



Social Development of Children After Habituation Healthy Protocols During the Pandemic Covid 19

Riwayatı Zein^{1,a}, Tiara Fadillah Annisa Asfen^a, Hendrizal^a  Winda Noprına^{2,a} 

Email: ¹ riwayatizein@gmail.com ² noprinawinda88@gmail.com

^aJurusan Pendidikan Guru Anak Usia Dini, Universitas Adzkiā, Padang, Indonesia

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Abstract

The presence of the coronavirus forced the Aisyiyah 14 Ampang Padang Kindergarten students to become accustomed to health precautions during the pandemic, which served as the inspiration for this study. This study's aim is to explain how the adoption of health regulations during the pandemic affected the social development of kids in TK Aisyiyah 14 Ampang Padang between the ages of 5 and 6. This study combines quantitative data analysis methods with descriptive research. The 70 kids who made up the study's population were all members of group B at TK Aisyiyah 14. Observation logs, field notes, photographic and video recordings, and organized interviews are examples of research tools. The study's findings demonstrate how well-stimulated social behavior, social competence, and social responsibility are encouraged by the adoption of health protocols during the pandemic, ensuring that kids are aware of and obedient when wearing masks, washing their hands, and keeping their distance when interacting with other people.

Keywords: health protocol, pandemic, social development

INTRODUCTION

Prior to the coronavirus, AISYIYAH 14 Ampang Padang Kindergarten was accustomed to different health protocols than it was during the pandemic. Prior to the pandemic, AISYIYAH 14 Ampang Padang Kindergarten students could touch, feel, and examine carefully the school's instructional materials and media. This activity aims to promote healthy and age-appropriate growth in children. Children at AISYIYAH 14 Kindergarten Ampang Padang must impose social restrictions on their classmates and teachers due to the presence of a pandemic, which impacts their social development. Social development is concerned with children's interactions with other people. Accordance to (Dong et al., 2020) The obstacles experienced by parents in assisting their children to study at home include parents' lack of understanding of the material, parents' difficulties in fostering their children's interest in learning, not having enough time to assist their children because they must work, parents' impatience in assisting their children while studying at home, parents' difficulties in operating gadgets, and obstacles related to the Internet service coverage.

Children aged 5 to 6 years old should, in general, have the indicator behavior of obeying

class rules and queuing in order and waiting for their turn. Those indicators according to practice discipline and demonstrate an obedient attitude toward everyday norms through your actions that are contained in the PAUD curriculum structure in the Standards for the Level of Achievement in Child Development. Children aged 5-6 years old have behavior that displays an attitude of obedience to the daily norms that are practiced as a form of discipline. This is represented in the child's attitude of being willing to wait their turn, good habits of queuing in the classroom and school environment, and good habits of respecting the rules both at home and at school as well as at home and in the community. This is because there is a difference in habituation before and after the pandemic that must comply with health protocols.

Based on the facts, this is inconsistent with the social development of 5-6-year-olds as outlined in the Standard for Child Development Achievement Levels in Basic Competence 2.6, namely having behavior that reflects an attitude of obedience to daily rules to train discipline. The results of the initial observation during the learning process with My Favorite Theme during the activity of making toast at the center for natural materials revealed that 12 of the 14 children who fought forward participated in the activity. When professors enable students to individually spread butter and sprinkle sesame seeds on toast, most of them do not follow the instructions. In addition, when children go out to dine together, they fight over their bags and supplies. Consequently, there was chaos at one time. Eleven out of fourteen youngsters do not want to wait in line and keep their distance when washing their hands, indicating that their level of patience while waiting for their turn tends to be poor. Therefore, there is a requirement that they support one another's allies in order to advance.

