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Mental Health of Kindergarten Children from the Mothers' Perspective: A Field Study

الصحة النفسية لأطفال الروضة من وجهة نظر الأمهات: دراسة ميدانية

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Abstract:

This study aims to investigate the relationship between quality of life and mental health of kindergarten children from the mothers' perspective, and to examine the level of both quality of life and mental health among these children. The study was conducted in the Sidi Bel Abbes province on a purposive sample of 30 mothers of kindergarten children. To achieve the study's objectives, a descriptive approach was employed, and an instrument was developed to measure the quality of life of the children from the mothers' perspective.

The following questions were posed:

Is there a correlation between quality of life and mental health of kindergarten children from the mothers' perspective?

What is the level of quality of life of kindergarten children?

What is the level of mental health of kindergarten children?

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We arrived at a set of findings that indicate a relationship between quality of life and mental health in preschool children from the mothers' perspective, and that preschool children exhibit both a high level of quality of life and a high level of mental health.

Keywords: Quality of life; Mental health; Preschool child; Mothers.

ملخص:

تهدف هذه الدراسة إلى استقصاء العلاقة بين جودة الحياة والصحة النفسية لأطفال الروضة من وجهة نظر الأمهات، والكشف عن مستوى كلٍّ من جودة الحياة والصحة النفسية لدى هؤلاء الأطفال. أُجريت الدراسة بولاية سيدي بلعباس على عينة قصدية مكونة من 30 أمًّا لأطفال الروضة. ولتحقيق أهداف الدراسة، تم استخدام المنهج الوصفي، كما جرى تطوير أداة لقياس جودة حياة الأطفال من وجهة نظر الأمهات.

وقد طُرحت الأسئلة التالية:

- هل توجد علاقة ارتباطية بين جودة الحياة والصحة النفسية لأطفال الروضة من وجهة نظر الأمهات؟
- ما هو مستوى جودة الحياة لدى أطفال الروضة؟
- ما هو مستوى الصحة النفسية لدى أطفال الروضة؟

وقد توصلنا إلى مجموعة من النتائج التي تشير إلى وجود علاقة بين جودة الحياة والصحة النفسية لدى أطفال ما قبل المدرسة من وجهة نظر الأمهات، وأن أطفال ما قبل المدرسة يتمتعون بمستوى عالٍ من جودة الحياة ومستوى عالٍ من الصحة النفسية.

الكلمات المفتاحية :جودة الحياة؛ الصحة النفسية؛ طفل ما قبل المدرسة؛ الأمهات.

1. Introduction:

Attention to quality of life in childhood is a vital factor that directly impacts a child's mental health, especially in the kindergarten environment, which represents the child's first experience outside the family. From this perspective, the importance of our study lies in the relationship between quality of life and mental health. This is achieved by examining the perspectives of mothers, who are considered the closest and most knowledgeable source regarding the details of a child's life and psychological needs. Understanding mothers' perceptions of this relationship contributes to raising societal and education awareness of the necessity of providing a supportive and comprehensive environment for children in their early years, which positively impacts their mental health and healthy development.

Through our study, we sought to uncover the relationship between quality of life and mental health in kindergarten children from the perspective of mothers, and to analyze the level of quality of life and level of mental health

Therefore, the kindergarten stage significantly impacts the psychological and social development of children at this age. It is during this time that they acquire essential skills, interact with their peers, and explore their new environment outside the family. Quality of life and mental health are closely intertwined at this stage. Thus, the upbringing of the child at this stage is shared by both the family and the kindergarten, in order to prepare them for life's roles and monitor their healthy physical and psychological development. This includes teaching the child manners, motor skills, developing their senses, and helping them become self-reliant in managing their affairs. This strengthens their self-confidence and develops their linguistic, intellectual, physical, and social abilities, which are indicators of the child's acquisition and enjoyment of sound mental health. This is what parents and kindergarten institutions strive for. Children at this stage are exposed to many accidents and dangers, and neglecting their care, attention, and support during this period negatively affects them, leading to an imbalance in their mental health and psychological well-being. This, in turn, hinders their educational and training performance, both inside the kindergarten and at home.

