

# **Behavioural and Mental Wellbeing of Children during Pandemic: The Parent's Perspective**

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## **ABSTRACT**

Background: The children who were restricted in homes or rooms will likely impact their physical and mental health. The limited outdoor activities and increased digitalization in the field of education made them spend more time in front of computers, television, smart phones and other platforms led to a decrease confidence and esteem. The cognitive development of children would be affected by this continuous indoor setting. Methods: An epidemiological observational study conducted during the lockdown period among parents who have children below 15 years old with a structured and validated questionnaire using Google form. Informed consent were collected from the participants before the survey. The statistical analysis was done using SPSS software. Result: A total of 396 participants were involved in the study in which 179 male and 217 female participants were allocated in 3 age groups (5-8 years, 8-12 years, and 12-15 years). Most of them were from the urban backgrounds (54.54%). The socio-economic status reported by the states that almost all of them residing in the lower and upper-middle-class family. Many behavioral and psychological factors are interrelated. The major outcome obtained is the percentage or rate of psychological issues is less as expected. The strong family support and other activities made them happier. Conclusion: The Covid 19 pandemic has caused serious impacts on every human life and the kids are no different. This study has demonstrated that the effect of lockdown has forced the kids too to change their lifestyle, food habits, playing habits, sleep pattern, mood, etc. But the contrary in some cases it is been found that they adjusted happily with the changed conditions.

**Keywords:** Children, Behavioural, Mental wellbeing, Pandemic, Parent

## **INTRODUCTION**

The effect of pandemic and consequences of lockdown have been observed in all the sectors. When coming to mental health there was spike in the rate of anxiety, depression and other psychotic symptoms along with behavioural changes. Especially the children who were restricted in homes or rooms will likely impact their physical and mental health.<sup>[1,2,3]</sup> The limited outdoor activities and increased digitalisation in field of education made them to spend more time in front of Computer, Television, Smartphone and other platforms led to decrease the confidence and esteem. The cognitive development of children would be affected by this continuous indoor setting. <sup>[4]</sup> Many reports said that the emotional disorder would spike in coming months and years in children due to this situation. <sup>[5]</sup> Coronavirus pandemic has descended substantial on us all, including the youthful and children. Reports say that more than 3 million children are at a danger of emotional or mental wellness issues because of the pandemic. A few discoveries have even seen that in China, 1 of every 5 children showed depressive and anxiety symptoms under the isolation or quarantine. Dr. Soonu Udani said each age group has difference in views and perspective in preparation of each occasion. Children below 10 years don't know much and are getting smidgens from the TV and family discussions, while those over 10 years have more dread of death as they try to comprehend the seriousness of the disease. <sup>[6]</sup> It's a remarkable emergency where the little ones are feeling strange. Lockdown, shutting of schools, limitations and restrictions, zero outdoor playtimes are giving the feeling of major disruption and raising the mental health crisis among children. Children are feeling emotional vulnerable. The major emotional difficulties found in them are greater levels of restlessness/fidgety behaviour, unhappy nature, worry, being clingy, irritations, mood swings etc. Their sudden and frequent drop in concentration is a sign of variance in mental wellbeing. <sup>[7, 8, 9]</sup> Irritation, Stress and anxiety can cause serious mess with eating habits, appetite, sleep cycles and may cause some kind of discomfort, or fear. Ignoring psychological effects of COVID-19 Pandemic among the

children can be disastrous, because the coming generation will be under psychiatric pressure.

[10] This study has the aim to find out the behavioural and mental changes that occurred during the pandemic due to lockdown through the parent's perspective. It also sets the objective to establish the interrelation and impact of various factors on mental well being of kids.

## **METHODOLOGY**

The study is a cross sectional survey conducted among parents who have children of age group of 5-15 years, in southern part of India during the lockdown period (April-September - 2020). The platform used to conduct survey was Google form questionnaire, where circulation made possible by using social media as Face book, Whatsapp and twitter also the circulation have made use of the personal emails and group emails. The participants were informed about the aim, objective, purpose, benefits, privacy and confidentiality of the survey. Both questionnaire and informed consent were incorporated in same Google form. When the participants had given the consent they directed to the questions automatically. The data collected were solely accessible to the researchers and assured that all informations would be used for only research purpose with strict confidentiality and privacy. A total of 396 people have participated in the study who have the children of age group of 5-15 years.

