A Review of the Child Anxiety Questionnaire Based on the Left-behind Children

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Abstract: Left-behind children are a special group in the process of urban development. They lack parental care, which affects the development of mental health. Anxiety is one of the most common psychological problems in children around the world. It has an important impact on children’s emotions and social interaction, lasting until adulthood. To study the anxiety of left-behind children, this study summarized the screening tools for children’s anxiety in this review and found that there is no anxiety questionnaire for left-behind children at present and most of the existing anxiety questionnaires for children are not completely based on the existing diagnostic criteria. As a result, these scales are not able to accurately measure all contents covered by the concept of children’s anxiety. The study summarized the left-behind anxiety questionnaire to provide some ideas for choosing a questionnaire for researchers studying left-behind children. In addition, the study believes that the development of anxiety scales for left-behind children as soon as possible and the use of multiple measurement methods should be the direction of future researchers.

Keywords: Anxiety; Left-behind children; Questionnaire; Review

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1. Introduction

In China, nearly 80% of migrant workers have opted to leave their children in their hometowns because they cannot afford to raise them in urban settings. Those children in the countryside who stay at home when both of their parents or one parent migrate to urban areas for at least 6 months have been referred to as left-behind children (LBC) [1]. According to the Rural Education Development Report, there will still be 15.5056 million left-behind children in China in 2023. Rural left-behind children are separated from their parents for a long time and they often lack parental education and care in their normal growth environment, which brings many negative effects on their growth, especially mental health problems.

Anxiety is the most prevalent and recurrent mental disorder among left-behind children, and anxiety has developed into one of the most common mental health problems of children around the world [2]. It is viewed
as an intensely unpleasant state of tension arising from experiencing disapproval in interpersonal relations, which is characterized by subjective feelings of tension, apprehension and worry by activation or arousal of the autonomic nervous system \[^3,4\]. Some scholars have shown that left-behind children are more anxious than non-left-behind children. The longer left-behind children stay, the more anxious they tend to be \[^5\]. The study also found that rural left-behind children had higher levels of state anxiety than non-left-behind children and that the younger the child was when their parents left, the higher their anxiety level \[^6\].

Because of its good applicability and wide application space, the child anxiety scale is one of the important methods to evaluate children’s anxiety. Therefore, researchers have also developed a large number of anxiety scales to assess the psychological state of children and adolescents accurately. The common children’s anxiety scale is Screen for Child Anxiety-Related Emotional Disorders (SCARED) \[^7\], Multidimensional Anxiety Scale for Children (MASC) \[^8\] and Revised Children’s Manifest Anxiety Scale (RCMAS) \[^9\]. The characteristics of different scales are different, so the selection of scales is particularly important. Especially for left-behind children, their special growth environment and rearing patterns differ from normal children’s psychological development and the anxious state of accurate measurement is more important.

However, there is no left-behind child special formulation of the questionnaire. So, the anxiety measurement of left-behind children in previous studies was also based on the existing child anxiety questionnaire. This study plans to summarize the current status of the application of anxiety questionnaires in left-behind children and put forward some suggestions for the anxiety research of left-behind children based on the existing problems in the existing research.

2. Trends of the anxiety questionnaire for left-behind children

2.1. From self-report to multi-reporter assessment

To improve the accuracy of the assessment, some studies have developed parent report questionnaires to measure anxiety in children and adolescents from the perspective of multiple assessors. Because parents are the closest people to children and adolescents, on the one hand, researchers hope to verify the results of children through parents’ reports, and on the other hand, they hope to obtain more information about children’s anxiety from parents’ reports. So, some parental versions of the children’s questionnaire changed only in the subject. For example, in question 5 of the Screen for Child Anxiety-Related Emotional Disorders Questionnaire, “I worry about other people liking me,” his parental version is, “My child may worry about other people liking him.” The parental version of the Anxiety Disorders Interview Schedule, Emotion Scale for Child-parent report, and Spence Children’s Anxiety Scale have some additional questions compared to self-reports. In these parental versions of the child anxiety questionnaire, most researchers reported good consistency between the child and parent versions, for example, the emotion spectrum for the child-parent report, The Youth Anxiety Measure for DSM-5. However, some studies show that there was poor consistency between the child version and the parent version of the child anxiety questionnaire. March JS et al. (1999) found that parent and child ratings on the Multidimensional Anxiety Scale for Children (MASC) were generally poorly correlated, with concordance slightly better for symptoms more easily observed by parents \[^8,10\].

Based on the above description, it can be seen that in the assessment of children, there is a trend from self-reporting to multiple reporting, especially the development of parental reporting. This may also be because parents are the people who know their children best. The study hopes to gain more information about children through multi-reporter assessment, although sometimes even parents may not be very accurate in their assessment of children’s inner psychology.
2.2. A common understanding of anxiety began to emerge

Each of these questionnaires measures a child’s overall anxiety but they vary in emphasis. For example, the State-Trait Anxiety Inventory for Children focuses on measuring anxiety in children with their characteristics and states. Screening for Anxiety-Related Mood Disorders in children, based on the DSM-4 diagnosis of anxiety, measures five dimensions of anxiety in children, namely, somatization, generalized anxiety, social anxiety, separation anxiety and fear of going to school. However, since they are both measures of anxiety, a large number of similar questions appear in the expression of some questions, not only in terms of physical performance but also in terms of internal feelings. For example, in the MASC and SCARE questionnaires, “I can’t breathe” and “I feel my heart beating faster” appeared. The question “I worry about what other people think about me” comes up in CMAS as well as RCMAS and MASC. This may be because the diagnostic criteria for anxiety are converging with certain indicators such as poor sleep, difficulty breathing, upset stomach and worrying about what others think of being anxious, considered conditions to determine whether someone is anxious or not. This resulted in many repeated questions in anxiety questionnaires developed by different authors.

