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### Psychological and emotional response to lockdown in children during pandemic

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#### Abstract

The purpose of this research is to examine the mental toll of the widespread COVID-19 epidemic and its contributing causes. Google Forms were used to conduct a cross-sectional survey among residents of Kanpur's urban centers through a purposive sampling method employing members of WhatsApp groups. data from 159 parents who filled out the Depression, Anxiety, and Stress Scale (DASS-21) short version and the Parental Stress Scale were collected by a purposive sample technique employing a survey questionnaire sent over WhatsApp (PSS). Interviews were conducted with the parents of 121 children and adolescents to assess their level of compliance and any emotional discomfort they may have experienced throughout the quarantine. Quarantined children and adolescents were also surveyed to collect data for comparison. Results from this research raising severe doubts regarding quarantine's efficacy as a disease-prevention method due to poor compliance with quarantine regulations.

**Keywords** COVID-19, emotional reactions, psychological impact, children and adolescent, mental well-being

#### Introduction

The risk of contracting SARS-CoV-2 decreases with age, and if they do get infected, most children will have lesser symptoms or no symptoms at all. However, they are not completely protected from and unaffected by the psychological fallout of the epidemic and the quarantine. The effects of environmental change are felt by children as young as two. Children have been shown to worry about spreading the disease to themselves and their loved ones, to dislike the strict social distancing/quarantine measures, to be anxious about the end of the pandemic, and to feel lonely as a result of the widespread and prolonged closure of schools, parks, theaters, and other public places and the loss of opportunities to play outside. Parents' stress contributes to their kids' behavioral and mental health issues. There have been a small number of studies on the effects of quarantine on children, and they have consistently found elevated rates of anxiety, depression, irritability, mood swings, inattention, and sleep disturbance. In the year 2020, the world faced an unseen adversary in the shape of a viral illness called COVID-19, which was designated a public health emergency of worldwide concern by WHO on 30th January 2020 and subsequently recognized as Pandemic officially on February 11, 2020. Depending on the number of instances, the number of fatalities, and the depth of lockdown, the proclamation was met with varying degrees of uncertainty and dread around the globe. Due to the abrupt cessation of daily activity and subsequent stagnation, a large portion of the population has been under a great deal of stress. Individuals' emotional and psychological well-being had been overlooked in favor of the pandemic's more tangible financial and physical effects.

#### Literature review

Mental health is only one area that has been negatively impacted by the epidemic. Bangladesh has been experiencing a resource shortage, which has created and is creating a conundrum for the country's leaders. The never-ending school breaks are taking a toll on the emotional health of our pupils, especially the younger ones. Adolescents are particularly vulnerable to the mental toll that our schools' interminable breaks have on their minds. Numerous research have been conducted in many different countries, and Bangladesh is no exception.

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But teenagers have been overlooked in that research; this article corrects that. In-depth interviews with 60 participants were part of the data gathering for this exploratory project. The purpose of this research is to better understand the relationship between infection prevention measures (such lockdown) and the mental health of teenagers in Bangladesh's capital city. It is hoped that this research will also provide a route out of this impasse. The research found that negative effects on teenagers' mental health were exacerbated due to lengthy school closure, fear of the illness, interruption in schooling, excessive use of digital gadgets, and the culture of neglecting adolescents' mental health. Teens' mental health declined throughout the lockdown, with many reporting increased levels of stress, anxiety, despair, and sleep problems.

Shand, Wayne (2021) <sup>[3]</sup> This evidence into action brief provides a synopsis of current research on the issue of COVID-19 in urban children and suggests potential next steps. The recovery from COVID-19 has captured the interest of the public and governmental leaders throughout the globe. And yet, it is crucial that we reconstruct more effectively. Children living in urban informal settlements in the global South have been impacted especially hard by the epidemic because it has exacerbated the issues created by the preexisting structural inequities of poverty, poor housing, and economic isolation. With the conclusion of the epidemic still unknown, this briefing seeks to shed light on the present repercussions and hazards for urban children and youth, including the effect on health, income, and education, as well as the significance of safe play and public space. It shines a light on local solutions and excellent practice and shows how, given the lack of government aid for the urban poor, grassroots organizations and collective community action have tried to fill the gaps and make use of existing networks to aid families hit by the epidemic. Beyond the scope of the epidemic, these events teach us valuable lessons about the power of teamwork to overcome the complexities of urban poverty.

