

# **UNDERSTANDING CHILDREN'S EXPERIENCES DURING THE COVID-19 PANDEMIC:**

STRESSORS, RESILIENCE,  
SUPPORT AND ADAPTATION





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

## Acknowledgement

The research team would like to take this opportunity to express appreciation to all the people and organisations without whom this project would not have been possible.

First and foremost, our sincerest gratitude to all the children and adolescents who offered us invaluable insights into how they have been responding to the uncertainties and challenges brought on by the COVID-19 pandemic. Their willingness to participate has helped us bring the voices of children across India to the forefront. We would also like to thank their guardians for providing us with important information about their families and encouraging their children's participation.

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The conclusion of this project has left us with a deeper admiration for the dynamic ways in which children and their support systems foster resilience in times of crises. We sincerely hope that learnings from this study will aid in formulating strategies for psychosocial interventions, programs and policies for young people.

## Foreword

Over the past year the COVID-19 pandemic has challenged much of what we assumed to be the 'givens' of childhood. Across the globe, children and adolescents have faced unprecedented disruptions as schools shifted online, parents started working from home, places of recreation shut down, avenues of interacting or playing with friends reduced drastically, and financial and health worries became commonplace. Exposure to such drastic changes and stressors at a young age could have long term effects on the psychosocial development of children, the nature and magnitude of which would have to be systematically examined over time. In such a scenario, exploring the impact of the COVID-19 pandemic on the mental health of young people is of utmost importance.

In recognition of this need, TISS collaborated with CRY to conduct a pan India study that sought to bring children's voices and pandemic specific experiences to the forefront of the discussion surrounding their well-being. The study examined the psychological impact of numerous stressors children have been encountering on a daily basis since the start of the lockdown, such as, financial struggles, lack of play time and peer relationships, difficulties in accessing online schooling, and so on. Led by the firm belief that children are not just passive recipients being shaped by their environment, but rather active agents who have the capacity to adapt and grow even in such tough times, the study also explored what is helping them stay resilient through this pandemic.

This joint effort between TISS and CRY is an affirmation of our commitment to conducting research that is responsive to intersecting political, social and economic vulnerabilities in the lives of children and adolescents. The present report also upholds the tradition of evidence informed practice that TISS stands for as an institution of academic excellence. The findings from this study throw light on children's experiences, including the stressors they experienced, how they stayed resilient in the face of this pandemic and the role of family support in helping them build such resilience. These findings can help organizations and professionals working with children and adolescents to plan targeted and responsive interventions to mitigate the adverse impact of the pandemic, foster well-being, and boost resilience among this vulnerable section of the population.

I thank my colleagues Prof. Rajani Konantambigi and Dr. Chetna Duggal from the School of Human Ecology for undertaking this very important piece of research and CRY for supporting it.



**Professor Shalini Bharat**

Vice Chancellor/ Director, Tata Institute of Social Sciences, Mumbai

## Preface

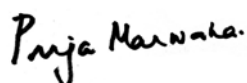
The coronavirus outbreak continues to drive unprecedented challenges across the world and the brunt of it on India has been stark. The nationwide lockdown and its aftermath left the underprivileged children, their families and communities even more vulnerable than before.

Even though children were not considered to be 'the face of the pandemic', that they were extremely vulnerable to trauma and other adverse psycho-social impacts induced by the crisis was never a doubt. While in the initial months, CRY jumped into action by serving essentials to communities to be safe, we also were clear that we had to take action to address the long term repercussions on children.

Our work with children through the months showed that the pandemic has particularly impacted children and adolescents who are not only witnessing the stressors in their families but also experiencing serious disruption to their schooling, physical activities and peer bonding process. To delve more on these aspects, CRY was fortunate to find TISS as a co traveller. And surprisingly, we found that not much has been brought to the fore in India in terms of any systematic understanding. I was excited to see both the Institutions collaborate to conduct a pan-India study with children across diverse socio-economic contexts, in an attempt to bring the voices of children and adolescents to the forefront and to understand their experiences of the pandemic.

It was humbling to see the commitment and passion with which the authors, the volunteers and a few CRY partners took this up and within a defined period of time, helped bring such a rich and insightful Study Report. The study also proved to be an example of how the civil society can be engaged in bringing the voices of children and adolescents to the forefront. A team of near 80 plus CRY volunteers reaching out to hundreds of children, taking interviews, floating survey forms, collecting collating and coding data for analysis, was nothing short of incredible!

I believe the findings will give a sharpened sense of the issue and give direction to the approach of work with the children and communities in these testing times. This pandemic may be the toughest crisis we will face in our lifetimes, but with children as partners in our journey, we are surely aspiring for a brighter future.



**Puja Marwaha**

Chief Executive, CRY

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## Executive Summary

The Coronavirus outbreak has heralded a mental health crisis across the globe. The developmental needs of children and adolescents intensify the challenges faced by them in understanding and coping with the pandemic, making them one of the vulnerable population segments at greater risk of adverse mental health outcomes. Moreover, widespread school closure and home confinement measures have rendered certain factors crucial for healthy childhood development inaccessible. While the world has been recognising the enhanced psychosocial vulnerability of children during this global health crisis, research capturing children's experience of the same in India is critically limited.

Given the significance of understanding children's and adolescents' experiences with regard to COVID-19, the present study sought to understand COVID-19 related stressors, mental health impacts, and resilience among children and adolescents in India. The study adopted an exploratory, mixed methods approach with concurrent research design. Sociodemographic details about the children and their parents were obtained using intake sheets for children and parents respectively. This included the child's age, gender and grade (obtained from children), and parents' ages, educational qualifications, occupation, members in the household, and family income (obtained from parents). Quantitative data was collected on the various sources of stress for children and the psychological impact of the pandemic was measured using the CRIES-8 scale for children and adolescents (example of items included: experiencing waves of panic, trying not to think about it). Resilience was explored through open-ended questions (e.g., "When you feel worried or upset about the coronavirus what do you do to make yourself feel better?"). Additionally, creative expressions such as drawings, writing, and so on were sought from children willing to share the same.

A total of 821 children aged 9 to 17 years participated in the study, out of which 470 were girls and 351 were

boys. Data collection was carried out in 13 Indian cities, namely: Bangalore, Chandigarh, Darjeeling, Delhi, Hyderabad, Imphal, Indore, Kolkata, Moreh, Mumbai, Pattan, Pune, and Siliguri. Almost half of the participants (43.9%) were between 12 to 14 years old. The children were studying across grade 4 - 12, with almost 18% in Grade 7 and almost 15% in grade 8. About 71% of the participants were attending classes online. More than half of the parents of this sample of children had received little or no formal education, and many of them worked as labourers. Three-fourths of the households in the sample earned Rs 6362 or lesser per head per month.

When asked about their lives during the pandemic, almost half the participants (48.7%) reported that their routine had changed a lot since lockdown; a small percentage of participants also reported poor quality of sleep (4.4%) and eating (2.1%). When asked what they liked most about the lockdown, many participants highlighted the increase in time they got to spend with their families (24.4%). Some brought up enjoying engaging in hobbies (10.7%), and watching TV (6.8%). When asked about what they missed the most since the pandemic began, a majority mentioned missing going to school (64.5%) and meeting friends (45.6%). Some children (11.9%) shared missing playing or being outdoors. 68.6% revealed that the pandemic had disrupted their plans and dreams for this year. While 60% of the children reported feeling happy, 44.8% reported experiencing boredom, and 41.7% also reported being worried. More than one-third (33.8%) of the participants reported feeling confused, whereas more than one-fourth experienced fear, restlessness, and sadness.

Financial problems at home were reported to be the greatest stressor for participants (26%). This was followed by uncertainty about when COVID would end (24%), worry about contracting COVID (23.5%), not being able to meet friends (23%), and hearing stressful news about COVID (22.3%). Children belonging to the lower

income groups experienced greater stress with regard to finances and procuring household supplies, these aspects being directly tied to the family income. The children's responses to trauma was measured on the CRIES-8 scale with scores ranging from 0 to 40. The mean score obtained by participants on the CRIES-8 scale was 12.35. One-third (33.1%) of the participants obtained a score of 17 or more, this cut-off being indicative of post-traumatic stress disorder (PTSD). The age group of 12 to 14 years received the highest CRIES-8 mean score of 13.17, compared to those older and younger than them. On analysing the relationship between response to trauma and monthly household income per capita, it was found that monthly income per capita was weakly correlated negatively with CRIES-8, the correlation being statistically significant. The CRIES-8 score distribution across income groups demonstrated that children from socio economically weaker sections might be particularly vulnerable to the adverse impacts of pandemic-related stressors.

When asked about what they do to make themselves feel better when they find themselves feeling worried or upset

about the pandemic, more than one-fourth of the children shared that engaging in some form of recreation, such as playing (26.4%), listening to music (10.4%), or watching TV (10.2%). Some participants highlighted how their hobbies helped them deal with the pandemic in a productive and healthy manner, and participants underscored the role played by their families, especially their mothers (55.6%), fathers (45.9%), and siblings (13.2%) in helping them deal with the COVID-19 pandemic. Children were also asked about tips to other people on coping with the pandemic. Suggestions given by children on how people could safeguard their physical health largely included wearing masks (35.8%), maintaining social distance, (17.9%), using sanitizers (20.3%), staying indoors (17.5%), and eating healthy (2.9%). Some children encouraged people to maintain a positive attitude (5.1%), practice self-care (4.8%), engage in recreation (4.1%), and communicate with family members (3.3%).

Implications at the school, community and policy level to promote emotional wellbeing and resilience of children have been outlined along with directions for future research.

# INTRODUCTION



## Introduction

As the novel Coronavirus disease gained the status of a pandemic on 11th March 2020, governments across the world began adopting stringent precautionary measures such as varied quarantining strategies, travel bans, countrywide lockdowns, and so on to safeguard public health (Rajkumar, 2020). This hampered the day to day functioning of individuals, communities, and institutions at a global scale (Pfefferbaum & North, 2020).

Confronted with a host of unfamiliar stressors and challenges, societies across borders have been grappling with declining psychosocial well-being. The sense of isolation and routine disruptions experienced during this crisis were predicted to result in heightened loneliness, grief, insomnia, anxiety, depression, harmful substance use, self-harm, and suicidal behavior (World Health Organization, 2020). An initial nationwide survey conducted in January, 2020, with 52730 respondents in China found that 5.14% and 29.29% of the participants were experiencing severe and mild to moderate peritraumatic psychological distress respectively. Mental health concerns such as depression, anxiety, and panic disorder were also reported to have been triggered in the general population due to the pandemic (Qiu et al., 2020). Another study by Xiao et al. (2020) with 170 individuals who were self-isolating for 14 days in January examined the relationship between social capital [a measure of social trust, belonging, and participation (dependent variable)] and stress, anxiety and sleep quality (independent variables). The results indicated that high levels of social capital were positively associated with increased sleep quality, whereas low levels were associated with heightened stress and anxiety. The combination of anxiety and stress was shown to reduce the positive effects of social capital on sleep quality, and anxiety was associated with stress and poor sleep quality.

According to a survey conducted by The Indian Psychiatric Society, the reported cases of mental illnesses have risen by 20% in India since the CoVid-19 outbreak

(Naik, 2020). An early cross-sectional study in West Bengal by Chakraborty and Chatterji (2020) examined the psychological impact of the pandemic found that out of the 507 participants, 71.8% and 24.7% experienced an increase in worry and depression respectively. While 69.9% of the participants were concerned about financial loss, 25.6% reported feeling like the pandemic had threatened their existence. 52.1% were preoccupied with thoughts of contracting the virus and 21.1% had repeated thoughts of getting tested despite a lack of symptoms. Across the country, the apprehensions about getting infected and the psychological distress due to a lack of access to substances have also led to isolated instances of attempted self-harm and suicide (Goyal et al., 2020; Sahoo et al., 2020).

A mass exodus of migrant workers witnessed in India during the nationwide lockdown highlighted the disproportionate impact of the pandemic on the most vulnerable sections of society. Given the established bi-directional relationship of mental health and poverty (Sriram, 2018), the debilitating economic effects of this crisis are bound to have far-reaching consequences for psychosocial health and well-being of the Indian community.

### The impact of the pandemic on children and adolescents.

Based on research conducted in previous epidemics and crises situations, the mental health impact of the pandemic is suspected to be higher for groups with increased risk factors (Minihan, Gavin, Kelly, & McNicholas, 2020). Examples of high-risk determinants include age, medical conditions, pre-existing psychiatric illnesses, substance use issues, exposure to trauma, socio-economic or minority status, low social support, and so on.

One such cohort considered to be particularly vulnerable to psychological distress is that of children



and adolescents. In a manual guide for caregivers providing psychosocial support to children and adolescents during CoVid-19, Soledad Herrero (Chief of Child Protection Section, UNICEF India) highlighted that the developmental stages and needs of young ones intensified the hurdles faced by them. According to him, the challenges confronted by children in understanding, absorbing and coping with the changes that this pandemic has brought to our world may result in confusion, frustration and anxiety. Adults may also struggle to explain the current situation to children in a manner that would be developmentally appropriate and comprehensible (Herrero, 2020).

### **Educational crisis**

The need for physical distancing has led to school closures and reliance on online home-based learning. Hardships for children in this period have been augmented by the digital divide, which has rendered education inaccessible. According to a telephonic survey undertaken with 733 children from 7th and 8th standards in rural and peri rural parts of Bihar, access to online education seems to be flagrantly limited. The researchers found that about half the sample attempted to be included in the study did not own phones, and 70% of those who did, did not own smartphones. With 75% of the population living in impoverished conditions, affordability of internet packs was also questionable. Assistance and guidance required by children for the process of online education was also problematic given that 26% of fathers and 40% of mothers had never availed any form of formal education themselves. Gender of the child was also found to affect access, as female children faced more barriers and restrictions with respect to not just obtaining devices for academic purposes, but to even engage with people over the phone. Since the lockdown, the media has reported 66 school aged children committing suicide in Kerala, with one case in particular being attributed to inability of accessing online education (Devasia, 2020; Premkumar, 2020).

### **Loss of routine and recreation/play spaces**

Home confinement has drastically reduced opportunities for recreational play and social contact which contribute significantly to healthy childhood development. Such constrained access to socialisation may adversely impact psychosocial wellbeing and social skills development in children and adolescents.

### **Familial financial stressors**

According to the latest analysis from UNICEF and Save the Children, the number of children residing in households propelled into monetary poverty could increase due to the pandemic. A sudden loss of income especially for families subsisting on daily wage, indicates that their capacities to afford basic necessities and access healthcare or education suffers. Additionally, preventive measures taken to curtail the transmission of CoVid-19 have disrupted not only livelihoods, but also food systems and nutrition services, which threaten income and food security. As a result, children affected by these difficulties are becoming malnourished. Additionally, data also indicates that a 1% increase in poverty could also contribute to a 0.7% increase in child labour in some countries (UNICEF, 2020). Children living in the poorest of contexts may be relied upon for bolstering household income and taking up caregiving responsibilities of younger siblings or the elderly (Harman, 2020). Economic insecurity also adds to the stressors placed on caregivers, which heightens the risk of household tensions and neglect.

### **Mental health consequences**

For young people, in addition to worry caused by the physical health threats of CoVid-19, drastic changes such as school closures and social distancing measures have exacerbated the psychological distress experienced. A longitudinal research study undertaken in China with 1732 participants found that the pandemic placed students in the age group of 12-21 years at a high risk for showing signs of mental illness (Wang et al., 2020).

### ***For children experiencing Mental Health concerns***

Children and adolescents with pre-existing mental health needs have also been found to be increasingly vulnerable. In a survey conducted by YoungMinds, which included 2111 young people with mental health needs in the UK, 80% reported that the pandemic had made their conditions worse, 87% noted feeling lonely and isolated, and 11% noted an improvement in their mental health. Additionally, 30% in need of support were no longer able to access it due to peer support groups and face-to-face services being cancelled and support through telephonic or online medium proving to be a challenge for some young people. 41% also stated struggling with mental health concerns but not having reached out to avail support.

