The Effect Of Emotic Health Education On Parents' Knowledge Of Early Detection Of Emotional Mental Health In Preschool Children In Kandangmas Village

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Abstract.

One of the most common problems in preschoolers is emotional mental health issues. Emotional mental health disorders are a condition that indicates an individual is experiencing an emotional change that can develop into a pathological state if it continues. Therefore, to prevent the occurrence of more severe mental and emotional problems in preschoolers, early detection of emotional mental health is needed. The delivery of health education is more interesting by using animated videos is one of the effective methods because respondents can see and listen directly, so that information is easier to understand and remember. The results of this research can be the basis for development (penkes) through animated videos and encourage the public to increase education about early detection of emotional mental health in preschoolers. In the long term, this research is expected to increase parental awareness in recognizing the signs of children's mental-emotional disorders and disseminate effective information dissemination and build positive behavioral changes in parenting. This study aims to determine the influence of "emotic" health education on parents' knowledge about early detection of emotional mental health in preschool children in Kandangmas Village, Dawe District, Kudus Regency. This study used a quasi-experimental method with a pre-test post-test control group design, which compared the differences before and after intervention in the intervention and control groups. The study respondents amounted to 50 parents who had preschool-age children, who were selected based on the inclusion criteria and the exclusion criteria that were determined to be willing to be respondents.

Keyword: *Effect of Emotic Health; Education and Emotional Mental Health.*

I. INTRODUCTION

Preschool-age children are those between the ages of 3-5. During this time, they experience important lessons that serve as a foundation or guide for their future development. Children aged 3-5 years have a strong desire to participate in daily activities and set more ambitious goals. Preschool is a time when children have high emotional needs, such as the need to be cared for, respected, and calmed down, as well as the ability to maximize their skills. Emotions have an important role in children's development, both in preschool and later stages of development, because they have an impact on children's behavior (Aditya et al., 2023). The development of children's mental emotional health is the development of behavior in children where children are asked to adjust to the rules that apply in the community. In other words, social development is the process of learning children to adjust to norms, morals and traditions in a group (Indanah & Yulisetyaningrum, 2019). The development of emotional mental health in children refers to the health of all aspects of a person's development, both physical and psychological. Mental health also includes efforts to cope with stress, inability to adjust, how to relate to others, and related to decision-making. Mental health for each individual is different and experiences dynamism in its development. Because in essence, humans are faced with conditions where they have to solve it with various alternative solutions. Sometimes, not a few people at a certain time experience mental health problems in their lives (Diana, 2020).

Mental health in preschool-age children In general, emotional and behavioral problems in preschoolers begin to be found in early childhood, namely the age of 3-5 years. These disorders occur due to obstacles in children's developmental abilities, temperament, and parenting patterns. In young children, the definition of a psychiatric problem will depend on the professional and parental views on what expectations

of normal behavior should and are considered important. This will depend on whether the parent or caregiver has difficulty in coping with the child's behavior so that he or she is distressed. There needs to be treatment so that children are able to go through the challenges of the stages. Mental health is a condition in which an individual can develop physically, mentally, spiritually and socially so that the individual is aware of his or her own abilities (mental health law of 2014). The sensitive period for child growth and development is at the age of 3-6 years. In this period, children need to be given the right direction and stimulation so that their development can run well. The first three stages take place in childhood, namely the age of 0-6 years. Of course, the role of parents and teachers in helping their children's development is very large because children still cannot do everything on their own so they need support and guidance from their parents (Nurjanah & Linggardini, 2021).Factors related to the mental health of preschoolers affect socialization in children, namely parenting patterns, peer influence, self-acceptance, and the environment.

