The Effect of Social Skill Training of Early Childhood Education During COVID-19 Pandemic

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Abstract

BACKGROUND: The COVID-19 pandemic affects the education sector, therefore, the strategy implemented by the government was social distancing and the children's education must be held at home and they focused on all gadgets A day, so it makes the children rarely interact socially, and also parents also find it difficult to teach social interactions with children.

AIM: The purpose of this study was to analyze the effect of social skills training on social skills of early childhood education during the COVID-19 pandemic.

METHODS: This type of research is an experiment with a true experimental design. The population in this study were all early childhood education students in Surabaya. The sample in this study was pre-school age children in early childhood education in Surabaya. The sampling technique is used by simple random sampling. The sample size in this study comprised of 120 students. The indicator to measure the childhood social skills, with seven criteria, was communicative, cooperative, self-effacing, responsible, empathetic, sociability skills, and self-control. This intervention runs in eight sessions.

RESULTS: The results of the independent t-test statistical test, p = 0.000 in the intervention group and p = 0.436 in the control group, p < 0.05, it can be concluded that there was a significant change in the level of social skill before and after being given social intervention skills training in the intervention group.

CONCLUSIONS: Social skills training has a behavior modification technique. Social skill training has a significant effect on the development of social skills in early childhood education during the COVID-19 pandemic.

Introduction

Early childhood education is education aimed at children of preschool age with the aim that children can develop their potential from an early age with the concept of playing, so that they can develop optimally. The world of play in children can develop aspects that they have from birth, children already need to play through interaction with their environment. The right environment for children must be a safe, interesting, and fun environment for children's growth and development. By playing, it is hoped that children can obtain information that will be stored in the child's memory and can be actualized in the child's next life. However, children face the COVID-19 pandemic, which began in March 2020, affecting the education sector to reduce the spread of the virus. The strategy implemented by the government is social distancing, one of which is by closing schools, but children's educational needs can still be met with strategies for learning at home and learning face-to-face with strict health protocols [1].

Social distancing that is done by almost all individuals is focused on gadgets throughout the day, parents stress how to teach children, so parents behave aggressively by yelling at children, scolding children, and behaving rudely toward children. The behavior of parents will be imitated by children who are not realized by parents, so parents find it difficult to teach social interaction to children. Based on data from the Ministry of Women's Empowerment and Child Protection, from January 14 to July 2020, during this pandemic, there were 736 parents and family members who committed violence against children. Data from Wahana Visi Indonesia regarding the Rapid Assessment Study of the Impact of COVID-19 and Its Effect on Indonesian Children stated that 62% of children experienced verbal violence by their parents while at home. Without realizing it, the violent behavior of parents will lead to new aggressive behavior in children. As stated by Bandura (in Ghosh *et al.*, 2020), aggressiveness develops through observational learning, reinforced performance, and structural determinants around it [2], [3].

Meanwhile, the direction of education during this pandemic period is still focused on the academic value of children and has not touched on character learning. The reason is that teachers still have difficulty

teaching character education because of the distance learning process. The solution that can be applied is the application of social skill training (SST) because it is considered appropriate as an intervention in handling social interaction problems in children. After all, in it, there is the formation of good social skills as part of character learning, starting from the stage of forming social thinking, social interest, social empathy, communication skills, adaptability, etc. Based on these problems, it is necessary to develop a SST design or model to teach social skills to children to reduce children's social interaction behavior during the COVID-19 pandemic and after. This is done for the development of children's character because aggressive behavior that is not controlled and not handled properly from an early age can develop into behavior disorders, like opposing, being hostile to those around them, cannot develop empathy and compassion in adolescence and adulthood [4], [5], [6].

The dynamics and problems of social skills in school settings are interesting issues to study, especially in schools that have students with diverse backgrounds. The diversity of children is often found in regular schools and is increasingly evident in inclusive schools. Inclusive schools accept students with various conditions that vary in aspects of social, economic, cultural conditions, academic abilities, and especially aspects of students' special needs. The social skills of students in inclusive schools are often a problem as well as a challenge to be addressed positively. The problem of social skills experienced by students in inclusive schools can be seen in various behaviors in learning and non-learning. Children who attend inclusive elementary schools who experience social skills problems tend to have behavioral problems. The results of the study at nine inclusive schools in Yogya Municipality found 77 students with behavior problems, 55 boys and 22 girls. Various types of behavioral problem cases that were often found in the 77 students were not completing and reluctant to do assignments (77.8% and 55.6%), talking and/or shouting in class (55.6%), hitting friends (48%), not going to school without permission (44%), taking other people's belongings (48%), and provocative behavior, making noise, getting angry, and hurting friends (11%). A student can perform more than one type of problem behavior [7]. Marlina (2006:34) found that one of the cases that emerged from the low level of social skills in inclusive schools was the low acceptance of friends for children with learning difficulties, so that they tended to be shunned by their peers [8].