The findings of the study (Syah et al., 2020) indicated that students understood clean and healthy living behaviors for the prevention of Covid-19 by implementing five steps of health protocols. This research, which describes the implementation of health protocols in the school environment during the pandemic, is comparable to Syah's research. In Syah's study, the learning process is carried out three times per week at full time, whereas in this study, the learning process is carried out every day using 2-shift systems. Besides those, the social development of children will become a social responsibility according to (Mayar, 2013). Social responsibility consists of empathy, prosocial and self-control which are important elements of the formation of social responsibility. These elements are formed from the age of children as a result of the interaction of the parenting model towards the child. Furthermore, explained that there are several factors forming children's social responsibility, including: Parent care, warmth, and discipline.

Social development is a behavior or social action that refers to how get associate,

socialize, or interact with others so as to be able to adjust oneself to norms, values, and traditions that can even shape social behavior. Social development according to (Nurmalitasari, 2015) this includes social competence and social responsibility. Social competence describes the effectiveness of a child's ability to adapt his or her social environment. Social development according to (Dewi, 2020) as a learning process to adjust to the norms or rules of the group, morals, or customs, blending into one unit and communicating with each other for cooperating. Social development according to (Mulyani, 2017) is an emerging process in which children learn about themselves and others, and about building caring for friendships.

Based on the explanation above, it can be concluded that social development is an ability possessed by everyone about how to know themselves and interact with others in accordance with the rules and norms that apply during society that is useful for the sustainability of children's lives in the future. Forms of social behavior according to (Agusniatih, 2019) as for: Cooperation, Competition, Generosity, Desire for social acceptance, Sympathy, Empathy, Dependence, Friendly attitude, Selflessness, Imitating, Attachment behavior.

Considering the significance of future social skills for children and health protocols for child safety during this pandemic, the authors are interested in conducting research on the impact of health protocol habituation during the pandemic on children's social development.

METHOD

Descriptive research using a quantitative approach was used in this study. According to (Sugiyono, 2017), descriptive research methods are used in studies to estimate the values of one or more independent variables without performing comparisons or combining them with other variables. This study was carried out in groups of 5–6-year-olds at AISYIYAH 14 Ampang Kindergarten during the first semester of the 2021 academic year. 70 kids attend AISYIYAH 14 Kindergarten Ampang Padang, where there are 14 children in each class in B1, B2, B3, B4, and B5. The two-week period between November 29 and December 10, 2021, is required for this research. The TK B group, class B3, was used as the source of the study's sample. A technique for selecting the study sample with specific goals in mind in order to increase the representativeness of the data afterwards acquired is called "purposeful sampling" (Sugiyono, 2014). Observation logs, field notes, photographic and video recordings, and organized interviews are examples of research tools.

Three stages were taken to conduct this study. These include the steps of planning, carrying out, and evaluating. The following preparations must be completed before doing

research: Observing the research site, TK AISYIAH 14 Ampang Padang; preparing research grids, assessment sheets, assessment rubrics, rating scales, observation sheets, and research instruments; and selecting B3 class as the research class. As for implementing step, the research was conducted ten times. Each child is given a code or name label. Class B3 students seeing the application of health regulations in the educational setting observing children's social skills while they adhere to the health protocol, take daily field notes, wear masks, check their body temperatures, wash their hands, keep their distance, and wash their hands in line. As for evaluating step, the child's compliance, and self-discipline in following health protocols in the school setting were assessed during the course of the study. and observing children's social skills as they adhere to safety procedures, take their temperature, wear masks, wash their hands, keep their distance, and line up to wash their hands. Data analysis using descriptive analysis formula from (Arikunto, 2005)

$$P = \frac{f}{N} \times 100 \% \quad (1)$$

P = Earned percentage

f = The frequency of responses from respondents

N = Number of respondents/samples

The tools that researchers choose and employ in their work to make those activities more organized are known as research instruments as seen in Table 2. The deployment of a health routine will be undertaken in this investigation to collect data.

Table 2. Social Skills Study Tools for Kids at AISYIAH 14 Kindergarten Ampang Padang, Ages 5 To 6

No	Indicator	Observed Aspects	Data Collection Techniques	Source
1	Obey class rules (activities, rules)	Children can apply and obey the 4 health protocols in the school environment	Observation sheet and Documentation	Children
2	Queuing in order, waiting for turn	Children can queue and patiently wait for their turn when washing hands	Observation sheet and Documentation	Children

A benchmark is required to enable and aid in delivering an assessment of children so that a score on the capacity of the Health Protocol Habituation Implications can be determined as seen in Table 3.