In stimulating children's growth and development most effectively through the role of parents in providing positive parenting, health screening to assess children's nutrition, and education growth and development. The actions given aim to stimulate the brain in children so that they can have an impact on the development of speech and language skills, socialization, and independence in children which will occur optimally in line with the child's age. The next nursing action is to discuss the parenting style given by parents, by introducing various aspects of social life or norms in society, the development of a sense of self-control and personal autonomy, intelligence and motor skills such as being able to accept figures outside of their parents, awareness of duties, obedience to rules, and being able to control their emotions. Where this action is effective in overcoming the risks that arise in preschoolers, responding to the child's basic needs regarding independence, and their development (Candra Ismawati et al., 2023).Parental knowledge about early detection of emotional mental health in preschoolers Emotional and behavioral children are already formed from an early age (Salsabela et al., 2022). Based on their age, social-emotional development begins from the age of 0 years to 6 years (Noya et al., 2022). Their social-emotional development can be assessed from the preschool age stage. Pre-school children are children aged 36 months to 72 months or 3 to 6 years old. Not only the growth aspect is considered, but the developmental aspect is an improvement in cognitive and social function, motor skills, communication skills, vision development, and. In addition, at this age stage, children already have a big responsibility in daily activities and show a more mature level.

The pre-school period, the child is motivated by the consequences of threats, and the beginning of moral development. At preschool age, we can observe that preschool children are very concerned about punishment, the emergence of an empathetic attitude if the child sees other children (Hanifah et al., 2023). If children at the preschool age stage do not get direction and guidance, a sense of empathy does not develop and children will tend to show indifference, and hurt others, so that it becomes an early sign of emotional and behavioral disorders in early childhood (Maharani & Puspitasari, 2020).According to this study, (World Health Organization, 2022) reports that mental and emotional barriers experienced by early childhood are becoming more focused on global health because these barriers are closely related to functional disorders, stigma, discrimination, and suffering. Based on epidemiological data, it shows that about 12-13% of mental-emotional barriers occur in children. (Prihatiningsih & Wijayanti, 2019) According to health research (Ministry of Health of the Republic of Indonesia, 2018), there are more than 282,654 Indonesians over the age of 15 years old with mental and emotional disorders. In the holy region Some studies indicate that the prevalence of mental-emotional disorders in children aged 3–5 years can reach 74.2%, with about 8–9% of preschoolers experiencing social disorders. The population in Central Java who suffer from mental and emotional disorders is 37,516 (Ariyanti et al., 2024).Emotic health education is a health education using animated videos that discuss related to EMOTICS, namely (Emotional and Mental Children) according to research (Eswanti & Karyati, 2025).

Animated videos are a combination of moving audio-visual media. Audio-visual media relies on the senses of hearing and sight (Hapsari & Zulherman, 2021). Video media can have a significant impact on changing the behavior of parents and children. Animated video media has the advantage of being able to describe or simulate real-life situations that are dynamic and stimulate the five senses and leave a deep message, as well as being able to repeat explanations and increase understanding so that they can capture the

emotions of parents and children if they do not immediately change their behavior. (Eswanti & Karyati, 2025).A child's mental health is determined by how they behave and how they perceive themselves and the world around them. As a result, mental health by how a child experiences difficulties in daily life is intertwined with how they behave and how they perceive themselves and the world around them. Health. Good mental health is a state when we feel at peace with ourselves and others around us, which allows us to enjoy our daily lives and not be afraid to challenge others. A healthy person can use his or her full potential to overcome life's challenges and build relationships with others. Conversely, people with mental health will experience a decline in the ability to think clearly and control emotions that can ultimately affect their behavior. (Sembiring et al., 2025).The research was conducted by Prmaida and colleagues. The results of the assessment of 15 children showed that 6.7% of children had emotional behavior problems and were recommended for referral to the hospital, 26.7% of children showed potential problems and were monitored at the next visit within 3 months, and 66.6% of the children were categorized as normal.

