



# Verifying the Indonesian Version of the Child Behavior Checklist

Hartini, Sri

---

(Degree)

博士 (保健学)

(Date of Degree)

2016-03-25

(Date of Publication)

2017-03-01

(Resource Type)

doctoral thesis

(Report Number)

甲第6624号

(URL)

<https://hdl.handle.net/20.500.14094/D1006624>

※ 当コンテンツは神戸大学の学術成果です。無断複製・不正使用等を禁じます。著作権法で認められている範囲内で、適切にご利用ください。



### 論文審査の結果の要旨

氏名	Sri Hartini		
論文題目	Verifying the Indonesian Version of the Child Behavior Checklist (インドネシア版小児行動チェックリストの妥当性について)  (外国語の場合は、その和訳を併記すること。)		
審査委員	区分	職名	氏名
	主査	教授	高田 哲
	副査	教授	松尾 博哉
	副査		印
	副査		印
要 旨			
<p>本論文は、欧米で広く使用されている子どもの行動チェックリストのインドネシア版を作成し、その信頼性、妥当性を検討したものである。インドネシアにおいては、これまで小児医療は、感染症を中心とした疾病の予防・治療に主眼が置かれていた。しかし、近年になって日本や欧米諸国と同様に、生活習慣病や発達障害への対応が社会的にも大きな課題となってきた。しかし、インドネシアでは、標準的な子どもの行動尺度がこれまで存在しておらず、欧米や日本と比較する場合に大きな障壁となっていた。今回の申請者らの一連の研究から、インドネシア版小児行動チェックリスト(6-18歳用、118項目)は、欧米や日本とほぼ同一の高い内的整合性(<math>r=0.94</math>)を持つこと、さらに8つの下位尺度においてもほぼ満足できる内的整合性(0.61-0.87)を有することが明らかとなった。今後、発達障害等の診断に広く使用されるものと思われる。宗教や文化的な背景の違いに関わらず、同一の子どもの評価法が可能であることを証明した臨床的意義は原著者Achenbachからも高く称賛されている。申請者は本論文を基に新たに3編の論文を作成・投稿しており、今後の臨床応用、研究の発展が期待できる。これらより、本研究は極めて価値ある新しい知見の集積であると認められる。よって、学位申請者のSri Hartiniは、博士(保健学)の学位を得る資格が十分にあると認める。</p>			
<p>掲載論文名・著者名・掲載(予定)誌名・巻(号)、頁、発行(予定)年を記入してください。 Verifying the Indonesian Version of the Child Behavior Checklist ・Sri Hartini, Sunartini Hapsara, Siti E. Herini, Satoshi Takada. ・Pediatr Int. 57(5) ・936-41 2015</p>			

### 論文内容の要旨

専攻領域 地域保健学領域

専攻分野 地域保健学

氏名 Sri Hartini

論文題目 (外国語の場合は、その和訳を( )を付して併記すること。)

Verifying the Indonesian Version of the Child Behavior Checklist  
(インドネシア版小児行動チェックリストの妥当性について)

論文内容の要旨 (1,000字~2,000字でまとめること。)

The Child Behavior Checklist for Ages 6-18 (CBCL/6-18) is widely used to assess emotional and behavioral problems in children in the USA and Europe. The validity of the CBCL has been demonstrated in previous studies. The average Cronbach alpha scores for 31 societies (55,508 samples) for total problems, internalizing, and externalizing were reported to be 0.93, 0.83, and 0.87, respectively. Given that Indonesia has a more traditional culture that is different from the USA and Europe, it is possible that the CBCL is not effective in assessing the emotional and behavioral problems of Indonesian children, due to a difference in culture. Moreover, the validity and reliability of the Indonesian version of the CBCL/6-18 have not been tested. The purpose of this study was therefore to test the validity and reliability of the Indonesian version of the CBCL/6-18.

