

PARENTAL ANXIETY LEVEL AND KNOWLEDGE ABOUT GROWTH AND DEVELOPMENT OF CHILD AGED 0-5 YEARS DURING COVID-19 PANDEMIC

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ABSTRACT

Parents' understanding of the growth and development of their children is a must amid social restrictions in dealing with the ongoing COVID-19 pandemic, which has an impact on increasing parental anxiety. This research objective was to determine parental anxiety levels and knowledge about the growth and development of child aged 0-5 years old during Covid-19 Pandemic. The research design was a cross-sectional approach tested with the chi-square test. Seventy samples met the inclusion criteria, then measured with parents' basic knowledge and anxiety levels using the Hamilton Anxiety Rating Scale (HARS) Questionnaire and children's growth and development detection using the Developmental Pre-Screening Questionnaire (KPSP). A total of 41.4% of the sample experienced moderate anxiety; 14.3% mild; 37.1% severe; and 7.1% very severe. Children from 0-5 years old at Citra Residence, Jatimurni, Bekasi City, had developments not following their age stages. It was found that there was a relationship between the level of anxiety and parental knowledge about children's growth and development with a p-value of 0.000. However, there was no strong relationship based on the contingency coefficient value of 0.453 ($p > 0.5$). There was a relationship between parental anxiety level and knowledge about growth and development of child aged 0-5 years during Covid-19 Pandemic.

Keywords: *anxiety level; covid-19; growth and development of child; parents*

INTRODUCTION

Currently, the spread of COVID-19 has reached the smallest cluster in society, namely the family. It causes an increasing number of susceptibilities to exposure to each family member, including infants and toddlers, which has short- and long-term impacts. The grouping of these impacts is divided into four categories, including (i) child poverty, (ii) learning, (iii) nutrition, and (iv) care and security (UNICEF, 2020). One of the natural impacts is the closure of daycare centres and schools. Children cannot have social interactions at school and play outside as the two essential things to support their learning and development (Paris, Ricardo and Rymond, 2019). Parents, in this case, women or mothers, have the potential to bear more of the burden of childcare at home. As in many other countries worldwide, women in Indonesia do most caregiving duties and spend twice as much time accompanying children as men. It has the potential to increase women's anxiety compared to men (Zahrok and Suarmini, 2018; UNICEF, 2020).

The current condition requires parents to be at the forefront and are more concerned about their children's growth and development. The current limitations require every parent to learn more about child growth and development (Murtiningsih, 2013; Zahrok and Suarmini, 2018). When parents understand what children should achieve at a certain age, a child's developmental delay will be more easily detected. Delays detected early will help parents discover the causes and solutions (Dinda Pertiwi *et al.*, 2021). Health services, especially Primary Health Care and Integrated Health Post, need to improve their programs to optimize the use and understanding of MCH handbooks, especially for lower-middle families (Zahrok and Suarmini, 2018; Fadlilah, 2020). A previous study stated that the golden period for child development is from 0-5 years old. Children's development in this age range experiences a rapid period (Sativani, 2015; Dinda Pertiwi *et al.*, 2021). Children learn by seeing, hearing, and feeling what is happening around them. Fulfilment of the children's development task at one stage is vital because it affects the development of children at the next stage (Sativani, 2015; Nurlaeli and Nurwanti, 2017). The success of fulfilling children's growth and development depends on internal and external factors that influence it. Family as one of the external factors that influence the growth and development of children is in line with the concept of family-centred care (Pahlawi, 2015). The family is the first place of

socialization in helping children fulfil their growth and development tasks (Nurlaeli and Nurwanti, 2017; Dinda Pertiwi *et al.*, 2021).

Based on the phenomena described, parents' role in fulfilling children's developmental tasks is critical. Likewise, the stimulation is given to achieve growth and development according to the age range. Parental understanding of child growth and development is a must in the midst of the Covid-19 pandemic. However, social restrictions continue to have an impact on increasing parental anxiety, especially mothers or women. There was not found much literacy that explained the impact of parental anxiety on child development, especially in Covid-19 pandemic. So, it is necessary to determine parental anxiety levels and knowledge about growth and development of child aged 0-5 years old during Covid-19 Pandemic.