Table 3. Children's Social Ability Assessment Rubric, Ages 5–6

No	Observed Aspects	Extremely developed (BSB)	Progress as anticipated (BSH)	Beginning to grow (MB)	Undeveloped (BB)
1	The 4 health protocols can be used and followed by kids in a school setting.	Children can follow and adhere to the four health guidelines in a school setting without help.	Children can use and follow the 4 health protocols in a school setting, but they still need assistance.	Children can use and follow the 4 health protocols in a school setting, but they frequently need assistance.	Despite assistance, children are unable to follow and adhere to the four health guidelines in a school setting.
2	When washing their hands, kids can stand in line and wait politely for their turn.	Without help, kids may stand in line and wait patiently for their time to wash their hands.	During hand washing activities, kids can line up and wait quietly for their turn, but they are still assisted.	During hand washing activities, kids can stand in line and wait patiently for their turn, but they frequently receive assistance.	Even with assistance, children are unable to patiently wait in line for their turn during hand washing activities.

RESULTS AND DISCUSSION

The COVID-19 pandemic has resulted in many layers of society complaining and feeling burdened by the many changes that have occurred since. One of the perceived impacts is in the learning process where a teacher must have the choice to understand the model well in developing the ECE curriculum through a new learning model by integrating technological knowledge, pedagogy knowledge, and content knowledge (TPACK) in order to produce effective learning using technology in learning, especially for ECE teachers and is able to foster parts of youth progress which include parts of discipline and virtue, physical machine point of view, intellectual point of view, language point of view, socio-passionate point of view and imaginative point of view and cannot be separated. of how an educator can complete a learning system by causing students to learn. feeling cheerful. In this case, it is also necessary to pay attention from various parties such as the role of parents, teachers or other educators and BK teachers or counselors so that early childhood children grow and develop according to their stage of development. All parties, parents and teachers must properly address online learning schemes in the COVID-19 pandemic. For early childhood and elementary education, students require extra guidance patterns because the presence of a parent figure for them is needed in the online learning process (Aziz, *et.al.*, 2022)

The Minister of Health of the Republic of Indonesia in 2020 stated on the official website that in general, there are four important things that must be in the habituation of health protocols during the pandemic: a). formalized using personal protective equipment, b). clean

your hands regularly, c). Social distancing at least 1 meter, d). Increase endurance by adopting clean and healthy living behaviors (PHBS). Health protocols in the school environment are as follows: a) Performing a body temperature check when entering the school environment. B) Wearing a mask when in the school environment, c) Be sure to wash your hands with soap or use hand sanitizer d) Applying the correct cough ethic. That is to cover the nose and mouth with tissue and directly throw it into the trash e) Be sure to always keep a physical distance of at least 1-2 meters from others. Health protocols of learning process according to (N. C. R. Ningsih, 2020) consist of (a) Cleaning the school environment, spraying disinfectants in each class and on objects touched by children' (b) Preparing the necessary infrastructure, (c) Steps that must be taken by the school, such as checking body temperature every morning to participate in the main learning, (d) Working together with parents and health service,(e) School residents can rest at home if sick with symptoms of fever, cough, runny nose, sore throat, and shortness of breath, (f) School resident do not share food, drinks, tableware, and other tools that can increase the risk of outbreak transmission, g) Delaying activities outside the school environment, (h) Considering the readiness and concern of the child to comply with health protocols, (i) Drawing up KBM plan, allowing children not to be crowd, j) Combining technology-based learning systems. With the government policy to study at home online, the role usually carried out by the education unit is now at the hand of the family unit (Tao and Xu, 2022). It denotes that home is now the center of activity for all family members. It could have a positive impact because the center of activities returns to its origin, i.e., in the family environment, as one of the agents of early education for children (Kanapathipillai and Narayanan, 2021).

