

IMPACT OF COVID-19 ON MIDDLE CHILDHOOD SOCIAL AND EMOTIONAL DEVELOPMENT: A NARRATIVE REVIEW WITH RECOMMENDATIONS

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Abstract: This study aims to narratively review various articles related to the social and emotional development problems of children affected by the COVID-19 pandemic and to find out preventive measures to keep children's social and emotional development on track. The method used in this article is a review of articles related to the social and emotional development problems of children affected by the COVID-19 pandemic. The results of this study indicate that there are several problems related to social and emotional development in children during COVID-19 pandemic, namely anxiety, depression, attachment, annoyance, irritability, and fear of asking questions about the pandemic. The research also includes actions that can be taken to safeguard children's social and emotional development, such as community health education strategies and family support, managing games for children, physical activity, a balanced diet, regulating the use of gadgets, providing time to share sadness, providing time to listen to children, sharing feelings of security, strength, and affection with children, providing special care for children who suffer from toxic stress, provide psychosocial support, and provide initial psychological support.

Keywords: covid-19, social and emotional developmet, middle childhood

INTRODUCTION

Novel coronavirus 2019 (2019- nCoV) or currently defined as severe chronic respiratory syndrome Corona Virus 2 (SARS-CoV-2), quickly spread from its provenance in Wuhan City from China's Hubei Province to the entire of the world in December 2019. These outbreaks can be transmitted through exposure or contact with body fluids from an infected person with an incubation period of about 2 to 14 days. The signs of this virus generally include fever, cough, sore throat, shortness of breath, fatigue, and feeling unwell. This disease may be mild for common people, but in part people (such as the elderly and people with congenital disease), it can develop into pneumonia, acute respiratory distress

syndrome (ARDS) and multi-organ dysfunction, there are also people who show no symptoms¹. The disease is spread out quickly throughout the world, cause a serious danger to population health and become a significant challenges to health systems.

During the early days of the COVID-19 pandemic the government made the decision to close formal education institutions at all levels of education. The closure of this educational institution was carried out in order to reduce the level of the spread of COVID-19. In addition to the closure of formal educational institutions, the government also implements social distancing and physical distancing, this then has quite a big impact on many groups such as adults², college students³, adolescents, and also children. The closure of schools and social distancing policies make children unable to move freely as usual, lack of physical activity in children can lead to decreased cardiorespiratory fitness and weight gain⁴.

Apart from the physical effects, pandemics like COVID-19 also have a significant impact to children's development including the effect of the disease itself, limited mobility, social isolation, and enhancement stress levels of parents. This condition is a detrimental childhood experience that can lead to toxic stress, toxic stress that experienced by children can cause other problems both in childhood and in the future, such as morbidity or mortality, cumulative toxic effects, etc.⁵

The risks of social and emotional development problems in childhood certainly need to be highlighted, because developmental problems that arise during this period can trigger social and emotional problems in the future if not handled properly. Studies to increase understanding of the impact of pandemics such as COVID-19 on mental health and child development can provide an overview of efforts to overcome disorders or child development problems and promote positive development.

¹ Tanu Singhal, "Review on COVID19 Disease so Far," *The Indian Journal of Pediatrics* 87, no. April (2020): 281–286.

² Matthew T. Tull et al., "Psychological Outcomes Associated with Stay-at-Home Orders and the Perceived Impact of COVID-19 on Daily Life," *Psychiatry Research* 289, no. May (2020): 113098, <https://doi.org/10.1016/j.psychres.2020.113098>.

³ Wenjun Cao et al., "The Psychological Impact of the COVID-19 Epidemic on College Students in China," *Psychiatry Research* 287, no. March (2020): 112934, <https://doi.org/10.1016/j.psychres.2020.112934>.

⁴ Keith Brazendale et al., "Understanding Differences between Summer vs. School Obesogenic Behaviors of Children: The Structured Days Hypothesis," *International Journal of Behavioral Nutrition and Physical Activity* 14, no. 1 (2017): 1–14.