METHOD

A cross-sectional study was conducted in Citra Residence, Jatimurni, Kota Bekasi, from April to August 2021. Due to the Covid-19 pandemic, the data collected process was carried out by door-to-door technic. The population in this research were parents as the residents of Citra Residence Jatimurni who had 0-5 years old healthy children selected using consecutive sampling. The inclusion criteria were: (1) Parents who had 0-5 years old healthy children were residents of Citra Residence Jatimurni, Bekasi City; (2) Parents and children were willing to be respondents. The parents and children who did not agree to be respondents, children with congenital disorders and syndromes, cerebral palsy, epilepsy, mental disorders, fever, or respiratory infections were excluded. This research has passed the ethical test from the Health Polytechnic Ethics Committee of the Ministry of Health Jakarta III and was declared worthy with the ethical statement number KEPK-PKJ3/080/XI/2021.

In assessing the level of knowledge, respondents were tested with 14 items of questions arranged using the Guttman Scale. The answer to the statement was unequivocal, i.e., true and false; with an interpretation of the assessment with the correct answer for a positive statement, the value was 1, and if it was false, the value was 0. Meanwhile, for negative statements, if it was true, the value was 0, and if it was false, the value was 1. The assessment criteria in this research were as follows: a) High knowledge if the correct answer was 76-100%, namely being able to answer correctly as many as 11-14 questions (score 11-14); b) Moderate knowledge if the correct answer

was 56-75%, namely being able to answer correctly as many as 8-10 questions (score 8-10); c) Knowledge was low if the correct answer was < 56%, namely being able to answer correctly as many as 0-7 questions (score 0-7) (Zahrok and Suarmini, 2018).

Anxiety can be measured by measuring the level of anxiety according to an anxiety-measuring instrument called the HARS (Hamilton Anxiety Rating Scale). The HARS scale is a measurement of anxiety based on the appearance of signs and symptoms in individuals who experience anxiety. According to the HARS scale, 14 signs and symptoms appeared in individuals who experienced anxiety. Each item observed was given five levels of score between 0 (Zero Present) to 4 (severe) (Chrisnawati and Aldino, 2019). Collecting data for the parental knowledge variable about child development using the Developmental Pre-screening Questionnaire (KPSP) issued by the Ministry of Health of the Republic of Indonesia. KPSP had approximately ten questions regarding children's developmental abilities, which parents must fill in (or answer) with yes and no answers. Thus, it only took 10-15 minutes and was divided into four sectors, including gross motor, fine motor, language, and personal social (Kautsar, Gustopo and Achmad, 2015).

The researcher conducted sample collection and asked the sample to read the informed consent for approval and then fill out a research questionnaire whose results were used for data collection and processing. The data analysis in this research used univariate, bivariate, and multivariate analysis. Univariate analysis calculated the mean, median, standard deviation, and minimum-maximum data results. Bivariate analysis was used to see the relationship between anxiety levels and parents' knowledge about children's growth and development. Furthermore, an analysis test was performed using chi-square with a 95% confidence level. Multivariate analysis was used to look at other factors that affected parents' anxiety and knowledge about the growth and development of 0-5 years old children.

RESULTS AND DISCUSSION

The population in Citra Residence Jatimurni, Bekasi City, was 79 families. Calculation of the sample size used the Lemeshow formula. The required sample size based on the formula was 63 people with a correction factor of 10%. Therefore, there were 70 people involved in this research. Sampling was carried out using a consecutive sampling

technique due to the limited population and the conditions of the Covid-19 pandemic, making it less possible to conduct direct growth and development checks.

Table 1. Demographics of Research Subjects at Citra Residence Jatimurni, Bekasi City (n=70)

General Demographic Characteristics	Frequency	%
Parental Age		
27 years	6	8.6
28 years	7	10
29 years	10	14.3
30 years	8	11.4
31 years	7	10
32 years	7	10
33 years	4	5.7
34 years	4	5.7
35 years	3	4.3
36 years	3	4.3
37 years	9	12.9
39 years	1	1.4
42 years	1	1.4
Gender		
Female	60	85.7
Male	10	14.3
Last Education		
Bachelor's Degree (S1)	58	82.9
Master's Degree (S2)	12	17.1
Marriage		
Married	70	100
Occupation		
Housewife	17	24.3
ASN/TNI/POLRI	15	21.4
Private Employee	26	37.1
Entrepreneur	12	17.1
Total Income of Husband and Wife per Month		
IDR 5,000,000,- up to		
IDR 10,000,000,-	7	10
IDR 10,000,000,- up to		
IDR 15,000,000,-	27	38.6
More than		
IDR 15,000,000,-	36	51.4

The demographic data presented in Table 1 shows that the housing environment of Citra Residence Jatimurni was inhabited by productive age groups ranging from their late 20s to early 40s, who had a high educational background as seen from the percentage of 60 people undergraduate graduates (85.7%) and ten postgraduate graduates (14.3%). The economic condition of the residents was included in the middle group, with the average total monthly income of husband and wife being IDR

8,678,571,-. The domination of residents' occupations as workers, with a total percentage of 53 respondents working with occupations as ASN/TNI/POLRI, 15 people (21.4%), 26 people as private employees (37.1%), and 12 people as entrepreneurs (17.1%).

