

RAPID ONLINE PERCEPTION STUDY ABOUT THE EFFECTS OF COVID-19 ON CHILDREN



**CHILD RIGHTS AND YOU
NEW DELHI
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FOREWORD

With the advent of COVID-19, humanity is faced with a disaster that does not respect boundaries of any sort – be it national borders, or gender, caste, class, creed, religion or even economic conditions. At some level, people are calling the disease a great equaliser – one that has brought the whole world down to its knees across all socio-cultural divides. Thankfully, children are not the face of this pandemic as they have largely been spared of the direct health effects of COVID-19 so far, nonetheless they risk being among its biggest victims with multiple effects on their well-being.

We know, though, that even pandemics like these affect different sections of the society in different ways. While there are devastating images of migrant workers walking miles after miles to reach their hometowns as well as the gut-wrenching reality of child abuse being on the rise, there are also heart-warming news where the resourceful are coming forward to help, to share and to find solutions. In all, while we are struggling to cope with these unprecedented situations, we are also trying to get back to the longstanding normal, with hard-learned lessons.

However, as with every crisis and disaster, so also with Covid-19, children have not really been at the centre of the global level mitigation strategy discussions. One of the most vulnerable sections of the society, whose voices are rarely heard – how the pandemic has affected them, remains largely unknown to the adults, and hence, largely neglected while we come up with plans and blueprints of what to do next!

But for CRY, children always come first. In fact, as soon as India entered this unprecedented nation-wide lockdown on 24th March 2020, one of our very first thoughts was to utilise this time to understand the effects of COVID-19 on the children of our country. We believe that soon we will all be returning to serve the children of our country, and for that, we need to be abreast with how their realities changed during this process. We could not go into their homes physically to observe and learn, so we took help of the technology that is literally running our lives during this lockdown. We decided to conduct a rapid online survey to study how this pandemic has affected India's children during these

homebound days.

Gathering evidence and analysing it is what helps evaluate the ground-reality and creates a better platform to be able to address the same. For CRY, it was also about getting to know about the situation first-hand while it was playing out. This would surely go a long way to help us figure out the way forward.

This study looks at children from all regions of the country. From the awareness of the adults in the family about the pandemic and its preventive measures, to how the current situation has affected children's education, health, nourishment, habits and psycho-social behaviours – the study aims to get a look into all such aspects. Administered through social media and messaging applications, the survey reached both urban and rural populations in order to get a holistic picture of what children are going through, and how their parents and other caregivers are aware of their current conditions.

This study, for us at CRY, is a sneak-peek into the lives of our children under lockdown. We have drawn from it instances and ideas of how children have adapted to the situation and how it has changed their lives. While the study has not been able to reach out to the most vulnerable pockets and figure out the plights of the last mile child, but the findings surely reflect that they might be facing much deeper and complex challenges than others.

As I look forward to sharing the findings of the study with you, I do acknowledge the efforts of those who spared some time to fill in the survey questionnaire. Without their support, we couldn't be able to get the rich and tell-tale database.

And, yes, we look forward with the hope that when we finally come out of our homes, we will be armed with the necessary remedial measures to help India's children get back on the road to a truly happy, healthy, creative and safe childhood.

In solidarity and goodwill,

Puja Marwaha,

CEO, CRY – Child Rights and You



EXECUTIVE SUMMARY

BACKGROUND AND RATIONALE

OF THE STUDY

The pandemic that the world is currently facing due to the spread of COVID-19 (popularly known as Corona Virus) is demanding unprecedented measures and resources from all over the world. The COVID-19 threat has currently spread to more than 200 nations, which collectively have more than 3.7 million confirmed cases reported (WHO, 2020). To control the contagion and the spread of the virus, most of the nations in the world have imposed lockdown¹ measure to contain the infection and keep the populace safe.

In the Indian context, the country reported the first case of COVID-19 in January 2020, and the cases have increased subsequently. The Government of India announced a nationwide 21 days lockdown on 24th March 2020, which was then further extended for 19 days until 3rd May 2020. During this lockdown period, essential services were to remain open, and all essential commodities and medicines would have to be available. Banks, ATMs, petrol pumps, hospitals, and grocery shops were instructed to continue functioning (however, they were allowed to reduce the scale of operations). A critical part of the lockdown was also the termination of all transport services — air, rail, and roadways to put a check on the mobility of people and, thus, to break the chain of transmission. Private transport was also curbed, and all citizens were mandated to follow social-distancing and venture out of their homes only for emergencies and essential needs.