This activity is expected to encourage all related parties to routinely carry out early detection of emotional and behavioral problems in preschool children, so that early treatment can be provided (Permaida et al., 2024). The research was conducted by Pratiwi and colleagues. The results of the pretest research were 20 people (66.6%), 5 people (16.7%) had knowledge levels in the adequate category, and 5 people (16.7) had knowledge levels in the good category. Meanwhile, the results of the post test were obtained from the level of parental knowledge in the sufficient category as many as 20 people (66.7%), and the good category as many as 10 people (33.3%) (Pratiwi et al., 2023).The research problem in the previous study only explained the relationship between health education and parental knowledge without direct intervention trials. Not many studies have used experimental or quasi-experimental designs to measure the direct impact of health education on changes in parental knowledge and behavior. One study showed that health education interventions can improve a person's understanding of a topic. However, there has been no specific research that has tested similar interventions in the context of preschoolers' mental health. This study will use an experimental or quasi-experimental approach, i.e. by providing "EMOTICS" health education to the intervention group, then comparing the results with the control group. With this method, research can provide stronger concrete evidence regarding the effectiveness of health education in improving parents' knowledge (Nababan, 2021). Based on preliminary data in the work area of RA Ribatut tholibin, Dawe District, Kudus Regency in 2024, the number of students was 55 students. Based on a preliminary study conducted by researchers on January 20, 2025 with school principals who usually provide mental and emotional health education from health centers, there are several children who are emotionally poor. Efforts in handling emotional mental health in children at RA Ribatut Tholibin by providing education to provide knowledge to children and parents so that they can be applied daily.

II. METHODS

Data collection in this study was carried out using a questionnaire consisting of two parts, namely a questionnaire of respondent characteristics that contains data on name, age, gender, last education, and occupation, and a questionnaire of parental knowledge about the early detection of mental and emotional health in preschoolers. The knowledge instrument has gone through a validity and reliability test on 20 respondents at KB Nurul Musyarrof, Baturejo Village, Pati Regency, and the test results showed that all 15 items were declared valid with a correlation value greater than r table (0.444). Cronbach's Alpha value of 0.748 indicates that the questionnaire has a high level of reliability, making it suitable for use as a measuring tool in research. Data analysis was carried out through two stages, namely univariate analysis and bivariate analysis. Univariate analysis was used to describe each research variable through the presentation of frequency distributions, percentages, mean values, medians, and standard deviations according to the characteristics of the data.

Furthermore, bivariate analysis was used to test the influence of EMOTIC health education on the improvement of parental knowledge about early detection of emotional mental health in preschoolers. Before the hypothesis test was carried out, the data was tested for normality using the Shapiro-Wilk test because the sample size was less than 50 respondents. If the data were normally distributed ($p > 0.05$), then the test was

followed by a paired t-test to see the difference in pre-test and post-test scores in the intervention group, and an independent t-test to compare the results between the intervention and control groups. However, if the data is not normally distributed ($p < 0.05$), the non-parametric Wilcoxon Signed Rank Test is used for pre-test and post-test comparison, and the Mann-Whitney U Test is used for the comparison of the two groups. This analysis was used to determine whether EMOTIC health education had a significant influence on increasing parental knowledge about the early detection of emotional mental health in preschool children in Kandangmas Kudus Village.

III. RESULT AND DISCUSSION

Univariate analysis

Average Knowledge Score of Early Detection of Mental Emotional Health Before and After in the Intervention Group

Table 1. Results of Parental Knowledge on Early Detection of Mental Emotional Health Before and After in the Intervention Group

(N=50)

Group	Early Detection Questionnaire					90%CI	
Intervention	Min	Max	Mean	Median	SD	Lower	Uper
Pretest	4	10	6.84	7.00	1.841	6.08	7.60
Posttest	10	15	12.44	13.00	1.446	11.84	13.04
Mean Difference			5.600				

Source : Primary Data (2025)

Based on table 1, it is known that in the intervention group before the intervention the average knowledge was 6.84 and after the intervention the average knowledge was 12.44. The average difference in respondents' knowledge before and after the intervention was 5,600. The minimum score before the intervention was 4 and after the intervention increased to 10, while the maximum value before the intervention was 10 and after the intervention decreased to 15.

Average Parental Knowledge Score on Early Detection of Emotional Mental Health Before and After in the Control Group

Table 2. Outcomes of Parental Knowledge of Early Detection of Emotional Mental Health Before and After in a control group

(N=50)

Group	Early Detection Questionnaire					95%CI	
Control	Min	Max	Mean	Median	SD	Lower	Uper
Pretest	1	9	5.48	6.00	1.960	4.67	6.29
Posttest	2	10	6.44	6.00	1.828	5.69	7.19
Mean Difference			0.96				

Source : Primary Data (2025)

Based on table 2, it is known that in the control group before the intervention the average knowledge was 5.48 and after the intervention the average knowledge was 6.44. The average difference in respondents' knowledge before and after the intervention was 0.96. The minimum value before the intervention was 1 and after the intervention was reduced to 2, while the maximum value before the intervention was 9 and after the intervention was 10.

