

# COVID-19 Pandemic And Psychosocial Problems In Children And Adolescents In Vellore-District

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**Abstract:** *The children and adolescents of rural and urban community struggle with different psychosocial problems such as fear, stress, anxiety, depression, emotional, conduct problems and hyperactivity during this outbreak of COVID-19 Pandemic. The present study is a cross sectional descriptive study design. The Non-Governmental organization was selected from rural area of Vellore district, Tamil Nadu. The socio demographic data sheet and in-depth interview were administered to the respondents. Convenient sampling technique was used for selection of rescued children and adolescents. A total of 124 male adolescents participated in the study. Through in-depth interview it was found that majority of the urban adolescents suffered with fear, worry, stress, anxiety, depression, lack of coping skills and poor mental health. Other hand, the respondents from rural part did not suffer with any severe mental health problems. Thus, the appropriate psychosocial care programme needs to be developed to strengthen the coping skills and promoting the positive psychological and emotional wellbeing of children and adolescents.*

**Keywords:** *Psychosocial status, children and adolescents, urban and rural community.*

## 1. INTRODUCTION

Adolescence is the crucial transition period in the life span. It is also characterized as a remarkable pace in the growth (1). Psychosocial problems such as fear, stress, anxiety, depression, emotional, conduct problems and hyperactivity are very much prevalent among children and adolescents. Adolescence stage is important one for developing good mental health (2, 3). The outbreak of Covid19 is pandemic and affecting whole world as of now. The Indian Government has declared a disaster. According to UNESCO, as of April 8, 2020 in 188 countries schools have been suspended nationwide (4). This lock down particularly brought difficult circumstances for children and adolescents. This situation forced children and adolescents to encounter different psychosocial problems such as no outdoor play, school and academic forced break, fear of losing a loved one, fear of death, fear of quarantine, physical violence against children, self-harming, suicidal thoughts, overload of information spread of scare, physical and social distancing, being stuck in abusive and difficult families, increased incidence of domestic violence and isolation from support avenues. At this most crucial and critical situation children and adolescents need to be protected and cared for. Hence, this study was started an effort to identify the psychosocial problems among children and adolescents in Vellore. The outcomes of the study are expected to contribute in designing some preventive measures focusing on psychosocial intervention for improving coping skills and promoting positive well-being of the children and adolescents (5).

## 2. RESEARCH METHODOLOGY

### 2.1. Study Design:

In May 2020, in order to identify the psychosocial problems of children and adolescents of Vellore cross-sectional descriptive study was carried out.

### 2.2. Study Setting and Population.

Study setting was the non-governmental organization namely the Hope House, which is located at Karigiri. The study population was six months rescued children (234) at Katpadi Railway station and those children came out of home due to various problems and came from different parts of rural and urban of Vellore district and age group between 12 to 18 years of children and adolescents. Those adolescents used train as easy mean to travel to different parts of India and somehow landed in Katpadi Railway station and being rescued for further care and protection.

### 2.3. Sample Size and Sampling

Based on the available data of six months rescued children that is 234 of which 124 (62 each from rural & urban) children were taken for the study. Convenient sampling technique was used for selecting the samples.

### 2.4. Data Collection Tool.

In-depth interview was done. Since there was a complete lockdown and no possibility of going in person and do it. But over the phone in-depth interview was done. The instrument consists of two parts. Part one of the questionnaire was about socio demographic information such as name, age, education, religion, type of family, parent's educational status and occupational status.

Part two was in-depth interview done to know the psychosocial problem among children and adolescents. The adolescents aged 13 and up were part of it. The following questions asked in the interview to get more details from the respondents such as how are you feeling being at home, do you fear of getting Covid-19, do you fear of coping with academics, how do you feel not meeting the friends, do you fight with your sibling, is your parents fighting often, how does your father treat you, do you get sufficient quantity of food, did your father beat or scold you for any reason, have you ever experienced any violence, how do you feel during this lockdown, have you ever experienced stress or emotionally broke down, have you ever had suicidal thoughts, do you suffer with flu/cough/body pain, and etc. When there was medium and high risk of indicators, there is need for further evaluation by a qualified health or mental health professional.