While the lockdown is a crucial measure for containing the virus spread, it has also left the people with potentially limited access to necessities such as regular healthcare and adequate food. Children are

also affected due to these measures with lack of access to regular classroom schooling, limited opportunities for socialising, and restricted recreation facilities, and outdoor play (UN; 2020). Along with these direct impacts are other probable effects such as threats to the mental wellness of children and their family members. The aftermaths of the pandemic can be severe on children. An estimated 42-66 million children could fall into extreme poverty as a result of the crisis this year, adding to the estimated 386 million children already in extreme poverty in 2019 (UN, 2020).

CRY has been working with vulnerable children and communities for the last 41 years. In this adverse situation, many children and their families in CRY's programme areas and beyond are in dire need of support. On the one hand, CRY has been reaching out to these children and families listening out to their plight and extending support, also simultaneously, is trying to gather pieces of evidence from the ground for better programming and policy advocacy.

Given this context, this study was conducted by Child Rights and You (CRY) to understand and to document the concerns of parents and the effects of COVID-19 preventive measure 'Lockdown' on the children.

This is an effort to generate discussions at different levels so that children issues during this pandemic may be highlighted and addressed by different stakeholders.

STUDY OBJECTIVES AND

METHODOLOGY

The main objectives of this study are (a) To understand the knowledge, attitude, and practices of parents/prime caregivers in keeping their children safe amid the

¹ A lockdown is an emergency protocol that usually prevents people or information from leaving an area. The protocol can usually only be initiated by someone in a position of authority



Given the restrictions on mobility at the time of this survey, this study was conducted virtually. A self-administered questionnaire with around 30 simple questions was used. This questionnaire was available for response in 5 languages – English, Hindi, Bangla, Kannada, and Marathi. The data collection period began two weeks after the nationwide lockdown was announced; the survey was rolled out between 10th-20th of April 2020 on the official Social Media platforms (Facebook, Twitter, and LinkedIn) of Child Rights and You (CRY). People were encouraged to share the links in their social groups in both rural and urban settings via WhatsApp and other virtual social mediums.

- **Basic Characteristics of the Respondents:** The questionnaire received 1102 responses, of which 58 percent were from men and the rest from women. Responses were received from 23 States and Union Territories (UTs) in India, among which region-wise variations were seen; Northern States (56%), Western States (22%), Southern States (13%) and Eastern States (8%). 46% of the total respondents reported having occupations that required them to provide emergency services during the lockdown.
- **Presence of Children in the Family:** 91 percent of the respondents reported that they had at least one child in the family. 34 percent of the households who participated in the survey had at least one child below five years of age, 45 percent had at least one child between 5-10 years of age, 40 percent had at least one child between 10-14 years of age, and 24 percent had at least one child between 14-18 years of age.
- **Signs and Symptoms of COVID-19:** The top

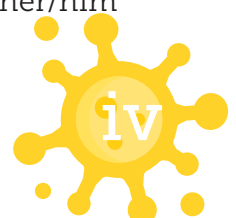
- **Sources of Information on COVID-19:** TV news channels, WhatsApp messages and Facebook posts were the top three sources of information. Around 72 percent of the respondents reported that they heard about COVID-19 through TV news channels. More than half of them reported that WhatsApp messages and forwards were their source of information. More than one-third of the respondents (40%) reported that Facebook posts were one of their main trusted sources of information about COVID-19. Region-wise, TV news channels emerged as the single dominant source of information across regions as 61 percent (North) and 91 percent (South) of the respondents cited it as one of the main sources accessed by them.

- **Knowledge about Preventive Measures:** Washing Hands (92%), Social Distancing (87%) and Wearing Masks (86%) were the top three measures cited by the respondents. The proportion of Cough Etiquette was comparatively low (69%). Notably, in all regions, the same trend was observed where most of the respondents reported that washing hands, wearing a mask, and maintaining social distancing could prevent them from catching COVID-19 infection.

