



Case Study of Congklak Play Therapy for Children to Improve Social Interaction Due to Gadget Addiction

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ABSTRACT

Objective: To see the effectiveness of congklak play therapy in increasing social interaction in children because of gadget addiction.

Method: The research design used is a case study research method, with a descriptive research type. The research subject used was 1 school-age child client with social interaction problems due to gadget addiction.

Result: Subjectively, the client experiences an increase in interaction with the people around him and a decrease in the intensity of his use of gadgets. Clients can better control their emotions, and there is an increase in learning. Likewise, objectively, the client seems to be able to control his emotions, and often interacts with the people around him.

Conclusion: After doing research on An. M., the data obtained by the client's mother complains that the client rarely interacts with other people; the client often plays gadgets until he forgets the time; and when the gadget is taken, he often gets angry. The client's mother gets information from the client's school teacher that the client is less cooperative while studying at school. Based on the assessment, the diagnosis that emerged was social interaction disorder. The author conducted an intervention to overcome social interaction disturbances for four days. The intervention that the author has done is to provide congklak play therapy. After the intervention, the client's signs and symptoms of impaired social interaction diminished. The client has often interacted with people around him by using his gadget a little less.

Keywords: congklak play therapy, gadget addiction, social interaction disorder.

Introduction

The use of gadgets has positive and negative impacts on children. The intense use of gadgets by children will have an impact on their social interactions. Children should interact directly with the surrounding environment, but because of gadgets, their interaction is

reduced because they are too focused on using gadgets (Serlan et al., 2021). There are several studies that link the use of gadgets with social interaction, including one study (Anggraeni, 2020) in Islamic Early Childhood that confirms the results: children who use gadgets beyond the specified time limit will be addicted and less sensitive to environmental conditions. They also prefer to play games on their gadgets rather than with their peers. Children's dependence on gadgets is caused by periods of using gadgets; using gadgets that are too long and carried out every day causes antisocial personalities in children.

Anti-social behavior is behavior that deviates from the norm, which is characterized by an indifferent attitude and dislike of interacting with the environment and prevailing in society (Serlan et al., 2021). Currently, the use of gadgets, according to statistical data from APJII (Association of Indonesian Internet Service Providers), clarifies nine age categories, from children to the elderly. In 2014, children aged 7–11 years used gadgets, reaching 47 million, or around 14% of all gadget users (Hanifah et al., 2020). Judging from the ages of 11–12 years and over, the percentage of gadget use in Indonesia is quite high, namely 79.5% (Ministry of Information, 2014; Kundari et al., 2020).

Before getting to know gadgets, children prefer to play with their peers, but after getting to know and being interested in gadgets, children prefer playing gadgets at home rather than playing with their peers. There are also children who play with their peers but focus on their own gadgets (Wulandari & Lestari, 2021). The role of nurses in reducing the intensity of gadget addiction is to provide therapy. An intervention that can be done for children with antisocial behavior is play therapy. Play therapy is a dynamic interpersonal relationship between a child and a therapist who is a specialist in play therapy procedures and provides play materials and facilitates the development of a safe relationship for children to fully express and discover themselves (emotions, thoughts, experiences, and behaviors) through play (Landerth in Siti, 2021).

Research conducted (Hayati & Hibana, 2021) It was stated that the congklak game is one of the traditional games that can develop children's social character because this game is usually played by several people, so social interaction can occur. The congklak is usually made of wood or plastic and is perforated to accommodate grain or stones. The holes have 16 holes; each hole contains 7 seeds or stones, and the seeds are distributed from one hole to the last hole that gets the most seeds; that's the winner.

Based on the results of the assessment that has been carried out by the author on the client, it is found that the client rarely interacts with people around him, including playing with his peers because his daily activities are only playing with gadgets, indifferent to what is happening around him, when called he does not pay attention, uses the client's gadget in one day more than 5 hours, lazy to study, if the gadget is taken by the client, the client is angry, the client's parents have often reprimanded the client not to continue playing gadgets, advising the client to often play outside with his friends but the client does not pay attention to it and every the client is reprimanded because he is angry and because his parents are busy so that parental supervision is lacking in the use of gadgets on the client.

