Emotional and Behavioral Problems among Left-Behind Children in Indonesia

Raisatul Umami, Sherly S. Turnip

ABSTRACT

Background: The number of migrant workers in Indonesia has been increasing over the years. Most of the migrant workers are females with children, creating a huge number of left-behind children (LBC). The issue of LBC has become important to discuss because LBC tends to experience more emotional and behavioral problems than non-LBC. The aim of this study was to assess and compare emotional and behavioral problems between LBC and non-LBC in Indonesia. This paper analyzes data from a project by the Community Mental Health Research Group from the Faculty of Psychology, Universitas Indonesia, held in 2015 - 2016. Materials and Methods: Participants were 629 adolescents: 359 LBC and 270 non-LBC. The data were acquired in a cross-sectional study conducted in rural Indonesia. Data on emotional and behavioral problems were assessed with Strength and Difficulties Questionnaire, while data related to risk factor variables were collected using multidimensional scale of perceived social support, the 6-item De Jong Gierveld Loneliness Scale, and Inventory of Parent and Peer Attachment. The data were analyzed with descriptive statistics and multiple regression analysis. Results: The prevalence of emotional and behavioral problems in LBC was 28.4% compared to 21% among non-LBC. Peer attachment, communication, social support, and loneliness were identified as factors that impact the emotional and behavioral problems among LBC. Conclusions: LBC has more emotional and behavioral problems than non-LBC. Comprehensive understanding of various protective and risk factors is needed to provide impactful interventions for LBC.

Key words: Adolescents, emotional and behavioral problem, left-behind children, migrant parent

Key messages: This study indicated that the absence of a parent in the left-behind children’s life, due to the demands of being a migrant worker, may cause the LBC to face mental health problems such as emotional problem, hyperactivity, conduct problem, and peer problem.
and had children.[21] Consequently, they had to leave their children in their hometown while going overseas to work. These children were usually called “left-behind children” (LBC), defined as children who were left behind by their migrant parents in their hometown and were cared by the other parent, other relatives, or a non-relative caregiver for more than 12 months.[14-16] A recent study found that children who lived with a relative or a non-relative caregiver experienced more difficulties at school and in psychosocial aspects than children who were raised and cared for by their own parents.[13]

Letser et al. showed that the separation of parent and children may cause numerous problems such as insecure attachment patterns, emotional distress, and behavioral problems in the children and that LBC were more likely than non-LBC.[14] They were also more likely to be unhappy and reluctant to share their emotions with other people compared to non-LBC. Moreover, numerous bizarre and abnormal behaviors were also found in LBC as part of their way of getting attention from their caregiver and to suppress their loneliness.[15] Another study from China comparing LBC and non-LBC aged under 18 years found that LBC showed more sadness, desperation, motivation for leaving the house, and even suicidal attempts.[16] Moreover, this study also revealed that LBC were more addicted to alcohol, tobacco, and internet compared to their counterparts.

Previous studies also explored possible risk factors for the emergence of an emotional and behavioral problem in LBC, including poverty, loss of communication with parents, the age of the child when left behind, and loss of social support from significant others.[17-19] Emotional and behavioral problems of LBC have been an important issue in numerous studies. Unfortunately, only a few studies on LBC had been conducted in Indonesia, and virtually none in rural areas. The aim of this study was to investigate the prevalence of emotional and behavioral problems among LBC and non-LBC in rural Indonesia. In addition, this study also examined the demographic and other factors that contribute to the emotional and behavioral problems of LBC, including gender, parent’s working status, parent’s education level, living arrangement and caregiver, communication, social loneliness, peer attachment, and social support.

MATERIALS AND METHODS

Subjects and procedure
This study used the data from the project of “Community Mental Health Research Group Faculty of Psychology Universitas Indonesia” in 2015–2016. The project compared the mental health of adolescents who were left behind by their parents to work as a migrant worker abroad and the adolescents who lived with their parents, in a rural area in Karawang and Lombok provinces of Indonesia. The participants of the study were 359 adolescents who were left behind by their parents (LBC) and 270 non-LBC, aged 11–16 years. The study was conducted in several junior high schools. The project was designed as a one-shot study. Data collection was conducted from April 2015 to March 2016.

Ethical clearance was obtained from Institutional Ethical Committee at the Faculty of Psychology (reference number: 187/FPsi.Komite Etik/PDP. 04.00/2018). Permission was obtained from the school boards prior to the data collection process by explaining the objectives, the procedures, and risk of this study. After obtaining the school’s permission, informed consent from the children and their guardians were collected prior to data collection. The data collection was done at school during normal school time. Researchers administered the questionnaires collectively. Before the distribution of the questionnaires, researchers explained that there is no right or wrong answer policy within the questionnaires. Attention was paid to confidentiality and voluntary action of the participants.