Bivariate Analysis

Results of data normality test for intervention groups and control groups

Table 3. Normality Test of Intervention Group and Control Group Data on Increasing Parental Knowledge About Early Detection of Mental and Emotional Health

(N=50)

Group	Value p	Information
Intervention		
Pretest	0.200	Normally distributed
Posttest	0.058	Normally distributed
Control		

Pretest	0.079	Normally distributed
Posttest	0.200	Normally distributed

Source : Primary Data (2025)

Based on the results of table 3 of the Kolmogorov smirnov normality test (n=50), the results of the data on increasing parental knowledge in the pre-test intervention group were obtained with a value of p=0.200 (p>0.05). Then in the post-test intervention group, the results of normal distributed data were obtained with a value of p=0.058 (p>0.05). then in the data of the pre-test control group, the results were obtained that the data was normally distributed with a value of p=0.079 (p>0.05) and in the post-test control group the data was normally distributed with a value of p=0.200 (p>0.05).

Difference in Average Scores of Pretest Results (Before) and Posttest (After) After Providing Education to Parents About Early Detection of Mental and Emotional Health

Table 4. Paired t-test test results of differences after and before in the intervention and control groups (N=50)

	Early detection knowledge	Mean	MD	SD	ONE	P	T_hitung	n
Intervention Groups	Pretest Posttest	12.44	5.600	1.041	0.208	0.001	-26.902	25
Control Group	Pretest Posttest	6.44	0.960	0.889	0.178	0.001	-5.400	25

Source : Primary Data (2025)

Based on the table above obtained from the results of the paired t-test, it can be seen that there is a statistically significant difference in the results of the parental knowledge questionnaire about the early detection of the intervention group with a value of p=0.001 (p<0.05) and with a difference in mean value of 5,600. Meanwhile, in the control group, there was a statistical difference with a value of p=0.001 (p<0.05) and with a difference in the mean value of 0.960.

Comparison of Average Scores of Parental Knowledge on Early Detection of Emotional Mental Health at RA Ribatut Tholibin Kudus

Table 5. Independent t-test results of Parental Knowledge About Early Detection of Mental and Emotional Health. (N=50)

Group	Mean	SD	ONE	MD	P	T_hitung	95% CI	
							Lower	Upper
Control Intervention	5.600 0.960	1.040083 0.88882	0.20817 0.17776	4.640	0.001	16.950	4.090	5.190

Source : Primary Data (2025)

Based on the results of the independent test table of t-tests on the results of the questionnaire results of parental knowledge about early detection, the results of p=0.001 (p<0.05) were obtained. It can be concluded that statistically there is a statistically significant difference in parental knowledge scores about early detection of mental and emotional health between the intervention group and the control group. Providing education to parents about early detection of emotional mental health with the EMOTIC method has been proven to be better than conservatively.

Discussion

Parents' knowledge before and after the provision of EMOTIC Health Education with animated videos in the intervention group

The results of the study showed that parental knowledge in the intervention group experienced an increase in early detection knowledge of emotional mental health. Before the intervention, the average respondent did not know that when a child felt fear or excessive anxiety was a mental emotional health problem in preschoolers, in 16 respondents. Then the respondents also did not know that when the child experienced headaches, abdominal pain and physical complaints, it was a symptom of emotional mental health problems in preschool-age children as many as 13 respondents. Parents also do not know that when children are often angry for no reason it is one of the mental emotional health problems and improper parenting can be the cause of mental and emotional health disorders in the child in 11 respondents. After

being given EMOTIC health education, parents' knowledge of early detection of emotional mental health increases, especially in parents' knowledge about when the child feels fear or excessive anxiety, headaches, stomach pain, physical complaints are signs that the child has emotional mental health problems in the child. And improper parenting can lead to emotional mental health disorders.

