RELATIONSHIP BETWEEN QUALITY OF CARE OF YOUNG MOTHERS AND SOCIAL-EMOTIONAL DEVELOPMENT IN PRESCHOOL CHILDREN

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Abstract
Background: Social-emotional development in preschooler children is an important component in child development, as it becomes the foundation in preparing children for confidence, empathy and intellect, building trust, and being able to use language in communication and connect with others. One of the factors that affect children's emotional social development is the quality of mother's care. Children of young mothers have risks in emotional and intellectual social problems in children.

Objective: The purpose of the study was to determine the relationship of quality care of young mothers with social-emotional development in preschool children in the working area of the Health Center of Kemalang, Klaten Regency, Indonesia.

Methods: This was a correlational analytic research with cross sectional design. The sample of the study was 124 young mothers with preschool children selected using consecutive sampling technique. The study was conducted from July to August 2017 at six kindergarten schools in the working area of the Health Center of Kemalang, Klaten Regency. Data were collected using parent behavior questionnaire and stage social-emotional instrument. Data were analyzed using chi square test.

Results: Findings showed that 58.1% of young mothers had good quality of care, and 55.6% of preschoolers were at risk of developing emotional social development problems. There was a significant correlation between the quality of care of young mothers with social-emotional development in preschool children (p-value <0.05).

Conclusion: There was a correlation between the quality of care of young mothers with social-emotional development in preschool children.

Keywords: quality of care; young mothers; social-emotional development; preschooler

INTRODUCTION

The first five years of life in children are the golden period, the window of opportunity and the critical period (Depkes, 2010). Therefore, the period is important in a child's life because of rapid growth and brain development, the development of language skills, social, emotion and movement (MoH, 2010). In early childhood, in addition to physical and cognitive development, there is social and emotional development (Schwartz, 2011). The
social and emotional development of preschooler children is an important component in the development of children for social relationships with peers (Jucan & Simion, 2015). A child must have emotional social skills so that children can achieve basic skills such as collaboration, showing self-control and attention. Conversely, incapacity in social and emotional skills in children can cause problems in relationships with families, schools and communities (Darling-Churchill & Lippman, 2016). In Turkey, there are 9.3% of children found to have social-emotional problems (Karabekiroglu et al., 2013). Approximately 8 to 9% of preschoolers in the Netherlands experience psychosocial problems, especially emotional social problems such as anxiety or aggressive behavior (Klein Velderman, Crone, Wiefferink, & Reijneveld, 2009). The impact of emotional social development problems in early childhood may pose a psychosocial problem such as depression, loneliness, drug use and crime when become adults (Bor, McGee, Hayatbakhsh, Dean, & Najman, 2010; Mordre, Groholt, Kjelsberg, Sandstad, & Myhre, 2011; Segrin & Flora, 2000; Stevenson & Goodman, 2001).

An important indicator in emotional social development in children is social competence (Denham et al., 2003). Social competence is the ability to maintain social relationships in the process of interaction through positive behavior (Parhomenko, 2014). Through interaction, children can learn the skills they need to engage with others and succeed in different environments (Rogoff, 2003). Interaction can help the child to develop a sense of self and emotional expression as well as emotional regulatory skills such as self-calming and self-control skills (Tronick & Beeghly, 2011). Parents have a role in social development (Healy, Sanders, & Iyer, 2015) and future academic success in children (Cook, Roggman, & Boyce, 2011). Therefore, parents should provide social stimulation in children (Hedenbro & Rydelius, 2014).

One of the factors that influence the problem of emotional social behavior is mother's care (Stein, Malmberg, Leach, Barnes, & Sylva, 2013). Meanwhile, parents, especially young mothers, are one of the major risk factors associated with early childhood development (Institute, 2011). The results of Sommer et al. shows that children of young mothers are at risk in emotional and intellectual social problems in children (Sommer, Whitman, Borkowski, & Gondoli, 2000). The results of Ryan-Krause et al. shows that nearly 20% of children from young mothers are at risk of having a delay in development (Ryan-Krause, Meadows-Oliver, Sadler, & Swartz, 2009). The nurture provided by young mothers to children tends to be less optimal when compared to older mothers because young mothers are less responsive, lacking in stimulation, and lacking support in child development (Thullen, 2011).

In addition, the lack of skills and knowledge of young mothers in the development of children can affect the practice of parenting so that it can cause feelings of frustration or disappointment to the achievement of child development (Ryan-Krause et al., 2009). On the other hand, research on the emotional social development in preschool children that correlates with the quality of care of young mothers has never existed, thus the aim of this study was to determine the relationship of quality care of young mothers with emotional social development in preschool children in in the working area of the Health Center of Kemalang, Klaten Regency.