- **Online Classroom Attendance and Impact on Education:** 41 percent of the respondents who had children of school-going age (5-18 years) in the household reported that their child attended classes through virtual/online platforms. This proportion was highest in the East (67%), followed by West (49%), South (38%) and North (35%). More than three-fourths of the parents/prime caregivers reported that the lockdown affected education and learning (77%). This was the highest in the North (87%) and least in the West

(56%).

- **Children's Immunisation and Healthcare:** Only around half (51%) of the parents who had children below five years of age in the household were able to access immunisation services during the lockdown. This proportion was highest in the North (63%), followed by West (39%). Less than a third of the respondents reported inaccessibility to immunisation services from other regions. 27 percent of the total respondents having children reported non-accessibility of regular healthcare services for children. Again, this was most reported from the North (31%), followed by the South (21%). In other regions, this issue was faced by less than 20 percent of the parents.
- **Impact on Children's Nutritional Intake:** 35 percent of parents reported that the lockdown significantly impacted the eating patterns of their children. Region-wise, this was highest in the North (40%) and the least in the East (15%). One in every fourth respondent (26%) reported that s/he felt their child's health was affected due to inadequate nutrition. This was highest in the North (36%) and least in the East (10%).
- **Increase in Children's Screen Time:** A majority (88%) of the respondents reported an increase in their children's screen time, amongst which 45 percent reported the increase to a great extent. Region-wise, in South, North, and West, around 40 percent of the respondents reported that the screen time for the children increased considerably.
- **Measures for Internet Safety of Children:** Only 43 percent of the parents reported that they were able to watch their children's online activity continuously. This was highest in the West (68%), followed by East (50%). More than half of the respondents (52%) reported the provision of supervised access to the internet for their children. One in every five respondents (22%) reported that they took no measures to protect their children when online. This was the most reported form in the North (25%).
- **Other Impacts on Children:** Parents reported effects on Children's extra-curricular opportunities (60%), friendship and social lives (60%), and playtime and recreational opportunities (59%), Children's friendships and social lives (60%). The region-wise trends for these impacts were similar across all regions. Only 22 percent of the respondents reported an impact on their regular care of children due to added household responsibilities for family members. This was most reported from the North (25%), and least from the Eastern States (11%).
- **Children's Mental Well-being and Happiness:** 37 percent of respondents reported that the child's mental well-being and happiness were affected due to lockdown. This was most reported from the Eastern states (51%), which notably reported least of the other impacts (see subsections above).
- **Effect on Behaviour of Children:** More than half of the parents reported that their child became more agitated and anxious during the lockdown.
- **Parental Interactions and Communications with Children** More than half of the respondents stated that they bonded/spend time with the child over household chores (54%) and while watching movies (56%). One in every ten (10%) respondents reported that s/he was not able to spend much time with the child during the lockdown. Region-wise, in the East, 76 percent of the parents/prime caregivers reported that they bonded with the child while teaching her/him or helping them in their studies. In the South (65%) and the North (52%), the activity of watching a movie resonated with a significant percentage of the parents. In the West, 64 percent of the respondents reported that during household chores, they spent time with the child.
- **Communicate with Child during Adverse Situations:** Around 54 percent of parents reported that they sat and discussed the issue at length with the child. Contrary, around 47 percent tried to divert the mind of the child by engaging her/him



in some other activities.

- **Household Preparedness for Emergencies:** Around 57 percent of the respondents believed that if the situation continues in future, it is going to impact their household to a great extent. Likewise, one in every ten respondents was either not sure or not prepared for preventive measures like self-quarantine or isolation if a family member is tested COVID-19 positive.

RECOMMENDATIONS

■ Recommendations on Creating Awareness about COVID-19

- The study findings suggest that traditional media sources such as newspapers and television were the main sources of information related to COVID. However, there is also a significant population that is accessing information through online media sources and Social Media platforms. Government has also made efforts to disseminate information through these contemporary media sources; however, the information on this aspect could be strengthened. For example, names of official twitter handles or pages on Facebook and so on may be widely communicated through traditional media sources so as to direct masses to authentic information sources.
- Risk communication messages should be standardised and disseminated across all media sources so as to counter myths and misconceptions, misreporting and fake news related to COVID to avoid panic among general masses.