⁵ Robin Ortiz and Erica Sibinga, "The Role of Mindfulness in Reducing the Adverse Effects of Childhood Stress and Trauma," *Children* 4, no. 3 (2017): 16.

In connection with the risks that can cause problems in children's social and emotional development, further studies are needed on the environmental impacts that support or damage the social and emotional development conditions in children, so that the negative impact of this pandemic can be reduced and handled immediately so that it does not continue dragged on and disrupt the child's life at a later date. In this study, the authors conducted a literature review on how the impact of the COVID-19 pandemic on children's social and emotional development; in addition, what mitigation actions need to be taken to support the child's social and emotional development during COVID-19.

This research is a qualitative research with the type of literature study research, where the research sources come from written documents in the form of books, journals, and other written literature. The data in this study were obtained independently by the author who conducted a comprehensive and non-systematic search on the Google Scholar database. The search strategy carried out by the author is to use several key words such as "Covid-19", "social development", "emotional development", "socio-emotional development", "mental health", "middle childhood", and "children. ", This search emphasizes the most recent journals. All journals were reviewed in terms of their characteristics, quality, and compatibility with the research theme. In the next stage, the writer conducted a review of the abstract, after selecting the appropriate journal based on the abstract, the researcher conducted a comprehensive review of the journal text. The collected research data is then presented with a descriptive method in the results section to explain the findings of this study.

FIND AND DISCUSSION

Impact of COVID-19 Pandemic on Middle Childhood Social and Emotional Development

The COVID-19 pandemic has made quite a lot of changes in various sectors of human life, including children's health. It should be noted that children everywhere will continue to undergo a period of growth and development regardless of a pandemic or not. In this regard, it is necessary to investigate matters relating to a pandemic that can have a detrimental effect on the potential development of children, this investigation is carried out to develop preventive efforts to reduce children's developmental performance, it is also hoped that it can keep children's development stable. Both for the short and long term.

In connection with efforts to narrow the spread of COVID-19, the government has adopted a policy to implement social distancing. In addition to social distancing that applies to the wider community, formal educational institutions are also temporarily closed, this then forces children who are in school to continue online learning activities at their respective homes, one of which is affected by social distancing policies and closure of this school are children. The implementation of social distancing and school closings due to the COVID-19 has a significant effect on children, one of the impacts of this policy is the children's social and emotional development.

The American Academy of Pediatrics states that social emotional development refers to a child's ability to have knowledge in managing and fully expressing emotions, both positive and negative emotions; able to build relationships with other children and adults around them; as well as actively exploring the environment through learning⁶.

The discussion in this article will focus on the period of social and emotional development of children in the children period. Middle Childhood defined as a developmental period marked by major changes as a child's change from early childhood to adolescence, the age range in this period is from 6 to 12 years, the characteristic of this period begins when children enter school⁷.

During the COVID-19 pandemic, children could not move freely as usual, could not play with their friends at school, were unable to carry out activities outside the home freely, there were restrictions on interacting with people outside the home, and adaptations that need to be done related to online learning activities. Some of these things can actually trigger social and emotional development problems in children.

Based on the results of the review that the author has conducted on several research results, it turns out that there are problems with the social and emotional development experienced by children. Some of the common social and emotional development problems experienced by children during the COVID-19 pandemic are anxiety and depression, in addition to the two main problems experienced by children, there are other problems namely attachment, annoyance, irritability, and fear of asking questions about the outbreak that has occurred.

Santrock explained that during a period of emotional development, children may experience emotional problems including depression and stress. Depression

⁶ Maiken Pontoppidan et al., "Parent Report Measures of Infant and Toddler Social-Emotional Development: A Systematic Review," *Family Practice* 34, no. 2 (2017): 127-137.

