

Mental Health Status of Preschool Left-Behind Children in Shaanxi Rural Areas

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Abstract

As of 2020, there are 6.436 million preschool left-behind children in rural China, facing urgent mental health issues (Yang,2022). This study evaluated the mental health of preschool left-behind children in Shaanxi using the "Preschool Children's Mental Health Status Assessment Scale." Questionnaires were conducted among the parents of 31 rural preschool left-behind children and 31 teachers in Shaanxi Province respectively. The data was analyzed by using SPSS version 27.0. It identified problems such as emotional instability, weak social skills, and low self-identity. The study recommends strengthening mental health assessments, support systems, personalized interventions, improving teacher training, and establishing long-term tracking mechanisms.

Keywords: Mental Health Status, Rural Preschool Left-behind Children, Strategic Suggestions

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1.0 Introduction

1.1 Background of the study

According to the statistics at the end of the 13th Five-Year Plan, as of 2020, there were 6.436 million rural left-behind children in China. Left-behind children refers to a group of children whose parents have left their hometowns to work in other places (usually in cities), leaving the children to live in rural areas. These children are generally taken care of by one of their parents, grandparents, other relatives, or family friends. The research on left-behind children reveals a lack of in-depth studies on their physical development and a shortage of attention to their mental health. In general, the issues faced by rural left-behind children have been severely neglected, as the focus has been mainly on rural compulsory education and the academic performance of primary and secondary school students. In the document "Suggestions on Formulating the 11th Five-Year Plan for National Economic and Social Development," the Chinese government first introduced the concept of rural "hollowing." This refers to the phenomenon where rural areas experience population loss and the hollowing out of socio-economic resources due to population decline, aging, and the migration of young and middle-aged labourers. This concept has since attracted significant academic attention. Therefore, as preschool education researchers, studying the

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mental health of 3-6-year-old rural left-behind children in Yan'an under the "hollowing" phenomenon is crucial. This study aims to understand the mental health status of rural left-behind children through social practice activities, provide support and interventions, promote policy improvements, and contribute to developing rural preschool education and educational equity.

1.2 Research Problem

With changes in family structure and the increasing trend of parents working outside rural areas, the mental health of left-behind children has become a key concern in education and society. Emotional disorders, social maladaptation, and behavioural problems are the main manifestations of mental health issues in rural left-behind children. These problems not only affect children's current development but may also have long-term impacts on their future socialization and personality development (Huang Ronghua, 2020; Li Yuhua, 2019). While studies show that the absence of parental companionship, grandparental guardianship, and insufficient educational resources are key contributing factors, a lack of systematic analysis on how differences in home-school understanding affect mental health intervention effectiveness. Additionally, existing research has paid limited attention to how optimizing educational resources, fostering home-school cooperation, and enhancing community support can improve left-behind children's mental health. This study aims to analyze the mental health issues of rural left-behind children, exploring the relationships between emotional disorders, social adaptability, and behavioural problems, and investigating how family structure, educational resources, and mental health support services influence these children. By using SPSS 27 for data analysis, the study will focus on the mental health of 3-6-year-old rural left-behind children from the perspectives of parents and teachers, analyze potential differences, and propose strategies to improve their mental health. These efforts will help advance policy development, resource allocation, and the improvement of rural preschool education and educational equity.

2.0 Literature Review

2.1 The Current Situation of Rural Left-Behind Children Aged 3-6

With the large-scale migration of rural labour, 3-6-year-old rural left-behind children have become a special group that attracts significant attention. According to the "Development Report on Left-Behind Children in China" (2020), the number of rural left-behind children nationwide exceeds 6.4 million, with nearly 20% of them being preschool-aged children. This indicates that this group has become an important population that cannot be ignored in terms of size. Zou Yexuan (2024) pointed out that 3-6-year-old children are at a critical stage of social development and emotional regulation. However, left-behind children, who lack direct companionship and emotional support from their parents for long periods, experience significant impacts on their psychological development. Left-behind children are prone to social anxiety, fear of interaction, and difficulty in forming close relationships. They lack psychological resilience and a sense of hope, leading to increased social difficulties, reduced expectations for future social interactions, and in severe cases, may develop into autism. Moreover, the lack of educational resources in rural communities exacerbates this issue. Yue Wenhui (2019) found that teachers in rural kindergartens primarily focus on children's diet, rest, and entertainment, neglecting psychological counselling and moral education. They lack effective implementation strategies, and the process of exploration is like "blind men touching an elephant." Due to information isolation and limited educational effectiveness, the quality of preschool education remains difficult to improve. It has failed to escape the nature of being a "preschool detention centre," leading to the ineffective resolution of the mental health problems of left-behind children.