3. Challenges of the anxiety questionnaire for children

3.1. The lack of an anxiety questionnaire for left-behind children

Researchers found a correlation between children’s anxiety and age, parent’s education level, gender, family conditions, environment and so on. As a special group, there are significant differences between non-left-behind children in specific anxiety dimensions. The study of parent-child separation throughout China and other countries, in the measurement of left-behind children or children’s parent-child separation anxiety, was used mostly for the general questionnaire compiled by children’s groups. Left-behind children may be separated from their relatives for a long time, so anxiety or separation anxiety is a common psychological problem in this group[11]. However, there is no anxiety questionnaire that has been compiled for left-behind children.

3.2. The inconsistency of currently widely used questionnaires with existing diagnostic criteria

Three of the most commonly used scales for assessing symptoms of fear and anxiety in children and adolescents are the State-Trait Anxiety Inventory for Children [12], the Revised Children Manifest Anxiety Scale [9] and the Fear Survey Schedule for Children-Revised [13]. These questionnaires have a history of more than 50 years since their compilation, but the DSM or ICD has been revised many times over the years, and not all questionnaires have been revised as the standards have been revised. Although support has been found for the reliability and validity of each of these measures, a clear shortcoming is that they are not directly related to anxiety disorders as listed in the commonly employed Diagnostic and Statistical Manual of Mental Disorders (DSM). With the publication of DSM-5 (American Psychiatric Association, 2013), various changes in the classification of anxiety disorders have been instituted, which may have implications for their assessment. First, obsessive-compulsive disorder and posttraumatic or acute stress disorder are no longer considered pure anxiety disorders [14] and have been moved to different sections in the DSM, thus, these symptoms no longer need to be captured by childhood anxiety questionnaires. Second, agoraphobia is now regarded as distinct from panic disorder [15], and as such, may require additional items to strengthen the assessment of this anxiety problem. So, it is debatable whether children who are evaluated as anxious by these questionnaires are clinically anxious.
4. Suggestion

The problem of left-behind children in rural areas is a staging issue in developing country’s economic and social development. It profoundly reflects problems such as unbalanced development between urban and rural areas, unequal public services and imperfect social security. Compared with other children, left-behind children are easy to suffer from various security and psychological risks during their growth due to the long-term lack of parental companionship. Therefore, the accurate assessment of children and adolescents’ anxiety and other psychological problems helps us to carry out targeted guidance in education.

Given the above problems in anxiety measurement of left-behind children, there are some suggestions to be carried out.

4.1. Choose a suitable anxiety questionnaire for left-behind children

Although there are numerous anxiety questionnaires available for children, a specific questionnaire tailored to the needs of left-behind children is currently lacking. The selection process for an appropriate questionnaire among these options poses a significant challenge for researchers. Drawing upon an extensive review of existing anxiety questionnaires designed for children, this study proposes that researchers should initially consider the age-related characteristics of their subjects when making their selection. Subsequently, based on these age-related characteristics, researchers can choose relevant questions from within the dimensions of the questionnaire they wish to investigate. If researchers aim to focus on the anxiety experienced by left-behind children in terms of their unique characteristics and circumstances, STAIC may be deemed suitable. Whereas if researchers intend to explore overall anxiety levels in left-behind children following separation from their parents with a particular emphasis on separation anxiety, MASC could be considered an appropriate choice. Lastly, it is recommended to preferentially select a mature version of the questionnaire that is updated or revised, consistent with the current diagnostic criteria, and has good reliability and validity.

4.2. Develop anxiety questionnaires for left-behind children

Left-behind children as a special group and this group has a special family situation and education experience, compared with general children. Left-behind children with separation anxiety, social anxiety and other factors of performance were more significant. The researcher should pay attention to the measurement of the two anxiety factors and the description of the questionnaire questions is closer to the actual life of left-behind children. In addition, the anxiety degree of left-behind children may be correlated with the time their parents go out for work and the age of the children, so the information can also be taken into account in the measurement of anxiety in children.

4.3. Measured for young children in a variety of ways

The varying ages of children necessitate careful consideration of their reading and comprehension abilities when designing questionnaires, with a focus on employing vivid and specific language to assess the extent of children’s anxiety levels accurately. In addition to questionnaire measurement, structured interviews, sand tables and other methods can also be used as important means of evaluation. Structured diagnostic interviews provide a comprehensive assessment of anxiety (including symptoms, severity and interference) using independent information from both parents or caregivers and children or adolescents. Although research approaches such as interviews are very time-consuming and have higher requirements for the tester, there may be some measurement deviations, but results with the results of the questionnaire are consistent, and the children’s cooperation degree is higher. Other methods of assessment, such as a sand table, are more child-friendly and acceptable. Therefore, it may be considered to combine structured interviews and other methods.
5. Discussion

In this study, 14 children’s anxiety scales are reviewed and the status and progress of children’s anxiety scales are analyzed from their compilation year, applicable age, number of questions, application degree, etc. Understanding the status and process of children’s anxiety questionnaires can help researchers quickly select appropriate questionnaires to investigate the anxiety of left-behind children, thus promoting the further development of research on left-behind children. In addition, compared with the general anxiety measurement, left-behind children’s anxiety was from the separation of time with their parents, parents with the contact frequency, etc., so we give some suggestions for the study of left-behind children’s anxiety.

Of course, there are many shortcomings in this study. In the research process, the study focused on the overall anxiety of left-behind children. Therefore, the study only selected the overall anxiety scale of children as the research object in the review, which was not comprehensive enough.

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