

A Study on the Effect of Service Quality of Community Child Center on Family Function Factors, Internet Use, and Learning Attitude among Children and Adolescents

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Abstract: The local children's center is known to provide systematic welfare services for children and teenagers. In the current educational situation where non-face-to-face education is active due to Corona19, the purpose of this study is to find out about family functional factors such as family factors and the potential impact of non-face-to-face education on children and adolescents due to Internet use. The survey was distributed and retrieved from October 6 to January 28, 2020, targeting 210 children and teenagers using local children's centers in Seoul and Gyeonggi Province. A total of 208 questionnaires, excluding 2 questionnaires such as omission of records, were derived and the causal relationship of the study model was to be confirmed by applying the existing SERVQUAL model. Hypothesis verification shows that trust, empathy and type of service quality each had a positive and significant effect on health. Second, trust, empathy, and type of service quality each had a positive and significant impact on self. Family health and self-respect have positively affected learning attitudes, respectively. Based on the results of this study, we believe that it can be used as basic data for the development and policy direction of local children's centers.

1. Introduction

Community child center was established to provide children and adolescents who need care after school or after private academy with education and plays and systemic welfare service by connecting them with local communities as well as parents (Eun-bae Gil, 2016; Ji-gyeong Kim and Gyunhi Kim, 2013). Community child center, one of the government-run public facilities providing care services was established in the 1960s. It was established to provide children from low-income families around the center with good-quality education and protection. But, now, the center is perceived to work as part of welfare policy for all the children from all kinds of families. In 2004, the legal system related with it was prepared (Ji-gyeong Kim, 2007).

To support education, emotion and culture as well as child right protection is to expand protection rights, survival rights, growth rights, and democratic participation rights. The center expanded the care for children from the socially weak as government and social responsibility (Mi-suk Kim, 2006). In other words, community child center is public facilities for the local community to be responsible for social protection to neighborhood children and adolescents and provide welfare and cultural service, and aims to be child welfare facilities to prevent social problems (Ik-jung Jeong et al., 2010).

For more than 20 years, community child center has provided children and adolescents with learning guidance along with consultation. However, it has failed to change itself to changing trends, and faces new problems because of unsystematic operations of it (Gyeong-jun Shim and Yeong-jun Park, 2010; Ik-jung Jeong et al., 2010; Seon-mi Lee and Gyeong-hi Park, 2017). In addition, while researches have found that service satisfaction and use experiences of such a center affect psychological elements like depression and anxiety, emotion like self-esteem and attitude, learning attitude and habits, community child center has run without changing the old programs. Thus, community child center has been found not to be very efficient in contributing to growth and development of children (So-yeong Kim, 2009).

In addition, as children and adolescents under care tend to spend longer time in the center than with family members except for sleeping time, the center cannot be ignored in the aspect of time. The purpose of this research is to examine ways to improve quality of community child center to children and adolescents to make it provide good-quality protection and education.

In particular, with the advent of unprecedented CORONA-19, the educational environment is changing its education paradigm adopting, for example, 'untact' activities. Amid increasing importance of digital devices and media in untact education, this research tries to potential effects of family function factors including family factors and Internet use. Furthermore, by testing factors which can affect children and adolescents, this research intends

to offer ways and policies of developing community child center to make the center work to help them grow properly.

II. Theoretical backgrounds and hypothesis setting

1. Service quality of community child center

The functions of community child center are to provide care and protection to children and adolescents instead of families (**Min-seong Kim and Shin-hi Park, 2015**). The functions can be categorized as follows. First, the center can provide children and adolescents with safety and protection from risk factors of the community, and physical protection by providing food and beverages (**Jeong-gi Im et al., 2015**).