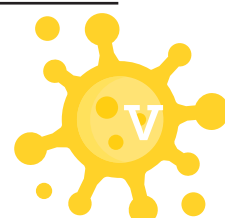
■ Recommendations on Education and Online Safety

- Online or virtual classrooms need more systemic arrangement and strengthening. In this direction, to promote digital learning² initiatives like DIKSHA, e-PATHSHALA, National Repository of Open Educational

Resources (NROER), SWAYAM, and SWAYAM PRABHA are welcome moves. However, as the study findings and secondary data reveal that a large section of the society is still beyond the reach and cannot access these facilities due to varied reasons, the Government must ensure that the other alternative options can be roped in to provide uninterrupted learning opportunities to the children amidst the crisis.

- In addition to finding alternate methods of teaching, it would be more essential that accelerated learning programmes are developed so that the academic syllabus can be completed once school reopens.
- The Centre is preparing guidelines for reopening of schools, in keeping with health and hygiene standards and physical distancing norms. Classroom teaching-learning practices would have to be reimagined and staff trained accordingly before resuming schools.
- Schools can play a vital role not only in ensuring the continuity in education by providing educational material but also by providing services of counsellors, sessions on personal hygiene, and cough etiquettes, and healthy lifestyle. The educational curriculum should include sections on these aspects as well. Information dissemination on these aspects will not only educate children but their families as well.
- Life-skills education must be prioritised and built into the curriculum in an age-appropriate manner for children across all age-groups. This will not only enable children to deal with adversities in a positive way, but also create strong peer networks among children and relieve parental stress to a large extent.
- To ensure online safety of the children, the National Commission for Protection of Child Rights (NCPCR)

² For more information: <https://www.mohfw.gov.in/pdf/Covid19.pdf>



has issued dos and don'ts³ and online⁴ safety guidelines. However, the study findings suggest that there is a need to create more awareness in this regard.

- While digital media can facilitate connectivity with the whole world, it may create distance within the household. Unsupervised screen time or access to the internet can harm a child physically and psychologically due to uncalled negative experiences. Further, with much of the teaching taking place through online platforms, the risk of children's online safety has increased manifold. An online safety protocol must be created so as to ensure the safety of those children who are accessing online classes.
- Efforts by government as well as civil society must be strengthened to create awareness about various helplines available to enable reporting of cases related to online abuse as well as other instances of child abuse.
- **Recommendations on Health and Nutrition**
 - Essential child healthcare services must be ensured by taking a combination of measures. Though mass immunisation services have been suspended to contain the spread of the virus, and undoubtedly the alternative arrangements have been suggested, it is essential to implement and strengthen those arrangements especially for vulnerable communities. Local governance can play a significant role here in ensuring uninterrupted access to these essential services. A dedicated day and time may be allocated in the health facilities for immunisation and information can be provided to the mothers using mobile phones and through word of mouth when AWWs are distributing food supplies at their doorsteps.
 - To keep children healthy (mentally and physically), parents should be advised to keep track of the behaviour and eating pattern of the child.

Government and NGOs should create awareness material for parents and caregivers to address these issues. Such adverse effects on health are likely to be more when they are forced to stay indoors during the lockdown with no or limited access to outdoor activities and interaction with their friends. Schools should be equipped to provide parents with tools and techniques to monitor these changes and also provide support if they notice any alarming change.

- Parents can be provided online training on ways of engaging with child constructively. A happy hour should be dedicated to children. This will not only provide a window to parents to shed their share of anxiety but also provide a scope to bond with the child in a more positive way.
- For maintaining the daily routine for the children, parents may be suggested to make a flexible time table. A rigid timetable may or may not function in the context of the household. A timetable will also help children not to deviate from their daily schedule and also inculcate discipline in them.
- Psychosocial care and support to children during the lockdown as well as in future are critical as children recalibrate their lives. With changes in socialisation patterns, playing with peers, different school environment and teaching-learning processes, it is essential that children are supported throughout by providing explanation and information appropriate to their age. Parents and teachers should be encouraged to discuss the COVID-19 issue with children in a way that they would understand. The conversation may help children to understand the gravity of the issue and also empower them to take informed self-decisions.
- Guidelines and manuals on psychosocial care to children have been developed by various

³ For more information: <https://ncpcr.gov.in/showfile.php?lang=1&level=1&sublinkid=1987&lid=1521>

⁴ For more information: <https://ncpcr.gov.in/showfile.php?lang=1&level=1&sublinkid=1637&lid=1661>



institutions and government bodies⁵⁶, to enable parents to support their children during this pandemic. It would be essential to widely publicise as well as translate these guidelines into all official languages so that maximum families are able to benefit from.

