methods

The research method used was a mixed research method with a sequential explanatory strategy [20]. The sequential explanatory strategy was employed in this research because the authors first conducted quantitative research, followed by qualitative research [21]. The research design for the quantitative research was a quasi-experiment with a pretest-posttest design [22]. In this research, the quantitative data explained the desired output from the treatment process (training) [23]. Meanwhile, qualitative data were obtained to discover midwives' obstacles in implementing the early stimulation, detection, and intervention of child development. The design of this research is shown in Figure 1.



The variables in this research were: (1) Independent variables: the training of early stimulation, detection, and intervention of child development, (2) Dependent variable: Midwives' competencies, namely the knowledge, attitude, and skills in carrying out early stimulation, detection, and intervention of child development, and (3) Confounding variables: Midwives' age, education, work experience, as well as the obtainment of SDIDTK materials in college.

The types of data used in this research were qualitative and quantitative primary data. Quantitative primary data were obtained through questionnaires on midwives' knowledge and attitude regarding early stimulation, detection, and intervention

of child development. Data were filled in by respondents, as well as the assessment of skill observation results using the checklist [24]. The qualitative data were obtained from the results of in-depth interviews with participants to discover the obstacles that midwives face in carrying out early stimulation, detection, and intervention of child development.

Quantitative research was conducted using questionnaires and checklists as research instruments [25]. The knowledge of early stimulation, detection, and intervention of child development was measured using questionnaires that consisted of 30 multiple-choice questions. The attitude toward early stimulation, detection, and intervention of child development was measured using questionnaires consisting of 24 questions using the Likert scale with four alternative choice questions. Skills in early stimulation, detection, and intervention of child development were measured using an instrument in the form of a checklist, which was adopted from the Guidelines of Early Stimulation, Detection, and Intervention of Child Development. The skills were conducted on toddlers aged 48 to 60 months.

In qualitative research, researchers were directly involved in a sustainable and continual experience with participants [26]. Researchers were the research instrument [27]. Researchers utilized interview guidelines in carrying out in-depth interviews with participants to discover the obstacles that midwives face in carrying out early stimulation, detection, and intervention of child development.

The questionnaire examination was carried out on 30 respondents whose characteristics were almost similar to the research sample. The research procedures can be seen in the research flowchart Figure 2:





The research design was carried out in two stages, namely quantitative and qualitative data analyses. In conducting quantitative analysis, the authors performed descriptive analysis to examine respondents' characteristics, including age, education, work experience, and experiences obtaining SDIDTK materials in college [28].

This research was conducted after obtaining an agreement from the Ethical Committee of Health-Legal Research, Faculty of Law, Universitas Muhammadiyah Surakarta (ethical clearance) with letter number 765/KEPHK/UMS-VIII/2023. The authors paid attention to the ethical aspect, considering that the subjects used in this research were human beings. The ethical aspect considers the scope of Respect for a Person (respecting human dignity and honor).

Before conducting the research, the authors provided an explanation to the research subjects regarding the research method/procedures, research objectives, research benefits, and guarantee of data confidentiality. It was also communicated

that this research may lead to discomfort as it takes time to fill in questionnaires. The participants were made to understand that participating in training, having their skills observed, and being interviewed requires time. The researchers also informed participants that their participation as respondents/participants is voluntary.

3. Research Results

The following presents the results of the quantitative research.

Table 1.

Differences in competencies (knowledge, skills, and attitudes) before treatment (training) were given.

Variable		Treatment group	Control group	р-
(Pre-test data)		(n = 33)	(n = 32)	value*)
1.	Knowledge (Pre-Test)			0.090
	X (SD)			
	Median	59.8 (8.2)	56.4 (9.1)	
	Range	60	55	
		47-77	47-87	
2.	Attitude (Pre-Test)			0.310
	X (SD)	85.89 (6.5)	84.14 (7.2)	
	Median	86.46	84.38	
	Range	75-100	72-97	
3.	Skills (Pre-Test)			0.631
	X (SD)	60.55 (7.3)	60.97 (9.8)	
	Median	59	58	
	Range	50-75	52-98	
4.	Competencies (Pre-Test)			0.226
	X (SD)			
	Median	65.4 (5.7)	64.56 (7.75)	
	Range	65	62	
	-	55-77	56-94	

Note: *) based on the Mann-Whitney test, except for attitude which was tested using the t-test.