### 2.5. Data Collection Procedure.

The duration of data collection was 3 weeks. It started from 13<sup>th</sup> May 2020 to 5<sup>th</sup> June 2020. Firstly, obtained permission from the head of the organization and six months data was shared. Then from the data it was separated rural and urban children's data. Initially, started over the phone before started interacting with each child and adolescent they were well oriented about the purpose and importance of part taking in the study then socio demographic details were collected and then in-depth interview done. For each respondent took 25 minutes to complete the interview as well as the questionnaire.

*Data Analysis*

An appropriate statistical measure was used for data analysis with the help of SPSS 19.

*Ethical Issue:* The respondents were assured of confidentiality. Informed consent was taken from the respondents.

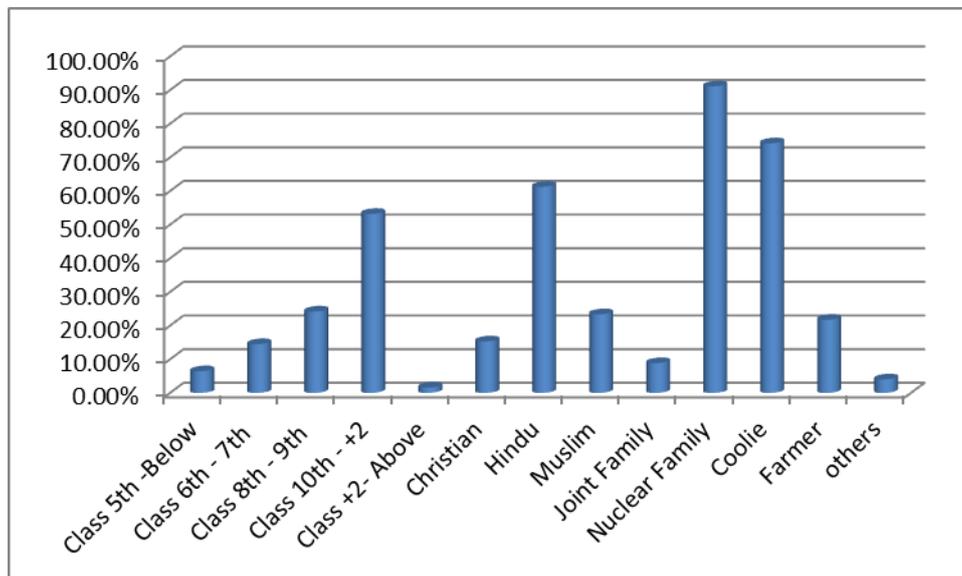
**3. RESULTS**

Table 1: Demographic characteristics of the sample

Variables	MEAN	N=124
Age	16.27	
Education	Class 5 <sup>th</sup> -Below	8 (6.45%)
	Class 6 <sup>th</sup> - 7 <sup>th</sup>	18 (14.51%)
	Class 8 <sup>th</sup> - 9 <sup>th</sup>	30 (24.19%)
	Class 10 <sup>th</sup> - +2	66 (53.22%)
	Class +2- Above	2 (1.61%)
Religion	Christian	19 (15.32%)
	Hindu	76 (61.29%)
	Muslim	29 (23.38%)
Type of family	Joint Family	11 (8.87%)
	Nuclear Family	113 (91.12%)
Parent's occupation	Coolie	92 (74.19%)
	Farmer	27 (21.77%)
	others	5 (4.03%)

The above table shows the mean age of rescued children was 16.27 years, majority of the adolescents were from between 10<sup>th</sup> and 12<sup>th</sup> class studied (53.22%), Majority of the adolescents from Hindu religion (61.29%), Majority of the rescued adolescents came from Nuclear family (91.12%), majority of the adolescents' parents are working as coolie (74.19%)

Figure: 1 The socio demographic characteristics of the respondents



The above figure represents the findings of socio demographic characteristics presented in percentage.