### ***For children with Special Needs***

Children with special education needs have been suspected to be at high risk for experiencing mental distress as the closure of schools and special needs services have rendered the resources available for their learning and development inaccessible. Additionally, changes in routine and lack of socialisation opportunities have impacted children with special needs adversely. For instance, those diagnosed with autism spectrum disorder were considered to be vulnerable due to a lack of avenues for developing social skills as well as the frustrations and anxieties that accrue upon their daily routines being disrupted (Patel, 2020). Schools provided young people with mental health issues important coping mechanisms such as routine, structure, and social support systems, in the absence of which their symptoms could relapse or worsen.

### **Vulnerability to witnessing/experiencing violence and abuse**

In this period, the mental health risks for young people residing in abusive or neglectful households have been found to be amplified as they face challenges such as maltreatment, domestic abuse, or caregiver mental illness on a daily basis (Fegert et al., 2020). Adverse outcomes have been reported for children of parents experiencing adverse mental health or high distress states due to the pandemic (Russell, 2020). With safe places (schools, parks, other households) and people (teachers, peers, relatives) becoming inaccessible, those exposed to harmful home environments have lost their protective anchors. Since the lockdown began, Childline India (a helpline for children supported by the Ministry of Women and Child Development, GOI) has witnessed a 50% spike in calls. The callers requested protection against abuse, violence, abandonment, exploitation, child labour and marriage, direct intervention for medical assistance and shelter, along with general information on the pandemic.

### **Resilience in children and adolescents during the pandemic**

As we have seen so far, young people are confronting a variety of stressors and challenges posed by the pandemic which could be detrimental to their mental health and well-being. Over four decades of research on resilience indicates that bolstering protective factors could provide children with a buffer against potential harm as well as enable them to cope with adversities effectively (Bartlett & Vivrette, 2020). The Center on the Developing Child at

Harvard University (2017) has reported that a sensitive and responsive relationship with a parent, caregiver or another adult helps children develop the capacity to overcome hardship as the positive experiences accrued by supportive relationships form the foundations of resilience. Moreover, adults often model adaptive skills of planning, adjusting, controlling impulses, regulating emotions and behaviours which can be learnt and applied by children. Such core life skills promote healthy choices and adaptive responses to adversities. In a review of protective factors found to enhance resilience, Bartlett and Vivrette (2020) suggest supporting children emotionally through the '3 R's' model, which entails providing reassurance, maintaining predictable routine, and strengthening regulation skills for navigating difficult feelings. In addition to this, caregivers who met their own needs by prioritizing meaningful activities and self-care, would be more likely to be sensitive and responsive to their children as well.

Maintaining a sense of social connectedness and having the basic needs of the family met could also help boost resilience. Masten and Stephanidi (2020) highlighted that upon adopting multisystemic approach to resilience, striking parallels could be found in psychosocial resilience factors across individual children, families, schools and communities. For instance, one such observed parallel was of self-regulation abilities in children at the individual level, skilled family management at the familial level, proficient school leadership at the school level, and competent governance along with collective efficacy at the community level. The authors contended that these parallels suggest interconnected networks and processes may have co-evolved and may be operating in congruity with one another in these interconnected systems to promote resilience factors.

### **Rationale for the study**

Although the global community has been taking cognisance of the manner in which the COVID-19 crisis is impacting children and adolescents, research examining the same in India is critically limited. As we have seen so far, children have been confronted with a host of different stressors in this time which makes them vulnerable to adverse socio-emotional outcomes. In order to be able to prevent such consequences, it is crucial to further our understanding of the challenges they are facing, their psychosocial states, as well as what may be helping them be resilient during this crisis.

# METHODS





## Methods

The present study was conceptualised with the aim of bringing children and adolescents' voices on their mental health and well-being during the CoVid-19 Pandemic to the fore. Given the vulnerabilities children and adolescents in India could be faced with at present, this study sought to identify the various CoVid-19 related stressors, the mental health ramification of the same. It also explored the resilience factors that aided children and adolescents to cope with this crisis across the country. The results from this study could help mental health professionals, social workers, schools, caregivers, and children themselves in understanding the potential risk factors, their impacts, and what could promote resilience in such unprecedented times.

### Aim and objectives

The aim of this study is to assess stressors, mental health impact, and resilience among children during the Covid-19 pandemic across India. The objectives for the study were as follows:

- To identify the Coronavirus pandemic related stressors/sources of distress for children in India.
- To assess the psychological impact of the Covid-19 on children in India.
- To examine the personal and social sources that children have been accessing to stay resilient through the course of the pandemic.

### Operational definitions

Through this study we seek to examine three constructs in children during the pandemic (i.e. stressors, psychological impact, and resilience) which have been defined as follows:

- **Stressors:** Sources contributing to distress, such as financial difficulties, familial conflicts, education related concerns, and so on.

- **Psychological impact:** As measured by the CRIES-8 tool, psychological impact is defined as traumatic stress symptoms of intrusion and avoidance.
- **Resilience:** According to the American Psychological Association (2014) resilience entails "the process of adapting well in the face of adversity, trauma, tragedy, threats or even significant sources of stress" (para. 4). Resilience is determined by the interactions of a variety of biopsychosocial and cultural factors that influence a person's response to stressful events (Southwick et al., 2014).

### Approach to Inquiry

An exploratory study was designed to examine the sources of stress, their impact, and inquire into the factors promoting resilience among children in India during the CoVid-19 pandemic. The aim of an exploratory study is to generate information regarding an issue that has not received in depth engagement previously (Brown, 2006). This approach was selected keeping in mind the novelty of the CoVid-19 phenomenon and a paucity of research available highlighting children's experiences of the same in the Indian context.

The study adopted a mixed methods research design, wherein quantitative and qualitative research elements were combined in order to expand and strengthen the study's conclusions (Schoonenboom & Johnson, 2017). The strength of mixed methods designs lie in balancing the flexibility of qualitative exploration with the immutable characteristics inherent to quantitative approaches (Kroll & Neri, 2009). While various mixed methods research designs have been described in literature, for the purpose of this study, a concurrent triangulation design has been

employed. Concurrent designs facilitate data collection to take place in the same stage and help researchers use both qualitative and quantitative data to more accurately define relationships among variables of interest (Castro et al., 2010). This approach would enable the assessment of sources of stress and the impact of this crisis at a macro level, as well as allow for a contextualised understanding of factors enhancing resilience among children and adolescents.

## Sample

The participants selected for this study included children residing in India.

## Inclusion Criteria

The inclusion criteria for the selection of participants were:

- Children in the age range of 9-17 years.
- They should have been residing in India since the lockdown was announced on 24th March, 2020.

## Exclusion criteria

The exclusion criteria to factor out participants for whom partaking in the study may be difficult were:

- Children undergoing treatment for a medical condition (other than CoVid-19)
- Children with severe neurodevelopmental concerns.

## Sampling strategy

The participants were selected using purposive sampling. This sampling strategy includes “selecting information-rich cases that by their nature and substance will illuminate the inquiry question being investigated” (Patton, 2004; p. 264). Purposive sampling enables data to be collected from individuals with requisite knowledge and experience of the phenomenon under investigation. Additionally, in this sampling strategy, availability, willingness to participate, and the ability to communicate about experiences in a reflective and articulate way are also taken into consideration (Etikan et al., 2015).

## Sampling location

Data was collected from 13 Indian cities, namely: Bengaluru, Chandigarh, Darjeeling, Delhi, Hyderabad, Imphal, Indore, Kolkata, Moreh, Mumbai, Pattan, Pune

and Siliguri. These locations were selected since CRY has a presence in these cities and townships, which ensured that the research captures the voices of participants from diverse contexts across the country.

## Tools

The following tools were used to obtain data for the study:

### Socio demographic intake sheets

Two in-take sheets were used to obtain socio-demographic information about participants and their families. One was for parents/guardians to elicit family demographic details. The other was for children and inquired about their academic background, families, as well as details of their current routine, sleep, diet, and emotional states (Appendix VI & VII).

### Sources of stress during the CoVid-19 pandemic

This brief measure aims to capture the sources of stress introduced into the lives of children and adolescents during the CoVid-19 pandemic. Adapted from the child self-report Response to Stress Questionnaire - COVID-19 (Compass et al., 2020), it has been used in this study to ascertain the absence and presence of certain stressors in children's lives, and not as a measure of levels of stress experienced by them during the pandemic. It includes items that examine structural, familial, social, exposure and health related challenges (Appendix VIII).

### Description of the scale

This tool contains a checklist of stressors that pertain to challenges faced by children and adolescents during the CoVid-19 pandemic. The participants rate each item in terms of how stressful the challenges listed have been for them over the past 6 months.

### Number of items

This scale consists of 15 items.

### Scoring

The participants can answer on a rating scale ranging from 1 to 4, wherein 1 indicates ‘not at all stressful’ and 4 indicates ‘very stressful’ based on how stressful the content of each item has been for the child over the past 6 months.

### Revised Child Impact of Events Scale (CRIES - 8)

CRIES is a brief and widely used tool for measuring traumatic stress symptoms in children. (Appendix IX)

### **Description of the scale**

The CRIES originates from the Impact of Events Scale (IES) developed by Horowitz et al. (1979) to measure re-experiencing and avoidance of traumatic events in adults. The present version designed for children has been largely developed by colleagues working under the auspices of the Children and War Foundation.

### **Age group relevance**

The present version of the scale has been designed for use with children aged 8 years and above who are able to read independently. The scale can be self administered.

### **Number of items**

The CoVid-19 scale consists of 8 items.

### **Scoring**

There are 8 items that are scored on a four point scale, which is as follows:

- Not at all = 0
- Rarely = 1
- Sometimes = 3 [NB It is indeed scored 0,1,3,5 and NOT 0,1,2,3]
- Often = 5

It consists of 4 items measuring Intrusion and 4 items measuring Avoidance, which form the two subscales.

### **Self-designed tool to assess resilience**

According to the Center on the Developing Child at Harvard University (2015), a common set of protective factors that optimize resilience by 'stacking the scales' against adversities include: facilitative and supportive adult-child relationships, a sense of self efficacy and perceived control, opportunities to build adaptive or self-regulatory skills, as well as the collective influence of sources advancing hope, faith, and cultural traditions. In this study, five open ended questions have been outlined by the researchers in order to elicit personal and social factors fostering resilience in children during this crisis. The determinants captured through these questions include inquiry into the presence of supportive relationships and institutions, a sense of perceived control, along with self regulation and soothing skills. Additionally, children would be given the option to submit expressive artworks capturing how they have been coping with the pandemic. The questions designed for this tool can be viewed in Appendix X.

All the above tools were translated into Hindi, Bengali, Marathi and Kannada using the method of translation and back translation. This ensured that participation in the study was not restricted to children only reading, writing and speaking in English.

### **Creative expressions**

Participants of the study were also invited to share any creative expressions that they have created in the form of art, poetry, etc. regarding the pandemic. The idea was to enable diverse expressions which could enrich the study as children often express in a variety of modes. This was kept optional and 162 children chose to share creative expressions with us.

### **Data collection**

Data collection was carried out from December, 2020 to January, 2021. Since CRY has an existing volunteer team who are trained in the theory and practice of child rights, child protection policy, right to education, community mobilization, skills like teaching, storytelling or using other creative tools to engage with children, a research team was created consisting of CRY volunteers to carry out data collection.

### **Recruitment of volunteers**

In order to prevent dual roles and responsibilities during the data collection process, the volunteers who were part of the research team were not engaged in any other community engagement work by CRY for the duration of this research.

The inclusion criteria for the data collection volunteers were as follows:

- Minimum educational qualification of a bachelor's degree in social work, education, law or other humanities disciplines.
- Minimum of 4 month long engagement with CRY or CRY's partner organizations (as in some locations CRY works with partner organizations that have a presence in the community) in the capacity of a volunteer.

### **Training of volunteers**

73 volunteers joined the research team and participated in a 3 hour long specialized training which offered insights into the background, aims and objectives of the projects. They were acquainted with the tools, ethical considerations, as well as the data collection and entry

process. The training session was concluded with a data collection and entry trial round. The volunteers shared their comments and suggestions which were duly incorporated and put forth in a document that detailed out the data collection and recording guidelines.

### Data collection process

The research team volunteers were allocated locations based on context familiarity and language preferences. These locations were divided into four zones, namely, East, West, South, and North. Four region heads were allocated from the CRY team (one per zone) in order to coordinate the efforts of the volunteers.

The volunteers were responsible for reaching out to children and guardians by contacting them through the pre existing database of children who have been served by CRY and its partner organisations. Additionally, they also invited participation by broadcasting a short message about the research on social media platforms.

Potential respondents who got in touch with the volunteers through these platforms were screened by them for alignment with the inclusion and exclusion criteria. The children and guardians who fit the criteria and were interested in participating in the study, were provided with a participant information sheet and consent form.

Once consent was obtained from the participants and their guardians, the participants choose between four formats of administration based on their comfort. These 4 formats options are as follows:

- Filling out a physical copy of the survey (paper-pencil format)
- Filling out a google form (to be filled online)
- Answering questions through an in-person interview
- Answering the questions via a telephonic interview

After the method of administration was selected, each participant was assigned a unique identifier (UID) by the volunteers to ensure that their confidentiality was maintained throughout administration and data entry. The questions that were asked across all four formats remained the same and all three methods of administration took about 15-30 minutes.

### Data entry and records

Post completion of administration, the volunteers filled out the data obtained on a common excel sheet. The audio recordings, consent forms, creative expressions, etc. were added to the zone's drive folder with the participant's UID as the file name.

The excel sheets and drive folders were then shared with the TISS team, who compiled the data entered into a master sheet and audited the quantitative and socio demographic data obtained. The qualitative data auditing was conducted by 14 CRY volunteers who joined the data analysis team and underwent data auditing and coding training to support the TISS team with qualitative analysis.

### Ethical considerations

The following ethical considerations were kept in mind during the study to safeguard the interests of the participants:

- The research proposal for the present study was given ethical clearance by the Institute Review Board (IRB) of the Tata Institute of Social Sciences (Appendix I).
- A detailed participant information sheet, containing information about the research and the risks/benefits to children and their families were provided in Hindi, English, Kannada, Marathi and Bengali to all participants and guardians (Appendix II, III & V).
- Any questions and clarifications were addressed prior to data collection.
- Written informed consent for participation or audio recorded consent were obtained from all participants and their guardians (Appendix IV & V). Consent was also taken from guardians 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 had the right to withdraw from the study at any point. If at any point guardians or participants decided not to

participate in the study, they were informed that it would not influence how CRY engages and works with them and their families.

- Anonymity and confidentiality were maintained by ensuring digital storage of data in encrypted formats.
- Pseudonyms were used for all participants and no identifying information was revealed in any reports or publications emerging from the study.
- The research team was trained and oriented to the ethics of this research.
- If the participants did not wish to provide responses on a particular area of inquiry, it was skipped and such a decision was taken at the beginning of the study.
- The interviews were conducted at a time convenient for the participants.
- Should participants experience any emotional distress while filling out the survey, responding to the interviewer, or the research staff identified the same, the process was to be stopped and was to be continued only if the participants agreed to it. Additionally, the contact details of trained counsellors or helpline numbers offering subsidized/free psychotherapeutic services to children and adolescents were provided to the participants and their families.

## Analysis

According to the objectives of the study, the analysis for the quantitative data was done at two levels: descriptive and inferential analysis.

### Descriptive analysis

This type of statistical analysis organizes the data obtained from the sample and enables summarisation in a manner that makes the data easily comprehensible to the readers (King & Minium, 2008). The data obtained from the tools were condensed using descriptive statistical analysis. Profile of the participants, description

about their routines, emotions experienced by them, and nature of stressors experienced by them, was obtained through descriptive analysis.

### Inferential analysis

This type of analysis helps us draw certain inferences and conclusions about the sample which is representative of the population (King & Minium, 2008). The objective would be to assess whether any differences exist in the results obtained for each of the variables under examination (i.e. stressors, impacts, and resilience factors) based on gender and age of the participants within the sample. Inferential analysis was used to assess whether there were any differences in nature of stressors and responses to trauma with regard to age, gender, or income levels.