Objective

To see the effectiveness of congklak play therapy in increasing social interaction in children because of gadget addiction.

Method

The research design used is a case study research method with a descriptive research type. Data collection tools in the form of nursing care formats and data collection procedures were carried out by means of interviews, observation, and documentation. The data collected is associated with relevant concepts, theories, and principles to draw conclusions in determining nursing problems. Data analysis methods include data validation, data grouping based on bio-psycho-sociocultural needs, and comparison of data from studies, diagnoses, interventions, implementation, and evaluations that are not normal with theoretical concepts. The sampling technique was carried out using the convenience sampling method (non-probability sampling technique), in which the subjects were selected because of convenience or the desire of the researcher. The research subject used was a school-age child client with social interaction problems due to gadget addiction.

Results

On June 17, 2023, an assessment will be carried out. The data that the writer got was obtained through interviews, physical assessment, and observation. The client named Child M (11 years old) is male and was born to Mr. M and Mrs. A. Domiciled in Ciawitali Hamlet, RT 03 RW 09 Purwadadi Village, Purwadadi District, Ciamis Regency Currently, the client is in 5th grade; the client's father works as a laborer, and the client's mother works as a trader. The client lives with his parents and three older siblings.

The client's mother complains that the client rarely interacts with other people, the client often plays gadgets until he forgets the time, and if his cell phone is taken, he is often angry, lazy to study, ignorant of what is happening around him, and when called, he does not pay attention. The client's mother also said that in one day the client can use the gadget for more than 3 hours, it turns out that internet facilities are available, and the client's mother has received information from the client's school teacher that the client is less cooperative while studying at school. The client's mother also said she was confused by her child's being addicted to gadgets like this, and the client's mother seemed to be advising her child not to always play with gadgets. The client's mother also said there was a lack of supervision over the client's cellphone use because both parents were busy.

Table 1: Data Analysis

Data	Etiology	Nursing Problems
<p>Subjective data:</p> <ul style="list-style-type: none"> • The client's mother says the client rarely interacts with other people • The client's mother said that the client often plays on the cellphone until he forgets the time and when the cellphone is taken the client becomes angry • Clients are lazy to learn • Clients are indifferent to what is happening around them • If the client is called, they don't pay attention • The client's mother said that in one day the client can use the gadget for more than 3 hours • The client's mother also said that there was a lack of monitoring of the client's cellphone use because both parents were busy <p>Objective Data:</p> <ul style="list-style-type: none"> • Clients seem less interact with people around • Appearance of availability of internet facilities • Looks like playing gadgets 	<p>Excessive use of gadgets</p> <p style="text-align: center;">↓</p> <p>Gadgets addiction</p> <p style="text-align: center;">↓</p> <p>Less interaction with other people</p> <p style="text-align: center;">↓</p> <p>Impaired social interaction</p>	<p>Impaired social interaction (D.0118)</p>

Based on the analysis above, the authors obtained a nursing diagnosis, namely social interaction disorder (D.0118), associated with opposing behavior, which is characterized by a lack of responsiveness or interest in other people.

The output listed in the SLKI regarding the first diagnosis is that after carrying out nursing actions for 4x24 hours, it is hoped that social interaction will increase, with the criteria for the results of social interaction (L.13115) increasing from a scale of 3 (moderate) to a scale of 5 (increased), feelings of interest in other people increasing from a scale of 3 (moderate)

to a scale of 5 (increased), and cooperative play with peers increasing from a scale of 3 (moderate) to a scale of 5 (improved).

The intervention listed in the SIKI book according to the diagnosis is about modifying social interaction behavior (I.13484). The action given is observation to identify the causes of the lack of social interaction and identify the focus of social interaction training in the therapeutic actions carried out, namely motivation to train social interaction and providing positive feedback (e.g., praise or rewards) on socialization skills. involve the family during social interaction exercises, if necessary.

Implementation carried out at the beginning of the interaction on June 17, 2023, has built a trusting relationship with clients and their families. At the beginning of the meeting, signs and symptoms of social interaction disorder were seen in the client. The client's mother said that the client rarely interacted with other people; the client often played gadgets to the point of forgetting the time; and if the gadget was taken, the client became angry. Objective data shows that the client seems to have less interaction with the people around him. From these data, the authors conclude that the cause of the client's lack of social interaction is due to gadget addiction.