Instruments

Demographic data
The following demographic variables were assessed in a self-report questionnaire: gender, age, parent working status, parent’s education level, living arrangement, and caregiver.

Psychological variables

Strengths and Difficulties Questionnaire (SDQ)
The Strength and Difficulties Questionnaire is a self-report tool that measures 25 items of emotional and behavioral difficulties.[20] It has five subscales: emotional symptom (e.g., I worry a lot); hyperactivity (e.g., I get restless. I cannot sit for long); conduct problem (e.g., I fight a lot); peer problem (e.g., is bullied
by others); and prosocial behavior (this subscale was not included in this study). Each item is scored from 0 to 2 (not true, somewhat true, and certainly true). Total difficulties score was obtained from the sum scores of emotional symptoms, hyperactivity, conduct problem, and peer problem (0–40). Afterward, the results were divided into two main categories, internalizing and externalizing problems. Internalizing problems were calculated as the total scores of emotional problems and peer problems sub-scales, while externalizing problems were calculated from the sum of conduct problems and hyperactivity sub-scales.

The SDQ is a valid instrument to screen for emotional and behavior difficulties among adolescents and has been used widely in many other countries. The internal consistency of the total difficulties (Cronbach’s $\alpha = 0.7–0.8$) was classified as “good.” The SDQ has been subsequently adapted and translated to Bahasa Indonesia. It has been used extensively to examine problems in Indonesian adolescents.

Multidimensional Scale of Perceived Social Support (MSPSS)
MSPSS has acceptable reliability (Cronbach’s $\alpha = 0.83$) and has been validated for Indonesian children. There were 12 items, and each item is scored from 1 to 7, with score 1 indicating “strongly disagree” and score 7 indicating “strongly agree.” MSPSS consists of three sub-scales: perceived social support from family, perceived social support from a friend, and perceived social support from significant other. The total score of MSPSS is calculated from the result of all sub-scales.

The 6-item de Jong Gierveld Loneliness Scale
The 6-item De Jong Gierveld Loneliness Scale is a self-report tool that measures emotional loneliness and social loneliness. The instrument can be used as a one-dimensional or multidimensional measure. The one-dimensional score is obtained by summing the scores of all items, while the multidimensional score is obtained by summing the scores of items per sub-scales. In this study, loneliness was used as a multidimensional measure.

The scale consists of six statements and uses a Likert scale with answers ranging from “strongly disagree” to “strongly agree.” Item numbers 1, 5, and 6 measures emotional loneliness, and item numbers 2, 3, and 4 measures social loneliness. A higher score in emotional loneliness reflects a higher level of loneliness. On the other hand, a higher score in social loneliness reflects a lower level of loneliness.

Inventory of Parent and Peer Attachment (IPPA)
The IPPA measures the quality of the participant’s attachment with a specific figure such as parents and/or their peer. The IPPA consists of 24 statements; item numbers 1–12 represent attachment with the parent, whereas item numbers 13–24 represent attachment with a peer. The IPPA consists of three dimensions: trust, communication, and alienation. The questionnaire has four continuum scales: scale 1 means “almost never” or “never,” scale 2 means “sometimes,” scale 3 means “often,” and scale 4 means “always.” The total score is calculated by adding the scores obtained in all the dimensions of trust, communication, and alienation. The highest possible score is 48.

Statistical analysis
Descriptive analysis was performed to describe the percentage of scores for LBC and non-LBC. The differences in abnormal score between LBC and non-LBC were analyzed using the Chi-square test. Multiple regression was used to investigate risk factors for emotional and behavioral problems, such as gender, communication, social loneliness, peer attachment, and social support from significant others. Total difficulties were treated as the dependent variable. All analyses used SPSS version 23.0 with $P < 0.05$ considered as statistically significant for two-tailed tests.

RESULTS

Demographic data
A total of 359 LBC of migrant workers and 270 children of non-migrant workers participated in this study. Both of the groups came from two provinces in Indonesia: Karawang and Lombok. The general demographic characteristics of participants are presented in Table 1.

Prevalence of behavioral and emotional problems in left-behind children vs non-left-behind children
Table 2 demonstrates that LBC has significantly more behavioral problems compared to the non-LBC. Prevalence of total difficulties, peer problem, and hyperactivity were significantly higher among LBC compared to non-LBC.