METHODS

Study design
This was a correlational analytic research with cross sectional design to analyze the relationship of the quality of care of young mother with social-emotional development in preschool children.

Sample
The population in this study was all preschool children with 211 young mothers in the
working area of the Health Center of Kemalang, Klaten Regency, Indonesia. The method of determining the number of samples was by consecutive sampling technique, and obtained a sample size of 124 young mothers with preschool children. The inclusion criteria were: preschool aged 3-5 years, young mothers aged 12-24 years and willing to participate in the research proved by signing the informed consent form. The exclusion criteria were preschool children with developmental disorders such as mental retardation, autism cerebral palsy and mothers with severe mental illness.

Instruments
The instrument used in this study was a questionnaire about the characteristics of the respondents consisting of children age and gender, mother's age, marital status, type of works, education level, presence of a baby sitter, number of children and mental status of the mother. Instrument for measuring mental status was a Beck Depression Inventory II (BDI II) questionnaire. The quality of maternal care was measured using the Parent Behavior Questionnaire (PBQ) instrument adopted from Haryati (2010) and Nadhiroh (2008). The mother's care scale is based on aspects of bonding, discipline, educational behavior, clothing, food and general protection, maternal responsiveness and mother's sensitivity. The social-emotional development was measured using the Age and Stage Social Emotional (ASQ:SE) instrument consisting of 35 questions for children aged 36 months, and 36 questions for children aged 48 months and 60 months. ASQ:SE consisted of personal and social elements including self-regulation, compliance, communication, adaptive function, autonomy, affection, and interaction with people. Parent Behavior Questionnaire and Age and Stage Social Emotional questionnaire have been tested for validity and reliability and stated the results were valid and reliable. Data collection in this study was conducted by distributing questionnaires to respondents i.e. young mothers who have preschool children who attend kindergarten in the working area of Community Health Center of Kemalang. In this study, the researchers were assisted by the research assistant to distribute and collect the questionnaire that has been filled by the respondents.

Data analysis
The univariate analysis was conducted to describe the characteristics of the respondents including the age and sex of the children, the mother's age, education, type of work, marital status, the presence of caregiver, number of children and mental status of the mother. Bivariate analysis was done to get significance value of the relation between quality of care of young mother with social-emotional development in preschool children and to identify factors influencing quality of care and social-emotional development. Bivariate analysis used chi square test.

RESULTS
Table 1 presents data on the characteristics of respondents with an average age of the children was 3.98 + 0.721 and the majority of children were female (52.4%). The average age of the mother was 19.58 + 1.59 and most mothers were housewives or unemployed (96.8%). Of 71.8% of the mothers were educated and 99.2% were married. It was 88.7% of mothers caring their children by themselves, 75.8% of them had one child, and 78.2% had a normal mental status.

Table 2 shows that most of the respondents (58.1%) showed the quality of mother care was in the good category. And Table 3 shows that 69 children (55.6%) were at risk of having social emotional development problems.

While the results of data analysis in the Table 4 showed that the quality of care only has a significant relationship with mother’s age variable with p-value 0.041, while the social-emotional development in preschool children was influenced by the age variable of the mother (p-value 0.047) and the number of children (p-value 0.005).
Table 1 Frequency distribution of the Characteristics of the Respondents (n= 124)

| Characteristic                        | f   | %    | Mean ± SD |
|--------------------------------------|-----|------|-----------|
| Child’s age (Year)                   |     |      | 3.98 ± 0.721 |
| 3 year                               | 33  | 26.6 |           |
| 4 year                               | 60  | 48.4 |           |
| 5 year                               | 31  | 25   |           |
| Child’s gender                       |     |      |           |
| Boy                                  | 59  | 47.6 |           |
| Girl                                 | 65  | 52.4 |           |
| Mother’s age                         |     |      | 19.7±1.67 |
| ≤ 20 year                            | 92  | 74.2 |           |
| > 20 year                            | 32  | 25.8 |           |
| Mother’s education                   |     |      |           |
| High (Senior high school, Diploma)   | 35  | 28.2 |           |
| Low (Elementary, Junior high school) | 89  | 71.8 |           |
| Mother’s employment                  |     |      |           |
| Unemployed                           | 120 | 96.8 |           |
| Employed                             | 4   | 3.2  |           |
| Marital status                       |     |      |           |
| Married                              | 123 | 99.2 |           |
| Widowed                              | 1   | 0.8  |           |
| Caregiver                            |     |      |           |
| No                                   | 110 | 88.7 |           |
| Yes                                  | 14  | 11.3 |           |
| Number of children                   |     |      |           |
| 1                                    | 94  | 75.8 |           |
| 2                                    | 30  | 24.2 |           |
| Mental status of mother              |     |      |           |
| Normal                               | 97  | 78.2 |           |
| Mild depression                      | 26  | 21   |           |
| Moderate depression                  | 1   | 0.8  |           |

