REOPENING OF SCHOOLS POST COVID-19 CLOSURE:

Exploring children's voices & experiences

A COLLABORATIVE RESEARCH BETWEEN

TISS RE-IMAGINING FUTURES

&

CHILD RIGHTS AND YOU

A COLLABORATIVE RESEARCH BETWEEN TATA INSTITUTE OF SOCIAL SCIENCES AND CHILD RIGHTS AND YOU - CRY

Acknowledgement

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The project would not have been possible without the support of Prof. Shalini Bharat, the Director/Vice-Chancellor of Tata Institute of Social Sciences, Mumbai and Ms. Puja Marwaha, the Chief Executive Officer of CRY India. The team would additionally like to thank the Institutional Review Board of TISS, Mumbai and Ethical Review Committee of CRY India, for granting ethical clearance for the study.

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Project Team Members
Prof Rajani M Konantambigi, PI
Dr Chetna Duggal, Co-PI
Ms Anupama Muhuri, Co-PI
Ms Trina Chakrabarti, Co-PI
Dr Vaidehi Chilwarwar, Co-PI
Ms Durga , Research Assistant
Ms Isha Misra, Research Assistant
Ms Hima Ongale, Research Assistant (pilot phase)

CRY Regional Coordinators:
Saptarshi Hazra
Poornima Mandpe
Smriti Rustagi
Monisha Murali

Foreword

The nation-wide lockdown and consequent closure of schools in March 2020 induced by the spread of Covid 19 pandemic was the kind of disruption that was unprecedented in our living memory. Long term restrictions on the movement of people outside their homes, closure of all schools and initiation of online classes created a multitude of problems for children and parents - not just of academic nature but social-emotional, financial and above all of access and equity. The extensive use of digital devices and connect with the internet 24/7 by children and adults alike, created a set of challenges that parents, teachers, and even health professionals and psycho-social counsellors, were unprepared for. Recognising the need for addressing the issues arising out of the unprecedented situation TISS and CRY initiated an exploratory research to document and understand the experiences of children during the pandemic which was completed in early 2022.

By late 2021 the pandemic restrictions were being eased and public spaces and institutions, including schools, were reopened for in-person classes with preventive precautions in place. By this time mental health professionals, educationists and some NGOs had begun to raise issues around the impact of Covid related disruptions on children and their schooling. TISS and CRY decided to undertake the second study in the series on the impact of Covid 19 on children. In this continuing collaboration it was decided to explore the voices of children to explore their cognitions and feelings about reopening of schools. This report presents the findings of this second study. It was conceptualised as a comprehensive study to document their life prior to Covid 19 pandemic, experiences during the pandemic, and then post-reopening of schools. The focus was also on exploring mental health issues in terms of anxiety and other forms of disturbances, as well as, their ways of coping with pandemic linked problems. As the children were not alone in this pandemic their teachers and parents too were included in the study. Using a mixed-methods research approach both qualitative and quantitative methods were used in the study. Data collection was done using the method of interview in-person, on the telephone and through Google Form. The wealth of data collected has been shared here. When triangulated with the ASER (2023) report on children's literacy-numeracy study which has this time included the scenario caused by the Pandemic and the effect of teaching-learning facilitated (or not facilitated) by online platform, this report will present a more comprehensive picture of the impact of the pandemic on children's lives.

I thank my colleagues, Dr Chetna Duggal, Prof Rajani M Konantambigi and Dr Vaidehi Chilwarwar for their efforts and to the CRY Team as collaborator of the study!

Shalini Bharat, Professor
Director/Vice Chancellor,
Tata Institute of Social Sciences,
Mumbai

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Preface

The onset of COVID-19 dramatically changed the world. The months through 2020 and 2021 were quite unprecedented. Never before were schools closed for such a long stretch because of a calamity. Children were not only at home, but were barraged every day with messages that generated fear and anxiety! Governments' strategies such as lockdowns, school closures and home confinement played a big part in arresting the virus spread, but they also led to mobility restrictions, access to education and health services, domestic abuse and overall well-being. Children were one of the biggest, yet silent victims of many of these!

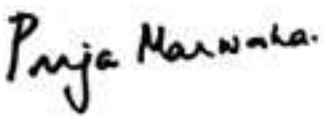
CRY, with an amazing collaborator as TISS, had taken up a study in 2020-21 on understanding children's experiences during the Covid-19 pandemic: stressors, resilience, support and adaptation which shed light on the unique experiences of children quite like never before!

With decreasing ferocity of the pandemic in the following year, schools gradually started re-opening and welcoming children back. However, with almost two years of absence from school and students having spent most of their time at home with either a semi-structured or no educational activity, what again made us deeply interested was to go back to children and explore their voices and understanding.

With a new bunch of tools and by a team of CRY volunteers who got trained by the TISS team, we took up a pan-India exercise in 2022 to deep dive into the academic, social and emotional experiences of children along with that of teachers and parents too, vis a vis re-opening of schools.

This Report is a labour of concern and love for the cause of children and education and the findings give a range of rich insights into the challenges and hope, so as to provide us all a new reset button to re-imagine the school and if that can assure conducive classroom spaces and action points for all stakeholders, which are sensitive to the prolonged stress and fear students faced and the normal life they deserve!

Heartfelt appreciation for the TISS team and our volunteers who demonstrated again how a like-minded little team can take up and give a shape to a research that adds value to the child rights discourse in the country. With this, I truly hope that this report will serve as an insightful document for policymakers, influencers and practitioners in the child rights space and impact children's life and learning meaningfully!



With faith and hope,
Puja Marwaha
CEO- CRY

March 2023

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CRY-TISS Team, 2023

Abstract

The study set out to explore the experiences of children on reopening of schools after the closure due to the Pandemic. Attempts were made here to capture children's thoughts and feelings through interviews and open-ended queries that emerged on hearing about the reopening of schools. Parents' and teachers' voices were taken along with quantitative measures to know these thoughts and feelings and to understand well-being and resilience in children and families. Quantitative measures have been simple frequencies of responses (in percentages), measures on a Liker-type of scaling that express thoughts and feelings and testing the responses for important independent variables like age, grade and gender of children. Seven hundred and fifty one children (751), 228 teachers and 77 parents formed the sample; they, however, did not form triads.

The findings on experiences of children before the Pandemic echo those of the prior study by this team (TISS-CRY, 2021). The comparisons between life before and after the Pandemic bring out the stark contrast in a lack of fear, enhanced mobility, predictability and routines compared to being caged, isolated and learning online without proper guidance and interactions with the teachers and classmates. Resilience was seen in the way children, parents and teachers dealt with the challenges of the scare of COVID 19, online classes, social isolation by coping strategies of maintaining a routine of activities for play and academic work, learning hobbies or skills over the internet. Resilience scores were moderate for a large number of children and scores on well-being were high. Younger children were more concerned about taking a number of precautions on reopening, and the need to talk to teachers, to authorities and tuition teachers was more significant in female children.

Enthusiasm on hearing about reopening of schools echoed voices of happiness on being able to meet friends online, be able to engage in academic matters (and with school activities) and teachers were reported in that order of importance to children. Looking forward to learning, expressing the need for readiness to wake up early for school, get back into concentrating in physical classes, sit for 6 or more hours in school and most importantly prepare for offline examinations were children's concerns. Teachers and parents were in support of these views and parents have suggested not only guidelines for the reopening of schools and practice of education, but for the goals of education itself. Teachers were looking forward to better transaction of teaching-learning, more discipline in children, better concentration and therefore better learning outcomes. Anxiety about reopening was not a predominant voice, but concerns are in numbers like 64 wanting psychiatric help and a little higher number (76) wanting to seek a counsellor; and in terms of per cent, those children who said bullying is a concern that they needed to address on getting back into schools is 63.6%. Children were also concerned about whether they have the same concentration that they did before the Pandemic and about how they would prepare for in-person written examinations. The groups of respondents were unanimous in stating that in-person examinations were the best as online ones are easier to cheat and that the former are a true indication of their abilities. Findings have been discussed in the light of children's developmental educational needs and suggestions have been provided accordingly.

Introduction

CHAPTER I

Introduction

Schooling is a significant aspect of a child's life. It is a process that offers a holistic environment for a child's development. Schools provide a space for academic learning and serve as a medium for children to socialize, play, and participate in activities essential to their physical, social and mental well-being.

The Covid-19 pandemic proved to be a hiccup in the schooling experiences and shifted the course of education universally. The current statistics, dated on 1 January 2023, confirmed over 656 million cases and more than 6.6 million deaths related to COVID-19 as reported to World Health Organization (WHO, 2023).

Approximately 800 million learners across the globe were reportedly affected by the sudden shutdown of schools. A total of 104 countries declared school closure during the initial phase of the pandemic (UNESCO, 2020). The havoc of the spread was significant in the wider educational scenario wherein 1 in 5 learners did not attend school and 1 in 4 did not attend higher education classes (OECD, 2020).

About half of the children from 1400 schools from urban and rural regions were reportedly unable to read more than a few words and around 70% of the students in the rural regions did not appear for an exam or test in the last three months. Across these regions, approximately 75% parents, both in the rural and urban schools, acknowledged the decline in reading abilities of their children (Bakhla et al., 2021).

A recent report quoting the national statistics presented by the Indian Ministry of Education stated that nearly 30 million children did not have access to education online (Kapur, 2021).

In states like Bihar the digital inaccessibility affected around 14 million children in absence of gadgets such as smartphones, computers and tablets. Strikingly this number went up to 70% in the union territory of Jammu and Kashmir where students struggled to access devices for online classes (Kapur, 2021).

The transformation of learning spaces invoked various socio-emotional limitations among the students. With children adapting to learning online, distant from their peers and school environment, poorer social and emotional responses appeared a common sight (Luijten, et al., 2021). Numerous studies reported negative impact of the lockdown both academically and socially (Means & Neisler; 2020).

In absence of teachers, students were more likely to seek support from their parents. Studying from home was reportedly challenging for those students having limited access to tools for learning and those living with uneducated/undereducated parents (Lopez-Calva, 2020).This shift offered challenges against socialization, healthy relationships with peers/teachers and affected children's play-based pursuits. Those dependent on mid-day meals, happened to suffer nutritional losses too (Bakhla et al., 2021). Furthermore, older children, especially girls residing in urban areas were prone to mental health concerns during the Covid-19 lockdown (Duan et al., 2020).

In the Indian context, a recent survey showed a great divide between those studying in the urban areas and those residing in rural regions. Out of 1362 total households spread across 15 states and Union territories, about 24% of total children from the urban spaces were reported to regularly attend schools online. Contrast of merely 8% of the students managed to attend classes online during the pandemic (Bakhla et al., 2021).

Going Back to School: The Challenges and Concerns

While the transition to online learning was difficult for the majority of the children, the ease of going back to school after almost two years of online schooling is a question of concern. Feelings of nervousness and/or reluctance to attend schools, after an extended period of online classes, seemed rampant among many children (UNICEF, 2021).

According to clinical psychologist, Dr. Jennifer Louie, children who were well-adjusted to school in the pre-pandemic stage, apparently struggled while separating from their parents in the post-pandemic phase. Furthermore, the pandemic apparently created a sense of fear among children around safety (and possibility of contracting infections) from people (Miller, 2022). The protocols of wearing masks, maintaining social-distance, use of hand-sanitizer etcetera inflicted immense anxiety amongst children (Miller, 2022). The new social norms at school seemed unfamiliar and unconventional from the usual school environment children were habituated with. The mandate to wear masks or even protective clothing in some schools has made children all the more nervous (UNICEF, 2021).

Social interactions and reconnecting with other students is also another major concern for many students. Adolescence is a stage of life in which there is an increased need for peer interaction. (Orben et al., 2020). Isolation from peers in the school environment has taken a major toll on the well-being of students. Peer relationships during this stage of life foster a sense of independence from parents (Pfiefer & Berkman, 2018). Furthermore, social connections formed in school provide a sense of personal validation, emotional support, companionship, entertainment, and help in solving problems, which can help in the formation of identity (Parker & Asher, 1993).
The loss of peer relationships and face-to-face interactions is likely to impact adolescents' physical and mental health negatively. Research indicates that individuals who reported facing social anxiety prior to the Pandemic are likely to feel more lonely and fearful of negative evaluation (Ho & Moscovitch, 2021).

Therefore, adolescents who have social anxiety might face much more loneliness and anxiety interacting with peers after the lockdown due to their fear of being negatively evaluated by others.

After a period of almost 17 months (500 days approximately), schools reopened. As the students stepped back in the classrooms, parents and pupils responded diversely. Agencies such as the SCHOOL team, perceive this decision a debatable one. Shutting down of schools led to a series of irreversible damages to the social-emotional and physical well-being of students. In households wherein both the parents were employed, reopening of schools present a relief to many. It is deemed necessary to understand the perspectives of those attending the schools. This study aims to explore the experiences of students as their voices need visibility.

Effects of the Pandemic on Child Learning, and its Implications on Schools

School closures as a result of the COVID-19 pandemic may not have affected all students in the same way. Those living in financially privileged households apparently managed to adapt to the changing schooling needs. However, students living in disadvantaged households struggled with the 4 questions of accessibility, affordability, and relevance of online classes. The entire arrangement of online classes appeared to create a divide between those who had access to digital gadgets versus those who were left unattended. Children living in resourceful communities were likely to attend schools with advanced digital infrastructure. Studies noted that these students were more likely to learn from teachers with higher technical skills, enabling them to learn from home easily (Tadesse & Muluye; 2020). On the other hand, children from underprivileged backgrounds may not have had sufficient resources to attend online classes, impacting their learning during the pandemic. Affording IT equipment and computers was found to be difficult for most parents and students in developing countries, including India (Sahu, 2020).

Only 2.7 % of poor households have access to a computer, and 8.9 % of poor households have access to electricity ("Reopening Schools after Covid 19 Closure", 2021). Amidst insufficient infrastructure, students from underprivileged backgrounds may need more time to inculcate the teachings offered during the previous academic year (Tadesse & Muluye; 2020).

A widespread phenomenon of 'forgetting' of learning from previous classes was observed in one of the recent studies. The study surveyed the language and mathematical abilities of 16,067 children between the second and fourth grades across public schools in India. On an average, 92 % of children were found to forget one specific language ability from the previous academic year, and 82% of children could not recall at least one specific mathematical ability from the previous classes. (Azim Premji Foundation, 2021). Research on child development indicates that children who display cognitive and learning deficits in early school are vulnerable. They struggle to read, and face challenges as the mathematical and academic demands increase as they grow older. By early adolescence, they may face low commitment towards academics, dissatisfaction towards school, poor social bonding, and peer relations. (Coie, et al, 1993). Experts in the field of education noted that online classes challenged students' concentration and attention (Clarance, 2022).

Counselors working with children in the state of Tamil Nadu noticed children's disengagement in the form of behavioural gestures such as switching off video cameras during online classes. In contrast, physical presence of peers and attending schools were found to be associated with effective social skills and problem-solving abilities. It is a well-known phenomenon children learn effectively when they are amidst other students their age. School also provides social skills and the ability to learn how to deal with issues during playtime (Clarance, 2022; Vandenberg, 1990). Online classes have not only impacted children's ability to socialize, but also their emotional well-being. Feelings of boredom or loneliness were observed among the majority of the children, eventually challenging their emotional and cognitive stability and overall development (Ravi & Chakravarthy; 2021).

Another major impact of the pandemic is the loss of playtime. In a study conducted in Canada, it was found that youth and children had lower physical activity levels and higher sedentary behaviors including an increase in screen time for leisure (Moore, et al, 2020). It is therefore important for schools to take into consideration not only textbook knowledge but also the development of other social skills and extracurricular activities.

Current ecology of children's development and their influence on learning and socio-emotional life of children (Bell & Wolfe, 2004) and the affective cognitive link (Berylene, 1966) that takes cognizance of holistic development of children and its recognition by educationists and clinical psychologists (Krishna Kumar, 2012; Kapur, 2021; Kapur et al., 2012), also informs this study. The Covid-19 pandemic resulted in the closing of schools physically, then functioning online for close to 2 years and its reopening more recently from the ecology where the child is at the centre. The necessity to explore and evaluate children's socio-emotional and learning experiences, in the phase when schools have reopened, to prevent long-term consequences of loss of learning has been reiterated at the global level. According to a UNICEF report, it is important to scaffold children while they enter into the unfamiliar territory of schooling and to act to help every child return to school. This could involve providing support to marginalized children in every community with remedial catch-up classes, mental health services, nutrition, and protection (UNICEF, n.d.). The findings of the present study will contribute to such efforts.

Online Learning: (Over)Use of Digital Devices

Experts in the field of education noted that online classes challenged students' concentration and attention (Clarance, 2022). A study reporting the experiences of 1163 Swiss digital users offered a glimpse of practices on digital well-being. With a sudden hit of COVID-19 pandemic, people's lives remained perpetually inter-connected in the name of "digital availability" (Nguyen et al, 2022). The authors highlighted the nature of "over-use" of media when the participants observed their digital engagement to be a threat to their general well-being (Nguyen et al, 2022).

Emphasizing on the need for learning evident across humans, an analytical article on "Digital-Wellbeing" highlighted the link Self-Determination Theory (SDT) with overuse of media. The author suggested that humans function with a need to reconnect and learn and several social media portals satisfy relational and informational needs to some extent (Fasoli, 2018, 2021). This article mentioned the terms "non-meaningful and dissatisfactory" to explain overuse of digital devices when excessive time being is spent on social media as compared to engaging in "meaningful" activities like spending time with family, working or studying and/or leisurely pursuits like reading novels (Fasoli, 2021). With respect to behavioural and cognitive implications, the article provides a range of risks such as habituation to immediate gratification, hiding body-language and/or emotional numbing due to excessive use of messaging or chat based portals and a tendency to instantly feel "bored" in absence of stimulating content.

In the field of mental health, counselors working with children in the state of Tamil Nadu noticed children's disengagement in the form of behavioural gestures such as switching off video cameras during online classes. In contrast, physical presence of peers and attending schools were found to be associated with effective social skills and problem-solving abilities. It is a well-known phenomenon children learn effectively when they are amidst other students their age. School also provides social skills and the ability to learn how to deal with issues during playtime (Clarance, 2022; Vandenberg, 1990). Online classes have not only impacted a children's ability to socialize, but also their emotional well-being. Feelings of boredom or loneliness were observed among the majority of the children, eventually challenging their emotional and cognitive stability and overall development (Ravi & Chakravarthy; 2021).

Parental Perception of Reopening Schools

The reopening of schools has not only impacted students but also parents. According to a survey conducted on 4,976 parents across Maharashtra through an online community platform called Local Community, 62% of parents were unwilling to send their children back to school from the end of January 2022. (Majority of Parents in Maharashtra Unwilling to Send Children to School from January 24th: Survey; 2022). A recent report states that about 3.17 crore adolescents were vaccinated by the month of May, 2022 (Pragatiwadi, 2022). This ratio is skewed considering the total adolescent population in India which is 25.3 crore (NHM, 2022). The apprehension around adolescents' physical health and risks to their lives may interfere in the decision of sending them back to school. Parents from rural areas may be unwilling to send their children back to school due to financial circumstances at home. Children from low-income families may have decided to work as daily wage laborers, and may never return to school to continue their education (Tadesse & Muluye; 2020). There could be a greater impact of reopening of schools on social awkwardness, lack of confidence, anxiety about school going and the anxiety generated by competition, offline examinations, etc. Talks of a research team member with the counselors and therapists and some parents revealed that children and adolescents were anxious about returning to the school to the extent that they experienced anxiety attacks. On the other hand, other parents said that children are keen to go back to school, meet with their friends, learn in competitive and shared ways and learn in person by interacting with teachers.

Children and Adolescents: Resilience amidst the Pandemic

The second wave of pandemic posed a hard-hitting situation among multiple families - the virus was observed to impact not only adults but also children. Those experiencing pre-existing severe physical illnesses such as acute respiratory illnesses, diabetes, kidney or liver disease etc. were at greater risk (UNICEF, 2021).
Statistically about, 21.5 million children (with approximately 47% were girls), attained remote learning.

The annual report published by UNICEF India (2021) claimed that about 2,80,000 teachers including school focal points across 218000 schools of India, received training in WASH (an acronym for water, sanitation and hygiene), infection prevention and control protocols.

However as proposed earlier, children and adolescents were experiencing risks that spread beyond their physical well-being. Schools were shut and peer interaction was paused with no prior notice. These adversities were vital affecting the resilience processes among children and adolescents.

Resilience is defined as a process of navigating and negotiating resources (individual and/or environmental) amidst life threatening adversity to attain stability. (Ungar, 2008, 2011). Resilience further indicates ability of a system to withstand and/or recover from significant challenges threatening its stability, development or viability (Masten, 2011). With regards to children's experiences amidst the pandemic, it was deemed essential to take a note of various protective factors. These factors at individual, interpersonal, cultural and/or community level (Ungar, 2011) were considered important to understand 'what worked' for a few students despite social isolation and life-threatening COVID-19 infection.

Scholars suggest that resilience is a process and not an individual trait or an event (Khanlau & Wray, 2014). The literature on resilience introduced two key features - risk and protective factors (Masten, 2011, Ungar, 2008, Prince-Embury & Courville, 2008). Risk factors indicate challenges having long-term and/or chronic negative impact on a person's life such as COVID-19, social isolation and threat of sudden death due to contraction of infection during the pandemic. For instance, Misra and Konantambigi (2019) highlighted the meaning-making process of adolescents aged 12 to 15 years in Noida, NCR (National Capital Region) by looking at the acts of bullying and associated behaviours of teasing, fighting and cyber bullying.

Here, we can perceive bullying, teasing and other related behaviours as overall risks in the lives of the adolescent participants. Though the study situated the experiences of bullying in a subjective manner wherein many adolescents considered teasing and fighting normal, globally these behaviours could be considered atypical factors (Ungar, 2008) that do not fit the 'adaptive behaviour' framework yet offer coping to many students in the school context.

In contrast, protective factors refer to all the processes and elements that tend to support an individual's sense of stability, enhance positive adaptation and encourage growth in an individual's life. A study among at-risk adolescents living in a resource constrained community in Mumbai (known as slums) found that indicators such as self-initiated learning, problem solving skills, responsible behaviour, academic encouragement from relatives and being involved with active tutors at the community learning center acted as protective factors (Chilwarwar & Konantambigi, 2017; 2018). These protective factors were situated at individual, family and community level. Focusing on such protective factors in the current study provided direction to understand how the children's coping was shaped in absence or presence of individual and/or community based sources.

Pursuing high school education and higher studies have been considered as important markers for adaptive behaviour during adolescence (Nicols., et al. 2016). Similar studies exploring academic resilience offer a range of protective indicators among adolescent students. Being optimistic about their experiences, exhibiting adaptive behaviour at school, determination to succeed and pursue schooling, inclination towards higher education and career aspirations (Phasha, 2010). Situating findings in the African context and social-emotional risks of abuse and domestic violence, Phasha (2010) further highlighted the role of faith in education, self-regard and self-knowledge as enablers for academic resilience.

In the South- East Asian context, the role of education is considered as an equivalent of identity in many ways. Scholars suggest the vitality of academic resilience among youth was facilitated by the presence of supportive parenting styles and family cohesion where parents encouraged the habits of reading and acquiring newer academic skills among their children (Pan & Yi, 2011).

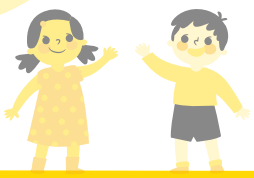
Within the school systems, ensuring presence of supportive experts was considered a significant step to ensure mental- wellbeing of students. While experiencing psycho-social risks, children and adolescents experienced restricted play and

loss of learning, the School Initiative for Mental Health Advocacy (SIMHA), recognized the potential of schools as communities of care to promote resilience and well-being among youth (Duggal & Bagasrawala, 2020). By facilitating a series of webinars involving 600 participants across 140 schools in India, Indonesia and Nepal over the span of two months, SIMHA attempted to facilitate competence and self-care during the global COVID-19 outbreak among children and adolescents. Further, the team acknowledged the scaffolding role of school counselors in promoting resilience among students, especially amidst the global risk of pandemic.

Looking at the aspect of academic resilience, scholars defined it as a process of attaining positive outcomes in academic life despite life-threatening adversities such as COVID-19 pandemic in the current study. The findings mentioned above seem relevant in the current study to explore the role of parents and teachers in shaping the academic resilience among the students (children and adolescents both). The shift from online classes to reopening of schools was considered to elicit risks among the participants that led us to conceptualize their resilience.

Alignment with Sustainable Development Goals (SDGs)

In the European context, WHO defined the 17 Sustainable Development Goals (SDGs) in an integrated manner that recognize that action in one area will affect outcomes in others **(refer to Fig. 1.1).** The framework exclaims that development is a simultaneous process that fosters a balance between social, economic and environmental sustainability (WHO, 2022).



With a vision to end poverty, hunger, HIV/AIDS, and discrimination against women and girls, these SDGs are being globally adapted by several countries. Out of the total 17 SDGS, situating this framework in the project offered a landscape to emphasize on the following SDGs

a. SDG no. 4 - quality education - supporting high quality education for all to improve health and health inequity (assessing the shift from online to offline, teacher, student relationship, academic performance in the current study)
b. SDG no. 16 - Peace, justice and strong institution - empowering strong local institutions to develop, implement, monitor and account for ambitious national SDG responses (such as schools in this study)

The current project aligned with the SDGs provided by WHO (2022) and considered the exploration urgent and necessary as a first step towards mitigating risks among school going children/adolescents post pandemic closure.

The Report: Locating the Current Study

The pandemic posed social-emotional risks among children and adolescents, especially in the context of schooling. This report summarizes experiences of a total of 751 children (boys=319, girls =432) across India. Specifically, children aged 9-19 years studying from 5th to 12th standard (grade) residing across East, North, South and West zones participated in the study. Out of 751 participants, 98% children (i.e. 736) reported to be living with their families. During the data collection phase about 692 students attended schools physically i.e. offline.

The study explored participants' experiences in three phases as mentioned below:
a. Before COVID-19 pandemic
b. During COVID-19 pandemic
c. Post closure of COVID-19 pandemic (specifically shifts during reopening of schools).

[1] An initiative of the School of Human Ecology, Tata Institute of Social Sciences, Mumbai, India that aims to improve mental health systems within educational institutions across India by working collaboratively with students and educators (Duggal & Bagasrawala, 2020).

Along with children's experiences in their own voices, the data brings forth perceptions of teachers and parents as well. The overall risks and challenges experienced by children and adolescents during the pandemic are reported by summarizing the larger social-emotional and academic concerns and coping mechanisms.

Exploration related to the academic adjustment, impact of lockdown and online schooling on children's engagement and classroom participation during the online to offline shift, teacher-student relationship, barriers around socialization and peer interactions are presented in a mixed format using qualitative as well as quantitative data. The routines of play and leisure transformed during the lockdown phase. Using children's narratives the data mirrored how children and adolescents largely relied on the use of gadgets (such as cellular phones and computers/laptops) for all the necessary entertainment. Overall, their experiences were a mix of how pandemic was both a boon to their comforting lives as well as a risk to their social lives. Restricting their access to peer groups, extra-curricular activities in schools and in general participation in classrooms via online mode seemingly affected their academic performances. The study further explored the impact of school closure on academic and career related aspirations among the students. A section on the relevance of reopening of schools emphasized on an overall 'cheerful' tone among the student community with respect to revisiting their classrooms, meeting their friends and interacting with their teachers. With respect to parents, the findings highlight the financial challenges and navigation exercised during the pandemic, interpersonal conflicts with children/adolescents in terms of academic expectations from their children. The experiences of teachers seemed to put forth the themes of disengagement, lack of focus and attention and overall reduced participation in classroom activities during the online mode of learning. Larger worries around gadget-based addiction and overuse of online modes of learning were presented by the teachers.

Fig. 1.1 Sustainable Development Goals (European Health Report, WHO, 2021)

Methods

CHAPTER II

Methodology

This study followed a mixed-methods approach to address the research inquiry. Creswell et al. (2014, p.21) define mixed methods as an approach "…in which the researcher tends to base knowledge claims on pragmatic grounds (e.g. consequence-oriented, problem-centered, and pluralistic)'. Therefore the attempt was to combine consequence-oriented and problem-centered approaches. The aim was primarily to explore the voices of children (on reopening of schools) and secondarily to understand how parents and teachers perceived children's experiences (risks, challenges, learning etc.) as the schools were declared to reopen. Further, the study aimed at investigating parents' and teachers' modes of addressing the challenges. A mix of qualitative and quantitative strategies bore significance to this research. Therefore, the design was shaped to be a concurrent qualitative-quantitative (mixed-methods) approach.

Research questions, design and methodological details will be followed by demographic details of the respondents that were obtained. The last section of this Chapter will provide a Chapter Plan for the entire study.