Based on the analysis using the Mann–Whitney test for knowledge, skills, and competencies, as well as the t-test for attitude, it was found that midwives' competencies (knowledge, skills, and attitude) in the early stimulation, detection, and intervention of child development in the two groups before treatment were homogeneous (p > 0.05).

Table 2.

Differences in midwives' competencies (knowledge, skills, and attitudes) in providing early stimulation, detection, and intervention for child development after treatment.

Variable		Treatment group	Control group	p-value*)
(Post-test data)		(n = 33)	(n=32)	
1.	Knowledge (Post-Test)			0.001
	X (SD)	87.1 (4.4)	61.6 (11.9)	
	Median	86.7	60	
	Range	73-93	43-97	
2.	Attitude (Post-Test)			0.001
	X (SD)	90.31 (6.8)	84.47 (5.8)	
	Median	92.71	84.9	
	Range	75-100	74-93	
3.	Skills (Post-Test)			0.001
	X (SD)	99.21 (1.8)	70.25 (9.8)	
	Median	100	67	
	Range	93-100	56-99	
4.	Competencies (Post-Test)			0.001
	X (SD)	95 (2.1)	71.41 (7.5)	
	Median	95	68.5	
	Range	89-98	62-90	

Note: *) based on the Mann-Whitney test.

Based on the analysis above, it was shown that there were differences in midwives' competencies (knowledge, skills, and attitudes) in the early stimulation, detection, and intervention of child development between the treatment group and the control group after training was conducted (p<0.05).

Table 3.

Percentage difference in the increase of midwives' competencies (knowledge, skills, and attitudes) in providing early stimulation, detection, and intervention for child development between the two groups.

Variable		Average percentage of incre	p-value **)	
		Treatment group	Control group (n=32)	
1	K	(1-00)		+ 0.001
1.	Knowledge	48.0	9.8	< 0.001
2.	Attitude	5.4	0.8	0.019
3.	Skills	66.2	15.83	< 0.001
4.	Competencies	46.24	10.9	< 0.001

Note: *) calculated using the formula: *Percentage of Increase* (%) = $100\% x \frac{(post \, data - pre \, data)}{pre - data}$

**) based on the t-test

Table 3 showed that there were differences in the percentage increase of midwives' competencies (knowledge, skills, and attitudes) in the early stimulation, detection, and intervention of child development between the treatment group and the control group after training. The percentage increase in competencies (knowledge, skills, and attitudes) in the treatment group was higher than that of the control group.

Table 4.

The relationship between training and the percentage increase in midwives' competencies (knowledge, skills, and attitudes) in providing early stimulation, detection, and intervention for child development.

Correlation between		Correlation coefficient	p-value ^{**)}	
1.	Training and knowledge	0.722	< 0.001	
2.	Training and attitude	0.291	0.019	
3.	Training and skills	0.849	< 0.001	
4.	Training and competencies	0.867	< 0.001	
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Note: **) based on biserial point test.

The results of the statistical analysis showed that there was a significant correlation between training and competencies (knowledge, skills, and attitude) in the early stimulation, detection, and intervention of child development (p < 0.05). Training is strongly correlated with knowledge (r = 0.722), weakly correlated with attitude (r = 0.291), has a very strong correlation with skills (r = 0.849), and is strongly correlated with competencies (r = 0.867). These four variables have a positive correlation (+), indicating a parallel relationship. Training may increase midwives' competencies (knowledge, skills, and attitude) in the early stimulation, detection, and intervention of child development.

3.1. Hypothesis

Hypothesis I: The increase in midwives' competencies (knowledge, skills, and attitudes) in the early stimulation, detection, and intervention of child development is greater in the treatment group.

• Supporting point: The analysis results using the t-test showed that there were significant differences in the percentage of the increase in midwives' competencies (knowledge, skills, and attitudes) in the early stimulation, detection, and intervention of child development between those who participated in the training and those who did not.

- Things that do not support the hypothesis: Not available.
- Conclusion: The hypothesis has been tested and accepted.

Hypothesis 2: There is a correlation between training and the percentage increase in midwives' competencies (knowledge, skills, and attitudes) in the early stimulation, detection, and intervention of child development.