■ **Recommendations on Social Security and Community Support**

- The study findings reveal that only 30 percent of the respondents believed that they have adequate resources in terms of financial and otherwise to cope with any adversity. There is a need that the government should ensure financial security to semi-poor households. Cash coupons can be used to provide financial assistance and for ensuring that the coupon money is used for accessing essentials by the family.
- The pandemic has forced people to turn inwards; society as a whole requires more cooperation and support. The study findings suggest that people are not sure if they can seek the help of their neighbours or friends in the hour of need. There is a need to create an organic community ecosystem. Community systems need strengthening in terms of managing resources and providing a channel of information. Community radio can be a useful tool in bringing the community together and restoring the faith

5 <https://www.mohfw.gov.in/pdf/mentalhealthchildrean.pdf>

6 <https://www.unicef.org/india/reports/psychosocial-support-children-during-covid-19>

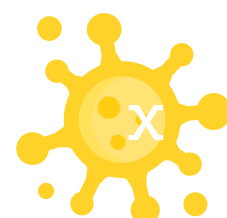
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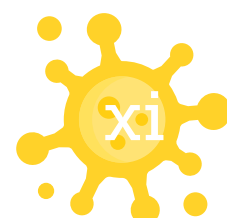
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ACRONYMS

AWC	Anganwadi Centre
CRY	Child Rights and You
CSO	Civil Society Organisations
IEC	Information, Education, and Communication
IMI	Intensified Mission Indradhanush
MHA	Ministry of Home Affairs
MHRD	Ministry of Human Resource Development
MoHFW	Ministry of Health and Family Welfare
MoSPI	Ministry of Statistics and Programme Implementation
NCPCR	National Commission for Protection of Child Rights
NSS	National Sample Survey
SDGs	Sustainable Development Goals
UN	The United Nations
UNESCO	The United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
WHO	World Health Organisation



BACKGROUND

The pandemic that the world is currently facing due to the spread of COVID-19 (popularly known as Corona Virus) is demanding unprecedented measures and resources from all over the world. The COVID-19 threat has currently spread to more than 200 nations and more than 3.7 million confirmed cases reported (WHO, 2020). In the Indian context, more than 50,000 confirmed cases reported till 7th May 2020 (MoHFW; 2020), and the majority of cases were in the age category of 21-40 years. The statistics reveal that one in every ten COVID-19 patients in India is below 20 years (MoHFW; 2020), thus making children also susceptible to the infection. While the number of cases of children being infected is much lower than adults, they risk being among its biggest victims owing to the larger socio-economic impact and its impact at the household level.

The coronavirus, COVID-19 that originated from Wuhan, China, has put a halt not only on the economic machinery of the world but also on the social life of masses. The spread of infection has adversely impacted the macroeconomic scenario, and likewise, the household economy is also severely affected, especially among the vulnerable and marginalised sections of the society. The latest report, 'South Asia Economic Focus,' estimates that regional growth (South Asia) will fall to a range between 1.8 and 2.8 percent in 2020. In the Indian context, baseline growth is forecasted by World Bank between 1.5 and 2.8 percent; thus, it will impact in terms of decline in GDP and employment opportunities, increased poverty, malnutrition, and mortality and morbidity.

COVID-19 infection is highly contagious and spreads primarily through droplets generated when an infected person coughs or sneezes, or through droplets of saliva or discharge from the nose. In the absence of any vaccine currently, medical science also recommends practicing

preventive measures e.g., cleaning hands frequently with an alcohol-based hand rub or wash them with soap and water and also maintaining social distancing. Ministry of Health and Family Affairs (MoHFW), Government of India issued an advisory⁷ on social distancing measures given the spread of COVID-19. As per the Information, Education and Communication (IEC) material⁸ published by Ministry of Health and Family Welfare (MoHFW), Government of India; 'Social Distancing' means deliberately increasing the physical space between people to avoid spreading illness. It states staying at least one meter away from other people lessens the chances of catching COVID-19.