⁷ Sarika R. Parasuraman, Reem M. Ghandour, and Michael D. Kogan, "Epidemiological Profile of Health and Behaviors in Middle Childhood," *Pediatrics* 145, no. 6 (2020): 1-10.

is a mood disorder in which a person feels unhappy, lackluster, looks down on himself, and feels very bored. Individuals always feel unwell, easily lose stamina, have a poor appetite, are not excited, and have no motivation. Many depressed children display aggression, anxiety, poor performance at school, antisocial behavior, and also poor peer relationships. The next problem is stress, stress is an individual's response to a situation or event (called a stressor) that threatens and exceeds their coping abilities (efforts to cope with stress). Cognitive factors, daily events, and also sociocultural factors are things that are related to stress in children⁸.

Apart from the problems mentioned by Santrock, there are other problems related to emotional development, namely fear and anxiety; sadness and depression. Fear is generally considered a response to real events, whereas anxiety is defined as a little fear of what might happen. Several types of anxiety that may be experienced by children during their children development include anxiety disorders, separation anxiety disorders, and social anxiety disorders.

Anxiety disorders are disorders that are considered to be a feeling of anxiety so great that they interfere with daily activities and create a lot of distress, severe levels of anxiety can last a long time and interfere with the child's normal functioning. Separation anxiety disorder is fear and anxiety about being away from parents or their caregivers with whom the child has a bond, it can also be understood as an inability to tolerate age-appropriate separation, this anxiety disorder is characterized by developmental mismatches and an an excess anxiety while the child is being away from their main companion figure. Social anxiety disorder is an unusual or excessive fear of being watched and judged in social situations with peers, this anxiety disorder is characterized by the emergence of anxiety about social situations in which individuals believe others can judge them.

Apart from the problems of fear and anxiety there are also sadness and depression, sadness is a common reaction used to express lost and disappointment, but in some case child's temperament can influence other children to react more often to sadness than others. Major depressive disorder is sadness that is experienced for a long time and can have an impact on a individual physical, emotional, cognitive, and social. Children with major depressive disorder may seen more irritable than sad, and their sadness or anxiety can impact to physical symptom, such as an upset stomach, not as an emotion. This disorder is characterized by persistent and severe feeling of

⁸ John W. Santrock, *Perkembangan Anak, Edisi Ketujuh Jilid Dua* (Jakarta: Elangga, 2007).

worthlessness and hopelessness, less happiness, sleep disorders, lack of appetite, and the possibility of suicide⁹.

Based on the results of the review conducted by the author, there are at least two major social and emotional development problems, namely anxiety and depression, at least out of the five articles analyzed by the author, there are four studies which show that children experience anxiety disorders and depression (both mild, moderate, or heavy).^{10, 11, 12, 13}

On his study Duan et al. stated that anxiety symptoms can be the most general clinical diagnosis in children and adolescents, and it can be significant risk factor for other psychiatric disorders in the future. The results of research by Duan et al. also noted that the level of anxiety in children and adolescents during the COVID-19 pandemic was higher than before the COVID-19 pandemic. The results of this study may be due to protective and therapeutic responses that were not yet available during the early outbreaks, and the high number of infections and confirmed deaths made children worry too much about the physical harm to themselves and their families caused by exposure to the COVID-19. Having a family member or friend infected with the COVID-19 was also significantly related with was increased levels of anxiety. One of the reasons for the high level of anxiety is worrying about the health of the infected person as well as fear of being infected or suspected¹⁴.

There are factors that influence the high score of anxiety and depression disorders, namely the level of clinical depression, application of prevention and control measures, gender, family members or friends infected with COVID-19, work of mothers related in the pandemic, regions (for example, rural, urban), and coping styles that focus on problems, graduation affected by COVID-19, separation anxiety level, fear of physical injury, high level of parental education (post-graduated), having parents who have to go to work during the pandemic, have parents with smoking habits, have parents who may have lost their jobs

⁹ Alan Carr, "Social and Emotional Development in Middle Childhood," in *Child Psychology and Psychiatry: Frameworks for Practice: Second Edition*, 2011, 56–61.