• Supporting point: The results of the biserial point test showed that there was a significant correlation between training and the percentage increase in midwives' competencies (knowledge, skills, and attitude) in the early stimulation, detection, and intervention of child development. The correlation between training and competencies was very strong, with an r value of 0.867. The correlation between training and knowledge was strong, with an r value of 0.722. In contrast, the correlation between training and attitude was weak, with an r value of 0.291. Additionally, the correlation between training and skills was very strong, with an r value of 0.849.

- Things that do not support the hypothesis: Not available.
- Conclusion: The hypothesis has been tested and accepted.

4. Discussion

4.1. The Correlation Between Training and the Increase in Midwives' Competencies (Knowledge, Skills, and Attitude) in Giving Early Stimulation, Detection, and Intervention of Child Development

Research results showed that there was a strong correlation between training and the percentage of the increase in midwives' competencies (knowledge, skills, and attitude) in the early stimulation, detection, and intervention of child development. The correlation between training and midwives' skills in the early stimulation, detection, and intervention of child development was very strong, just like the correlation between training and midwives' knowledge.

Previous research has been conducted on how training affected the increase in midwives' skills and knowledge. Otto, et al. [29] conducted research on the relationship between normal birthing treatment training and village midwives' knowledge

and skills in aiding women in labor in Gorontalo City, Indonesia. Results showed that there was a significant relationship between normal birthing treatment training and knowledge (p<0.05). It was also shown that there was a relationship between normal birthing treatment training and skills in aiding women in labor (p<0.05). Apart from that, it was shown that there were differences between the level of knowledge and skills of village midwives who obtained training and those who did not. The knowledge and skills of village midwives who obtained training were better than those of village midwives who did not receive normal birthing treatment training. This study provided results that there was a very strong correlation between training and the increase in respondents' competencies (knowledge, skills, and attitude) with a correlation value of over 0.6 and p<0.05.

Treatment in the form of training for the treatment group optimizes the learning instrument and learning environment so that training participants may study well. Facilitators provided theories and examples [30]. Then, they had participants carry out a role-playing activity. Finally, they directly practiced their knowledge with toddlers. The learning experience is aimed at optimizing the present senses. Winkel [31] stated that the better the material processing, the better the memory-recalling process will be. The accurate choice in using relevant media for the objective of learning may increase learning results and make the competencies last longer. Training gives participants the opportunity to engage in active-participative learning to achieve better competency change retention [32].

This research yielded results indicating that the correlation between training and the increasing percentage of midwives' attitudes in the early stimulation, detection, and intervention of child development can be categorized as very weak. The research of Chang, et al. [33] found that providing training does not result in significant changes in the attitudes of the two groups (the control group and the intervention group).

4.2. Obstacles Midwives Face in the Implementation of Training in the Stimulation, Detection, and Intervention of Child Development

The implementation of SDIDTK in the Ponorogo Regency area is still suboptimal. Results from in-depth interviews with midwives showed that the SDIDTK implementation still focuses on growth. Monitoring of child growth has been routinely carried out during the Integrated Service Post activities each month. However, for the most part, monitoring of children's development has not been conducted, even though some midwives have irregularly performed this monitoring. The development monitoring is not carried out in detail. Further assessments are only conducted if there are complaints from parents or if there are deviations, as stated by a participant below:

"We do not routinely carry out the stimulation, detection, and intervention of children's development, as usually the mother of the toddler will ask if the toddler has not reached a particular milestone. Then, we conduct a basic assessment by matching the milestones that the child has reached with the standards for a certain age. It is not as detailed as the KPSP. Routine monitoring has only been conducted on growth, specifically body weight and height. Head circumference measurement is only sometimes performed" (P001).

"We have not conducted developmental monitoring. However, there is already routine monitoring of growth, such as body weight and height" (P005).

The data obtained from in-depth interviews with midwives were triangulated with data from the Health Sector of the Health Service of Ponorogo Regency. It was found that there were two types of obstacles that midwives face in carrying out early stimulation, detection, and intervention in child development, namely the internal factors affecting midwives and the external factors impacting midwives.

4.2.1. The Internal Factors of Midwives

Midwives' internal factors that become obstacles to implementing the SDIDTK program, especially the early stimulation, detection, and intervention of child development, are midwives' competencies and motivation. Competencies are related to midwives' lack of exposure to the materials on early stimulation, detection, and intervention of child development, as indicated by some participants' statements.

"I do not really understand SDIDTK. I only know that there are examinations with KPSP forms, as well as eyesight and hearing tests, after becoming a participant in your research" (P004).