To control the contagion and spread of the virus, measures such as countrywide lockdown has been taken. In the Indian context, the country reported the first case of COVID-19 in January 2020, and since then, the total numbers have increased steadily. The Government of India announced a nationwide 21 days lockdown on 24th March 2020 until 14th April. After reviewing the situation on the ground and for the health and safety of people in the country, the Government further extended the lockdown for 19 days until 3rd May 2020.

The Government also issued a notification that all essential services would remain open as before, and all essential commodities and medicines would be available. Banks, ATMs, petrol pumps, hospitals, and grocery shops will continue to function. However, all transport services – air, rail, and roadways will remain suspended to put a check on the mobility of people and, thus, to break the chain of transmission. The lockdown is a crucial measure for containing the virus spread. However, it has also left the people with potentially limited access to essential services such as regular healthcare, adequate food, and limited options for entertainment and leisure and restricted mobility. Furthermore, it could impact food security, behaviour, income-generation,

7 For more information: <https://www.mohfw.gov.in/pdf/SocialDistancingAdvisorybyMOHFW.pdf>

8 For more information: https://www.mohfw.gov.in/pdf/2COVID19PPT_25MarchPPTWithAnimation.pdf



and employment, among other factors.

Children are also affected due to these measures with lack of access to regular classroom schooling, limited opportunities for socialising, and restricted recreation facilities, and outdoor play (UN; 2020). Along with these direct impacts are other probable effects such as threats to the mental well-being of children and their family members due to various reasons like fear and anxiety, overthinking, etc., which could have a direct bearing on their daily lives, routine, and care.

Not only this, but aftermaths of the pandemic can be severe on children as the United Nations Policy Brief (2020) estimates that approximately 42-66 million children could fall into extreme poverty as a result of the crisis this year, adding to the estimated 386 million children already in extreme poverty in 2019. Not only this, but 188 countries have also imposed countrywide school closures, affecting more than 1.5 billion children and youth. Hence, it could result in potential losses in learning for today's young generation and the development of their human capital. Economic hardship experienced by families as a result of the global economic downturn could result in hundreds of thousands of additional child deaths in 2020, reversing the last 2 to 3 years of progress in reducing infant mortality within a single year, which could potentially impact the Sustainable Development Goals (SDGs) (UN, 2020).

To address these issues and concerns in the Indian context, Government of India has issued various advisories and guidelines in the last two months. These advisories and guidelines attempt to ensure the access and availability of essential services to the masses. However, availing these services still remains a challenge for several children and families.

Given this discourse, this study was conducted by Child Rights and You (CRY) to understand and to document the concerns of parents and the effects of COVID-19 preventive measure 'lockdown' on the children.

OBJECTIVES OF THE STUDY

The main objectives of this study are as follows:-

- To understand the knowledge, attitude, and practices of parents/primary caregivers in keeping their children safe amid the COVID-19 pandemic;
- To understand the challenges faced by parents in childcare and their coping strategies in the backdrop of the COVID-19, and
- To understand the level of preparedness in the household to deal with any adverse situation

SCOPE OF THE STUDY

The findings of this study will be used to strengthen efforts of Civil Society Organisations (CSOs), especially CRY's intervention to combat COVID-19 pandemic. The findings will also attempt to stimulate the dialogue in academic circles, policy forums and media. The Government of India and State governments have issued several circulars and directives for call-for-assistance from civil society organisations to support the State measures, and the findings of this exercise will be aligned with efforts by CRY towards the same.



RESEARCH DESIGN

STUDY DESIGN

It was a pan India online survey. A self-administered questionnaire was used to document the responses and concerns of parents or primary caregivers on the effect of COVID-19 during the lockdown on the children. The questionnaire was initially drafted in English and translated in Hindi and three more regional languages – Bangla, Kannada, and Marathi. Most of the responses were pre-coded. Besides, demographics, the questionnaire collected information on the following aspects:

- Knowledge and awareness about COVID-19 (signs, symptoms, preventive measures, etc.);
- Source of information about COVID-19
- Impact on children
 - Health and nutrition
 - Personal relationships
 - Education
- Family's preparedness to deal with any adversity

The questionnaire was converted into Google Form, and links were generated for each language. Google form links were shared from the official Social Media platforms (Facebook, Twitter, and LinkedIn) of Child Rights and You (CRY). People were encouraged to share the links in their social groups in both rural and urban settings via WhatsApp and other mediums. The data

was collected over a ten day period (10th April to 20th April 2020). Informed consent was obtained from the respondents. It was an anonymous survey, and no personal identifiers such as name and address of the respondents were collected. All respondents voluntarily participated in the study.