2.2 The Mental Health Status of Rural Left-Behind Children Aged 3-6

The mental health issues of rural left-behind children have become a focal point of academic and societal attention. Li Yanglin et al. (2024) found through comparative studies that the incidence of emotional disorders is higher among left-behind children, significantly higher than among non-left-behind children. Emotional disorders are mainly manifested as strong feelings of loneliness, large emotional fluctuations, and poor resilience to setbacks. Zhang Ju (2024) found that due to long periods of neglect, some rural left-behind children develop poor behavioural and learning habits, which manifest as extreme thoughts, rebellious behaviours, a lack of awareness of rules, and disobedience toward teachers and other caregivers. Behavioural problems are also widespread, specifically manifesting as aggressive behaviour, poor self-control, and impulsive actions. Guan Qing (2019) reported data indicating that, in the case of left-behind children, guardians are usually grandparents, typically aged over 60, with low educational levels. These grandparents often find it difficult to effectively supervise their grandchildren's knowledge and behaviour. They focus primarily on the children's basic needs such as food, clothing, and safety, but tend to overlook psychological health education. The indulgence and leniency of grandparental care have caused significant changes in the children's personalities. Left-behind children, who are in their developmental stages, tend to have poor self-discipline and, without effective supervision from their guardians, gradually develop many bad habits over time.

3.0 Research Questions

RQ₁: What is the level of 3-6-year-old rural left-behind children's mental health status from the perspective of teachers?

RQ₂: What is the level of 3-6-year-old rural left-behind children's mental health status from the perspective of parents?

RQ₃: Is there any significant difference between the perspectives of teachers and parents on the mental health status of rural left-behind children?

4.0 Research Hypothesis

RH₁: There are significant differences in the mental health status of rural left-behind children between the perspectives of teachers and parents.

RH₀: There is significant no difference in the mental health status of rural left-behind children between the perspectives of teachers and parents.

5.0 Methodology

This study was a full quantitative study using a questionnaire. This study was conducted in Shaanxi Province, involving surveys of 31 parents and 31 teachers of rural preschool left-behind children. Data was analyzed using SPSS 27.0. Research questions were addressed with mean values and standard deviations, and further descriptive statistical analyses were conducted for the research question. The study utilized a research instrument, a formal questionnaire based on the "Preschool Children's Mental Health Status Assessment Scale" initially developed by Associate Professor Wang Xing and revised by Li Yonghui. The scale investigated the mental health status of left-behind children in rural Shaanxi across seven dimensions: emotional disorders, personality disorders, social maladaptation, behavioural disorders, communication deficiencies, bad habits, and other issues. The scale demonstrated strong reliability and validity. According to the previous summer survey, it was learned that the average income level of these parents and teachers was lower than the average salary in Shaanxi Province, and the children were raised by non-parent blood relatives such as grandparents for a long time, and they were willing to participate in the survey after communication.

6.0 Findings

6.1 Demographic Analysis

6.1.1 Teacher's Demographic Information Analysis

Table 1. Descriptive Statistics of Demographic Information (Teacher Version, N=31)

	Options	frequency	Percentage (%)
What is your gender	male	4	12.90
	female	27	87.10
What is your age	Under 25 years of age	6	19.35
	25-45 years old	19	61.29
	45-69 years old	6	19.35
What is your teaching experience	Less than 3 years	10	32.26
	3-15 years	16	51.61
	More than 10 years	5	16.13
What is your area of expertise	preschool education	27	87.10
	Non-pre-school education	4	12.90
Number of Valid Cases (Listed)		31	100.0

Table 1 shows that 87.1% of teachers are female, while only 12.9% are male. This could lead to a lack of male role models, especially for left-behind children, further exacerbating gender identity and social role development issues. Teachers are mainly middle-aged (61.3% are between 30 and 40 years old), and there is a low proportion of younger teachers. Although more than half of the teachers have over five years of teaching experience, very few have more than ten years, reflecting instability in the teaching workforce.