The purpose of implementing these health protocols is to improve efforts to prevent, control and cut off the spread of the corona virus among the public in public places and facilities. This means that in order to prevent the occurrence of new epicenters or clusters during the pandemic. The scope of this health protocol includes efforts to prevent and control the coronavirus in public places and facilities by paying attention to aspects of individual health protection and critical points in public health protection, involving managers, organizers, or persons in charge of public places and facilities and the user community.

Health protocols according to (Awailuddin, 2020) consist of the behavior of maintaining physical health and the habituation health protocols in maintaining distance/social distancing, using masks, and washing hands during the pandemic, for both parents and children. Health protocols about rules of new normal life or "New Normal Life" are two things about how to start two new ways of life based on awareness and discipline for one's own health (Muzaqi, 2020). People are required to have a conscious attitude and discipline with a new way of life. It

is also more focused on the health and safety of yourself, your family, and others around you.

According to the findings of this study, the following outcomes were attained by implementing the observed health protocols: to check the body temperature of emerging social developments, namely discipline at 87.16% of the BSB category. To wear a social development mask that appears selfless at 54.43% category BSH. To wash hands, the social development that arises is to obey the rule of 86.43% category BSB. To maintain the distance from social development that arises, that is cooperation at 57.87% of the BSH category. The results of research are illustrated in Table 4.

Table 4. Result of Research

No	Health Protocols	Emerging Social development	Percentage
1	Checking body temperature	Social behavior, discipline	87,60
2	Washing hands	Social responsibility, obey the rules	86,43
3	Social distancing	Social responsibility, Cooperation	57,87
4	Wearing mask	Social competence, selflessness	56,43

The overall average score of the checking body temperature health protocol based on 4 assessment criteria is the highest category of BSB average overall frequency of 12 with 87.6% compared to the BSH criteria with an average frequency of 0 2.84%. Total score N (sample count) is 13, total score 50, average 3.97 and TCR 99.24. These results prove that the stimulation of children's social development has increased because most children can already adjust to the rules of the new life order to implement one of the health protocols to be friendly and have awareness when checking their body temperature. This is supported by the opinion of (Muzaqi, 2020) who said that health protocols are rules in a new normal life or "New Normal Life" based on awareness and discipline for one's own health.

The results of the overall average score of the wearing masks health protocol based on four criteria of category BSH average frequency 8 with 56.43% compared to the criteria BSB with an average frequency of four with a percentage of 27.15% and the MB criteria with an average frequency of 1 with a percentage of 5.71% total score N (sample number) which is 12,500, total score 40.50, average 3.24 and TCR 81.26. These results prove that most children tend to already have social competencies in the form of awareness and self-adaptation to implement health protocols by wearing masks in the school environment.

Based on the findings, it is possible to conclude that the social growth that occurs when children wear masks is unselfish. Children have a selfless mentality, as they can protect themselves and others by wearing masks. Because the BSH score was the highest attained in

this health protocol while wearing a mask, the researchers concluded that social growth in terms of having an unselfish attitude had begun to develop appropriately. This is supported by (Nurmalitasari, 2015) opinion according to him, social competence and social responsibility of children describe the effectiveness of social behavior characterized by the child's ability to adapt to his social environment.

The results of this analysis of wearing masks health protocol are in accordance with (Jinyoung, K., 2020) mentioned that students physically engaged through hands-on activities, focus better and learn best through play. We may not be able to return to teaching and learning in the same manner that we did before COVID-19, nor will we be able to provide the same types of environments and activities that we can in a classroom. As a result, it is vital to plan of time and consider any constraints that may arise in the future. It is vital to give chances and abilities for such online teaching, including connecting with children through this medium, and to have students think on how to best support development and learning utilizing online communication tools.

The results of the overall average score of the handwashing health protocol are based on 4 BSB category assessment criteria with an average overall frequency of 12 with 86.43% compared to the BSH criteria with an average frequency of 0 with a percentage of 3.57%. Total score N (sample count) is 12,600, total score 49.90, average 3.96 and TCR 99.06. This result proves that most children already have a high sense of social responsibility in themselves to obey and discipline to implement health protocols to wash their hands once they reach the school environment.