The study by Kazem and Al-Bahadli (2006), Sultanate of Oman, entitled "Quality of Life Level Among University Students," aimed to determine the quality of life level among university students in both the Sultanate of Oman and the Libyan Jamahiriya.

The study by Hullman and Moss (1991) aimed to investigate the relationship between life stressors and personal and social factors on mental health. The sample consisted of 254 young people from the University of Texas, divided into two groups: one experiencing high stress levels and the other experiencing low stress levels. The researchers concluded that personal and social connections play a direct role in determining an individual's level of mental health and their effectiveness and compatibility with academic work.

Therefore, based on an examination of several studies on the variables of quality of life and mental health in kindergarten children, the following general questions can be posed:

• Is there a correlation between quality of life and mental health in kindergarten children from the mothers' perspective?

• What is the level of quality of life among kindergarten children?

• What is the level of mental health among kindergarten children?

1- Study Procedures:

1.1- Hypothesis:

General Hypothesis:

- There is a correlation between quality of life and mental health among kindergarten children.

Sub-Hypothesis:

- The quality of life level among kindergarten children is high.

- The mental health level among kindergarten children is high.

2- Study Objectives, Sample, and Study Terminology:

This study aims to investigate the relationship between quality of life and mental health among kindergarten children from the perspective of their mothers.

To investigate the level of quality of life among kindergarten children.

To investigate the level of mental health among kindergarten children.

Study Sample: The study sample was selected purposively and consisted of 30 mothers of children attending kindergarten.

Methodology: The descriptive method was used, as it is suitable for the study variables, examining the correlation and calculating means.

2- Study Variables:

2.1 Definition of Mental Health:

This refers to a child's ability to adapt to their family and kindergarten environments and their success in adjusting to the psychological and social conditions of childhood, specifically from ages three to five.

2.2 Kindergarten Child:

A child enrolled in a kindergarten and aged three to five years.

2.3 Quality of Life: This is the score obtained by the kindergarten child after administering the Quality of Life test developed by the researcher.

3- Theoretical Aspect of the Study:

1.3- Quality of Life:

This refers to the individual's positive feeling of well-being and happiness, stemming from inner peace, contentment, and psychological tranquility. It manifests in relevant behavioral indicators such as self-satisfaction and overall life satisfaction, achieved through successful social interactions with others. This, in turn, leads to happiness, tranquility, and psychological well-being. (Fadila 2023: 5)

It is also defined as the way an individual engages with life, shaping their direction and approach to it. This is determined by their perceptions of their capacity for activity, achievement, self-realization, independence, and relationships with others. Furthermore, it considers their willingness to utilize opportunities for gratification, enjoyment, and comfort within their environment, guided by their religious and spiritual beliefs. (Shuwayel 2023: 325)

Longest (2008) defines quality of life as an individual's ability to satisfy their psychological needs, such as biological needs, positive social relationships, and economic stability, as well as their capacity to withstand social and economic pressures. He emphasizes that an individual's sense of psychological well-being is a strong indicator of quality of life. (Longest, 2008: 80)

Quality of life is considered one of the goals of positive psychology, encompassing life satisfaction and happiness. Its definition varies from person to person. Some equate quality of life with health, others with wealth, and still others with happiness. This concept also differs according to age; the quality of life of a young person differs from that of a child or an elderly person, and it varies from one society to another according to its culture.

Researchers differ in their understanding of the concept of quality of life, and numerous indicators have been identified. It is generally defined in light of two main dimensions, each with its own specific indicators: the objective dimension and the subjective dimension. Most researchers have focused on the indicators related to the objective dimension of quality of life.

Researchers note that most scales developed in this field are based on objective and subjective dimension indicators, such as the Communist scale (1997) and the Salah al-Din al-Iraqi and Mustafa Mazloum scale (2005) (Bouamama 2019: 351).

According to Carol Leigh (1995), quality of life encompasses the following dimensions:

-Psychological quality of life: This encompasses an individual's feelings of anxiety and depression, or their ability to cope with illness and experience happiness and contentment.

Social quality of life: This is determined by the quality of personal relationships, as well as the individual's participation in social and recreational activities.