Research Objectives

The objectives therefore for this study was to understand the experiences of children on reopening of schools

1. To explore experiences of children attending schools post the reopening of schools after the lockdown and school closures due to the COVID-19 pandemic
2. To understand the academic and social-emotional challenges of children attending school post reopening of schools after the COVID-19 pandemic
3. To explore the experiences of parents and teachers in the context of scaffolding children as schools reopen after the COVID- 19 pandemic

Operational Definitions and Sensitizing Concepts

Pandemic - A pandemic is defined as "an epidemic occurring worldwide, or over a very wide area, crossing international boundaries and usually affecting a large number of people". (Last (2001) in Kelly, 2011)

COVID-19 - "Acute onset of fever AND cough; OR acute onset of ANY THREE OR MORE of the following signs or symptoms: Fever, cough, general weakness/fatigue, headache, myalgia, sore throat, coryza, dyspnoea, anorexia/nausea/vomiting, diarrhoea, altered mental status (WHO, 2020)."

COVID-19 Pandemic - The official website of World Health Organization (WHO, n.d.) mentioned "The COVID-19 pandemic is a global outbreak of corona virus, an infectious disease caused by the severe acute respiratory syndrome corona virus 2 (SARS-CoV-2) virus. The first cases of novel corona virus (nCoV) were first detected in China in December 2019, with the virus spreading rapidly to other countries across the world. This led WHO to declare a Public Health Emergency of International Concern on 30 January 2020, and to characterize the outbreak as a pandemic on 11 March 2020."

Resilience - "In the context of exposure to significant adversity, whether psychological, environmental, or both, resilience is the capacity of individuals to navigate their way to health sustaining resources, including opportunities to experience feelings of wellbeing, and a condition of the individual's family, community and culture to provide these health resources and experiences in culturally meaningful ways" exclaimed Michael Ungar (2008, p. 225), a leading Canadian resilience researcher.

Well-Being - After analyzing studies in the context of subjective well-being with debates around the simplicity, vigour and universal application of the term 'well-being', Dodge et al., (2012) focused on the definition as, "...stable wellbeing is when

individuals have the psychological, social and physical resources they need to meet a particular psychological, social and/or physical challenge (p.230)." The current study located school closures and COVID-19 pandemic as a challenge, while assessing the socio-emotional, academic risks and resources among children/adolescents.

Life or lived experiences before the Pandemic and during the Pandemic are broad domains for qualitative inquiry in this study. They pertain to what was uppermost on the minds of the respondents. However, as the research had queries about reopening of schools, the framing of the study was automatically around COVID 19 phenomenon. The phenomenon also became a marker for asking questions and one can therefore expect experiences to flow from comparisons among these three phases.

Approach to Inquiry

Mixed methods approach was followed using in-depth interviews and formats with open-ended questions with discernible voices and numerical data obtained through self-report measures (Teddlie & Tashakkori, 2003). Quantitative Data i.e. numerical data was aimed at pragmatics of decision-making for administrators and policy-makers. To understand the experiences of children attending schools in the post school-closure phase, varied formats of interviews, self-report measures aimed at quantifying the data were used. Semi-structured interviews were conducted with teachers and parents whose students/children had stepped back in school (Information Sheet, Consent from Teachers/Schools, Assent Form for Children and a Parent Consent Form have all been included in the Appendix . A separate consent form was created for parents whose children participated in the study **(See Appendix V)**. To validate voices of children, self-report surveys with open-ended responses were elicited. Google Survey methodology was also used to obtain the views of older children, parents and teachers on the reopening experiences. In the light of research questions, the mixed methods design best suited was the concurrent mixed-methods (the qualitative -quantitative continuum).

Lines of Inquiry

1. What were children's initial responses to the step of reopening the schools?
2. How were the children planning to navigate their learning patterns from online to offline classes?
3. What were some of the dominant social-emotional challenges children experienced as they stepped inside the school after about 2 years of school closure for in-person transactions?
4. According to the children, what was the impact of re-opening of schools on their academic and social lives?
5. What were the visible effects of reopening of schools on the students' learning?
6. How were teachers and parents perceiving students' responses as they stepped back in schools?
7. What were the adjustments that teachers and parents made to help children on reopening of schools?

Sampling

Non-probability convenient sampling was a feasible option for accessing respondents. Children in two cohorts were approached for data collection; a) those aged 12-14 years and b) those aged 15-17 years, who were attending school in the post-lockdown phase. Parents and teachers of children in the same age range were accessed through the non-probability sampling.

Inclusion Criteria in the Selection of Children

- Children in the age range of 12-14 years and 15-17 years
- Children enrolled in public/private schools in India
- Children who attended school after re-opening
- Residents of India, since the lockdown was announced on 24th March, 2020.

Exclusion Criteria for Children

- Children who underwent treatment for a medical conditions (other than COVID-19)
- Children with severe neuro-developmental concerns
- Children with experiences of linguistic challenges
- Children who lived in institutions /shelter homes

Inclusion Criteria for Parents

- Parents with children (including adolescents) in the age range of 12 to 17 years
- Parents whose children were attending schools during the study
- Residents of India, since the lockdown was announced on 24th March, 2020.

Inclusion Criteria for Teachers

- Teachers engaged with classes from 6th to 11th Grades before the school closures for the pandemic and after the reopening of schools
- Teachers residing in India, since the lockdown was announced on 24th March 2020.
- Exclusion Criteria for Parents and Teachers
- Parents staying away from their children during and after lockdown and after reopening of schools
- Teachers who lived outside India during the lockdown and on reopening of schools.

Data Collection

By approaching the children, parents and teachers in areas where CRY had access to communities and schools, the data were collected in the following formats

1. Face-to-face in-depth interviews
2. Telephonic/digital interview

Online Survey (using Google Forms)

Sample Size: Sample framework was drawn based on CRY's access to communities, schools/teachers and parents, and those respondents who answered Google Forms of their own accord. A total of 1080 children, 510 teachers and 180 parents across the four regions of the country were to be covered, **(kindly refer to Table 2.1)**. Ideally, triangulation of data would be best if the three groups of respondents could form a triad; that is, along with a child respondent, if one could elicit responses from the child's own parent and a teacher who has taught this particular child. This exercise was not possible due to coding limitations.

Table 2.1: The sample targeted and obtained

Sample Category	Targeted sample	Obtained sample*
Students or children	Targeted approximately 1000 - **a mix of Rural and Urban Areas; again, a mix, there may be more from underprivileged sections** Approx. 500 boys and girls each Approx. 250 from one zone each. **The sample frame created has resulted in 1000 children.**	751
Parents	**The sample frame expectation was about 180 parents.**	77
Teachers	At least 200 in total, 50 from each zone **The total number of expected teachers is 200.**	228

Sampling Location

Respondents were accessed from a range of states of Maharashtra, Gujarat, West Bengal, Bihar, Jharkhand, Delhi as a state, UP, Rajasthan, Manipur, AP/Telangana, Tamil Nadu, and Karnataka. Data was collected from cities/towns, namely, Delhi, Mumbai, Bangalore, Hyderabad, Kolkata and Jamshedpur and other areas which were accessible to the CRY team. The locations were selected considering CRY's presence in these cities and nearby townships. Rural and urban locales representing government and private schools were covered. The total sample represented both boys and girls. Their access ensured that the research captured the voices of participants from diverse contexts across the country.

Measures for the Study

Information Sheet: A detailed document describing the process and ethical protocols was shared with the parents/guardians along with a brief version. A similar information sheet was shared with the children. **(See Appendix I: Parent Consent Form and Child Assent Form)**

Socio demographic intake sheet: Two intake sheets were tested in the pilot-phase. These sheets were amalgamated with the interview schedule and Google forms as separate sections. The demographic details involved information on their geographical location, schooling, family background, educational status/background. **(See Section-2 in ANNEXURES V, VI, VII: Socio-Demographic Sheet).**

Interview guides for children and self-designed survey forms for children, teachers and parents were used to collect the data. These formats had similar questions enabling triangulation. All interview guides and survey forms were pilot-tested. In the post-pilot study phase, adaptations were done for all tools by adding open-ended queries and refining the wording of questions. Children's forms and the interview guide was modified by adding items from Brief Resilience Scale with an option for uploading visual arts-based documents as a form of children's narrative.

Understanding the needs of the respective communities at diverse geographical zones, questionnaires were translated into various Indian languages - Hindi, Bangla, Gujarati, Telugu, Tamil, Marathi and Kannada. **(See Appendices - V, VI, VII: Tools of Data Collection in English)**

The visual arts format for children - drawing for creative expressions

A drawing to depict children's experiences of reopening or anticipated reopening of schools was requested. The submission was not mandatory. Visual arts-based format was considered as an optional tool. Complete agency was offered to the children to engage in the drawing. Children were provided with choice on whether to draw depending upon their diverse experiences after the schools re-opened. The instructions were open-ended and allowed for understanding the thoughts and feeling of children. They were instructed to:

- to draw leisurely
- to describe the picture
- to name/label people in the drawing
- to describe their feelings and thoughts

In situations where children asked more questions about drawing, they were requested to create images/doodles capturing their experiences closely. Children as well as CRY volunteers were informed to upload the scanned images via Google forms or share it on a particular email ID that was created for collating of data for this study. The images were stored using codes to protect the identity of the child. In instances where access to the students was possible for personal interviews, they were provided with art material to express their schooling experiences.

Comprehending Resilience: Framework of Grotberg

Edith Grotberg's (1995) resilience questionnaire explored elements conducive to the development of children. The three elements of "I CAN", "I AM", and "I HAVE" by Grotberg (1995) located self-perceived abilities of the person, qualities/traits of the person and aspects of interpersonal communication and support available in their lives.

Brief Resilience Measure

The Brief Resilience Scale (BRS) is a self-report measure of resilience that assesses an individual's capacity to cope with and recover from adversity. Smith et al. (2008) suggested that it is a widely administered culture fair-scale with a total of six self-report items (refer **ANNEXURE VIII**). Respondents/participants rate their experience based on a five-point scale starting from 1 point indicating **strongly disagree** to 5-points suggesting **strongly agree**. The scale distinguishes resilience into three sub-categories

- Low resilience score -1.00 - 2.99
- Normal resilience score - 3.00 - 4.30
- High resilience 4.31 - 5.00

In the South East Asian context, Fung (2020) analyzed the relevance of BRS. The findings suggested that BRS was found to conquer higher internal consistency (a=0.71) as compared to other 4-point items scale Brief Resilient Coping Scale in a cross-cultural validation study (Fung, 2020). The BRS holds good criterion validity and assesses the measures of self-esteem, self-efficacy, wellbeing, optimism and mental health. The scale items were adapted in the current study for assessing children's coping mechanism (Fung, 2020).

Scale to Assess Anxiety

A self-report measure involving five items with 'yes' or 'no' responses was added to the tool. A total of frequency and percentage was analyzed to assess the levels of anxiety based responses of the participants. For instance, the first item read - "I am worried about the fact that I am not ready to interact offline with anyone." (Refer to Table 4.14 from Chapter IV: Experiences on reopening of Schools)

WHO-5 Well-Being Index

The children's interview guide included an adapted version of the WHO-5 Well-Being Index. The scale originally consisted of a six-point Likert scale (Topp et al., 2015). This index has been used extensively worldwide across different regions:

a. Africa - Algeria, South Africa
b. Asia - Bangladesh, China, India, Japan, South Korea, Sri Lanka, Taiwan, Thailand
c. Europe- Northern, Southern, Eastern, Western and Central Europe
d. North and South America -Canada, the US, Brazil, Mexico
e. Middle East -Israel, Iran, Lebanon
f. Oceania - Australia, New Zealand

Topp et al., (2015) evaluated the index based on the criteria of sensitivity, specificity and index of validity.The authors analyzed the findings of 18 clinical studies with about 5823 individuals within the field of geriatrics, well-being of children and adolescents, psychiatry, neurology, endocrinology among others. Their evaluation suggested that in the field of pediatrics the sensitivity (children = 0.75 & adolescents = 0.74) and specificity (children = 0.92 & adolescents = 0.89) with children aged 9-12 years and adolescents aged 13-16 years, respectively. These scores were indicative of higher accuracy, usefulness and applicability. Simplistic and straightforward language of the items fostered the successful dissemination of the most recent version (Topp et al., 2015). The index was found to lead to fewer translation problems as compared to other well-being scales. Additionally, the statements/questions did not seem to transgress any cultural norms in respective countries (Topp et al., 2015).

This study adapted the scale and used a five-point likert scale (refer to APPENDIX-IX). The original scale had a raw score ranging from 0-25 (Topp et al., 2015). The adapted scale had a raw score ranging from 0-20. Scores falling in the range of 16-20 suggest higher well-being whereas that between5-10 indicates lower well-being markers. The tabular representation below suggests changes made in the scale (**See Table 2.2**).

Table 2.2: Interpretation of scores on the WHO-5 Well-Being Index

Original WHO-5 Well-Being Index (six point)	Adapted Well-Being Index (five point)
• All of the time = 5 • Most of the time = 4 • More than half the time = 3 • Less than half the time = 2 • Some of the time = 1 • At no time = 0	• All the time = 5 • Most of the time = 4 • Sometimes = 3 • Rarely = 1 • Never = 0

Translation of all consent/assent forms, demographic information sheet, measures and means utilized for data collection

The questionnaires for children, parents and teachers (i.e. the semi-structured interviews) were primarily designed in English language. All tools were translated into seven Indian languages, namely Hindi, Marathi, Tamil, Telugu, Gujarati, Bangla and Kannada, to be used across the various regions of East, West, North and South Zones. The questionnaire was available in a total eight languages.

The English forms of the tools can be referred to in the section on appendices (See all forms and measures in the annexures).

Modes of Data Collection

For all respondents, the mode of interview, whether online Google survey, in-person, telephonic interviews, was determined by the situation. Google surveys were considered to be more accessible to families belonging to the middle and/or upper socio-economic class. For the visual arts-based inquiry, children were invited to draw a picture about their first day at school on reopening after the COVID-19 pandemic. The instructions were kept open-ended to ensure neutrality and enhance openness towards their experience. The children were encouraged to write about the pictures that they drew. Tools for the different set of respondents are appended as below:

1. Semi-Structured interviews with children – in person. **(based on Annexure V)**
2. Semi-Structured interviews with parents and teachers. **(See Annexure VI & VIII respectively)**.
3. Drawing by children on their experiences of reopening of schools. **(See Annexure V- Section 6)**

Ethical Considerations

Ethical considerations were based on the principles of non-malfeasance, voluntariness - right to participate or withdraw from the study at any time during the study rested with the participants. The guidelines and consent form included protocols on the right to information about the study, participants' role and overall benefits from participating in the study.

Children's assent was sought orally as well as through online modes via Google form. Similarly, parents and teachers were approached and consent was sought through the principles of non-malfeasance, voluntariness, autonomy, anonymity and right to information. Consent was recorded in the eventuality of parents/children who experienced personal/technical barriers to sign the document. In such instances, assent to participate was recorded as such by the investigator/CRY volunteers conducting the interview. Children, parents and teachers, if shared challenges/issues that might lead to their seeking counseling, resources were provided to them. In the debriefing session or on their request online, a list of possible counselling services or counsellor's contacts was expected to be shared by the volunteers who conducted the in-depth interviews. Sharing the study findings with the respondents as a soft copy was considered to be a crucial step in this study. Sharing an executive summary would be one such way.

A detailed participant information sheet for parents and teachers, containing information about the research and the risks/benefits to children and their families was provided in Hindi, English, Kannada, Marathi and Bengali, etc. (and other Indian languages reported in the sample grid) all participants and guardians (**refer Annexure I- Section A, Section B and Section C**).

- Questions and clarifications were addressed prior to data collection.
- Written informed consent for participation or audio recorded consent/assent was obtained from all the parents, children and teachers (**refer Annexure II, III, IV, respectively**).
- Consent was received from parents to use the responses given by children as verbatim in reports and publications, without any identifying information.
- Participation in the research was voluntary and participants exercised the right to withdraw from the study at any point. It was ensured in advance that if at any point parents or children decide to withdraw their participation in this study, the engagement of CRY remained intact with them and their families.
- Anonymity and confidentiality was maintained by ensuring digital storage of data in encrypted formats, pass-word protected files.
- Pseudonyms and Unique Identification Codes were used for all the participants and identifying information was kept confidential throughout the report of this study.
- The research team was trained and oriented to the ethics of this research. The volunteers and the team leaders attended two rounds of training with the CRY-TISS team and their volunteers who collected the data across four zones.
- The respective team leaders, as part of CRY's induction process, oriented volunteers to the values and rights of children, especially in the context of research.
- Additionally, training specific to this research was held post the pilot phase as well.
- Care was taken that the research team exercised caution while interacting with members from lower-income group families to avoid forms of disrespect and humiliation.
- If the participants do not wish to provide responses for a particular question, volunteers were expected to comply with the respondents.
- The interviews were conducted at a convenient time for the participants.
- In situations where participants experienced any emotional distress while filling out the survey, responding to the interviewer, or the research staff identified the same, the interview process was permitted to be terminated. Continuation of the process with a break was dependent on participants' agreement.
- The contact details of trained counselors or helpline numbers offering subsidized/free psychotherapeutic services to children and adolescents were provided to the participants and their families.
- Collectively, the team provided consensus that the study findings were to be shared with respondents and the teachers/parents as per their preferences.

Pilot Study

All tools were pilot tested on a total of 12 parents, teachers and children, in the four zones of India, namely, East, West, North and South. The tools for parents and teachers elicited detailed responses as well as demographic data (especially from parents about parental education, occupation, and income; the latter information giving was voluntary). The tools for children were found to be lengthy with many domains of experience. Therefore, the open-ended Grotberg's (1995) tool to elicit resilience was not administered to children. Fairly rich data in terms of qualitative as well as quantitative from children and qualitative data from parents and teachers was anticipated after the pilot study.

Process of data collection

1. ***Follow-up of data collection training.*** Data collection started after yet another round of training to the volunteers collecting data. Changes to the information sheet, tools, etc were covered again to ensure that everyone understood the procedures. Data entry training was also conducted. Procedure of entering the interviews verbatim and then translating it into English was followed by persons who knew both the regional language and English.

2. ***Information Sheet.*** A detailed document describing the process and ethical protocols was shared with the parents/guardians along with a brief version. A similar information sheet was shared with the children. (See Appendix I: Parent Consent Form and Child Assent Form). Those child respondents who filled the Google Forms had also to obtain consent from their parents and show written or verbal assent which was then saved and protected in digital formats. Parent and teacher respondents were to provide consent to their participation, again by signing the forms or through verbal consent which was digitally recorded and saved.

3. All three groups of respondents have participated by following either of the methods:
   a. Physically filling out the interview form
   b. In-person interview (recorded digitally)
   c. Telephonic or online interview (recorded digitally)
   d. Google form responses (self-administered format)

4. ***The ethical protocol:*** The ethical protocol explained above under the section, "Ethical Consideration" was adhered to.

5. ***Recording and storing the interview:*** Interviews were recorded digitally, either conducted online or in-person and stored by proper encryption means to protect the identity.

6. ***Checking the data:*** Checking with the respondents if they have added everything that they would like to say to each of the questions (in the Google Form group, they could be contacted through an email id.

Methods of Analysis

Qualitative and quantitative data were analyzed separately and triangulated to understand children's voices and experiences on reopening of the schools. The quantitative data was gathered and managed as multiple digital files for each zone separately - audio-recordings, images of artistic creations, scripts of transcriptions and Excel sheets for thematic codes. For four zones, a master-sheet was created to include three sub-sheets. These sub-sheets collated data for children, parents and teachers distinctly within the master excel sheet for each zone.

Quantitative Data: For quantitative data, the Statistical Package for the Social Sciences (IBM SPSS Statistics for Windows, Version 20.0. Armonk, NY: IBM Corp) was used.

Normative tests were conducted to understand the nature of data retrieved from each zone. Parametric or Non-parametric tests were used depending upon whether the distribution of various values and scores were normally or non-normally distributed (Sara, 2010). Descriptive statistical tests were run to generate the frequency tables. Inferential statistical tests in the form of Chi-square tests were run to assess the relationships between the various independent variables and the children's responses to reopening and levels of well-being and coping. However, the inferential statistics revealed some significant results with regard to the effects of age, grade, gender, and individual school-reopening related items on wellbeing and coping. Tests of significance could not be run across rural-urban and income as the three groups of respondents did not form triads and the income data had discrepancies in data entry.

Qualitative Data: The qualitative data from interviews and open-ended sources were thematically analyzed based on six-phases suggested by Braun and Clarke (2006). The patterns were identified, and colour-coded, the "keyness" of these patterns based on the research inquiry were considered vital for findings, 'conventions' (terms like majority, many, a few) were not used to represent prevalence in the thematic analysis, complexities or connections were explained, identifying 'latent'/under-researched themes was undertaken and content-rich articulations of respondents have been included to represent themes in the data.

On preliminary examination of the visual arts based documents (drawing and sketches) by children it was found that the drawings did not capture the complexity of thoughts and feelings on reopening of schools. Therefore the drawings have not been included as data.

Triangulation of data: Assessment and amalgamation of all relevant sections of the data together were considered crucial steps for analysis. Researchers ensured that triangulation of data yielded the best results across the three respondent groups of children, parents and teachers and the quantitative and qualitative measures.

Analyses: Process and Details in the Current Study
Quantitative data was analyzed using the SPSS Programme (trial version). Descriptive statistics and measures of association have been used. Non-parametric inferential statistics have been the mode for analyses, wherever applicable, as the sampling method was purposive and not random. Demographic data drawn from the responses of the parents are presented in tabular formats.

Qualitative data was analyzed by using the following steps:

1. Responses used for analysis were either filled in by respondents or it was the transcribed interview data. Transcription and translation were done simultaneously by the zonal team members of CRY who knew both the regional language and English.
2. Quantitative results were not significantly different across zones of India. Therefore, the qualitative analyses were done together for the Zones of India.
3. Two of the team members got familiar with the data by reading and re-reading the responses.
4. The response categories or theme names were utilized from the research questions asked. Given the phenomenon that was being studied, elements to create continuity with the phenomena, like life before Covid-19 or the Pandemic, during the Pandemic and the reopening of schools have been deployed. Other themes in the analyses have also been the components significant to reopening of schools and children's life during the schools years, namely, the Pandemic itself and children's/families'/teachers' experiences, academic life and difficulties (if any), socio-emotional, financial, etc. Themes in the data Themes in the data or nature of responses (for example, positive experiences, negative experiences, specifically worded responses to the question posed colour-coded. Quotations were highlighted or marked (colour coded as well) to illustrate the code and have also been inserted along with themes. These were the steps followed for each question or the theme that emerged.
5. Further abstractions and summaries of the data were undertaken.
6. Triangulation of the summarized responses was done for all questions together for a respondent group. Triangulation process was repeated to bring together the understanding for the four Zones of India.
7. As a larger analysis approach, triangulation quantitative and qualitative data was done. All triangulated data is presented in Chapter III.

Triangulation
The phenomenon of COVID 19 has been faced globally and here in the sample we have three stakeholders, the children, the teachers and the parents. Views and voices about the experiences of before COVID 19 (also referred to as the Pandemic in this report), during and on reopening of schools have been brought together in this Section of the report. The views and voices, though focused on the latter, ones on before and during the Pandemic were explored briefly. Other accounts have already been around for the past year and a-half, and the team of CRY-TISS (2021) also have one. In this report, the focus is on experiences and views of children about reopening of schools or getting back to school after the lockdown period when schools were temporarily closed and classes/transactions went about online. The teacher data and parent data (largely qualitative and some quantitative) are used to triangulate for dependability and validation.

The act of triangulation is to look for similarities and differences in the experiences of the stakeholders and the model here being, qualitative and quantitative has brought together the quantitative data. The model is a sequential qualitative-quantitative design (Cresswell, et al., 2007), where the quantitative data has supplemented the qualitative one. When data do

match, it will tell us that everybody has experienced or observed the impact of COVID 19 and the reopening of schools similarly and lends credibility to the experiences. Action take is then easier and can move unilaterally. When data do not match, implications could be significant for children's learning and wellbeing as stakeholders would need to understand each other's viewpoints. The responses of children which characterize feelings of well-being and resilience, as well as fears and anxiety about academic issues or socio-emotional issues, have been triangulated with the other sources of data. The main focus was the analysis has been children's data. However for certain domains children did not have many elaborations; it was the teachers and parents who spoke up, starting from precautions to be taken before the schools reopened, to the ones about what education should be all about.

Introducing the Sample: Demographics

The possible sample for children, parents and teachers do not necessarily form a triad either for those contacted through schools or obtained through Google Forms. The reference is to the accompanying graphs that depict the data about the sample of this study. Sample obtained was statistically large (>30) across the zones. A total of 751 children participated in the study. Additionally, the sample for teachers (77) and parents (228) was statistically huge.

It has been represented by metropolises of Mumbai, Kolkata, Delhi, Bengaluru, Hyderabad and Chennai and other Tier II and III cities were there as well, comprising 59% of urban population. Rural areas were represented by 41% of the total participants.

Order of the Tables or Pie-Charts:

Demographic information obtained has been organized in the following sections.

Demographic of Children(see Figures 2.1 to 2.5)

Though the aim was to represent children in the age group of 12 to 14 and 15 to 17, the sample obtained stretches to 9 to 11 and 18-19 years as well (the reason being that these children would have answered the Google Form). More boys than girls make up the sample in the ratio of nearly 42:58 percentages; child respondents were spread through the grades of V through XII. Sample was largely distributed across the 4 zones evenly.

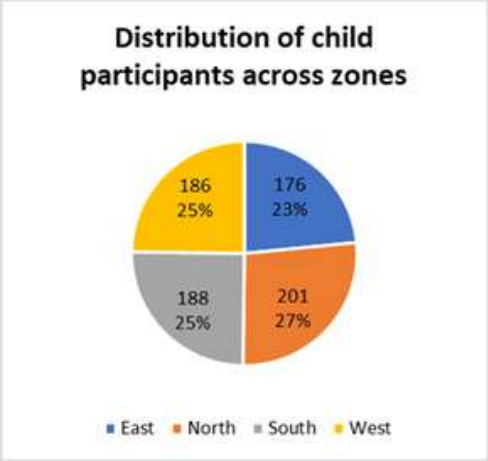


Fig 2.1 Distribution of child participants across zones

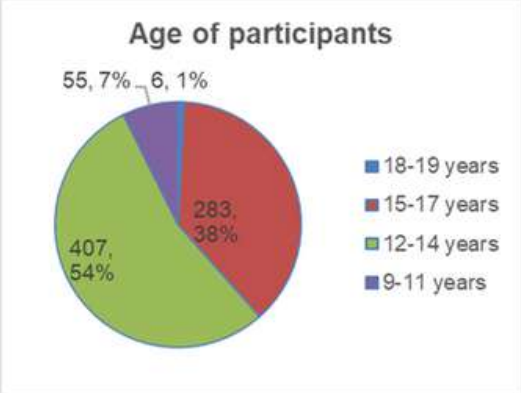


Fig 2.2: Age-wise distribution of children

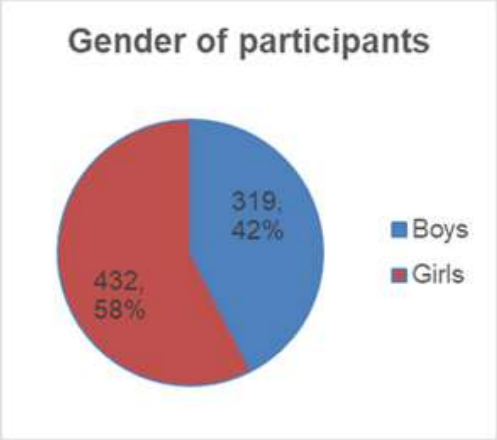


Fig 2.3: Gender-based Distribution of children

The qualitative responses do not vary among children, though the older ones have been more articulate. For quantitative data, children were interviewed by reading out the item to them. There have been answers online (on Google Form by children, where they answered both qualitative and quantitative questions on their own). At the time of collecting data, 90% of the child respondents were back in the schools.Only 1.3% of the children said that their schools had not reopened. Children largely hailed from Private Schools (79.3%). The latter also confirms the trend noted by ASER (2023).

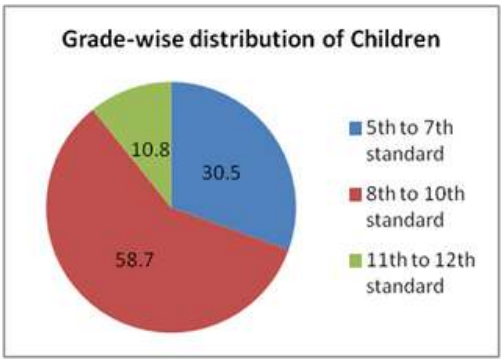


Fig 2.4: Grade-wise distribution of children

The sample had the following income distribution:

Demographics of Teachers

Teacher demographic data (See Figures 2.6 and 2.7) has been limited to zones that they represented, and except for Eastern India, where the relatively larger presence of CRY made data collection possible in larger numbers (35.1% coverage of teacher respondents in comparison of 20-odd percent for other zones). Teachers taught in marginally more numbers for Grades V to VII and VIII to XII.