"Midwives do not realize that they lack competencies. Out of the twelve midwives in this Community Health Center, only two individuals obtained such materials on campus; the rest have not been exposed to them" (P005).

"They still use the old concept. They do not know that DDTK has been changed to SDIDTK. They continue to use outdated patterns" (P007).

Differences in midwives' competencies occurred due to several factors. The first factor was that many did not obtain materials on SDIDTK on campus. Other factors include a lack of experience participating in SDIDTK training, employment status, and work experience.

4.2.2. SDIDTK Materials in College

This program was launched in 2005. It was hoped that midwives who graduated after that year would have obtained SDIDTK materials. In the Treatment of Neonates, Babies, and Toddlers class in college, they should acquire materials on child development, including SDIDTK. In reality, not all midwives who graduated after that year received these SDIDTK materials. Participants made the following comments:

"I graduated in 2007, but I didn't learn materials on SDIDTK, Ma'am" (P004).

"Of the twelve midwives in this Community Health Center, only two obtained this material on campus, while the others did not" (P005).

"I believe all midwives here have obtained their Associate's Degrees in Midwifery. If they have already obtained this degree, I think they must have already acquired materials on SDIDTK" (P006).

Different educational institutions have different processes for delivering materials on SDIDTK. This variation is evident in the fact that some midwives only receive theoretical knowledge on SDIDTK in class, while others gain guidance and have experiences testing toddlers. Such variations influence midwives' competencies.

"During the training, many of my colleagues commented, "Oh, so this is how it is supposed to be! Why didn't I obtain such detailed information?" Many campuses only provided theories without offering further details. The situation is that many midwives did not receive such detailed information, and they do not practice it in the field. Thus, we don't understand much" (P001).

"I believe that training, like what was organized yesterday, is crucial because the theories taught on campus were not very detailed" (P002).

"I obtained theories on SDIDTK in class. I trained with toddlers and conducted an examination" (P003).

"Yes, I obtained this material, even though it was only a little bit of theory. Then, we received guidance and were tested" (P005).

4.2.3. Training

It was found that in Ponorogo Regency, only a few midwives have obtained training on SDIDTK, while the rest have not. The Health Service has never organized SDIDTK training. This training is an effort to increase midwives' competencies. The lack of training is one of the obstacles midwives face in implementing this program.

"I believe the training you organized was crucial because the theory we learned on campus was not very detailed" (P002).

"I came here in 2011, and there has not been any training on SDIDTK. Perhaps there was training before that, as there is already information about the facilitator in the employment data" (P006).

"Not many people here have been trained. It is still at the introduction stage in the province. There has not been any training at the regency level. Apart from that, the database on who was trained was not very good. For instance, we sent Midwife A for a certain training. After she came back from that training, there was no follow-up. The follow-up should be in the form of training for other midwives, but no such thing happened. In the end, those who were sent for training became knowledgeable, whereas those who never participated in the training do not have any roles. It should not be like this. A midwife who obtained training should spread the information to her colleagues" (P007).

4.2.4. Employment Status

Employment status also influences whether or not these midwives are exposed to SDIDTK. In Ponorogo, training is prioritized for midwives with Coordinator Midwife status, followed by common midwives. Training is also prioritized for midwives with State Civil Servant status, who are given preference over temporary employee midwives. Such training can only accommodate a limited number of participants. The emphasis on State Civil Servant midwives and Coordinator Midwives results in temporary employee midwives rarely obtaining a quota for training. This may lead to a gap in competencies.

"The midwives who can carry out SDIDTK are those of us who have participated in the training. In the Community Health Center, only two midwives were trained. Even the Coordinator Midwife has not been trained yet, even though usually, whenever there is an activity, the Coordinator Midwife is prioritized. If it were not for random selection, I would not have obtained the training. So, thank you..." (P001).

"Perhaps in the past there was training, but only the senior Coordinator Midwife may have received it. I believe it was a long time ago. Even the new State Civil Servant midwives have not been trained yet. Therefore, the temporary employee midwives have not been trained either" (P002).

"Here, there is a hierarchy of priority. The first priority goes to the Coordinator Midwife, followed by State Civil Servant Midwives, and lastly, the temporary employee Midwives" (P003).

"In general, midwives' knowledge of SDIDTK is still inadequate, especially among temporary employee midwives. Many have not implemented it according to the standards" (P007).