### Content analysis

The qualitative data was subjected to content analysis. Content analysis enables researchers to make large amounts of data manageable by devising “precisely and clearly defined categories to apply to the material analyzed in accordance with explicitly formulated rules and procedures” (Ball & Smith, 1992, p. 21). Based on a preliminary analysis of the qualitative data, pre-set codes were developed by the researchers to create categories for the variety of subjective answers given by children. The large data set was then coded by a team of 13 CRY volunteers who received training in auditing and coding qualitative data. Once the data was coded, it was converted into percentages.

### Triangulation of quantitative and qualitative data

Tables and graphs were used to elucidate the quantitative data obtained. With respect to the qualitative data, tables, verbatims, and creative expressions were used to highlight children's voices about their experiences with the pandemic. The quantitative and qualitative data was triangulated to present the data collected from all sources in a comprehensive manner.

The results gathered have been organised in four chapters that contain the sociodemographic profiles of the participants, their lived experiences of the pandemic, their sources of stress and trauma responses, and the factors boosting their resilience in this time. The findings have been discussed in the light of relevant literature.



A group of diverse Indian children, both boys and girls, are gathered together, holding up their colorful drawings. The children are of various ages, from young girls in the foreground to older boys in the background. They are all looking towards the camera with expressions of pride and joy. The drawings they are holding are diverse in theme: one shows a person in a white coat with a stethoscope (a doctor), another shows a rocket launching, and others show various figures and scenes. The background features a large mural of a person with arms raised, set against a backdrop of stylized trees and foliage. The overall atmosphere is one of creative expression and community participation.

# SOCIODEMOGRAPHIC PROFILE OF PARTICIPANTS

## Sociodemographic Profile of Participants

The present chapter describes the sociodemographic details of the study participants. Data was collected from children as well as their parents. Through the intake sheet, parents were asked to share details about their city of residence, their educational levels, their occupations, and the household income, among others. Children were asked to share their age, grade, number of siblings, the languages they spoke, the grades they were in, and whether and how they were attending classes through the intake sheet.

While data was collected from 891 participants (i.e. 891 children and their parents), 57 participants' responses could not be included as the participants did not meet the inclusion criteria. The study included a sample of 821 children and adolescents in the age range of 9-17 years from across India. Data was also obtained from 818 mothers and 808 fathers (3 mothers and 13 fathers being no more).

### Distribution of participants across zones

Data was collected from children across the four zones of the country.

**Table 1**

#### *Distribution of participants across zones*

Zone	Frequency	Percent
East	251	30.6
North	181	22.0
South	214	26.1
West	175	21.3
<b>Total</b>	<b>821</b>	<b>100.0</b>

The East zone had the highest representation with 251 participants followed by the South zone with 214 participants. The North and West zones had 181 and 175 participants respectively.

### Cities and townships

Data was collected from participants across 13 Indian cities namely:

**East zone:** Darjeeling, Imphal, Kolkata, Moreh and Siliguri

**North zone:** Chandigarh, Delhi, Indore and Pattan

**South zone:** Bangalore and Hyderabad

**West zone:** Mumbai and Pune

**Table 2**

#### *Distribution of participants across cities*

Zone	City	Total
East	Darjeeling	25
	Imphal	23
	Kolkata	165
	Moreh	24
	Siliguri	14
North	Chandigarh	7
	Delhi	136
	Indore	2
	Pattan	36
South	Bangalore	212
	Hyderabad	2
West	Mumbai	166
	Pune	9
<b>Total</b>		<b>821</b>

Almost all of the participants were based in metropolitan cities. The highest number of participants were from Bangalore (n= 212), followed by Kolkata (n=177), Mumbai (n=166) and Delhi (n=136). 45 participants came from other cities like Darjeeling, Hyderabad, Pune, Indore and Chandigarh, whereas 85 participants hailed from the townships of Imphal, Moreh, Pattan and Siliguri.



## Gender of participants

**Table 3**

### Gender of participants

Gender	Frequency	Percent
Boys	351	42.8
Girls	470	57.2
<b>Total</b>	<b>821</b>	<b>100.0</b>

The study included 470 girls and 351 boys.

## Age of participants

The study included children in the age range of 9 to 17 years.

**Table 4**

### Age of participants

Age range	Frequency	Percent	Girls (n)	Boys (n)
9-11 years	163	19.9	85	78
12-14 years	363	44.2	192	171
15-17 years	295	35.9	193	102
<b>Total</b>	<b>821</b>	<b>100.0</b>	<b>470</b>	<b>351</b>

Within the age range of 9 to 17 years selected for the study, the majority of the participants (43.9%) were between 12 to 14 years old. 20.6% children were 9-11 years old and 35.5% adolescents were 15-17 years old.

## Educational profile of participants

Children were asked the grade they were currently in, and whether and how they were presently attending classes.

**Table 5**

### Grades of participants

Grade	Frequency	Percent
4	23	2.8
5	87	10.6
6	92	11.2
7	147	17.9
8	122	14.9
9	94	11.4
10	87	10.6
11	117	14.3
12	52	6.3
<b>Total</b>	<b>821</b>	<b>100.0</b>

Most of the participants were from the 7th grade (17.9%) followed by participants from the 8th grade (14.9%). A small proportion of participants were in the 4th (2.8%) and 12th (6.3%) grades. This distribution across grades can be attributed to inclusion criterion related to age.

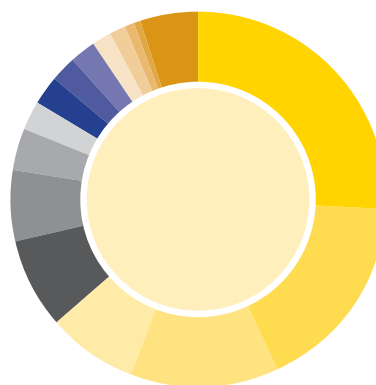
## Languages spoken by participants

Participants reported one or more languages spoken by them.

Hindi was the most commonly spoken language, reported by more than one-fourth (26%) of the participants. This was followed by Bengali (17%), Marathi (13%), English (8%), Kannada (8%) and Urdu (6%). Other languages reported were Kashmiri, Tamil, Nepali, Thadou-kuki, Manipuri, Telugu, Malayalam, Gujarati, and Punjabi. It must be kept in mind that the participants primarily hailed from regions where these languages were predominantly spoken, i.e. Delhi, Mumbai, Kolkata and Bangalore.

**Figure 1**

### Languages spoken by child



**Table 6**
**Whether attending classes**

	Frequency	Percent
Yes	693	84.4
No	128	15.6
<b>Total</b>	<b>821</b>	<b>100.0</b>

While 84.4% of the participants reported being able to attend classes, 15.6% of students reported not being able to attend.

**Table 7**
**Mode of instruction**

Mode of instruction	Frequency	Percent
Online	580	83.7
In-person	113	16.3
<b>Total</b>	<b>693</b>	<b>100.0</b>

From the 693 children receiving classroom education, a majority were taking classes online (83.7%), whereas 16.3% were attending them in person.

The COVID-19 crisis has severely impacted school-going, with children missing out not only on educational aspects, but also other aspects such as socialization. UNESCO has estimated that since the beginning of the pandemic, 1.6 billion learners in 199 countries worldwide were affected by school closures (UNICEF & WFP, 2021). School closures of any kind have the potential to result in increased dropout rates and lead to losses in lifetime educational attainment. Azevedo et al. (2020) estimated that the COVID-19 crisis could result in a loss of between 0.3 and 0.9 years of quality adjusted schooling.

Further, after schools reopen, in the absence of appropriate responses, the pre-crisis level of out-of-school children is likely to worsen as a result of the current COVID-19 crisis (World Bank, 2020). This particularly holds true for low-income nations where the out-of-school rate for children, adolescents and youth of primary and secondary school age was 32.4%, as compared to the 3.5% in high-income countries in 2018 (UNESCO, 2020). Whereas the safe reopening of school poses its own challenges, keeping schools closed can exacerbate existing educational inequalities, especially for the more vulnerable households (Viner et al., 2020).

**Age of parents**

Demographic details were also sought from the parents of the participants, such as their age, education, occupation, number of people in the household, and monthly family income, which have been presented below.

**Table 8**
**Age of mother**

Age range	Frequency	Percent
21-25 years	8	1.0
26-30 years	106	12.9
31-35 years	189	23.0
36-40 years	219	26.7
41-45 years	174	21.2
46-50 years	84	10.2
Above 50 years	20	2.4
Parent no more	3	0.4
Missing data	18	2.2
<b>Total</b>	<b>821</b>	<b>100.0</b>

The majority of the mothers were in the age range of 31-45 years (70.9%), with 26.9% of the mothers being between 36 to 40 years old. 18 (2.2%) of mothers were either unsure of their age or did not share the same, and 0.4% mothers were deceased.

**Table 9**
**Age of father**

Age range	Frequency	Percent
26-30 years	20	2.4
31-35 years	84	10.2
36-40 years	207	25.2
41-45 years	172	21.0
46-50 years	183	22.3
51-55 years	81	9.9
Above 55 years	33	4.0
Parent no more	13	1.6
Missing data	28	3.4
<b>Total</b>	<b>821</b>	<b>100.0</b>

68.2% of the participants' fathers were in the age range of 36-50 years, with 25.1% being between 36-40 years of age. Moreover, 1.6% of the fathers were deceased and 3.4% were unsure of or did not share their age.

## Religion of parents

Parents were asked to share the religion they followed.

**Table 10**

### *Religion of mother*

Religion	Frequency	Percent
Buddhism	31	3.8
Christianity	41	5.0
Hinduism	617	75.2
Jainism	8	1.0
Islam	104	12.7
Sikhism	5	0.6
Other	8	1.0
None	7	0.9
<b>Total</b>	<b>821</b>	<b>100.0</b>

The majority of the mothers followed Hinduism (75.2), followed by Islam (12.7%). Christianity (5.0%), Buddhism (3.8%), Jainism (1.0%), and Sikhism (0.6%) were also reported by a smaller percentage of mothers. About 0.9% mothers ascribed to no religion

**Table 11**

### *Religion of father*

Religion	Frequency	Percent
Buddhism	34	4.1
Christianity	40	4.9
Hinduism	612	74.5
Jainism	9	1.1
Islam	103	12.5
Sikhism	4	0.5
Other	6	0.7
None	13	1.6
<b>Total</b>	<b>821</b>	<b>100.0</b>

The majority of the fathers followed Hinduism (74.5), Islam was followed by 12.5% of the fathers. Christianity (4.9%), Buddhism (4.1%), Jainism (1.1%), and Sikhism (0.5%) were the other religions followed by a smaller percentage of fathers. About 1.6% fathers ascribed to no religion

The above data when compared with the data from the Indian census of 2011, it was found that 79.8% of the population of India followed Hinduism, 14.2% Islam, and 2.3% Christianity, followed by 3.7% which followed Sikhism, Buddhism and Jainism, among others (Office

of the Registrar General & Census Commissioner, 2011). The respondents of the current study did have higher percentages of respondents from minority religions.

## Education of parents

**Table 12**

### *Education of mother*

Educational qualification	Frequency	Percent
No formal education received	200	24.4
Some formal education received	315	34.8
Upto 12th grade	117	14.3
Diploma or certificate courses	10	1.2
Graduate	105	12.7
Postgraduate	63	7.6
MPhil	3	0.4
PhD or above	6	0.7
Missing data	2	0.2
<b>Total</b>	<b>821</b>	<b>100.0</b>

About one-fourth (24.4%) of the mothers had received no formal education, and one-third (34.8%) had received some formal education. This was followed by 14.3% mothers who had completed education upto the 12th grade, and 12.7% upto the graduate level. A small percentage (8%) of the mothers were postgraduates or had higher qualifications.

**Table 13**

### *Education of father*

Educational qualification	Frequency	Percent
No formal education received	142	17.3
Some formal education received	298	36.3
Upto 12th grade	135	16.4
Diploma or certificate courses	17	2.1
Graduate	133	16.2
Postgraduate	69	8.4
MPhil	4	0.5
PhD or above	8	1.0
Missing data	15	1.9
<b>Total</b>	<b>821</b>	<b>100.0</b>

About one-fifth (17.3%) of the fathers had received no formal education, and more than one-third (36.3%) had received some formal education. This was followed by 16.4% fathers who had completed education upto the

12th grade. 16.4% fathers were either graduates and 2.1% had completed diploma or certificate courses. About one-tenth (9.9%) of the fathers were post-graduates or were with higher degrees.

The findings indicate that on the whole, the fathers had received higher education than had the mothers.

### Occupation of parents

Parents were asked about their occupation at the time of the study.

**Table 14**

#### *Occupation of mother*

	Frequency	Percent
Self-employed	55	6.7
Corporate professional	23	2.8
Other salaried professional	56	6.8
Labourer	183	22.3
Other	67	8.2
Not employed	433	52.7
Parent no more	3	0.1
Missing data	1	0.1
<b>Total</b>	<b>821</b>	<b>100.0</b>

Whereas more than half of the mothers (52.7%) were not employed, almost one-fourth of the mothers (22.3%) were employed as daily wage labourers. This was followed by other smaller categories of self-employed and salaried professionals.

**Table 15**

#### *Occupation of father*

	Frequency	Percent
Self-employed	195	23.8
Corporate professional	70	8.5
Other salaried professional	75	9.1
Labourer	383	46.7
Other	64	7.8
Not employed	18	2.2
Parent no more	13	1.5
Missing data	3	0.4
<b>Total</b>	<b>821</b>	<b>100.0</b>

Almost half of the fathers (46.7%) were employed as daily wage labourers, followed by about one-fourth who

were self-employed (23.8%). This was followed by other smaller categories of self-employed professionals and salaried professionals.

### Number of members in the household

Parents shared how many members were there in the household.

**Table 16**

#### *Number of members in household*

No. of members in household	Frequency	Percent
2	13	1.6
3	119	14.5
4	247	30.1
5	200	24.4
6	118	14.4
7	51	6.2
8	27	3.3
More than 8 members	44	5.4
Missing data	2	0.2
<b>Total</b>	<b>821</b>	<b>100.0</b>

Almost half the households (46.2%) had 4 or fewer members. About one-fourth (24.4%) of the households had 5 members. 29.3% of the households had 6 or more members.

### Number of siblings of participants

Children shared the number of siblings they had.

**Table 17**

#### *Number of siblings*

No. of siblings	Frequency	Percent
None	58	7.1
1	347	42.3
2	196	23.9
3	78	9.5
4	47	5.7
5 or more	33	3.9
Missing data	62	7.6
<b>Total</b>	<b>821</b>	<b>100.0</b>

The majority of the participants had one or two siblings (42.3% and 23.9% respectively). Whereas 7.1% participants had no siblings, 19.1% had 3 or more siblings.

### Family monthly income

Information about the monthly family income at the time of data collection was sought from the parents of the children; this income represented the total monthly income of the household. This information was obtained for 720 participants. The monthly family income ranged from a minimum of Rs 0 or no income per month to a maximum of Rs 1,20,00,000.

The sample comprised many households having the same monthly income but having different numbers of members in the household. As the number of members in each household differed greatly, the distribution of the monthly income would also hence be impacted. Hence the income per capita for each case by dividing the monthly income by the number of people in the household.

The monthly family income per head ranged from nil to Rs 25,00,000. For calculating the mean and standard deviation, two extreme income values (Rs 25,00,000 and Rs 18,75,000) were excluded as they were yielding inflated values.

**Table 18**

#### ***Monthly family income per head***

N	Minimum	Maximum	Mean	Std. deviation
720	0	3,75,000.00	13,148.00	39527.12

The monthly family income per head thus yielded a mean of Rs 13,148 and a standard deviation of Rs 39,527.12. There were vast disparities in the income distribution among households in this sample.

Quartiles for the monthly family income were obtained. Three-fourths of the households had a monthly income per head of Rs 6362 or lesser, whereas the last one-fourth had monthly incomes per head ranging from Rs 6363 and above. This finding indicates that the majority of the sample belonged to the socioeconomically vulnerable section of the society, with a disproportionately large proportion of wealth being distributed among the topmost strata of the sample.