After exploring the causes of the client's lack of social interaction, the author then tries to identify the focus of social interaction training by asking the client's mother about the client's daily activities and games that the client likes. The client's mother says that the client usually plays with peers, such as cycling; the client's mother also answers that the client likes to play football; sometimes playing congklak; and also likes toy cars. Then the author tries to have a conversation with the client, namely getting acquainted, asking the client where the school is, what grade he is in, and what subjects he likes. The client answered that his name is Anak M, he attends SDN 1 Purwadadi, grade 5, and his favorite subject is physical education. After the client answers, the author gives praise to the client for wanting to get acquainted and talk to the author. And after being given a compliment, the client seemed to smile, looked a little awkward, seemed uncomfortable interacting with the writer, seemed disinterested, and refused to interact with the people around him.

The second day of interaction coincided with June 18, 2023. The author asked how the client was now, and the client's mother replied that her child still rarely interacted with other people and always played with gadgets. Objective data shows that clients appear to be playing online games on their gadgets. At this second meeting, the author plans to give congklak play therapy to clients. Before being given play therapy, the author prepares a tool, namely congklak, and then explains to families and clients the purpose and meaning of play therapy, namely being able to practice social interaction and socializing with people around them. More importantly, we are social creatures who need other people. The client's mother agrees and understands what the author conveys. Objective data shows that the client's mother is very cooperative. The author also explains that family support in client social interaction is very important. The author recommends that the family always accompany the client during the training. The client's mother said she was ready to always accompany the client in training. Objective data shows that the client's mother looks cooperative when communicating.

After finishing explaining the purpose and importance of family support during practice, the author then trains clients' social interactions with congklak play therapy. The client is willing to play congklak with the author; the game is carried out for 45 minutes with 3 games, where in 2 games the client wins. After the intervention was given, the client seemed happy with the results of his game, and the client's mother praised the client's victory. During the game, the client does not use gadgets. After that, the author conveys to the client and his family that this congklak game can be done at any time and advises the client to play cell phones less by doing other activities that involve other people. The client seemed to understand what the writer said and nodded his head and smiled. After that, the writer made contact when he returned to the client and family to intervene in congklak games.

On the third day of interaction, which was held on June 19, 2023, the author again asked the client and the client's mother the results of the previous intervention. The client said that the intensity of playing the client's gadget was slightly reduced because he was playing congklak with his older brother. Then, for intervention, the author gives another game of congklak for 45 minutes with two games with the same score, and during the game, the client is cooperative and looks to enjoy the game. During the game, the writer asks about the client's aspirations, and the client answers that his dream is to become a police officer. He also encourages the client to always share stories with his family about how he feels and what activities he has done. Clients often tell stories or share experiences with their mothers and older siblings. After the intervention is done, return the contract time to the client and family for the next day's meeting.

The last day of the intervention was June 20, 2023. The author only asked the client and the client's mother about the intervention in playing congklak. The client said he was very happy because he could play congklak with his older brother. The client also said the intensity of playing the client's gadget had decreased because he was addicted to playing congklak. The client's mother also said that the intensity of playing the client's gadget was reduced, which is usually more than 3 hours a day, after being given intervention for several days. This is what the client did. playing mobile phones for less than 3 hours, namely \pm 90 minutes (1.5 hours), interacting more with peers and people around them, being able to control emotions better, and there was an increase in learning.

Discussion

An. M. is included in the school-age child phase because it is between the ages of 7 and 12 years (Wijayanti, 2021), the availability of an adequate internet network, the lack of An. M.'s ability to control his behavior, the lack of parental supervision, and the resultant gadget addiction to An. M. Gadget addiction is one of the effects of the continuous use of gadgets (Ariston & Frahasini, 2018). The causes of gadget addiction are interactions between internet users in two-way communication, availability of internet facilities, lack of supervision from parents or those closest to them, permissive parenting styles (Lestari & Susilawati, 2022), motivation, and a lack of ability to control behavior. Everyone has the ability to control their behavior (Agesti et al., 2019).