Inbar Levkovich *et al.* (2020) <sup>[2]</sup> The global community has felt the effects of the COVID-19 epidemic acutely. The purpose of this research was to measure the emotional toll of the epidemic on the Israeli populace. Israeli adults were evaluated using a variety of ways during the 2009 COVID-19 pandemic. Participants (N=1407) in the quantitative research filled out a series of online questionnaires designed to gauge psychological characteristics and perceived danger in relation to COVID-19. Pearson correlations and tests for differences between groups were among the statistical methods used. In-depth, semi-structured, telephone interviews (N=38) were used for the qualitative research. According to the data, around 48% of the general population felt negatively and 20% thought they were at risk for contracting the virus. Furthermore, these emotions were shown to positively correlate with a sense of danger. The qualitative research revealed three overarching themes: 1) shock and disarray; 2) adjusting to the new reality; and 3) anxieties and concerns for oneself and one's loved ones. Insecurities about one's own and one's family's health, one's ability to maintain gainful employment, issues arising from living with one's spouse and one's offspring, and the challenges of juggling work and family responsibilities were identified as sources of the participants' emotional reactions and perceived danger. A number of psychological factors and fears associated with COVID-19 in Israel are revealed by the research. While withdrawing from social circumstances might help some feel

more secure, it also increases emotions of loneliness, tension, and frustration and creates other problems. The results highlight the need of addressing public perceptions of vulnerability and emotional responses to COVID-19.

Shelina Bhamani *et al.* (2020) <sup>[16]</sup> Academic institutions and parents are also feeling the effects of the COVID-19 epidemic. Even though most schools have begun holding lessons online, the unexpected closing of schools has left kids without the social connection that is essential to their development as learners and as people. Because of the responsibility they feel for their children's education, this has become a regular challenge for stay-at-home parents who work online. The purpose of the given research was to inquire about homeschooling practices during the COVID-19 pandemic. To get perspective on real-world experiences, descriptive qualitative research of parents' perspectives on home learning and management during COVID-19 was designed. Data was collected using a systematic sampling strategy. In all, 19 parents who met the inclusion criteria provided usable data. Information on the lockdown incident was gathered using a Google Docs survey that included free-form questions about COVID-19 and at-home study. The examination of the data revealed three main themes: the effect of COVID on children's education, the help provided by schools, and the methods used by parents at home to encourage their children's education. According to the research, educators all around the country and the globe have stepped up to promote homeschooling by providing parents with access to a wealth of free resources on the internet. In addition, parents have also changed rapidly to close the academic achievement gap that has opened up for their children. We need to take action to ensure that all children have access to the key learning skills they need to succeed at home. Students, parents, and institutions might all benefit from centralized data dashboards and instructional technologies.

Jean M Twenge *et al.* (2018) <sup>[4]</sup> Conflicting findings from previous studies on the links between screen time and kids' mental health have caused some scientists to doubt the limitations on screen time recommended by medical groups. Comprehensive measures of screen time (including mobile phones, computers, electronic devices, electronic games, and TV) and a variety of psychological well-being indicators were studied in a large (N=40,337) national random sample of U.S. children and adolescents in 2016. Compared to those who used screens for less than an hour per day, those who used them for longer periods reported poorer levels of interest, self-control, distractibility, friendship trouble, emotional instability, difficulty being cared for, and task completion. High screen time users (7+ h/day vs. low users of 1 h/day) among 14- to 17-year-olds were more than twice as likely to have ever been diagnosed with depression (RR 2.39, 95% CI 1.54, 3.70), ever diagnosed with anxiety (RR 2.26, CI 1.59, 3.22), treated by a mental health professional (RR 2.22, CI 1.62, 3.03), or have taken medication for a psychological or behavioral issue (RR 2.99, Even light to moderate screen use (4 hours/day) was linked to worse mental health. The happiness of screen-avoiders and light-users was not significantly different. Adolescents were more likely than younger children to have negative associations between screen usage and psychological well-being.

### **The COVID-19 Pandemic**

The World Health Organization (WHO) announced the COVID-19 pandemic on March 11, 2020. The illness

COVID-19 is caused by infection with a new coronavirus known as SARS-CoV-2 (Severe Acute Respiratory Syndrome Coronavirus-2), (Coronavirus Disease, 2019; Pedersen & Ho, 2020). In December of 2019, the first instances of COVID-19 were discovered in the Chinese city of Wuhan. The sickness quickly became global, and by April 28, 2020, it had killed over three million individuals.

