Preschool Children's Behavioral and Emotional Problems using Pediatric Symptom Checklist (PSC 17) during Distance Learning

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ABSTRACT

Distance learning for early childhood education level causes various issues, one of the issues is behavioural and emotional problems. This problem has become a notion that is nearly never researched. The aim of this research is to analyses children's behavioural and emotional problems by using Paediatric Symptom Checklist-17 (PSC 17) questionnaire for young children. This research is quantitative research by using questionnaire for collecting data. The questionnaire of PSC 17 also uses to screen Kindergarten school children at risk of behavioural and emotional as early detection to develop strategies to meet their mental health needs. The PSC will be completed by the parents of 71 Kindergarten school children. The PSC also will be spread to the targeted participant by public health care staff. A follow-up interview has conducted with the children with symptoms. A multidisciplinary team formed to analyse the case at hand. The result revealed that 7 from 71 preschool children are positively suspected behavioural, emotional and psychosocial disorder consist of 3 males and the rest 4 are females. Further finding known from interviewed parent of preschool children who suspect behavioural, emotional, and psychosocial disorder revealed that lack of time for parents to accompany distance learning is the main cause. Accompanying children during distance learning is compulsory as an effort to reduce behavioural, emotional, and psychosocial disorder.

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1. INTRODUCTION

As the emergence of using internet in the pandemic era is grow so fast, so does the possibility for online learning (Andarwulan et al., 2021; Kumalawati et al., 2021; Muilenburg & Berge, 2005). Almost all levels of education have switched from offline learning to online learning, including in early childhood education level. This condition is quite challenging for early childhood educator in the context on how applying an online learning for early childhood (Aliyyah et al., 2020; Maureen et al., 2018; Ottley et al., 2015). Changing in learning system drives students and parents into new experiences in learning (Lau & Lee, 2021; Lucas et al., 2021; Novitasari, 2019). Some researcher revealed that online learning creates some problems such as availability of stable internet access, availability sophisticated devices, electricity network, and adequate internet quota (Hamid et al., 2020; Panigrahi et al., 2018; Sadikin & Hamidah, 2020). But there is still little research which focus on the psychological impact that children experience in distance learning (Dhahri et al., 2020; Fabriz et al., 2021; Lau & Lee, 2021). On the other hand, psychosocial difficulties, are very common and affect about 12% of adolescents, according to previous studies, pediatricians, schools, and even parents are often unaware of these problems, which can create greater difficulty in later life (Edwards, 2006). This studies have shown that early diagnosis and treatment may lead to better results.

Research at the PSC-17 has been administered within side the United States of America. Overall 35-object PSC to the 17-object PSC-17, and more than one research had been done to validate the PSC-17. Some previous studies have investigated the factor structure of the scale to proof of validity and reliability (DiStefano et al., 2017). Another proof of validity was also conducted by several researchers who conducted research in term of examining the invariance of the PSC 17 by using sample of young African American and Caucasian with and without symptoms, the research result concluded that strong factor invariance was not established (Wagner et al., 2015). There are still few studies have been conducted to validate PSC 17 in preschool setting to find out whether PSC 17 can be an option for universal screening (Jellinek et al., 1988; J. Liu et al., 2020). The antecedent research has been done by previous research who revealed that PSC 17 has the same factors as in the primary care settings namely internalization, outsourcing, and attention problems (DiStefano et al., 2017). The three subscales have the taking after operational definitions: the issue of internalization is sentiments of discouragement, uneasiness, and uneasiness (for case, numerous stresses). One of the issues with headlines is consideration shortfall. Outsourcing issues are dangerous behaviors such as hostility and hyperactivity (for case, picking something that is not yours). The issue of internalization is sentiments of misery, uneasiness, and uneasiness (eg, numerous stresses). Highlight issues are consideration shortfall (such as destitute concentration)(Havighurst et al., 2013; Ishizuka, 2019; Pike et al., 2020). Another previous research who examine the psychometric properties PSC 17 specifically investigate complex relationships between demographic characteristics, behavioral and emotional problems and learning outcomes using teacher-assessed pediatric symptom checklist factor structure and measurement invariance PSC 17, and elementary school structural equation models (Jin Liu et al., 2020). The result firmed that a three-factor structure of the pediatric symptom checklist-17 (internalizing problems, externalizing problem, and attention problems) were valid.