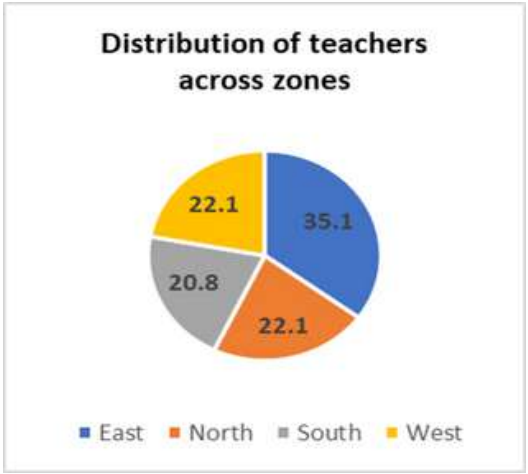


Fig 2.6: Distribution of teachers' across zone

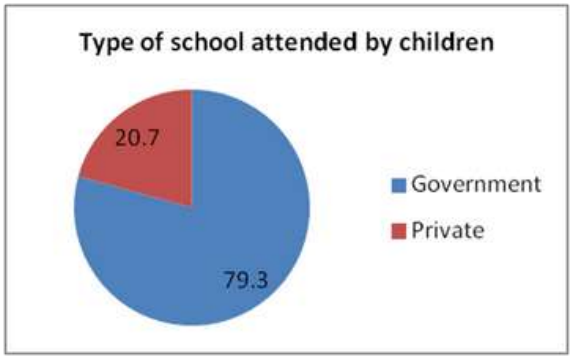


Fig 2.5: Type of school attended by children

Demographics of Parents

Information about parent respondents has been presented in Figures 2.8 through 2.11. Majority of the sample belonged to lower income groups (Figure 2.11) where the families (with income 1 lakh rupees and below per year - 51.8 %) and those with income range of 1 lakh to 5 lakhs rupees (21.9%). More than 70% of the sample in this study would be struggling to maintain a lower-middle class life. A comparison with an income of Rs 12,000 per month was in public discussion when the Congress government was arguing for better wages in the later 2010s. With that as a basis that and the current Kuppuswamy Scale, the families with 1 lakh as income per year would be eking out a living with Rs 8,333/- as the monthly income. Parent respondents have also been represented marginally more from the Eastern zone (Figure 2.8); the majority were from urban areas (59.3) and 30.3% did not go to school or had reached up to Grade IV Figure 2.10); otherwise, the parent sample was represented by varied educational levels (Figure 2.10). Most of the families were nuclear in type (76.4%) and the modal number of siblings per family was 2 (226), with a close 3 (217 responses) and currently the majority of children (94.7) were living with their own families.

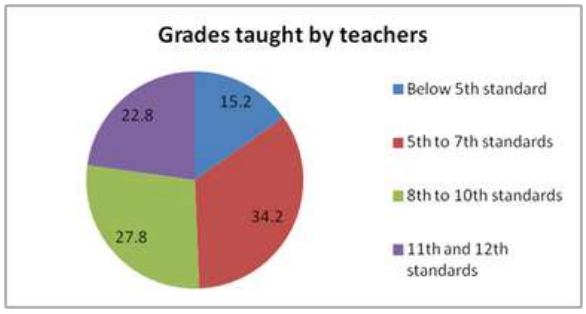


Fig 2.7: Grades taught by teachers

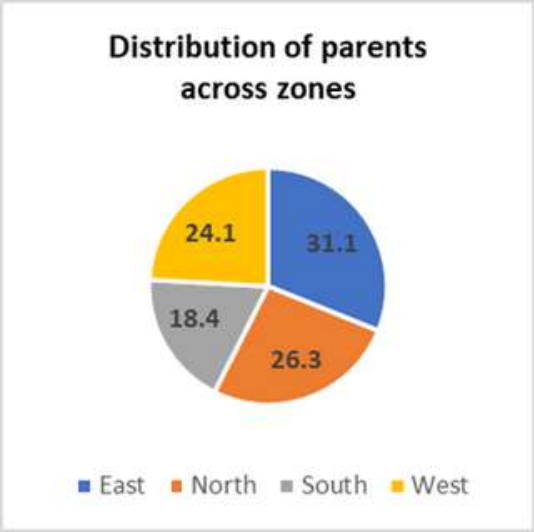


Fig 2.8: Distribution of parents' across zones

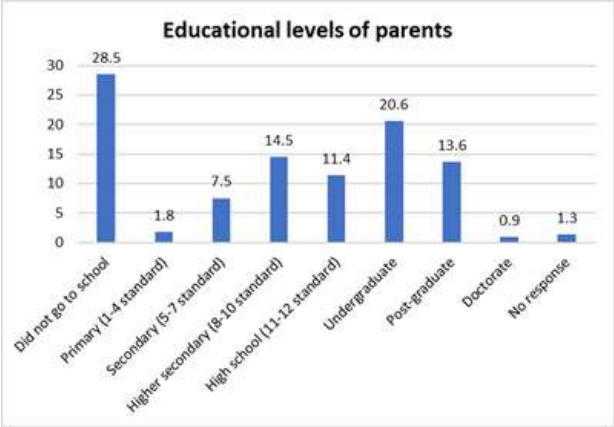


Fig 2.10: Details of educational background of parents

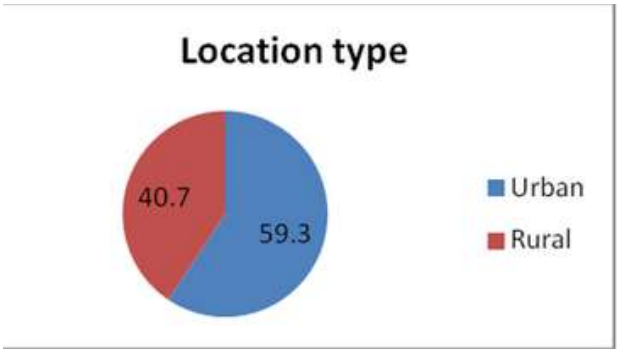


Fig 2.9: Type of location of residence (parents)

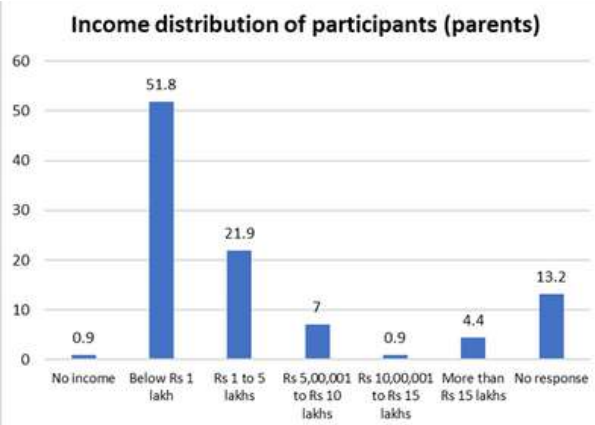


Fig 2.11: Financial income of the family

Plan for Chapterization

The first portion of the report i.e. Chapter-I covers the introduction and literature of review in a combined format. Later, Chapter II is dedicated to the Methodology of the current study and details of the sample obtained. The sections mentioned in Chapter III have covered the triangulated data for all respondents about life before and during the Pandemic. Terms used in the analyses for the state of wide-spread infection and fear of infection due to Corona Virus, has been referred to as COVID 19 situation or the Pandemic (as it was a global phenomenon).

Similarly the triangulated data thoughts and experiences about reopening of schools post a long closure of about 20 months has been captured in Chapter IV. The concluding Chapter V covers discussion of the results and implications for future education/school practices, children's adjustment and parenting during crises.

Life before and during the pandemic

CHAPTER III

Life Before and During the Pandemic

Analysis of the results began with transcription of the results or compilation of the Google Form responses. Transcriptions and translations occurred simultaneously when volunteers knew both the languages. In other instances, the process of translations and transcriptions were conducted by two separate individuals. Transcripts and translations were kept verbatim. Editing of language was done at the stage of using quotations in the analysis of qualitative data. Tense and agreement of singular, plural verbs, and punctuation corrections were done to convey the meaning and to correct errors by persons whose mother tongue is not English. Quantitative data was analyzed by transferring data from the Google Sheets into the SPSS frame and by using the software SPSS 20. Psychological scales in the study have been analyzed too by using the score distribution and interpretation of the results in a standardized way. Quantitative data has been aggregated in terms of frequencies or percentages. There were no differences in terms of zones, rural or urban samples, age or grade, and neither for gender.

Qualitative data was captured as narrated experiences for the three major events, viz.; life before the COVID 19 infection began, life during the virus spread (and subsequent social distancing, closure of public spaces and educational institutions) and after reopening of public spaces, educational institutions - in brief, the experiences of respondents, life before, during and after the Pandemic. The focus of the inquiry was however, experiences of children on reopening of schools after the Pandemic. Themes emerged as respondents spoke about their experiences.

Participant responses have to be collated or singled out for articulation of themes. The responses have been brought together or triangulated in the following way. One, qualitative and quantitative responses of each set of respondents was first triangulated and then the responses of each group was triangulated for the various themes and issues.

This Chapter (III) will cover the responses about experiences of life before and during the Pandemic, with a focus on what children had to say and whether these findings are in agreement or not with what teachers and parents had to say.

The results will be reported in the following order: Children's responses, parent responses and teacher responses. Children's responses based on the open-ended questions asked and the interviews conducted and the data for parents and teachers are largely based on interviews and some quantitative data. While the responses are organized around the following themes, certain experiences were specific to parents or teachers and they were reported separately.

Life before COVID-19 (the Pandemic)

-General life experiences, academic/school related life and social life

Concerns during the Pandemic

-Economic
-Academic
-Socio-emotional
-Family related

Life before the Pandemic

Students across regions used various descriptors for life before the Pandemic, ranging from simply "Good" and "Normal" to "Free" and "Contented". They articulated the presence of a typical routine that oriented their days. A child from Bengaluru (BAN-C-GF-169) and another from Kolkata (KOL-C-F-09) elaborated on these activities by sharing that "before the Pandemic I would go to school, come back, play outside with some friends, do homework then go to sleep. On weekends I would often go out to a restaurant with family or go to the mall with friends," and "...was involved in sports, studies, had a very busy life" respectively. Learning was going on well, "...life before the Pandemic was amazing. Loved going to school, had lots of friends. The teachers explained things well and everything was running smooth" (a student from Panchkula said), and they "…felt motivated to

study, could talk to teachers and understood what was taught", was the response from a student from Sultan Puri.

While the experience of better learning and concentration was more common among the students, outlier responses of frustration with the routine were also noted. "It was very hectic and I have problems keeping track of progress", "...before the Pandemic, my normal day was a tight routine of school to private tuition, leaving hardly any time for other activities," students from Imphal reported.

A consistent presentation was the appreciation of how "joyful" and "beautiful" life was before the COVID 19, without masks and precautions, along with the freedom to go out. The socio-emotional experience before the Pandemic highlighted peer engagement, and a sense of closeness and community. Across regions this was reflected in the practice of sharing food and eating lunch with friends, going out to play, and partaking in activities like cycling, cricket, and playing kabaddi. Further, the value of proximity was noted by a child (C-PH-169) from Haryana, "...everything was going well, used to do handshakes and hugs with friends, could maintain close contact with friends", and a child from West Bengal (BAN-C-F-79) shed light on how there was "...no need to wash hands all the time, no need to wear masks all the time, no need to use sanitizer and could always go outside. I could meet everyone whenever I wanted, I could get close to everyone and I could hug friends."

From a parental perspective, life before the Pandemic was a mixed bag of experiences. Most parents felt an ease and comfort in the absence of danger to health. However for a few others, the sense of "normalcy" and "freedom" did not take away from the frenzy and family hardships. The daily "routine", for parents, brought a sense of assurance in terms of stable income and demands of the child's life. There was greater activity, freedom and normalcy on one hand, but there were hardships at home with regards to finances, monotony, and family struggles. There was greater social connection that was not limited to gadgets and there was a sense of predictability. Parent responses resonate with the children's experiences of routine in life before Pandemic. This sense of

> "I am a working mom. My kid and I had a routine on weekdays. I would drop my kid to school early in the morning, go to work. She would be picked up by her grandma staying with us at the end of the school day. Evenings for my kid would see her going to many hobby classes for at least 3 out of 5 days. I typically returned home at late evening, Weekends would see me help her with her studies and going out with our family to friends, movies or concerts in evening" (MUM- PWC- GF- 04).
>
> "Life before Pandemic was simple yet hectic. Our days started with getting ready for school and office and then getting back home…." (KOL-P-F-21)
>
> "Life was steady and yes there was no fear of any kind as during Pandemic there was continuous fear of losing life...." (BAR- PWC- GF- 18)

Academically, parents felt more confident in the school structure and the physical presence of teachers to guide their children. They observed greater levels of concentration and motivation which also reflected in better learning and attendance. Parents felt that the "classes were more interactive" accompanied with a sense of enthusiasm and less lethargy on the part of the children.

Teachers too reported a "good rhythm" among students in the pre-Pandemic phase, which indicated absence of fear, activity, attendance and attentiveness. And among the teachers, it meant regularity in unit tests and lesson plan completion. Academically student participation and interaction was higher in offline classes. This was seen along with greater respect and discipline among the students. Some of the examples of teacher responses are:

A good summary of the situation before the Pandemic and what was emerging, by a teacher from Rajgram from West Bengal: "A key lesson was played by the teachers in creating well-being during the Pandemic and before the Pandemic. Most of the students were attentive and active during classes and in other activities. But during COVID 19, online classes were a good effort to give children a healthy education but it had a bad impact on the children too, some of the students took online classes for fun and a new experience for them. Online classes changed the entire

education system in India. It proves that studies and learning is possible through new technology and it led the education system to a new whole level. Whereas it has a bad impact too" (BIR-T-F-17).

"Before Pandemic children and teachers were in face-to-face mode and children expressed their thoughts and ideas…", (E-WB-BIR-T-F-19), implying that such interaction is absent during online mode. Before the Pandemic, children's attendance was proper and their learning involvement was good. They had a very good respect towards teachers – A teacher from Dharampuri.

"Students were very disciplined and they had seriousness towards their studies," said a teacher from Ramanathpuram, South Zone.

"Before Pandemic hit the world, the teaching experience was a lot different compared to now. Students used to attend school on a regular basis and their grasping power while learning various subjects of the curriculum were far better," – a teacher from Vododara, Gujarat, West Zone. "Experience was good - the challenges were typical of teenagers," a teacher from Bengaluru. The latter response implies that problems faced were in the normal range of development of children. Otherwise, the situation was normal and good.

Life during the Pandemic

The news of the Pandemic and the life experienced during lockdown went through multiple transitions. The initial adjustment was viewed more pleasantly, "I tried gaming and food" (AHM-C-PH-15), "during Pandemic I enjoyed the most, I learned many indoor games, also read a lot of stories and went to my village" (MUM-C-F-72). "I was less tired as class was held online" (IMP-C-F-181). Another child stated, "it was all well, used to eat well at home, study, attend classes online, play" (BAN-C-F-104). However, the majority of the students identified this adjustment to soon bring boredom (N-DEL-C-F-92), fear, grief, feelings of being caged, and of isolation. These experiences highlighted the restriction felt by students, described with words like "feeling suffocated" and "pathetic". Following are some examples:

- "Shuru shuru mai achha lagta tha kyuki zyada padhayi nahi karni padegi, homework nahi milega but phir problem hone lagi friends se nahi mil pate, bahar nahi ja paate aur school ki bhi yaad aane lagi…", (DEL-C-F-93). It would translate into, "In the beginning everything felt nice, didn't have to study much! Then problems started - could not meet friends, could not go out, nostalgic about school…"

- "During Pandemic fears and loneliness captured my heart. School, outside playing, travelling everything had stopped at once…" (BIR-C-F-102).

- "During the Pandemic, I faced lots of difficulties. My father passed away in an accident because of which my mother had to handle everything. Pandemic had a negative influence on my studies too." (BE-C-PH-74)

Parents' responses also supported what children were experiencing. The initial news of the lockdown brought significant fear and "worry" among the parents. There was sudden "uncertainty" about financial and employment security over the anxiety about the "safety of children". Parents in Maharashtra, particularly, reported that there was initial assessment of the situation as "temporary" and "manageable". "Initially it was not that different but slowly we started fearing." (AHM-PWC-PH-9) and, "...the feeling was literally like time had stopped and the bad phase had started.. People were in shock as their financial condition was deteriorating and were facing the loss of losing a family member in the Pandemic." (BAR- PWC- GF- 18). It brought up stress about "a lot of problems regarding food, money, studies. They couldn't go to the village, couldn't attend family functions, marriages etc, no being out in the evening" (RA-PC-PH-23).

The fact that it was challenging to manage children at home during COVID 19 (41%) and the challenge of finding space (50% and above agree or strongly-agreed with the statement) was borne out by quantitative data and by teachers too, as children said that they were bored, caged, etc.

Teacher responses ranged from "…there were no difficulties faced of any kind…" to many difficulties faced, to worrying about the global scenario of the disease and children's future because of the pause in teaching-learning that COVID 19 inflicted on people. Fear of the disease, the lack of hospitals and anxiety for family members was expressed. {Risk of contracting the infection was uppermost on the mind of respondent from Bengaluru, Zone South, and another respondent was worried only about the health of family members, "…Everything else was okay, I was only worried about my family's and my own health" (BAN-T-F-22).}

Economic challenges:
The logistical and economic hardships of the household made it both emotionally and academically challenging for the students. They stated:

- "Life was not good, I was unable to study because there was only one phone and there were three of us. The food supply was bad," (DEL-C-F-59).

- "...Online classes hoti thi jisme kabhi phone nahi mil pata tha, milta tha toh net off ho jata tha. Bohot kam online classes ho paati thi. Chaar bhai behen hai toh unko bhi chahiye hume bhi chahiye aur phone ek hi tha", (DEL-C-F-93). It translates as, "...Online classes were happening, sometimes I did not get the phone, and if phone was there sometimes there was no Internet. Lot of work was happening online. And we are four brothers and sisters, everyone wanted the phone".

- "During COVID it was hard to sell vegetables, income was very less and totally dependent on the government ration; father was jobless, life had drastically changed", (BAN-C-F-13).

Academic Life:
Even in the households that were able to maintain their economic environment, the academic life of students was coloured with boredom, demotivation, and a sense of lagging behind. Learning was impacted given the challenges with attendance, reduced interaction, poor concentration, and the absence of practical experience. Children also highlighted the significance of physical presence of teachers, peer discussion, excursions, and movement (going for practical classes, play ground) that was absent during the Pandemic.

While online school maintained continuity in learning for students, there were consistent challenges with attention and attendance, at times even due to network issues. This impacted the quality of learning, comprehension, and retention. With online classes children were confused, irritated and bored and therefore began engaging in distracting behaviour, teachers reported.

Home itself and access to phones added to the distraction. There was notable reduction in concentration even after the children got adjusted to the new platform. There was reduced parental guidance as well, reiterated the teachers, since economic struggles demanded that they work or they were mentally preoccupied about money matters and the risk of contracting the disease, COVID 19.

In terms of percentages, parents have said that the reading, writing were affected by about 50% of them, disagreement by parents that children managed the studies online well was almost 70% of parents. And 40 odd per cent have said that it was difficult to manage submissions and homework). Data about difficulties faced is well in agreement between children, parents and teachers of this study (see below) and has been corroborated by findings that have been studied quantitatively on a large pan-India study by Pratham organisation ASER (2023).

During the Pandemic, teacher experiences ranged from no difficulties, to worrying about the global scenario of the disease and children's future because of the pause in teaching-learning. While teachers navigated their personal and family's safety, they also were worried about the state of education as a result of the Pandemic and the future prospects of children with poor quality education.

The reports from teachers also talk about how they had to familiarize themselves with technology, internet platforms like the Zoom app, making online results- PDFs/ PPTs, and laptop repairs. On the other hand, for some it was a new engagement

Table 3.1: Parents' responses to online teaching-learning and the school closure during COVID 19

Serial No	Responses as percentages (N=228)	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1	***Managing my child at home*** during COVID-19 was challenging.	8.0	35.6	15.1	29.8	11.6
2	The COVID-19 pandemic had a negative impact on my ***child's mood and behaviour.***	10.1	44.1	12.3	22.9	10.6
3	Children's ***learning was affected in the physical absence of teachers.***	3.9	11.4	11.8	50.0	22.8
4	***The level of reading/ writing skills*** in the children was ***affected*** during the Pandemic.	4.4	29.3	15.1	29.3	21.8
5	Finding a ***suitable/ separate space*** at home ***for online classes*** was a concern.	8.0	12.4	16.8	49.6	13.3
6	***Completing homework and submissions was challenging*** for my child in the online medium.	6.2	41.4	11.5	24.2	16.7
7	***Students' peer interaction suffered*** during the online mode of learning.	18.3	10.3	24.1	30.4	17.0
8	Having classes online led to ***excessive use of social-media*** among children.	10.7	33.8	13.3	19.1	23.1

9	My ***child lost interest in studying*** during online classes.	11.6	42.7	12.0	20.9	12.9
10	Students are ***better able to manage studies*** through the ***online*** medium.	16.7	52.4	17.2	8.8	4.8

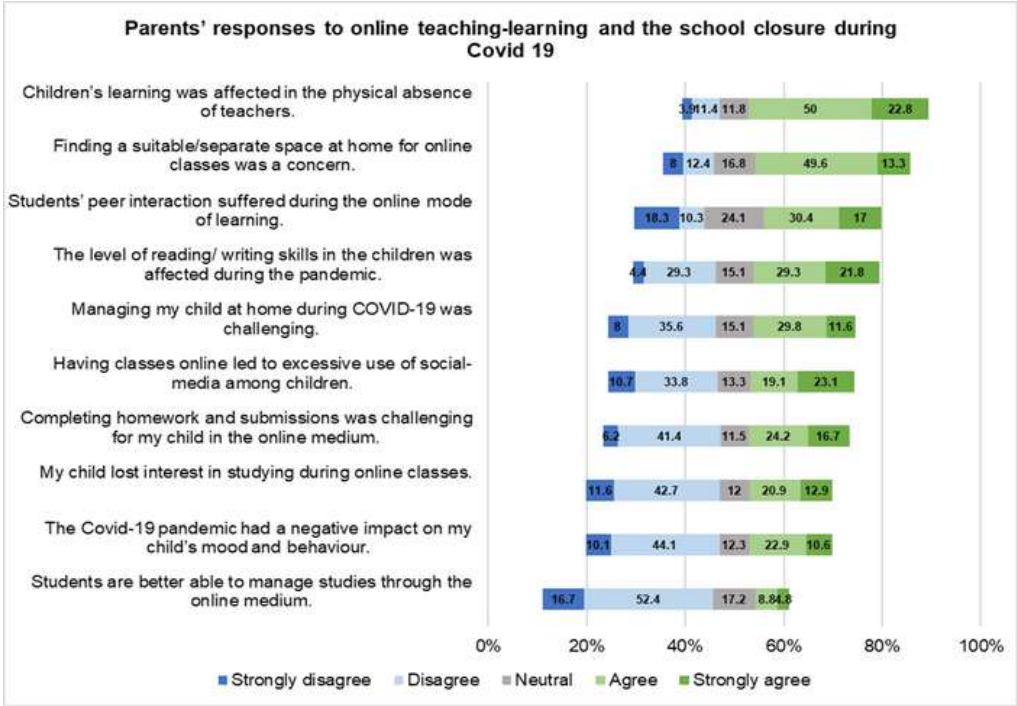


Table 3.1: Parents' responses to online teaching-learning and the school closure during COVID 19

and learning. They did not face as many technological difficulties but children's interest raised questions about class effectiveness.

Teachers felt an academic burden as syllabus could not be covered while there were household responsibilities. While some children were happy, there was also reduced activity in class and increased dropout rates and absenteeism. Performance, interest, and interaction saw a dip and students appeared more irritated and sad. The increase in cheating behavior also questioned the integrity of offline exams. Children reported this too (while nowhere have they admitted to have done so themselves).

Teachers also observed that a shift to online school during the Pandemic maintained continuity in education and provided a new experience showing that an online model is also possible. Even with the logistical challenges, they stated that they adapted quickly. On the flip side, they also believed that there was greater lethargy in children and poor creativity given the structure of Google format for classes online. Overall, quite a few students found this a lot more challenging. Not meeting peers in person and not being in the school environment seemed quite challenging. Teachers felt that children somehow managed to be in touch with their peers. Again, there were families and children who had provided devices and connectivity for children to keep in touch with friends and teachers as they shared files about school work.

A few voices of this situation by children were:

"Everything was online, our classes were going online we used to write even exams online, we didn't get to do all the practical experiments in science, basically we lost a lot of practical experience, missed all the programmes, sports meet especially, couldn't hang out with our friends etc, etc. But there were also few advantages...we got time to spend with our parents and family, got to know more about technology", (students from Hyderabad).

"During the Pandemic, especially online school, there was a huge impact on our studies and everything overall. …we barely learnt anything in school...", and they said they, "study from Youtube", (students from Mumbai).

"Online classes did start but there were issues. The teacher tried to deliver their best but learning was not happening at home", (students from Haryana).
"During the Pandemic it was very difficult to study. There was lots of confusion about the examination. Online school was very difficult. Lots of network issues, couldn't clarify my doubts," (students from West Bengal).

Some teacher voices spoke about how children's engagement itself was of poor quality, "... response of students lowered! They had an option of keeping their videos off. So there was very little interaction between the teacher and the students. Not all the students could adjust to the online mode.

Attendance was too low as many had challenges having an internet connection, power cuts etc. The average class performance decreased drastically", (BAN-T-GF-50). Another teacher said, {My experience of teaching is that the children are doing well but not that good before the Pandemic. Children are showing interest in learning but they need to be more focused on reading and writing skills. – Teacher, Pune.}
Teachers on their part had to face technology-related problems in carrying out academic activities online:

"I am techno-savvy but then also I have faced many challenges from taking online classes till making online results", (PUN-GF-T-10).

"Laptops could not be repaired, and there was a need to learn to navigate the Internet platforms for teaching-learning interactions, like the Zoom app," said another teacher.

A teacher from western part of India, Vododara, had this to say, "…as everything shifted to online teaching mode, I faced few problems learning the zoom app and getting used to the digital world of PDFs and PPTs during the initial stage." (BAR-T-GF-03).

There were teachers who had to learn and manage household responsibilities and tasks: "Yes household responsibilities increased, teaching students online was difficult …," reiterated another teacher.

Yet again, teachers enjoyed the challenge: {"… Fantastic. I learned so many creative ways in of presenting my content. Showing pictures, PPTs, videos. It was really inventive…" (BAR- T-GF-01).}

Socio-emotional distress:
Life before the Pandemic was notable for a sense of predictability, involvement, and freedom for students of all ages, which contributes to well-being. For instance, a typical structure of the day was engaging in multiple activities and connecting socially and the agency experienced in moving about outside the home. During the Pandemic, the absence of this agency was felt as "suffocation" and "caged". Children struggled with boredom regulation and experienced increased isolation, restlessness, and anxiety. Social isolation and social skill was expressed well, when a child reported that, "...Social interactions were as important, "…I used to be a bright student and as I like to interact with people, I used to socialize a lot before the Pandemic", a student from Hyderabad reported.

There was also an overall shared experience of fear and distress from lack of socialization and activity. This increased the experience of anxiety, nervousness, and boredom among the students. The amount of time spent at home influenced the amount and methods of social media usage, emotion regulation, and discomfort which even manifested as physical symptoms.

Voices of children on distress experienced during the COVID-19 lockdown and school closure:

{ "...mental health was not going well due to restrictions and closure of schools", (KOL-C-F-38).}
{"Before the Pandemic, I was 58 kg and after the Pandemic, 65 kg." (HYD-C-GF-226);

{"It was better than after the Pandemic. This is not because of any changes in matters of privilege/finance/education e.t.c. but because of mental health issues. I wouldn't say that my mental health is bad but I was significantly happier before the Pandemic",
(MUM-C-GF-124).}

{ "...there was nothing to do. Used to feel anxious, because we were locked in the same room all the time. We could watch TV and play games on the phone", (students from Delhi).
Issues of the fear of the virus was present as well, ' feeling depressed, no one to play with…', '...stuck at home and getting on the phone and just playing games on the terrace with brother', students from Karnataka}.

Parents reported that peer interactions suffered wherein 47% of them agreed. These findings were corroborated with qualitative data obtained from parents and children and quantitative data retrieved from children. A set of parents and children reported the use of digital and online medium for interacting with friends and peers. Children's voices say that they engaged with friends online, or with hobbies, family activities and that they played online games, or kept in touch with friends over the digital medium. For example, Child said, life got dependent on Google(C-PH-135); another child said, "online experience was decent", (C-PH-139). This triggered a reaction of obsession or being on a digital platform or a device all the time and that this would be a cause for concern in the future. Being on a platform or Whatsapp messaging etcetera was legitimized, whereas it was a bone of contention between adolescents and children (Lobo & Konantambigi, 2018).