4.2.5. Work Experience

A longer experience working as a midwife increases the chance of having been exposed to SDIDTK.

"Perhaps in the past there was training, but only the senior Coordinator Midwife may have received it. I believe it was a long time ago. Even the new State Civil Service midwives have not been trained yet. Therefore, temporary employee midwives have not been trained either" (P002).

"In the past, the Coordinator Midwife provided copies of this book. It was a long time ago. We received these books and were instructed to learn about them on our own without any explanation. After that, there was no further training" (P001).

"People are more familiar with DDTK than SDIDTK. Many midwives my age already know about DDTK. In the past, I obtained an introduction to this program from the former Coordinator Midwife" (P006).

Apart from competency, another obstacle originating from the internal aspect of midwives is the lack of motivation. Motivation is influenced by the heavy work burden, the lack of understanding of the tasks, the lack of awareness, the lack of role models, the lack of feedback from the superior (Coordinator Midwife), as well as the lack of rewards.

The heavy workload leads to the need to increase midwives' motivation in implementing early stimulation, detection, and intervention in child development. The following are some participants' statements.

"I have many tasks; I do not have time to learn that" (P001).

"Field tasks take a lot of time; this does not even account for the reports that we must complete" (P003).

Midwives still lack an understanding of the tasks involved in implementing early stimulation, detection, and intervention in child development. They also lack awareness of these aspects. Participants provided the following statements:

"The requirement for a complete toddler is that he or she has attended DDTK twice and visited Integrated Service Posts at least eight times. Developmental monitoring has never been conducted. We only measure body weight, height, and head circumference. However, I report that a DDTK assessment has already taken place. This is due to the targets set by Community Health Centers. There is not much we can do about it" (P003).

"Based on the monthly report, there is only a little bit. For the target of the many babies and toddlers, there were only 76 cases. It's too little, isn't it? We seldom carry out eyesight and hearing tests. Whether or not it is carried out and whether it is carried out but goes unreported, we don't know" (P006).

"Actually, they are obliged to carry it out. There is already a format, but they have different levels of capability. Some may carry it out holistically, while others may not. Not everyone understands it" (P007).

Feedback, rewards, and role models influence midwives' motivation to carry out early stimulation, detection, and intervention in child development.

"It's okay... I wrote a random number for the toddlers who obtained DDTK, even though I only checked their growth. I emptied the KPSP, eyesight test, and hearing test. So far, no one has asked me about it, and there are no problems" (P003).

"We do not charge fees for providing this service. Let's not even discuss the fees for the midwives; we do not receive books or tools either!" (P002)

"I don't see any senior midwives carrying it out. No one talks about SDIDTK" (P003).

4.2.6. The External Factors of Midwives

In carrying out early stimulation, detection, and intervention in child development, midwives also encounter obstacles due to external factors, including facilities and infrastructure, supervision, and the involvement of children's parents.

4.2.7. Facilities and Infrastructure

Facilities and infrastructure required to carry out the early stimulation, detection, and intervention of child development are still inadequate. Midwives do not yet have screening tools, instrument books, or guideline books. Before participating in the training, no midwife had their own screening tools. Respondents who participated in this research obtained screening tools, SDIDTK instrument books, and guideline books. The participants stated the following:

"I only obtained tools after participating in your training. Other colleagues of mine do not have them" (P001)

"There are no screening tools available" (P003).

"My colleagues do not have the instruments. After the training, only another midwife and I obtained the instrument from you" (P007)

"Concerning the facilities and infrastructure, they should originate from the Health Service. However, there is no budget to procure them. Thus, we cannot acquire instruments, books, and other necessities for the SDIDTK" (P008).

4.2.8. Supervision

Another external factor that becomes an obstacle for midwives in carrying out early stimulation, detection, and intervention in child development is the factor of supervision. Supervision may take the form of visits as well as checking records and reports. Apart from that, there are no firm actions taken against midwives who fail to carry out early stimulation, detection, and intervention in child development, as concluded from the following statements of respondents:

"There is no supervision for DDTK" (P001).

"There has never been supervision of SDIDTK" (P005).

"The supervision of village midwives is conducted using cohort reports. Meanwhile, concerning supervision from the Health Service, my village has not been monitored by this service" (P004).