¹⁰ Sabina Yeasmin et al., "Impact of COVID-19 Pandemic on the Mental Health of Children in Bangladesh: A Cross-Sectional Study," *Children and Youth Services Review* 117 (2020).

¹¹ Li Duan et al., "An Investigation of Mental Health Status of Children and Adolescents in China during the Outbreak of COVID-19," *Journal of Affective Disorders* 275, no. July (2020): 112–118.

¹² Xinyan Xie et al., "Mental Health Status Among Children in Home Confinement During the Coronavirus Disease 2019 Outbreak in Hubei Province, China," *JAMA Pediatrics* 174, no. 9 (2020): 898–900.

¹³ Fangping Chen et al., "Depression and Anxiety among Adolescents during COVID-19: A Cross-Sectional Study," *Brain, Behavior, and Immunity* 88, no. May (2020): 36–38.

¹⁴ Duan et al., "An Investigation of Mental Health Status of Children and Adolescents in China during the Outbreak of COVID-19."

during the pandemic^{15,16}. In addition to factors that can increase anxiety and depression disorders, there are also factors that can reduce clinical depressive disorder that is, the amount of time spent on the internet during the day before the COVID-19 pandemic and the tendency to adopt a problem-focused coping style¹⁷.

Although problems such as anxiety and depression are major problems in children, there are other problems such as attachment, annoyance, irritable, and afraid to ask questions about the pandemic, Jiao et al. stated that this problem is a psychological and behavioral problem that most commonly occurs among 320 children and adolescents (168 girls and 142 boys) aged 3-18 years¹⁸.

Managing Middle Childhood Social and Emotional Development during COVID-19 Pandemic

Some simple initiatives that can be taken to maintaining children's general and mental health include community health education strategies and family support, managing games for children, physical activity, a balanced diet, regulating the use of gadgets, providing time for sharing sadness, time for listening to children, sharing a sense of security, strength, and affection with children, and finally giving special care for children who suffer from toxic stress¹⁹.

Another effort that can be made to manage children's social and emotional development is to maintain their psychosocial well-being by providing psychosocial support and early psychological support.

Psychosocial Support Services

Psychosocial support is defined as a process to facilitate the development of welfare or well being in a person by using resources that exist in the individual himself and also resources that exist in his community or social environment. There are several objectives of this psychosocial support, namely minimizing the

¹⁵ Yeasmin et al., "Impact of COVID-19 Pandemic on the Mental Health of Children in Bangladesh: A Cross-Sectional Study."

¹⁶ Duan et al., "An Investigation of Mental Health Status of Children and Adolescents in China during the Outbreak of COVID-19."

¹⁷ Ibid.

¹⁸ Wen Yan Jiao et al., "Behavioral and Emotional Disorders in Children during the COVID-19 Epidemic," *Erupean Paediatric Association* 21, no. 1 (2020): 264-266.

¹⁹ Andrew S. Garner, Jack P. Shonkoff, and Committee on Psychosocial Aspectsof Child and Family Health, "Early Childhood Adversity, Toxic Stress, and the Role of the Pediatrician: Translating Developmental Science into Lifelong Health," *Pediatrics* 129, no. 1 (2012); Michael Yogman et al., "The Power of Play: A Pediatric Role in Enhancing Development in Young Children," *Pediatrics* 142, no. 3 (2018); Council on Community Pediatrics, "Providing Care for Children and Adolescents Facing Homelessness and Housing Insecurity," *Pediatrics* 131, no. 6 (2013): 1206-1210.

physical, psychological and social impacts caused by a disaster or crisis situation, encouraging individual and community welfare, encouraging the ability of individuals/communities to be able to adapt positively to changes that occur after a disaster or crisis situation, fostering the ability of individuals/communities to survive and rise (resilience) with existing values and capacities, restore/encourage the creation of positive relationships in society (support systems and relationships between communities).