6.1.2 Parent's Demographic Information Analysis

Table 2. Descriptive Statistics of Demographic Information (Parent Version, N=31)

	Options	frequency	Percentage (%)
What is your gender	man	9	29.03
	female	22	70.97
What is your age	Under 25 years of age	2	6.45
	25-45 years old	11	35.48
	45-59 years old	10	32.26
	60-79 years old	6	19.35
	Over 80 years old	2	6.45
How many years have you been working away from home	Within 1 year	5	16.13
	1-2 years	6	19.35
	2-5 years	3	9.68
	5-10 years	14	45.16
	not	3	9.68
The average duration of each call between parents and children	6-10 minutes	8	25.81
	10-15 minutes	7	22.58
	15-20 minutes	5	16.13

The average number of times parents contact their children per week	More than 20 minutes	11	35.48
	1-2 times	17	54.84
	3-4 times	9	29.03
	5-6 times	3	9.68
	7-8 times	2	6.45
Number of Valid Cases (Listed)		31	100.0

Table 2. shows that 71.0% of parents are female, while 29.0% are male. Many parents are older, with 32.3% between 45-59 years old. 45.2% of parents have worked outside the home for over 6 years, and 48.4% of parents speak to their children for less than 15 minutes per call. Furthermore, 54.8% of parents only contact their children once or twice a week. These factors lead to a lack of emotional support for the left-behind children, who mainly rely on their grandparents for care.

6.2 Teacher's Perspective on the Mental Health of Rural Left-Behind Children

Table 6.2 shows the mental health status of 3-6-year-old rural left-behind children from the teacher's perspective, with an overall average score of 0.985. Mental health was assessed across seven sub-areas.

Table 3. Descriptive Statistics of Psychological Health Constructs from the Teacher's Perspective

	N	Mean	Standard Error of the Mean
Emotional Disorders	31	1.037	.435
Personality Defects	31	1.057	.403
Social Maladaptation	31	1.075	.533
Behavioural Disorders	31	1.016	.500
Communication Deficits	31	.908	.556
Bad Habits	31	.903	.473
Other Disorders	31	.899	.477
Number of Valid Cases (Listed)		31	.482

Among the seven sub-areas, the highest average score was for "poor social adaptation" ($M=1.075$, $SD=0.533$), followed by "personality defects" ($M=1.057$, $SD=0.403$) and "emotional disorders" ($M=1.037$, $SD=0.435$). These issues are relatively prominent. Social adaptation problems are the most severe, indicating significant difficulties with rule-following and collective interactions. Additionally, high scores in personality defects and emotional disorders reflect poor self-discipline and emotional instability in children. The high mean values suggest that left-behind children have poor adaptability in group environments, with insufficient emotional support and limited guardianship education being key causes.

6.3 Parent's Perspective on the Mental Health of Rural Left-Behind Children

Table 4. shows the mental health status of 3-6-year-old rural left-behind children from the parent's perspective, with an overall average score of 0.920. Mental health was assessed across seven sub-areas.

Table 4. Descriptive Statistics of Psychological Health Constructs from the Parent's Perspective

	N	Mean	Standard Error of the Mean
Emotional Disorders	31	.995	.442
Personality Defects	31	.976	.437
Social Maladaptation	31	.907	.502
Behavioural Disorders	31	.903	.423
Communication Deficits	31	.922	.557
Bad Habits	31	.896	.460
Other Disorders	31	.843	.498
Number of Valid Cases (Listed).		31	.474

Among the seven sub-areas, "emotional disorders" ($M=0.995$, $SD=0.442$) had the highest score, followed by "personality defects" ($M=0.976$, $SD=0.437$) and "communication deficiencies" ($M=0.922$, $SD=0.557$). Parents' ratings indicate that emotional disorders are the most significant issue, showing that parents are particularly concerned about their children's emotional instability. However, parents rated social adaptation and behavioural problems lower than teachers, possibly underestimating the children's difficulties in group settings. The higher emotional disorder scores highlight the negative impact of long-term parent-child separation on children's mental health, while neglect of social and behavioural issues might delay early intervention.

6.4 The Difference in Mental Health Rating Scores Between the Teacher's Perspective and the Parent's Perspective

The 7 dimensions were tested for normal distribution, showing that Emotional Disorders, Social Maladaptation, and Behavioural Disorders showed a normal distribution, and Personality Defects, Communication Deficits, Bad Habits, and Other Disorders showed a non-normal distribution. Based on this, an Independent Samples t-test was done for the dimensions that conformed to normal distribution, and a Non-parametric Test was done for some dimensions that did not conform to normal distribution.