Table 2 Frequency distribution of care quality of young mothers (n= 124)

| Care Quality | f   | %    |
|--------------|-----|------|
| Good         | 72  | 58.1 |
| Poor         | 52  | 41.9 |
| Total        | 124 | 100  |

Table 3 Frequency distribution of social-emotional development of Children (n= 124)

| Social Emotional Development | f   | %    |
|------------------------------|-----|------|
| No risk of emotional social problems | 55  | 44.4 |
| At risk of emotional social problems | 69  | 55.6 |
| Total                        | 124 | 100  |
Table 4 Different testing of the quality of care of young mothers and social-emotional development of children

| Variable                             | Care quality of young mothers | Social-emotional development | p-value | At risk | No risk | p-value |
|--------------------------------------|------------------------------|------------------------------|---------|---------|---------|---------|
|                                      | Good f (%)                  | Poor f (%)                  |         | At risk f (%) | No risk f (%) |         |
| Mother’s age                         |                             |                             |         |         |         |         |
| ≤ 20 years                           | 46 (37.1)                   | 42 (33.87)                  | 0.041*  | 36 (29.04) | 56 (45.16) | 0.047*  |
| > 20 years                           | 26 (20.96)                  | 10 (8.07)                   |         | 19 (15.32) | 13 (10.48) |         |
| Mother’s education                   |                             |                             |         |         |         |         |
| High (Senior high school, Diploma)   |                             |                             | 0.498   | 18 (14.52) | 17 (13.71) | 0.320   |
| Low (Elementary, Junior high school) |                             |                             |         |         |         |         |
|                                      | 22 (17.74)                  | 13 (10.48)                  |         |         |         |         |
|                                      | 50 (40.32)                  | 39 (31.45)                  |         |         |         |         |
| Mother’s employment status           |                             |                             |         |         |         |         |
| Unemployed                           | 68 (54.84)                  | 52 (41.93)                  | 0.139   | 55 (44.35) | 65 (52.42) | 0.07    |
| Employed                             | 4 (3.23)                    | 0 (0)                       |         | 0 (0) | 4 (3.23) |         |
| Marital status                       |                             |                             |         |         |         |         |
| Married                              | 72 (58.07)                  | 51 (41.13)                  | 0.419   | 54 (43.55) | 69 (55.65) | 0.261   |
| Widow                                | 0 (0)                       | 1 (0.80)                    |         | 1 (0.80) | 0 (0) |         |
| The presence of caregiver            |                             |                             | 0.941   | 52 (41.94) | 58 (46.77) | 0.06    |
| No                                   | 64 (51.62)                  | 46 (37.09)                  |         |         |         |         |
| Yes                                  | 8 (6.45)                    | 6 (4.84)                    | 3 (2.42) | 11 (8.87) |         |         |
| Number of children                   |                             |                             | 0.859   | 35 (28.25) | 59 (47.57) | 0.005*  |
| Normal                               | 55 (44.36)                  | 39 (31.45)                  |         |         |         |         |
| Mild depression                      | 17 (13.71)                  | 13 (10.48)                  | 20 (16.12) |         | 10 (8.06) |         |
| Moderate depression                  | 15 (12.1)                   | 11 (8.87)                   | 12 (9.68) |         | 14 (11.29) |         |
| Mental status of mothers             |                             |                             | 0.602   | 43 (34.68) | 54 (43.55) | 0.660   |
| Normal                               | 57 (45.97)                  | 40 (32.26)                  |         |         |         |         |
| Mild depression                      | 15 (12.1)                   | 11 (8.87)                   |         |         |         |         |
| Moderate depression                  | 0 (0.0)                     | 1 (0.80)                    |         |         |         |         |

Table 5 shows that 33.8% of children were at risk and 8.1% had no risk of social-emotional development problem with poor care quality of young mothers, while with good quality care of young mothers there were 21.8% of children were at risk and 36.3% had no risk of social-emotional development problem. Statistical test obtained significance value of 0.000 (p<0.05), which indicated that there was a significant relationship between the care quality of young mothers with social-emotional development in preschoolers. An odd ratio of 0.143 indicates that a child raised by a young mother with poor quality of care had a probability of 0.143 times at risk of having an emotional social problem compared with a child receiving good quality care of a young mothers, with minimum risk of 0.062 to 0.330 times.