The present chapter describes the sociodemographic backgrounds of the participants of the study. About one-third of the participants hailed from the East zone of the country, and about one-fourth from the South; one-fifths of the participants hailed from the North and West zones of the country. More than two-fifths of the participants were in the age range of 12 to 14 years, and most of them were from the 7th and 8th grades. The majority of them reported attending school online. The profile thus obtained also revealed that more than half of the parents of this sample of children had received little or no formal education, and majority of them worked as labourers. The reported monthly incomes of the households revealed that three-fourths of the households earned Rs 6362 or lesser per head per month. The findings in the subsequent chapters must be interpreted keeping these aspects in mind



# **LIVED EXPERIENCES OF CHILDREN DURING THE PANDEMIC**



## Lived Experiences of Children During the Pandemic

The present chapter describes the emotions experienced by children in the course of the pandemic, their routines, and how life has changed for them following the lockdown. Children were asked questions on how their routines, eating and sleeping patterns had changed following the lockdown. They were also asked what they missed the most about life before the lockdown and what they liked the most about the same.

**Fig. 1. AA-DEL-PH-04; Stay safe, stay home**



**Fig. 2. AA-DEL-PH-05; Distressed Earth during the COVID-19 pandemic**



### Changes in routine experienced by participants

Participants were asked about changes in their daily routine, quality of eating, and their quality of sleep since the lockdown.

**Table 19**

#### *Whether routine has changed since lockdown*

	Frequency	Percent
It has not changed at all	74	9.0
It has changed a little	347	42.3
It has changed a lot	399	48.7
<b>Total</b>	<b>820</b>	<b>100.0</b>

Almost half the participants (48.7%) reported that their routine had changed a lot since lockdown.

**Table 20**

#### *Current quality of sleep and eating*

	Current sleep quality		Current quality of eating	
	Frequency	Percent	Frequency	Percent
Good	615	74.9	648	78.9
Not so good	170	20.7	156	19.0
Not good at all	36	4.4	17	2.1
<b>Total</b>	<b>821</b>	<b>100.0</b>	<b>821</b>	<b>100.0</b>

Whereas the vast majority of participants reported experiencing good quality of eating and sleep, there was a small percentage of participants who reported poor quality of sleep (4.4%) and eating (2.1%).



**Table 21*****Whether in touch with friends or classmates***

	Frequency	Percent
Yes	341	41.6
To some extent	303	36.9
Not at all	175	21.3
<b>Total</b>	<b>819</b>	<b>100.0</b>

Whereas 41.6% of participants reported being in touch with their friends since the lockdown, about one-fifth (21.3%) stated that they were not in touch with their friends at all.

47 of the participants had reported that either their quality of eating or their quality of sleep was not good at all. More than four-fifths (83.8%) of the children came from households having a monthly household income per head of Rs 6250 or lesser. It was found that more than half the mothers (57.5%) and fathers (51.1%) of the children had received little or no formal education. Moreover, three-fifths of the fathers (59.6%) and one-fourth of the mothers (23.4%) worked as daily wage labourers, hence not having a fixed source of income.

### Children's views about their lives before and during the pandemic

Children were asked what they liked most about their lives since the pandemic began through an open-ended question. Their responses were coded and frequencies obtained

**Table 22*****What children liked the most about their lives since the pandemic began***

What do you like the most about your life ever since the lockdown began? (N=797)	Frequency	Percent	Gender		Age		
			Boys	Girls	9-11 years	12-14 years	15-17 years
More family time	195	24.4%	62	133	26	73	95
Playing with siblings	17	2.1%	11	6	2	7	8
Staying at native home	6	0.8%	3	3	1	2	3
Teaching things to family members	1	0.1%	1	0	0	0	
Engaging in hobbies	85	10.7%	23	62	7	34	43
Watching TV	54	6.8%	27	27	11	20	23
Engaging in physical exercise or sports	29	3.6%	13	16	2	20	7
Playing with friends	28	3.5%	13	15	4	13	11
Playing mobile games	25	3.1%	13	12	6	6	13
Learning new things	31	3.9%	4	27	1	14	16
Flexibility in routine	18	2.3%	7	11	1	1	16
Helping with household chores	10	1.3%	3	7	1	2	7
Focusing on self-growth	2	0.3%	0	2	0	0	2
Spending time alone	1	0.1%	0	1	0	0	1
Sleeping more	30	3.8%	14	16	2	12	16
Eating more	8	1%	4	4	1	4	3
No commute to school	15	1.9%	8	7	2	3	10
Having holidays	9	1.1%	5	4	1	4	4
More study time	39	4.8%	16	23	5	20	13
Online classes	25	3.1%	11	14	1	17	7
Reduced study load	8	1%	4	4	2	0	6
Reduced stress	2	0.3%	0	2	0	0	2
More grateful for what one has	7	0.9%	2	5	0	0	7
Increase in public cleanliness	4	0.5%	1	2	0	4	0
Wishing for normal life to resume	36	4.5%	23	13	7	18	11
Nothing	142	17.8%	76	66	16	80	45

Many participants highlighted the increase in time they got to spend with their families (24.4%). Some brought up enjoying engaging in hobbies (10.7%), learning new things (3.9%), and watching TV (6.8%). For instance, one participant said "I've had more time to read all the books that I didn't get to earlier. I picked up some long-abandoned hobbies again. I have had time to become more aware of social issues and educate myself on the same," (15 year old girl from Delhi). A few also responded to this by stating that they would just like for normal life to resume (4.5%).

**Fig. 3. DS-DEL-PH-07; Save Earth from Coronavirus**



**Fig. 4. NB-DEL-PH-04; Important safety precautions to take during the COVID-19 pandemic**



Participants were also asked what they missed the most about their lives before the pandemic began in the form of an open-ended question. Responses were similarly coded, and frequencies calculated.

**Table 23**

***What children missed the most about their lives before the pandemic***

What do you miss most about the times before the Coronavirus came into our lives? (N=739)	Frequency	Percent	Gender		Age		
			Boys	Girls	9-11 years	12-14 years	15-17 years
Going to school	477	64.5%	200	277	58	218	198
Tuition	30	4.0%	10	20	4	10	16
Attending school functions	23	3.1%	10	13	2	5	16
Participating in extracurricular activities/classes	16	2.2%	7	9	2	5	9
Meeting friends	337	45.6%	145	192	40	148	148
Meeting teachers	46	6.2%	18	28	8	28	10
Meeting people	30	4.0%	14	16	2	7	21
Visiting relatives	11	1.5%	4	7	0	4	6
Family members who passed away	6	0.8%	3	3	0	3	3
Playing outdoors	88	11.9%	48	40	9	44	35
Being outdoors	87	11.8%	32	55	13	31	43
Going for outings	56	7.6%	18	38	5	16	34
Going on vacations	17	2.3%	5	12	0	4	12
Travelling to native home	6	0.8%	2	4	0	4	2
Eating outside food	10	1.4%	3	7	0	3	7
Having a routine	2	0.3%	2	0	0	0	2
Celebrating festivals and events	1	0.1%	0	1	0	1	0
Not having to follow COVID-19 safety measures	17	2.3%	10	7	1	6	10
Doing things freely	14	1.9%	8	6	0	7	7
Nothing	31	4.2%	16	15	5	16	10

When asked about what they missed the most since the pandemic began, a majority mentioned missing going to school (64.5%) and meeting friends (45.6%). Some children shared about how they were missing playing or being outdoors (11.8%), as can be seen from this

response, "I miss going to sports club with my friends and playing my favourite sport kick-boxing" (15 year old girl from Mumbai). A few also mentioned missing family members who had passed away.

### Disruptions in the dreams and plans of children due to the COVID-19 pandemic

In order to understand how the hopes, dreams and plans children had for the year were affected by the COVID-19 pandemic, they were invited to share their experiences of the same.

**Table 24**

***The plans and dreams of children that got disrupted due to the COVID-19 pandemic***

Did coronavirus influence any of your plans and dreams for this year? (N=759)	Frequency	Percent	Gender		Age		
			Male	Female	9-11 years	12-14 years	15-17 years
Unable to go to school	62	8.2%	32	30	10	23	29
Difficulties in studying	56	7.4%	24	32	4	20	32
Difficulties in achieving academic goals	38	5%	14	24	4	10	24
Unable to participate in school events	22	2.9%	11	11	2	12	8
Difficulties in attending extracurricular classes	33	4.3%	9	24	2	21	10
Unable to participate in competitions	13	1.2%	6	7	2	7	4
Unable to play outdoors or do physical exercise	12	1.6%	8	4	1	2	9
Unable to do internship	3	0.4%	1	2	0	0	2
Not able to take vacations	73	9.6%	26	47	9	19	45
Unable to go outdoors	34	4.5%	13	21	4	10	20
Cancelled family events	20	2.6%	8	12	0	10	10
Not able to meet with friends	19	2.5%	7	14	3	6	12
Unable to visit relatives	17	2.2%	7	7	4	9	4
Routine disruptions	94	12.4%	30	64	4	25	65
Reduced motivation	4	0.5%	2	5	1	4	2
Faced monetary problems	10	1.3%	7	3	3	3	4
Difficulty getting medical treatment	1	0.1%	0	1	0	0	1
Able to go for trips	16	2.1%	7	9	3	4	9
Able to go out	10	1.3%	3	7	1	2	7
More time with family	1	0.1%	0	1	0	1	0
Yes	190	25%	81	109	19	86	84
Nothing	240	31.6%	105	135	34	118	85

68.6% revealed that the pandemic had disrupted their plans and dreams for this year. 12.4% mentioned that their routine was disturbed and 9.6% spoke about not being able to take vacation. One participant explained the emotional reaction he had to his plans getting affected *"It influenced all my plans and trips that were planned with my family as a result of which I was angry most of the time."* (13 year old boy from Bangalore). Several children also brought up the difficulties they faced in not being able to travel back to their native homes, as can be seen from the following participant's response *"Yes [plans were disrupted due to the pandemic as we] couldn't visit my grandmother in the village."* (13 year old girl from Mumbai). 8.2% and 7.4% children expressed difficulties in attending school and studying respectively. Some highlighted the lack of motivation they experienced due to the problems they faced in attending classes. One participant who elaborated on this challenge, said *"All my zeal to study is gone ever since school is in lockdown. No more classes, which makes me feel very sad."* (11 year old girl from Moreh). Another participant said *"I wanted to study properly but because of online classes I have no interest and I am disappointed in myself."* (13 year old boy from Bangalore).

The children and adolescents who were anticipating schooling related transitions in 2020, this crisis may have exacerbated the uncertainties and challenges experienced. A 16 year old girl from Bangalore who was changing her school spoke about how her hopes for the year were disrupted by the pandemic, *"I changed my school this year and was eager to meet my new teachers and friends. But due to lockdown that could not happen."* A few adolescents who were in the 12th Standard shared how the pandemic impacted their last year of schooling. A 17 year old girl from Bangalore expressed *"Yes, COVID-19 influenced my plans and dreams for this year. I had decided to study hard in 12th class to achieve good results and [instead I] missed my last year of school life."* Similarly, another participant mentioned *"Yes [my plans were disrupted] heavily. This was the year my boards got over so we had plans of celebrating with various vacations but all of them had to be cancelled... So this year's reality has not been remotely congruent to the plans I had in mind."* (16 year old girl from Bangalore).

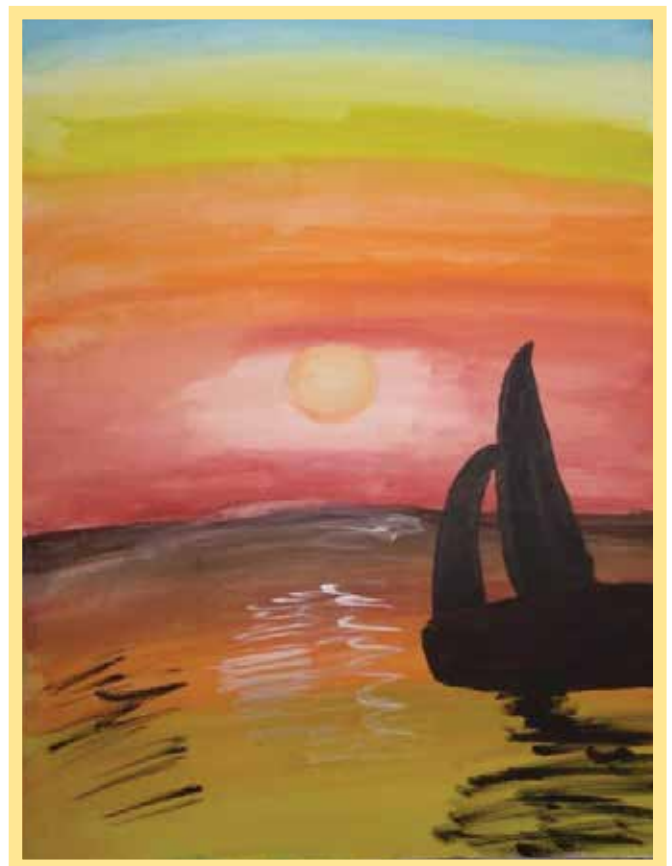
A few children also brought up facing difficulties getting medical treatment and experiencing monetary problems. One participant mentioned *"I am planning to help out my family in order to meet two square meals a day if*

*school continues to [be in] lockdown"* (11 year old boy from Moreh). Another brought up how financial concerns impacted the celebration of special occasions, *"Yes, due to lack of money we were unable to celebrate [my] sister's birthday"* (13 year old girl from Delhi).

On the contrary, 31.6% children did not experience any disruptions to their dreams and plans for the year. Moreover, 3.5% of children highlighted some unanticipated positive outcomes that had occurred as a consequence of the pandemic, such as being able to spend time with family. A 17 year old girl from Bangalore expressed that she felt grateful for some of the positive changes that had come about for her due to the disruptions brought in by the pandemic *"[The COVID-19 pandemic influenced hopes and dreams] in a positive way, yes. I can't say I'm not thankful for some aspects of this unfortunate event because it has reminded me of my priorities. And so, even my year was an attempt to work harder than I ever did."*

The following artworks shared by children depict the unanticipated positive impact the lockdown had on the environment:

**Fig. 5. NP-MUM-GF-15. In reference to the dolphin sightings that had occurred on Marine Drive in Mumbai at the start of the lockdown.**





**Fig. 6. MM-KOL-PH-47; The positive impact on the environment during lockdown**



**Fig. 7. NB-DEL-PH-04; artwork 4; The positive effect on nature during lockdown**



While some children did not experience the brunt of disappointment coming from disrupted hopes and dreams during the pandemic year, a majority highlighted experiencing such difficulties. A few children also elaborated on how they felt stressed, angry, upset, and unmotivated to study due to these changes. Other studies have also found children experiencing significant emotional distress and academic difficulties post crisis situations. Two years after a major earthquake took place in Java, Indonesia, elementary school teachers identified lack of academic motivation, behavioural

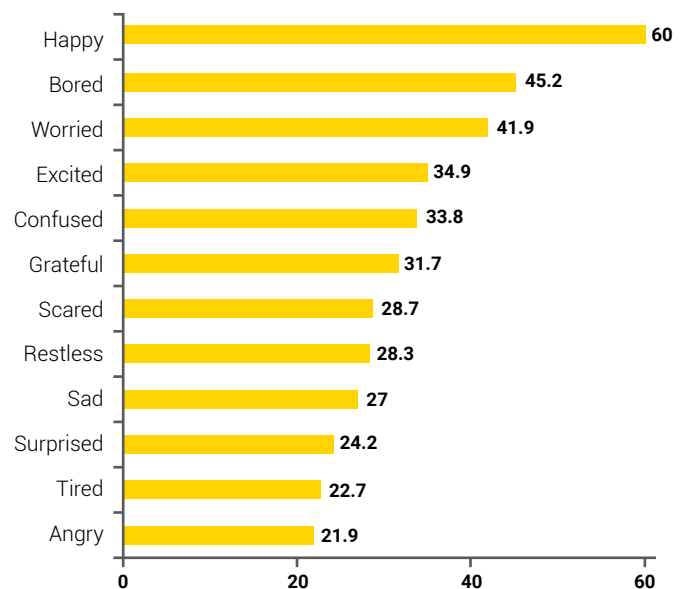
problems, and post traumatic stress to be commonplace in children (Widyatmoko et al., 2011). This highlights the need to understand children's emotional reactions to the changes and challenges presented by the pandemic.