Here provided an overview of the level of psychosocial support intervention in a pyramid, the psychosocial support pyramid itself is a description of psychosocial needs that are globally made into four levels, the higher the level indicates the more specific the needs are, the less needy, and the more expertise is needed in handling them²⁰.

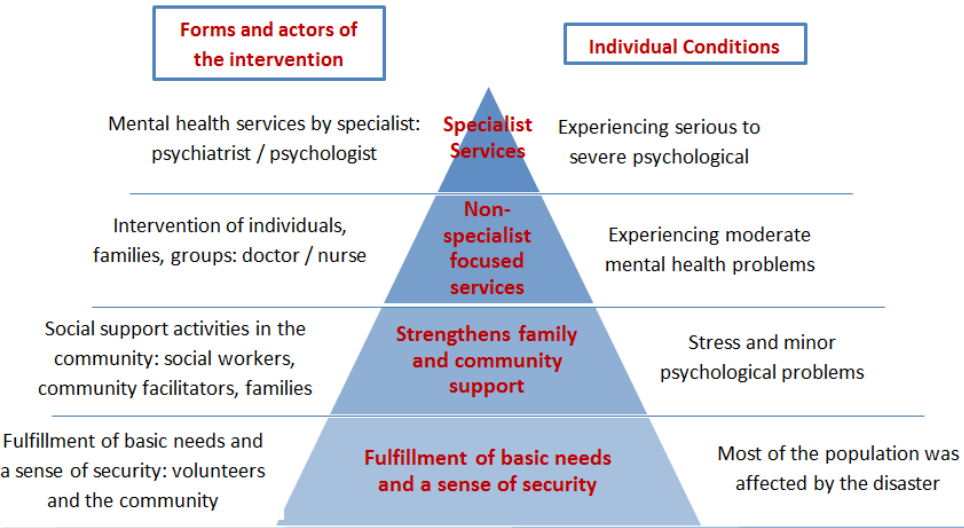


Figure 1. The Intervention Pyramid of Psychological Support

The first level, psychosocial support is manifested as the fulfillment of basic needs which include food, health, shelter and security. Access to learning during a pandemic is also a basic need of students and teachers during a pandemic.

The second level, psychosocial support is manifested in the creation of a social system in society that functions positively. Community activities, cultural rituals, routine activities, and the re-functioning of the social order are necessities at this stage.

²⁰ Arnie Cordero Trinidad and Elizabeth Protacio-De Castro, “The Institutionalization of Mental Health and Psychosocial Support in Emergencies in Indonesia,” *International Journal of Disaster Risk Reduction* 51, no. October (2020): 101918, <https://doi.org/10.1016/j.ijdrr.2020.101918>.

The third level, the form of social support is aimed at people who experience more severe psychological impacts or disorders than others, namely those who experience disorders at the intermediate level. This support is given to survivors who experience anxiety, deep sadness, sleep disturbances, restlessness and intense worry.

The fourth level, at this stage psychosocial support is aimed at individuals who have severe psychological disorders. Psychosocial support at this stage is provided by clinical or psychiatric psychologists in the form of psychological and pharmacological therapy²¹.

Psychosocial support must be well planned for the entire community, therefore an assessment process is needed before choosing to undertake a program. Programs must be able to distinguish and identify the needs of survivors and the resources they have. Psychosocial support programs that match the needs and resources of survivors will have a good recovery impact. In addition, coordination with various parties and institutions or stakeholders is an important thing that must be done in providing psychosocial support in a crisis situation.