A structured and validated survey questionnaire containing multiple choices was used for the study. The questionnaire was framed in English language. A pilot study was conducted with 20 participants to ensure that they understand each question and respond with reliable answers. After pilot study all errors and mistakes in study questionnaire were rectified.

Questions like age of child, gender, area, economic background were asked under demographics part. The second part contained questions like eating/ appetite, sleep pattern, body pain, discomfort, anxiety, relationship, hopefulness, comfort, mental behaviour, physical activities based inquires.

The questionnaire prepared by evaluating various materials like depression scale for children (CES-DC), mental health screening and assessment tools for primary care, perceived stress scale. <sup>[11-14]</sup> The statistical analysis was done using SPSS version 25. The variables were expressed in both frequencies, percentage along with p value using Chi square test. Pearson's correlation was used to compare the various factors, with CI 95 and  $P < 0.05$ .

## **RESULTS**

A total of 396 participants were involved in the study in which 179 male and 217 female participants were allocated in 3 age groups (5-8 years, 8-12 years, and 12-15 years). Most of them were from urban background (54.54%). The socio economic status reported by them states that almost all of them reside in lower and upper middle class family. (Table No 1)

Many parents were doubt full about their children physical habits like eating or appetite pattern. 37.12% said that sometimes they feel child was not eating. And the same number of parents (37.87%) were confident about the eating pattern of child is good. In the case of sleep pattern and shift/ nightmares the perception of parents is same as eating pattern that means 33.33% reported sometimes they thought child had sleep disturbance and nightmares and 37.87% reported that their kids have never reported the same.

78% reported never or rarely for the question regarding child's bodily pain, lethargy, fatigue or discomfort. Only a few reported (20.45%) sometimes their children have the issues. 17.42% reported constant hand washing and sanitizing—is anxiety-provoking for their children sometimes. Remaining found no or rarely (24.24%) provoked anxiety. Children of very young age cannot understand the post or news regarding COVID 19 on social media therefore the chances of troubling impact due to this is less or rare.

In this case, according to parents, 25.75% didn't affect, 37.87% rarely affected, 29.54% affected sometimes. When question regarding whether child has bothered by things now that usually didn't bother him/her reported that 37.87% bothered sometimes and 28.78% never.

When asked question how often do you think your child: feels lonely; acts nervous; bothers or upset, 36.36% parents reported that their child never feels lonely; acts nervous; bothers or upset but 27.27 % said sometimes and 7.57% often developed lonely, nervous, or upset.(Table No 2)

A question regarding the change in the confidence level about his /her ability to handle his/her personal problems in current situation, only 9.84 % have found their children, confident. 69% of parents reported sometimes or often they are not confident about their ability to handle their problems. 21.21% had answered rarely they are confident about that. Regarding question, how often has your child crying spells, 26.51% reported sometimes and 5.3035 reported often. The remaining parents had a view as rarely or never, whether child is able to control irritations in his / her day- to- day life, majority of parents were reported that often or sometimes their children are able to control irritations. 8.33% of them said that the child is not able to control any sort of irritations. 38.63 % didn't lose interest in activities, once enjoyed but 6.06% often losing the interest and 27.27% sometimes. 47.42% child never or rarely limited in the kind of schoolwork or activities he/she could do easily with friends earlier. But 15.90% often limited.

6.06% children argued a lot in the concept of parents but 3.7.87% never argued. According to parents, the difficulty in concentrating or paying attention 54.74% stated that their child had sometimes difficulty in concentrating or paying attention and only 6.06% reported as often experiences the same. Very small percentage (3.78%) reported the lies or cheats. More than 80% never or rarely have this issue. Only 10.60% children were not able to maintain his/her relationships with peers and teachers during this time of social distancing. About 64% of parents feel that the screens are very harmful mode of connection for their child. Only about 16.66% thinks it's a good source.

24.24% had sometimes and 7.57% had often persistent negative or fearful thoughts with helplessness, hopelessness, or worthlessness. Only 20.45% had rarely these kinds of problems. More than 70% children are hopeful about the future in the concept of their parents. (Table no 4)

Compared to pre lockdown, child's physical health was a big concern in lockdown. The overall health status of child reported by parents was 40.4% as very good and 33.335 as good. 21.21% had an excellent physical health according to parents' view. In case of behaviour comparison with pre lockdown the same conclusion obtained from parents. 52.27% said the behaviour was very good compared to pre lockdown. Ability to get along with one another during lockdown period when compared pre lockdown reported 48.48% as very good, 23.48% as excellent and 21.21% as good. (Table No 5)

The table no 6, shows the correlation of poor eating and appetite with other factors. All show a positive correlation with p Value 0.000. In case of sleep pattern shifts or occurrence of nightmares, a positive correlation were observed in child behaviour at p value <0.05. The significance highlighting the impact of poor eating and appetite among other behavioural and physical factors.