Table 5. Independent Samples t-Test of Emotional Disorders between Teacher Version and Parent Version

		Levene's Test for Equality of Variances		t-test for Equality of Means					95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Emotional Disorders	Equal variances assumed	.111	.740	-.373	60	.711	-.042	.111	-.264	.181
	Equal variances are not assumed.			-.373	59.985	.711	-.042	.111	-.264	.181

Levene's test for variance homogeneity in the emotional disorders dimension between the teacher's version and the parent's version showed a significance of 0.740, > 0.05 , indicating homogeneity of variances between the two groups. Therefore, in the "Equality of Means t-test" section, the significance (two-tailed) value is 0.711, > 0.05 , indicating no significant difference.

Table 6. Non-parametric Test of Personality Defects between Teacher Version and Parent Version

Test Statistics a		Personality Defects
Mann-Whitney U		426.500
Wilcoxon W		922.500
Z		-.765
Asymp. Sig. (2-tailed)		.444

a. Grouping Variable: Group

Based on the test statistics, the significance (two-tailed) is 0.444, i.e., $P = 0.444$. According to the significance level of $\alpha = 0.05$, we reject H_1 and accept H_0 , indicating that there is no significant difference in the ratings of personality defects between the teacher's perspective and the parent's perspective.

Table 7. Independent Samples t-Test of Social Maladaptation between Teacher Version and Parent Version

		Levene's Test for Equality of Variances		t-test for Equality of Means					95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Social Maladaptation	Equal variances assumed	.042	.838	-1.281	60	.205	-.16846	.13152	-.43153	.09461
	Equal variances are not assumed.			-1.281	59.783	.205	-.16846	.13152	-.43155	.09463

Levene's test for variance homogeneity in the social maladaptation between the teacher's version and the parent's version showed a significance of 0.838, > 0.05 , indicating homogeneity of variances between the two groups. Therefore, in the "Equality of Means t-test" section, the significance (two-tailed) value is 0.205, > 0.05 , indicating no significant difference.

Table 8. Independent Samples t-Test of Behavioral Disorders between Teacher Version and Parent Version

		Levene's Test for Equality of Variances		t-test for Equality of Means					95% Confidence Interval of the Difference	
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Behavioral Disorders	Equal variances assumed	2.501	.119	-.960	60	.341	-.11290	.11765	-.34823	.12242
	Equal variances are not assumed.			-.960	58.397	.341	-.11290	.11765	-.34836	.12256

Levene's test for variance homogeneity in the behavioural disorders between the teacher's version and the parent's version showed a significance of 0.119, > 0.05 , indicating homogeneity of variances between the two groups. Therefore, in the "Equality of Means t-test" section, the significance (two-tailed) value is 0.341, > 0.05 , indicating no significant difference.

Table 9. Non-parametric Test of Communication Deficits between Teacher Version and Parent Version

Test Statistics a		Communication Deficits
Mann-Whitney U		457.000

Wilcoxon W	922.000
Z	-.116
Asymp. Sig. (2-tailed)	.908

a. Grouping Variable: Group

Based on the test statistics, the significance (two-tailed) is 0.908, i.e., $P=0.908$. According to the significance level of $\alpha = 0.05$, we reject H_1 and accept H_0 , indicating that there is no significant difference in the ratings of communication deficits between the teacher's perspective and the parent's perspective.

Table 10. Non-parametric Test of Bad Habits between Teacher Version and Parent Version

Test Statistics a	Bad Habits
Mann-Whitney U	449.000
Wilcoxon W	945.000
Z	-.234
Asymp. Sig. (2-tailed)	.815

a. Grouping Variable: Group

Based on the test statistics, the significance (two-tailed) is 0.815, i.e., $P=0.815$. According to the significance level of $\alpha = 0.05$, we reject H_1 and accept H_0 , indicating that there is no significant difference in the ratings of bad habits between the teacher's perspective and the parent's perspective.