Second, the center works as socialization center by providing them with education to improve learning ability and social adjustment (**Tae-jeong Park et al., 2010**). Third, the center provides emotion functions helping children and adolescents to stabilize emotion and psychology and develop physically (**Gyeong-mi Jo, 2009**). Forth, it provides children and adolescents with various cultural experience factor, alleviation of mental stress, and cultural service to give new energy (**Min-hwe Jeong et al., 2016**). Fifth, the last function of it is to provide child-specialized comprehensive welfare service by recruiting teachers and leaders equipped with good emotion, intelligence, and will, and allowing them to spend time with children (**Jeong-gi Im et al., 2015; Min-hwe Jeong et al., 2016**). In short, community child center, to maintain its functions, needs to keep necessary operating hours and good facilities and environment, and, also provide good teachers who meet children and adolescents in person. Existing researches on community child center predict that children and adolescents with high satisfaction with programs provided by the center will show lower problems in emotional problems such as aggressive tendency and depression, etc. (**Young-sil Jeon et al., 2012**). Plus, depending on service kinds, maladjustment to school life and emotional insecurity vary. It was reported that the higher satisfaction with learning and programs of the center of children and adolescents are, the lower the appearances of such problems are (**He-mi Yun, 2005**). In summarizing the above researches, we can understand that if the center has good programs on facilities, environment, and service-providing methods, and good service system along with good-quality teachers, and, if the center properly follows related guidelines and rules, children and adolescents using it will enjoy good-quality services. Thus, this research sets the following hypotheses.

H1-1: Among the kinds of service community child center provides, trust will affect significant effect on family health.

H1-2: Among the kinds of service community child center provides, conviction will affect significant effect on family health.

H1-3: Among the kinds of service community child center provides, empathy will affect significant effect on family health.

H1-4: Among the kinds of service community child center provides, type will affect significant effect on family health.

H1-5: Among the kinds of service community child center provides, response will affect significant effect on family health.

2. Family function factors

Family is the most closest element in human life which helps a person in birth, growth, physical development, and social adjustment, and the effect of interacting with other members of the family is beyond description (**Tae-young Yu et al., 2000**). Interaction with other members of the family contributes to growth and acquisition of techniques in forming social relations (**Gyu-han Bae, 2014**).

In human development, childhood and adolescence are the most important periods. Attitudes and values a person consciously and unconsciously acquires through interactions with other family members affect the person in his or her life. So, for children and adolescents, family is an important factor in forming self-esteem and factors for development and growth (**Jeong Gang and Choi Ha, 2009**).

Researches view family functions as the first external factor of an individual directly affecting psychological health of adolescents, and that healthy family function has positive effect on mental health (**Yong-hi Jang and Je-shin Lee, 2017**). In addition, as family is the first group a person belongs to, it has effect on behavioral habits of the person in developmental process. Thus, family factor works as the basis for an individual to find proper self identity. Furthermore, family works as essential element for the person to grow and form harmonious human relations. Thus, it is the first-stage element affecting individuals (**Sun-mi Yang and Yeong-ju Yu, 2003**).

In summary, service quality factors of community child center based on quality standards and choice standards can affect family function factors. This research set the following hypotheses on service quality of community child center and family function factors.

H2-1: Among service qualities of community child center, trust will have significant effect on self-esteem.

H2-2: Among service qualities of community child center, conviction will have significant effect on self-esteem.

H2-3: Among service qualities of community child center, empathy will have significant effect on self-esteem.

H2-4: Among service qualities of community child center, type will have significant effect on self-esteem.

H2-5: Among service qualities of community child center, response will have significant effect on self-esteem.

3. Internet use

In the information age, Internet is the central axle of networks, and, as the smallest unit cell of the information age, it can be called the systemic basis which allows a person to be able to play the role (**Gyeong-tae Kim et al., 2011**). Internet connects the world through computer networks, and it is the system which allows anyone to share resources in computer networks (**Je-beom Lee et al., 2015**). Through Internet, we can easily access the newest news, and share such informations with others across the world (**Je-hwi Kim and Je-wuk Hong, 2000**).