Teachers were in distress too and a Pune respondent, western zone, voiced all the issues together, "...cannot teach students, syllabus not covered and technological challenges: Yes I faced a lot of difficulties, besides financial problem, to manage online classes was very difficult as I was not that techno savvy, being continuously at home created a lot of issues." (PUN-F-T-08).

Teachers' voices were heard for different aspects of fear and anxiety created:
Fear of the disease, lack of hospital facilities, anxiety for family members, fear of losing employment, etc were revealed as well. The linkage to travelling and the nature of the job could be seen.
{"…there was some fear in my mind as the virus was spreading while I was roaming around in the basties but otherwise I faced no financial problems" (T-PH-05).} Another respondent, a teacher from the eastern part of India, feared a global recession.
{Employment worries and the salaries being halved were reported thus, "…One fear is always there… the future, because many professionals lost their jobs" (PUN-GF-T-10), respondent, Pune, Zone West}.
{"…COVID -19 pandemic was a global recession. But the worst part of it is lockdown in entire India, it puts a full stop in every sector, not only to the financial sector but it was a kind of mental pressure…", (BIR-T-F-17) {Birbhum District, West Bengal}
Not all respondents voiced fear-evoking concerns; digitalization of India was hailed: {"Not all was bad; it has a good side too. Most of the people in India became digital. and I think this is a great change towards making India digital" (BIR-T-F-17).}
As revealed by the findings of CRY-TISS study conducted previously, the effect of the Pandemic as experienced by the teachers vis-à-vis the effect on children is mixed. In this study as well, there were some positive outcomes, some stated outright negative outcomes and some did give both the positive and the negative outcomes. Experiences were expressed as one word too – "Children were 'happy", "…they were "lazy", to phrases and single sentences, viz. "Increased dropout of students", "They were not active in class", "...dropped out because they did not have a smartphone", scored "less aggregate marks", "Student-teacher interaction was getting worse day by day", "I saw that they were not happy", "Kids were irritated and non responsive", and "They were happy with the situation".

Not all children were happy, "…there are a number of the students who became dull by knowing this (about the closure of schools). But most of them became excited and more interested and excited after joining online classes", (BIR-T-F-17). Elaborate expressions brought forth the problems experienced, attendance, absenteeism, hiding on screen, so fewer interactions among children and with the teacher were seen.

Adapting to the Pandemic

Adapting to reduced finances was a crucial feature of the adaptation. Many parents, especially from the East Zone, mentioned that they had to ask the Government for help as they were running out of money and work. One parent said, "...we reached out for financial help to some authorities" (MUM-PWC- GF- 16), and "I did not pay fees to the school in lockdown because I did not have money in lockdown" (PUN- PWC-F-14).

Strategies to deal with the Pandemic by parents"... it was hard to manage them (2 sons) because they never listened to me but I told them the situation outside, they have to be careful and take care of themselves", (BAN-PWC-F-57).

Parents tried to bring in safety and comfort in whatever capacity they could, "they felt so lonely sometimes .but we have fun with our children by playing ludo and we planted some trees." (BIR-P-F-148).

A number of strategies were used and it reflects a deeper resiliency that the populations had in dealing with all hardships and inconveniences that came with the lockdown. Some of the notable ones were, 'taking child to work, 'providing explanations of the situation outside', facilitating social distancing, use of masks and sanitizers, 'having fun and activities (yoga)', playing a number of games, 'games that need physical involvement and mental focus', 'helping with academics' 'reading, computer felicity, academically oriented activities (tuitions included), 'cooking for children and with them, 'inculcating family values, watching creative content (entertainment on TV) and also less screen time were mentioned. It emerged that parents were helping children in co-regulating their children's mood state and by regulating themselves, by attending to issues that were important and by keeping things predictable and being in control of the situation. A very reality-oriented, problem solving approach was used by parents.

Parents also mentioned that, "children managed themselves". Following are some quotations of parents from the different zones of India.

West:

Parents in the West region observed the children feeling stressed; however, some parents noted that children more often than not "managed themselves". While some parents did not need to make any specific changes, they did help with learning and academics.

In Baroda, Gujarat one respondent mentioned, "I did what was right for her. I provided her with many books to read so she wouldn't spend much time on the phone and books would increase her vocabulary too." (BAR- PWC- GF- 01)

> Parents also tried to introduce new activities, such as "yoga", "cooking new foods", helping them express their feelings, etc., that indicated the family's resilience in tough times. "I exposed her to online classes - be it coding or learning the piano. It was an opportunity to also sit in India and attend global online classrooms. My child became confident with computers exploring by herself and inculcating research on topics as a means for self-study." (MUM- PWC- GF- 04).
>
> {"We used the family time effectively to inculcate values, exchange of ideas and opinions. This brought us closer and made the bond stronger. We as parents realized that the children were capable of adapting to changes more than even elders" (MUM- PWC- GF- 08).
>
> {"I ordered or cooked his favourite food, watched his favorite movie together and more." (MUM-PWC- GF- 17).}

South:

Similar strategies of occupying their time and ensuring health were taken by parents in the South as well. However, given the financial challenges, it sometimes meant, taking the child to work with them and ensuring food as the bare minimum. "take to work (agriculture work), child used to help them work" (RA-PC-PH-23)".

Children could be the only hope, especially in situations of very low income and other hardships that they might be facing. {“Providing them three time meals, proper network so they can study.”, “I don’t know anything. My only thing was to feed him because he is my only hope.” (BAN-PWC-F-56)}

Making food that the child liked was identified as a way of regulating the child’s other demands of possibly wanting to go out, “I used to bribe them with good food.” (BAN-PWC-F-52)

Parents’ response to the lockdown influences the child’s response as well, “The parents felt less difficulty as the children were very calm and they weren't demanding or wanted something.” (BAN-PWC-F-59).

They tried to bring in as much predictability as they could as one of the respondents from Bangalore, Karnataka mentioned “Tried to stick to routines so that healthy habits continue. Focused more on family time and had the entire family pitch in for daily chores.” (BAN-PC-GF-88)

> {One parent had a list about what was done to make children comfortable:
>
> "1. Bought new toys
>
> 2. Children got new phones
>
> 3. Spent time on Youtube and social media
>
> 4. Cooked special food to make them happy”
> (BAN- PC-F-78)}

East:
Parents in the East region talked about the importance of certain restrictions and how to adjust to those with their children. This included parents taking charge of multiple activities to guide the children into this new adjustment. “I used to feed the children protein and vitamin food. I used to take care of their studies and the online classes were on the phone. It was as if they were playing games instead of online classes.” (BAN-P-F-34),

{“They were made aware of how important it is to stay at home and what can happen to our health if we are not at home and how to study from home.” (BAN-P-F-33).}

“Drink hot water. Always used sanitizer. Followed pandemic rules.” (BIR-P-F-47)

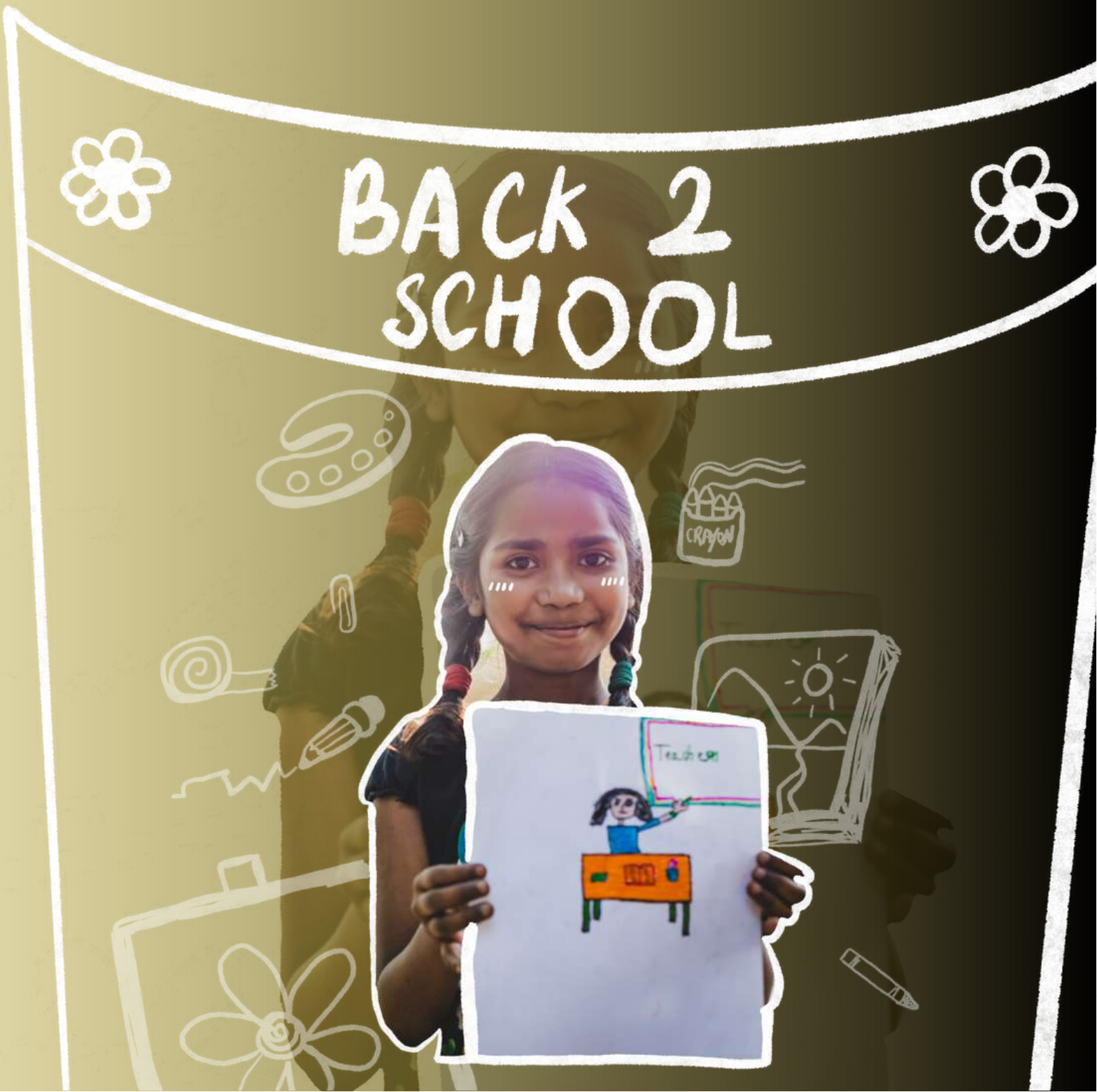
In Bihar, a parent said, “Home schooled the kids and made them understand the situation.” (BAR-PC-PH-01)

There was also a focus on maintaining academic routine, “they are always occupied with studies” (IMP-P-F-84), “I gave them customized problems to solve every day.” (IMP-P-F-100)

In Bankura District, West Bengal, an interesting strategy used by a parent suggested, {“During the lockdown, I used to read story books, recite poems with the children to meet the needs of the children. I used to play some games at home.” (BAN-P-F-37).}

North: Parents in the North region shared similar difficulties and challenges during the lockdown, however, did not report any specific strategies that they might have used to cater to their child’s needs. Common activities of managing routines and online classes were done.

Experiences on Reopening of Schools

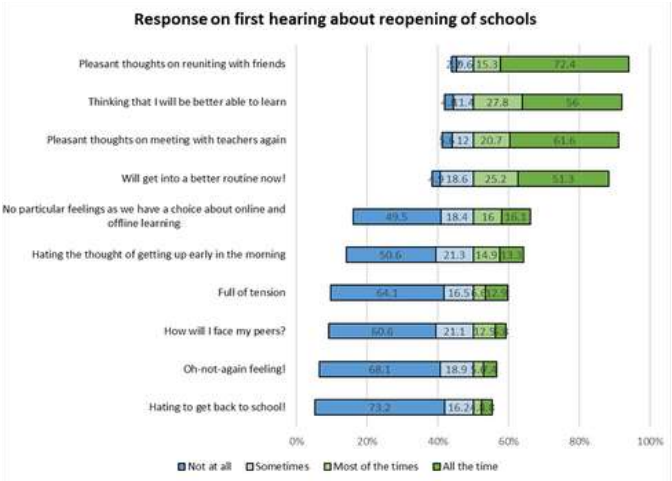


CHAPTER IV

Experiences on Reopening of Schools

The final data Chapter will cover what children have said about the reopening of schools and this has been supported or supplemented with what teachers and parents had to say. Varied themes, like the previous Chapter (III) covered their experiences or representation of what life was before the Pandemic and during the Pandemic (infection phase). In this chapter results focus on children's voices and aggregated data about reopening of schools. Quantitative data has been aggregated in terms of frequencies or percentages. Significance of responses for age, grade and gender has been tabulated for Chi-Square tests as the sample was not entirely randomly chosen.

There were not many differences in children's responses vis-a-vis age, gender and grade (Significant results are in Table 4.1). At times some significant differences were there and they have been reported whenever relevant. Differences in terms of zones, rural or urban samples, could not be calculated as the data sets for children, parents and teachers were not in alignment. The data analyses and display is for the entire set of respondents: 751 children, 228 teachers and 77 parents. Teacher and parent responses have been triangulated throughout the reporting by either adding their voices (in agreement or not) or the frequencies of responses to quantified questions. The three groups of respondents are not a triad, they are independent respondents.



This chapter covers the following:

1. Initial thoughts on reopening of schools
2. Travelling, logistics and financial concerns
3. Academics and school-life related responses
4. Examinations
5. Socio-emotional concerns
6. Teacher Experiences: School Attendance, Teaching-Learning and Management of Classrooms
7. Parent Expectations Action needed by schools and the Government (education board)

1. Initial thoughts on reopening

Happiness about better learning, less social media usage, and better utilization of time was seen. Parents were "relieved" as they were "eagerly waiting for school to reopen" and said that "they are very happy cause now we won't be using phones" (MUM-C-F-116). Children reported that, "...my family members thought that it was good for me since it would help me get back into routine and it will help me focus more on my studies since I am in 11th grade now." (HYD-C-GF-189). Additionally, they said, "...they (parents) were happy as I will spend less time wasting", (DEL-C-F-64) and "...happy because I was irritating my family by staying home for a long time," (DAR-C-F-225). Frequencies of the responses to reopening also corroborate this. Feelings of tension, 'oh, not again' feeling were lesser in numbers **(See Figure 4.1)**. Overall, the majority of the children were looking forward to the reopening of schools! There were pleasant feelings on reuniting with their friends (74.4%) and teachers (63.9%).

Parents reported certain practical concerns such as "admissions" and "fees issues". "Difficulties in money and income were the main thing," reported one of the parent participants in Bangalore, Karnataka (BAN-PWC-F-68).

Fig 4.1: Children's responses on first hearing about reopening of schools

Another parent from Bankura district, West Bengal said, "...this is a remote area so he had to go to school by public bus, so there is a challenge that arises from traveling," (BAN-P-F-29). Parents in West Bengal, particularly, reported travelling as one of the most common challenges of reopening of school. Children also expressed discomfort through "tantrums, anticipating difficulty in sitting for "long hours", "getting tired easily" and "waking up early in the morning". Apart from laziness, motivation to study, performances coming down, etc., were reiterated by many parents. Other challenges were there as well, according to the parents in Bihar:

"Had to start catering to the needs, start searching for tutors , children used to find difficulty in waking up for school, lack of concentration , were more into playful mood" (BAR-PC-PH-01).

"*...He doesn't like it as all of sudden his school gets closed and all of sudden his school again gets started after about a year… So that link gets broken and; in school they also have to wear masks, etc…" (BAR- PWC- GF- 21).*

Children also expressed discomfort through "tantrums", anticipating difficulty in sitting for "long hours", "getting tired easily" and "waking up early in the morning", said the teachers. Apart from laziness, motivation to study and performances came down, was also reported.

Fear and apprehensions were expressed by children about interactions, in ways, like, "...I get scared interacting with school administrators", (a student from Imphal, IMP-C-F-182); "...how to start talking...", "...what to do in school", "...how will my friends react", (students from Delhi).

However, the children's initial thoughts on hearing about reopening do not support apprehensions by parents, though some children did have apprehensions. Percentages in **Figure 4.6** bear this out. Majority have welcomed the fact of reopening of schools, agreeing that it creates a better routine, long hours is not a problem, studying online was not better, socio-emotional issues not a concern; these have been borne out by parent and teacher quantitative data as well **(Figures 4.2 & 4.3** for parents and teachers respectively). They agreed that reopening had some health risks, would not mind getting up early again to go to school and were not overtly full of tension. Again, parents' and teachers' responses align with what children have said. In varying degrees, 5 to 16% of children did have problems related to the above issues.

Similarly, feelings of apprehension and anxiety (with physiological symptoms) were expressed by about 12 to 26% of children **(See Figure 4.11; Table 4.1)**. Younger children gave more anxious responses and those in lower grades gave more anxious responses.

(Figure 4.2 about here)

About 17% of the children reported that they had to be shifted to another school. Teachers and parents also made a mention of this need for children to be shifted to government schools from private to fee-paying schools.

In the context of the apprehensions felt in society about reopening **(See Table 4.2)**, it resonates with what parents and teachers had to say about reopening **(Tables 4.2 & 4.3)**.

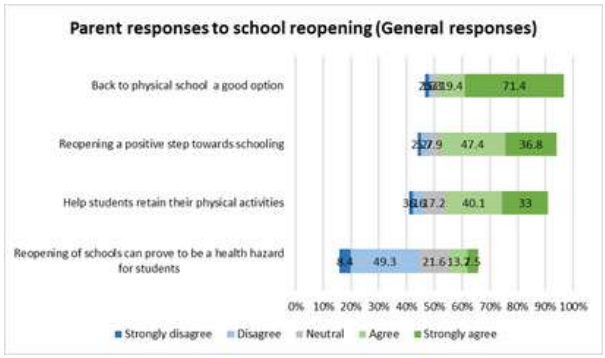


Fig 4.2: Parent responses to reopening (general responses)

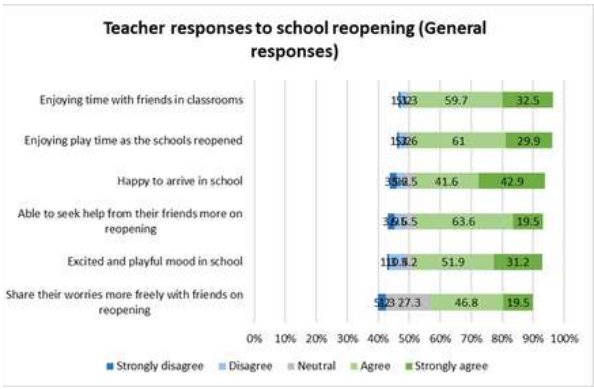


Fig 4.3: Teachers responses to reopening of schools: General responses

Finances, travelling and logistics

Additionally, reopening of schools also posed logistical and financial challenges on families that were still recovering from economic hardships. This resulted in students shifting from private to government schools, and difficulty in providing for the requirements of offline schools. “Very stuck, because we have no more money for travelling and other needy things!” as reported by a child from Darjeeling (DAR-C-F-221). The school authorities in certain situations also took extra precaution that went beyond the standard social distance that reassured the parents. Certain schools conducted workshops and orientation on the very first day to appraise students of the needful precautions.

They spoke to parents to put them at ease, and even modified travelling facilities to account for cases. “Parents told the authorities to check temperature, maintain social distancing and ensure sanitization of classrooms.” (BHAN-C-PH-25). Reporting the ease of travel, one parent from Bankura mentioned, “We have a private van in which most of DAV school students go to school from our society. So we are going to school in that,” (BAN-C-F-53).

As reported (above), teachers mentioned about the travelling woes stated by parents, parents from West Bengal mentioned this as well: “Behaviour is nice and the children are happy to meet their old friends again. They are taking an interest in studies. No incidence of bullying, as the children are small. In terms of gender divide the situation is the same, it hasn't skewed in fact more girls are attending school compared to boys' ', (T-PH-05). “This is a remote area so he had to go to school by public bus so there is a challenge that arises from travelling” (BAN-P-F-29). Parents (said the teachers) in West Bengal, particularly, reported travelling as one of the most common challenges after reopening of school.

Larger financial concerns meant that children were shifted from private fee-paying schools to government schools where the fees are minimum or do not charge any amount at all.

The negative aspects articulated qualitatively were:

- With the reopening of school, certain practical concerns resurfaced such as “admissions” and “fees issues”.
- “Difficulties in money and income was the main thing” (BAN-PWC-F-68)

Response of the family as expressed by children was that they were supporting and encouraging the child to help adjust and study better, in spite of the fear of the virus. Students from Mumbai city and Anantapur districts in Andhra Pradesh said, “...my family was very happy, they bought me bag, books, pen, etc.,” (MUM-C-F-39), “...they purchased books for me and encouraged me to go to school,” (AN-C-PH-18), “...my family members were partially scared and partially agreed to send, since offline modes are better for learning. They bought new bags, tiffin boxes, water bottles... told us to make use of masks, sanitizer…,maintain social distance”, (BAN-C-F-53).

Precautions to be taken on reopening

Preparations for the reopening of schools was articulated children thus, concerns about wearing a mask (94.2%), catching up with classmates (88.6%), healthy eating to keep infection at bay (85.3%) and having a talk with teachers (79%) and check on things they remember from previous learning (78.8%) got higher mentions. (See also Table 3.4). While the need to connect back personally with teachers or tuition teachers was around 2/3rd the sample, reports about the need to avoid bullies (almost 70%), and though in small numbers, 60 and 64 of the children wanted to see a counselor or psychiatrist respectively. “Avoid talking to anybody” could be stemming from the need to avoid infection, or could be a ploy to avoid social interactions which could be uncomfortable for children. Younger children reported significantly more often the need to follow all the social distancing norms and the precautions to keep Corona virus away. The concern is also that younger children reported that they were only the older children and more so, the female students reported significantly more, the need to see a psychiatrist or a counsellor. (See Figure 4.4 and Table 4.1)

(Figure 4.4 & Table 4.1 about here)

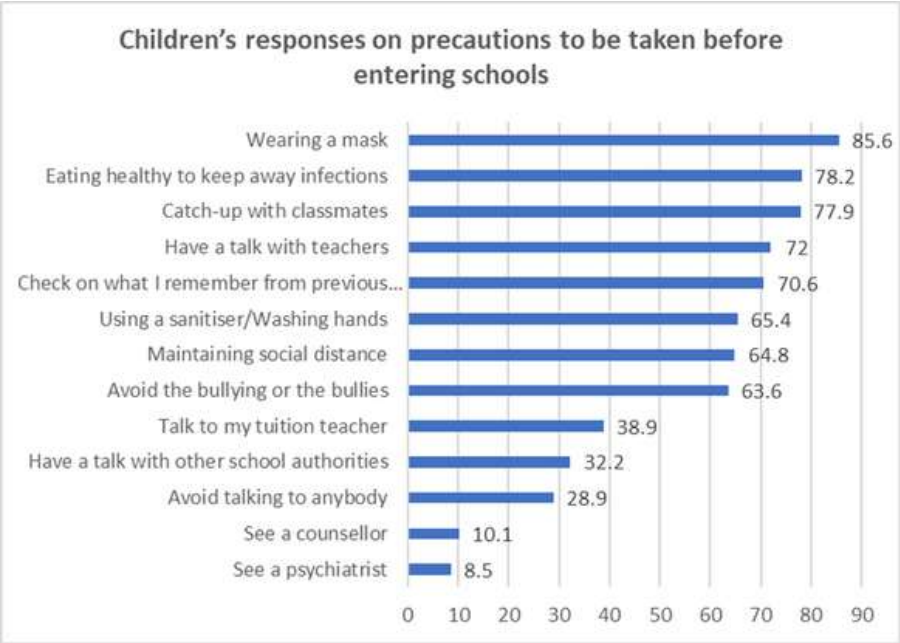


Fig 4.4: Children's responses on *precautions to be taken before entering schools*

Table 4.1: Significance of age, grade and gender on children's responses to thoughts and feelings on reopening of schools

Sr. no	Indepe-ndent variable	Dependant variable	Statistic calculated (Chi square)	Table value at .05 level of significance = p value	Hypothesis accepted or rejected	Group score status
Initial Thoughts and Feelings on Reopening						
3	Age	Anxious – palms sweating	12.778 (Exact test)	.004	Null hypothesis rejected	Younger more anxious
4	Age	Don't want to do anything	9.470 (Exact test)	.020	Null hypothesis rejected	Younger children's responses higher

5	Age	Feel like crying	8.218 (Exact test)	.034	Null hypothesis rejected	Younger children's responses higher
19	Grade	Not ready for offline interactions	10.343	.006	Null hypothesis rejected	Younger children's responses higher
Resilience Scores						
16	Age	Resilience (Low – Normal – High)	11.925 (Exact test)	.049	Null hypothesis rejected	Larger proportion of children scored in the normal range
24	Grade	Resilience (Low – Normal – High)	27.214 (Exact test)	<.005	Null hypothesis rejected	Similar across grades
Looking Forward on Reopening						
37	Age	Catch up with classmates	17.188 (Exact test)	.001	Null hypothesis rejected	Lower age children's responses higher in number
Precautions to be Taken Before Entering School						
28	Age	Wash hands with sanitizer	31.412 (Exact test)	<.005	Null hypothesis rejected	Younger children's responses higher
29	Gender	Wash hands with sanitizer	7.857	.005	Null hypothesis rejected	More female children's responses higher

30	**Grade**	**Wash hands with sanitizer**	**37.963**	**.005**	**Null hypothesis rejected**	**Lower grade children's responses higher in number**
31	**Age**	**Follow social distancing**	**8.986 (Exact test)**	**.024**	**Null hypothesis rejected**	**Lower age group children's responses higher in number**
33	**Grade**	**Follow social distancing**	**24.229**	**.005**	**Null hypothesis rejected**	**Lower grade children's responses higher in number**
36	**Grade**	**Eat healthy**	**6.699**	**.035**	**Null hypothesis rejected**	**Higher grade children's responses higher in number**
40	**Age**	**Avoid bullies**	**10.8568**	**.011**	**Null hypothesis rejected**	**Lower age children's responses higher in number**
42	**Grade**	**Avoid bullies**	**12.797 (Exact test)**	**.002**	**Null hypothesis rejected**	**Lower grade children's responses higher in number**
45	**Grade**	**Talk with teachers**	**7.737**	**.021**	**Null hypothesis rejected**	**Lower grade children's responses higher in number**
52	**Age**	**Talk to school authorities**	**12.447 (Exact test)**	**.005**	**Null hypothesis rejected**	**Higher grade children's responses higher in number**

54	Grade	Talk to school authorities	16.153	<.005	Null hypothesis rejected	Higher grade children's responses higher in number
55	Age	Talk to tuition teacher	38.539 (Exact test)	<.005	Null hypothesis rejected	Higher age children's responses higher in number
56	Gender	Talk to tuition teacher	5.145	.023	Null hypothesis rejected	More female children's responses higher in number
57	Grade	Talk to tuition teacher	20.277	<.005	Null hypothesis rejected	Higher grade children's responses higher in number
58	Age	See a counsellor	24.794 (Exact test)	<.005	Null hypothesis rejected	Higher age children's responses higher in number?
59	Gender	See a counsellor	4.220	.040	Null hypothesis rejected	Female children's responses higher in number?
60	Grade	See a counsellor	25.487	<.005	Null hypothesis rejected	Higher grade children's responses higher in number
61	Age	See a psychiatrist	19.269 (Exact test)	<.005	Null hypothesis rejected	Higher age group children's responses higher in number

63	**Grade**	**See a psychiatrist**	**21.957**	**<.005**	**Null hypothesis rejected**	**Higher grade children's responses higher in number**

What precautions children had in mind for the reopening have been were explored **(See Figure 4.4)**. Responses range from physical distancing and physical protection from COVID 19 infection, eating healthy, to talking to teachers/tuition teachers/school authorities, catching up with classmates, 'avoid talking to anybody', to academic aspects of concentration and concerns about remembering things learnt previously, and seeing a counsellor or a psychiatrist - though the last two have been mentioned 10 and 8.5% of children. Interesting aspect is avoiding bullies and bullying. This is a point of concern as a majority, as large as nearly 64% of them have mentioned it. Examinations are not far behind with 56% of children worrying about them, and parents articulating about them. Age and grade differences were significant **(See Table 4.1)**. More about this is the section on Academics: Thoughts on learning and school life.

Some of the parents' responses to reopening and concerns were as follows:

Parents were happy that schools reopened - they remarked that it was a good thing to start the schools. Expressions like, it had to be done earlier, it was "better" that schools reopened, "'good' that schools reopened', 'it's required to know the seriousness of studies', 'children are happy to get into school' were used as concluding comments in the interview or as they elaborated their responses. Parents in the East corner of India in Imphal exclaimed that "Bache khush hain","...it is amazing to see the children happy", (IMP-P-F-97). The country ruled the decision for the government to reopen. But a parent expressed the need of the hour to reopen thus: "No one could predict the trajectory of COVID 19, but that school-reopening was required", was what was expressed clearly by one parent.