### Emotions experienced by participants

Participants were asked about how they have been feeling over the past week. Children were presented with a list of emotions. They could choose more than one response to the same.

**Figure 2**

***Emotions experienced over the past week (Responses for "Yes")***



Sixty percent of the children reported feeling happy. However, 45.2% reported experiencing boredom, and 41.9% also reported being worried. More than one-third (33.8%) of the participants reported feeling confused, whereas more than one-fourth experienced fear, restlessness, and sadness. More than one-fifth of the participants felt tiredness and anger.

The present chapter presented the changes in routine experienced by participants, emotions experienced by them, and their lives before and during the pandemic. Whereas children enjoyed spending more time with their families, and being able to devote more time to hobbies, they greatly missed going to school, meeting their friends, and playing outdoors.

A study by Orgiles et al. (2020) found that the lockdown had led children to display behaviours such as difficulty concentrating, boredom, irritability, restlessness and



nervousness. This is in line with the findings of the current study wherein considerable proportions of the children reported feeling bored, worried, confused, and even scared. Findings suggest that the pandemic and the subsequent lockdown being a novel experience for children, as well as adults, it is not simple for children to comprehend or make meaning out of the same, leading to feelings of confusion and worry.

The analysis of profiles of children whose routines were adversely impacted the most indicated that they primarily hailed from homes which did not have a steady source of income. This finding is a clear indicator that the socioeconomic status of a family has direct impact upon its ability to withstand the adverse effects of a crisis as revealed in other current researches. In India, which has the largest child population in the world with 472 million children, the lockdown has significantly impacted 40 million children from economically weaker families (Singh et al., 2020). The loss of household

income has made this section of children a high-risk population vulnerable to abuse, mental health concerns, and exposure to unfavourable economic, social and environmental circumstances (Birla, 2019).

It is important to note that the closure of schools has disrupted the midday meal scheme in India; India has about 120 million children enrolled in the mid-day meal scheme in over 1.26 million government or government-aided schools across the country. However, the lockdown has led to many states and union territories not being able to carry out this initiative, therefore depriving children of this daily concession (Upadhyay, Upadhyay, & Bhide, 2020). These children are usually those hailing from low-income settings, and the finding that several children reported not eating well during this time may also be looked upon in this light. This is another indicator that children from low-resource settings bear the brunt of the pandemic worse than children from more privileged backgrounds.

# **SOURCES OF STRESS EXPERIENCED BY CHILDREN AND THEIR RESPONSES TO TRAUMA**





## Sources of Stress Experienced by Children and their Responses to Trauma

This chapter describes the stressors experienced by children at the time of the pandemic, and their responses to the same. This study explored the different sources of stress for children and adolescents, and how they responded to the same.

**Fig. 8. AS-MUM-PH-05; “India be at home”**

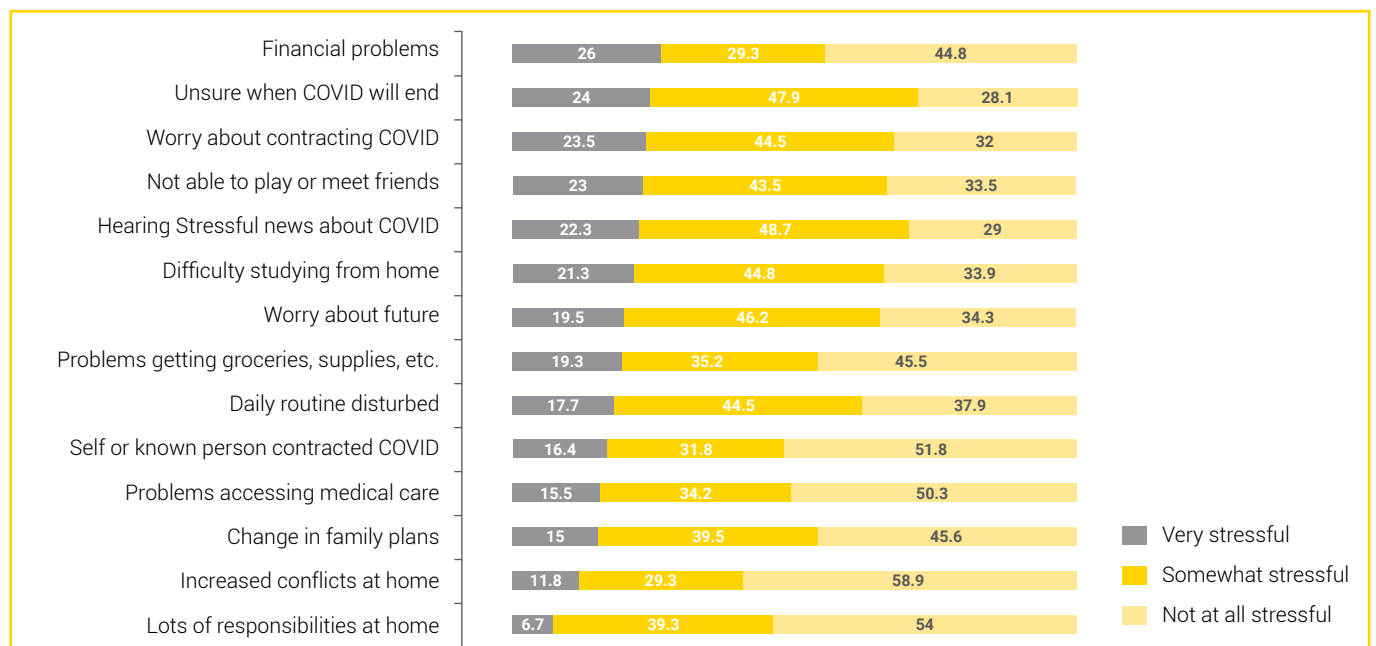


**Fig. 9. AG-KOL-PH-11; “Save Earth from the Coronavirus”**



### Sources of stress experienced by the participants

The children were asked to rate how stressful they perceived certain potential stressors such as financial problems, studying from home, and not being able to meet friends, among others, on a Likert scale, ranging from “Not stressful at all” to “Very stressful”.



Financial problems at home were reported to be the greatest stressor for participants (26%). This was followed by uncertainty about when COVID would end (24%), worry about contracting COVID (23.5%), not being able to meet friends (23%), and hearing stressful news about COVID (22.3%).

The levels of stress experienced by participants were cross-tabulated with regard to the different stressors with gender, age groups, and monthly income per capita categories. Whereas age and gender did not yield statistically significant results, it was observed that children belonging to the lower income groups experienced greater stress with regard to finances and procuring household supplies, these aspects being directly tied to the family income.

### Children's responses to trauma

The CRIES-8 scale was used to measure the participants' trauma response to the pandemic and subsequent lockdown. Children were asked to rate their responses to trauma, e.g. trying not to think about the pandemic, doing other things to distract one from it, and so on, on a Likert scale ranging from "Not at all" to "Often". The scoring ranged from 0 to 40, a higher score indicating a greater trauma response.

N	Minimum	Maximum	Mean	Std. deviation	Frequency of participants with score $\geq 17$	Percent
809	0	40	12.35	9.782	268	33.1

The mean score obtained by participants on the CRIES-8 scale was 12.35. the minimum score obtained was 0, whereas the maximum score obtained was the highest possible, 40. It was observed that one-third (33.1%) of the participants obtained a score of 17 or more, this cut-off being indicative of post-traumatic stress disorder (PTSD).

### Gender and response to trauma

Gender differences were assessed in the response to trauma. The mean CRIES-8 score for girls and boys were derived, and the scores were also assessed for gender differences if any.

**Table 26**

***CRIES-8 distribution across gender: overall, children with scores below 17, and those with scores 17 and above***

	Total N	Mean	Std. deviation	Score $\geq 17$	Mean	Std. deviation	Score $< 17$	Mean	Std. deviation
Boys	343	12.18	10.317	111	24.83	5.489	232	6.13	5.440
Girls	466	12.47	9.378	157	23.41	4.694	309	6.92	5.448
<b>Total</b>	<b>809</b>	<b>12.35</b>	<b>9.782</b>	<b>268</b>	<b>24.00</b>	<b>5.077</b>	<b>541</b>	<b>6.58</b>	<b>5.453</b>

The girls received a mean score of 12.47 whereas the boys received a mean score of 12.18.

The Shapiro-Wilk test was run in order to test the data for normality. The test yielded a significance value of  $<.001$ . Additionally, the stem-and-leaf plot illustrated the non-normal distribution of data. Non-parametric tests have hence been used for inferential analysis.

The Mann-Whitney U Test was run to determine whether there were any differences with respect to gender in the CRIES-8 score. The results showed that distribution of the CRIES-8 score was the same across categories of gender and statistically non-significant ( $p=.370$ ).

### Age and response to trauma

With regard to age differences in response to trauma, the mean scores for the age groups were obtained, and inferential tests were run to check for any statistically significant age differences in the CRIES-8 score.

**Table 27**

CRIES-8 distribution across age groups: overall, children with scores below 17, and those with scores 17 and above

	Total N	Mean	Std. deviation	Score $\geq 17$	Mean	Std. deviation	Score $< 17$	Mean	Std. deviation
9 to 11 years	162	12.75	10.084	53	24.79	5.802	109	6.89	5.437
12 to 14 years	358	13.17	9.899	133	23.92	5.056	225	6.82	5.657
15 to 17 years	289	11.11	9.362	82	23.61	4.597	207	6.15	5.231
<b>Total</b>	<b>809</b>	<b>12.35</b>	<b>9.782</b>	<b>268</b>	<b>24.00</b>	<b>5.077</b>	<b>541</b>	<b>6.58</b>	<b>5.453</b>

The age group of 12 to 14 years received the highest CRIES-8 mean score of 13.17. Children aged 9 to 11 received a mean CRIES-8 score of 12.75, whereas older children aged 15 to 17 received a mean score of 11.11.

The Kruskal-Wallis test was run to determine whether there were any differences with respect to age groups in the CRIES-8 score. The results suggested that the differences in distribution of the CRIES-8 score across categories of age were statistically significant ( $p=.039$ ).

Adolescents usually have greater interactions with their peers than with their family, and form complex peer relationships compared to their younger counterparts

(Orben, Tomova, & Blakemore, 2020).

The finding from the current study suggests that adolescents who are in a stage of transition developmentally may experience the effects of stressor more acutely compared to other age groups older or younger than them; the unique physical, mental and socioemotional challenges of adolescence may compound the effects of stressors, hence exacerbating their adverse effects for this age group.

### Household income and response to trauma

The monthly income per head of the households was calculated and divided into quartiles as described in an

earlier section. The Spearman's rho was run to determine whether there was any correlation of the monthly income per capita with the CRIES-8 score.

**Table 28**

***Correlation between monthly income per head and CRIES-8***

		Monthly income	Monthly income per capita
CRIES-8	Spearman's rho	-.060	-.111**
	Sig (2-tailed)	.113	.003
	N	710	710

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

Monthly income per capita was weakly correlated negatively with CRIES-8, the correlation being statistically significant ( $p < .005$ ).

The mean CRIES-8 scores for each of the monthly income quartiles was also calculated and was as follows.

**Table 29**

***CRIES-8 distribution across income groups (monthly income per head)***

	Mean	Std. deviation
Equal to or less than Rs 1667	13.15	10.011
Rs 1668 to 2600	12.63	9.917
Rs 2601 to Rs 6362	11.64	9.515
Rs 6363 and above	10.68	9.855
<b>Total</b>	<b>12.03</b>	<b>9.855</b>

The Kruskal-Wallis test was run to determine whether there were any differences with respect to income groups in the CRIES-8 score. The results suggested that the differences in distribution of the CRIES-8 score across categories of income were statistically significant ( $p = .048$ ). These findings demonstrate that the socio economically weaker sections of the society are particularly vulnerable to the adverse impacts of pandemic-related stressors.

Viner et al. (2020) in their study found that the pandemic and lockdown had a greater impact on the emotional and social development of young children and adolescents than on adults'; behaviours such as increased irritability, inattention and clinging behaviour were displayed by children irrespective of their age as a response to stress.

Additional analyses were carried out wherein children had obtained a CRIES-8 score of 30 or more. 46 such cases were present. It was found that largely, the parents of these children had received little or no formal education, were either unemployed, or worked as labourers; 82.5% of them had a monthly income per head of Rs 5400 or lesser.

There is much research demonstrating the unique vulnerability children from under-resourced backgrounds faced at the time of the lockdown. The economic downturn caused by the pandemic and the lockdown worsened the pre-existing social inequalities, particularly in developing countries. Children from under-resourced communities faced acute deprivation of nutrition and overall protection, the prolonged period of stress having potential long-term negative impact on their development (Dalton, Rapa & Stein, 2020).

Findings from the present study indicate that children in the adolescent age group, and especially those belonging to under-resourced communities, were at a particular disadvantage with regard to socioemotional and psychological outcomes in the time of a crisis.

### ***Sources of stress and responses of participants across four cities of Bangalore, Delhi, Mumbai and Kolkata: A snapshot***

The primary sources of stress, and the responses to trauma among participants belonging to the four metropolitan cities of Bangalore, Delhi, Kolkata and Mumbai were analyzed.

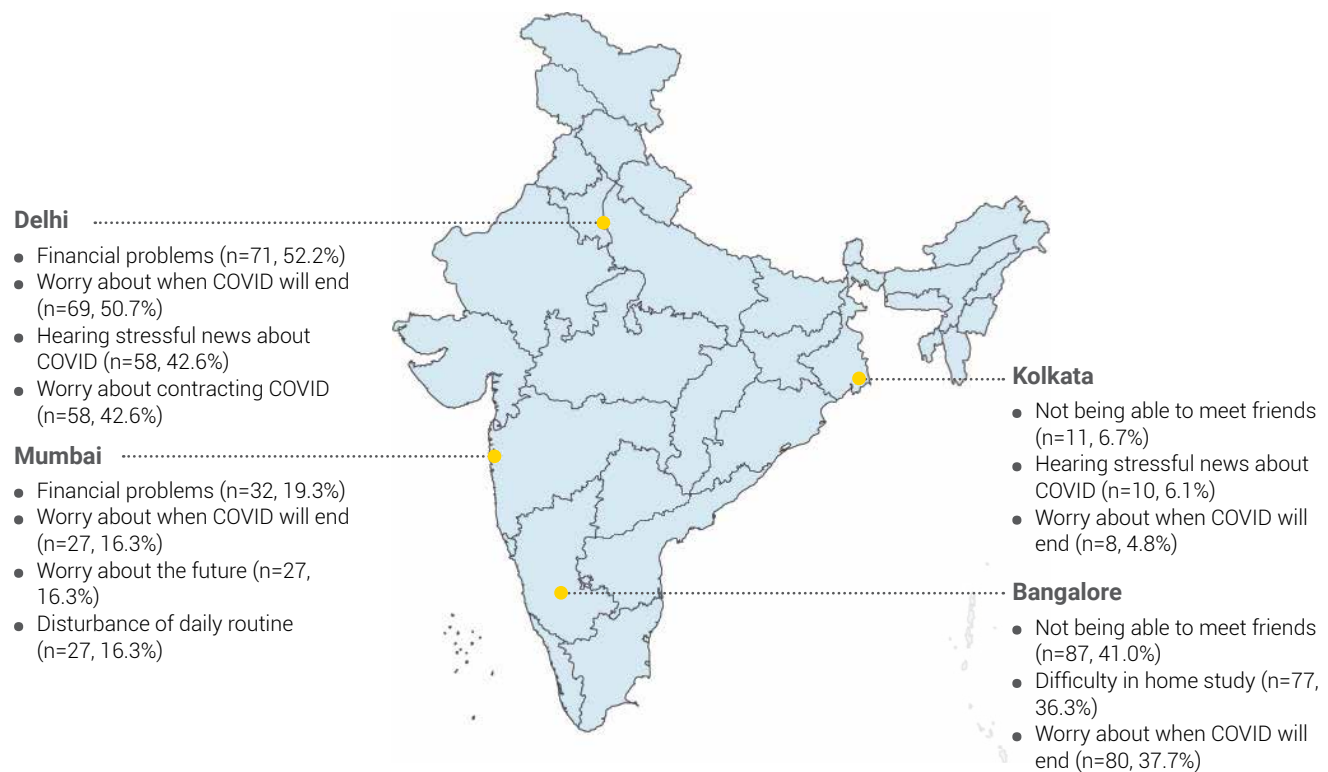
**Table 30**

***Age and gender of children across the four cities***

	Bangalore	Delhi	Kolkata	Mumbai
Girls	136	73	100	93
Boys	76	63	65	73
<b>Total</b>	<b>212</b>	<b>136</b>	<b>165</b>	<b>166</b>
9 to 11 years	32	45	36	30
12 to 14 years	88	59	44	108
15 to 17 years	92	32	85	28
<b>Total</b>	<b>212</b>	<b>136</b>	<b>165</b>	<b>166</b>



### Key stressors among children of the four cities (responses for “Very stressful”):



It was observed that financial problems were the greatest stressors for children in Delhi (52.2%) and Mumbai (19.3%), whereas for children in Bangalore and Kolkata, the greatest stressor was not being able to meet friends (41.0% and 6.7% respectively).