During the assessment, the client's mother said that in one day the client can play gadgets for more than 3 hours, and this happens every day, which means the intensity of using the client's gadget is high, which is more than 120 minutes a day (Tamsil, 2021), and the client is included in the daily criteria. life disturbance in which the client experiences symptoms such as being frequently angry when his hips are taken, preferring not to interact with people, and complaining of dizziness (Hidayat, 2021).

Mother An. M. said the intensity of playing An's gadget M increases; in one day it can be more than 3 hours; irritability when not allowed to play gadgets; lack of socializing and playing with peers; daily activities are disrupted, such as being lazy in studying. Signs that are usually displayed in children who are addicted to gadgets are: playing gadgets for quite a long time, which can be more than 1 hour per day; being angry, sad, and frustrated if they are prohibited from playing gadgets; refusing to socialize and play with peers; disrupting routines; even being too lazy to eat, bathe, or do other activities (Inaha, 2020). As well as Rowan (2013), Anggraeni, (2020) said that according to the American Academy of Pediatrics and the Canadian Pediatrician Association, it was emphasized that children aged 6–18 years were limited to just 2 hours per day. namely withdrawing from school friends and peers (setianingsih, sawitri, and trihastuti 2022)

The diagnosis that appears in clients with gadget addiction is social interaction disorder (0.0118), associated with opposing behaviors characterized by a lack of responsiveness or interest in other people. This diagnosis was taken based on the study that the author carried out, where the client's mother said the client rarely interacted with other people because he often played gadgets. less interested in the surrounding environment, and if the gadget is taken by the client, they often get angry; this is in accordance with the theory mentioned by Ayunda Ragil and Sodikin, (2020), namely that excessive use of gadgets can affect their social interaction with peers in the surrounding environment. They prefer to be alone and do not care about their peers or the surrounding environment, and Syahrudin (2019) says social interaction will not occur if two conditions are not met: there is social contact (social contact) and there is communication. Under these two conditions, the client cannot fulfill it in the sense that there is a disturbance in social interaction with the client. During the nursing diagnosis process, there are no obstacles because the signs and symptoms as well as the data obtained by the author during the assessment are complete, which can make it easier to determine a nursing diagnosis for the client.

Intervention: At the beginning of the meeting, signs and symptoms of social interaction disorders appeared in the client. The client's mother complains that the client rarely interacts with other people, the client often plays gadgets until he forgets the time, and when his cell phone is taken, he is often angry, lazy to study, indifferent to what is happening around him, and when called, he does not pay attention. The client's mother also said that in one day the client can use the gadget for more than 3 hours, it appears that internet facilities are available, and the client's mother had received information from the client's school teacher that the client was less cooperative while studying at school.

Objective data shows that clients seem to interact less with people around them. From these data, the authors conclude that the cause of the client's lack of social skills is gadget addiction. Gadget addiction is one of the effects of the continuous use of gadgets (Ariston & Frahasini, 2018) Signs that are usually displayed in children who are addicted to gadgets are: playing gadgets for quite a long time, which can be more than 3 hours per day; being angry, sad, and frustrated if they are prohibited from playing gadgets; refusing to socialize and play with peers; disrupting routines; even being too lazy to eat, bathe, or do other activities (Oktavian et al., 2019).

After exploring the causes of the client's lack of social skills, the writer then tries to identify the focus of social skills training by asking the client's mother about the client's daily activities and games that the client likes. The client's mother says that usually the client plays with peers, such as cycling, and the client's mother also answers that the client likes playing Rubik's Cube and sometimes playing congklak. And the author plans to provide play therapy as social skills training for clients. In accordance with research conducted by Anaitulloh et al. Anaitulloh et al., (2021), the results of the study show play therapy can increase social interaction in children.

Furthermore, the author tries to have a conversation with the client to get acquainted, asking the client where the school is, what grade he is in, and what subject he likes. The client's name is An. M. He attends SDN 1 Purwadadi, is in grade 5, and his favorite subject is physical education. After the client answers, the author gives praise to the client because he wants to get acquainted and talk with the author. And after being given a compliment, the client seemed to smile, looked a little awkward, seemed uncomfortable interacting with the author, seemed disinterested, and refused to interact with people around him. According to Oktaviani et al. (2019) in their research, children who are addicted to gadgets will refuse to socialize or interact with people around them.