The table no 7 presents correlation details of whether child affected by the posts and news about COVID 19 on social media, child bothered by things now that usually didn't bother him/her, Feels lonely; acts nervous; bothers or upset with other behavioural factors show a positive correlation at P value < 0.05.

The table no 8 represents the significant correlation of Confident about his /her ability to handle his/her personal problems, Child crying spells, Loss of interest in activities he /she, once enjoyed with other behavioural factors. Some correlation was found to be negative at p value <0.050 and the remaining found to be positive.

## **DISCUSSION**

Many researches and psychologist addressed the increase in emotional difficulties, such as feeling unhappy, worried, being clingy and experiencing physical symptoms associated with

worry and other factors. <sup>[16]</sup> The studies said that extended lockdown situation can exhibit the emotional and behavioural changes in children as they are in a new or uncertain routine. They may feel isolated and unhappy due separated from friends and other colleagues. <sup>[15, 17-18]</sup> The outcome cannot be same in all children or cannot react or reflect in all, because it depends on the family's attitude. Many children are benefitted with lockdown which enables them to spend more time with family and gave good opportunity to play, feel good etc. In our study there were 3 age groups. Recent studies show that children aged more than 12 are not affected highly in the sense of psychological matters. In case of eating and appetite there is significant increase in appetite when compared to pre lockdown. <sup>[19]</sup> Many studies find that children are having an extra meal per day. This can sometimes lead to healthy body, but in case it can lead to obesity and other complications.

Many of the Children are expressing anger, crying, not listening to parents, showing irritable behaviour in lockdown with no way to get out for play school and other things. When sleeping time was increased, good thinking capacity, freshness, energy and productivity in terms of studies and other matters will increase. <sup>[20]</sup> The parents said that the nightmares and sleepless nights are less when compared to pre-lockdown. This may be due to no stress of school and outside world. Many researchers have said that due to lockdown the sleeps were distrusted in child and negative impact has occurred. <sup>[15-18]</sup> The physical problems like body pain, lethargy, fatigue etc. were decreased because no outside play and having healthy food at right time made immunity to boost up along with increase in energy and freshness. The anxiety in children regarding the hand washing, sanitizing, social media news, is minimal in this study. Only a very less percentage of parents found often this kind of issues in their child. And many of them reported it sometimes. The psychologist and experts say that the children can be anxious due to new things and practice along with the flashes of news on regular basis, discussing the difficulty and bad situation outside. Here in this case, parents' educational

background or powerful coping skills might be the reason for the low level of this impact. <sup>[21]</sup>

<sup>[22]</sup> In our study children are confident about his /her ability to handle his/her personal problems, decreased crying spells, able to control irritations in his /her day- to- day life. Decreased loss of interest in activities, once enjoyed, not limited in the kind of schoolwork/activities that could do easily with friends earlier because the children are happy to be in home with parents rather than in school with pressure and fear. The personal problems are less in situation because of the increased bond between children and their parents as they were able to spend more time together. The need of crying was decreased due to reduced work load and fear. One thing that affects the children was missing the acquaintance of friends in the school, conversations, fights and playgrounds etc. The cases of lies /cheats have reduced as they are full time with family. Cases of reduced concentration have been observed. The concentration can be increased by engaging them in daily house chores, physical and mental exercises. <sup>[23]</sup> Stubbornness had been observed in some matters. No opportunity to mingle and go out for playing and other activities might be the reason for stubbornness and raising arguments. The maintenance of relationships with peers & teachers during this time of social distancing was less due to social restrictions. With the help of digital platform children can communicate with their friends, relatives and teachers. Many parents think screens can be bad source for the children in much way because it can affect the brain development process of child, headache/ irritability, eye pain and itching and reduced attention span. Parents are worried about the access of unwanted information and materials on digital media by their child. The continual flow of sad or scary news and media stories may make children very anxious and lead to behave badly. <sup>[24]</sup> But not all screen time is necessarily bad for children as its providing access to quality education, recreation and communicate with loved ones even during this uncertain time. Most of the children think that the schools won't open and they don't have future or they want to sit entire life in home.