**Fig. 10. NR-MUM-PH-15; Precautions to take during the COVID-19 pandemic**



### Responses to trauma among children of the four cities

**Table 31**

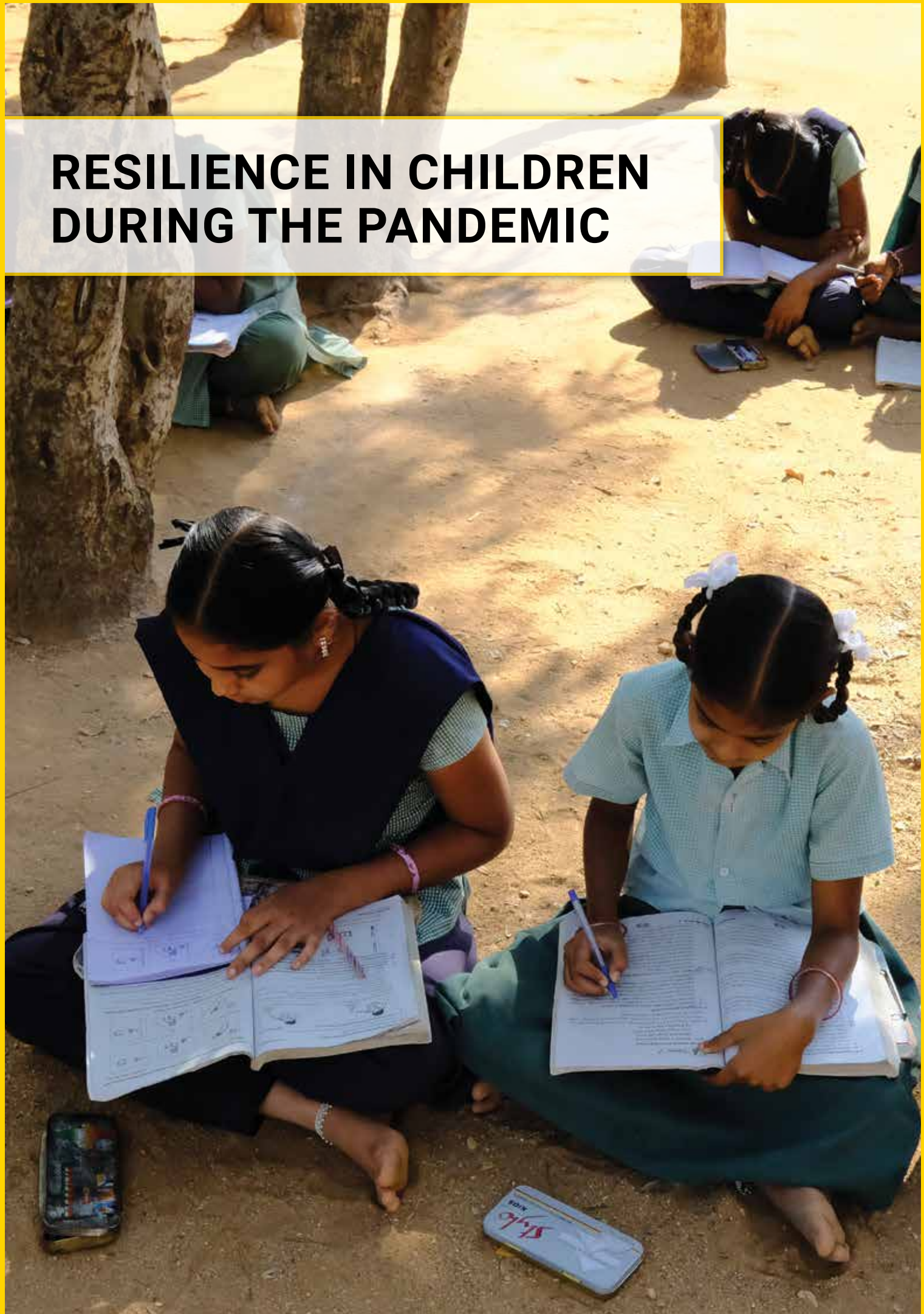
**Mean CRIES-8 score of children across the four cities**

	Total N	Mean	Std. deviation
Bangalore	212	15.05	8.398
Delhi	136	16.55	10.271
Kolkata	165	7.12	7.073
Mumbai	166	13.68	10.207

Among the children from the four cities, it was observed that children from Delhi had obtained the highest mean CRIES-8 score of 16.55, whereas the children from Kolkata had obtained the lowest mean CRIES-8 score of 7.12.



# RESILIENCE IN CHILDREN DURING THE PANDEMIC



## Resilience in Children During the Pandemic

Research on resilience indicates that when faced with hardships, enhancing protective factors that provide a preventive buffer against harm can help children cope with adversities (Bartlett & Vivrette, 2020). In order to understand the personal and social factors fostering resilience among children, 5 open-ended questions were asked and the answers given by the participants were content analysed. The findings were as follows:

### ***Things that helped children feel better when they experienced distress due to the pandemic***

In order to understand the various ways in which children have been coping with distress in this difficult time, they were asked about what they do to make themselves feel better when they find themselves feeling worried or upset about the pandemic.

**Table 32**

***Things children do to make themselves feel better when they feel worried or upset about the COVID-19 pandemic***

When you feel worried or upset about the coronavirus what do you do to make yourself feel better? (N=766)	Frequency	Percent	Gender		Age		
			Male	Female	9-11 years	12-14 years	15-17 years
Play	202	26.4%	114	88	9	35	12
Listen to music	80	10.4%	26	54	8	14	58
Speak to friends	77	10.0%	30	47	2	31	44
Draw	72	9.4%	28	44	10	39	22
Study	57	7.4%	25	32	9	35	12
Read	49	6.4%	13	36	4	15	30
Sing	16	2.1%	2	14	1	6	9
Sleep	15	1.2%	8	7	2	4	8
Dance	14	1.8%	3	11	4	5	5
Pray	11	1.4%	5	6	0	6	5
Cook	7	0.9%	1	6	1	0	6
Learn new skills	6	0.8%	2	4	0	4	2
Write songs	5	0.7%	1	4	1	1	2
Follow safety protocol	33	4.3%	16	17	3	17	13
Think about cure for COVID-19	7	0.9%	2	5	1	0	6
Talk to family members	83	10.8%	27	56	9	41	33
Spend time with family	73	9.5%	35	38	9	32	32
Help with household chores	5	0.7%	1	4	0	3	2
Divert mind from COVID-19	43	5.6%	23	20	5	15	23
Think about good memories	12	1.6%	2	10	0	7	5
Spend time alone	10	1.3%	4	6	1	2	7
Go outdoors	16	2.1%	3	13	0	9	7
Sit on a tree	1	0.1%	0	1	1	0	0
Meditate	15	1.2%	5	10	0	4	6
Exercise	10	1.3%	5	5	1	6	8
Do Yoga	9	1.2%	3	6	1	2	5
Watch TV	78	10.2%	40	38	9	31	38
Use phone	37	4.8%	27	10	6	11	20
Nothing	30	3.9%	18	12	4	16	9



More than one-fourth of the children shared that engaging in some form of recreation, such as playing (26.4%), listening to music (10.4%), or watching TV (10.2%), enabled them to soothe themselves when they felt upset or worried about the pandemic. One participant described how playing helped him manage his emotions, *"I used to play with my siblings and forget about the virus. In this way, I feel better."* (16 year old boy from Kolkata). A 16 year old boy from Bangalore shed light on the role of distractions, *"[I] watched a show / video or read a book to escape."*

Some participants highlighted how their hobbies have helped them deal with the pandemic in a more productive and healthy manner, as can be seen from one participant's response, *"I start baking or drawing. Just some hobbies that keep me engaged"* (17 year old girl from Bengaluru). Meanwhile others relied on more conventionally known emotional regulation techniques such as exercise, yoga, and meditation. A 13 year old from Moreh shared, *"I do meditation and yoga to make myself active and positive."*

A lot of participants also relied on their support systems in this time, as they mentioned that speaking to or spending time with their family members (20.4%) and friends (10%) helped them cope with difficult emotions. As an 11 year old girl from Mumbai shared *"spending time with my parents keeps me happy, My father tells me stories that help me get into [a] happy state."* Another pointed out the positive impact the lockdown has had on her relationships, *"I think about the good things that have come from the virus and having to stay at home, getting more opportunities that may not have been raised otherwise, gaining a closer support group of friends, better relationship with my family, etc."* (16 year old girl from Bangalore).

Lastly, a few children coped with difficult emotions by engaging in solution focused thinking, as can be seen from what a 13 year old girl from Bangalore mentioned *"[I feel better by] thinking about finding a cure for the virus."* Some coped by reminiscing about fond memories from the past *"[I feel better by] thinking about good moments at school."* (11 year old girl from Bangalore). An adolescent brought up how she managed to deal with the uncertainty and lack of control she experienced during the pandemic, *"I do the typical teenager things, putting on a movie, dancing to some music or reading a book. Normally, I try to take things in my control and fix them. Obviously, I can't do that so I try to compartmentalise and focus on what I can control"* (13 year old girl from

Bangalore). A few others expressed the faith they had in God or in people. As one participant highlighting her faith in the medical community to deliver in this crisis said, *"I am a hopeful person and I have extreme faith in the scientists and doctors of the world."* (16 year old girl from Bangalore).

The following drawings by children highlight the important role played by frontline workers in ensuring public safety and well being:

**Fig. 11. NB-DEL-PH-04; artwork 4; Frontline workers ensuring the safety and well being of the Indian population during lockdown**



**Fig. 12. SG-DEL-PH-02; Frontline workers ensuring the safety and well being of the world during lockdown.**



Additionally, some children also chose to express their faith in god to fight this crisis and protect the world.

Almost all of the religious illustrations were from the East region (Kolkata) and depicted goddess Durga. Since the data was collected post Durga Puja, it is possible that these artworks reflect what the children observed in pandals and advertisements:

**Fig. 13. AG-KOL-PH-08; Ma Durga protecting the world during this pandemic**



**Fig. 14. AG-KOL-PH-10; Ma Durga fighting the Coronavirus**



**Fig. 15. TS-KOL-PP-01; Ma Durga as a doctor attacking Coronavirus**



**Fig. 16. NB-DEL-PH-07; A mother as superwoman during this crisis**



As one can gauge from the narratives presented above, children have been finding a variety of innovative ways to cope with the difficult emotions that surface for them about the pandemic. Research has shown that children who have a tendency to engage in distractions as compared to rumination exhibit a decrease in anxiety and depressive symptoms over time (Roelofs et al., 2009). This indicates that choosing to engage in play, hobbies and other activities that can distract or divert children's minds from the pandemic can help in regulating difficult emotions.

A research undertaken with 29,202 families in Hong Kong during the COVID-19 pandemic examined the effects of certain lifestyle habits on psychosocial well being

of children (Tso et al., 2020). It found prolonged use of electronic devices for gaming or learning purposes to be associated with enhanced psychosocial problems amongst children and parental stress. As a lot of children mentioned watching TV or using phones to distract themselves, such findings underscore the need for screen time limits for children to be taken into serious consideration by guardians. The research also found that children who were more active and maintained an exercise routine, as well as those who went to sleep earlier and for longer durations, exhibited fewer psychosocial difficulties, which subsequently resulted in less parental stress. Such lifestyle changes could also be deliberated upon to enhance children's emotional well being.

### People who supported and comforted children during the pandemic

Children were also invited to share their experiences of how their support systems helped them cope with the pandemic.

**Table 33**

#### *The important people who helped children deal with the COVID-19 pandemic*

Who are the important people in your life who help you deal with the current situation and how? (N=804)	Frequency	Percent	Gender		Age		
			Male	Female	9-11 years	12-14 years	15-17 years
Mother	447	55.6%	195	252	53	195	196
Father	369	45.9%	161	208	39	172	157
Family	252	31.3%	98	157	29	114	109
Siblings	106	13.2%	45	61	11	52	43
Grandparents	34	4.3%	16	18	7	16	11
Relatives	18	2.2%	7	11	2	11	5
Friends	138	17.2%	53	85	9	40	89
Teachers	49	6.1%	20	29	5	23	20
School administrators and leaders	2	0.3%	1	1	0	1	1
Neighbours	10	1.2%	2	8	0	5	5
Workers distributing safety apparatus	4	0.5%	1	3	0	4	0
No one	10	1.2%	5	5	2	5	3

Participants underscored the role played by their families, especially their mothers (59.3%), fathers (45.9%), and siblings (13.2%) in helping them deal with the COVID-19 pandemic. One child highlighted how helpful his cousin had been for him during the pandemic, *"My cousin-sister has motivated me in all my work. When I feel lonely I talk with her"* (11 year old boy from Kolkata). A few others brought up how their grandparents supported them during this difficult time, as can be seen from the following participant's response, *"My Grandmother helped me a lot in dealing with it as she used to distract me from it by preparing delicious food"* (13 year old girl from Bangalore). Many also mentioned their friends as important sources of support through this crisis. For instance, one participant shared how friends and family

members helped him make sense of the pandemic and feel better when he experienced distress.

*My family has given constant support be it help clearing my doubts, keeping me updated with the news or just bettering my mood. Along with this, my friends have also been there to cheer me up and help pass time, even though we are not able to meet often. School and coaching classes do take up a lot of my time, so my classmates there have also helped deal and make the most of our current situation.* (16 year old boy from Bangalore)

A few children spoke of teachers, neighbours, social workers, and politicians as having been helpful. One



participant noted how his school teacher helped him by providing certain essential resources, “...ma’am helped by providing pen and paper to draw, masks, sanitisers and soaps also...” (16 year old boy from Delhi). Another shed light on the role played by social service organisations, “NGO in the street used to help with ration” (15 year old boy from Delhi).

Conversely, 1.2% of children also emphasised on how no one was there to support them during this crisis. As a 15 year old girl from Delhi who said “Nobody helped me deal with my stress, people close to me don’t even know I’m very stressed and anxious regarding everything.”

Multiple researches undertaken during mass disasters and pandemics have shown that supportive and caring relationships with adults and peers can be important protective factors that bolster resilience amongst children (Earls, Raviola, & Carlson, 2008; Pfefferbaum, Jacobs, Houston, & Griffin, 2015). Additionally, the ecosystems surrounding children can also play a crucial role in enhancing their resilience. In their article ‘A resilience framework for research, practice and policy’, Masten and Powell (2003) highlighted that community resources and opportunities, such as connections to prosocial organisations, access to social services and healthcare, neighbourhood quality, etc. were important systemic level protective factors that yielded better outcomes among children who had faced major adversity.

### Strengths, resources and superpowers that helped children cope with the pandemic

Children were requested to elaborate upon the various strengths, resources and superpowers they have which helped them cope with the pandemic.