Table 5 Relationship between the care quality of young mothers and social-emotional development of children using Chi-Square test (n=124)

| Variable                          | Social Emotional Development | p       | OR      | 95% CI        |
|-----------------------------------|------------------------------|---------|---------|---------------|
| Care quality of young mothers     | At risk   | No risk |         |              |
| Good                              | 27 (21.8%) | 45 (36.3%) | 0.000* | 0.143 | 0.062-0.330 |
| Poor                              | 42 (33.8%) | 10 (8.1%)  |         |              |

*= Significant (p-value < 0.05)

DISCUSSION

The result showed that there was a correlation between the quality of care of the young mother and the social-emotional development in preschool children in Kemalang Klaten Health Center. This is because the quality of care of young mothers plays a role in...
determining the social-emotional development of children. The quality of good care will improve the emotional social development of children in accordance with the age of the child. If the quality of care of young mothers is not good then it will also affect the development of children where the development is low or not appropriate with the age of the child.

The results of this study were in line with the research of Blandon et al. who states that the quality of care significantly affects social and emotional development in children. Quality care is one way to develop emotional cognitive and social abilities in preschoolers (Blandon, Calkins, & Keane, 2010). This is also supported by Broekhuizen et al. who stated that the quality of care is related to children's social-emotional development (Broekhuizen, Aken, Dubas, & Leseman, 2017). It is indicated that preschool age children need guidance and help of parents, especially mothers in helping children socialize, manage emotions and reduce the occurrence of failure when doing activities that will affect their social-emotional development (Radesky et al., 2014).

The results also showed that the majority of young mothers in this study had good quality care. Although the respondents in this study were young mothers but most respondents got high scores in each domain. The higher the obtained value, the better the quality of care of young mothers. Good care quality in which responsive, sensitive and stimulating can have an impact on cognitive and linguistic development, positive peer relationships, adherence to adults, mother-child relationships and social relationships. If the mother provides a less sensitive and responsive treatment then the child will receive low quality care (Owen, 2011).

The results of statistical tests showed that the factor that affects the quality of care of young mothers was the age of the mother. The variable of mother’s education, employment status, mental status, number of children, marital status and the presence of caregiver were not related to the quality of care of young mother. Mother’s age plays a role in parenting and developmental practices in children (Bornstein, Putnick, Suwalsky, & Gini, 2006). According to WHO the quality of interaction is influenced by the age of mothers. Older mothers become more responsive to children than younger mothers. Mothers who have previous experience in caring for children have better interaction quality compared to mothers who have first child (WHO, 2004).

The results of this study also showed that most children were at risk of developing social-emotional development problems. According to Hurlock, it is stated that the child in childhood period is in the process of developing a unique personality and demands freedom that is generally less successful. Preschoolers are often stubborn, disobedient, resistant, often angry for no reason, aggressive, powerful behavior, selfish and destructive behavior (Elizabeth B. Hurlock, 2003), so preschoolers may be at risk of emotional social problems (Brown, Copeland, Sucharew, & Kahn, 2012). The social and emotional development of preschoolers is an important milestone in overall development. Aspects of social and emotional competence can be related to many of the positive developmental traits found in children, including higher levels of language development and communication skills (Hartas, 2011).

In this study, factors affecting the emotional social development of preschoolers were the age of the mother and the number of children. This may be because of the child being treated by a young mother is at risk of developing social-emotional problems due to a lack of mother’s knowledge and skills in stimulating child development. According to Notoatmodjo, knowledge is closely related to age. The older of the age of a person, the more mature of the way of thinking (Soekidjo, 2010). Perry et al. states that young mothers can provide physical care, warmth and attention to children, but lack in verbal interactions compared to adult mothers.
Young mothers tend to be less responsive and lack interaction. Compared with adult mothers, young mothers have limited knowledge of child development (Perry, Hockenberry, Lowdermilk, & Wilson, 2017).

In regards to the number of children that also affected the emotional social development of children in this study, according to Hurlock, the jealousy, competition, quarrel between siblings will be felt by all parents who have two or more children, which will affect the child's development (Elizabeth Bergner Hurlock, 1978). Najman et al. stated that the magnitude of the family affects the quality of care of mothes, which also impacts to the social development of children (Najman, Bor, Andersen, O'Callaghan, & Williams, 2000). Previous research results stated there is a meaningful relationship between mother's age with child social maturity (Ismail, 2010), supported by the results of Haryati's research indicate that there is a significant relationship between the number of children with the social development of preschool children (Haryati & Djauhar, 2010).

CONCLUSION

Based on the results of the study, it can be concluded that the majority of the quality of care of young mothers were in good category, with some preschool children were at risk of social-emotional development problems. There was a significant relationship of quality care of young mothers with social-emotional development in preschool children in the working area of the Health Center of Kemalang, Klaten regency, Indonesia.

Declaration of Conflicting Interest
None declared.

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Author Contribution
All authors contributed equally in this study.

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