Regard to the psychosocial problems among the adolescents, through in-depth interview it was found, very few adolescents from urban place were aware of corona virus and how it spreads and also maintaining social distancing and do follow all other hygienic measures and stay at home during the lock down period but whereas in rural place majority of the adolescents' awareness level about the pandemic was very low and neither follow the basic instruction given by the Government to protect oneself from the virus spread (regular, effective Hand wash, with soap and alcohol based spray, cough Ethics (use Hanky, use tissue paper and dispose it) social distance (one meter distance), avoid gathering, social party, religious gathering and not using mask).

Majority of the adolescents from urban respondent said "not happy being at home" and "felt as home arrested", "can't go outside", and "boring" but whereas the adolescent from rural did not feel that they were being locked down at home they were so free there was no much strict law was enforced. Majority of the adolescents from urban felt "no friends to play" and sometime "fighting between sibling" on the other hand the adolescents from rural places felt "Have more friends to play and make fun with them" with friends they used to go out to farming land have nice time and "playing cricket" and other outdoor games as well.

The majority of the urban respondent said that they were "feeling stressed" and "not able to cope up with present situation" because of getting false facts from the newspapers and TV channels they constantly felt stressed. On the other hand the respondents from rural were "not much stressed"

Majority of the urban adolescents were emotionally broke down due to outbreak of COVID-19 and felt "fear of death due to corona", "fear of coping with academics" and most of them were so anxious about the future. The adolescents from the rural village seem "don't have fear of death due to corona" and neither fear of coping with academics". They were just leading a normal and casual life.

Seven respondents from urban place said that they were "physically abused" by their fathers and similarly three respondents from rural area said that they were also physically abused. Those respondents along with parents referred to further professional counseling and mental health assistance.

Food is one of the basic rights for all human being to survive. Good number of respondents from urban area expressed that they were "compromising on the food (quantity and quality)". In particular two respondents stressed saying that they were getting only one meal in a day. On the other hand from rural set up majority of the respondent said that they were "compromising on the food (quantity and quality)". The main reason for the suffering of the families were "lack of opportunity to earn money" most of the respondents' parents used to work as daily wager and out of which run the family now because of lockdown there is no chance of going for any work as such but the same way the attitude of saving was very less among the respondents' family which caused them all suffering even struggled to get three meals with sufficient quantity and quality. The above respondents' families were supported with groceries by the organization.

Three of the urban respondents said that they were suffering with "severe cough and body pain" on the other hand, two of the respondents from rural place had the similar problem then all were asked to do COVID -19 screening once.

### *Recommendations*

The respondents were also suggested many life coping skills for their psycho social support. The skills that were suggested are

- *Mindfulness* – The respondents were asked to pay attention on the daily activities rather than talking or listening about the pandemic situation. They were also asked to listen to the facts or information once in a day.
- *Positivity* - The respondents were asked to enhance positive habits, positive attitude and positive action which on the other hand will enhance positive model of life and can eradicate negative ways of thinking. Few techniques that were shared are
  - ✓ Practising yoga and meditation
  - ✓ Reading books
  - ✓ Spending time in exercise
  - ✓ Ensuring of social contacts with loved ones at home and friends and others over the phone.
  - ✓ Avoid believing the wrong rumours
  - ✓ Be supportive of household work

### *Limitation of the study*

The limitation of the study as follow

- Meeting the respondents by person and getting the in-depth interview done was not possible due lockdown.
- Only male respondents were taken for the study.
- The study was done only in Vellore district, Tamil Nadu.

## **4. CONCLUSION**

COVID-19 is a life threatening issue to be solved but alone by the health professional is not possible rather there should be a collective effort is needed from all other stakeholders as well. Children and adolescents are most vulnerable and suffering a lot with psychosocial problems and everyone needs to be well sensitized about the virus spread (6). There is lack of appropriate support system to address the issues and during this pandemic mental health of children and adolescents is at great risk and being ignored. There is need to develop psychosocial care programme to strengthen the coping mechanism and to uphold of positive social, psychological and emotional wellbeing of children and adolescents (7).

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