"It's okay... I wrote a random number for the toddlers who obtained DDTK, even though I only checked their growth. I emptied the KPSP, eyesight test, and hearing test. So far, no one has asked me about it, and there are no problems" (P003).

4.2.9. The Involvement of Toddlers' Parents

Parents' involvement in monitoring the development of their children is crucial. The issue is that in Integrated Service Posts, parents are often in a rush to go home, which prevents midwives from conducting detailed examinations. Additionally, parents do not yet have a sufficient understanding of this program. The following are the participants' testimonies:

"The obstacle is that in Integrated Service Posts, there are many children. Sometimes there are fussy ones, and the parents are in a rush to go home" (P001).

"Concerning this SDIDTK program, I think a lot of parents still don't know about it. I have not shared it with them. In fact, I only understood the SDIDTK program after participating in the training yesterday. However, I believe society will appreciate this SDIDTK program. For instance, a parallel to it is the IQ test at schools. Parents want to know the IQ of their children, so I think they will be enthusiastic about this. Another example is that in Integrated Service Posts, parents like to share what their kids can do. Therefore, I believe parents will be happy about it" (P004).

Based on the qualitative data analysis of the obstacles that midwives face in carrying out early stimulation, detection, and intervention in child development, it was found that the obstacles include both internal and external factors. Internal obstacles consist of a lack of competencies and motivation. This lack of motivation is related to a heavy work burden, insufficient understanding of the tasks, a lack of awareness, absence of role models, inadequate feedback from superiors (coordinator midwives), and a lack of rewards.

Midwives' external obstacles in carrying out the stimulation, detection, and intervention of child development include factors related to facilities and infrastructure, supervision, and parental involvement. The factors concerning facilities and infrastructure include a lack of guidebooks, instrument manuals, tools, and funding. The lack of supervision encompasses insufficient direct visits, inadequate report and record checks, as well as the absence of strict sanctions for midwives who fail to implement early stimulation, detection, and intervention of child development. The conclusion drawn from qualitative data on the obstacles that midwives face in executing early stimulation, detection, and intervention of child development is presented in the table and concept map below.

Table 5.

Internal:a.There is no SDIDTK training.1)Competenciesb.Midwives did not obtain SDIDTK materials in college.2)MotivationEmployment status: State civil servants are prioritized for training.a.Work burdenb.The lack of understanding of tasksc.The lack of awarenessd.Suboptimum role modelse.Suboptimum feedback over reportsf.The lack of report and recording checks.1)Supervisiona.2)Facilities and Infrastructureb.3)Parents of toddlersa.b.There is a lack of funds.a.There is a lack of funds.a.There is a lack of funds.a.There are no SDIDTK modules, guidebooks, or instrument books.b.No instruments.c.There is a lack of funds.a.There is a lack of funds.b.No instruments.c.There is a lack of funds.a.There is a lack of funds.	Component		Obsta	Obstacles		
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3) Parents of toddlers c. There is a lack of funds. a. There is a lack of knowledge. b. Limited time	2)	Facilities and Infrastructure	b.	No instruments.		
 Barents of toddlers a. There is a lack of knowledge. b. Limited time 			с.	There is a lack of funds.		
b. Limited time	3)	Parents of toddlers	a.	There is a lack of knowledge.		
			b.	Limited time		

Obstacles that midwives face in carrying out early stimulation, detection, and intervention of child development before obtaining training are divided into two categories: midwives' internal factors and midwives' external factors.

4.2.9.1. Midwives' Internal Factors

Obstacles due to internal factors that midwives face in implementing early stimulation, detection, and intervention of child development before participating in the training include a lack of competencies and motivation. The experience in obtaining SDIDTK materials during college, participation in training, work experience, and employment status influence midwives' competencies. This research found that State Civil Servant midwives are prioritized for training compared to temporary employee midwives. Midwives' lack of motivation is influenced by a heavy work burden, a lack of understanding of tasks, a lack of awareness, a lack of role models, insufficient feedback on reports, and a lack of rewards.

4.2.10. Competencies

Competencies (knowledge, skills, and attitude) influence midwives in carrying out their tasks. Research by Fort and Voltero [34] found that knowledge and skills in antenatal and postpartum care strongly correlate with health workers' performance. Research conducted by Masruroh [14] found that knowledge is the factor that has the most significant influence on midwives' performance in implementing SDIDTK. A study conducted by Husna and Besral [35] also stated that knowledge is related to village midwives' performance. The research of Widia [36] stated that knowledge is linked to the application of partographs in the Sragen Regency. Bloom, in Notoatmodjo [37], stated that behavior consists of three domains: knowledge, attitude, and psychomotor. Changes in one of these domains will influence the other domains.