These fearful thoughts, disappointment for future, fear of dying, fear of their relatives dying etc. raise the level of anxiety in children. <sup>[24]</sup> The strong support and care is needed for the child in this situation. Proper strategy and support by parents and family can help child to overcome the condition of stress and stabilize the child emotionally and psychologically. Each factor is correlated with one another. In all the cases a positive correlation occurred, which means if a child has anxiety it can lead several other problems of hopelessness, sleeplessness, loss of appetite and so on.

Many factors can affect the appetite mainly the sleep disorder, anxiety, fear, cry, loss of hope etc. In the case of the disturbed sleep pattern also these factors have an important role. That's why they are positively correlated. Here the news on social made the child anxious, hopelessness, nervous etc. which means the thought of child changed according the news which affect psychologically. That mean if the child got affected by the news report on the social media, the chances of developing the anxiety and associated issues especially the behaviour problem is high. In some sense the matters which bothered him presently have correlation with the behavioural acts and mental problem. The thoughts can lead to stress and other psychological issues in child and come out as misbehaviour or physically bad effects.

In the case of confident about his /her ability to handle his/her personal problems vs. hope about the future have a negative correlation occurred. Some other factors other than the mentioned one affect the child's mental health during the lockdown.

As a society the human well being is based on communication and involvement in group work and engagement. The lockdown will make the child as an individual without considering other needs and emotion. A better social mingling won't take place which may lead to disputes later. <sup>[25]</sup>

The worry about their relatives regarding the disease. The children will struggle and sense that they are not safe. These worries will make the children mentally depressed and weak.

Almost all other studies had a negative result regarding the mental status of child but we got a positive result. The care and guidance from the parents made majority of them to overcome the crisis of lockdown. Therefore, the chance of occurrence of future mental disabilities in these children are very less when compared to others who had any kind of anxiety or stress during this period.

One of the major limitations was that the responses were made by the parents according to their own perspective regarding the child. It was advisable to have large sample size.

A significant impact had made by lockdown in physical, mental, behavioural and emotional health of the children which affected their sleep quality, day to day practices and parent child relationship.

**CONCLUSION:** The Pandemic of Covid 19 has brought the serious change in our lifestyles and mental conditions. The effects on mental conditions of kids by forceful lockdowns and extremely changed routine lifestyle have brought considerable changes in their mental health as the patterns of their studies have changed, food habits, playing habits and sleep patterns have changed so drastically. The majority of parents have reported these unwelcoming changes and difficulties in adjustment but contrary some parents have reported the happy side of these conditions in terms of family togetherness and less work load of studies.

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#### **CONFLICTS OF INTEREST**

All authors have none to declare.

## REFERENCES

1. Verma S, Mishra A. Depression, anxiety, and stress and socio-demographic correlates among general Indian public during COVID-19. *International Journal of Social Psychiatry*. 2020:0020764020934508.
2. Holmes EA, O'Connor RC, Perry VH, Tracey I, Wessely S, Arseneault L, Ballard C, Christensen H, Silver RC, Everall I, Ford T. Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. *The Lancet Psychiatry*.
3. Mandal I, Pal S. COVID-19 pandemic persuaded lockdown effects on environment over stone quarrying and crushing areas. *Science of the Total Environment*. 2020:139281.
4. Kumar A, Nayar KR. COVID 19 and its mental health consequences. *Journal of Mental Health*. 2020: 25:1-2.
5. Fuentes A. *Lockdown high: When the schoolhouse becomes a jailhouse*. Verso Books; 2013.
6. Kontoangelos K, Economou M, Papageorgiou C. Mental health effects of CoViD-19 pandemia: a review of clinical and psychological traits. *Psychiatry investigation*. 2020;17(6):491.
7. Grechyna D. Health threats associated with children lockdown in Spain during COVID-19. Available at SSRN 3567670. 2020.
8. Yeasmin S, Banik R, Hossain S, Hossain MN, Mahumud R, Salma N, Hossain MM. Impact of COVID-19 pandemic on the mental health of children in Bangladesh: A cross-sectional study. *Children and Youth Services Review*. 2020 :105277.
9. Bignardi G, Dalmaijer E, Anwyll-Irvine A, Smith TA, Siugzdaite R, Uh S, Astle D. Increase in childhood depression during the COVID-19 lockdown in the UK.