Table 2. The mean and deviation of the research subjects' characteristics (n=70)

Characteristics	Mean ± SD
Parental age (years)	31.77±3.5
Child's age (months)	
The first child	32.95±17.47
Second child	24.51±13.79
The third child	23.4±9.58
Value of basic knowledge of parents about child development	12.17±1.52
Parents' level of anxiety	30.02±11.8
The ability of children's growth and development according to the stages of age	
The first child	9.04±1.16
Second child	9.03±1.07
The third child	8.8±1.3

Table 2 inform the mean age of the children was divided into three groups according to their order. The average value of parents' basic knowledge about children's growth and development was in the high category, referring to Zahro's 2009 research, which was 12.17. Meanwhile, parental anxiety was reasonably high, referring to the Hamilton Anxiety Rating Scale interpretation, i.e., 30.02. Children's growth and development as measured by the KPSP were divided into categories based on the order of the children. The average growth and development of the first child were 9.04 in the normal category, the second child was 9.03 in the normal category, and the third child was 8.8 in the doubtful category.

Table 3. Distribution of anxiety frequency and parents' knowledge (n=70)

Variable	Frequency	Mean±SD
Anxiety Levels		30.02 ± 11.85
Mild (14-20)	10 (14.3%)	
Moderate (21-27)	29 (41.4%)	
Severe (28-41)	26 (37.1%)	
Very Severe (>42)	5 (7.1%)	
Knowledge of Growth and Development		12.17 ± 1.52
Medium (8-10)	9 (12.9%)	
High (11-14)	61 (87.1%)	

Table 3 shows that the parents of Citra Residence Jatimurni's residents experience anxiety. From the total sample, 41.4% of the residents experienced moderate anxiety, Meanwhile, parents' knowledge about growth and development was high. 87.1% of the residents understood and knew about children's growth and development.

Table 4. Distribution of Child Development Frequency (n=70)

Child Sequence	Deviations	Child development		Total
		Doubtful	Normal	
The first child	3 (4.3%)	19 (27.1%)	47 (67.1%)	70
Second child	2 (2.9%)	6 (8.6%)	25 (35.7%)	33
The third child	0 (0%)	2 (2.9%)	3 (4.3%)	5

Table 4 shows that 0-5 years of children as residents of Citra Residence Jatiputih, Bekasi City, had developments that did not match their age stages. The number of first children with developmental delays was quite a lot, namely deviations with a developmental score of <6 by 4.3% while doubting with a score between 7 to 8 is 27.1%. It was in contrast to the development of the second child, who overall appeared normal. Judging from the number of second children who had developmental delays, there were 2.9% deviations and 8.6% doubtful. Meanwhile, not many residents had three children. Five of the 70 respondents had three children. Of the five respondents, it was indicated that the number of third children who had dubious development was 2.9%.

Based on the chi-square test, it was found that there was a relationship between the level of anxiety and parental knowledge about child growth and development. It was evidenced by the p-value of 0.000. However, based on the contingency coefficient value of 0.453 ($p > 0.5$), there was no strong relationship between high anxiety levels and high knowledge of parents about children's growth and development.

This research aimed to determine the relationship between anxiety and parental knowledge about the child growth and development of 0-5 years old with a total sample of 70. Based on the research results, the level of parental anxiety was moderate to very severe, with a range score of 14 to 98. Most anxieties were mild, moderate, severe, and very severe levels. These results indicated that most of the respondents had a relatively high level of anxiety. The age factor can influence it. The age range of the respondents in this study ranged from 27 to 42 years old or into the adult age group. The research by Rolly Rondonuwu and Lucia Moningka in 2014 stated that the older the individual's

psychological maturity, the better the ability to adapt to anxiety (Rolly Rondonuwu, Lucia Moningka, 2014). The older they get, the more experience they get, and the better their knowledge. In addition, anxiety was also influenced by gender differences. Most of the respondents were female, namely 85.7 % (Kurniati, Nur Alfaeni and Andriani, 2020; Nawang Galuh Safitri, Alfiatus Zulda, Anggie Cristanti, Puji Rahayu Wulandari, 2021).