Behavioral and emotional problems are unfavorably associated with children’s academic performance level. Many researchers studied about the relationship between behavioral and emotional children with academic score (Mami & Arayesh, 2010; Martín et al., 2021; Shokoohi-Yekta et al., 2011). Nonetheless, the study on children’s behavioral and emotional problem which is impacted by distance learning in pandemic COVID 19 is less (Bakken et al., 2017; Kim, 2020; Schlein et al., 2016). Even though, for children at risk for behavioral and emotional problems during COVID 19 is plausibly high (Fitriyani et al., 2019; Martín et al., 2021; Ramdan & Fauziah, 2019). But few researchers are less concern about it. In line with that another research conclude that primal intervention for children’s behavioral and emotional problem could help depreciate long-term affliction of mental disorder and bust overall health care burden (Einfeld & Tonge, 1995). Therefore the researchers are interested in conducting research related to analyses children’s behavioural and emotional problems for young children. This study uses the theory of behavioral and emotional problem namely, internalizing problem, externalizing problem, attention problem.

2. METHOD

This study is quantitative research with pediatric symptom checklist 17 as an instrument to collect the data, further followed by interview. The procedure that applied in this research are Initial screening, in total of 72 parents of preschool children were purposively screened for behavioral health
problems using PSC 17. In this case parents are required to fill the PSC 17. PSC 17 is a one-page questionnaire with 17 items that reflects parents’ impressions of their child’s psychosocial functioning. Follow-up interview, after reviewing the PSC 17 score results, we selected 7 respondents’ parents among 72 children to test the reliability and validity of the PSC and gather additional information about the 7 children with symptoms along with their parents. The symptomatic parents’ respondents are then interviewed by the multidiscipline experts’ group which consists of teacher, lecture, and general practitioners. During in depth 60-minute interview, parents were asked detailed questions about their child’s functioning at home, school, and in the community, their feelings and thoughts. The child’s general functioning, medical history, behavioral health, and access to medical services and symptoms were all covered in the interview. The procedures are show in Figure 1.

![Figure 1. Research Procedure](image)

3. RESULT AND DISCUSSION

Result

The researcher reviewed the result score of 71 questionnaires of the PSC 17. Then, in order to determine whether the preschooler are suspected or not, if the result of total score of PSC 17 is higher than ≥ 15 it’s mean that preschool children suspected behavioral, emotional and psychosocial disorders, and if the total score are lower than ≥ 15 it means that the preschool children are not suspect behavioral, emotional and psychosocial disorder. Result of the research showed that 7 from 71 preschool children are positively suspected behavioral, emotional and psychosocial disorder. And the rest of preschooler is not. Preschoolers with symptom are show in Table 1.

Table 1. PSC 17 Result Score of Suspected Preschools Children with Behavioral, Emotional and Psychosocial Disorder