10. Imran, N., Zeshan, M., & Pervaiz, Z. (2020). Mental health considerations for children & adolescents in COVID-19 Pandemic. *Pakistan journal of medical sciences*, 36(COVID19-S4), S67–S72.
11. Olsson G, von Knottting AL. Depression among Swedish adolescents measured by the self-rating scale Center for Epidemiology Studies-Depression Child (CES-DC). *European child & adolescent psychiatry*. 1997 ;6(2):81-7.
12. Shahid A, Wilkinson K, Marcu S, Shapiro CM. Center for Epidemiological Studies Depression Scale for Children (CES-DC). In *STOP, THAT and One Hundred Other Sleep Scales*. Springer, New York, NY. 2011: 93-96
13. American academy of paediatrics. MENTAL HEALTH SCREENING AND ASSESSMENT TOOLS FOR PRIMARY CARE [Internet]. Aap.org. 2010.[https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH\\_ScreeningChart.pdf](https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/Mental-Health/Documents/MH_ScreeningChart.pdf)
14. Cohen S, Kamarck T, Mermelstein R. Perceived stress scale. *Measuring stress: A guide for health and social scientists*. 1994;10:1-2.
15. Urbina A. Young Children's Mental Health: Impact of Social Isolation During the COVID-19 Lockdown and Effective Strategies. *PsyArXiv*. May. 2020.
16. Vogel JM, Vernberg EM. Part 1: Children's psychological responses to disasters. *Journal of Clinical Child Psychology*. 1993 Dec 1;22(4):464-84
17. Pérez XG, Rodríguez ÓH. *Journal of the American Academy of Child & Adolescent Psychiatry*. J. AM. ACAD. CHILD ADOLESC. PSYCHIATRY. 2007 Apr;1(1).
18. Darmody m, smyth e, russell h. The implications of the covid-19 pandemic for policy in relation to children and young people.

19. Singh S, Roy MD, Sinha CP, Parveen CP, Sharma CP, Joshi CP. Impact of COVID-19 and lockdown on mental health of children and adolescents: A narrative review with recommendations. *Psychiatry research*. 2020 Aug 24;113429.
20. Walker M. *Why we sleep: Unlocking the power of sleep and dreams*. Simon and Schuster; 2017 Oct 3.
21. Stearns PN. *Anxious parents: A history of modern childrearing in America*. Nyu Press; 2004.
22. Stien P, Kendall JC. *Psychological trauma and the developing brain: Neurologically based interventions for troubled children*. Routledge; 2014 Jan 2.
23. Ahtinen A, Mattila E, Väلكkynen P, Kaipainen K, Vanhala T, Ermes M, Sairanen E, Myllymäki T, Lappalainen R. Mobile mental wellness training for stress management: feasibility and design implications based on a one-month field study. *JMIR mHealth and uHealth*. 2013;1(2):e11.
24. Livingstone S, Bovill M. *Young people, new media: report of the research project Children Young People and the Changing Media Environment*.
25. Kraut R, Patterson M, Lundmark V, Kiesler S, Mukophadhyay T, Scherlis W. Internet paradox: A social technology that reduces social involvement and psychological well-being?. *American psychologist*. 1998 Sep;53(9):1017.

**TABLES:**

**Table No: 1 Demographics details**

Particulars	Male	Female	Total	P value
<b>Age group</b>				
5-8 years	63(50)	63(50)	126 (31.82)	0.027
8-12 years	74(49.33)	76(50.66)	150(37.88)	
12-15 years	42(35)	78(65)	120(30.30)	
<b>Geographical Status</b>				
Rural	78(43.33)	102(56.66)	180(45.45)	0.495
Urban	102(47.22)	115(53.24)	216(54.54)	
<b>Socio Economic Status</b>				
Lower	3(25)	9(75)	12(3.03)	0.000
Upper lower	15(26.31)	42(73.68)	57(14.39)	
Lower middle	65(60.18)	43(39.81)	108(27.27)	
Upper middle	90(43.47)	117(56.52)	207(52.27)	
Middle	6(50)	6(50)	12(3.03)	