Risk factors of emotional and behavioral problems
Table 3 presents the regression analysis results for the variables that could be potential risk factors of emotional and behavioral problems. The demographic variables gender and communication had a negative relationship. Variables of social loneliness and peer attachment presented a positive relationship, while variable of social support from significant other had a negative relationship. The most important risk factors for emotional and behavioral problem were peer attachment and followed by social loneliness. The total contribution of all risk factors toward emotional and behavioral problems among the adolescents was 18.2%.
DISCUSSION

The prevalence of emotional and behavioral problems among LBC was 28.4%, considerably higher than in non-LBC (21%). This result is consistent with a study of LBC and non-LBC done in China, which found that LBC had more emotional and behavioral problems compared to non-LBC.\[26\] Several factors were related to the emotional and behavioral problems found in LBC, including the poor quality of life, the LBC’s age, loss of communication with their migrant parent, inadequate support from their caregiver, and peer problems.\[28,29\] Furthermore, the analysis of this study revealed that communication, peer problem, loneliness, and social support from significant others had a shared impact on the difficulties faced by these adolescents.

This study found that LBC with higher peer attachment were more prone to develop emotional and behavioral problems. Unfortunately, the peer attachment measured in this study was not sufficient to assess the quality and stability of the relationship. If a child experiences unstable peer attachments, it may generate negative affects like social loneliness, psychological distress, and behavioral problems. Adolescents with unstable peer relationships manifested higher rates of depression and anxiety compared to adolescents who engaged in stable peer relationships.\[30\] This might be because adolescents with secure peer attachment can effectively communicate their feelings with their peers.\[31\] Such circumstances would not be available in adolescents with an anxious peer attachment. Hence, they would have a tendency to experience a higher level of psychological distress, including anxiety and negative school attitude, compared to adolescents with a secure peer attachment.\[32\] Other than that, internalizing problems have also been linked to the quality of friendship and peer attachment,\[33\] which can be seen in the ability of a good relationship with peers in preventing the emergence of internalizing problems.\[34\] During adolescence, peers have a strong influence on emotional support and self-esteem and can help deal with stressful situations. Therefore, adolescents who have a good relationship with their peers are predicted to develop less emotional and behavioral problems in the future.\[35\]
This study also revealed that communication and social support from significant others can act as protective factors for adolescents to cope more effectively with their emotional and behavioral problems. Adolescents who engage in frequent communication with their parents tend to be happier. This finding supports the result of another study which reported that children who frequently communicate with their parents show higher scores for happiness and life satisfaction compared to those who had only infrequent communication.\[18\] Furthermore, a meta-analytic study identified a negative correlation between perceived social support and loneliness during adolescence. That study also suggested that receiving social support from significant others could prevent adolescents from experiencing behavioral and emotional problems such as loneliness and isolation.

The parent’s level of education in LBC families was also important to examine.\[34\] LBC from families with a low level of education tend to have less support and fewer resources, to live in poorer neighborhoods, and to have peers with behavioral problems.\[35\] Among the recorded sample, it was found that 60–80% of LBC parents were only elementary school graduates. Consequently, the methods they used in the upbringing of their child might be limited, due to a lack of proper education. Differences arose in LBC families with a higher level of education, who might have appointed a proper caregiver for their child or had relatives – also with a higher education level – take care of their child.

Children who were cared to by a non-familial caregiver were more likely to have mental health problems compared to those who were cared for by their extended family. Furthermore, several studies had shown that children who lived with other caregivers had experienced more difficulties at school compared with those who lived with and were cared to by their own parents.\[13\] Another study found that children who were cared for by a physically and mentally healthy caregiver were less likely to have a mental health problem. One possible explanation of this finding is that healthy caregivers have the capacity to provide better support and care for the LBC.

This study has some limitations. First, the data were cross-sectional and only provided the statistical association between selected variables and adolescent mental health. However, this research used the latest and most relevant data for examining the current condition of LBC and non-LBC in Indonesia. Second, this study did not measure other demographic data of the significant others who were living with the children, such as their socioeconomic status, mental health status, or level of education. Third, this study did not measure other factors that might be related to the emotional and behavioral problem of LBC, including parental psychopathology, quality of friendship, physical health status of the child, the relationship between the caregiver and the parents, and also family relationships before the child was left behind. Despite these limitations, this research could be useful for designing appropriate intervention programs for adolescents who are left behind by their migrant parents.

**CONCLUSION**

LBC experienced more emotional and behavioral problems such as emotional symptoms, hyperactivity, conduct problems, and peer problems. The absence of a parent in the child’s life, due to the demands of a migrant worker, may cause the LBC to face mental health problems. There were many factors that may trigger a child’s emotional and behavioral problems. Thus, effective strategies such as mental health intervention for LBC, and enrichment programs, both for the LBC and their teachers, could prevent emotional and behavioral problems in LBC. In addition, to increase the interaction between LBC and their parents, the governments could also limit the duration and frequency of work among migrant workers.

**Financial support and sponsorship**
Hibah PITTA Universitas Indonesia.

**Conflicts of interest**
There are no conflicts of interest.

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