Addressing Emotional and Behavioral Problems in Early Childhood by Using the Strength and Difficulties Questionnaire (SDQ)

Nila Zaimatus Septiana¹ (Institut Agama Islam Negeri Kediri, Indonesia)  
Palasara Brahmani Laras² (Universitas Mercubuana Yogyakarta, Indonesia)  
Nanda Istoqomah³ (Universitas Islam Negeri Sayyid Ali Rahmatullah, Indonesia)

Co-Author Email: nilazaima@iainkediri.ac.id

Abstract: Early childhood is a period of amazing development, at this time children experience various kinds of problems, both emotional problems, behavior, and social life related to peers. The main objective of this study was to examine the prevalence of self-reported emotional and behavioral symptoms in a representative sample of parents and early childhood teachers using Goodman's Strengths and Difficulties Questionnaire (SDQ). A total of 110 respondents (teachers and parents) participated. The results showed the prevalence of emotional and behavioral symptoms in the analyzed samples. Some of the problems found from the highest to the lowest are prosocial problems, hyperactivity, problems with peers, emotional problems, and behavioral problems. Based on SDQ items, the highest problems experienced by children are losing their temper 50.4%, reported being easily distracted or having difficulty concentrating 49.6%, and Children were less able to get along better with adults than with other children 56.6%. In conclusion, the SDQ test is offered as a simple and effective tool to propose to all formative agents who are concerned with the interests and concerns of not only early childhood but also adolescents and adults.

Keywords: Emotional Problems; Behavioral Problems; SDQ; Early Childhood.
INTRODUCTION

Emotional and behavioral problems were identified as an inability to establish satisfactory interpersonal relationships with peers, behavior or feelings that are inappropriate under normal circumstances, an unhappy or depressed mood, and a tendency to develop physical symptoms or fears related to personal problems. These problems often become more pronounced in the school environment and can impair the cognitive and functional performance of schoolchildren (Bach et al., 2019).

The World Health Organization (WHO) has shown that early detection is important for vulnerable groups because it can prevent developmental disorders and worsen clinical conditions. Tracking the prevalence of emotional and behavioral problems among children is the first step in identifying the magnitude of the problem so that teachers and parents can provide appropriate treatment.

Emotional and behavioral problems (EBP) are a common problem among parents and early childhood teachers today. In the new normal era, the types of problems that appear are often different. This is related to the child’s gender, cognitive function, socioeconomic status, and parental stress (D’Urso & Symonds, 2022). These problems include behavioral problems, emotional disturbances, aggression, anxiety, anti-social behavior, and depression. Research shows that emotional and behavioral problems in early childhood tend to continue into middle childhood and adolescence, and they can predict later social and academic problems or other difficulties such as juvenile delinquency.

Emotional and behavioral problems are common in children, and children who suffer from both have a higher risk than children who suffer from only one, such as emotional or behavioral problems only. Emotional and behavioral problems are common in children, and children who suffer from both have a higher risk than children who suffer from only one, such as emotional or behavioral problems only. This increases risks including drug use, high-risk sexual activity (Parkes et al., 2014), poor academic results, and even suicidal behavior. Youth who suffer from coexisting emotional and behavioral problems are also more likely to be involved with mental health disorders and even legal problems.

The prevalence of emotional and behavioral problems has serious effects, so it is important to understand more about the problem itself, its prevention, and treatment. Research has shown that family relationships and parenting patterns play a key role in a child’s development (Dewi et al., 2020). Such relationships between family members become an important part of emotional and behavioral development in early childhood, especially in predicting emotional and behavioral problems in the next stage of development (adolescence and adulthood).

Related to parenting, for example, parents who use authoritarian parenting in the family have been shown to support the early development of behavior problems in children like a higher level of aggression but may also be shy (Sanvictores & Mendez, 2021), while parental monitoring of children is important for preventing behavior problems. However, the fact is that parents tend to reduce monitoring of children and adolescents who are at the highest risk and need supervision the most.
In addition, other studies have also shown that adolescents with emotional and behavioral problems that occur simultaneously tend to experience significant family relationship disorders, so interventions designed to improve family function are needed. The family is an important protective factor and adds specificity to the communication role of parents and adolescents that has an impact on adolescent psychosocial development. In terms of preventive interventions, strategies to improve the family’s emotional climate should be considered before teaching specific parenting strategies (Kapetanovic & Skoog, 2020).

From the explanation, it is known that the family is an important factor in the prevention and treatment of emotional and behavioral problems in children. Research shows that parents of children with coexisting emotional and behavioral disorders are responsive to family-focused interventions. Because emotional and behavioral problems in early childhood tend to predict problems that arise later in life. Family parenting also has an impact on adolescent mental health.

Apart from family factors, the educational environment also plays an important role in the emotional and behavioral development of children. Especially teachers who have an important role in supporting children's academic achievement. Errors in giving treatment to children cause children to experience difficulties, including in the academic field.