**Table No 2 PARENTS OBSERVATION FOR CHANGES IN ROUTINE LIFE OF A KIDDUE TO PANDEMIC.**

Particulars	Male	Female	Total	P value
<b>Child does not feel like eating; his/her appetite is poor</b>				
Never	84(56)	66(44)	150(37.87)	0.001
Rarely	38(48.71)	40(51.28)	78(19.69)	
Sometimes	51(34.69)	96(65.31)	147(37.12)	
Often	6(28.57)	15(71.42)	21(5.30)	
<b>Shifts in sleep patterns with disturbed sleep or nightmares</b>				
Never	71(47.33)	79(52.67)	150(37.87)	0.818
Rarely	33(40.74)	48(59.25)	81(20.45)	
Sometimes	60(45.45)	72(54.54)	132(33.33)	
Often	15(45.45)	18(54.54)	33(8.33)	
<b>Child have bodily pain, lethargy, fatigue, or discomfort</b>				
Never	77(40.74)	112(59.25)	189(47.72)	0.351
Rarely	57(47.5)	63(52.5)	120(30.30)	
Sometimes	42(51.85)	39(48.14)	81(20.45)	
Often	3(50)	3(50)	6(1.51)	
<b>Constant hand washing and sanitizing—is anxiety-provoking</b>				
Never	107(46.32)	124(53.68)	231(58.33)	0.869
Rarely	42(43.75)	54(56.25)	96(24.24)	
Sometimes	30(43.47)	39(56.52)	69(17.42)	
Often	-	-	-	
<b>Child feels affected by the posts and news about COVID-19 on social media</b>				
Never	66(64.70)	36(35.29)	102(25.75)	0.000
Rarely	62(41.33)	88(58.66)	150(37.87)	
Sometimes	45(38.46)	72(61.53)	117(29.54)	

Often	6(22.22)	21(77.77)	27(6.81)	
Child is bothered by things now that usually didn't bother him/her				
Never	54(47.37)	60(52.63)	114(28.78)	
Rarely	50(46.3)	58(53.70)	108(27.27)	0.774
Sometimes	63(42)	87(58)	150(37.87)	
Often	12(50)	12(50)	24(6.06)	
Child: feels lonely; acts nervous; bothers or upset?				
Never	68(47.22)	76(52.78)	144(36.36)	
Rarely	42(36.84)	72(63.16)	114(28.78)	0.099
Sometimes	57(52.78)	51(47.22)	108(27.27)	
Often	12(40)	18(60)	30(7.57)	

All values expressed in frequency and percentage .P value calculated using Chi square test and significant < 0.05

**Table No 3 Parents Observation for Changes in Emotion Ability During Pandemic.**

Particulars	Male	Female	Total	P value
child is confident about his /her ability to handle his/her personal problems				
Never	18(46.15)	21(53.85)	39(9.84)	
Rarely	33(39.29)	51(60.71)	84(21.21)	0.421
Sometimes	75(50)	75(50)	150(37.87)	
Often	53(43.09)	70(56.91)	123(31.06)	
child crying spells				
Never	72(45.28)	87(54.71)	159(40.15)	
Rarely	47(42.34)	64(57.65)	111(28.03)	0.662
Sometimes	48(45.71)	57(54.28)	105(26.51)	
Often	12(57.14)	9(42.85)	21(5.303)	
child been able to control irritations in his /her day- to- day life				
Never	8(24.24)	25(75.75)	33(8.33)	
Rarely	48(41.02)	69(58.97)	117(28.54)	0.028
Sometimes	75(49.01)	78(50.98)	153(38.63)	
Often	48(51.61)	45(48.38)	93(23.48)	
child has a loss of interest in activities he /she, once enjoyed				
Never	59(38.56)	94(61.43)	153(38.63)	
Rarely	45(40.54)	66(59.45)	111(28.03)	0.010
Sometimes	60(55.55)	48(44.44)	108(27.27)	
Often	15(62.5)	9(37.5)	24(6.06)	
limited in the kind of schoolwork/activities that could do easily with friends earlier				
Never	29(32.22)	61(67.78)	90(22.72)	
Rarely	51(51.51)	48(48.48)	99(25)	0.029
Sometimes	66(46.80)	78(55.32)	141(35.60)	
Often	33(52.38)	30(47.612)	63(15.90)	

All values expressed in frequency and percentage. P value calculated using Chi square test and significant < 0.05