**Table 34**

**The strengths and superpowers that helped children cope with the COVID-19 pandemic**

What are your inner strengths or superpowers that help you cope with Coronavirus and the current situation? (N=701)	Frequency	Percent	Gender		Age		
			Male	Female	9-11 years	12-14 years	15-17 years
Spirituality & faith	13	1.9%	3	10	2	4	7
Gratitude	7	0.1%	3	4	1	2	4
Devotion	6	0.9%	1	5	1	2	3
Thinking positively	110	15.7%	36	74	14	39	56
Strengthening one’s mind	33	4.7%	19	14	5	16	11
Believing in oneself	41	5.8%	20	21	6	16	19
Appreciating oneself	19	2.7%	10	9	4	10	5
Meditating	4	0.6%	3	1	0	1	3
Physical strength	17	2.4%	9	8	3	6	8
Immunity	13	1.9%	8	5	2	7	4
Support system	45	6.4%	17	28	3	33	9
Parents blessing	8	1.1%	5	3	2	3	3
Confidence	64	9.1%	19	45	6	23	35
Self reliance	37	5.3%	19	18	6	17	14
Determination	20	2.9%	6	14	0	7	13
Courage	18	2.6%	9	9	4	9	5
Patience	14	1.1%	10	4	1	5	8
Calmness	14	1.1%	8	6	3	4	7
Adaptability	13	1.9%	5	8	1	3	9
Motivation	8	1.1%	3	5	0	4	3
Discipline	6	0.9%	2	4	0	4	2
Decision making	2	0.3%	2	0	0	0	2
Engaging in hobbies	32	4.6%	12	20	1	21	10
Playing sports	20	2.9%	12	8	2	14	4
Following safety protocol	37	5.3%	20	17	5	20	12
Taking remedies	7	0.1%	3	4	1	4	2
Nothing	186	26.5%	78	108	27	82	76



Upon inquiry, many children stated that their support systems (6.4%) and their ability to think positively (15.7%) were the strengths that enabled them to cope. One participant mentioned how her positive attitude helped her family *"I am usually very positive so try to uplift my family's mood in these difficult times"* (13 year old girl from Mumbai).

Some children also mentioned unique qualities such as confidence, self-reliance, determination, courage, calmness, patience, adaptability, and so on, as having been helpful. One child brought up how having faith and confidence helped her in coping with the current situation, *"I have faith in myself and in the world that we'll get past this and the faith and confidence in myself allows me to not let this pandemic totally and negatively change my lifestyle to the worst"* (15 year old girl from Mumbai).

A few children brought up other aspects which had proved beneficial, such as engaging in their hobbies. While elaborating on the strengths, resources and superpowers that helped her, one child said *"I teach myself Mehendi designs from the online resources. I re-create waste plastics to make storage containers."* (13 year old girl from Mumbai).

A study conducted on 2330 children in China (Xie et al., 2020) found that those who reported having a more positive and optimistic perspective towards the COVID-19 pandemic had significantly lower levels of anxiety and depression compared to those who were not as optimistic. This highlights the significance of inculcating positive thinking in children during such hardships. Moreover, becoming involved in hobbies can promote a sense of self efficacy, which has also been found to be a protective factor enhancing resilience among children and parents during the pandemic (Kövesdi et al., 2020).

## Advice children would like to give to other people on dealing with the pandemic

To tap into children's wisdom and learnings on dealing with this pandemic, children were asked whether they would like to give any tips to other people about the same.

**Table 35**

**The tips children would like to give to other people on dealing with the COVID-19 pandemic**

What tips would you give to other people dealing with this situation? (N=748)	Frequency	Percent	Gender		Age		
			Male	Female	9-11 years	12-14 years	15-17 years
Wear masks	268	35.8%	125	143	29	141	97
Use sanitiser	152	20.3%	73	79	15	74	63
Maintain social distance	134	17.9%	66	68	14	72	48
Stay indoors	131	17.5%	57	74	19	66	45
Wash hands	114	15.2%	53	61	13	61	39
Keep safe	102	13.6%	30	72	16	40	42
Listen to elders	35	4.7%	20	15	6	17	12
Eat healthy	22	2.9%	11	11	1	10	11
Communicate with family	25	3.3%	13	12	4	7	14
Talk to friends	11	1.5%	5	6	0	2	9
Connect with people	10	1.3%	13	12	4	7	14
Practice self care	36	4.8%	8	28	3	15	18
Engage in hobbies	31	4.1%	11	20	4	8	18
Use time constructively	18	2.4%	5	13	0	10	8
Meditate	1	0.1%	0	1	0	0	1
Think positively	38	5.1%	11	27	2	16	20
Everything will be okay	30	4.0%	13	17	4	9	17
Don't lose hope	20	2.7%	7	13	2	9	9
Tough time will pass	15	2%	6	9	2	3	10
Believe in god	7	0.9%	2	5	0	4	3
Comfort others	15	2%	2	13	0	10	5
Boost others confidence	9	1.2%	4	5	0	5	3
Nothing	44	5.8%	19	25	6	21	17

Suggestions given by children on how people could safeguard their physical health largely included wearing masks (35.8%), maintaining social distance, (17.9%), using sanitizers (20.3%), staying indoors (17.5%), and eating healthy (2.9%). One participant tried to reassure others by saying *"Do not take tension, we have sanitiser which is our protection. We should keep using it often and wash our hands then nothing will happen to us."* (14 year old boy from Mumbai). Another advised *"Always wear a mask when leaving the house and wash your hand when coming back in. Only go out when it is necessary."* (13 year old boy from Delhi).

The following creative expressions illustrate the suggestions children wish to share with others regarding ensuring physical health and well being during the pandemic:

**Fig. 17. NR-MUM-PH-09, The do's and dont's during the COVID-19 pandemic**





**Fig. 18. NR-MUM-PH-15; The safety protocol to prevent COVID-19 spread**



**Fig. 19. AA-DEL-PH-05; Socialising precautions to stop the spread of the coronavirus**



**Fig. 20. TS-KOL-PP-04; The ignorance about Coronavirus**



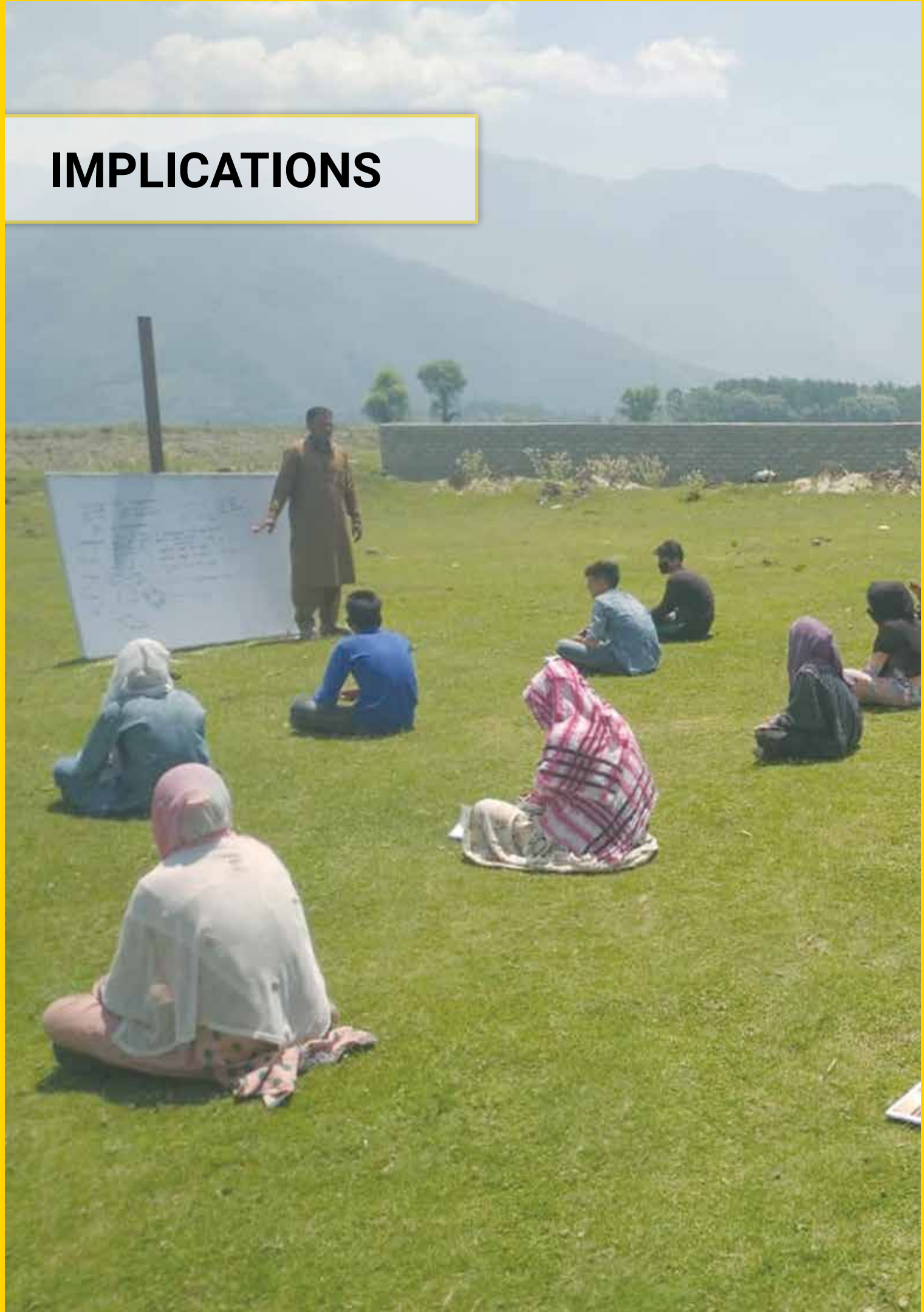
**Fig. 21. NB-DEL-PH-04; artwork 2; The safety protocol to fight against coronavirus**



Some children encouraged people to maintain a positive attitude (5.08%), practice self-care (4.8%), engage in recreation (4.1%), and communicate with family members (3.3%). One child, highlighting the importance of staying connected with others said "Keep in touch with people you trust and talk to them everytime you start spiralling into negativity. Isolation can make you have marginally more negative thoughts than normal and peers and friends can tether you back to reality" (16 year old girl from Bangalore). A few children also urged people to remember that everything will be okay, to not lose hope, and to focus on comforting those in need. As one participant said, "Do not worry everything will be alright, just listen to your parents and elders" (15 year old girl from Imphal).

While researching the role of family belief systems in fostering resilience, Walsh (2015) found positive adaptation to be the greatest amongst children whose families saw adversity as a shared challenge and helped each other make meaning of the same. Moreover, they minimised catastrophic thinking, supported the adoption of a hopeful positive outlook, promoted transcendence or spirituality, encouraged connectedness, open communication, collaborative problem solving, and so on. This highlights the role played by parent socialisation of children into family beliefs and coping style, which can also go a long way in enhancing resilience among children and adolescents during this crisis.

# IMPLICATIONS





## Implications

With onset of the second wave of COVID-19 in India, detection of the new 'double mutant' variant of coronavirus, and the spectre of lockdown returning, the uncertainties and challenges brought on by the pandemic are bound to intensify in the foreseeable future. In this context, it becomes crucial for children's ecosystems to reflect on sustainable strategies to support their overall well being.

The data from this study shed light on the various factors impacting children and adolescents mental health, ranging from financial difficulties, worries about contracting the virus, uncertainties regarding when the pandemic will come to an end, not being able to meet friends physically or play, and so on. The findings have also highlighted that participants coming from under-resourced communities were more vulnerable to adverse socio-emotional and psychological outcomes, which raises serious concerns about the disproportionate impact the pandemic has had on children coming from disadvantaged sections of society.

Many children have also been able to find various unique ways of coping with this crisis, such as relying on their support systems, adopting optimistic outlooks, following safety protocols, engaging in play or other hobbies, listening to music, learning new skills, fostering belief and confidence in themselves, and so on.

Based on our learnings from this study, implications have been suggested for different stakeholders working with children

### School teachers, administrators, and leaders

As stakeholders who are invested in children's learning and growth, school teachers, administrators and leaders taking cognisance of the impact that COVID-19 may be having on children's schooling experience would be essential in ensuring their well being.

- Schools can promote emotional well being of students by adopting socio-emotional learning curriculums that aim to foster emotional awareness and teach regulation skills.
- Since children may be experiencing a range of difficult emotions in this time, creating avenues for regular emotional check-ins can help in identifying signs of distress at an early stage.
- As early adolescents and children coming from under resourced backgrounds may be especially vulnerable to stressors and socio-emotional difficulties, schools can look into the possibility of making special provisions to support their mental health needs.
- In addition to providing socioemotional and mental support, it is also important to address factors such as sleep hygiene and nutrition, as these too have been affected in this pandemic, and have direct effect on children's mental and physical health.
- Since families have been playing a crucial role in bolstering children's resilience through this crisis, parents can receive guidelines or be engaged through sensitization sessions and training programs by schools on how to protect and promote children's mental health in this crisis.

### Mental health services and community outreach programs

Mental health professionals and allied support services can play an active role in supporting children's psychosocial and developmental needs in this crisis.

- Generating awareness about the stressors children are facing and advocating for their socio-emotional needs with various stakeholders can help make more mental health support available and accessible to children and their families. In the times of physical

distancing, viable alternatives to in-person services also need to be taken into consideration.

- Adopting an intersectional and trauma informed approach can be crucial in understanding children's experiences of this novel crisis.
- Facilitating appropriate connections to a variety of organisations providing socio economic support to families can help mitigate the risk factors. Moreover, focusing on bolstering protective factors can also enhance children's resilience.
- Social service organisations and community based programs have an advantage of being in the know of the struggles families and communities they work with are experiencing. While addressing these needs, it may also be helpful to introduce mental health interventions that take the context of children and their families into consideration.
- As the guardian-child bond has been found to be a particularly important source of support which helps in enhancing resilience among children, introducing stress management training and counselling sessions for parents in community settings can have a great impact on the wellbeing of children.



## Policy

Given that children coming from marginalised sections of society have been identified to be at greater risk of adverse mental health outcomes, policy level interventions are the need of the hour to provide necessary support and assistance.

- Financial distress experienced by families has shown to have a direct impact on children's health and well being. The creation of welfare schemes, employment opportunities or looking into unemployment benefits, and so on can be helpful for families struggling with financial hardships. Given that certain sections of the Indian society are facing a disproportionate burden due to the pandemic, public safety measures and lockdowns need to be planned factoring in some of these aforementioned aspects.
- Making mental health services accessible and affordable can provide crucial and timely care for children experiencing adverse socio-emotional outcomes.

## Future research

In order to create avenues to support children's well being in the midst and post this crisis, having an evidence base to guide promotive, preventive and interventive work with children is the need of the hour. For this purpose, future research could examine the following:

- Since context can play an important role in influencing mental health outcomes for children, it is important to examine the role played by a variety of **factors such as gender, age, caste, region**, and so on in determining mental health impact and outcomes for children.
- Researchers could consider engaging with the important stakeholders in children's lives, such as family members and teachers to get a more holistic understanding of the stressors, challenges, and avenues of support.
- Longitudinal studies and action research projects should also be carried out to understand the long term impacts of the pandemic on children's development and evaluate the effectiveness of mental health interventions being implemented with children.

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# APPENDICES





## Appendices

### Appendix I: Ethics Clearance Report' issued by the Institutional Review Board of TISS

टाटा सामाजिक विज्ञान संस्थान  
Tata Institute of Social Sciences



#### INSTITUTIONAL REVIEW BOARD

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TISS Document ID: TISS/IRB/2021/001  
Date of Issue: 14 Jan 2021  
Valid till: 14 Jan 2022  
Valid till: 14 Jan 2022

#### Institutional Review Board Ethics Clearance Report

Serial No. of IRB Meeting	2020-2021	28
Project Title	Understanding children's experiences during the Covid 19 pandemic: Stressors, resilience, support and adaptation	

Name of Faculty In-charge/Project Co-ordinator/Principal Investigator	Dr Chema Duggal
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Date of Submission to the Committee	0	6	1	1	2	0	2	0
Date of Submission to other IRB's(if applicable)								
Date of the First Review	0	9	1	1	2	0	2	0

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

1. Greater clarification is needed regarding the process of selection of the respondents.
2. Greater clarification is required regarding the number of cities which will be covered by the study.
3. The proposal should state that the participant information sheets, consent forms, and tools will be in used in 5 different languages: English, Hindi, Kannada, Marathi and Bengali.