The Google form responses were collated into an Excel Sheet for data cleaning and management. For analysis purposes, SPSS was used to generate tables. Descriptive statistics were used to describe and summarise features from the collected information. The analysis used bivariate analysis to describe the relationship with certain variables of interest, e.g., knowledge, attitude and practices, and gender.

LIMITATIONS

The survey tool only collected information from the parents/caregivers who have access to the Internet or Internet-enabled mobile devices. Since Internet connectivity and literacy were pre-requisites to participation, it was not possible to get equal number of responses from parents/caregivers from poor and marginalised sections of the society or who do not have Internet-enabled smart mobile phones. It is, therefore, only with caution, the findings should be interpreted.



FINDINGS

DESCRIPTION OF SAMPLE

Out of the total of 1102 respondents, 58 percent were men, and 42 percent were women. Respondents were from 23 States

TABLE 1: STATE AND GENDER WISE DISTRIBUTION OF THE RESPONDENTS

States/UTs	Male	Female	Total
Andhra Pradesh	7	5	12
Assam	3	2	5
Bihar	10	0	10
Chhattisgarh	0	1	1
National Capital Territory of Delhi	17	12	29
Goa	0	2	2
Gujarat	7	4	11
Haryana	4	10	14
Himachal Pradesh	2	0	2
Jammu and Kashmir	286	101	387
Jharkhand	4	2	6
Karnataka	72	28	100
Kerala	1	2	3
Madhya Pradesh	20	7	27
Maharashtra	49	174	223
Odisha	1	0	1
Punjab	1	0	1
Rajasthan	47	18	65
Tamil Nadu	2	8	10
Telangana	5	9	14
Uttar Pradesh	51	35	86
Uttarakhand	3	3	6
West Bengal	31	36	67
Outside India	0	1	1
Not Reported	18	1	19
Total	641	461	1102

and Union Territories (UTs) in India. Table 1 shows the state-wise distribution of the respondents.

UT Jammu and Kashmir, state of Maharashtra and Karnataka reported a substantial number of the respondents. Chhattisgarh, Odisha, and Punjab reported the least number of respondents. There was one respondent currently residing outside India (Bangladesh), and 2 percent of respondents did not report the current state of residence.

For analysis, the states were further classified into four regions. Table 2 provides details of the geographical distribution of the states as per the region.

Based on the above classification, Table 3 shows distribution of the respondents as per the regions. Table 3 highlights that compared to the North (56%) and the West (22%); the response was low in the South (13%) and the East region (8%). Female participation was comparatively high in the West (76%) and the East (45%).

Out of a total of 1102 respondents, 46 percent reported that their current occupation demands them to work for providing emergency services during the lockdown. Out of those who have reported working for providing emergency services, 69 percent were men though in the study tool, occupational details of the respondents were not asked. However, the Ministry of Home Affairs (MHA), Government of India issued the guidelines⁹ dated 24th March 2020 that detail out the exempted categories/essential services during the lockdown period.

State and gender-wise distribution is given in Table 4. Region-wise, more than

TABLE 2: REGIONAL CLASSIFICATION OF STATES/UTS

South Region	East Region	North Region	West Region
<ul style="list-style-type: none"> ■ Andhra Pradesh ■ Karnataka ■ Tamil Nadu ■ Telangana ■ Kerala 	<ul style="list-style-type: none"> ■ Assam ■ Bihar ■ Odisha ■ West Bengal ■ Jharkhand 	<ul style="list-style-type: none"> ■ National Capital Territory of Delhi ■ Haryana ■ Himachal Pradesh ■ Jammu and Kashmir ■ Punjab ■ Rajasthan ■ Uttar Pradesh ■ Uttarakhand ■ Madhya Pradesh 	<ul style="list-style-type: none"> ■ Goa ■ Gujarat ■ Maharashtra ■ Chhattisgarh