Objective quality of life: This is measured by a set of observable and directly measurable indicators, including physical health, social relationships, group activities, standard of living, family relationships, mental health, and education.

Second quality of life: This refers to the degree of personal satisfaction with life, an individual's sense of its quality, and their overall feeling of happiness.

According to Jackson (2010), quality of life consists of three fundamental dimensions: being, belonging, and process.

1/ Being: Being in a physical sense, psychological being, and spiritual being.

2/ Belonging: Spatial belonging, social belonging, and community belonging.

3/ Process: The Scientific Process, The Recreational Process, The Evolutionary Process

(Mina Basma 2012: 33)

2.3 Mental Health:

This is a state of psychological well-being that enables a person to cope with life's pressures, achieve their potential, learn and work effectively, and contribute to their community. It is an integral part of health and fulfillment, which supports our individual and collective abilities to make decisions, build relationships, and shape the world we live in.

Mental health is a relatively permanent, complex, and transitional mental state characterized by a feeling that everything is alright, happiness with oneself and others, contentment, tranquility, security, soundness of mind, and a positive outlook on life, along with a sense of energy, strength, and well-being. In this state, a relatively high degree of psychological and social adjustment is achieved, along with satisfactory and fulfilling social relationships. A person with a high degree of mental health is characterized by several traits, the most important of which are: strong character, competence, balance, normal

behavior, personality integration, the ability to cope with life's demands and pressures, and, in most cases, overcoming its crises (Abdul Khaliq 2006, p. 32).

There is also the World Health Organization's distinction, which indicates that "mental health" is the well-being of individuals with themselves and the world in general, with a high

degree of success, satisfaction, cheerfulness, healthy social behavior, and the ability to face and accept the realities of life (Ali Ghazal & Abdul Wahid 2008: p. 13).

Definition of Quality of Life:

In this study, quality of life refers to the degree to which a child enjoys good health and is able to participate in and enjoy life's events. This encompasses all of a child's life experiences and living conditions within the family or kindergarten.

4- Study Instruments:

Quality of Life Scale:

A quality of life test was developed for kindergarten children, and its psychometric properties were calculated based on the Algerian context in the Sidi Bel Abbès province.

a- Collection and formulation of questionnaire items based on a review of educational literature related to the topic of quality of life in children.

b- Review of a sample of questionnaires on quality of life in children, and a review of previous studies, such as the 1993 study by Sher entitled "Quality of Life and Psychological Well-being in Chinese Schools." Interviews were also conducted with mothers to assess their children's quality of life.

e- Distribution of questionnaire items across its three dimensions:

- Psychological quality of life.
- Health quality of life.
- Family quality of life.

f- Drafting the questionnaire in its initial form and presenting it to a panel of experts.

g) Formulating the questionnaire in its final form after measuring its psychometric properties.

The scale consists of 18 items distributed across three dimensions.

Calculating the psychometric properties of the quality of life scale in the current study:

1. Calculating validity:

a. Expert validity:

b. Internal consistency validity:

Table (1): Represents the calculation of the internal consistency validity of the quality of life instrument.

Dimension	Item	Correlation coefficient for the overall dimension	Correlation coefficient between item and its corresponding dimension	Correlation coefficient between dimension and total score
psychological quality of life	1	0.31	*0.37	0.76**
	2	0.15	*0.39	
	3	0.36*	**0.74	
	4	0.54**	**0.71	
	5	0.37*	*0.41	
	6	0.59**	**0.73	
Healthy quality of life	7	0.73**	**0.82	0.82**
	8	0.49**	**0.54	
	9	0.60**	**0.71	
	10	0.54**	**0.72	
	11	0.79**	**0.82	
	12	0.72**	**0.77	
	13	0.72**	**0.68	
	14	0.50**	*0.38	
Quality of family life	15	0.54**	**0.69	0.67**
	16	0.48**	0.32	
	17	0.14	**0.60	
	18	0.60**	0.22	
	19	0.37*	**0.50	

Significant at a significance level of 0.01 =**

Significant at a significance level of 0.05 *=

The table above shows that the correlation of the items in the overall dimension was acceptable, with most items showing statistical significance between 0.14 and 0.79.** Therefore, the instrument demonstrates acceptable validity and applicability.