Early childhood is in a period of development and easily absorbs new things around it. Social skills will be easily formed in early childhood so learning activities in schools or playgroup focus on the development of social skills. Children form social skills through experiences and observations of their surroundings. Therefore, people who are heavily involved with children's lives need to provide examples of behaviors that have an impact on the formation of children's social skills [9], [10]

Parents and teachers are people who are much involved with children's lives. Parents and teachers need to synchronize learning so that children are motivated to behave according to the age and norms. It is undeniable that education in the family is the basis of personality formation [11]. Children will imitate what their parents do so that the influence given by the family very attached to the child.

Teachers and parents are obliged to teach social skills. There are many ways for children to learn social skills. One of them is by observing other people and going through a trial and error process. Adults are required to set a good example. When children observe the behavior around them, adults always direct it.

Methods

This type of research is an experiment with a true experimental design which aims to determine the effect of SST on the social skills of pre-school children. The population in this study were all early childhood education students in Surabaya. The sample in this study was pre-school age children in early childhood education Surabaya. The sampling technique used is simple random sampling. The inclusion criteria in this study were parents agreed that their child was a respondent, the child was not sick. The exclusion criteria in this study were parents who did not approve of their children participating in research activities until they were completed. The sample size in this study consisted of 120 early childhood education students.

SST is applied in this research concerning the four stages of social skills training proposed by Stuart and Laraia (2005), namely, training the client's ability to communicate, establish friendships, and deal with difficult situations, using modeling methods, role-play, feedback, and transfer training. The system is identified by regular and controlled actions and behavior by biological, psychological, and sociological factors. In this case, the intervention used is behavioral therapy with a target to improve social skills such as greeting, introducing oneself, and communicating lightly with the environment. Behavioral therapy in the form of social skills is one of the interventions with behavior modification techniques based on the principles of role-playing, practice, and feedback to improve the client's ability to solve the problems of students with behavioral disorders, difficulty interacting, experiencing social phobia, and clients experiencing anxiety due to the pandemic COVID-19.

This intervention runs in eight sessions. The first session: Building an assessment with the

subject, in this session the therapist, tries to make the subject comfortable and trusts the therapist so that the intervention runs smoothly.

The second session

Orientation for the introduction of therapy and identification of problem triggers, in this session, the subject is introduced to the therapy that the therapist will provide, namely, in the form of social skills training. The therapist also explains what procedures the subject will go through during therapy and the subject must pay attention to the instructions that the therapist gives. In this session, the therapist also invites the subject to make a target of change to be achieved, namely, to improve the subject's social skills, namely, being able to say hello, introduce oneself, communicate lightly, and no longer be in the room often. In this session, the therapist asks the subject to identify problems or situations that can make the subject choose to withdraw and remain in the room. The therapist also explains the impact that will occur if the subject chooses to withdraw and stay in the room after watching the video.

Third session

Modeling, the therapist teaches the subject of skills by giving examples first. The therapist gives an example of how to greet, get acquainted, and ask how people are in the subject's ward environment, then the therapist asks the subject to pay attention to what the therapist is doing so that it can be imitated and done. In this session, the subject observes how to interact lightly which the therapist exemplifies, such as how to smile, greet, get acquainted, and ask how people are in the subject's environment so that they can be practiced in the next session.

Fourth session

Role-play – The therapist asks the subject to try approached people who were around him, then the subject was asked to smile at the person first, greet, get acquainted, and ask how they were.

Fifth session

Assignment – The therapist asks the subject to interact with the subject's environment without being accompanied by the therapist. The therapist also asks the subject to be able to communicate lightly with people around the subject. After four meetings, the new subject was able to do the tasks given by the therapist well. The subject can communicate lightly with the people around the subject, so that the subject is not only in the room.

Sixth session

Evaluation – The therapist evaluates the activities carried out by the subject, the therapist provides feedback to the subject and provides continuous reinforcement to the subject by saying that what the subject has done is good and right, so that the subject can meet the target of changes that have been made, namely, the subject can greet, get acquainted even asking how, the subject feels not alone, and has many friends who love and care for the subject.

Seventh session

Termination – In this session, the therapist concludes the things that the subject has learned during the intervention process, provides behavioral provisions so that the subject will get used to socializing with the environment and increase the subject's social interactions so that they feel not alone in dealing with problems. The therapist also asked the nurse to continue to control the subject even though the intervention process had ended. This termination is carried out when the desired target of change is when the subject's social skills to improve the subject's social interaction have increased. Social skills training is carried out 1–2 h per day in 10–12 meetings.