Academic difficulties can lead to behavioral disorders, such as anxiety, depression (internalization), and disruptive behavior (externalization) (D'Urso & Symonds, 2022). and children are potentially at increased risk for lower academic performance (Bigras et al., 2021). A study states that the relationship is transactional, showing that behavior and academic difficulty work in tandem to predict dissonance and later school failure. Children’s low academic skills are associated with maladaptive behavior problems throughout childhood and adulthood, and externalizing behavior related to the achievement of further academic results. (Kulkarni et al., 2021).

Regardless of what has been described, researchers will collect data related to emotional and behavioral problems in early childhood in the new normal era, from this research it is hoped that there will be a follow-up to develop and implement appropriate interventions to overcome these problems.

**METHOD**

This research used the descriptive quantitative method. Descriptive research aims to provide an overview of the social phenomena and symptoms under study by describing each variable according to the indicators of these variables without connecting the variables studied. This study describes in general the variables of early childhood emotional and behavioral problems using the SDQ instrument. This research procedure includes three stages, the first stage is conducting research preparation, including the preparation of the required facilities and infrastructure, by studying literature, determining the location, licensing, and research samples. In the second stage, to assess the extent of emotional and behavioral problems, researchers used the SDQ (Goodman, 2002). In the third stage, after the instrument was
developed with language translation, then the instrument was distributed to the research sample using Google forms to facilitate its distribution.

Participants in this study amounted to 110 subjects including parents and teachers who have early childhood with criteria for children aged 3-10 years in the Blitar area of East Java. The instrument used in measuring emotional and behavioral problems is the Strengths and Difficulties Questionnaire (SDQ). The SDQ is a short behavioral screening instrument for children and adolescents (3-17 years) that provides a brief overview of behaviors that focus on their strengths as well as their difficulties (Black, Pulford, Christie, & Wheeler, 2010). The SDQ instrument consists of 25 items with five dimensions to be measured, namely prosocial (Pr), hyperactivity (H), emotional (E), behavior (C), and peer relations (P).

This questionnaire is for the early detection of emotional and behavioral problems in children aged 4-17 years. In general, there are 2 assessment domains, namely difficulty scores, including Emotional (E) + Behavior (P) + Hyperactivity (H) + Peer relationship problems (P), and strength scores, namely Prosocial (Pr). The SDQ score consists of 3 alternative answers, namely: incorrect is worth 0, somewhat true is 1, and true is with a value of 2 except for the statements in numbers 7, 11, 14, 21, and 25. the other states because, SDQ is not a diagnostic tool but only an early detection tool where there are 3 results, namely normal, abnormal, (having behavioral and emotional problems) this category is a major concern (Goodman, 2002). All pa participants had agreed to participate in this research and had signed the informed consent form.

RESULTS

The full sample used in the study N=110 includes parents and teachers of children aged 4 to 9 years. Most of the participants reported that their children often lost their temper 50.4%, reported being easily distracted or having difficulty concentrating 49.6%, and Children were less able to get along better with adults than with other children 56.6%. To characterize a sample of early childhood through parents (male, female, total), the mean scale scores and standard deviations were calculated without discriminating between sexes. Table 1 shows the main descriptive statistics for aspects of emotional level, behavioral level, hyperactivity, peer problems, and prosociality.
Table 1. Descriptive statistics of the 5 subscales

<table>
<thead>
<tr>
<th></th>
<th>Emotional level</th>
<th>Behavioral level</th>
<th>Hyperactivity</th>
<th>Peer_Problems</th>
<th>Prosociality</th>
<th>Total_difficulty</th>
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<td>110</td>
<td>110</td>
<td>110</td>
<td>110</td>
<td>110</td>
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<tr>
<td>Missings</td>
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<td>0</td>
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<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Mean</td>
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<td>3.85</td>
<td>2.05</td>
<td>5.62</td>
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<td>Std. Deviation</td>
<td>1.276</td>
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<td>1.627</td>
<td>1.203</td>
<td>1.642</td>
<td>3.409</td>
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<td>Percentiles</td>
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<td>30</td>
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<td>19.89</td>
</tr>
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</table>

Note. N: total number; M: average; SD: standard deviation. Source: Own elaboration.

The data shows the average problem from the highest to the lowest, 5.62 for prosocial problems, 3.85 hyperactivity, 2.05 problems with peers, 1.93 behavior problems, 0.88 emotional problems, and for the average total difficulty is 8.71 of the maximum total value of 10. Furthermore, the Pearson correlation table of 5 scales follows below:
The data shows the correlation coefficient for each problem. The highest correlations are emotional problems and peer problems of 0.345, hyperactivity and peer problems of 0.314, emotional problems and behavioral problems 0.279, behavioral problems and hyperactivity 0.247, behavioral problems and peer problems 0.243.