In general, an adult man had a solid mental resistance to something considered threatening to him (Kurniati, Nur Alfaeni and Andriani, 2020). On the other hand, the current pandemic condition made women or mothers bear more burdens due to the COVID-19 impact on childcare at home.(Nurlaeli and Nurwanti, 2017) As in many other countries worldwide, women in Indonesia did most caregiving duties and spent twice as much time accompanying children as men. It had the potential to increase women's anxiety compared to men. Based on almost universal observations, regardless of culture or country, there was prevalence that anxiety was two times greater in women than men (Pasangli and Malinti, 2021; Wardani, 2021).

In addition, education level factors can contribute to affect anxiety. The research respondents had a high educational background with a bachelor's degree. A study by Rolly Rondonuwu and Lucia Moningka in 2014 stated that the higher a person's level of education, the lower his anxiety level. However, it contradicted the research results. The level of anxiety in the respondents was in a reasonably severe category with a mean value of 30.02 ± 11.85 (Rolly Rondonuwu, Lucia Moningka, 2014). The research results were reinforced by the study of Y. AlKandari in 2021, which stated that higher education could give negative feelings that lead to anxiety. Due to high expectations, it did not match the reality of understanding through easy access to information. This statement was correlated with the level of respondents' knowledge in this research, which showed that they were at a reasonably high level of knowledge with a value between 8 and 14 (Nugrahaningtyas, 2020; Y. AlKandari, 2021). Respondents' understanding of children's growth and development was crucial for forming an action. According to their age, parents with good knowledge could influence their attitudes and behaviour in giving attention and stimulating children's growth and development (Meilawati, 2017; Y. AlKandari, 2021). Knowledge was usually obtained from experience that came from various sources. Knowledge refers to using the five senses of a person to particular objects to produce understanding and skills (Hidaya, 2017; Fadlilah, 2020). Cooper et al. (2018) stated that competition was a trigger factor among people with high knowledge,

causing fear of failure. These results in feelings of inadequacy or incompetence that could lead to self-threatening actions (Nurlaeli and Nurwanti, 2017; Cooper, Downing and Brownell, 2018).

Self-threatening is a form of anxiety and self-response due to excessive internal or external stimuli that exceed the individual's ability to handle them (Rolly Rondonuwu, Lucia Moningka, 2014). Anxiety arises from a vague and diffuse sense of worry associated with feelings of uncertainty, helplessness, and unidentified objects (Augla, 2021; Pasongli and Malinti, 2021). Anxiety is manifested directly through physiological changes (such as shaking, sweating, increased heart rate, pain, and shortness of breath) and behavioural changes (such as restlessness, rapid speech, and startling reactions) and indirectly through the onset of symptoms in an attempt to combat anxiety (Muslim, 2020; Pasongli and Malinti, 2021).

The description of children's development in this research showed a process of growth and development that was not according to the stages of their age. The growth and development of the first child were dominated by the dubious category, i.e., 27.1%. It could occur due to the lack of opportunities for children to learn skills that support the four aspects of development (Rolly Rondonuwu, Lucia Moningka, 2014; Sari, Tussyantari and Suswandari, 2021). In addition, parental protection is too excessive, and the child's lack of motivation to learn can contribute (Nurlaeli and Nurwanti, 2017; Zukhra and Amin, 2017). Children's opportunities to learn are also influenced by a supportive environment that is balanced with parental readiness, knowledge, and ability to stimulate, and parental factors to be able to meet the stages of child development according to age (Sativani, 2015; Nurlaeli and Nurwanti, 2017).

A limitation of our study was not assessing parenting style, quality, and duration of stimulation. In addition, because the study was done during Covid-19 pandemic, selection bias may have occurred as overall parental interests in participating may have been reduced to avoid activities outside the home. As such, parents with concerns about their children's growth and development may have been overly represented in our study. After evaluations, children's growth and development, and parental anxiety were published to the Head of RT 04 and cadre for further treatment.

CONCLUSION

Based on data analysis and discussion of the research that has been done, it can be concluded that there was a significant relationship between parents' anxiety level variables and parents' basic knowledge about children's growth and development. Therefore, it is necessary to optimize children's growth and development by POSYANDU or primary health care to take action and make parents contribute to the activity. Regular checks for children's growth and development task must be evaluated per month.

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