Today, Internet has become the irreplaceable communication system, and, now, life without Internet is unimaginable. Internet began to appear as the main actor in the trend and transformation in the whole area of society, politics, and culture (**Seong-tae Kim et al., 2011**). Besides, Internet allows one to go beyond the limits of time and space, and exchange information and opinions and do online shopping. People can search for information real time if they want to know something. In this age of untact social life, Internet enables us to call, make conference calls, and do video conferences or seminars (**Mi-ran Gwon and Chi-woong Yun, 2010**).

Meanwhile, among children using community child center, it was found that the longer they have used the center, the more they are satisfied with it. Proper use of Internet contributes to service quality (**Gyeong-sun Shim and Young-jun Park, 2010**). Community child center should go beyond providing one-dimensional support such as food and helping students to school homework assignments, and provide comprehensive service to help them to grow as healthy adults.

In addition, the world those children will face in the future would be an Internet-friendly and untact society. They should be familiar with Internet-based educational environment and be able to link with other people and share information with them (**Je-won Jeon, 2018**). Therefore, community child center should prepare those children to be familiar with Internet and be able to search for information and use it.

Given such findings, this research predicts that service qualities of community child center will have positive effects on Internet use, and sets the following hypotheses.

H3-1: Among the kinds of service quality of community child center, trust will have significant effect on Internet use.

H3-2: Among the kinds of service quality of community child center, conviction will have significant effect on Internet use.

H3-3: Among the kinds of service quality of community child center, empathy will have significant effect on Internet use.

H3-4: Among the kinds of service quality of community child center, type will have significant effect on Internet use.

H3-5: Among the kinds of service quality of community child center, response will have significant effect on Internet use.

4. Learning attitudes

Learning attitude can be defined as continuous and consistent psychological state of learner causing behavior in the learning process (Ju-hyeong Gu et al., 2015). Here, learning attitude contains strength of emotion, which is favorable or unfavorable toward learning, and, in general, can be said to be mental condition toward objects like learning (Gyeong-hi Ju, 2017). As emotion toward a specific object can be learned if it is repeated, one can experience similar emotion whenever one faces or thinks of the object. That is, as attitude can be learned, it is important to establish an attitude to learn something (Wu-yeol Byeon, 2012). Learning attitude is affected by learning environment and situation. Learning attitude is comprehensive and complex concept which has not only emotional and environmental characteristics mentioned above, but cognitive attributes. So, it is necessary to continuously give influence to learners and help learners to develop good learning attitudes (Myeong-sun Jeong and Tae-gyun Kim, 2014).

A research on the effect of satisfaction with community child center and social support on self-esteem and learning attitudes found that children and adolescents in the center are in general highly satisfied with school life and have good learning attitudes (Je-hi Kim, 2019). Namely, the higher what can be called the comprehensive environment - family support and self-esteem - is, the higher social support children and adolescents feel is, which can be interpreted that such an environment plays an important role in their adjustment to school life. Such a research demonstrates that family factor helps children to form emotional ties among family members, perceive various social roles, and feel secure and happy. Ultimately, it will positively affect learning attitudes (Seon-yeong Park and Hyeon-sim Do, 1998).

Based on such findings, this research assumes that, among family function factors, family health and self-esteem will make children and adolescents have positive social support, and develop self-esteem, affecting learning attitudes. So, this research sets the following hypotheses.

H4-1: Among family function factors, family health will have significant effect on learning attitude.

H4-2: Among family function factors, self-esteem will have significant effect on learning attitude.

Word of mouth is defined in various ways depending on scholars. While word of mouth affects consumer's decision-making to buy something, how it is delivered can influence consumers differently (Eui-rok Hwang and Chang-ho Kim, 1995). Meanwhile, negative information is more powerful than positive information in spreading among consumers. So, consumers tend to remember the product negatively. As product quality is related with consumer satisfaction, satisfaction with a product leads the consumer to buy it again, and to be loyal to it. It determines consumer behavior (Jun-hi Na, 2004; Chang-jo Yu et al., 2011). Therefore, to examine how satisfaction with Internet use such as mobile website among children and adolescents in community child center affects word of mouth among consumers, this research sets the following hypothesis.