Yet some parents expressed that there were challenges. But they also believed that children will settle into the routine eventually. One parent from western India, in Mumbai said, "After a couple of months, things settled and now my child has got into a routine and is very happy to interact with her teachers and classmates', (MUM- PWC- GF-05).

While offline or in-person, physical reopening of schools was generally welcomed, the 'hybrid mode", a blend of online and offline were some of the parent voices heard. Yet another parent from the city of Mumbai, Western Zone, remarked, "...should now think of how to optimally use digital media and offline classes together for better learning outcome", (MUM- PWC- GF- 07).

Parents also made a point about how some children had lost out significantly in their studies. Yet another stated how children had to transition from a private school to a public school. This could be the reason for the loss of earning capacity or losing one's business or jobs entirely.

Safety concerns on reopening continued to be articulated till the end. Parents mentioned concerns around the physical safety of their children - precautions needed to be taken and masks and sanitizers needed to be used as children entered the portals of schools.

Academic Concerns

Close on the heels of the precautions to be taken, a majority of children have articulated a number of concerns as they were poised on the threshold of reopening of schools after the COVID 19 closure. Major academic concerns of coverage of syllabus, examinations, whether the examinations will be offline; they were worried too about their concentration in class, what have retained. **(See Figure 4.5)**.

Children in the majority, outright rejected the online mode of learning and gave a clean chit to offline or learning in the physical mode. Ninety two percent of them said that they have hated online classes and that, on reopening of schools, hybrid modes and offline examinations will be a challenge **(Figures 4.6)**.

Quantitative results also reveal that children are worried about the coverage of syllabus, concentration in the class, retention of learning and learning lags **(Figures 4.5 & 4.6)**. Learning gap emerged during the Pandemic and a child said, "I will have to start focusing on studying, we forgot everything that we studied in online classes", (DEL-C-F-50), child from Delhi and another one from West Bengal said, "...try to study hard and cover my previous lessons", (E-WB-DAR-C-F-239). Children were aware that they would have to concentrate and study hard: "I have in mind that I will have to study hard and become better every day," (BAN-C-F -09). Students did begin to adjust, "First day of school was very energetic and showed different new levels of concentration", (MUM-C-GF-125).

Teachers and parents' views supported what children said **(see Figures 4.7 & 4.8)**. "School reopening being very good for the education of children, there will be better transactions, online learning was not the same as off-line learning", were the positive ones; the concerns like, "getting back into routine by waking early, travelling to school and sitting for long hours" were supported by only a minority of parents. While teachers were largely in agreement that reopening was good for transaction of the course, better able to get help from teachers and for children to complete their assignments and school-related tasks, they did mention that for some children there would be issues of long hours and changes in routine. They felt that all children were not ready to get into classrooms and that some would have problems traveling to school.

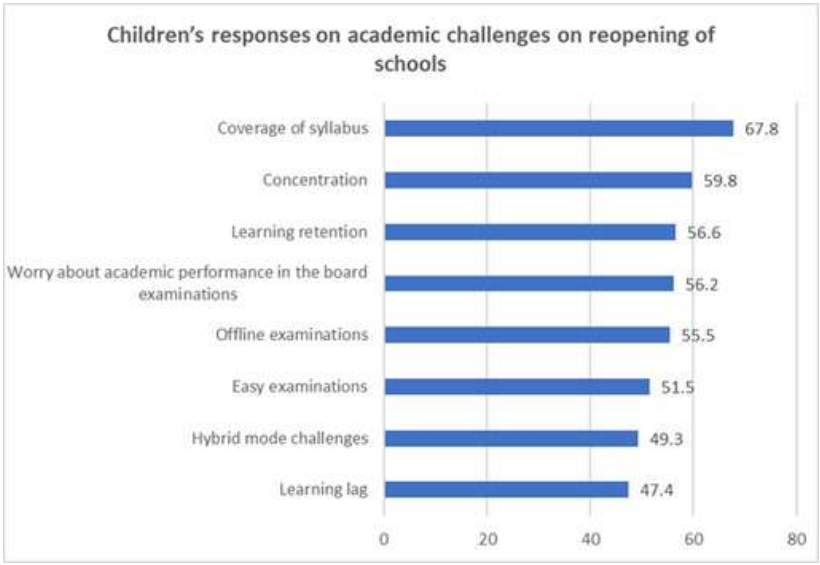


Fig 4.5: Children's responses on academic challenges on reopening of schools

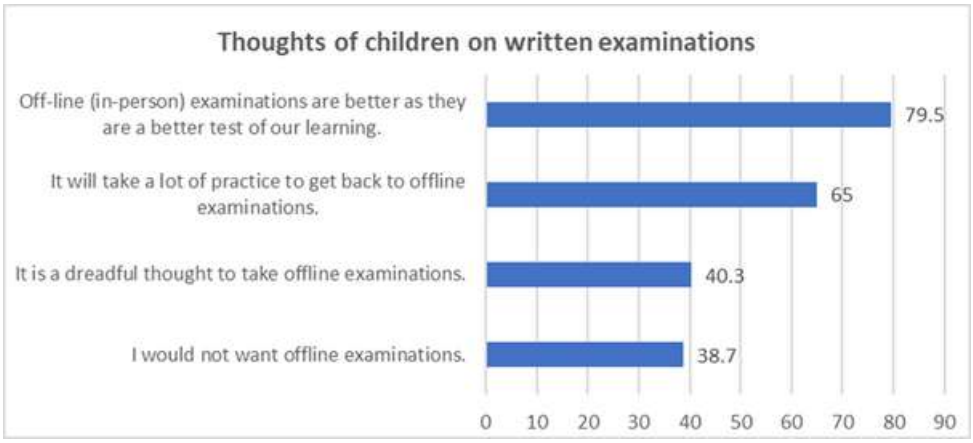


Fig 4.6: Thoughts of children on written examinations

Children articulated about the view and though more difficult, were of the opinion that offline examinations were a better measure of their learning. Online was easier (availability of resources to cross-check, cheat, respond correctly). In this regard, children stated:

1. "Online was easy , was able to check on Google" (DEL-C-F-03)
2. Offline examinations, "...no cheating, only preparation can help" (HAR-C-PH-127).
3. *"Offline requires more hard work and preparation. They are "tough", "dreadful", and "strict" in comparison to the online exams. Greater worry about marks because there is no way of confirming the answer (no access to books, Google, or copy material). Looking forward to offline as it truly reflects learning capacity and the teachers will be there to clear doubts. It is better for learning as it allows you to "reflect on mistakes". Offline exams are better because it helps to know my learning capabilities and teachers are there to look after us whereas in online exams other students cheat", (KOL-C-F-10)*
4. Apprehensions about giving offline exams because of the long gap was articulated as, "...I was fearful because I had not given examination since a long time", (DEL-C-F-54).

Quantitatively too, the results corroborated what children said in interviews. **(See Figures 4.6 & 4.7)**. There is a very realistic understanding about what written examinations are all about (that they enhance learning), the preparation required, that it is not a nice thought to give examinations (though a modest percentage of them are saying so) and that it will take a lot of practice to get back to offline examinations. The fear of examinations was revealed by 37.9 percent of children where they said that they do not want offline examinations. Parents on their part found the offline mode of examination to be the preferred one. Both logistically and academically, it allows for a more "exact evaluation" by teachers and the self, and the children "study seriously". "Offline examinations are the most important things for the betterment of my child's life. For the quality of education offline examination is important." (BAN-P-F-21). Parents believe that the demands of an offline format in terms of preparation and the formal setting encourages students to realistically review their academic performance. If there is an offline exam, the children will understand how far behind they are in their previous study habits, the fear of the exam may make the child study like before." (BAN-P-F-35). "It is better that there is an offline examination, because I'm not educated much so I can't help my child," (BAN-PWC-F-56), and that it aligned with their child's movement towards a "bright future".

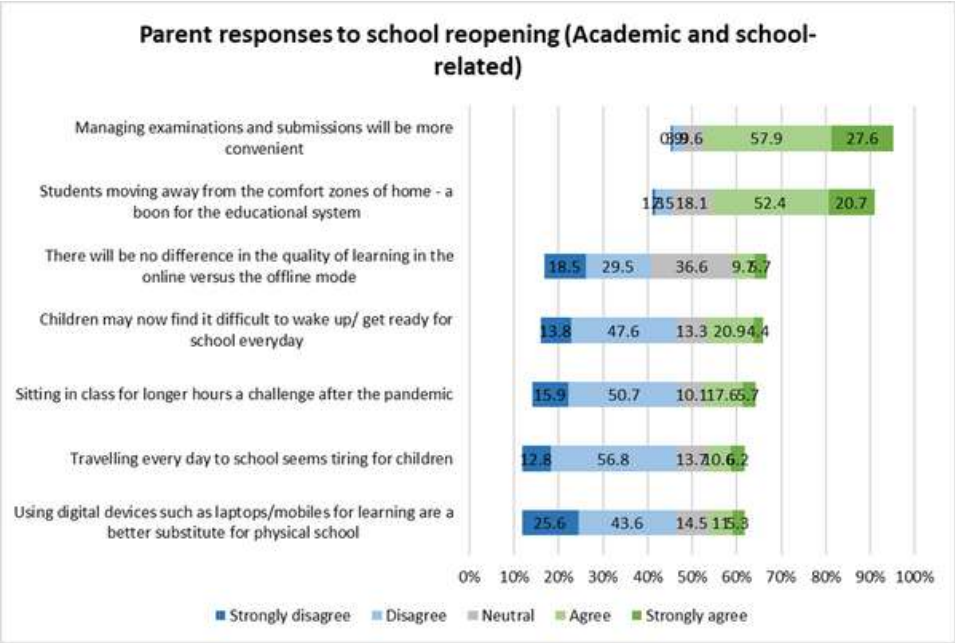


Fig 4.7: Parent responses to reopening: Academic and school related

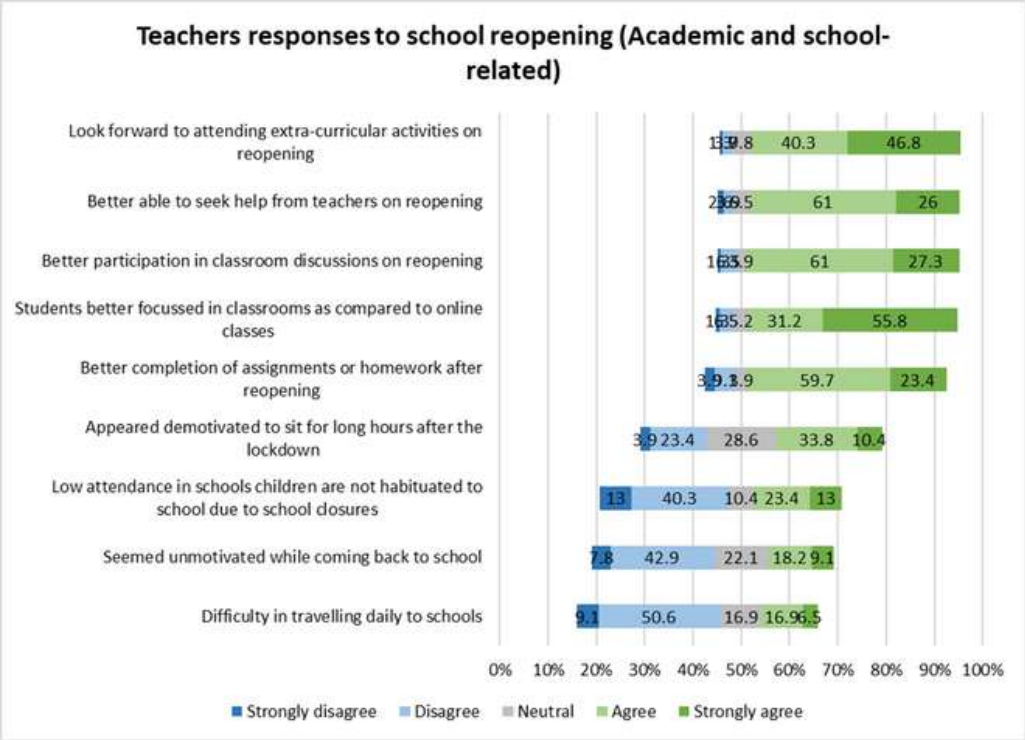


Fig 4.8: Teacher responses to reopening: Academic and school related

Challenges of online examinations were elaborated by parents, such as difficulty of giving exams on mobile and other problems thus, "...there were network issues, device issues and also some kids cheating which makes it unfair on other children" (MUM- PWC- GF- 05). Additionally, in the absence of teachers, students were sometimes unable to understand certain questions, and at times were even helped by siblings and parents. "They preferred offline exams due to the fact that they did not have enough equipment to actually facilitate online exams. And they believe that offline is better, "...because it's more true to what the child has learnt" (BAN-PWC-F-60).

Teachers complained about online behaviour of students. Teachers called the lack of attention or being at home while online resulted in distraction provided by the home environment, and therefore poor concentration. The same aspect, as described by the children was that, it was poor concentration and no attributions were provided. However, online learning and examinations were a challenge during the online phase of the Pandemic. Retention concerns were recognized and articulated by children and parents. Teachers did not mention issues related to examinations online. It appears that they were not concerned about how children wrote or did not write their examinations at all.

However, they did mention that being in physical classrooms meant that children were more attentive and the classrooms were better disciplined. Lack of digital devices or limited digital devices and other technical challenges did not facilitate online examinations. Parents made a point to raise these concerns and have hailed offline learning and examinations.

Socio-emotional aspects

Restarting non-academic activities and facilities were also what children were looking forward to **(Also see Figure 4.1)**. Spending time with friends (89%) topped the list with 'overall better learning' a second (83.8%); significantly younger children reported that they wanted to spend time with friends. Facilities and spaces in school, such as playground, science laboratories, and library facilities were some aspects that children were anticipating getting back to. Children stated, "...as there are so many other extra-curricular activities in school", and "...practical classes are important for science students like me," said the students from West Bengal.

Social anticipation and the larger theme of happiness and excitement to meet friends again and to spend time with them were expressed by children. But as the students experienced the initial days in the forefront of the restrictions that came with COVID 19, additional realities emerged. Students identified a sense of "awkwardness" and hesitation given the social distance but also the 2-year gap that had influenced their comfort in social settings: Children's responses were, "...I have developed a quality of being shy over the lockdown period and therefore need to work on my outgoing-ness," (BAR-C-GF-127), and "...I think, not seeing anyone for two years has made me very socially anxious and thus it's harder to communicate with others my age or older." (MUM-C-GF-124).

In terms of figures, about 19% expressed that it is challenge to meet others in person on reopening or were full of tension about reopening **(See Figure 4.1)**. Figures below are focused on social interactions with friends (62.5%) and teachers (41.7%) and meeting a significant other, like a girl-friend or boy-friend got a poor mention (4.1%). Younger children expressed the need to interact with friends in significantly higher numbers **(see Table 4.1)** The stage of life being adolescents, one Mumbai child said, "...going back to school seemed vague since everyone had changed and body issues and image problems were prevalent." (MUM-C-GF-125).

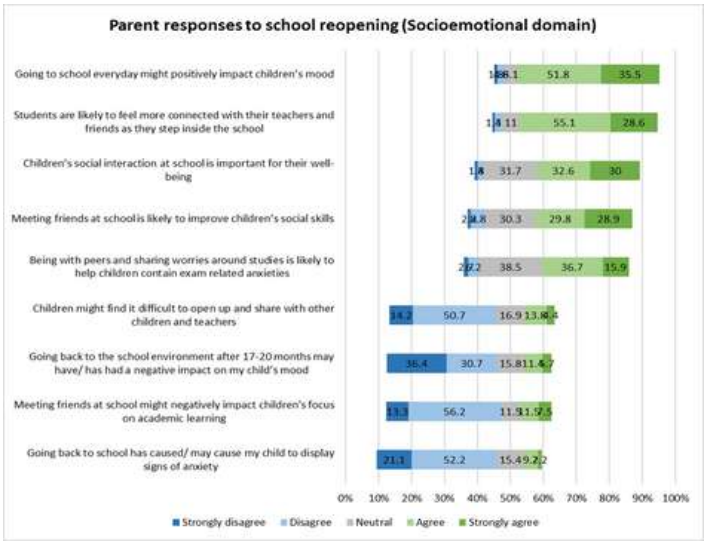


Fig 4.9 Parents' responses on reopening of schools after lockdown: Socio-emotional domain

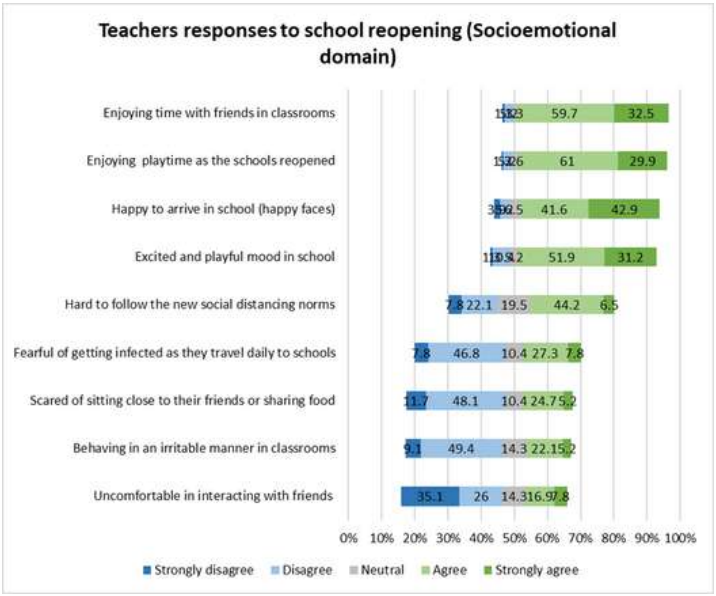


Fig 4.10: Teachers' responses on reopening of schools: Socio-emotional aspects

Parent and teacher data is largely in agreement that children were in a better mood, wanted to get back with friends, and how it was better for the mental health of children to interact with friends and peers. No specific mention regarding mental concerns was seen in teacher responses, though voiced by some children and parents **(See Figures 4.12, 4.13)**. Teachers specifically noted the health-related behaviour and scare of getting infection by sitting close to other children. Teachers have also articulated so in their qualitative responses. If other children were seen to have a cold or a cough, it was very uncomfortable for some children. Teachers were also alone in reporting that about 30-odd percent of children exhibited irritable behaviour in the classroom. However, there is no knowing if this behaviour was peculiar or specific to getting back after the COVID- 19 closure of schools.

As the quantitative figures reveal and the support that parents have provided, the support that came from the Government and schools to keep classes going on online, resilience is not totally surprising.

An element of resilience was seen as well by the teachers.{"In general, I see that there is resilience. While everyone went through the change, some may have used the Pandemic as a cushion to justify their behaviour", (BAN-T-GF-30). Percentages in terms of anxiety-ridden responses have been lower in number **(See Figure 4.11)**.

A few nuanced feelings about reopening have been captured in quantitative responses of children as well. Worries and anxiety-related responses were exhibited by less than a third of children and at times in only about 11%. **(See Figure 4.11)** The figures though mean that nearly (in numbers) 67 to 100 children had some problem of anxiety associated with school reopening, and they would need to be addressed. Practicing counsellors and therapists that a few authors of this study contacted, reported children coming with these issues and also shyness and extreme self-consciousness in terms of changed bodies that children reported in this study.

(Figure 4.11 about here)

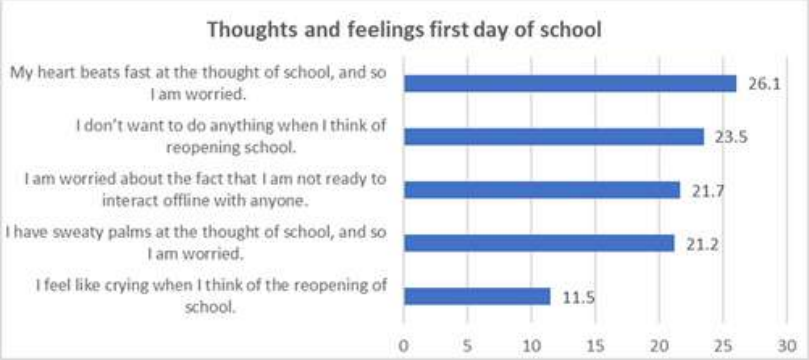


Fig 4.11: Thoughts and feelings first day of school

Lower scores on well-being and resilience by children are lower in number **(See Figures 4.12 and 4.13)**. In terms of numbers we have 43 children scoring low on well-being and 165 (22%) scoring low on resilience. Mental well-being concerns were there as well; in the words of a parent from Kolkata,

"It was mid-November 21; due to board exams my daughter's school reopened for the first time after a long gap but our country was still in the dangerous clutches of COVID-19.Thus, we had to take every possible precaution in order to be safe.

Then again after next COVID 19 wave, school was finally opened in the month of July '22 and it was a direct and unforeseen switch from online world to offline which was somewhat difficult to cope with… I feel like these two years have affected each one of us adversely but specifically, the teenagers. This impact is both physical and mental. Screens are the most favourite thing for them right now, they have lost the ability to interact face-to-face. They are more slothful physically and find peace by staying shut." (E-WB-KOL-P-F-21).}

All was not bleak (as percentages show, children expressing negative mental health concerns were lower in number).

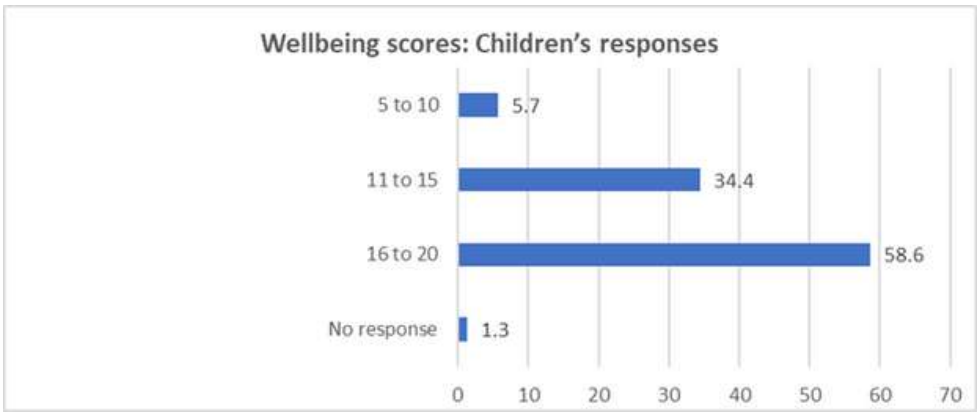


Fig 4.12: Well-being Scores: Children's Scores

The data in Figure 4.12 suggest that about 440 (58.6%) of the total children scored well in the well-being scale in the higher range of 16-20. These results indicate that more than half of the participants were able to navigate well physically, socially and emotionally during the Pandemic. Since the well-being score is indicative of instances of depression and anxiety, stress and related clinical conditions as well (Topp et al., 2015; Bech, 2004, Bech & Wermuth, 1998; WHO 1993), higher scores suggested reduced possibility of such risks among these 440 children. These scores validate the data in Figure 4.13 wherein a majority of 71 % of the participants happened to report normal resilience scores. In addition, a significant proportion of 34.4% of the total children scored in between 11-15. This range is indicative of children's overall social-emotional status during the anticipation of reopening of schools. With the restricted range of items, these scores can be considered a generic representation of children's well-being in the face of school reopening.

Out of 751 participants, the majority of them i.e. 71.5% scored in the 'normal' range of resilience. A following total of 22% scored lower on the resilience scale.

Only 43 participants scored higher in the resilience range. The resilience scale is divided into following categories (Smith et al., 2008)

- Normal resilience score - 3.00 - 4.30
- High resilience 4.31 - 5.00
- Low resilience score -1.00 - 2.99

The results suggested that the majority of the participants i.e. a significant portion of 71.5% children navigated fairly well during the COVID-19 pandemic with resilience scores falling in the range of 3-4.30 out of 6.00. About 22% of them struggled relatively more (showing resilience scores between 1.00-2.99) probably due to insufficient resources, unemployment of parents and/or school related participation through online portals etc. A minor number of 43 i.e. 5.7% of the total participants happened to score higher on the resilience scale. These scores probably indicate relatively better use of resources, availability of support systems, perhaps, higher acceptance of reality and implementation of more adaptive coping. The overall status on the resilience scores dictated that the majority of the children experienced non-negotiable challenges that affected their social, emotional and/or academic stability.

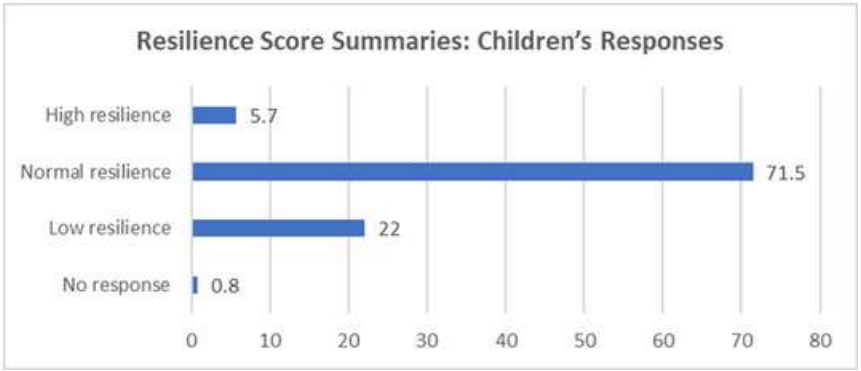


Fig 4.13: Resilience Score Summaries: Children's Responses

Teachers' Experiences: School Attendance, Teaching-Learning and Management of Classrooms
Elaborating on the experiences, teachers did report about the positive experiences again and yet others did speak about the negative experiences and the difficulties in learning that they have observed and their own efforts and adjustments to get teaching-learning going. Some of the positive voices expressed in a few words, as "no problem", "comfort was in my mind", "nothing" and that things did seem tough, but were managed in the end. Fear of COVID- 19 was present and a teacher articulated it, "…management about COVID-19 protocol was a problem; fear to handle it was there", (BIR-T-F-23). Very few narratives have stated that there were no problems and everything transitioned smoothly into the offline or in the physical mode. These voices are of urban private schools; and one teacher has stated that if there are issues, children are seeing the school counsellor.

Issues of attendance, concentration, retention of learning and therefore the ability to move into learning in the next grade, have been issues on re-opening. Some of the issues of sitting in a class for 5 to 6 hours, habits of concentration are aspects that will come back, teachers said. The worry is from rural areas (at times remote ones) and government schools where children have not come back and when they are back, parents themselves are expressing the need for the child to repeat the grade.

Some of the positive voices of teachers from Northern states of Haryana and Rajasthan were:
"We were happy to go back to school to teach as we would also get tired sitting at home. I was going to school frequently as I had the responsibility of distributing mid-day-meals, milk, collecting books or fulfilling other official work. Regarding safety norms I felt the management was efficient",(HAR-T-PH-06). "Relieved as handling from home was tough", (RAJ-T-PH-12).

Parents' Expectations Action needed by schools and the Government (education board)

An overview was provided by a Kolkata parent:
"It was a tough challenge for youngsters to accept this unexpected switch in their daily simple schedule. They were locked in their houses and had no connection with the outer world. This degraded their range of thoughts and sense of optimism.

Whatever they learnt was in online mode and very few of these teens were contended with this method of learning, most of them faced problems in understanding the matters. Also there was no scope of clarification of those difficult matters. I agree that exams are important and they are excellent tools to assess what pupils have learned in certain topics but not when they are not clear with the subjects they are sitting for. There should be offline classes for offline exams and vice-versa." (E-WB-KOL-P-F-21). In the hopes of easing this gap and transition, some parents have requested for a reduction in the syllabus for the examination of the year 2023.

To the question of what should be done by Governments and schools in the current situation, a parent listed what education should be like, stated as a list:

- "Challenges in education today. ...
- Curriculum redesign. ...
- Improving the quality of educators. ...
- Bringing in more technology tools in education delivery. ...
- Evaluation system. ...
- Improving Education infrastructure. ...
- Improving the mental health".

What another parent from the city of Baroda, Gujarat had to say, adds to the one articulate this to say, "...for smoothing the process the government and school should moved towards practical approach of things, they study on black-board and here students are trying to mug up everything for good marks and examination pressure forced him to do that.., so that they become more free and the child can acquire real knowledge", (BAR- PWC- GF- 21).

Rural areas needed more resources for children's learning, including tuition classes. Another articulation by parents was the need to focus on educational infrastructure by "increase in teaching facilities" and "quality of educators".