Based on the findings, it is possible to assume that social development occurs when children wash their hands. Children can follow current rules without supervision. Because the BSB score was the highest in this hand washing health protocol, the researchers concluded that social development in terms of following the norms by being able to wash one's own hands without assistance had advanced very well. It is affirmed by (Mayar, 2013) that there are factors for the stimulation of the formation of children's social responsibility, namely parental parenting, warmth, and discipline.

The overall average score result of the health protocol kept a distance with 4 BSH category assessment criteria with an overall frequency average of 8 with 57.87% compared to the BSB criteria with an average frequency of 1 with a percentage of 10% and the MB criteria with an average frequency of 3 with a percentage of 22.13% total score N (sample number) which is 13, Total score 36.10, average 2.87 and TCR 71.7. These results prove that children would like to hear direction and cooperation in implementing health protocols to maintain

distance if interacting with people around them. This is supported by (Marliyani, 2019) opinion which states that children's social behavior can be stimulated thanks to guidance and teaching from others who usually become "models" for children.

Based on the child health protocol's final percentage value table, as seen in Table 4 can be inferred that the execution of health protocol habituation during a pandemic at Kindergarten Aisyiyah 14 Ampang, specifically class B3, indicates that the child's social development has progressed effectively, as seen by the well-implemented health protocol habituation. This is evidenced by the high percentage of all students adhering to the five health protocols.

From several literature studies and data analyses, it can be concluded the results of this study are also supported by several research findings supporting the impact of health protocol habituation in the school setting during the pandemic on the social development of 5- and 6-year-olds in kindergarten. Prior to the Covid-19 epidemic, the outcomes of the study necessitated the talents of three teachers to reinforce early childhood (Nugroho, 2020). First, the educational strategy. Second, the type of educator who strengthens. Third, the stumbling block to strengthening. Both describe the learning environment and the time youngsters spend learning. This research differs from the previous two in that it is concerned with the social development of children during the pandemic as a result of changes and habituation of health protocols. According to the background above problems there are several health protocol issues related to children's social development in learning during the pandemic that are the focus on this research problem: (1) Check the body temperature, before entering the school according with health protocol policies if the temperature is above 36 degrees Celsius children should not continue learning; (2) Children wearing a mask, during at school and learning process; (3) Children wash their hands in the school's front yard; (4) Children keep the distance from their friends, to breaks the chain of the spread coronavirus during their time in the school environment and learning activities; dan (5) No crowding, to avoid corona virus exposure during the learning process.

The education of children with special educational needs represents a field in continuous development, whose methodology is evolving progressively, so that the practices considered effective at present, may be very different from those that will be outlined in the coming years (taking also into consideration the effect of the pandemic on the educational sector in general) (Claudia and Alexandra, 2022). Therefore, teachers working with preschool children with special educational needs should be constantly looking for information in order to be able to develop the skills required to adequately meet these children's needs (Prenton &

Andruszkiewicz, 2006). The belief on which the inclusion of children with special educational needs in the mainstream education should be based is that any child, regardless of his or her particularities, should benefit from best educational practices, carried out in an environment, which ensures the care and training of all children (Lerner et al., 1998).

Health protocols according (Maity and Sen, 2020) is an effort or government policy pandemic to prevent the spread of the coronavirus. In principle, health protocols are applied in public facilities to provide protection. Individual health, such as wearing masks, washing hands with soap, maintaining a physical distance at least 1 meter, and increasing endurance with clean and healthy living behaviors (PHBS). Based on the opinions of some experts it is concluded that health protocols are the behaviors of maintaining physical health, social distancing, wearing masks, and washing hands with soap and running water. The implementation of this health protocol must be done with discipline and based on self-awareness to prevent the spread of the corona virus both to yourself and others.