Examples of psychosocial support activities that can be done include:

1. Facilitating the fulfillment of basic and health needs, for example providing personal protective equipment (PPE), providing hand washing with soap (CTPS) facilities, and healthy food for children.
2. The presence of an adult or other person can be a significant support for someone who is in a difficult situation, this can be done offline or online.
3. Being a responsible disseminator of information, not participating in spreading news whose sources and contents are not yet valid.
4. Returning the routine or activities that were done before the pandemic. New routines can be carried out either online or face-to-face with respect to health protocols. Returning the routine makes children feel secure because the situation is familiar to them.
5. Doing recreational activities with family at home or gathering together in small groups according to health protocols or virtually.

The above psychosocial support can be done by anyone who has the capacity to provide psychosocial support. Meanwhile, for conditions or needs that are specific and cannot be handled by the general public, referral is an intervention

²¹ MM Jalal Uddin et al., "Mental Health and Psychosocial Support (MHPSS) in COVID-19 Outbreak," *Bangladesh Journal of Infectious Diseases* 7, no. 1 (2020): 45-47, <http://www.banglajol.info/index.php/BJID/index>.

that can be done. Referrals are made so that children get professional services, such as psychologists, psychiatrists, doctors or health workers, and other professional personnel²².

Psychological First Aid Services

The next effort that can be made to maintain children's psychosocial well-being is through Psychological First Aid (PFA). PFA or Psychological First Aid can also be known as early psychological support (EPS). PFA is a form of psychosocial support that is important to reduce the negative effects of a traumatic event for someone who has seen or experienced a humanitarian disaster²³. PFA is a set of basic practical skills and aims to reduce the negative effects of stress, prevent the worse mental health problems caused by disasters or critical situations, and strengthen the recovery process. In the context of mental health, after a person experiences a difficult or traumatic event, the process of telling others about the feelings they feel will help that person to reduce the psychological pressure they feel so that more severe psychological disorders do not occur.

PFA is carried out with several assumptions, namely that people who need support are able to do simple things to make their situation better and prevent more severe psychological disorders; not everyone in difficult situations needs professional service; Everyone naturally has resilience and it is not certain that everyone who experiences a crisis will experience a psychological disorder; not everyone who experiences a difficult situation or a pandemic like this can get professional services either individually or in groups, especially people in 3T areas who have a minimum number of mental health personnel, including the lack of counseling teachers in elementary level education units so that limited access to professional services prevents all cases can be handled directly.

Preparation Step of PFA

Understand the situation by gathering initial information about the child's psychological condition and building warm and friendly relationships so that the assisted child feels comfortable and safe. If the education unit already has a system of recording or reporting student cases, the data can be seen again in the perspective of the psychological and social welfare of students as a reference point in determining appropriate interventions. However, if the school does not

²² Saskia Rosita Indasari et al., *Buku Saku Dukungan Psikososial Bagi Guru & Siswa Tangguh Di Masa Pandemi Covid-19* (Jakarta: Wahana Visi Indonesia, 2020), https://wahanavisi.org/userfiles/post/2010055F7AA525E16B6_LGID.pdf.

²³ Kaushal Shah et al., "The Role of Psychological First Aid to Support Public Mental Health in the COVID-19 Pandemic," *Cureus* 12, no. 6 (2020): 6–14.

have these records, understanding student situations can be done by observing changes in student behavior and learning performance.

Observe how children during the learning process experience the following things, difficulty managing their emotions; becoming more aggressive / violent / more moody; refusing to engage in routine activities such as distance learning or returning to school; is physically ill or looks lethargic, pale, worn out, has difficulty communicating or interacting with teachers and peers; parents complain of a deterioration in attitudes or development in children during the pandemic, the existence of post-status posts on social media that are unusual or suggest distressing conditions, decreased academic achievement or learning abilities compared to pre-pandemic and distance learning is taking place; show other symptoms of stress.

Core Step of PFA

Parents or teachers can observe children. To understand the child's situation, parents or teachers can ask the child to fill out a questionnaire related to the child's strength and difficulties (Strength Difficulties Questionnaire / SDQ), This is done to map the condition and psychological and social needs of the child.