On the second day of interaction, according to the previous time contract, at this second meeting, the writer plans to give congklak play therapy to the client. Before the play therapy is given, The writer explains in advance to the family and the client about the purpose and meaning of play therapy and explains the purpose of play therapy in training social skills because socializing and communicating with those around us is important, especially since we are social beings who need other people and social interaction is a basic human need. According to what was mentioned by Yulianti, (2020) in his research, social interaction includes the basic needs of humans, and social interaction occurs when communication occurs. The client's mother agrees and understands what the author conveys. Objective data shows the client's mother is very cooperative.

The author also explains that family support for the client's social skills is very important, and the author recommends that the family always accompany Khen during the training. As explained by Dewi et al., (2021), parental involvement in educating children can be carried out through various types of activities, including the involvement of parents in making games or accompanying them during games. After finishing explaining the purpose and importance of family support during practice, the author trains the client's social skills

with congklak play therapy. Congklak is one of the traditional games that can develop children's social character because it is usually played by several people, so social interaction can occur (Nurhayati et al., 2020). And this is also in accordance with the theory of games based on the 6–12 year age group, namely cooperative play, learning to be independent, cooperative, competitive, and accepting other people (Rohmah, 2018). And the kongklak game here is included in the competitive game.

On the third day of interaction, the writer gave Congklak play therapy again. Games with the same score, and during the game, the client is cooperative and seems to enjoy the game. During the game, the writer asks about the client's goals, and the client answers that his goal is to become a police officer. The author also encourages the client to always share stories with his family about how he feels and what activities he has done. The client says he often tells stories or shares experiences with his mother and older siblings. After the intervention is carried out, return to contracting time with the client and family for tomorrow's meeting.

On the last day of the intervention, the authors re-evaluated the results of the previous intervention. The client said that the intensity of playing Gadgets was reduced because he often played Congklak. This is in accordance with the theory that play therapy is a therapeutic measure that can reduce the intensity of using gadgets in children (Dewi, 2020). The client's mother also said that the client began to frequently interact with the people around him. After that, the writer also asked whether the client likes to get angry when the gadget is taken, and the client answered yes, and the client's mother answered that if the gadget is taken, the client is angry while crying. The writer also trains the client to express anger appropriately, such as by taking three deep breaths. The client also follows what the author teaches, and the client can do it well, and the client says he is more relaxed. As stated by Ayunda Ragil and Sodikin (2020) children who are addicted to gadgets will experience changes in mood, unable to divide their time between spending time with gadgets and interacting with people around them.

The results of nursing actions for four days, namely, subjectively, show that the client has experienced an increase in interacting with people around him and a decrease in the intensity of using gadgets. Clients can better control their emotions, which leads to an increase in learning. Likewise, objectively, the client seems to be starting to be able to control his emotions; it seems that he often interacts with people around him. This is in accordance with research on the effects of play therapy on social interaction conducted by Anaitulloh et al., (2021) with the results of research showing play therapy can increase social interaction in children. Also in accordance with research on play therapy for gadget addiction conducted by Wahyuningsih (2018), research results show that play therapy can reduce the intensity of gadget use or gadget addiction in children. Which means the social interaction disorder is resolved.

Conclusion

After conducting a study on the An. M. data obtained, namely that the client's mother complained that the client rarely interacted with other people, the client often played gadgets until he forgot the time, and if the gadget was taken, he was often angry, the client's mother had received information from the client's school teacher that the client was less cooperative while studying at school. Based on the assessment, the diagnosis that emerged was social interaction disorder. After the intervention, the client's signs and symptoms of impaired social interaction are reduced. Clients often interact with people around them, so the use of client gadgets is slightly reduced. The client's mother also said that the client's intensity of playing gadgets was reduced, which is usually more than 3 hours a day, after being given intervention for several days. This made the client play gadgets for less than 3 hours, namely \pm 90 minutes (1.5 hours), interact more often with peers and other people around him, and be more able to control his emotions.

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