### Methods

The research was carried out in the form of a Google Forms-based online survey. On a purposeful sample basis, the link was shared with relevant WhatsApp groups in Kanpur, Uttar Pradesh. Forms were created and filled out using Google Forms, which allowed respondents to remain anonymous, and this feature was highlighted and communicated to respondents. The link was first shared on May 20, 2020, and participants had until May 27, 2020, to respond. A final notification was sent out the day before the research was completed. Clear information about the survey's purpose, the participant's right to opt out, and a statement that providing consent is a condition of taking part in the survey were all included in the invitation to take part in the study. Instructions at the start of the form said that only parents should continue to fill out the form. Furthermore, if either the parent or kid had a history of mental illness, the responder was advised not to participate in the research (including learning disability in the child). In the WhatsApp survey, it was made clear that only one of the two parents needed to fill out the survey; it was the parent who provided the majority of care for the child. The average time needed to finish the survey questions is between 7 and 12 minutes. By the deadline, 159 replies had been submitted, and they were all good enough to include in the research. In response to the COVID-19 epidemic, the

Ministry of Health and Family Welfare issued recommendations for both home and institutional quarantine. Contacts of suspected cases of Coronavirus avium subtype 19 were to be identified and quarantined by local public health agencies. In accordance with the government order, everyone who was quarantined had to be given a mask, a thermometer (if required), and instructions on how to properly observe the quarantine. To the individual's home or quarantine facilities, these goods were to be supplied. Teens in isolation were to have daily medical checks for the onset of any symptoms that could be related to COVID-19. People who were quarantined were urged to keep in touch with loved ones via phone. Inclusion criteria were healthy children and adolescents (aged 9 to 18) who were quarantined at home or in a medical institution and were subsequently observed by healthcare professionals after leaving quarantine.

### Results

There were 159 total respondents in the study. 66.7 percent of responders were women, and most of them had college degrees or above. Most participants were either health care workers (37%) or stay-at-home moms (35%). The survey found that 45.9% of parents were impacted in some way at work due to the epidemic [Table 1].

On a scale from 0 to 21, the average DASS score was 30.55. (Standard deviation [SD]: 22.201). The average DASS-21 score was 11.8 (SD 7.5), with the stress subscale averaging 8.62 (SD 7.99) and the anxiety subscale averaging 10.13 (SD 7.66), and the depression subscale averaging 10.13 (SD 7.66). Nearly half (N=75) of the sample reported moderate to severe stress. Thirty-eight percent (N=62) and forty-nine percent (N=65), respectively, exhibited very high levels of sadness and anxiety.

**Table 1:** Sociodemographic profile of the respondents (N=159)

Demographic variables	Frequency, N (%)	
Gender		
Female	106	(66.7)
Male	53	(33.3)
Age group		
26-35	37	(23.3)
36-45	97	(61.0)
46-60	25	(15.7)
Education		
10 <sup>th</sup> standard and below	5	(3.1)
Intermediate	9	(5.7)
Undergraduate	41	(25.9)
Postgraduate and above	104	(65.4)
Occupation		
Business	12	(7.5)
Health professional (including doctors)	59	(37.1)
Essential services, gym, restaurant	2	(1.3)
Homemaker	56	(35.2)
IT sector and allied	24	(15.1)
Teacher	6	(3.8)
Was your employment affected during the lockdown?		
No	86	(54.1)
Yes	73	(45.9)
Total	159	(100.0)

**Table 2:** Depression anxiety and stress scale-21 stress subscale-association with demographic variables

Parameters	Normal,	Mild, n	Moderate,	Severe,	Extremely	Total, N	P
	N (%)	(%)	N (%)	N (%)	Severe, N (%)		
Total	56 (35.2)	13 (8.2)	15 (9.4)	14 (8.8)	61 (38.4)	159 (100)	
Gender							
Female	39	9	12	11	35	106	0.306
Male	17	4	3	3	26	53	
Age group							
26-35	10	3	6	5	13	37	0.636
36-45	38	8	8	6	37	97	
46-60	8	2	1	3	11	25	
Education							
10th standard and below	0	0	0	0	5	5	<0.001*
Intermediate	0	0	0	1	8	9	
Undergraduate	9	2	3	2	25	41	
Postgraduate and above	47	11	12	11	23	104	
Occupation							
Business	4	1	1	1	5	12	0.003*
Health professional (including doctors)	25	7	4	9	14	59	
Essential services, gym, restaurant	2	0	0	0	0	2	
Homemaker	19	4	7	2	24	56	
IT sector and allied	2	0	3	1	18	24	
Teacher	4	1	0	1	0	6	
Was your employment affected during the lockdown							
No	34	9	12	7	24	86	0.020*
*Significant P values (p<0.05)							