This early identification is also part of providing early psychosocial support. Therefore, it is important to do 3 steps identification, which is watching or paying attention, listening, and connecting. Observing means seeing carefully how verbal responses (speech), gestures / body language and emotional reactions of children; active listening means being really present to the interlocutor, fully paying attention to the message that is trying to convey either verbally or from his expressions and body language; at the connecting stage, the person who provides the EPS is tasked with providing assistance to the child in order to actively participate in solving the problem by planning the necessary actions.

It should be remembered that PFA is not an effort to force children to provide detailed information about the problems at hand, so it is not justified to force them if the child is not ready to freeze things that are expected to help the recovery process. Avoid giving insistent advice, try to give them more opportunities to express themselves and reflect on the situation they are experiencing. Be honest and open in conveying goals and objectives and respond in clear and easy to understand language.

PFA techniques for children

Children generally need the media to express their feelings, thoughts and desires in a safe manner without feeling threatened, here are some ways to help children express their feelings:

1. Emotional ventilation

The goal is to help students release conscious / unconscious psychological pressure in themselves so that they do not continue to be buried and cause more severe mental disorders in the future, here are examples of emotional ventilation activities. The first is an emotion card, the goal is that children can recognize some basic emotions, children know about the emotional turmoil that occurs to them when they are in certain situations, children know how to express their feelings to others. Activities can include asking the child to choose an emotion card that describes his or her mood in a particular situation; The second is free expression, the activity can be in the form of giving children the opportunity to draw freely using paint brushes, crayons, or other color tools with colors. After that, give the children the opportunity to tell the shape of the pictures they made.

2. Emotional psychoeducation

The goal is to provide insight to children so that they recognize their emotional turmoil. Activities include giving children an explanation of what emotions are, various emotions and situations that cause them to feel certain emotions, how the body reacts when they experience certain emotions, how to express emotions appropriately and communicate them to others so that others understand what they are feeling.

3. Learning emotion stabilization / relaxation

The goal is to provide skills for children to be able to control or relieve explosive emotions so that their emotions are controlled and can respond more adaptively. Relaxation also means taking steps to relieve tension in the muscles of the body and make the body feel more comfortable or relaxed. For example, taking deep breaths and regulating your breath, drinking water, sitting or finding a place to stand or lean on to calm yourself down, imagine a safe and pleasant place, and so on²⁴.

CONCLUSION

Various problems related to the social and emotional development of children during the COVID-19 pandemic include depression, attachment, irritability, irritability, and fear of asking questions about the pandemic. We are aware that

²⁴ Wahyu Cahyono, Dian Caesaria Widyasari, and Indra Nurpatria, *Pengembangan Model Dukungan Psikologis Awal Bagi Pendidikan Anak Dan Remaja* (Jakarta: Kementerian Pendidikan dan Kebudayaan, 2018).

maintaining the social and emotional development of children during a pandemic in order to remain stable is a priority, because if the problems as mentioned continue and get worse it can trigger other problems in the future.

So it is necessary to take preventive measures so that these problems do not get worse, these actions can be in the form of community health strategies and family support, managing games for children, physical activity, a balanced diet, regulating the use of gadgets, providing time to share sadness, providing time to listen to children, sharing a sense of security, strength, and affection with children, finally giving special care for children children suffering from toxic stress.

Other efforts that can be made to manage children's social and emotional development to remain stable can also be done by maintaining their psychosocial well-being through providing psychosocial support such as facilitating the fulfillment of basic needs; there for the child when needed; doing routine before a pandemic; be a responsible disseminator of information; and carry out recreational activities. In addition to providing psychosocial support to children, there are also other ways that can be done, namely providing initial psychological support with emotional ventilation techniques, emotional psychoeducation, and learning emotional stabilization/relaxation. This kind of action is expected to be able to keep the child's development on track and prevent fatal problems that have negative effects in the future.

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