<table>
<thead>
<tr>
<th>Participant</th>
<th>Sex</th>
<th>Age</th>
<th>Internalizing problem score</th>
<th>Externalizing problem score</th>
<th>Attention problem score</th>
<th>Total score</th>
<th>Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Male</td>
<td>5 years old</td>
<td>7</td>
<td>7</td>
<td>3</td>
<td>17</td>
<td>Suspected</td>
</tr>
<tr>
<td>2</td>
<td>Male</td>
<td>6 years old</td>
<td>6</td>
<td>11</td>
<td>7</td>
<td>24</td>
<td>Suspected</td>
</tr>
<tr>
<td>3</td>
<td>Female</td>
<td>6 years old</td>
<td>5</td>
<td>8</td>
<td>3</td>
<td>16</td>
<td>Suspected</td>
</tr>
<tr>
<td>4</td>
<td>Female</td>
<td>6 years old</td>
<td>5</td>
<td>7</td>
<td>4</td>
<td>16</td>
<td>Suspected</td>
</tr>
<tr>
<td>5</td>
<td>Female</td>
<td>6 years old</td>
<td>5</td>
<td>10</td>
<td>5</td>
<td>20</td>
<td>Suspected</td>
</tr>
<tr>
<td>6</td>
<td>Female</td>
<td>5 years old</td>
<td>10</td>
<td>9</td>
<td>6</td>
<td>25</td>
<td>Suspected</td>
</tr>
<tr>
<td>7</td>
<td>Male</td>
<td>5 years old</td>
<td>6</td>
<td>7</td>
<td>5</td>
<td>18</td>
<td>Suspected</td>
</tr>
</tbody>
</table>

From the Table 1, we could take the information that preschool children who suspect with behavioral, emotional, and psychosocial disorder consist of 3 males and the rest 4 are females. The range ages between 5 to 6 years old.

Discussion

Further result also known from interviewed along with the parents’ respondents of preschool children who suspect behavioral, emotional, and psychosocial disorder it is known that lack of time for parents to accompany during distance learning is the main cause. Family is the warmest place for children. Parents are the closest supporters and protectors of children during the global pandemic. Maintaining close and open communication with children are key to identifying their physical and mental health problems, and this provides appropriate action and support.

Psychological crisis interventions targeted at different psychological problems for different age groups should be undertaken to reduce psychological trauma and subsequent psychosocial problems.
caused by the pandemic (Davis et al., 2007; Dong et al., 2020; Saarni, 2014). Communities and schools play a unique and vital role in supporting children by providing effective interventions with high efficacy (Apriyanti, 2020; Aytac & Ahi, 2021; Cheung et al., 2020). Families should pay more attention to the mental health of children in their early life path, as good educational strategies are essential during the COVID-19 pandemic. Even though the world has struggled to fight the pandemic, quarantine policies have a long-lasting impact on children (Kim, 2020; Rayuwati, 2020; Yunita & Kristiyanto, 2021). Innovative digital solutions and informatics tools are needed more than ever to support healthcare systems, thereby reducing negative consequences on children. It is in line with previous research that online environments need a very basic different teaching and learning approach from those used in the conventional face-to-face setting or with print-based material (Heirdsfield et al., 2007). There are also descriptive study examined U.S. parents' views on distance learning for their preschool children during the COVID-19 crisis (Stites et al., 2021). Results of study indicated that parents received and engaged in more literacy based activities. Responding parents indicated that time was a major factor in assisting their children with distance learning and would prefer activities that did not take significant time, and allowed for social interaction with other children. There are many limitations from this study due to limited research time. The researcher does not know scientifically why are the number of preschool children with symptom are known that female experience more than male, and the range of ages between 5-6 years old. Further research is needed to prove it scientifically. And another research with more participants is suggested. Lastly, the researchers group extremely recommend for all parent for providing sufficient time to accompany children in distance learning. Because accompanying children during distance learning is compulsory as an effort to reduce behavioral, emotional, and psychosocial disorder. Building attachment and good communication is also crucial for parent.

4. CONCLUSION

This study concludes that 7 from 71 preschool children suspected with symptom of behavioral, emotional, and psychosocial disorders. The lack of time for parent to accompany their children was the main cause among children with symptom. Also, absence of attachment and insufficiency of communication are plausibly cause preschool children behavioral, emotional, and psychosocial disorder symptom. The rest of 64 children who are not suspected with children behavioral, emotional and psychosocial disorder symptom are known that they get assistance during online learning and the fulfillment of attachment as well as good communication with parents during online learning.

5. REFERENCES


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