During this pandemic, alterations to learning models have made numerous parties aware of the need to be adaptable to all alterations (Afif et al., 2021). Government, the private sector, and parents have all contributed positively so that the learning process, particularly for young children (AUD), can be facilitated through a variety of dynamics. Early childhood has characteristics that are distinct from those of high school, middle school, and elementary school students. Therefore, a creative approach is required for learning, particularly online learning (distance learning).

According to (Trisnawati and Sugito, 2021) The pandemic of COVID-19 has given parents the responsibility of being their children's primary educators. Parents are tasked with accompanying their children as they complete tasks, including assisting their children with assignments, educating them about COVID-19, and learning from their surroundings. Every family has a unique method for conducting education at home. The implementation of children's education within the family has not paid sufficient attention to the principles of early childhood education, but parents have been successful in fostering children's comfort with learning. As evidenced by the provision of adequate learning facilities, assistance with assignment completion, and the awarding of rewards by parents and teachers. The success was evident in the children's enthusiasm during the process of study.

According to (Oktarina and Fatonah, 2021), TK Sejahtera offers both online and offline Learning and Assessment in Early Childhood in the Era of the Covid-19 pandemic. Where the child has a daily schedule for online and offline time. Children are not bored because they are required to continue studying at home, if only with a guardian who studies with them. This

ensures that the learning process is not too monotonous. Additionally, so that teachers can accompany the child's learning process according to a schedule agreed upon with parents and guardians. During the online learning schedule, videos and photos of the learning process and children's learning outcomes can be sent via WhatsApp to the teacher for assessment purposes. According to Marliyani (2019) there are four factors that have an impact on children's social behavior that can shape and influence children's socializing, they are: (a) There is an opportunity to get along with people around him of different ages and backgrounds; (b) There is an interest and motivation to get along; © The existence of guidance and teaching from other who are usually a "model" for children. d. There is a good communication ability that children have in communicating with others. According to Ningsih (2014) there are five social skills that can be trained so that children have good social intelligence that is the ability to communicate, skill in humor, friendships skills, skill to play a role in groups, and skill of politeness in the community.

The habituation of health protocols has been carried out well at Aisyiyah 14 Kindergarten, Ampang, Padang City, notably in Class B3. Based on the discussion above the conclusion of this study including : (1) Because the child already knew a friendly attitude to the teacher and was calm during the process of checking the body temperature, the social development of children in the activity of checking body temperature, namely a friendly attitude, developed very well; (2) The social development of children in the health protocol using masks is starting to develop well, but there are still many children who do not use masks properly according to the rules of the Ministry of Health of the Republic of Indonesia, namely by covering their nose, mouth, and chin; (3) The social developments in the health protocol for hand washing, namely following the rules, progressed very well. Because the children of Group B3 TK Aisyiyah can already properly wash their hands according to Ministry of Health of the Republic of Indonesia guidelines, namely the movement of washing hands with soap. The child has washed his hands under running water, with soap, and with a tissue; (4) Cooperation is starting to develop well in social developments in the health protocol of keeping a distance. Children must still be directed by the teacher to keep their distance due to keeping a distance. Children do not yet have the awareness to maintain their distance; (5) Social developments in the health protocol for queuing for hand washing, that is, patiently waiting for their turn, have progressed well. There are still children who can queue and patiently wait for their turn to wash their hands. However, some children are unable to wait in line and patiently await their turn. The following are suggestions made by the author based on research conducted at Aisyiyah 14 Ampang Kindergarten in Padang City: (1) During a pandemic, parents should be more assertive

and remind and prepare their children's needs for school, such as properly preparing children's masks from home to school; (2) It would be better to invite the child to communicate with the words "Assalamualaikum son, let's check the temperature first" this will make the child respond well and form a friendly attitude in the child himself. because the teacher indirectly teaches children how to be friendly; (3) If the child is engaged in free or unmonitored activities, such as waiting their turn to read Iqra, classroom teachers should act swiftly. Then it is preferable to assign tasks or activities to children so that they are not engrossed in playing with friends, which causes children to lose their distance. The teacher's role here is to design an activity in which children can still collaborate while adhering to health protocols by maintaining a safe distance.

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