Average Differences in Parents' Knowledge of Early Detection of Mental and Emotional Health Before and After EMOTIS Education

In this study, it was conducted on 50 parents of preschool-age children at RA Ribatut Tholibin, Kandangmas Village, Kudus. Respondents were divided into two groups, namely the intervention group that received education through EMOTIKA animated videos and the control group that only received material in the form of PowerPoint presentations containing emotic materials. Based on the results of the above study, it is known that the average score of parental knowledge in the intervention group, the average value of parental knowledge before being given education is 6.84, while after being given an intervention it increases to 12.44, with an average difference of 5,600. This shows that animated video media can provide a deeper understanding and be easier for parents to understand. In the control group, the parents' knowledge scores before and after the intervention increased only slightly, from 5.48 to 6.44, with an average difference of 0.96. These results show that providing education through EMOTIKA animated videos is more effective in improving parents' knowledge compared to the PowerPoint presentation method.

Animated video media has visual and auditory appeal that is able to increase respondents' attention and knowledge retention. These results are in line with research (Hapsari & Zulherman, 2021). Stating that animation media can increase motivation to learn and understand concepts because it activates the two senses as well as sight and hearing so that the message conveyed is easier to remember. Video-based education is effective in increasing parents' knowledge about children's mental health because it is interactive, easy to understand, and can be repeated as needed.In addition, the results of this study support the findings (Yektiningsih et al., 2022) which suggests that structured health education can improve parents' ability to recognize early signs of emotional disorders in children, especially if the delivery of material is done visually through engaging animations. Therefore, health education "EMOTICS" can be used as an effective strategy to increase the awareness and ability of parents to carry out early detection of emotional mental disorders in preschool children.

Mean Difference in Parents' Increased Knowledge of Early Detection of Mental and Emotional Health in the Intervention Group and the Control Group

The results of statistical analysis using the paired t-test showed that there was a statistically significant difference in the intervention group with a value of $p = 0.001$ ($p < 0.05$), which showed that the provision of education using EMOTIKA animation video media had a significant impact on improving parental knowledge. Meanwhile, in the control group, despite the increase, the results of the paired t-test also showed a value of $p = 0.001$ ($p<0.05$), but the difference in improvement was not statistically significant when compared to the intervention group. Thus, animated video media has proven to be more effective in increasing parents' knowledge or understanding of early detection of children's mental and emotional health disorders.

Comparison of Parental Knowledge Enhancement of Early Detection of Mental and Emotional Health in the Intervention Group and Control Group

Based on the results of the independent t-test, a value of $p = 0.001$ ($p < 0.05$) was obtained, which showed that there was a significant difference between the intervention group and the control group. The intervention group that received education through the animated video "EMOTICS" experienced a greater increase in knowledge than the control group that was only educated using PowerPoint presentations. This is in line with research (Salsabela et al., 2022) who found that the use of animation-based educational media was able to increase parents' knowledge by up to 70% compared to regular lecture methods. Animation media provides a stronger emotional context and can elicit empathy, especially when discussing sensitive topics such as mental health in children.

Research Limitations

This researcher has several limitations found in this study, namely the limited duration of the research that needs to be considered, first, the jump of respondents is limited to 50 people and the time of implementation of the research is only carried out for three days, causing this study so that it cannot measure the long-term influence of the education provided. In addition, the measurement of parental knowledge using pre-test and post-test questionnaires also has limitations, because it cannot fully describe the actual change in knowledge. The heterogeneous characteristics of respondents, including age, education, and parental occupation, may also influence the results of the study. Therefore, further research with a longer duration and more diverse design is expected to provide more significant and comprehensive results.

IV. CONCLUSION

1. Providing health education using EMOTIKA animated videos can increase parents' knowledge about the early detection of mental and emotional health problems in preschool-age children.
2. The average parental knowledge in the intervention group that received education through animated videos increased from 6.84 to 12.44, while in the control group only slightly increased from 5.48 to 6.44.
3. There was a significant difference in knowledge improvement between the intervention group and the control group with a value of p=0.001 (p<0.05). This shows that animated video media is more effective in increasing parental knowledge compared to PPT presentations
4. Animated video media is more effective because of its engaging nature in improving parents' understanding of children's mental and emotional health compared to PowerPoint presentations.

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