H4-3: Internet use will have significant effect on learning attitude.

Awareness on healthy dietary habits among prospective teachers are moderate.

III. Research method

1. Sample design and measurement tools

This research aims to examine the effect of service quality of community child center on learning attitude among children and adolescents attending the center. To achieve the research aims, this research conducted a survey to children and adolescents attending community child centers in Seoul City and Gyeonggi Province from October 6 to 28, 2020. The research herself visited those centers, and got permission from center directors by explaining the research aims and the contents of the questionnaire. Then, the researcher distributed copies of the questionnaire to children and adolescents in those centers. Finally, 2010 copies were collected, and 2 copies which were found to be problematic were excluded, and, 209 copies in total were used for analysis.

As described above, this research, based on existing researches on service quality of community child center, wants to examine the effect of service quality of such a center on family function factors, Internet use, and learning attitude. By applying the SERVQUAL model, this research wants to identify relationships by categorizing service quality into trust, conviction, empathy, type, and response. And, to the effect of it on learning attitude, this research constructed evaluation items using the 5-point Likert scale.

Table.1. list of measurement

Variable	list of measurement	References
Reliability	I can use the community child center I attend on scheduled time.	Babakus & Boller(1992), Stodick & Rogers(2008)
	When I have a problem, the community child center I attend pays attention to it, and solve it.	
	I can trust and rely on the community child center I attend.	
Assurance	I can trust and rely on teachers in the community child center I attend.	
	The community child center I attend allows me to use it comfortably.	
	The community child center I attend kindly answers the questions of my parents.	
Empathy	The community child center I attend pays attention to each of children.	
	The community child center I attend cares children with its whole heart.	
	The community child center I attend is equipped with cutting-edge facilities.	
Tangibles	The community child center I attend is good to see.	
	The community child center I attend is equipped with proper facilities and atmosphere.	
	The community child center I attend always voluntarily listen to me.	
Responsiveness	Teachers in the community child center I attend are quick in responding to my demands, even when they are busy.	
	Teachers in the community child center I attend notify me when they will solve my problems.	
	Teachers in the community child center I attend tell me when they will meet my needs.	
	My family members enjoy talking together.	

Family health	My family members do what other members like.	Blascovich et al.(1991), Duffy & Sperry(2007)
	My family members feel closer to each other than to other people.	
Self-esteem	My family members protect each other.	
	My family members respect each other.	
	My family members are faithful to the family.	
Internet	I often think of Internet even when I am not on Internet.	Cho et al.(2014), Sipal et al.(2011)
	I like to do something on Internet more than spending time with friends.	
	I choose to spend time on Internet than going out to meet friends.	
Learning attitude	I am happy in the community child center.	Hwang & Chang(2011)
	I want to learn more in the community child center.	
	I try my best in the community child center.	

2. Analytical method

To analyze relationships among variables, this research used covariance structure analysis which is designed to analyze complex causal relations instead of testing each hypothesis. SPSS and AMOS statistical programs were used to analyze the data.

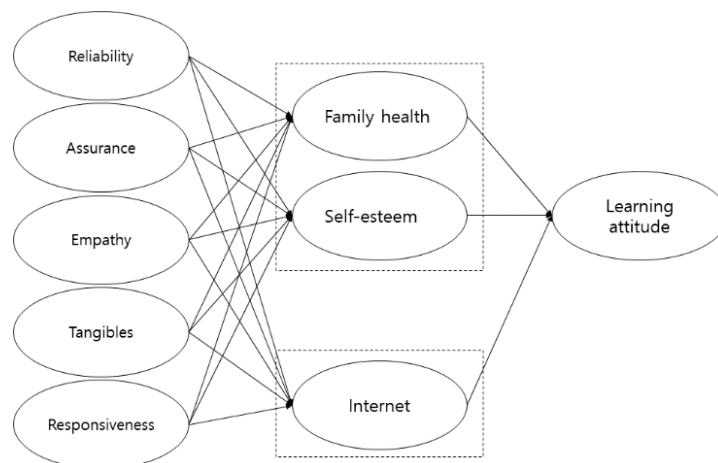


Figure.1 Research Model

IV. Findings of analysis

1. Characteristics of the Sample

Demographic characteristics of the sample are as follows. The gender ratio consisted of 59 males (28.4%) and 149 females (71.6%). The distribution of schools they attend was that 71 (34.1%) attended elementary school, 67