Yet another was encouraging interaction and connection in schools, "...the parent feels that the child is a little disconnected with their studies and the teachers can try and help the children in this regard." (BAN-PWC-F-61)

Need for systemic support was expressed thus:

1. In the form of fee reduction, travel compensation, provision of resources (books) - Parents from Uttarakhand. "provide the children with good food" (UTT-PWC-PH-59)
2. In Bangalore - Greater security (more guards and watchmen)- (BAN-PC-F-78)
3. In Bankura District- Revision of academic demands, such as "syllabus reduction". "Reduce the burden of the school and allow them to play and do co-curricular activities." (BAN-P-F-23)

Need for academic support was another area that parents sought action:

1. "Support the child's concentration, tests for weaker students". (MUM-PWC-F-08)
2. "They should pay special attention to how the students are studying, how well their learning process has progressed, and have a variety of activities to make them concentrate in class." (BAN-P-F-33)
3. Sensitivity to and incorporation of new learning styles. This includes "skill application", making the content "more relevant to everyday living", and "technology usage". "Lockdown and pandemic has changed the way kids learn. Some kids are now more independent, curious and able to self-learn better. This change is permanent. Whatever designs school devises for next generation, curriculum should try to inculcate best of both worlds - physical and digital" (MUM- PWC- GF-04)

Easing the transition to offline school, were needed. Eg. Hybrid schooling, reduction in syllabus and so on.

"I think my children get more rest, like focusing more on children's education in the break time." (BAN-PWC-F-55)
"The government should see that since the children were diverted from school for two years, the bridge exam should be done in a slightly easier manner." (BAN-P-F-38).}

Health-support was also expected:

1. {Greater focus on hygiene in schools. "Maintenance of restrooms, toilets are so dirty that the kids don't go to the toilet in school" (BAN-PC-F-77).
2. Maintenance of COVID-19 precautions, "mandatory social distancing", "wearing masks", and creating awareness in school. "I think, keeping gap between students is good for not spreading covid-19" (DAR-P-F-96)
3. Greater focus on mental health, "Understand if certain children have anxiety about the Pandemic returning." (CHE-PC-GF-89)
4. "Overall well-being can be increased by including different activities involving physical movements" (IMP-P-F-87)}.

Many suggestions came up in response to the question of what should schools and government do to smoothen the process for children and their well-being in the current scenario of the Pandemic:

- Reduce the syllabus, reduce the timing of schools, reduce the pressure and "...be more sensitive to the needs and approach of children", (MUM- PWC- GF- 08) were some of the responses.
- "Make the subjects' content relevant to everyday living. Include subjects like Civic Sense, Self-Discipline and Self-Regulation, Financial Literacy, Value Education early on in school life" (MUM- PWC- GF- 09), was the elaborate response of a parent from Mumbai, West Zone, India. Pleas for being sensitive, making education relevant and to focus on skills were made.

Contrastingly, we have a respondent parent saying that there is "Nothing that needs to be done" and that they are "satisfied" with the situation". This response could be from a parent in an urban, private high-fee receiving school.

Better outcomes were also seen; to quote an urban parent from Mumbai, West Zone of India, "...lockdown and the Pandemic have changed the way children learn. Some children are now more independent, curious and able to self-learn better. This change is permanent .Whatever designs school devises for next generation curriculum should try to inculcate best of both worlds - physical and digital", (MUM- PWC- GF- 04). However, such a change cannot be claimed by all parents as children did not have uniform access to resources and nor were all the parents educated well.

Discussion and Implications

CHAPTER V

Discussion and Implications

Summary of findings

The study set out to explore the experiences of children on reopening of schools after the closure due to the COVID-19 infection and its spread. The focus was to capture children's, parents' and teachers' thoughts and feelings on reopening of schools as well as to understand well-being and resilience in children and families.

To meet the objectives a mixed method study was designed that included a questionnaire, Brief Resilience Scale by (Smith et al., 2008) and adapted for the South Asian region by Fung (2020) and the WHO-5 Well-being Index, (Topp et al., 2015). The Internal Review Board of TISS and CRY Ethics Committee cleared the proposal vis-à-vis the methodology and particularly the ethical concerns that arise in such a study. Volunteers from the CRY team went through a training programme on administration of tools and data collection procedures. Translations of the tools were done by persons knowing both English and the regional language by the regional teams of CRY. The back-translation of the tools was checked to ensure uniform meaning in the translated tools. Google forms with all tools were prepared with precise instructions for older children, parents and children to respond on their own if they so desired and could check back to be connected over a call. A part of the respondents were interviewed in-person.

Seven hundred and fifty one children (751), 228 teachers and 77 parents participated in the study. About 59% and 41% of the total participants hailed from urban and rural parts of India. The study spanned across four zones -East, West, North and South specifically across the urban cities of Kolkata, Mumbai, Delhi and Bangalore along with Tier-II cities such as Dibrugarh, Pune, Chandigarh, and Hyderabad among others. The children and adolescents aged 9-19 years participated in the study with a major chunk of 54% (407) falling in the age range of 12-14 years old. A majority of 58% (432) of them reported to be girls.

With regards to schooling, a significant portion of 79.3% of the students reported to be studying in government schools.

All reporting of findings follows a focus on children's experience with data supported from parents and teachers views and voices. The mixed-methods approach of a qualitative-quantitative simultaneous design needs bringing together the voices and the data. Triangulation of what children have voiced and reported, voices and opinions of parents' and teachers' helped understanding similarities of experiences and opinions as well see the differences in perspectives. Views or opinions, assessment of feelings of anxiety, wellbeing and resilience are the components of the study that have been quantified and in majority of the cases have been reported as frequencies in Tables or Figures (again, largely as Pie Charts) and a Table of significant results for age, grade and gender of children vis-a-vis their varied responses to reopening of schools. The differences in responses of children, teachers and parents have been largely to complement children's experiences or issues that pertain to children's, families' or teacher wellbeing. The narration in this Chapter will continuously make references to the sources of the data and its triangulation. There have been no differences across the zones, rural and urban samples; some significant differences across gender, grades or age of children were found.

Life before COVID-19 pandemic

Life before the pandemic was described as having a sense of predictability, being socially involved and freedom for students of all ages. For instance, a typical structure of the day was engaging in multiple activities and connecting socially and the agency experienced in moving about outside the home. During the Pandemic, the absence of this agency was felt as "suffocation" and "caged". Children struggled with boredom regulation and experienced increased isolation, restlessness, and anxiety. Parents and teachers too reported a sense of well-being and predictability which contributed

to lesser cognitive load and better coping amongst children. While parents supported school-going behaviour and catered to the overall development of children, teachers reported a "good rhythm" among students, which indicated absence of fear, activity, attendance and attentiveness. And among the teachers, it meant regularity in unit tests and lesson plan completion. Academically, student participation and interaction was higher in offline classes. This was seen along with greater respect for teachers and discipline among the students.

However, there were parent voices who said that life before the COVID-19 phase was hectic, frenzied or had its challenges on a regular basis, but they were used to it. About 53% of parents belong to lower-income (less than a lakh rupees) families and the regular struggle of eking out a living was exacerbated during the Pandemic with loss of employment, or no opportunities to carry out their vending tasks and at times deaths in the family due to the pandemic. There was a voice of a child who said that the father had died before the Pandemic and that it was a very difficult time for the family. Single mothers and their families could have been affected more adversely and children and parents have reported how they had to depend on government support and rations for their living.

Academically, students felt higher levels of concentration and engagement before the Pandemic highlighting the significance of physical presence of teachers, peer discussion, excursions, and movement (going for practical classes, play ground). Concerns about mental health and well-being of children and adolescents were expressed by parents. About 19% of parents reported that Pandemic had an impact on the well-being of their children. The findings were in line with post-school closure concerns such as social withdrawal, difficulties in interpersonal interactions and children's reports of psycho-somatic symptoms of anxiety and depression.

Life during COVID-19 pandemic

Beginning of the Pandemic, school closures were welcomed and the holidays were enjoyed! Feelings and moods were observed to change quickly to "bored", 'were in low mood', "depressed", "inactive", "disinterested in hobbies", "lethargic", "irregularities" were seen in their behaviours, children were "fatigued", were "sad" and "low on energy", reported the teachers. Engagement in academics was equally okay or "poor", routines were regular too in some children. It seemed like, "… they found their way about and knew what was worth their time", (MUMT-GF-05). They seemed lost to activities like academics or things around them, a teacher added.

As children lamented the lockdown and school closures, teachers also observed that a shift to online school during the Pandemic maintained continuity in education and provided a new experience showing that an online model is also possible. The logistical challenges were adapted to, quickly, to preparing materials and presentations that were to be shared online. On the flip- side, they also believed that there was greater lethargy and poor creativity given the structure of Google Format for classes online. This ties in with students reporting that their better self-concept before the Pandemic. Eg, "I was a bright student", "not lazy".

Performance, interest, and interaction saw a dip and students appeared more irritated and sad, the teachers said. The increase in cheating behavior also questioned the integrity of online examinations. One other storyline was that the Pandemic did not affect them much. Offline was better, children said, though they did enjoy sessions online. Such a line of response was probably from children who had adequate connectivity, probably from middle-class and upper-middle class homes.

Children relied on a robust peer community strengthened by playing games, hugging, and sharing food with each other. This was greatly impacted during the Pandemic and even in the initial reopening of schools given the social-distance protocol. In the absence of this network during the Pandemic, children engaged in other activities for emotional regulation, for instance, video games, baking cakes, reading stories, gardening and so on. Parents too said that children managed themselves, bringing to the fore children's own resiliency.

Teachers were also of the view that though it appeared that children maintained peer interaction online, it created emotional distance between children. The observations were mixed as some felt there was more social connection in the online environment while others were skeptical about that. Majority of them shared notes however lacked emotional connection. Sharing worries and challenges on a daily basis seemed restricted. However, it was not possible for everyone to remain connected.

Children, often shielded from the knowledge of economic hardships at home before the Pandemic, became a witness to the same during the Pandemic. Knowledge of dearth in food supply, limited Internet access and digital devices, unemployment, and consequent parental conflict, was now available to children at home. Children from middle or upper-middle classes did not report such limitations, but families had to manage Internet-time, quiet space for attending to online learning or meetings.

While online school maintained a semblance of continuity in learning, parents were grateful (to the Governments and the schools) that schools were kept running online. There were consistent challenges with attention and attendance, at times even due to network issues. This impacted the quality of learning, comprehension, and retention and these were the concerns that children expressed in both qualitative and quantitative terms. Regarding the performance of examinations, most children had a realistic approach and were grounded. They felt that while online examinations were easy (and some cheated or there were ample opportunities to cheat, they said), in-person examinations tested their real ability and they were apprehensive of preparing for the same. Some voices in the teaching community were worried about education in the global scenario and what would happen to children's learning and their future course of action. Yet some teachers were not worried at all about the situation and no negative comments about the fallout of the Pandemic were made.

On reopening of schools, post the COVID-19 Pandemic

Children, parents and teachers alike welcomed the decision of the Government about reopening of schools. They were all elated and excited about getting back to routines though some of them could envisage the challenges. 'They would need to get back their concentration and efforts," the children said. Most parents and teachers were in unison in agreeing with children. Some teachers voiced a concern of increased dropout rates and absenteeism.

There were voices of children, more so the younger children, from lower grades that were more cautious or were more concerned about safety and following safety protocols. These results were statistically significant. For teachers, one challenge was also to re-adjust to the

changed student dynamics in the classroom and poor interest in studies, post the Pandemic. However, they preferred the offline classes for this work. Students were worried about contracting the infection and so they refused to take away the masks even for identification in the school. Some teachers felt that it could be because individuals who were transitioning into adolescence were hiding their faces (in masks) or did not want to come to school. Some symptoms of anxiety were observed - fidgeting, lack of confidence to participate in class discussions, difficulty responding to teacher's questions in classrooms. Teachers also mentioned that the problems of awkwardness persisted for about a week and children began to adjust to the school.

Additionally there was worry about getting used to and making up in studies again, reported some teachers. Concentration of students had come down, and some parents also suggested repeating the year so that their child's learning comes on par with what was expected of the grade the child was in. As students re-joined offline-school post-pandemic, there was an experience of lagging behind, and wanting to make up for lost learning. This was experienced as both reunion with past ambitions and the anxiety of having lost academic time.

Children and most parents agreed by a large majority that physical classes were more effective for learning, and that online classes were a poor substitute. The children articulated the issue of online examinations very eloquently when they said that they were not effective in measuring learning, not an effective measure of their abilities and that there is an ample scope for cheating. A few teachers mentioned this issue as well. So, the children said, '...even if it meant hard work on their part, they preferred in-person examinations'. Some children did agree that learning can be enhanced by using online technology (by teachers also sending them interesting links to learn from). There were a small minority of teachers who said that learning worked well online and that they were happy with their children's learning.

Notably, reopening meant interacting with friends and receiving more academic support from teachers along with nervousness to interact since it had been a long time, but most of them seemed excited to be back at school. Students reported greater experiences of anxiety, grief and fear during and post the Pandemic. This goes with a mention of decline in both mental and physical health with lower percentages for anxiety **(10 to 26% of children's reports)**. Reopening of schools was accompanied with fear of difficulties in well-being, poor body image and somatic presentation of anxiety though in a small percentage of children and in younger children and so also in lower grades (See Table 4. Chapter on Reopening of Schools). Some children experienced a long gap with social connections, resulting in a feeling of "awkwardness". This came with reacquainting oneself with social cues, social demands, the fear of adjusting to the same and some anxiety was seen, the teachers reported. In numerical terms, the figures were lower for anxiety related physical symptoms. One view of the teachers was that along with disinterest in studies, they were always interacting with peers, wanting to have it easy and to have a good time.

All stakeholders (children, teachers and parents) agreed largely that the outcomes of online learning are very effective, and that it was reiterated by saying that getting back physically to schools is better for learning (77%) and is required for social interactions with classmates and friends and for other physical activities like playing and exercises.

One parent voiced the impact of COVID 19 disruptions in academic life saying how it had totally changed her child:

"On opening of school my son could not face his teachers and could not sit in the class continuously so he was all the time finding reasons not to go to classes in std 11th, just like a KG class student. After the great efforts of teachers and parents we could manage. This also affected his studies. He came down in this performance from JEE Advance to JEE Mains. Pandemic affected students' mental health a lot. Without group discussion their ability to get the solutions from friends decreased without competition their motivation also got affected" (W- GJ- BAR- PWC- GF- 02).

On the other hand, teachers were worried that social interactions are overriding the interest in learning and if one compares the figures, a slightly larger percent of children voted for meeting friends in school over academic learning and so did parents **(refer to Table 4.1 and Fig 4.7, 4.8 4.9, 4.11 in Chapter IV)**.

On the negative side, the concern of being prepared for bullies (63%) was also mentioned adding to the anxious feelings on reopening of schools by younger/lower grade children. Health precautions were mentioned by a large majority of children, adding to what children, teachers and parents had voiced too. Mental health concerns were mentioned and voiced by parents (considering that about 8 to 10% did experience some difficulty and about 16 % of parents reported as such.

Well-being scores indicated positive mental well-being and were supported by the majority of the children scoring significantly moderately high on resilience. Resilience and efforts at coping were also indicated when parents and children mentioned the strategies and activities to remain engaged and to enjoy the activities and family time along with food of one's choice.

Discussion of results

The study by the Tata Institute of Social Sciences, Mumbai and Child Rights and You (CRY), amidst the COVID infection (and its scare) had explored the experiences of children (TISS-CRY, 2021). The sample was pan-India and covered 13 cities attempting to represent the four zones of the country namely, North, South, East and West.. The respondents were children in the age range of 9 to 17 years, and a majority belonged to families in lower income groups with a mean earning of Rs 6362/-. Girl participants were higher in number, 470 girls to 351 boys and 49.1% of children were in the age range of 12 to 14 years of age. While changes in routine were reported, a very small percentage of children reported poor quality of sleep (4.1%) and eating (2.1).

TISS-CRY (2021) study also reported changes in routine (48.7%), confusion about the state of issues due to the Pandemic (33.8%), worried about the situation (41.7%) and contracting the infection (23.5%). The greatest stressor reported here was the financial state of the household; that the concern was about not being able to meet friends (45.6%), schools being closed down (64.5%), bored (48.4%) and disruptions in their plans and dreams for the year (68.6%). On the positive side, the children said that they got more time to spend with the family (24.4%); family, siblings and friends helped them to deal with the situation as did their involvement in hobbies, watching TV, etc and a majority were happy (60%).

Largely the current study has found similar results. Families and children experienced difficulties but found ways of dealing with them.

Resilience was visible as children and families found ways of communicating, setting up indoor activities and parents helped children with studies, play and chores. Parents have also reported how they involved children through a variety of activities, either online (from academic classes to art and yoga classes to coding classes) or by involving themselves (cooking, playing in-door games, etc.). Teachers were not far behind in reporting that the initial shock of the Pandemic, the lockdown, they were involved in learning to conduct classes online and went through a number of learnings that were ‘unprecedented before’.

Online examinations were another learning that children had to contend with. But children have said that they were easy and parents have said that teachers were supportive and explained what was expected from questions asked. Children had clarity in their evaluation when they said that, ‘teachers made the efforts, but in spite of it learning online was not possible’.

Resource scarcity for many, as half the sample is from economically marginalized group. Single phone for many members in the family was the scenario. Logistics of online work made online learning and academic work a difficulty. This resulted in lethargy and a lack of interest in studies and learning, though it is not a view articulated by all. Teachers also felt that children were not able to connect well to learning online, again a finding similar to the TISS-CRY (2021).Online teaching-learning and online examinations brought in its share of stress as well, it affected their lives, their studies and that brought in emotional stress.
Some parents had small businesses or were vegetable vendors and lost their livelihoods. Economic hardships and therefore the overall life of the children and families were adversely affected. There were deaths of parents or some family member and needless to say, it affected some children very adversely.

Though feelings of a loss of agency were expressed, resilience was seen as children reported how they played online games, kept in touch with friends and found hobbies to pursue, and the parent in turn supported all these endeavours. Parents have also reported about how they cooked the favourite food of the children to keep the mood positive. While children acknowledged the support of parents, parents on their part said how children also managed themselves. The co-regulation by children and parents added to the positive coping. Regularity in routines maintained added to the scoping strategies. It indicated absence of fear, activity, attendance and attentiveness. And among the teachers, it meant regularity in unit tests and lesson plan completion.

Grave concerns for those marginalized socio-economically were seen. The Pandemic with effects on jobs and occupations, created migration issues (Ray, Duggal, Konantambigi & Kothari, 2021) and some of it was seen here. Two teachers said,

"...the number of kids is increasing slowly as other private schools are throwing kids out. They are coming to our school to study. It's good because they want to study and they are not stopping their education," (BAN-T-F-22). Migration for children could mean no education (till parents find steady employment and if they migrate out of the state, issues of language would crop up); poor performance, and also that private schools may not tolerate poor performance (with a view to maintaining a good academic record of their schools). Continued efforts to provide education to migrant groups have been made under the Sarva Shiksha Abhiyan and Samgra Shiksha of the Government of India, supported by state governments. Efforts need more holistic solutions like support to livelihoods. Industrialization, acquisition of urban areas, though for public utility leaves a large number of individuals.

The option of placing the child in an earlier grade (demotion) was mentioned by some parents. One would think that it would not be a choice that a parent would take rationally when the Government has recognized online teaching and assessment. The problem of course is unprecedented in history. (Wars and epidemics would have affected education, but families and schools may have taken care to revisit earlier syllabi). Revisiting syllabi and ensuring extended engagement with children as a course of action that the Government is recommending (the mentions are only in newspapers, whether schools have received such a directive is to be explored). This is a tough call in urban areas where schools run double shifts and the child's day is scheduled tightly to include tuition and other activities and also the working status of parents and their demands of daily life (Observations and revelations in field practice of counselling in schools oh M Ward, Mumbai by two authors of TISS in this study).

Children, parents and teachers in the current study have in unison voiced that life before the Pandemic was much better though they managed to adapt though the uncertainties and coped up their best. There have been reports also of children saying that their mental health was better before the Pandemic and it's not because she/he has any issue, to quote the child, "...it (mental health) was better than after the Pandemic. This is not because of any changes in matters of privilege, finance, education, etc., but because of mental health issues. I wouldn't say that my mental health is bad but I was significantly happier before the pandemic", (MUM-C-GF-124). The state of PTSD for the prior study (TISS-CRY, 2021) has revealed that 33.1% of the children had a score of 17 and above on the CRIES-8 scale; the children in the younger age group scoring higher than those in the older group. This is indicative of PTSD. Results of TISS-CRY report (2021) also indicated that the children in lower income groups were particularly vulnerable. While the CRIES-8 was not used in the current study, children's and families' responses to the Pandemic and enthusiasm for reopening and the concerns articulated make the population resilient. However, one cannot rule out PTSD in small numbers. Some indication of this is the anxiety and worry expressed by younger children; and the need to see a counsellor or a psychiatrist to the extent of 8 to 10 percent of the sample. Worries about taking examinations in person (offline examinations), preparing for them, worrying about infections as school reopening was announced have had mentions by more than 50% of the sample. Anxiety was seen in about 11 to 26% of the sample on the announcement of reopening of schools **(Figure 4.4)**. Need to see a counsellor or a psychiatrist was expressed; in numbers it was 76 and 64 (10.1 and 8.5%), these many students being in distress is an issue to be addressed when there are transitions in their life context (normative or otherwise). Practicing counsellors and therapists that a few authors of this study are in contact with, reported about children coming with these issues, also with shyness and extreme self-consciousness in terms of changed bodies. Some parents and teachers did mention these issues, wherein they recognized that students preferred to keep their faces hidden with masks. The concern has also been about the need to prepare to face bullies or bullying as a majority of children (63.6%) have stated it. Bullying has been observed as a significantly normalized phenomenon in schools

(Misra & Konantambigi, 2019) and continues to be observed, by counselling trainees placed (by TISS authors of this study) in school settings in Mumbai though not conspicuous in all schools.

Developmentally younger children are more at risk, and they have voiced a need to be connected, to talk to teachers, authorities, tuition teachers (and more female children have reported so), that they are worried about bullying, indicating the need to take more care of younger children during crises. Care for older children is also apparent and needed and older children have noted the need to see a psychiatrist or a counsellor.

The resilience score for the current study is that a majority of the children and adolescents had high moderate resilience. A very small percentage was found on lower scores on the Brief Resilience Scale. This data suggests that overall a substantial majority navigated fairly well during the offline to online (and vice-versa) shifts during Pandemic and post-closure phase. Lower scores were perhaps indicative of not only poor resilience processes but probably higher risks and lesser resources (i.e. social support, financial challenges due to unemployment of parents, maybe adaptive peer or sibling relationships etc).

In the context of reopening of schools, concerns around travelling related risks, increased financial demands, anticipated life-threats due to COVID-19 infections emerged as some of the core challenges among parents. Additionally, a significant chunk of parents recognized the drawbacks of online mode of learning due to restricted Internet access, lack of devices and difficulties in navigating web-based software. A significant amount of verbatim from teachers across four zones reflected a grave need to reopen the schools - to facilitate personalized peer interaction, to improve overall classroom engagement and to enhance social-emotional safety and well-being of students.

Academic life and concerns

One in 5 learners did not attend classes during the COVID 19 lockdown phase (OECD, 2020). Online access to education was poor (affecting 30 million children) as per the Ministry of Education reports, and more so in Bihar where 14 million children did not have access to digital devices (Kapur, 2020). It was an alarming 70% in the state of Jammu and Kashmir (Kapur, 2021). In the current study these concerns have found more concrete evidence in terms of absenteeism (by some teachers), online participation was difficult due to digital and Internet challenges and though present children seemed distracted and participation in class was poor as reported by the teachers and agreed to a large extent by parents.

Children were looking forward to the reopening of schools, and so were teachers and parents. Relief was expressed by parents. Ability to sit in the physical class for long hours on reopening was voiced by some children, some parents and teachers as well. Children were looking forward to learning in person and to meeting their friends in-person and parents felt that it would be good for social life. Some teachers felt that children interacted on digital mode during the Pandemic and were spending a lot of time only mingling with friends and having a good time. There was unanimous agreement about online learning being a poor substitute for learning and presence in physical classrooms as revealed by triangulation of quantitative data (when worded backwards and when questions were repeated in different formats) and qualitatively **(see Tables 4.5, 4.6, 4.7 and 4.8, Chapter on Analyses of Data)**. If one views these results in the light of what ASER (2023) report suggests, a lack of devices could not be the reason for poor engagement online. However, this does not consider the number of users per household who needed to use the device, whether there were connectivity and availability of connectivity issues. The current study has been unanimous in feeling that online learning has not been very effective, but that it has been a good effort on the part of the government and the schools to attempt to keep learning going (especially by parents).

The challenge that comes with poor attendance, reduced interaction, poor concentration, and the absence of practical experience has been summarized by a student from Hyderabad and it captures the scenario holistically: “Everything was in online, our classes were going online we 'used to write even exams in online, we didn’t get to do all the practical experiments in science, basically we lost a lot of practical experience, missed all the programmes, sports meet especially, couldn't hang out with our friends, etc. But there were also a few advantages...we got time to spend with our parents and family, got to know more about technology”.

Teachers have reported that performance, interest, and interaction saw a dip and students appeared more irritated and sad during online learning. The increase in cheating behavior also questioned the integrity of offline exams. Parents and children were in agreement with this view and parents and children have talked about the need to be more prepared for in-person examinations.

Findings from ASER (2023) also support findings from the current study. Children reported that they needed to prepare better (and it was a concern for some students) would be better for their learning. Performance lag over India has not been seen by ASER (2023) in the reading performance of Class III for the reading of text-book of Class I was 30% (and remains so even after the Pandemic closure of schools for nearly 2 years; it was 37% in 37%) and the numeracy levels have also not changed much from the 2018 level; where children even in grade VIII could only do subtraction of 2 digit numbers in 2022 - the same as in 2018. ASER (2023) states that it seems that learning levels have not changed at all because of school closure. However, the performance level in reading for Class III children being able to read Class I text-book has gone down from 61% to 52% in private schools in India. The figures for all-India raise the role of the community or the presence of educated persons (to the extent of 70% of households having someone to help them) in the family and that would have kept children going, ASER report (2023) reasons. Private schools could be English-medium schools and persons in families and communities may not know English. ASER (2023), like the current study, found that online learning was limited in spite of smartphones in the house, pointing to other connectivity issues and the mobile phone not being of help in the education process.

Learning outcomes steadily increased in private schools in the years before 2018. They came down due to the Pandemic from 39.1% in 2018 to 25.1% in 2022. In the current study too parents and teachers have reported children being shifted from private to Government schools as parents were facing financial hardships during the Pandemic.

“Parents entrust the school faculty and authorities with their children’s academic future, and thus the significance of online classes and accountability was greatly appreciated. The role of digital access (owning phones, one for each child) required for online learning was greatly felt by parents in Karnataka as children experienced boredom, had to share phones for classes, and could not be in active touch with their peers. On the opposite end, with the availability of phones, there was excessive screen time (during non-COVID-19 times, it often was a means of regulating children’s impulsive use of digital platforms); some of this phenomenon was seen in larger cities, like Mumbai and Baroda.

Co-regulation strategies between parent and child were reported varied across regions. In the western regions of India, parents encouraged activities to “busy the minds” of children, such as leisure reading, coding classes, piano, art/craft and yoga. The objective was to keep children engaged in productive ways, to provide creative space and feel connected with family values. Children were made aware of their health and safety needs. In the southern region, similar strategies of enriching children’s time with art, games, and studies were used. In the eastern parts of India, like other regions, parents took charge of this transition but focused on inculcating responsibility among children by making them aware of health and safety needs. Parents also attempted to maintain academic engagement by customization of learning, reading stories and activities similar to those reported by the western region. Parents in the eastern zone also tried to regulate their own screen time in order to engage children. Parents in the north region shared similar difficulties and challenges during the lockdown, however, did not report any specific strategies that they might have used to cater to their child’s needs.

However, resilience was visible as children and families found ways of communicating, setting up indoor activities and parents helped children with studies, play and chores. Parents have reported how they involved the children through a variety of activities, either online (from academic classes to art and yoga classes to coding classes) or by

involving themselves (cooking, playing in-door games, etc.). Teachers were not far behind in reporting that the initial shock of the Pandemic, the lockdown, they were involved in learning to conduct classes online, went through a number of learnings and challenges and worried about the completion of the syllabus ('unprecedented before'). A critical look at attribution of resilience" by Rhodes and Powers (2022) is in order. Once termed resilience, the system or systems expect you to cope without any support coming from the systems. The government system, which is responsible for supporting development of people, would not then be making the requisite provisions. Children in this study have shown elements of resilience, have been supported by the parents and teachers and the system. But the system's flexibility is many times present during grave crises and not necessarily in supporting everyday struggles, especially of the vulnerable groups. The action of governments and civil society organizations has to become regular features and increase the skill sets, knowledge, agency and resources of people.

Parents have been vociferous in demanding for regulating syllabus and examinations post the Pandemic, greater involvement of the schools, the teachers and the education system to make education more hands-on and meaningful. They have been spelt out what education should be like and what the various systems should do. The aims of education should encourage meaningful, hands-on learning, education system should see that norms of teaching-learning and conduct of examinations are followed and teachers deliver the content. Teacher voices indicated their concern for learning and adaptation of children. Some teachers in private schools said that children having problems were seeing counsellors in school. Teachers have voiced concerns about their employment, especially during the Pandemic stage. They are likely to be private teachers and the sector if unregulated with low pay and poor working conditions, and they are prone to exploitation of education management and by the education system at large. The latter is also one of the issues pointing to the mental health of teachers and in turn affecting children.