Eighth session

Follow-up 2 weeks after the intervention ended. Follow-up was conducted to determine the subject's development in their interaction with the subject's social environment. During follow-up, the subject has often communicated and even made friends with the people around him.

To measure the results of early childhood social skills, the researcher made a questionnaire with seven criteria, namely, communicative, cooperative, self-effacing, responsible, empathetic, sociability skills, and self-control. The assessment of the social skills questionnaire consists of seven elements with a value range of 7–35. Good social skills have a score of 21–35 and poor social skills have a value of 7–20. This questionnaire has been tested for validity and reliability with the results of validity (r count = 0.738) and reliability results with Cronbach's alpha of 0.868–0.945. Data analysis in this study used paired t-test and independent t-test with a significance value of < 0.05.

Results

The results of this research are as follows:

Table 1 shows that the characteristics of the respondents in this study by age showed that almost

Table 1: Characteristics of respondents by age and gender in the intervention group and control group

Characteristics of respondents	Group				
	Group 1 (intervention) (n = 60)		Group (control) (n = 60)		
	F	Percentage	F	Percentage	
Age (years)					
2	18	30	12	20	
3	24	40	28	46.6	
4	18	30	20	33.4	
Gender					
Boy	18	30	16	26.6	
Girl	42	70	44	73.4	

half (40%) of the respondents in the intervention group were at 3 years, while for the control group, respondents almost half (46.6%) were at 3 years. Characteristics of respondents according to the gender, the results showed that most (70%) respondents in the intervention group were girls, while in the control group, almost all (73.4%) were a girl.

Table 2 shows that the results of the normality test for the pre-test and post-test anxiety level variables in the intervention group and control group with the Kolmogorov–Smirnov test obtained $p > 0.05$ so the data distribution is normal so that data analysis can be continued using the paired t-test and independent t-test.

Table 2: Social skills normality test in the intervention group and control group (n = 60; n = 60)

Group	Social skill	ρ^*
Intervention	Pre-test	0.152
	Post-test	0.200
Control	Pre-test	0.157
	Post-test	0.093

*p > 0.05 Based on Kolmogorov–Smirnov.

Table 3 shows that the average value of social skills before being given treatment as SST in the intervention group was 12.90 (social skills were not good) and in the control group was 13.03 (social skills were not good) with $p = 0.839$ meaning there was no difference in average the average social skills in the intervention group and the control group before being given the intervention.

Table 3: Social skills in the intervention group and the control group before being given the intervention (n = 60; n = 60)

Group	Mean	SD	Min	Max	SE	P-value
Intervention	12.90	3.496	8	21	0.45	0.839
Control	13.03	3.686	8	21	0.47	

Table 4 shows that the average value of social skills after being given treatment as social skills training in the intervention group is 27.80 (good social skills) and 12.78 in the control group (not good social skills) with $p = 0.000$ meaning that there is a difference in the average social skills in the control group. The intervention group and the control group after being given the intervention.

Based on Table 5, the results of the independent t-test statistical test, $p = 0.000$ in the intervention group

Table 4: Social skills in the intervention group and the control group after the intervention (n = 60; n = 60)

Group	Mean	SD	Min	Max	SE	p-value
Intervention	27.80	6.207	11	35	0.80	0.000
Control	12.78	4.357	7	21	0.56	

and p value = 0.436 in the control group, $p < 0.05$, it can be concluded that there is a significant change in the level of anxiety before and after being given social intervention skills training in the intervention group. Moreover, in the control group, there was no significant change and the mean value decreased from 13.03 to 12.78, so they have poor social skills.

Table 5: Social skills (pre- and post-test) in the intervention group and control group (n = 60; n = 60)

Group	Mean	SD	T	Significant
Intervention				
Pre	12.90	3.496	−15,61	0.000
Post	27.80	6.207		
Control				
Pre	13.03	3.686	0.785	0.436
Post	12.78	4.357		

Discussion

Social skills are the ability of children to carry out activities in a social environment as well that are useful for starting relationships and maintaining social relationships. During the pandemic period that lasted approximately the past 2 years, the learning process from early childhood to higher education was carried out online. This causes an unfavorable impact, especially on the learning process for early childhood, because in the early childhood learning process, a teacher must be able to provide examples directly to students. When the learning process is carried out online, students will be accompanied by their respective parents. While the parents of these preschool children have varied educational backgrounds and have their own activities. So that when accompanying the learning process, students face many obstacles that occur. The existence of these obstacles makes parents often angry and say rude to their children. The existence of examples that children see and experience every day makes early childhood lose social skills. The social skills to be measured in this study include seven aspects, namely: (1) communication skills, (2) cooperative skills, (3) self-effacing skills, (4) responsibility skills, (5) empathy skills, (6) sociability skills, and (7) self-control skills.