(32.2%) middle school, and 71(33.7%) high school. 106 persons (51.0%) used the center less than one year, and 102 (49.0%) did less than 2 years. Most of them (198 persons, 95.2%) came to attend the center by recommendation of their parents, while 10 students chose it by recommendation of their teachers.

2. Reliability and validity of measured items

To test reliability of variables, this research set the criteria that Cronbach's α should be 0.7 or over, and CR (composite reliability) should be 0.7 or over. Tests showed that there was no variable which did not meet the criteria. Next, following the guidance of Hair et al.(2006), this research tested the concept validity of latent variables of the measurement model by testing convergent validity and discriminatory validity. t values of CFA analysis used to test convergent validity of each variable showed that all the variables are significant. Discriminatory validity is checked by examining whether the minimum value of AVE is larger than the maximum value of correlation coefficient of composite concepts. It was found that discriminatory validity lies between variables were secured (Fornell & Larcker, 1981).

Table.2. Reliability and validity of measurement items.

Variable	Metrics	Standardization factor(β)	Standard Error	t-value	Chronbach's α	C.R	AVE
Reliability	Rel3	0.731	1.009	-	0.726	0.761	0.520
	Rel2	0.972	0.082	5.945***			
	Rel1	0.73	0.768	6.100***			
Assurance	As3	0.889	0.228	-	0.771	0.751	0.506
	As2	0.647	0.735	8.750***			
	As1	0.682	0.67	9.158***			
Empathy	Em3	0.921	0.23	-	0.960	0.943	0.847
	Em2	0.965	0.094	27.111***			
	Em1	0.943	0.159	25.255***			
Tangibles	Ta3	0.659	0.412	-	0.692	0.752	0.504
	Ta2	0.77	0.721	6.921***			
	Ta1	0.728	0.401	6.025***			
Responsiveness	Res3	0.691	0.563	-	0.815	0.826	0.615
	Res2	0.852	0.226	9.580***			

	Res1	0.788	0.355	9.476***			
Family health	Fa3	0.862	0.359	-	0.937	0.918	0.789
	Fa2	0.967	0.103	21.312***			
	Fa1	0.921	0.213	19.323***			
Self-esteem	Se3	0.935	0.162	-	0.964	0.953	0.870
	Se2	0.963	0.097	29.180***			
	Se1	0.946	0.144	27.257***			
Internet	In3	0.883	0.305	-	0.907	0.883	0.718
	In2	0.957	0.109	19.442***			
	In1	0.791	0.499	14.700***			
Learning attitude	Le3	0.933	0.259	-	0.944	0.903	0.756
	Le2	0.929	0.256	24.421***			
	Le1	0.904	0.307	22.452***			

Table.3. Correlations among Constructs

Variable	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
(1) Reliability	0.721								
(2) Assurance	.502**	0.711							
(3) Empathy	.074	-.052	0.920						
(4) Tangibles	.094	.084	.322**	0.710					
(5) Responsiveness	.076	.093	-.051	-.047	0.784				
(6) Family health	.134	-.037	.591**	.294**	-.188**	0.888			
(7) Self-esteem	.169*	-.038	.576**	.336**	-.148*	.787**	0.933		
(8) Internet	.034	.004	.407**	.353**	.192**	.245**	.314**	0.847	
(9) Learning attitude	.098	-.064	.635**	.333**	-.226**	.802**	.726**	.273**	0.869
Average	3.995	4.654	2.861	3.771	4.651	3.369	2.777	3.875	3.202
Standard	0.971	0.919	1.156	1.035	0.833	1.143	1.118	1.066	1.296

Deviation									
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** p<0.01, * p<0.05, number at the diagonal line is average variance extracted (AVE).