**Table No 4** Parents Observation for Changes in Behavioral Ability During Pandemic.

Particulars	Male	Female	Total	P value
<b>Argues a lot</b>				
Never	73(48.66)	77(51.33)	150(37.87)	0.007
Rarely	39(41.05)	56(58.94)	95(23.98)	
Sometimes	49(38.58)	78(61.41)	127(32.07)	
Often	18(75)	6(25)	24(6.06)	
<b>Has difficulty concentrating or paying attention</b>				
Never	58(43.28)	76(56.71)	134(33.83)	0.045
Rarely	54(38.57)	86(31.42)	140(35.35)	
Sometimes	52(53.06)	46(46.94)	98(24.74)	
Often	15(62.5)	9(37.5)	24(6.06)	
<b>Lies/cheats</b>				
Never	98(43.36)	128(56.64)	226(57.07)	0.003
Rarely	36(39.13)	56(60.87)	92(23.23)	
Sometimes	36(57.14)	27(42.86)	63(15.90)	
Often	9(60)	6(40)	15(3.78)	
<b>able to maintain his relationships with peers &amp; teachers during this time of social distancing</b>				
Never	24(57.14)	18(42.86)	42(10.60)	0.912
Rarely	56(51.85)	52(48.15)	108(27.27)	
Sometimes	66(51.16)	63(48.84)	129(32.57)	
Often	33(28.20)	84(71.8)	117(29.54)	
<b>screens became a badly needed source of connection and comfort for your child</b>				
Never	32(48.48)	34(51.51)	66(16.66)	0.085
Rarely	24(32)	51(68)	75(18.93)	
Sometimes	63(41.17)	90(58.82)	153(38.63)	
Often	60(58.82)	42(41.17)	102(25.75)	
<b>persistent negative / fearful thoughts with helplessness, hopelessness, worthlessness</b>				
Never	83(43.91)	106(56.08)	189(47.72)	0.912
Rarely	36(44.44)	45(55.55)	81(20.45)	
Sometimes	45(46.875)	51(53.125)	96(24.24)	
Often	15(50)	15(50)	30(7.57)	
<b>child feels hopeful about the future</b>				
Never	26(45.61)	31(54.38)	57(14.39)	0.963
Rarely	24(42.10)	33(57.9)	57(14.39)	
Sometimes	57(45.23)	69(54.77)	126(31.81)	
Often	72(46.15)	84(53.84)	156(39.4)	

*All values expressed in frequency and percentage. P value calculated using Chi square test and significant less than 0.05*



**Table No: 5** Parents Observation for Changes in Health and Response to Relationships During Pandemic.

Grading	Male	Female	Total	P value
<b>Compared to pre lockdown, how would you rate your child's physical health</b>				
<b>ow</b>				
<b>Poor</b>	3(100)	0	3(0.75)	0.011
<b>Average</b>	3(14.28)	18(85.71)	21(5.30)	
<b>Good</b>	56(42.42)	72(54.5)	132(33.33)	
<b>Very good</b>	79(49.37)	81(50.625)	160(40.40)	
<b>Excellent</b>	38(45.23)	46(54.76)	84(21.21)	
<b>Compared to the pre lockdown period, in general, rating of his/her behaviour</b>				
<b>Poor</b>	0	0	0	0.716
<b>Average</b>	12(44.44)	15(55.55)	27(6.81)	
<b>Good</b>	45(42.85)	60(57.14)	105(26.51)	
<b>Very good</b>	99(47.82)	108(52.17)	207(52.27)	
<b>Excellent</b>	23(40.35)	34(59.65)	57(14.39)	
<b>In general, rating of family's ability to get along with one another</b>				
<b>Poor</b>	3(100)	0	3(0.75)	0.003
<b>Average</b>	12(50)	12(50)	24(6.06)	
<b>Good</b>	24(28.57)	60(71.42)	84(21.21)	
<b>Very good</b>	90(46.87)	102(53.125)	192(48.48)	
<b>Excellent</b>	50(53.76)	43(46.23)	93(23.48)	
<b>Total</b>	179(45.20)	217(54.79)	396 (100)	-

*All values expressed in frequency and percentage. P value calculated using Chi square test and significant less than 0.05*

**Table No: 6** COORELATIONS WITH CHANGES IN ROUTINE LIFE OF KID

Particulars	Pearson Correlation	Sig. (2-tailed)
Poor eating and appetite		
Shifts in sleep patterns with disturbed sleep or nightmares	0.447**	0.000
Bodily pain, lethargy, fatigue, or discomfort	0.311**	0.000
Affected by the posts and news about COVID-19 on social media	0.259**	0.000
Bothered by things now that usually didn't bother him/her	0.319**	0.000
Feels lonely; acts nervous; bothers or upset	0.250**	0.000
Crying spells	0.335**	0.000
Loss of interest in activities he /she, once enjoyed	0.244**	0.000
persistent negative or fearful thoughts with helplessness, hopelessness, or worthlessness	0.244**	0.000
Shifts in sleep patterns with disturbed sleep or nightmares		
Bodily pain, lethargy, fatigue, or discomfort	0.360**	0.000

constant hand washing and sanitizing—is anxiety-provoking for your child	0.112*	0.026
Bothered by things now that usually didn't bother him/her	0.228**	0.000
Feels lonely; acts nervous; bothers or upset	0.318**	0.000
Crying spells	0.324**	0.000
child feels hopeful about the future	0.321**	0.000