Humans are social creatures, this means that humans cannot live alone. Humans depend on other living things. Therefore, humans are required to have social skills that can make them part of a group. Early childhood develops social skills through interaction with teachers, working together in learning, playing with friends, and interacting with people around them in the classroom and outside the classroom [12], [13]. Social skills are skills that help individuals to interact and communicate with others both verbally and nonverbally [14]. Meanwhile, Elliott *et al.* (2001) suggest that social skills are important skills possessed by individuals to achieve success in social and academic life and can play an important role in preventing

negative behavior. The social skills in question can be learned and developed through everyday experience. Socializing with other people is a key life skill. Living things develop during their lifetime. The three main areas of human development are physical, cognitive, and psychosocial [15], [16].

In childhood, social interactions foster the development of three main areas [16]. Human abilities do not develop by themselves. However, the developments that occur lead to things that are more mature and positive. One of the developing human skills is social skills. Social skills are behaviors that comprise positive interactions with other people and the environment [17]. Instilling the concept of social skills can be done from an early age. Maryani (2011, p. 18) states that "social skills are skills to interact in the environment." Talking about aspects of social skills, according to Vayrynen *et al.* (2016), there are four dimensions of social skills which include empathy, tolerance, cooperation, and adaptive behavior. Empathy and tolerance are dimensions of social skills related to feelings and attitudes. Meanwhile, cooperation and adaptive behavior are skill dimensions that are closely related to behavior [18], [19]. Children who can pass the day at school according to their level of development can be categorized as having sufficiently developed social skills. Children can answer teacher questions, join friends, rearrange learning equipment or toys, or urinate unaccompanied showing social skills. On the other hand, some children do not show behavior appropriate to their developmental level [20]. Some children prefer to be alone, get emotional easily, and like to annoy friends for no reason. Such behavior of children is sometimes considered normal behavior because parents and teachers consider it part of the developmental period. Some consider the behavior gap in children to be unnatural but there is no attempt to overcome the gap that occurs [21]. Referring to this statement, the teacher needs to make an initial identification of student behavior to prevent negative behavior that can have an impact on children's social life and academic achievement. If the teacher has identified the behavior from the start, it will be easier to deal with a problem [22], [23].

Social skills training as a behavior modification technique has been widely carried out and its success rate has also been investigated. Effectively used to improve a person's ability to interact, increase self-esteem, improve performance, and reduce anxiety levels. In doing social skills training, a therapist must have cognitive, affective, and psychomotor abilities. Verbal and non-verbal communication skills must be considered. Verbal communication only requires good language and is understood by the client. Non-verbal communication can be fostered through the therapist's sensitivity in expressing faces, hand movements, body movements, and tone of voice [24]. A therapist must be able to provide a calm environment for individuals to do social skills training, be a role model, and be able to provide feedback to clients.

In social skills training, clients' abilities are trained by learning adaptive ways to engage in interpersonal relationships. Need to identify the skills to be trained, the client gets the opportunity to practice new behaviors and receive feedback on the skills that have been done. This study showed that the social skills of Early Childhood Education students increased in the group given social skills training with a significance value of 0.000. Social skills training is an educational and clinical modality that is widely used in managing mental health, family, marriage, and divorce counseling, parent training, and schools. SST includes training in assertive communication, psychosocial or interpersonal skills training, training in communication or social relations skills, independent and community life skills, and social problem-solving. In psychiatry, SST has been used as a primary or adjunct treatment for social dysfunction in a wide variety of disorders in children, adolescents, and adults. In addition, SST is also used as a rehabilitation modality that can improve children's functioning [25], [26]. This proves that teachers have an impact on students' social skills which has an impact on academic achievement. The impact on students' social skills is greater when compared to students' academic development. Social skills have a positive impact on the development of academic abilities at the early elementary school level. The second dimension of social skills that emerges is an adaptive behavior. Adaptive behavior is the individual's self and social maturity to carry out general daily activities according to the age and related to the culture of the group [27], [28].

Adaptive behavior is divided into two types which include personal living skills and social living skills. Personal living skills are adaptive behavior shown by the individual's independence to manage himself such as independence in eating, dressing, and taking care of himself. Meanwhile, social living skills are the abilities possessed by individuals to socialize such as the ability to build interactions with friends or adults, behave concerning manners, and the ability to participate in groups [27], [29], [30].

Conclusions

Social skills training has a behavior modification technique. SST has a significant effects on the development of social skills in early childhood children during the COVID-19 pandemic.

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