3.Test of research model

Model goodness of fit tests showed the followings: $\chi^2=469.997$, $p=.000$, $CMIN/DF=1.588$, $RMSEA=.0.053$, $NFI=.903$, $CFI=.961$, $GFI=.86$, $AGFI=.822$, $TLI=.954$, $IFI(\Delta 2)=.962$. Following Kim (2006), this research checked goodness of fit of the model using CFI, TLI, RMSEA, and it was found that it is good.

Hypothesis tests showed the followings. First, among service qualities of community child center, trust had positive (+) effect ($\beta=-0.099$) on family health, and that conviction did not have effect ($\beta=-0.099$) on it. Plus, among service qualities of community child center, empathy had positive (+) effect ($\beta=0.454$) on family health, and that type had positive (+) effect ($\beta=0.284$) on family health, while response had negative (-) effect ($\beta=-0.293$) on family health, Second, among service qualities of community child center, trust had positive (+) effect ($\beta=0.451$) on self-esteem, while conviction had negative (-) effect ($\beta=-0.183$) on self-esteem. In addition, empathy had positive (+) effect ($\beta=0.43$) on self-esteem, and type also had positive (+) effect ($\beta=0.361$), while response had negative (-) effect ($\beta=-0.245$), Third, among service qualities of community child center, trust did not have any meaningful effect ($\beta=0.029$) on Internet use. Neither did conviction ($\beta=0.165$). And, empathy had negative (-) effect ($\beta=-0.13$) on Internet use, while type did not have any meaningful effect ($\beta=-0.137$) on Internet use. Response also did not have any meaningful effect ($\beta=-0.047$) on Internet use. Finally, among family function factors, family health had positive (+) effect ($\beta=0.713$) on learning attitude, so did self-esteem ($\beta=0.289$). Meanwhile, Internet use did not have any meaningful effect ($\beta=-0.078$) on learning attitude.

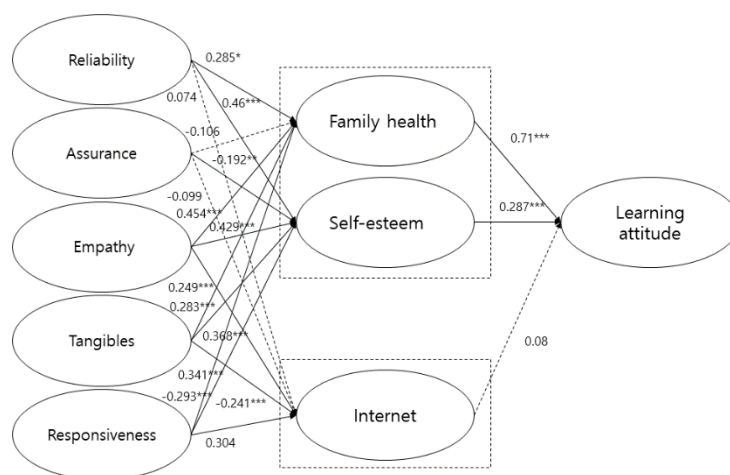


Figure.2 Result of research model/hypotheses verification

Table.4. The result of research model

Hypothesis	Path	Path coefficient	Results
1-1	Reliability → Family health	0.278*	Accept
1-2	Assurance → Family health	-0.099	Reject