2. Calculating Reliability:

a. Cronbach's Alpha Reliability:

Table (2) represents the calculation of Cronbach's alpha value for the quality of life instrument.

Dimensions	Paragraphs	Alpha Cronbach
psychological quality of life	06	0.53
Healthy quality of life	08	0.83
Quality of family life	05	0.77
Total	19	0.81

From the table above, we observe that the reliability value according to Cronbach's alpha is high, with the overall reliability value being (0.81). Therefore, we conclude that the reliability is high.

a- Calculating Split-Half Reliability:

Table (3): The split-half reliability calculation represents quality of life.

Paragraphs	Correlation coefficient before correction	Correcting the coefficient using the Spearman-Brown equation	Guttman coefficient
19	0.80	0.88	0.87

From the table above, the correlation coefficient between the sum of the scores of the two halves was calculated. The correlation coefficient before correction was 0.80, while the correction using the Spearman-Brown formula was 0.88. The Guttman coefficient was also 0.87, a good value indicating the instrument's reliability.

The Ahmed Abdel-Khaleq Mental Health Scale was also used.

5- Results and Discussion:

5.1- Presentation of the Results of the General Hypothesis:

The general hypothesis states that "there is a statistically significant correlation between quality of life and mental health among kindergarten children from the mothers' perspective." To test the validity of this hypothesis, the Pearson correlation coefficient was calculated between the scores of the two variables obtained in the two instruments using the

Statistical Package for the Social Sciences (SPSS). The results are shown in the following table:

Table (04) shows the results of the correlation coefficient between quality of life and mental health among kindergarten children from the mothers' point of view

Sample	Study variables	Correlation coefficient "r"	Level of significance
60	.Quality of life. . Mental health.	0.31*	0.01

The table above shows a correlation between quality of life and mental health among kindergarten children from the mothers' perspective. The correlation coefficient was 0.31 at a significance level of 0.010, a statistically significant value. This confirms the general hypothesis, which states that "there is a statistically significant correlation between quality of life and mental health among kindergarten children from the mothers' perspective."

2.5 - Presenting the results of the first sub-hypothesis:

The first sub-hypothesis states: The level of quality of life among kindergarten children from the mothers' perspective is high.

To confirm this hypothesis, we compared the arithmetic mean and the hypothetical (theoretical) mean in their quality of life scores using a one-sample t-test. The following table illustrates this:

Table (5) represents the level of quality of life among kindergarten children from the mothers' perspective.

Distance	arithmetic mean	Standard Deviation	Hypothetical Mean	(t)	Degrees of Freedom	Significance Level
Total	65.30	8.89	48	15.07	59	0.00

The table above shows that the overall mean score was (65.30) with a standard deviation of 8.89, which is higher than the hypothetical mean of (48). The t-value for the differences for a single sample was estimated at 15.07, indicating that the quality of life level of kindergarten children, from the mothers' perspective, is high, thus confirming the first sub-hypothesis.

3.5 - Presenting the results of the second sub-hypothesis:

The second sub-hypothesis states: Is the level of mental health among kindergarten children, from the mothers' perspective, low?

To confirm this hypothesis, we compared the arithmetic mean and the hypothetical (theoretical) mean with their respective scores for mental health, using a t-test for the differences for a single sample. The following table illustrates this:

Table (06) represents the level of mental health among kindergarten children from the mothers' point of view.

Distance	arithmetic mean	Standard Deviation	Hypothetical Mean	(t)	Degrees of Freedom	Significance Level
Total	57.56	5.91	52	7.28	59	0.00

The table above shows that the overall mean score was 57.56 with a standard deviation of 5.91, which is higher than the hypothetical mean of 52. The t-value for the differences within a single sample was 7.28, indicating a high level of mental health among kindergarten children from the mothers' perspective, thus negating the second sub-hypothesis.

6- Discussion of Results:

The results of the hypothesis, which states that "there is a statistically significant correlation between quality of life and mental health among kindergarten children from the mothers' perspective," are presented.