The implementation of SDIDTK in Ponorogo Regency is limited to the monitoring of growth. Midwives do not carry out development monitoring as they do not know how to conduct development examinations using KPSP, as well as hearing and eyesight tests. The lack of knowledge and skills among midwives in implementing early stimulation, detection, and

intervention of child development is caused by their insufficient exposure to this program. Several factors influence SDIDTK information exposure as follows:

4.2.11. SDIDTK Material in College

This information exposure may be in the form of obtaining SDIDTK materials in college. The SDIDTK module was launched in 2005. It is hoped that midwives who graduated after that year have obtained that material during college [12]. This research found that not all midwives who graduated after that year received materials on SDIDTK in college. This depends on the educational institutions from which they graduated. Dale [32] stated that participative learning (audiovisual) increases one's competency retention.

4.2.12.Training

Midwives who participated in this research graduated from various campuses, resulting in different experiences in obtaining SDIDTK materials in college, which led to their varied competencies. These variations may be addressed through the provision of training to enhance midwives' competencies. The training aims to increase and develop midwives' work competencies, productivity, discipline, attitude, and work ethic at a certain level of skills and expertise. In this context, it pertains to the early stimulation, detection, and intervention of child development [38, 39].

4.2.13. Work experience

Work experience influences one's competencies. In-depth interviews with participants yielded results indicating that midwives with longer work experience have a greater chance of being exposed to SDIDTK. Early SDIDTK exposure allows these midwives to practice SDIDTK earlier. Midwives who worked before 2005 are already familiar with DDTK and have practiced developmental examinations with KPSP, even though they do not carry it out routinely. Additionally, they seldom conduct hearing and eyesight tests.

Midwives with longer work experience are more skilled than other midwives [19]. Research results from Sanga and Surjono [40] stated that work experience has a significant relationship with midwives' competencies.

4.2.14. Employment Status

In this research, it was found that employment status can influence midwives' competencies. This is because employment status influences which midwives are prioritized to obtain training. Training is prioritized for midwives with a Coordinator Midwife status, followed by State Civil Servant midwives with long work experience, State Civil Servant midwives with short work experience, and then temporary employee midwives. The results of this research differed from the research of Widia [36], who found that there was no relationship between employment status (State Civil Servants/temporary employees) and the application of pantographs, as the dominantly influencing factor is knowledge. In Ponorogo, the competencies of temporary employee midwives in development monitoring are still lacking. This is because training aimed at increasing competencies is prioritized for State Civil Servants.

4.2.15. Motivation

Another internal factor of midwives that influenced their implementation of early stimulation, detection, and intervention in child development was motivation. Motivation can be defined as one's special readiness to carry out or continue a series of activities aimed at reaching a determined target [41].

Research by Machfudloh [42] found that midwives still have low motivation to implement SDIDTK. Motivation influences competencies. The research of Ma'ruf and Siswanto [43] provided results indicating that motivation affects the competencies of village midwives in Malang Regency. It was found that the higher the motivation, the greater the competencies that midwives possess. Motivation influences competencies, and in turn, competencies influence midwives' performance. The research of Widia [36] discovered that motivation is linked to the application of partographs in Sragen Regency. Some factors influencing motivation are as follows:

4.2.16. The Lack of Understanding of Tasks and the Lack of Awareness

Results of this research showed that there is a need to increase midwives' understanding of tasks and awareness to carry out early stimulation, detection, and intervention in child development programs. Then, Bloom in Notoatmodjo [37] stated that one's level of knowledge starts with knowing. Understanding is the next step [11].

4.2.17. Role Model and Report Feedback

Results of this research found that the role model and feedback from coordinating midwives are still suboptimal. Additionally, there has been no SDIDTK report feedback. So far, midwives only report the detection of growth, whereas the detection of development has not been reported. The lack of feedback causes midwives to lose motivation to carry out this program. Feedback on performance results may increase midwives' motivation to perform their tasks, leading to improved performance [44].

4.2.18.. Rewards

This research showed that the lack of rewards influences midwives' motivation in carrying out early stimulation, detection, and intervention in child development. Rewards are a form of positive motivation and also a form of external motivation [45].