*\*\*Correlation is significant at the 0.01 level (2-tailed) and \*Correlation is significant at the 0.05 level (2-tailed).*

**Table No: 7 COORELATIONS WITH CHANGES IN EMOTIONAL BEHAVIOUR OF A KID**

Particulars	Pearson Correlation	Sig. (2-tailed)
Affected by the posts and news about COVID-19 on social media		
Child is bothered by things now that usually didn't bother him/her	0.294**	0.000
Feels lonely; acts nervous; bothers or upset	0.313**	0.000
Loss of interest in activities he /she, once enjoyed	0.303**	0.000
Persistent negative or fearful thoughts with helplessness, hopelessness, or worthlessness	0.202**	0.000
Child is bothered by things now that usually didn't bother him/her		
Feels lonely; acts nervous; bothers or upset	0.356**	0.000
Argues a lot	0.107*	0.031
Lies/cheats	0.307**	0.000
Hopeful about the future	0.369**	0.000
Feels lonely; acts nervous; bothers or upset		
Limited in the kind of schoolwork or activities he/she could do easily with friends earlier	0.173**	0.001
Persistent negative or fearful thoughts with helplessness, hopelessness, or worthlessness	0.185**	0.000
Feels hopeful about the future	0.448**	0.000

*\*\*Correlation is significant at the 0.01 level (2-tailed) and \*Correlation is significant at the 0.05 level (2-tailed).*

**Table No: 8 Correlations with Changes in Behaviour, Personal Problems And Relationship of a Kid**

<b>Particulars</b>	<b>Pearson Correlation</b>	<b>Sig. (2-tailed)</b>
Confident about his /her ability to handle his/her personal problems		
Persistent negative or fearful thoughts with helplessness, hopelessness, or worthlessness	0.121*	0.016
Feels hopeful about the future	-0.237**	0.000
Child crying spells		
Persistent negative or fearful thoughts with helplessness, hopelessness, or worthlessness	0.431*	0.016
Loss of interest in activities he /she, once enjoyed		
Limited in the kind of schoolwork or activities he/she could do easily with friends earlier	0.368**	0.000
Think screens became a badly needed source of connection and comfort for your child	0.182**	0.000
Persistent negative or fearful thoughts with helplessness, hopelessness, or worthlessness	0.381**	0.000
Child feels hopeful about the future	-0.196**	0.000

*\*\*Correlation is significant at the 0.01 level (2-tailed) and \*Correlation is significant at the 0.05 level (2-tailed).*

**TABLE LEGENDS:**

**Table No: 1 Demographics details**

**Table No 2 PARENTS OBSERVATION FOR CHANGES IN ROUTINE LIFE OF A KID DUE TO PANDEMIC.**

*All values expressed in frequency and percentage .P value calculated using Chi square test and significant < 0.05*

**Table No 3 Parents Observation for Changes in Emotion Ability During Pandemic. All**

*values expressed in frequency and percentage. P value calculated using Chi square test and significant < 0.05*

**Table No 4** Parents Observation for Changes in Behavioral Ability During Pandemic.

*All values expressed in frequency and percentage. P value calculated using Chi square test and significant less than 0.05*

**Table No: 5** Parents Observation for Changes in Health and Response to Relationships During Pandemic.

*All values expressed in frequency and percentage. P value calculated using Chi square test and significant less than 0.05*

**Table No: 6** COORELATIONS WITH CHANGES IN ROUTINE LIFE OF KID.

*\*\*Correlation is significant at the 0.01 level (2-tailed) and \*Correlation is significant at the 0.05 level (2-tailed).*

**Table No: 7** COORELATIONS WITH CHANGES IN EMOTIONAL BEHAVIOUR OF A KID.

*\*\*Correlation is significant at the 0.01 level (2-tailed) and \*Correlation is significant at the 0.05 level (2-tailed).*

**Table No: 8** Correlations with Changes in Behaviour, Personal Problems And Relationship of a Kid

*\*\*Correlation is significant at the 0.01 level (2-tailed) and \*Correlation is significant at the 0.05 level (2-tailed).*