Statistical analysis, as shown in the preceding table, revealed a correlation between quality of life and mental health among kindergarten children from the mothers' perspective. The correlation coefficient was (0.31*) at a significance level of (0.010), a statistically significant value. This confirmed the general hypothesis stating that "there is a statistically significant correlation between quality of life and mental health among kindergarten children from the mothers' perspective."

Referring to existing theoretical frameworks, it becomes clear that there is a positive relationship between quality of life and mental health. The higher the child's quality of life, achieved through comfort, security, and social support, the better their mental health. A child's environment directly influences their psychological and emotional development. When a child enjoys an environment rich in love, care, and respect, fostering feelings of security and stability, this positively impacts their mental well-being. Furthermore, meeting a

child's basic needs, such as good nutrition, healthcare, and opportunities for play and learning, contributes to reducing stress and anxiety and enhancing their ability to express their feelings and interact with others. The kindergarten years are a critical stage in shaping personality; therefore, quality of life during this period is a significant indicator of psychological and emotional balance. In the short and long term, it contributes to protecting the child from psychological disorders later in life.

This is what the study (SHER 1993) entitled "Quality of Life and Psychological Well-being in Chinese Schools" concluded. It found a positive relationship between life purpose and psychological well-being among school children.

B- Discussion and interpretation of the results of the first sub-hypothesis:

The first sub-hypothesis states: The quality of life of kindergarten children, from the mothers' perspective, is high.

After statistical analysis using the hypothesis table, the overall mean score was found to be 65.30 with a standard deviation of 8.89, which is higher than the hypothetical mean of 48. The t-value for the differences for a single sample was 15.07, indicating that the quality of life of kindergarten children, from the mothers' perspective, is high, thus confirming the first sub-hypothesis.

The high quality of life of kindergarten children is attributed to the nature of their developmental stage. They are characterized by the innocence of childhood and the absence of the responsibilities and pressures faced by older children. The kindergarten environment provides children with a safe and stable atmosphere that considers their psychological and social needs. Learning at this stage relies on play and interaction, which enhances their feelings of happiness and comfort. Kindergarten also provides opportunities for them to express themselves, from friendships, and receive support and encouragement from educators, all of which contribute to developing their self-confidence and sense of self-worth.

Discussion and Interpretation of the Results of the Second Sub-Hypothesis:

The second sub-hypothesis states: The level of mental health among kindergarten children, from the mothers' perspective, is high.

After statistical analysis using the table specific to the hypothesis, the total mean was found to be (57.56) with a standard deviation of 5.91, which is greater than the hypothetical mean of (52). The t-value for the differences for a single sample was estimated at 7.28, indicating

that the level of mental health among kindergarten children, from the mothers' perspective, is high, and therefore the second sub-hypothesis is not supported.

Kindergarten children enjoy a high level of mental health due to a set of factors that support emotional well-being. At this age, children are not exposed to significant academic or social pressures, which allows them more time to enjoy moments of play and social interaction without worrying about performance. The environment provided by educators and children is safe and supportive.

7- Conclusion:

This study, through the presentation and discussion of its results, demonstrates that it attempted to achieve its objectives using multiple statistical methods. It revealed the relationship between quality of life and mental health among kindergarten children from the mothers' perspective. The following conclusions were reached:

1. There is a statistically significant correlation between quality of life and mental health among kindergarten children from the mothers' perspective.
2. The quality of life among kindergarten children, from the mothers' perspective, is high.
3. The mental health of kindergarten children, from the mothers' perspective, is high.

This is what the researcher observed in the field with mothers and children. This study remains limited in its geographical and temporal scope and can not be generalized.

The optimal care for children and the adaptation of educational and pedagogical programs within kindergartens are crucial.

Training supervisors of children in kindergartens is essential to ensure their quality of life and mental health.

It is necessary to avoid integrating children with special needs, such as autism, with typically developing children to prevent the imitation of undesirable behaviors.

Recommendations:

- Create a safe and predictable environment.
- Foster emotional literacy.
- Promote play based learning and socialisation.
- Implement positive discipline.
- Build strong home school partnerships.

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