1-3	Empathy → Family health	0.454***	Accept
1-4	Tangibles → Family health	0.284***	Accept
1-5	Responsiveness → Family health	-0.293***	Accept(-)
2-1	Reliability → Self-esteem	0.451**	Accept
2-2	Assurance → Self-esteem	-0.183**	Accept(-)
2-3	Empathy → Self-esteem	0.430***	Accept
2-4	Tangibles → Self-esteem	0.361***	Accept
2-5	Responsiveness → Self-esteem	-0.245***	Accept(-)
3-1	Reliability → Internet	0.029	Reject
3-2	Assurance → Internet	0.165	Reject
3-3	Empathy → Internet	-0.130*	Accept(-)
3-4	Tangibles → Internet	-0.137	Reject
3-5	Responsiveness → Internet	-0.047	Reject
4-1	Family health → Learning attitude	0.713***	Accept
4-2	Self-esteem → Learning attitude	0.298***	Accept
4-3	Internet → Learning attitude	-0.078	Reject

P<0.05, *P<0.01, ns: not significant

V. Conclusion

Government-led after-school care service is very important in the age where birthrate is decreasing rapidly. In the current environment where the pandemic called CORONA-19 damages care, it is necessary to check authenticity and publicity of community child center, and, if there is any problem, we need to find solutions for it. We need to provide children and adolescents with good quality care service and education. Accordingly, this research intended to evaluate service quality of such centers, and find directions and policy solutions to deal with problems. Thus, the aim of this research was to find out service quality factors of community child center, and effects of function factors and Internet use on learning attitudes of them to lead such centers to be the places where children and adolescents participate actively in and learn from teachers of the center.

The findings of this research are as follows.

First, among service qualities of community child center, trust had positive effect on all the family function factors - family health and self-esteem, which can be interpreted as the evidence that service quality of community child center continuously works on family members and the community, affecting physical health, and even mental health. In contrast, trust was found not to have any effect on Internet use.

Second, among service qualities of community child center, while conviction did not have any effect on family health among family function factors, self-esteem had negative effect on it. The findings can be interpreted as meaning that, if children or adolescents depend too much on community child center or teachers of the center, they are likely to evaluate themselves in lower degree, that is, they tend to trust too heavily and depend on the center rather than to try to be independent. And, conviction did not have any effect on Internet use.

Third, among service qualities of community child center, empathy had positive effect on both the family function factors - family health and self-esteem, which can be understood that empathy along with trust is essential factor, and that we should try to attend to the minds of adolescents. In addition, empathy had negative effect on Internet use, which can mean that Internet has limits which requires individual attention and care instead of multiple care and educational environment. If Internet use is reduced, the effect of it will be reduced.

Forth, among service qualities of community child center, type had positive effect on all the family function factors, which means that facilities and equipments of the center should be up-dated and proper. And, type did not have any effect on Internet use.

Fifth, among service qualities of community child center, response had negative effect on all the family function factors. Briefly saying, it means that, if community child center pays attention to each student, and solve problems of each of them, the function of family itself will be weakened, and its purpose will also be weakened. However, response did not have any effect on Internet use.

Sixth, family function factors had positive effect on learning attitude, which means that, if good family functions are formed, they will have good effects on learning attitudes of children and adolescents. In contrast, Internet use did not have any effect on learning attitude.

In conclusion, as positive and essential elements for community child center are identified as trust, empathy, and type, we need to maximize these elements, and minimize response. Plus, to reduce the effect of Internet use, it is necessary to give empathy to those children and adolescents, and communicate with them. Such efforts are expected to improve operation of community child center.

There are some limits in this research.

First, even if this research used existing literature to choose service quality factors of community child center, there are some limits in choosing those elements. To get more reliable results, a pilot study should be used. Second, research objects, children and adolescents, are all located in Seoul and Gyeonggi. Thus, the results of this research cannot be generalized.

Accordingly, to compensate for the limits of this research, future researches should be done as follows. First, it is essential to do research to analyze latent effective factors on service quality of community child center. The factors which allow us to evaluate service quality by distinguishing infant education and care. Finally, future studies should focus also on community child centers in local areas as well as in metropolitan areas. By comparing research findings between metropolitan and local areas, we can prepare for the basis for providing differentiated services.

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