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

Signature of the Chairperson

Signature of Member Secretary

Date of Issue: January 14, 2021



## Appendix II: Parent/Guardian Information Sheet: Long version

### Understanding children's experiences during the Covid 19 pandemic: Stressors, resilience, support and adaptation

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 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's participation in the study is voluntary. Your child 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 understand the concerns and challenges faced by children and adolescents at this time of the CoVid-19 pandemic. The aim is to highlight children's voices and experiences to understand how the pandemic is affecting them. We also seek to generate insights into what has been helping children cope with these challenges, what are their strengths, and how they are being supported during this time.

#### 2. Why has your child been selected for this project?

We are asking your child to be a part of this research as it will help us understand children's perspectives on the challenges faced by them during the CoVid-19 pandemic and how it has affected them emotionally. It will also help us become aware of

the various factors promoting children's resilience through this crisis. The information will allow various stakeholders who work with children to consider the sources of stress and psychological effects children are experiencing as well as look into how their resilience could be bolstered during this time. It could equip them with information that may help foster the wellbeing of children across the country.

#### 3. What are the procedures involved in this project?

Your child 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 age and preference. The questions will be about their experiences of the pandemic and how they have been coping at this time.

Completing this form might take your child about 20-30 minutes.

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

Lastly, in case your child would like to creatively express their experience of the Coronavirus pandemic in the form of some drawing, writing, poetry, etc., they can choose to share this with us as well. Please note that this submission is not compulsory. In order to protect your child's identity, their names will not be included in any reports or publications showcasing their creative expression. A pseudonym assigned to your child, their gender and their age will be included alongside the artwork.

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

The information shared will bring children's experiences of the pandemic to the fore. The research will aim to capture what has been helping children through this crisis. 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 and adolescents in the age range of 9-17 years 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 will be asked to respond to some questions which may take about 20-30 minutes. Your child 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 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 identify the strengths, coping strategies, and support systems that have been helping them deal with this pandemic.

#### **9. How will your privacy and confidentiality be maintained?**

All information that you and your child 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 verbatim in reports and publications, however in order to protect confidentiality, no identifiers shall be used alongside the verbatims. 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 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 child 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 decide 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 child 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

***Please contact:***

Dr. Chetna Duggal  
Associate Professor  
School of Human Ecology  
#503, MS Gore Block, Naoroji Campus, Deonar farm  
Road, Tata Institute of Social Sciences, Mumbai  
Email - [chetna.d@tiss.edu](mailto:chetna.d@tiss.edu)  
Phone: 022-2552-5346

OR

The IRB Secretariat,  
Doctoral Scholars Office,  
Tata Institute of Social Sciences  
Ph:22-25525642  
email id: [irb.submissions@tiss.edu](mailto:irb.submissions@tiss.edu)

## Appendix III: Parent/Guardian Information Sheet: Brief version

We are asking your child to participate in this study as we wish to highlight children and adolescents' experiences of the CoVid-19 pandemic in India. Through this study, we aim to learn about the challenges faced by children during this pandemic and how they are coping with the same. This would help mental health professionals', social workers, school teachers and administrators, parents, and others understand the concerns and needs of children, as well as support them in a more effective manner.

Children and adolescents in the age range of 9-17 years who have been residing in India since the lockdown was implemented can take part in the study. Participation in this research is voluntary. Your child has the right to withdraw from it at any time without giving any reason. If at any point you or your child decide not to participate in this study, it will not influence how CRY engages and works with you and your family.

All information that you and your child share will be kept entirely confidential and will not be disclosed to anyone and used only for research purposes. 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.

Depending on your child's age and preference, they will be asked to either fill out a survey form or answer some questions that would be read out to them. The estimated time taken is 20-30 minutes. If for some reason not all questions are completed in a given day, you may be requested to schedule another follow-up to complete the questions. If your child gives the responses verbally, the entire process will be audio-recorded with your permission to enable the researcher to avoid missing out on relevant information. The transcript of this recording will be shared with you at a later date. Your child can also

choose to share any artwork, essay or poem they have made about their experience of the pandemic, however this is not compulsory. In order to protect their identity, only their age and gender will be added alongside their creative work in any reports or publications made of this study.

Your child will not be compensated for participation in this study. The research staff interacting with your child will be trained to identify and manage discomfort in children and adolescents. In case they sense that particular questions may be causing discomfort, the questions can be skipped or the administration can be stopped altogether as well. In addition, contact details of free/subsidized helplines providing mental health support to children and families during the pandemic will be shared with you. This study will also facilitate children to draw positive meaning from this pandemic crisis by giving them the space to identify the strengths, coping strategies, and support systems that have been helping them deal with this pandemic.

In case you have any further questions or concerns, you can seek clarification by contacting:

Dr. Chetna Duggal  
Associate Professor  
School of Human Ecology  
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Road, Tata Institute of Social Sciences, Mumbai  
Email - [chetna.d@tiss.edu](mailto:chetna.d@tiss.edu)  
Phone: 022- 2552-5346

OR

The IRB Secretariat,  
Doctoral Scholars Office,  
Tata Institute of Social Sciences  
Ph: 22-25525642  
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## Appendix IV: Parent/Guardian consent form

I \_\_\_\_\_ have read the participant information sheet for the project titled ". The information contained in the participant information sheet regarding the purpose of this research, its safety, potential risks / benefits, expected duration, and my child's role as a 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 child's 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 am aware that if at any point I or my child decide not to participate in this study, it will not influence how CRY engages and works with my family.
- I understand that the information or creative work collected during the project will be kept confidential. I am aware that my child's responses may be quoted verbatim and that there will be no identifying information shared along with that. In order to verify the information collected, government regulatory authorities, sponsoring agencies and ethics committee members may wish to examine my child's project related information. By signing this document, I give permission to these individuals to access my child's records.
- I hereby give my willingly consent for my child to participate in this research project.

*For Limited or non-readers, witness consent:* I have witnessed the consent procedure of the 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:

Signature/Date:

Witness:

Signature/Date:

Name of the Person administering the consent:

Signature/date:

## **Appendix V:** Child Information sheet and consent form (Simplified)

We are doing a project to understand the experiences of children and adolescents with the CoVid-19 pandemic. 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. We will also ask you to share what has been helping you cope and feel better in 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. You could also choose to share any creative work (drawing, poem, etc.) you have made about your experience of the pandemic with us, however this is not compulsory.

We may use some of your responses word for word in our reports, 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 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.

Name of the consenting person:

Signature/Date:

Witness:

Signature/Date:

Name of the Person administering the consent:

Signature/date:

## Appendix VI: Parent/Guardian In-take sheet

Participant UID - \_ \_ - \_ \_ - \_ \_ - \_

### 1. How old are you and your spouse?

1.1 Mother's age \_\_\_\_\_

1.2 Father's age \_\_\_\_\_

### 2. Could you share your and your spouse's education details:

2.1 Mother's: \_\_\_\_\_

- No formal education received
- Some formal education received
- Upto 12th grade
- Diploma/Certificate courses
- Graduate/B.Ed
- Post graduate
- MPhil
- PhD and more

2.2 Father's: \_\_\_\_\_

- No formal education received
- Some formal education received
- Upto 12th grade
- Diploma/Certificate courses
- Graduate/B.Ed
- Post graduate
- MPhil
- PhD and more

### 3. What Religion do you follow?

3.1 Mother's: \_\_\_\_\_

- Hindu
- Muslim
- Christian
- Sikh
- Buddhism
- Jainism
- Zoroastrian
- Other
- None

3.2 Father's: \_\_\_\_\_

- Hindu
- Muslim
- Christian
- Sikh
- Buddhism
- Jainism
- Zoroastrian
- Other
- None

### 4. What is your and your spouse's occupation?

***Mother's:***

4.1 Select any one of the following options to tell us about your occupational status:

- Skilled/unskilled Labour
- Clerical
- Business/ Self employed
- Corporate professional
- School/College Teacher
- Artist
- Medical/Paramedical
- Legal/Paralegal
- Armed forces
- Hospitality (air hostess, stewards, restaurant chefs, cabin crew, ground staff)
- Other
- Not employed



**Father's:**

4.2 Select any one of the following options to tell us about your occupational status:

- Skilled/unskilled Labour
- Clerical
- Business/ Self employed
- Corporate professional
- School/College Teacher
- Artist
- Medical/Paramedical
- Legal/Paralegal
- Armed forces
- Hospitality (air hostess, stewards, restaurant chefs, cabin crew, ground staff, etc.)
- Other
- Not employed

5. What is your family's monthly income? \_\_\_\_\_ INR

6. How many people are living at home with you? \_\_\_\_\_

7. How many children do you have? \_\_\_\_\_

8. Which city do you live in?

- Delhi
- Mumbai
- Bangalore
- Hyderabad
- Kolkata
- Pattan
- Morey
- Imphal

## Appendix VII: Child in-take sheet

**1. What is your name? (enter Initials ONLY):**

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**2. Please tick if you are a:** \_\_\_\_\_ girl \_\_\_\_\_ boy \_\_\_\_\_ other

**3. What is your date of birth?:** \_\_ / \_\_ / \_\_ (dd/mm/yyyy)

**4. What languages do you speak at home (for example, Marathi, Gujrati, Bengali, Tamil, Garhwali, and so on)?**

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**5. Do you have siblings?**

13.1 \_\_\_\_\_ Yes \_\_\_\_\_ No

13.2 (If yes, how many? \_\_\_\_\_) \_\_\_\_\_ No

**14. What grade are you currently studying in? \_\_\_\_\_**

**15. What is the type of school that you attend? \_\_\_\_\_ public \_\_\_\_\_ private**

**16. Are you currently able to attend classes?**

16.1 \_\_\_\_\_ Yes \_\_\_\_\_ No

16.2 If yes, then how are you attending classes? \_\_\_\_\_ Online \_\_\_\_\_ In-person

**17. How are you feeling these days?**

- Happy - Yes / No
- Excited - Yes / No
- Grateful - Yes / No
- Confused - Yes / No
- Surprised - Yes / No
- Restless - Yes / No
- Worried - Yes / No
- Scared - Yes / No
- Bored - Yes / No
- Tired - Yes / No
- Sad - Yes / No
- Angry - Yes / No
- Other - \_\_\_\_\_

**18. Has your routine changed ever since the lockdown began?**

- It has changed a lot
- It has changed a little
- It has not changed at all

**19. How is your sleep?**

- Good
- Not so good
- Not good at all

**20. How have you been eating these days?**

- Good
- Not so good
- Not good at all

**21. Have you been able to stay in touch with your friends or classmates?**

- Yes
- To some extent
- Not at all

**What do you miss most about the times before the Coronavirus came into our lives?**

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**What do you like the most about your life ever since the lockdown began?**

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**Would you like to share any essay, poem or artwork you have made about your experience of the Coronavirus pandemic with us? \_\_\_\_\_Yes \_\_\_\_\_No**

## Appendix VIII: Sources of stress due to the CoVid-19 pandemic

The statements below are some things that children and adolescents may have faced problems with because of the Co-Vid 19 pandemic.

For each of the Co-Vid 19 related problems listed, please tick one of the columns based on how stressful that problem was for you.

	Very stressful	Somewhat stressful	A little bit stressful	Not at all stressful
My daily routine got disturbed due to the Co-Vid 19 pandemic.				
I had difficulties studying from home because schools were closed due to the Co-Vid 19 pandemic.				
I could not go out of my house to play and meet friends/relatives due to the Co-Vid 19 pandemic.				
I had to take on a lot of responsibilities at home.				
I have been watching or hearing stressful news about the Co-Vid 19 pandemic.				
I have been worried about myself or someone close to me getting infected by Co-Vid 19.				
I or some people close to me have been diagnosed with Co-Vid 19.				
My family had to change, postpone or cancel important plans and family functions due to the Co-Vid 19 pandemic.				
My family faced problems getting food, groceries, medicines, or other important house supplies and services due to the Co- Vid 19 pandemic and lockdown.				
My family faced problems in getting medical care due to the Covid-19 pandemic and lockdown.				
My family has faced money problems due to the Co-Vid 19 pandemic.				
There was a lack of space or more fights at home during the Co-Vid 19 pandemic.				
I am unsure about when the Co-Vid 19 pandemic will end.				
I am worried about what will happen in the future.				
Other _____				



## Appendix IX: Revised Child Impact of Events Scale (CRIES - 8)

Below is a list of comments made by people after stressful life events. Please tick each item showing how frequently these comments were true for you about the Coronavirus *during the past seven days*. If they did not occur during that time please tick the 'not at all' box.

	Not at all	Rarely	Some-times	Often
1. Do you think about it even when you don't mean to?				
2. Do you try to remove it from your memory?				
3. Do you have waves of strong feelings about it?				
4. Do you stay away from reminders of it (e.g. places or situations)?				
5. Do you try not to talk about it?				
6. Do pictures about it pop into your mind?				
7. Do other things keep making you think about it?				
8. Do you try not to think about it?				

## **Appendix X:** Self - designed tool to assess resilience

- Did Coronavirus influence any of your plans and dreams for this year?

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- When you feel worried or upset about the coronavirus what do you do to make yourself feel better?

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- Who are the important people in your life who help you deal with the current situation and how?

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- What are your inner strengths or superpowers that help you cope with Coronavirus and the current situation?

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- What tips would you give to other people dealing with this situation?

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## ABOUT THE AUTHORS



## About the Authors

Dr. Chetna Duggal is an Associate Professor in the School of Human Ecology, Tata Institute of Social Sciences (TISS), Mumbai. She has completed her Ph.D. from TISS, Mumbai and her M.Phil. in Clinical Psychology from NIMHANS, Bangalore. She is a psychotherapist with over 15 years of experience and has worked with children, adolescents, couples and families. She teaches courses on psychotherapy and counselling in the Masters and M.Phil. programmes and supervises trainee counsellors and practitioners. She heads the School Initiative for Mental Health Advocacy (SIMHA), an initiative that endeavours to promote well-being of young people in schools through advocacy, research and capacity building. She is also the Project Director for Rahbar, an initiative to promote training, supervision and professional development for mental health practitioners in India. She is the trustee of Apnishala, an organisation working towards making life skills education accessible to children from underprivileged contexts. She has been an invited J1 Visiting Scholar at The Chicago School of Professional Psychology, US. She has a keen interest in child and adolescent mental health, school mental health, psychotherapists and counsellors training, supervision and reflective practice, and has conducted research and authored book chapters and papers on the same.



**Dr Chetna Duggal**

Associate Professor, School of Human Ecology, TISS  
Principal Investigator

She is currently Professor and Dean at the School of Human Ecology, Tata Institute of Social Sciences, Mumbai, India. Her work over the years has been in child care and education in early years and the socialisation of children. Currently her interests are in learning environments, emotional socialisation and school-based counselling. She is currently working on editing a Special Issue of Psychological Studies on Socialisation in Contemporary India: Perspectives and Voices of Children and Adolescents and on projects related to practices and a multi-centric study emotional socialisation of children. 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. She has also been an active office bearer of the Association of Early Childhood Education and Development and the India Chapter of International Play Association.



**Prof. Rajani Konantambigi**

Professor and Dean, School of Human Ecology, TISS.  
Co-Principal Investigator



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 Trina Chakrabarti**

Director- East and  
Volunteer Action, CRY  
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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 17 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 specialises 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.



**Ms Anupama Muhuri**

Associate General Manager,  
Volunteer Action, CRY  
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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.



**Ms Durga Ashok Vernekar**

Research Associate

Jogya is a Counselling Psychologist, Researcher, and a Comprehensive Sexuality Peer Educator. She has completed her Master's in Applied Psychology with a specialisation in child, adolescent and family counselling from TISS, Mumbai. She has worked as a trainee counsellor, volunteer and an intern with multiple organisations that seek to provide mental health services and advocate for the rights of young people, including SIMHA (TISS), the YP Foundation, Ummeed Child Development Centre, and others. She is currently working as a counselling psychologist with 1to1help, offering mental health support to employees and their families on a range of personal, relational and professional concerns. Her primary interest lies in creating safe spaces for children that advance their strengths, voices and agency. Through her counselling, research and advocacy work, she hopes to continue exploring the intersections of sexuality, identity, oppression and mental health, as well as improving the quality and accessibility of psychological services in India.



**Ms Jogya Chakravorty**

Research Associate

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