Table 11. Non-parametric Test of Other Disorders between Teacher Version and Parent Version

Test Statistics a	Other Disorders
Mann-Whitney U	438.500
Wilcoxon W	934.500
Z	-.384
Asymp. Sig. (2-tailed)	.701

a. Grouping Variable: Group

Based on the test statistics, the significance (two-tailed) is 0.701, i.e., $P = 0.701$. According to the significance level of $\alpha = 0.05$, we reject H_1 and accept H_0 , indicating that there is no significant difference in the ratings of other disorders between the teacher's perspective and the parent's perspective.

7.0 Discussions

Through a detailed discussion of the above data, it was found that there are issues in the mental health of rural left-behind children from both the teacher's and parent's perspectives, particularly in dimensions such as emotional disorders, social adaptation, and behavioural problems. Moreover, there is no significant difference in the mental health status of 3-6-year-old rural left-behind children between the teacher's and parent's perspectives. Therefore, a systematic analysis of the survey data will be conducted, followed by the discussion below.

7.1 Discussion of Mental Health Levels from the Teacher's Perspective

From the perspective of teachers, the mental health problems of rural left-behind children aged 3-6 are prominent, which are manifested as weak social adaptability, personality defects and emotional disorders. These problems stem from monotonous lifestyles, lack of social interaction, long-term separation of parents and grandparents, and low standards of care. Zhou Yase (2024) pointed out that parent-child separation leads to increased loneliness, psychological distress and low life satisfaction among left-behind children. Xia Xue (2024) revealed that the rural economic conditions, backward parenting concepts, and lack of knowledge of caregivers constitute a low-resource and low-stimulation family environment, which aggravates children's psychological problems. To this end, teachers should enhance children's social resilience through role-playing, cooperative learning, and individualized support to enhance self-confidence and provide emotional regulation courses. Home-school cooperation is crucial, and it is necessary to guide parents to pay attention to children's psychological needs, use community resources to increase social opportunities, and jointly address the mental health challenges of left-behind children in rural areas and promote their all-round development.

7.2 Discussion of Mental Health Levels from the Parent's Perspective

From the perspective of parents, the mental health of left-behind children aged 3-6 years in rural areas is challenging, which is mainly manifested in mood disorders, personality deficits and communication deficits. Mood disorders are characterised by large mood swings and weak regulatory ability, which are closely related to long-term parent-child separation and insufficient emotional support from grandparents. Personality defects are manifested as introversion, sensitivity or over-dependence, which stems from the lack of security and independent development and family interaction caused by parent-child separation, Lu Fang (2019) also pointed out that a long

period of parent-child separation can easily cause left-behind children to form sensitive and introverted personalities. Communication deficits include shyness and difficulty integrating into a group, mainly due to limited social environments in rural areas and children's lack of social skills. Therefore, parents need to strengthen their emotional connection with their children, pay attention to psychological needs, encourage family interaction, cultivate independence, and use school and community resources to organise social activities to improve the mental health of left-behind children.

7.3 Discussion on the Lack of Significant Differences Between Teacher's and Parent's Perspectives

Despite no significant differences in ratings between teachers and parents, the data still reveals common issues in emotional, social, and behavioural aspects among rural left-behind children. This might reflect shared perspectives or the complexity of the issues, which cannot be fully captured by a single evaluation standard. The lack of significant difference suggests that mental health issues in left-behind children require attention from all perspectives. The issue may be influenced by both educational and family environments, as rural left-behind children face problems such as insufficient family functions and lack of social opportunities. Future interventions should integrate efforts from education, family, and community to support children's psychological development.

8.0 Conclusion

The survey results show that preschool left-behind children exhibit various mental health issues, such as emotional instability, weak social skills, and low self-identity. It is recommended to strengthen the establishment of a mental health evaluation system for rural preschool left-behind children, create a psychological support system, develop personalized intervention measures, enhance the professional development of rural preschool education staff, and establish long-term tracking and evaluation mechanisms. However, the existing research still has the following shortcomings: on the one hand, there is insufficient attention to the particularity of rural areas and their impact on the mental health of left-behind children, and there is a lack of in-depth discussion and analysis; on the other hand, there are certain limitations in the selection of research samples, which cannot fully cover rural areas with different regions, economic levels and cultural backgrounds, leading to the limitation of the universality and applicability of the research results. It is recommended that you research the aspects of increasing the sample size and expanding the scope of that sample in the future.

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Paper Contribution to Related Field of Study

It provides empirical support for optimizing home-school cooperation and social intervention, offering important references for improving the mental health of left-behind children and the formulation of related policies.

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