Mean DASS 21 total score was 30.55. (Standard deviation [SD]: 22.201). The mean (standard deviation) DASS21 scores for the stress, anxiety, and depression measures were 11.8, 8.62, and 7.66, respectively. Nearly half (N=75) of the sample reported moderate to severe stress. Thirty-eight percent (N=62) and forty-nine percent (N=65), respectively, exhibited very high levels of sadness and anxiety. The correlations between demographic/independent factors and DASS21 subscales are shown in Tables 2. According to the data, parents with greater educational attainment (undergraduate and graduate degrees) had significantly higher

levels of stress ( $p < 0.001$ ). The stress, anxiety, and depression rates were also significantly higher among health professionals and stay-at-home mothers ( $P = 0.003, 0.004,$  and  $0.022$ , respectively). The stress and depression subscales were significantly associated with employment (i.e., employment having been disrupted by lockdown), but the anxiety subscale was not. High internal consistency and useful discriminations have been shown for the DASS scales in a variety of contexts. It has been shown that the DASS-21 reduction scale has high dependability and excellent internal consistency. Parental stress is the focus of the PSS's questions.

**Table 3:** Understanding the rationale, compliance and difficulties associated with quarantine among adolescents and children

1	Understanding of rationale for quarantine	Number (n) = 121	Percentage (%)
1a	Quarantine protects self	88	55.37
	1b Quarantine protects household	82	51.23
1c	Quarantine protects community	117	73.55
	1d All correct	26	16.52
	Compliance		
2.	Compliant with all household protective measures	17	10.71
2a	Used separate towels	54	33.88
	2b Used separate plates for eating	51	32.23
2c	Slept in separate room	41	25.61
	2d Used mask when family members present	41	25.61
3.	Compliant with all community protective measures	28	17.35
3a	Did not go out of house to socialise	147	92.56
	3b Did not run errands outside of home	133	83.47
3c	Used mask for home healthcare visits	67	42.14
	3d. Used mask when answer door	63	39.66
3e	Did not allow visitors into home	106	66.94
4	Compliant with all protective measures	12	7.43
5	Most common difficulties		
5a	Not going out of house to socialize	104	85.95
	5b Not going out of house to errands	102	64.46
5c	Using mask when family member present	93	58.67
	5d Staying in room by self with door closed	78	48.76

(< 0.0001). These children and adolescents also avoided people having fever and cough ( $p < 0.05$ ).

On the DASS-21, 47.2% of people reported experiencing severe stress. Anxiety and sadness respondents were somewhat lower in number, at about 39% each. Similar research on parents experiencing PTSD after disease containment measures like quarantine or isolation indicated that 25% of those parents fit the criteria for PTSD. Similar findings were seen in a recent study of the general population in India conducted during the beginning of the COVID-19 epidemic, which found higher comorbidity rates of around 36% for anxiety and lower for depression. Therefore, it is not surprising that participants in this research reported increased degrees of psychological discomfort (stress, anxiety, and depression). While many participants in our study scored within the average range on all of the DASS scales, those who did report more severe distress were clustered in the "very severe" group. I was not anticipating seeing scores split in two like this. We explain that this may be because parents coped well up to a certain threshold, beyond which the switch to pathological distress levels was rapid and dramatic, but only among a certain subset of the population (parents).

In this sample, the ages of the children and adolescents ranged from 9 to 18, with a mean age of 15.4 years. Young men made up a sizable majority of the teens (85.12%). Thirty-seven people (or 30.57%) were confined at their own homes, while the remaining people (or 76.68%) were kept in special facilities. Seventy-three percent of teenagers correctly recognized that quarantine had been implemented to protect the community, whereas only 51.23 percent correctly identified that the usage of quarantine limitations was intended to safeguard members of the family. Only around half said they would be safe from harm in a quarantined area. 16.52 percent of teenagers got every single question that relied on reasoning correct (Table 3).

### Conclusion

This research details the emotional toll that COVID-19 has had on Indian adults and children, and it emphasizes the strong link between parental and child worry. Evidence from this study highlights the need for immediate action from policymakers to provide screening and coping mechanisms for families. The COVID-19 epidemic has caused significant alterations to our natural surroundings. The results of this research corroborate the idea that the pandemic and the ensuing disease-containment efforts cause increased psychological suffering among parents. Pandemic catastrophes are different from other types of disasters because there are no centralized locations where survivors can go to begin rebuilding their lives. That's why it's so simple to feel helpless when we're suddenly subjected to limitations. Everyone faces this difficulty, but parents and families often face it more directly. The psychological effects of quarantine are far-reaching and considerable, and the results of this research imply that the reported group has a low level of comprehension, compliance, and knowledge about quarantine behavior. Further study is needed to determine the efficacy of quarantine in its current form in gauging the spread of COVID-19, particularly in a resource-constrained nation like ours.

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