Three hundred and eight mothers of children attending public primary schools participated in this study by completing the self-administered questionnaire. 90.9% of mothers were Muslim, 7.5% were non-Muslim, and 1.6% did not disclose this information. Most of the mothers had obtained an education level beyond senior high school (primary school, 2.3%; junior high school, 27.9%, senior high school, 50.3%, undergraduate, 15.9%; and no answer, 3.5%). The selected schools were located in urban areas; 8.1% of mothers worked as government employees; 20.8% worked in a private company; and 66.5% worked in small shops as employee or owners (4.5% did not answer). The Child Behavior Checklist (CBCL/6-18) was used. We obtained a site license agreement to utilize the Indonesian version of the CBCL/6-18 for the present study for Professor Thomas Achenbach. The CBCL/6-18 is an empirically derived behavior rating scale, applicable for children and adolescents between the ages of 6 and 18. Parent rate 118 items as 0, not true; 1, somewhat or sometimes true; or 2, very true or often true. The items are divided into eight CBCL scales (i.e. withdrawn, somatic complaint, anxious, social problems, thought problems, attention problems, rule-breaking behavior, and aggressive behavior). Withdrawn, somatic complaints, and anxious are grouped into the broad scale "internalizing" while rule-breaking behavior and aggressive behavior are grouped into the broad scale "externalizing". This study was approved by the Ministry of Education and Culture, Faculty of Medicine, Gadjah Mada University, Medical and Health Research Ethics Committee (MHREC). The study was conducted in accordance with the Declaration of Helsinki 2008. This study was conducted in Yogyakarta from February to April 2014. After briefing at the beginning of the study on how to fill in the forms and provide written informed consent, the parents of children aged 6-12 years completed the

questionnaires. After completion, the questionnaires were checked for misplaced information. Statistical analysis was performed using SPSS version 19.0 (IBM SPSS, IBM Armonk, New York, USA).

Correlations between CBCL items and CBCL total score were positively correlated with total score (0.15–0.59). The range of the correlations between withdrawn, somatic complaints, anxious, social problems, thought problems, attention problems, rule-breaking behavior, and aggressive behavior respectively with total score were 0.32-0.50, 0.15-0.55, 0.26-0.59, 0.26-0.51, 0.26-0.51, 0.34-0.59, 0.17-0.55, and 0.35-0.59, respectively. The lowest item correlation with total score was drug use ( $r=0.17$ ;  $P<0.01$ ), while temper tantrum and nervous had the highest correlation with total score ( $r=0.59$ ;  $P<0.01$ ).

The correlations between questionnaire items and the eight subscales of the CBCL ranged from 0.10 to 0.74. The highest correlation was between physical problem-nausea (without known medical cause) and somatic complaints ( $r=0.74$ ;  $P<0.001$ ). Meanwhile, physically attacking people and aggressive behavior had the lowest correlation ( $r=0.10$ ). With regard to the top 10 highest correlations, five items correlated with the CBCL scales, somatic complaints, and one item correlated with attention problem. The correlation between CBCL items and total problems, internalizing, and externalizing ranged from 0.12 to 0.64 ( $p<0.01$ ). The 10 highest correlations between CBCL items and total problems, internalizing, and externalizing ranged from 0.58 to 0.64.

Withdrawn, somatic complaints, and anxious were highly and positive correlated with internalizing ( $r=0.83$ ,  $0.77$ , and  $0.92$  respectively), while rule-breaking behavior and aggressive behavior were highly and positive correlated with externalizing ( $r=0.82$  and  $0.97$ , respectively). Furthermore, social problems, thought problems, and attention problems were highly and positive correlated with total problems ( $r=0.75$ ,  $0.72$ , and  $0.93$ , respectively).

The internal consistency reliability of the CBCL total problems score was 0.94. The eight syndrome scales of CBCL had good internal consistency (0.61-0.87). Six of them (withdrawn, somatic complaints, anxious, attention problems, rule-breaking behavior, and aggressive behavior) had high internal consistency whereas social problems and thought problems had internal consistency  $< 0.70$ . Thought problems had the lowest internal consistency and aggressive behavior had the highest. Cronbach alpha coefficients for total problems, internalizing, and externalizing were 0.84, 0.89, and 0.89 respectively. The internal consistency of total problems score was the same for both girls and boys (0.88). Internal consistency of eight CBCL scales in girls and boys had the same range (0.85-0.87), whereas the range of Cronbach alpha for total problems, internalizing, and externalizing was higher in boys than girls (0.84-0.91 vs 0.83-0.90).

This is the first study to evaluate the validity and reliability of the CBCL/6-18 in Indonesian children aged 6-12. CBCL/6-18 has good validity and high reliability for Indonesian children. The Indonesian version of the CBCL/6-18 is therefore suitable for assessing emotional and behavioral problems in Indonesian children aged 6-12 years.

指導教員氏名：高田 哲