Research by Sari [46] stated that incentives influence midwives' motivation in carrying out their tasks. The study by Siregar [47] on the influence of organizational characteristics on the work motivation of family planning field extension workers in Medan City, North Sumatra Province, Indonesia, showed that finances have the greatest influence on motivation. However, the research by Husna and Besral [35] provided different results, as it was found that rewards do not influence midwives' performance in providing health services to poor communities.

4.2.19. Midwives' External Factors

Facilities and infrastructure, supervision, and parental involvement are external factors for midwives that pose obstacles to the early stimulation, detection, and intervention of child development, as explained below:

4.2.20. Facilities and Infrastructure

The lack of screening tools, instrument books, and SDIDTK guidebooks becomes a hindrance. The research of Machfudloh [42] supports this. Instruments are related to midwives' performance in SDIDTK. When collecting data on skills, all respondents utilized instruments that the researchers provided, as there were no SDIDTK instruments available at the practice location. The Health Service stated that it did not have the funds to procure these instruments due to a limited budget. The instruments exist but are available only in limited quantities and are only in the form of samples.

4.2.21. Supervision

In this research, the supervision function was still suboptimal. Supervision may take the form of report and recording checks, field visits, and the imposition of sanctions on midwives who failed to carry out developmental monitoring.

The participants in this research stated that they had many recording and reporting tasks that they needed to complete, whereas the feedback they received was still inadequate. This was in line with the research of Senewe and Wiryawan [48], who found that village midwives were reluctant to carry out reporting and recording of Local Area Monitoring-Maternal and Infant Health due to the excessive recording and reporting tasks they had to perform.

In this research, the recording and reporting conducted were only limited to the growth aspect, and there was a lack of adequate feedback. Participants also stated that the data resulting from growth monitoring recordings were reported as DDTK data, even though they did not carry out developmental monitoring. Midwives who submitted their reports were unaware that they had made a mistake due to a lack of feedback [49].

Supervision, such as visits to the field, has not been carried out. Supervision in the field will help policymakers understand the conditions on-site, correct what needs to be addressed, and clarify what midwives should do. Supervised midwives will become more motivated in executing this program. Thus, supervision has a direct effect on performance [50].

The research by Badi'ah [51] on nurses' motivation in the inpatient room of Panembahan Senopati Hospital Bantul yielded results indicating a significant relationship between nurses' performance and both internal and external motivation factors as a whole (p = 0.000). There was a relationship between nurses' performance and the sub-variables of supervision (p = 0.001), organizational policies (p = 0.000), as well as wages (p = 0.000).

Supervision is crucial in the effort to enhance one's performance. Supervision may motivate a person to carry out his or her job. Motivation will increase if there is feedback on the results of the performance conducted [44].

4.2.22. Parental Involvement

Parental involvement also plays an important role in the SDIDTK program, as the direct target of this program is toddlers (0-60 months) and preschool children (60-72 months) [1]. An obstacle that often occurs in the field is that toddlers' mothers are frequently in a rush to go home when attending the Integrated Service Posts. Another crucial factor is the lack of parents' knowledge about the existence of this program. Parents certainly want to know about their children's development and what stimulations are required to ensure that their development is optimal. However, midwives have not provided parents with information about this program [52].

5. Conclusion

Based on the research results, it can be concluded that: (1) there is a positive correlation between training and the increase in midwives' competencies (knowledge, skills, and attitude) in the early stimulation, detection, and intervention of child development, and (2) obstacles that midwives face in implementing the early stimulation, detection, and intervention of child development before obtaining training include a lack of competencies and motivation. Midwives' external obstacles in carrying out the stimulation, detection, and intervention of child development include a lack of facilities and infrastructure, a lack of supervision, and a lack of parents' involvement. Obstacles that midwives face in implementing the early stimulation, detection, and intervention of child development after obtaining training include a heavy work burden, limited time, and a lack of rewards.

It was also found that this training was not successful in increasing midwives' attitudes. There is a weak correlation between training and the increase in midwives' attitudes toward the early stimulation, detection, and intervention of child development. The increase in the implementation of the early stimulation, detection, and intervention of child development can be achieved by organizing training, creating intersectoral cooperation, increasing supervision, adding facilities and infrastructure, and providing health education for parents.

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