**DISCUSSION**

The main objective of this study was to investigate the prevalence of emotional and behavioral symptoms in early childhood in Blitar using the Strengths and Difficulties Questionnaire (SDQ). SDQ can detect such adjustment errors, so we conclude that it is an effective tool for this purpose, this is in line with other authors. The finding of result shows that most of the participants reported that their children often lost their temper, were easily distracted or had difficulty concentrating, and Children were less able to get along better with adults than with other children. The results are based on the highest SDQ item score.

Children who often lose their temper at this time are often caused by various things, children do not recognize the concept of time and are not used to waiting, currently, the use of gadgets plays a very important role in the behavior of children who are lost their temper. The results showed that mothers reported that their young children's use of iPads had negative effects such as addiction, social isolation, and loss of temper when the iPad was taken from them or when the battery ran out. Prolonged use of the iPad can also affect children's vision. Kids don't move or play, socialize, or even communicate with others while using iPad. Mothers disagree on the optimal age to use the iPad. The majority recommend setting a time limit for using iPad under parental supervision. Results and recommendations are reported in detail (Al-Jarf, 2021). Thus, it is necessary to recommend the best steps related to set time limits for children to use devices under parental supervision.

Children who are easily distracted or have trouble concentrating are often caused by several things including tiredness, lack of motivation, or a child's lack of self-control. There are also certain conditions, especially developmental disorders such as autism (Bazyma et al.,
2021), behavioral disorders, and emotional disorders that can make it difficult for individuals to concentrate. There are also outside influences such as a bustling and bustling environment. This concentration is very important for children to have. Those who have good concentration are usually accustomed to fulfilling their duties and responsibilities well, their judgment is fast in completing work.

Based on the five dimensions and total difficulties of the SDQ shows, the levels of problems experienced by children from the highest to the lowest are prosocial problems, hyperactivity, problems with peers, behavior problems, and emotional problems. Problems in prosocial behavior in children are related to the child's ability to pay attention to the feelings of others, share behavior, help others who are in trouble and think about things before acting. The causes of prosocial behavior problems include competition between groups and structural inequality (Moran & Taylor, 2022). The causes of prosocial behavior problems include competition between groups and structural inequality. So, both teachers and parents a contribution to setting up a friendly social environment for children.

Hyperactivity is often identified with ADHD (Attention Deficit Hyperactivity Disorder), even though when a child can't stay still, it doesn't necessarily mean he has ADHD. Indicators of hyperactive behavior include, the child cannot sit still, feeling restless and cannot sit for long, the child is easily distracted and having difficulty concentrating, and the child's range of activities. Many things cause children to behave hyperactively, including stress, emotional problems, lack of sleep, improper food intake, and experiencing certain health conditions. Hyperactive children can also be treated with a non-pharmacological approach as a form of therapy offered (Prajsuchanai et al., 2022). The best approach option is suggested to make the child's condition better.

Problem with peer includes being rather solitary, preferring to play alone, having at least one good friend, generally disliked by other children, being picked on or bullied by other children, gets along better with adults than with other children. This is due to several things including peer victimization (Hochschild Jr. et al., 2019), and peer bullying. Studies show that there are some differences in the types and frequency of peer bullying in schools according to age and grade (Bilbay & Atış Akyol, 1 C.E.).

Behavior problems/conduct behavior includes breaking serious rules, such as running away, staying out at night when told not to, skipping school, and being aggressive in a way that causes harm, such as bullying, fighting, or being cruel to animals, Lying, stealing, or damaging other people's property on purpose (CDC, 2020). Children who experience behavior disorders are caused by several things, harsh and inconsistent parenting, a parent with mental health disorders, and attention disorders. In schools, the teacher's role is very important to control children's behavior problems, because the emergence of disruptive behavior in schools is one of them due to the lack of teacher control (Shahid et al., 2019).

The emotional problem includes Often complaining of headaches, stomachaches or sickness, Many worries or often seeming worried, Often unhappy, depressed or tearful, Nervous or clingy in new situations, easily losing confidence, and Many fears, and easily scared. No one knows the cause of emotional disturbances, although several factors including heredity, brain disorders, diet, stress, and family functioning have been investigated. A study
revealed that most teachers do not have deep knowledge about the causes of emotional problems in school children. The study also recommends school-based training programs to help teachers understand the causes of emotional behavioral difficulties in children and how to manage these difficulties (Aboagye & Ouda, 2020).

CONCLUSION
The conclusions of this study mark a necessary and timely avenue to verify and monitor early childhood strengths and weaknesses. The SDQ test is offered as an agile, simple, and effective tool to propose to all training agents who are concerned with the interests and concerns of not only young people but also the future of socio-political realities. It has been observed that the highest to lowest problems experienced by children are prosocial problems, hyperactivity, problems with peers, emotional problems, and behavioral problems. Based on SDQ items, the highest problems experienced by children are losing their temper 50.4\%, reported being easily distracted or having difficulty concentrating 49.6\%, and Children were less able to get along better with adults than with other children 56.6\%. Therefore, this study provides useful information for designing more appropriate health care and education.

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REFERENCE