IMPLICATIONS

For Practice

The study seemed relevant as evidence to highlight the needs of children and adolescents post the closure of Pandemic and the reopening of schools after the lockdown. The following sections summarize key implications based on the findings of the study.

School: Teachers, Parents and Peers

- Support groups can be created to psycho-educate and inform teachers and parents about the challenges and risks associated with the post-Pandemic shift.

- School-based discussions/forums can be designed to highlight the social-emotional needs of children/school students.

- There is scope for implementing peer-based interventions within the schools to enhance overall focus in academic life and the socio-emotional concerns, like, anxiety about academic performance, preparing for examinations and catching up with lost learning and so also bullying that is surfacing in cognizant levels in Indian schools. On the issue of bullying, children in the study were concerned even after a gap of 17 to 20 months of school closure and therefore it is very significant issue to address in classrooms and schools.

- More avenues for participation in sports, play and extra-curricular activities can be created to promote healthy teacher-student participation.

UNICEF (2020) guidelines for reopening:

UNICEF guidelines have been similar and ones more proactive for learning retention of children need to be practiced. In settings where children come from homes where parents have less or sometimes no education (as is the case in the current sample) in addition to everyday support for learning, there is a need for additional help.

1. Prioritize learning for early grades and remedial learning for children who have to give examinations in higher grades.
2. Health, hygiene and safety protocols were also listed as requisites for reopening and to take into consideration the local situation.
3. Communication for reopening of schools. Children in the current sample mentioned that schools had communication sessions to prepare children and parents for the reopening.
4. Supporting specific groups of vulnerable children, female students and teachers; with grants if the numbers are larger. In the current study, the population which is vulnerable is about 42%. Some areas are covered by CRY and their efforts to support such a population of children are in action. With government funding for mid-day meals, one hopes that such services for children are back in place.

Mental Health Practitioners and Service Providers

- Mental Health Tool Kits for teachers, non-teaching staff and parents can be drafted in various regional languages to support students in their social-emotional well-being.
- Avenues for counsellor training can be expanded, especially in the post-Pandemic scenario to address clinical symptoms among the students such as hopelessness, anxiety and depression.
- Mental Health Practitioners can design psycho-education sessions for existing school counsellors, primary care-givers and teachers on early-interventions and early-signs of clinical symptoms (e.g. how anxiety manifests physically).
- Interventions directed at Digital-Well-being can be implemented at multiple levels - in schools, among community settings and across various zones highly affected with excessive use of digital media, specifically among adolescents (Fasoli, 2021).

For Policy

Children's and adolescents' well-being deserves primary and tertiary interventions. While thereis a National Policy for Children, policies should be designed to strengthen the roles of relevant stakeholders in schools to scaffold students' social-emotional challenges.

- State and national-level policies should be designed that emphasise the role of counsellors, mental health practitioners, and civil society organisations (CSOs) to offer need-based interventions across schools in India. There should be clear guidelines on the roles and responsibilities of counsellors and mental health practitioners. Also, the opportunity to collaborate with CSOs working on the issue of child mental well-being could be explored.
- Evidence-based policies can be crucial to support teachers and primary care-givers (parents, non-teaching staff at school, siblings, etc.) as guidelines to help students navigate the post-pandemic shift in academics.
- Policy provision and resource allocation (both human and financial) for providing counselors and mental health experts in schools to help navigate the children through difficult situations in the post-pandemic scenario.
- Policy inclusion and resource provision for training of teachers and non-teaching staff to identify signs of distress in students and providing appropriate counselling and psychosocial support. Towards this, training modules could be developed for teachers and non-teaching staff with special emphasis on counselling competency. These modules could help to ensure emotional stability and build self-confidence among students after the reopening of schools.
- Training modules could be prepared for teachers to build their skills for integrating information and communication technology in classroom teaching.

- Having adequate provisions and resources for remedial actions and support for students to recuperate from the learning losses due to school closure. Priority to vulnerable and marginalised students who were not able to access online classes during school closure, and those with disabilities, should be given in the school reopening plans to prevent further disparities in access to education. Provision of assistive devices and learning content according to the needs of children with special needs should be ensured.
- Pedagogical interventions could be included that emphasise linking classroom activities with the experience children have undergone during school closure.
- Collaborative learning in classroom should be emphasised for positive impact on the mental well-being of children.
- Life skills and critical thinking skills should be integrated with all teaching and learning processes. Accordingly, assessment should focus on application of learning as well as critical and creative thinking.
- Ensuring that schools in remote or rural areas have the necessary resources/wherewithal to support students in the post-pandemic scenario after the reopening of schools.

For Future Research

- Research studies could be undertaken by the Government with other well-known research firms to explore the socio-emotional needs of the teachers and the parents to address the gap in information available to both the stakeholders, in the post-pandemic scenario.
- Research to understand the effectiveness of technology for learning (use of gadgets such as laptops, computers, etc.) can be explored further.
- Modules for capacity building of teachers on the use of technology could be designed through evidence-based research to strengthen the use of technology in the classrooms.
- Strategic implementation of media-based tools (mediating the use of gadgets, phone, laptops, and social media websites) among children and at-risk adolescents can be a vital domain of exploration. Herein, different modes of dissemination of knowledge and content could be explored that includes the use of multi-media tools. Also, different modules on online abuse and safe usage of the internet could be designed through evidence-based research for judicious use of the internet and technology.
- Role of school counsellors, mental health practitioners, and CSOs working with children to mitigate the risks of children can be explored further as an area of research. This area of research is required for Asian, especially South Asian countries to build evidence to convenience policy makers and then to invest in the providing counselling, clinical psychology and Psychiatric services for children in school settings.

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Appendices

APPENDICES

ANNEXURE I: INFORMATION SHEET

This Participant Information Sheet (referred to as PIS) gives you important information about this research study. It describes the purpose of the study, the risks, and the possible benefits of your child/student participating in this study.

Please take time to review this information carefully. Please ask for an explanation in case you do not understand word/s or sentence/s in the PIS. After you have read the PIS, you are free to talk to the /researchers about the study and ask them any questions you have. You will be given a copy of the PIS and the signed informed consent document for your future reference.

Your child/student's participation in the study is voluntary. Your child/student has the right to withdraw from the study at any stage without giving reasons.

1.**What is the study about?**
The research will attempt to explore the concerns and challenges faced by children and adolescents on the verge of attending schools in the post-Pandemic phase. The aim is to highlight children's voices and experiences to understand how the Pandemic is affecting their social-emotional experiences amidst the transition from online to offline schools. We also seek to generate insights into what has been helping children cope with these challenges, what are their strengths, and how can they be supported during this time.

2.**Why has your child been selected for this project?**
We are asking your child/student to be a part of this research as it will help us understand children's perspectives on the challenges anticipated by them during the sudden re-opening of schools after an extended period of online learning. We wish to understand how the online mode of learning has affected them socially and emotionally. The information will allow various stakeholders (parents/guardians/teachers/counselors) who work with children to consider the sources of stress and psychological effects on children during this transitory phase of online versus offline schooling. This information may help foster the well-being of children across the country in the context of schooling, loss of learning and overall impact of re-opening of schools in the post-pandemic phase.

3.**What are the procedures involved in this project?**
Your child/student will be asked to either fill out a survey form or some questions might be read out to them for their response depending on your child's/student's age and preference. The questions will be about their experiences of the pandemic regarding schooling and how they have been coping at this time. Completing this form might take your child/student about 20-30 minutes.

- If your child/student would like to do this through a digital form or on a hard copy, we can arrange for it and your child/student can complete the form at their own convenience.

- If your child/student would be giving the responses verbally, we can do this over a call.

- The date and time for this will be set in advance and mutually decided according to your child's/student's convenience and the researcher's availability.

- If, for some reason, there is an interruption or not all questions are completed in a given day, you may be requested to schedule another follow-up to complete the questions.

- The entire process will be audio-recorded with your permission, to enable the researcher to avoid missing out on relevant information.

- The transcript of the interview will be shared with you at a later date to allow you to check if we have understood what your child/student meant to say correctly.

- Please note that this submission is not compulsory. In order to protect your child's/student's identity, their names will not be included in any reports or publications showcasing their creative expression. A pseudonym assigned to your child/student, their gender and their age will be included (alongside the artwork, if any).

4.**How is the information important to the community?**

The information shared will bring children's experiences of the Pandemic to the fore, especially related to their schooling. Education is a significant segment of a child's/student's social, emotional and academic growth. This research will aim to capture children's experiences as they step back into their schools after such an extended gap of 20 months. These findings would help mental health practitioners' educators, parents and others acknowledge the difficulties faced by children, sensitize them to their needs, and care for them in a more effective manner.

5.**Who can take part in this research study?**

Children/adolescents in the age range of 12-14 years and 15-17 years (both boys and girls) who have been residing in India since the lockdown was implemented can take part in the study.

6.**How long will you be in the research study?**

Your child/student will be asked to respond to some questions which may take about 20-30 minutes. Your child/student might be requested for some more time later if the researcher needs any clarifications or if something needs to be completed due to any reason.

7.**What are the possible risks and inconveniences that you may face by being in the research study?**

There is a possibility of children experiencing some discomfort while responding to some questions. However, none of the questions ask for details about the challenges experienced. Moreover, the research staff will be trained on identifying and managing such discomfort. Particular questions causing discomfort can be skipped and the administration can be stopped altogether as well. Lastly, information on additional sources of support shall also be provided to you in case the researcher notices that the child/student may be experiencing significant distress due to the pandemic.

8.**What are the possible benefits to you being in the research study?**
The study will help facilitate positive meaning making in children by giving them the space to express their views on the process of learning, peer relationships and overall schooling pre and post pandemic.

9.**How will your privacy and confidentiality be maintained?**
All information that you and your child/student share will be kept entirely confidential and will not be disclosed to anyone. In the process of documentation of the research, or any publications and presentations, names and other identifying information will not be used and will be replaced with pseudonyms. We may use responses and statements of your child/student verbatim in reports and publications. However, in order to protect confidentiality, no identifiers shall be used alongside the verbatim. The responses will be saved in encrypted format and identifying information will not be recorded or stored. This recording will remain only with the research staff members and will not be transferred to anyone else. Moreover, contact details of free/subsidized helplines providing mental health support to children and families during the pandemic will also be shared with you.

10.**Will you have to bear any Expenses or Costs by participating in the research study?**
Your child/student will not be compensated for participation in this study.

11.**What if you do not wish to participate in the study?**
Your child's participation in the study is completely voluntary and you and your children/students are within your rights to decline to participate, or not answer certain questions, should you find them uncomfortable. If at any point you or your child/student decides not to participate in this study, it will not influence how CRY engages and works with you and your family.

12.**What if you wish to opt out?**
You and your children/students are free to opt out of the study at any point in time without giving any reason.

13.**Whom do you call if you have questions or problems regarding rights as a participant?**
Name of Principal Institution: Tata Institute of Social Sciences, Mumbai

NOTE: The forms for teachers and parents were provided separately during personal interviews. Consent from parents was a mandated protocol.

Annexure II Parent's Informed Consent Form

I_____ have read the participant information sheet for the above-mentioned project. The information contained in the participant information sheet regarding the nature and purpose of the study, safety, and its potential risks / benefits and expected duration of the study and other relevant details of the study including my role as a study participant have been explained to me in the language that I understand. I have had the opportunity to ask queries, which have been clarified to my satisfaction.

I understand that my participation is voluntary and that I have the right to withdraw from the study at any stage without giving any reasons for the same.

I understand that the information collected during the research study will be kept confidential. The representatives of sponsoring agencies, government regulatory authorities, ethics committee may wish to examine my records/study related information at the study site to verify the information collected. By signing this document, I give permission to these individuals to access my records.
I hereby give my consent willingly to participate in this research study.

By signing this document, I give permission to these individuals to access my child's record. I hereby offer consent willingly for my child's participation in this research project.
Kindly tick the appropriate option given below
☐ I am participating in the study as a parent.
☐ My child is participating in the study.
☐ Both of us are participating in the study.

For Limited or non readers: I have witnessed the consent procedure of the study participant and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Name of the consenting person/Guardian **Witness**

Name of the Person administering the consent

Note: All parties signing the consent section must date their own signature.
(Contact Details were mentioned)

ANNEXURE III: ASSENT FORM (CHILDREN)

We are doing a project *to understand the experiences of children and adolescents with respect to their schooling experiences* as they return or have returned to School after the COVID 19 Pandemic. Your parents have agreed that they and you will participate in this study.

If you agree to be in our project, we will ask you some questions about how you have been feeling these days and what challenges or concerns you have been facing since the Pandemic started with respect to online classes. We are also curious to understand your views and experiences or anticipated experiences on the reopening of schools.

We will also ask you to share what has been helping you cope and feel better this time. This will help us and other adults across the country know more about how we can support children during the pandemic. You can answer these questions directly by filling a form or we could read you these questions and you can share your answers.

We may use some of your responses word for word in our reports. We might also use some of your drawings. However your name, school's name or any other such identifying information would not be disclosed.

If you decide at any time not to continue in this project, you can let us know and we will stop the interview or remove it from our study. If at any point you or your parents decide not to participate in this study, it will not influence how CRY or your School engages and works with you and your family.
If you have any questions about the project, please call on the contact numbers given below, and we will do our best to address your concerns/queries: If you sign this paper, it means that you have read this and that you want to be in the project.

For queries you may contact

(Contact Details were mentioned)

ANNEXURE IV: TEACHER'S INFORMED CONSENT

I_____ have read the participant information sheet for the above mentioned project. The information contained in the participant information sheet regarding the nature and purpose of the study, safety, and its potential risks / benefits and expected duration of the study and other relevant details of the study including my role as a study participant have been explained to me in the language that I understand. I have had the opportunity to ask queries, which have been clarified to my satisfaction.
I understand that my participation is voluntary and that I have the right to withdraw from the study at any stage without giving any reasons for the same.

I understand that the information collected during the research study will be kept confidential. The representatives of sponsoring agencies, government regulatory authorities, ethics committee may wish to examine my records/study related information at the study site to verify the information collected. By signing this document, I give permission to these individuals to access my records.
I hereby give my consent willingly to participate in this research study.

By signing this document, I give permission to these individuals to access students' records. I hereby give my willingly consent for my and/or students' participation in this research project.

Kindly tick the appropriate option given below
☐ I am participating in the study as a teacher.
☐ My student is participating in the study.
☐ Both of us are participating in the study.

For *Limited or non readers:* I have witnessed the consent procedure of the study participant and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Name of the consenting person/Guardian **Witness**

Name of the Person administering the consent

Note: All parties signing the consent section must date their own signature.
(Contact details were mentioned)

ANNEXURE V: CHILDREN'S SEMI-STRUCTURED SCHEDULE

SECTION 1: Brief Information

This section has questions about your experience post the COVID19 virus infection (referred to here as the Pandemic also). It is specifically about your reaction to the reopening of schools or if you have already started school, what were your experiences.

Your answer is required in different formats, like, Yes or No, Ticking an Option or Options or answering in your own words. You can tick more than one option wherever it is applicable. Kindly answer all questions! Your response as it first occurs to you is important for this research study.

Your participation is valued and highly appreciated! Thank you!

SECTION 2 - DEMOGRAPHIC DETAILS

Here are some questions about you and your family that would help us to further understand your responses to this interview. Please answer these questions honestly.

2.1 Name	
2.2 Age	
2.3 Date of birth	DD/MM/YYYY
2.4 Sex	Girl/Boy/Other/
2.5 Class/Grade	
2.6 Current Location	
2.7 Name of the School (state at least the name of the city or town)	

2.5 Class/Grade	
2.6 Current Location	
2.7 Name of the School (state at least the name of the city or town)	
2.8 Type of school (tick one of them)	A. Government - State Board ☐ B. Private State Board ☐ C. CBSE - Central Board – Government ☐ D. CBSE - Central Board - Private School ☐ E. International Board ☐
2.9 Do you currently live with your family members (tick the appropriate option)	A.YES ☐ B. NO ☐
2.10 If you selected 'NO' to the above question, please select the option that best describes your living arrangement.	A Living in a hostel (before the Pandemic) ☐ B. Living with relatives ☐
2.11 Tick the one that is right for you (who are the members in the family living together on a daily basis?)	A. Nuclear (mother, father and siblings) ☐ B. Joint (mother, father & siblings + grandparent/s, uncle/s, aunt/s, siblings and cousins staying in the same household) ☐ C. Extended - (mother, father & siblings, there is at least one other member, like a grandparent, an unmarried uncle or aunt, or a cousin, or some other relative) ☐

2.12 Number of Siblings (older/younger)	A. Younger- ☐ B. Older- ☐
2.13 Parent's Occupation	A. Father- ☐ B. Mother- ☐ C. Other members in the family (specify)- ☐
2.14 What languages do you speak at home (for example, Marathi, Gujarati, Bengali, Tamil, Garhwali, and so on)?	
2.15 Has your school reopened? (Select the appropriate option)	A. YES B. NO
2.16 If yes, are you able to attend school currently? (Select the appropriate option)	A. No B. Offline C. Online

SECTION 3: LIFE BEFORE COVID 19 PANDEMIC

Through this section, we seek to understand your life before the Pandemic.

*Q. 3.1) Describe briefly **your life before the Pandemic**. You could describe your family life, school life, friends and peers, and your thoughts and feelings about your experiences in general.*

SECTION 4: LIFE DURING THE COVID 19 PANDEMIC

This section pertains to your experiences during the Pandemic.

*Q.4.1) Describe **your experience of life during the Pandemic.** You could describe family life, school life, friends and peers, and your thoughts and feelings about your experiences in general.*

SECTION 5: REOPENING OF SCHOOLS

A lot of you may have recently started attending school in person, or will be going to school soon. Through this section, we aim to understand your thoughts and feelings towards the reopening of schools. Please answer this section as accurately as possible.

Q. 5.1) How would you describe your response when you first heard about reopening of schools? (Items in Table No.)

Item no.	***Item***	***Strength of your response***			
		All the time	***Most of the time***	***Some times***	***Not at all***
	Pleasant thoughts on reuniting with friends				
	Will get into a better routine now!				
	Hating to get back to school!				
	Oh-not-again feeling!				

	Pleasant thoughts on reuniting with friends				
	Will get into a better routine now!				
	Hating to get back to school!				
	Oh-not-again feeling!				
	How will I face my peers?				
	Full of tension.				
	Hating the thought of getting up early in the morning.				
	Pleasant thoughts on meeting with teachers again.				
	Thinking that I will be better able to learn!				
	No particular feelings as we have a choice about online and offline learning.				
	Any other thought or feeling?	*(Describe in your own words)*			

Q.5.2) Did you have to shift to another school after the Pandemic?
a) YES -

b) NO -

5.2.1) If you answered yes to the above question, what are your thoughts about attending this new school? Kindly describe:

5.2.1) If you answered yes to the above question, what are your thoughts about attending this new school? Kindly describe:

What might happen/ happened on the first day of school	***YES***	***NO***
Jubilant greetings among friends!		
Will not be able to (or did not) concentrate.		
There maybe or there was an orientation to hybrid learning.		
Classes will start back slowly/Classes began at a slow pace.		
Classes will start in full-swing offline as well.		
Felt unpleasant as I avoided or will have to avoid some classmates!		

Q.5.3.1 Apart from the statements given above, is there anything else that you think might happen/has happened on the first day of school that you would like to share.

Q.5.4) Reopening of schools would require you to change your routine. What are you planning to do to adjust to the new routine? Please describe:

Q. 5.5) What were the immediate responses of your family members to reopening of schools?

Q.5.6) Considering the risks attached to travelling, how did your family respond to the school authorities?

Q.5.7) What have been your thoughts and feelings about the reopening of school? A few statements have been given below with a few feelings or reactions. Select either 'YES' or 'NO' for each statement.

FEELINGS/ REACTIONS	***YES***	***NO***
I am worried about the fact that I am not ready to interact offline, with anyone.		
My heart beats fast at the thought of school, and so I am worried.		
I have sweaty palms at the thought of school, and so I am worried.		
I don't want to do anything when I think of the school reopening.		
I feel like crying when I think of the reopening of school.		

Q.5.7.1) Do you have other thoughts or feelings when you think about the reopening of school? (For example - excitement, anxiety, anger, sadness, no feelings, etc.) Could you elaborate on your feelings?:

Q. 5.8) This section is about precautions needed or not needed while returning to school. Select either 'YES' or 'NO' based on what you think about the following statement:

STATEMENT	***YES***	***NO***
No precautions of any kind required, I am ready to go to school offline.		

*Q.5.8.1) If yes, what kind of **precautions do you think would be necessary** to take before entering the schools? (health precautions, mental precautions, readiness to get into routine and studies offline & social readiness). You may place a mark against 'YES' or 'NO' based on whether you think each of these precautions are necessary:*

PRECAUTIONS	***YES***	***NO***
Wearing a mask		
Using a sanitiser/Washing hands.		
Maintaining social distance.		
Eating healthy to keep away infections		
Catch-up with classmates		
Avoid the bullying or the bullies		
Have a talk with teachers		
Avoid talking to anybody		
Check on what I remember from previous learnings		
Have a talk with other school authorities		
Talk to my tuition teacher		
See a counsellor		
See a psychiatrist		

Q.5.9) My health is a concern:

YES	NO

Q.5.9.1) *If you answered yes to the above question, what is the health concern?* How long has it been going on? If it is alright by you (your family), kindly share what it is.

Q. 5.10) As a student who has spent the last two years on an online mode of learning, how would the offline classes look to you? *(Select the most appropriate answer from the choices given below)*
A. I have hated online classes, so I am looking forward to offline classes.
B. I love online classes, so I hate offline classes.

Q.5.11) There's a likelihood that now most of your time would be spent in the school premises. What are you looking forward to as a student?
A. Spending time with friends – ☐

B. Better interaction with teachers – ☐

C. Overall better learning – ☐

D. Be able to see your girlfriend/boyfriend on a regular basis. – ☐

E.

F. Other …

Q.5.11.1) If you selected 'Other' in the above question, kindly elaborate

Q.5.12) This section is about school and learning on reopening. What would be some of the challenges? Kindly answer in "Yes" or "NO" to the following:

CHALLENGES	*YES*	*NO*
Learning retention		
Learning lag		
Concentration		
Offline examinations		
Coverage of syllabus		
Hybrid mode challenges		
Worry about academic performance in the board examinations.		
Easy examinations		

Q.5.13) As a higher secondary student, major changes occurred around assignment and examinations during the online modes of teaching. Reopening of schools will require you to get back to writing the exams manually. What do you think and/or feel about this ***(Tick ✓as many responses as you applicable to you):***

	YES	**NO**
I would not want offline examinations		
It's a dreadful thought to take offline examinations		
Offline examinations are better as they are a better test of our learning.		
It will take a lot of practice to get back to offline examinations.		

Q.5.13.1) Do you have any other thoughts about writing offline examinations? Please elaborate:

Q.5.14) This section is about social interactions at school. Select 'YES' or 'NO' based on what you feel about the following statement:

Do you think getting back to school will have any challenges in meeting others?

YES	**NO**

Q.5.14.1) If you answered yes to the above questions, what would be some of the challenges you think you would face?

5.14.1.1 Challenges you might face in social interactions with friends:

5.14.1.2 Challenges *your friends might face* in social interactions:

Q.5.1.5) How do you feel about being in close proximity of your teachers? Put a tick ✓mark

A. Not a concern - ☐

B. Yes, looking forward to interactions with the teacher for learning – ☐

C. Yes, looking forward to social interactions with the teacher - ☐

D. Yes, looking forward to interactions with the teacher as he/she is a very good at motivating us for studying. - ☐

E. Concerned as the teacher is very strict. - ☐

Q.5.15.1) Do you have any other concerns about interactions with family, friends, teachers, administrators?

This section is about travelling to school

Q.5.16) Attending school means travelling. Is this a concern? Select one of the options given below:

YES	NO	SOMETIMES A BOTHERATION

Q.5.17) If yes, what are the issues? ✓ *Tick all that apply to you.*

time is more than 20 minutes, so it's a waste of time.

A. Travelling time is more than 20 minutes, so it's a waste of time. ☐

B. There is a lot of traffic to contend with - ☐

C. Will have to resume long walks to the school - ☐

D. Very difficult, as there are very few buses on the route - ☐

E. Long way to cycle - ☐

F. Route is not safe to travel alone - ☐

Q. 5.18) If travelling is not a concern, what do you enjoy about it? Tick all that apply to you.

A. I get to walk with my friends. ☐

B. I get to walk with my girlfriend/boyfriend. ☐

C. I get to walk with my teacher/s. ☐

D. I get to walk with a family member. ☐

E. I see this as a good exercise. ☐

F. I get to ride my bicycle. ☐

G. I get to ride with a family member. ☐

Q.5.19) Respond to this question by ticking the best option in the columns pertaining to how often you have felt each of these statements while thinking about going to school.

Statement	All the Time	Most of the time	Sometimes	Never
I have felt cheerful and in good spirits.				
I have felt calm and relaxed.				
I have felt active and vigorous.				
I woke up feeling fresh and rested.				
My daily life has been filled with things that interest me.				

Q. 5.20) Complete the following sentences. ***Kindly answer in the context of getting back to school, in person.*** Write whatever comes to mind. Your first responses are required.

1. I am …(describe yourself)

2. I can ….(describe what you can do)

3. I have…(all that you think you have)

Q.5.21) Following are a few statements about your reactions to situations. Answer quickly at the first thought that occurs to you on reading the statement. Respond to each of these statements by selecting one answer per row.

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I tend to forget difficult experiences (like the ones after COVID 19, or not getting the grades you wanted) and get back to solve problems that I can or need to.					
I have a hard time making it through stressful events					

It does not take me long to recover from a stressful event					
It is hard for me to snap back when something bad happens					
I usually come through difficult times with little trouble					
I tend to take a long time to get over setbacks in my life					

SECTION 6

Overall Experience of Learning: Drawing your Experience

1. Now that you are back in school or have to be in school soon, think about what has changed for you or will change for you. Try to draw a sketch that will represent your experience after coming back to school. The drawing is only a representation of your experience and is not an indication of ability to draw beautifully! So kindly draw they way you can.

2. You would need to take a photograph and send it to us by email, on the following id:
Email IDs were mentioned.

3. Do not forget to include your initials, date and your age/date of birth on this drawing.

ANNEXURE VI: PARENTS INTERVIEW GUIDE

SECTION 1: BRIEF INTRODUCTION

We request you to participate in this study as we wish to highlight children's/students' experiences around reopening of schools after a period of almost 20 months. Through this study, we aim to learn about the challenges faced by students (aged 12-14 years and 15-17 years) during the entire process of online learning.

Your participation in this research is voluntary. You can withdraw from the process at any time without giving any reason. In the process of documentation of the research, or any publications and presentations, names and other identifying information will not be used and will be replaced with pseudonyms. The responses will be saved in encrypted format and identifying information will not be recorded or stored.

Consent (if not taken separately)

1.1. This form is submitted by [tick the appropriate option]
a. CRY Volunteer
b. Parents

1.2. My child is in the age range of 12-17 years. [Note- If your child is not in this age range, you can withdraw from this study].
a. Yes
b. No

1.3. I give consent to use this information for the process of research and publication.
a. Yes
b. No

SECTION 2: DEMOGRAPHIC DETAILS

2.1	Unique Identity Number	
2.2	Name	
2.3	Your date of birth	
2.4	Age of child	

2.5	Name of child's school	
2.6	Current location (Name of City/Town)	a. Urban Area
2.7	What best describes your current locality	b. Rural Area
2.8	Your educational qualifications (Parents)	
2.9	Total family income (All information would be kept confidential)	1. Below 1 lakh per annum 2. 1-5 lakhs /annum 3. 5-10 lakhs/annum 4. 10-15 lakhs /annum 5. Above 15 lakhs /annum 6. Prefer not to respond
2.10	Family-type (who are the members in the family living together; tick the correct one)	1. Nuclear (mother, father and siblings) 2. Joint (in addition to mother, father & siblings, there are grandparent/s, uncle/s, aunt/s, siblings and cousins staying in the same household) 3. Extended - (in addition to mother, father & siblings, there is at least one other member, like a grandparent, an uncle or aunt, or a cousin, or some other relative)
2.11	Total number of children in Family	
2.12	Type of housing:	1. Independent house - self owned/rented 2. Flat - self owned/rented 3. Pakka house in a semi- or slum like locality - self owned/rented 4. Thatched roof house - - self owned/rented

2.13		1. Government school - state board 2. Government aided Private School- state board 3. Private regional medium school - state board 4. Private English medium school - state/CBSE/International School

We request you to participate in this study as we wish to highlight children's/students' experiences around reopening of schools after a period of almost 20 months. Through this study, we aim to learn about the challenges faced by students (aged 12-14 years and 15-17 years) during the entire process of online learning.

Your participation in this research is voluntary. You can withdraw from the process at any time without giving any reason. In the process of documentation of the research, or any publications and presentations, names and other identifying information will not be used and will be replaced with pseudonyms. The responses will be saved in encrypted format and identifying information will not be recorded or stored.

Consent (if not taken separately)

1.1. This form is submitted by [tick the appropriate option]
a. CRY Volunteer
b. Parents

1.2. My child is in the age range of 12-17 years. [Note- If your child is not in this age range, you can withdraw from this study].
a. Yes
b. No

1.3. I give consent to use this information for the process of research and publication.
a. Yes
b. No

SECTION 2: DEMOGRAPHIC DETAILS

2.1	Unique Identity Number	
2.2	Name	
2.3	Your date of birth	
2.4	Age of child	
2.5	Name of child's school	

2.6	Current location (Name of City/ Town)	
2.7	What best describes your current locality	
2.8	Your educational qualifications (Parents)	
2.9	Total family income (All information would be kept confidential)	1. Below 1 lakh per annum 2. 1-5 lakhs /annum 3. 5-10 lakhs/annum 4. 10-15 lakhs /annum 5. Above 15 lakhs /annum 6. Prefer not to respond
2.10	Family-type (who are the members in the family living together; tick the correct one)	1. Nuclear (mother, father and siblings) 2. Joint (in addition to mother, father & siblings, there are grandparent/s, uncle/s, aunt/s, siblings and cousins staying in the same household) 3. Extended - (in addition to mother, father & siblings, there is at least one other member, like a grandparent, an uncle or aunt, or a cousin, or some other relative)
2.11	Total number of children in Family	
2.12	Type of housing:	1. Independent house - self owned/rented 2. Flat - self owned/rented 3. Pakka house in a semi- or slum like locality - self owned/rented 4. Thatched roof house - - self owned/rented
2.13	Type of school your child attends (reference to the target child)	1. Government school - state board 2. Government aided Private School- state board 3. Private regional medium school - state board 4. Private English medium school - state/CBSE/International School

SECTION 3: LIFE BEFORE PANDEMIC

Kindly answer the questions in your own words to express your experiences before lockdown.

3.1. Briefly describe life before the Pandemic for you and your child. Express views about everyday life, academics (learning), social (including playing) and well-being of your child.

SECTION 4: LIFE DURING THE PANDEMIC

Kindly answer the questions in your own words to express your experiences during lockdown.

4.1. When you heard about the pandemic in March 2020, what was your initial response to the lockdown? How did you feel?

4.2. What were your child's initial responses to the situation of being at home? How did your child feel about the lockdown? How did they feel about having to stay at home, to interact with friends and relatives and to study at home?

4.3. What were some of the strategies you used as a parent to cater to your child's needs during the lockdown?

SECTION 5: REOPENING OF SCHOOLS

Kindly answer the questions in your own words to express your experiences and views around reopening of schools.

5.1. What were the challenges faced (or anticipated) by you and your child/children on the reopening of schools? (Kindly narrate all thoughts, feelings and concerns/challenges evoked and faced in the domain of everyday life, school-going and learning, social aspects, like playing and interaction with friends and others, well-being of your child).

5.2. How did you meet the challenges of reopening of schools?

5.3. What is your opinion about offline (i.e., in person) examinations for this year?

5.4. What should schools and the Government (education board) do to smoothen out the process of school-going, learning, examinations and overall well-being of children?

5.5. Any other thoughts/views you may wish to share on reopening of school

SECTION 6: SCHOOLS SHUTTING/REOPENING

The items range from '1' (strongly disagree) to '5' (strongly agree). Choose the appropriate option based on your personal experiences during and after the lockdown.

S.N.	Items	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
6.1.	Managing my child at home during COVID-19 was challenging.					
6.2.	The COVID-19 pandemic had a negative Impact on my child's mood and behaviour.					
6.3.	Children's learning was affected in the physical absence of teachers.					
6.4.	The level of reading/ writing skills in the children was affected during the pandemic.					
6.5.	Finding a suitable/separate space at home for online classes was a concern.					
6.6.	Completing homework and submissions was challenging for my child in the online medium.					
6.7.	Students' peer interaction suffered during the online mode of learning.					
6.8.	Having online classes led to excessive use of social-media among children.					
6.9.	My child lost interest in studying during online classes.					
6.10.	Students are better able to manage studies through the online medium.					
6.11.	Reopening of schools seems to be a positive step towards schooling.					

6.12.	Meeting friends at school is likely to improve children's social skills.					
6.13.	Meeting friends at school might negatively impact children's focus on academic learning.					
6.14.	Going back to school will help students retain their physical activities (participation in sports/play).					
6.15.	Managing examinations and submissions will be more convenient for students once schools reopen.					
6.16.	Students moving away from the comfort zones of their homes will prove to be a boon for the educational system.					
6.17.	Being with peers and sharing worries around studies is likely to help children contain exam related anxieties.					
6.18.	Students are likely to feel more connected with their teachers and friends as they step inside the school.					
6.19.	Children's social interaction at school is important for their well-being.					
6.20.	Going to school every day might positively impact children's mood.					
6.21.	Reopening of schools can prove to be a health hazard for students.					
6.22.	There will be no difference in the quality of learning in the online versus the offline mode among students.					
6.23.	Using digital devices such as laptops/mobiles for learning are a better substitute for physical school.					
6.24.	Going back to the school environment after 17-20 months may have/ has had a negative impact on my child's mood.					

6.25.	Children may now find it difficult to wake up/ get ready for school everyday causing their attendance to suffer.					
6.26.	Children might find it difficult to open up and share with other children and teachers in school.					
6.27.	Going back to school has caused/ may cause my child to display signs of anxiety such as sweaty palms/ crying/ shivering/ nausea/ vomiting/ body aches/ headache, etc.					
6.28.	Travelling everyday to school seems tiring for children.					
6.29.	Sitting in class for longer hours is challenging for children after the Pandemic.					
6.30.	Overall, going back to the physical school environment is a good option for my child.					

ANNEXURE VII: TEACHERS' INTERVIEW GUIDE

NOTE: In the Google Forms, Section 1 seeks consent from the participants.

SECTION 2: Demographic Details

2.1 UID	
2.2. Name	
2.3. Name of school	
2.4. Location of school	
2.5. Urban/ rural Area	
2.6. Classes taught	
2.7. Age of students in the class	
2.8. Educational background	

SECTION 3: EXPERIENCES BEFORE COVID 19.

3.1. Describe briefly your teaching experience and children's school attendance, learning, social behaviour, aspects of well-being before the Pandemic- COVID 19.

SECTION 4: OVERALL COVID-19 EXPERIENCE

4.1. What was your initial response to the news of global lockdown in March 2020?
a. explore emotions - panic, anxiety,
b. explore thoughts - unpredictability, negative media reports

4.2. Did you face any difficulties during the lockdown? Can you elaborate?
a. explore any challenges - financial, employment related, household responsibilities
b. explore pros, (if any) - no travelling, ease of handling gadgets etc.

SECTION 5: SCHOOL SHUTTING/REOPENING

5.1. How would you describe your experience during the lockdown as a teacher?
a. Transitions in teaching methods - increased screen time
b. Technological shifts - preparing lessons /PPT online

5.2. How would you describe students' response to schools closing and staying shut for this time?
a. explore shifts in teacher- student interactions
b. Explore changes, if any, in students' behaviours - attendance, class participation
c. Expected learning outcomes - e.g. dropout rates or lesser aggregate marks

5.3. How did the students respond when they were told about school being reopened?
a. Explore dominant feelings among students - anxiety/ happiness/ dread
b. Ask for signs of particular challenges - sweaty palms, nervous, complaints about feeling sick before school.

5.4. Have students shared any particular views with you regarding coming back to school?
a. Explore feelings - excited, worried, fearful etc., around social interactions/playing behaviour
b. Explore thoughts - take on attending classes physically, examinations, doing home-work

5.5. What was your first response to the news of reopening schools?
a. explore opinions - personal views, opinions, satisfaction/dissatisfaction on management protocols, safety norms, hybrid classes (if at all)

5.6. As the schools have reopened, can you elaborate on your experience so far?
a. Explore any difficulties with student drop-outs, being unable to connect with certain children who might have dropped out of school.
b. Explore discomforts/comforts
c. Explore peculiar experiences - sitting in schools, managing a huge classroom physically

SECTION 6: ACADEMIC DOMAIN

6.1. How would you describe your experience while teaching students via online medium?
1. Work related responsibilities - scheduling, online teaching, work from home
2. Teaching related activities- use of creative tools to facilitate teaching

6.2. What was the major influence of the lockdown on students during online classes?
1. explore challenges - lack of digital devices, poor network, lack of guidance from family
2. Online learning - excessive use of mobiles/laptops, lack of attention etc.

6.3. As a teacher, can you share the key observations about students who experienced online classes for the very first time?
a. explore expectations from teachers
b. Students' performance in exams, class participation, competition for better grades etc.

6.4. As schools have reopened now, what were some of the major changes you observed among students during the shift from online to offline classes?
a. explore participation extracurricular/playing/sports/performing arts/drawing
b. Explore teacher-student relationship - seeking help
c. Explore attention, interest in studying and patience to sit in a classroom

6.5. What role teachers (and schools at larger) can play to support the students as they navigate from online to offline classes?

SECTION 7: SOCIAL-EMOTIONAL DOMAIN

7.1. According to you, how lockdown (online classes) has impacted students' interactions with their friends/peers?
a. Explore challenges - emotional distancing, lack of support systems, online bullying experiences
b. Advantages - friends accessible at any time, easy to connect online, no travelling needed

7.2. What were some of the differences you noticed in behaviour (or emotionally) when students were at home during the lockdown?
a. Fatigue, lethargy, being bored, sad, depressed, happy, active/ inactive, low moods
b. Disinterest in hobbies or in regular routines (any peculiar examples)

7.3. Did you notice any differences in the way students interact with their friends during online and offline classes? If yes, can you elaborate?
a. Online vs. offline - seeking help, sharing worries, academic support

7.4. As the schools have reopened, how are the students behaving in classrooms?
a. Attention, ability to sit for long hours, following safety protocols
b. Challenging experiences - any bullying experiences, gender divides, identity related concerns visible in classrooms (who am I? What will I be in the coming five years?)

7.5. To support students socially-emotionally, what steps can be taken by teachers/schools as the schools reopen?
a. Administrative - support in exams, attendance, rules and discipline, support groups
b. Teacher's role- more assistance to students, reaching out to parents etc.

SECTION 8: OVERALL LEARNING OUTCOMES FOR CHILDREN

The items range from '1' (strongly disagree) to '5' (strongly agree). Choose the appropriate option based on your personal experiences and observations during and after the lockdown.

S. N.	Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
8.1	Many students did not perform well in exams during lockdown.					
8.2	Students facing financial issues suffered academically also during online classes.					
8.3	Students did not have private rooms to study during online classes.					
8.4	Students faced challenges in studying along with their siblings at home.					
8.5	Students' performance lowered during online classes because of family issues/losses (death, illness etc.)					
8.6	Students are not able to remember what they learnt in previous classes.					
8.7	Attendance was poor during online classes as many students did not have mobiles/laptops/Internet.					
8.8	Students seem to have lost interest in studying during the lockdown.					
8.9	Students seem uncomfortable with attending classes from home.					

8.10	Many students arrive in school with a smile (happy face).					
8.11	Students appear to focus better in classrooms as compared to online classes.					
8.12	Students are enjoying time with their friends in classrooms.					
8.13	Majority of the students appear excited and in a playful mood in schools.					
8.14	Students seem to give more answers in classrooms as compared to online classes.					
8.15	Students are better able to complete their assignments/homework after reopening schools.					
8.16	Students are being able to enjoy playtime as the schools reopen.					
8.17	Students are participating better in classroom discussions as compared to online classes.					
8.18	Students are able to seek help from teachers in classrooms as compared to online classes.					
8.19	Students seem to look forward to attending extra-curricular activities as the schools reopen.					
8.20	Many students are able to share their worries more freely with their friends in classrooms.					
8.21	Majority of the students are able to seek help from their friends more often as compared to online classes.					
8.25	Majority of the students feel uncomfortable interacting with their friends in school.					

8.26	Students are finding it hard to follow the new social distancing norms.					
8.27	Majority of the students behave in an irritable manner in classrooms.					
8.28	Students seem fearful of getting infected as they travel daily to schools.					
8.29	Many students appear scared of sitting close to their friends or sharing food.					
8.30	Attendance is very low in schools as many students are not used to attending classes regularly.					

ANNEXURE VIII: BRIEF RESILIENCE SCALE

Brief Resilience Scale (BRS)

Respond to each statement below by circling one answer per row.		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
BRS 1	I tend to bounce back quickly after hard times.	1	2	3	4	5
BRS 2	I have a hard time making it through stressful events.	5	4	3	2	1
BRS 3	It does not take me long to recover from a stressful event.	1	2	3	4	5
BRS 4	It is hard for me to snap back when something bad happens.	5	4	3	2	1
BRS 5	I usually come through difficult times with little trouble.	1	2	3	4	5
BRS 6	I tend to take a long time to get over setbacks in my life.	5	4	3	2	1

Scoring: Add the value (1-5) of your responses for all six items, creating a range from 6-30. Divide the sum by the total number of questions answered (6) for your final score.

Total score: _____ / 6

My score: _____ (average)

BRS Score	Interpretation
1.00 - 2.99	Low resilience
3.00 - 4.30	Normal resilience
4.31 - 5.00	High resilience

Source : Smith, B.W., Dalen, J., Wiggins, K., Tooley, E., Christopher, P. and Bernard, J. (2008). The Brief Resilience Scale: Assessing the Ability to Bounce Back. International Journal of Behavioral Medicine, 15, 194-200

ANNEXURE IX: WELL-BEING INDEX [ADAPTED VERSION]

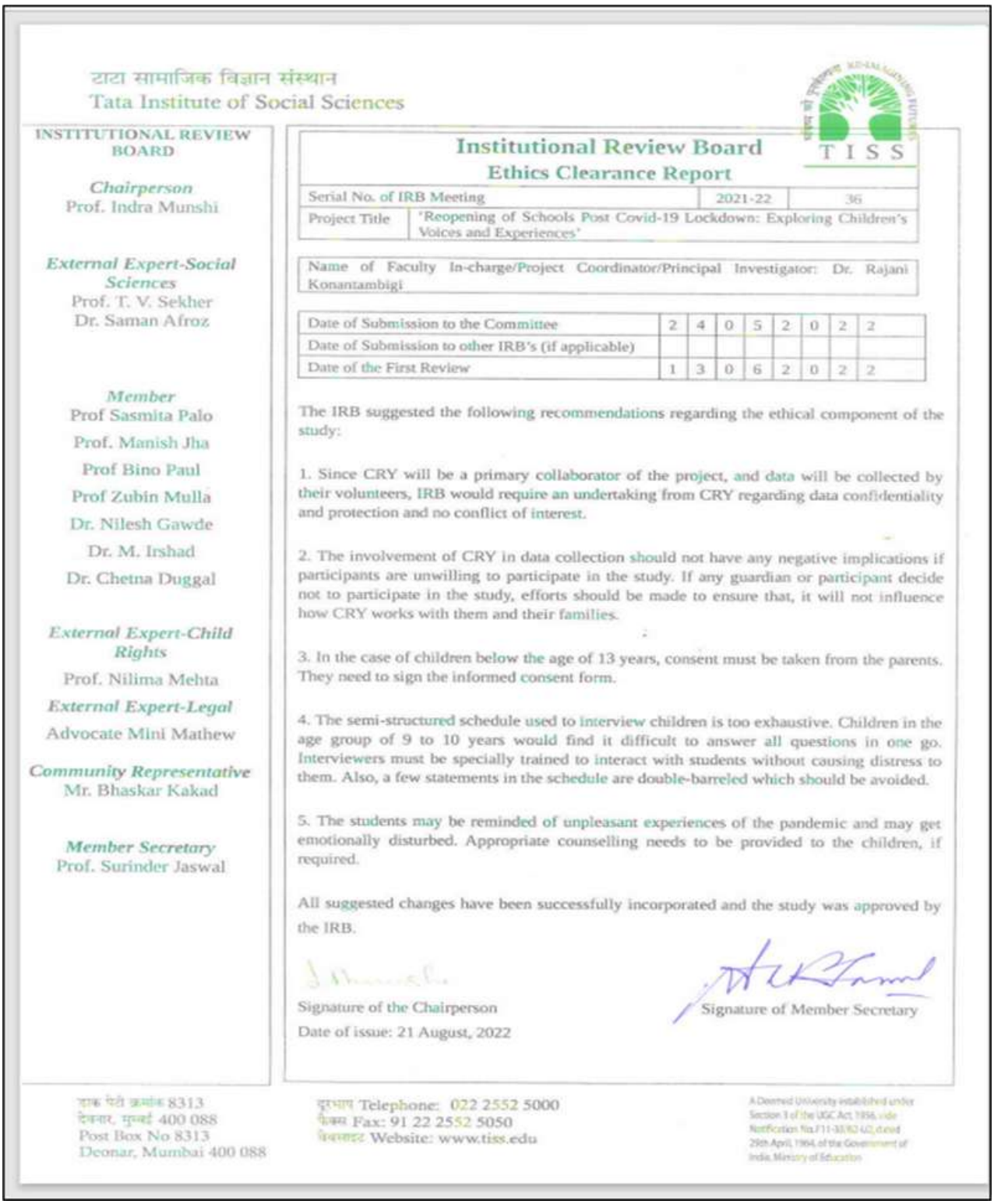
Instructions: Please indicate for each of the 5 statements which are closest to how you have been feeling over the past 2 weeks.

S.N.		5	4	3	2	1
1	I have felt cheerful and in good spirits.					
2	I have felt calm and relaxed.					
3	I have felt active and vigorous.					
4	I woke up feeling fresh and rested.					
5	My daily life has been filled with things that interest me.					

- All the time = 5
- Most of the time = 4
- Sometimes = 3
- Rarely = 1
- Never = 0

Scoring principle: The raw score ranging from 0 to 20.

ANNEXURE X: Ethics Clearance Report' issued by the Institutional Review Board of TISS



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Tata Institute of Social Sciences

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Prof. Nilima Mehta

External Expert-Legal
Advocate Mini Mathew

Community Representative
Mr. Bhaskar Kakad

Member Secretary
Prof. Surinder Jaswal

TISS

Institutional Review Board
Ethics Clearance Report

Serial No. of IRB Meeting	2021-22	36
Project Title	'Reopening of Schools Post Covid-19 Lockdown: Exploring Children's Voices and Experiences'	

Name of Faculty In-charge/Project Coordinator/Principal Investigator: Dr. Rajani Konantambigi

Date of Submission to the Committee	2	4	0	5	2	0	2	2
Date of Submission to other IRB's (if applicable)								
Date of the First Review	1	3	0	6	2	0	2	2

The IRB suggested the following recommendations regarding the ethical component of the study:

1. Since CRY will be a primary collaborator of the project, and data will be collected by their volunteers, IRB would require an undertaking from CRY regarding data confidentiality and protection and no conflict of interest.

2. The involvement of CRY in data collection should not have any negative implications if participants are unwilling to participate in the study. If any guardian or participant decide not to participate in the study, efforts should be made to ensure that, it will not influence how CRY works with them and their families.

3. In the case of children below the age of 13 years, consent must be taken from the parents. They need to sign the informed consent form.

4. The semi-structured schedule used to interview children is too exhaustive. Children in the age group of 9 to 10 years would find it difficult to answer all questions in one go. Interviewers must be specially trained to interact with students without causing distress to them. Also, a few statements in the schedule are double-barreled which should be avoided.

5. The students may be reminded of unpleasant experiences of the pandemic and may get emotionally disturbed. Appropriate counselling needs to be provided to the children, if required.

All suggested changes have been successfully incorporated and the study was approved by the IRB.

Signature of the Chairperson

Signature of Member Secretary

Date of issue: 21 August, 2022

डाक पेटी क्रमांक 8313
देवनार, मुम्बई 400 088
Post Box No 8313
Deonar, Mumbai 400 088

दूरभाष Telephone: 022 2552 5000
फैक्स Fax: 91 22 2552 5050
वेबसाइट Website: www.tiss.edu

A Deemed University established under Section 3 of the UGC Act, 1956, vide Notification No.F.11-33/62-U(2), dated 26th April, 1964, of the Government of India, Ministry of Education

Credits

CREDITS: VOLUNTEERS AND PROJECT PARTNERS

CRY Regional Research Coordinators

- Smriti Rustagi (North)
- Saptarshi Hazra (East)
- Monisha Murali (South)
- Poornima Mandpe (West)

NORTH ZONE

- Aditi
- Aditi Avasthi
- Adrija
- Ananya
- Aninya Sethi
- Anshika Singh
- Amisha Dhingra
- Chehek
- Deveshi
- Himakshi Kapoor
- Isha
- Khushi
- Kriti
- Anushka
- Lokesh
- Loreal
- Muskaan
- Nikhil
- Nisar
- Poorva
- Prashant
- Preksha
- Pooja
- Rachita
- Rashi
- Shivam
- Shiveeka
- Simone
- Sonakshi
- Sushant
- Talat
- Tanjul
- Tanya
- Vindu
- Yashwi

Yogya Gautam

WEST ZONE

- Vidhi Joshi
- Vaibhavi Keni
- Omiee Rastogi
- Samara Mukherjee
- Samira Ahmed
- Manpreet Kaur
- Aastha Tripathi
- Sahhil Taware
- Janki Purohit
- Alicia Dsouza

EAST ZONE

- Chandranath Mukherjee
- Somnath Karmakar
- Nikita Bhagat
- Rahul Bhagat
- Aditi Pramanik
- Abhi Konai
- Prosenjit Mondal
- Utsab Gupta
- Ayan Bhownik
- Nitu Bhakat
- Ishita Dey
- Sneha Sharma
- Yuthika Bag
- Subhra De
- Sanchita Mandal
- Sneha Mukherjee
- Chetna

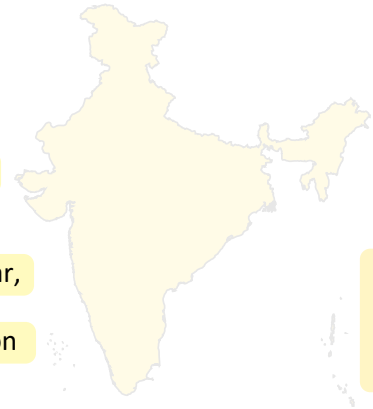
SOUTH ZONE

- Sidra Najam
- Cinthia Lesly Abraham
- Pratista Reddy Kethireddy
- Shilpa Francis
- Sanjana Suresh
- Pooja Bengani
- Sukrutha A
- Ananya M P
- Roopa Acharya B
- Sanchana M H
- Meghana Manoj
- Rahul Abraham
- Kansateshri Megavarnan
- Anoli Bothra
- Ditty Chinnu Rajan
- Diya Rajkumari
- Eleanor Thomas
- Johnpaul
- Richa Tess Joseph
- Sumana Emily. S
- Rahul Shivroop
- Vandana
- Mithun
- Gayathri
- Sarathchandran S
- Arvind Sajeev
- Jesurun Meshach

LIST OF PROJECT PARTNERS

NORTH ZONE

- Meoka - Gurgaon
- Tigri - Delhi
- SultanPuri
- Nangloi
- GairatPur Bass
- Bass Kushla
- Bharatpur
- Sandmariya
- Kaucha
- Sadiyapur
- Karelbagh
- Daraganj



WEST ZONE

- Shailesh Christian from Sahyog Charitable Trust, Ahmedabad, Gujarat
- Gram Vikas Trust, Dwarka, Gujarat
- Vanchit Vikas Sanstha, Ahmednagar, Maharashtra
- Habitat and Livelihoods Welfare Association (HALWA), Mumbai

EAST ZONE

- Ranjit Subba
- Snehashis Mitra
- Kanika Saw
- Ankita Mahapatra

SOUTH ZONE

AP/ Telangana

- SRAMA
- PRAGATI
- SVK

Tamil Nadu

- SPT
- RWDS

Karnataka

- Margadharshi
- Amma Foundation
- SHRUTI

About the Authors

About the authors

Prof. Rajani M. Konantambigi

Prof. Rajani M. Konantambigi is currently a Professor at the School of Human Ecology, Tata Institute of Social Sciences, Mumbai, India. Her work over the years has been in childcare and education in early years and the socialisation of children. Currently her interests are in learning environments, emotional socialisation and school-based counselling. Rajani has been a part of international projects; Child Friendly Spaces, Mumbai, India: A collaborative, project, with the Children's Environment Research Group, New York, the Centre for Human Ecology, and the M Ward Project Initiative TISS as partners, 2015, and more recently with Rita Chawla-Duggan on the methodological project funded by the British Academy entitled 'Using Digital Visual Methods in Cross National Research with Young Children: The Case of Paternal Engagement in Home Learning Environments. She has received The Rockefeller's Team Residency Fellowship (at the Bellagio Study Center, Italy) and the Fulbright Post-Doctoral Fellowship which she completed at the School of Education, University of Georgia, Atlanta, USA. In the past, she has been an active office bearer of the Association of Early Childhood Education and Development and the India Chapter of International Play Association. Prof Rajani has a number of publications in journals and book-chapters.

Dr. Chetna Duggal

Dr Chetna Duggal is an Associate Professor in the School of Human Ecology, Tata Institute of Social Sciences (TISS), Mumbai. She has completed her PhD from TISS, Mumbai and her M.Phil. in Clinical Psychology from NIMHANS, Bangalore. She is a psychotherapist with over 17 years of experience and has worked with children, adolescents, couples and families. She teaches courses on psychotherapy and counselling and supervises trainee counsellors and practitioners. She is the Project Director of the School Initiative for Mental Health Advocacy (SIMHA), an initiative that endeavours to promote the well-being of young people in schools through advocacy, research and capacity building. She also heads Rahbar, a field action project to promote training, supervision and professional development for mental health practitioners in India. She is the trustee of Apnishala, an organization working towards making life skills education accessible to children from underprivileged contexts. She has a keen interest in child and adolescent mental health, school mental health promotion, prevention, program development, implementation and evaluation, and training and supervision of psychologists and counsellors. She has conducted research and authored book chapters and papers on the same. She has co-authored a book titled 'Reflective Practice and Professional Development in Psychotherapy'.

Ms. Trina Chakrabarti

In her current role at CRY, Trina heads the Volunteer Action Division and oversees interventions across six states in the east. A Chevening Scholar, she holds a Masters degree in Social Work from The Tata Institute of Social Sciences, Mumbai and in Human Rights from the University of Essex, UK. Trina's interest lies in a wide array of interventions with children and young people from both ends of the socioeconomic spectrum and she believes that volunteering for children has a powerful role to play in helping identify how privilege operates in our lives and thereby helping us move a step closer towards equity and justice.

Ms.Anupama Muhuri

Anupama Muhuri is the national Lead of the Volunteer Action Department of CRY- Child Rights and You. A post graduate in Sociology, she has been a development professional for more than 19 years having worked at IIM-Calcutta and ActionAid before joining CRY. Wide experience of working on themes of Child Rights, Education, Public Campaigns and Volunteer Management Strategies, Policy Advocacy, Disaster Risk Reduction, Programme Monitoring & Evaluation and specializes in volunteer programming and CSR-corporate employee volunteering. She is deeply passionate about issues pertaining to children and in kindling the volunteering spirit in people.

Dr. Vaidehi Chilwarwar

Vaidehi is currently working as an Assistant Professor at the School of Human Ecology, Tata Institute of Social Sciences (TISS), Mumbai, India. She is professionally engaged with individuals and groups as a psychologist and as an Arts Based Therapy Practitioner for the last five and four years, respectively. She completed her PhD in 2023 after acquiring M.Phil in 2017 from TISS, Mumbai. In 2019, she was certified as an Arts Based Therapy Practitioner by Bapu Trust, Pune. She serves as an alumni representative for the Board of Studies, NK College (Autonomous), Mumbai. Her work and research interests revolve around exploring the relevance of arts based approaches and community driven practices for promoting resilience among marginalized communities. Promotion of children's social-emotional health and wellbeing of at-risk adolescents are central to her curiosity.

About the Research Assistants

Ms. Durga Ashok Vernekar

Durga is a researcher based in Mumbai, India. She specializes in quantitative and qualitative research, behaviour change communication, needs assessment, and training, in the fields of public health and education among others. She has engaged with students as a visiting faculty at SNDT University. She has worked with CRY to explore children's experiences in COVID-19.

Ms. Isha Misra

Isha Misra is a Mental Health Practitioner and Researcher based in Delhi NCR, India. She specializes in counselling work with Children, Adolescents, and Families. As a psychologist, her work focuses on centering client wisdom and building emotional resilience, while strengthening a collaborative and holistic approach towards well-being. Her research interests are centered in qualitative and quantitative methods towards highlighting children's voices and experiences to guide policy framework and systemic changes.

Cryinfo.kol@crymail.org

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Disclaimer

The photographs in this book are in adherence with CRY’s child protection norms.Consent of the child and the guardian/parent has been obtained.The children portrayed in the photographs are from CRY and partners’ intervention areas. Approval has been obtained from the photographers to use the photographs for the purpose of awareness and advocacy

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