⁹ For more details, please click: https://www.mha.gov.in/sites/default/files/Guidelines_0.pdf

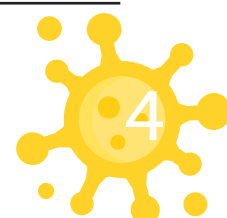


TABLE 3: GENDER WISE REGIONAL DISTRIBUTION OF THE RESPONDENTS

Regions	Male	%	Female	%	Total
South	87	63%	52	37%	139
East	49	55%	40	45%	89
North	431	70%	186	30%	617
West	56	24%	181	76%	237
Not responded	18	90%	2	10%	20
Total	641	58%	461	42%	1102

TABLE 4: REGION AND GENDER WISE DISTRIBUTION OF RESPONDENTS WORKING FOR PROVIDING EMERGENCY SERVICES

Occupation demands to work for providing emergency services	Male	%	Female	%	Total*	%
South	50	67%	25	33%	75	54%
East	19	79%	5	21%	24	27%
North	246	72%	98	28%	344	56%
West	22	42%	30	58%	52	22%
Not responded	11	100%	0	0%	11	55%
Total	348	69%	158	31%	506	46%

*Figures in bracket are the percentage of total in respective regions

half of the total respondents in South (54%) and North (56%) reported that their present occupation demands them to work for providing essential services during the lockdown period. This percentage was comparatively low in the East (27%) and the West (22%).

Table 4 also shows that compared to other regions, the proportion of females was high in the West region (58%) among those who reported that their occupation demands them to work for providing emergency services.

CHILDREN IN THE FAMILY

Around one in ten respondents (9%, i.e. 100 respondents) reported that there was no child in the family. The majority of the respondents (33%) reported having one child in the family..

Table 6 shows that compared to other regions, 40 percent respondents from the South and 29 percent respondents from the North reported having more than two children in the family. 60 percent respondents from the West and 59 percent

TABLE 5: GENDER WISE DISTRIBUTION OF NUMBER OF CHILDREN IN THE FAMILY

Number of Children in the family	Male	%	Female	%	Total	%
One	174	27%	195	42%	369	33%
Two	191	30%	147	32%	338	31%
More than 2	205	32%	90	20%	295	27%
None	71	11%	29	6%	100	9%
Total	641		461		1102	



TABLE 6: NUMBER OF CHILDREN IN THE FAMILY - REGION WISE

Regions	One Child	%	Two Children	%	More than two Children	%	No Child	%	Total
South	40	29%	55	40%	15	11%	29	21%	139
East	51	57%	24	27%	5	6%	9	10%	89
North	134	22%	181	29%	246	40%	56	9%	617
West	142	60%	72	30%	17	7%	6	3%	237
Not responded	2	10%	6	30%	12	60%	0	0%	20
Total	369	33%	338	31%	295	27%	100	9%	1102

TABLE 7: AGE CATEGORIES OF CHILDREN IN FAMILY

Number of Children in the family@	Male Respondent	%	Female Respondent	%	Total	%
Under 5 years of age	191	34%	141	33%	332	34%
5-10 years of age	259	46%	186	44%	445	45%
10-14 years of age	246	44%	153	36%	399	40%
14-18 Years of age	141	25%	94	22%	235	24%
Total	564		425		989	

@multiple responses

from the East regions reported having one child in the family.

AGE CATEGORIES OF THE CHILDREN

Respondents were also asked about the age category of the child/children in the

family. Age is important, considering the different developmental needs as per the age in childhood (UNICEF, 2011). The developmental needs in terms of nutrition, education, health of a child in the age group of less than five years are different from a child who is in the adolescent age group, i.e.

TABLE 8: AGE CATEGORIES OF CHILDREN IN THE FAMILY BY REGION

Age Categories @	South	%	East	%	North	%	West	%	No Response	%	Total
Under 5 years of age	42	39%	22	28%	163	29%	91	40%	14	70%	332
5-10 years of age	53	49%	20	26%	263	47%	93	41%	16	80%	445
10-14 years of age	38	35%	29	37%	255	46%	67	30%	10	50%	399
14-18 Years of age	25	23%	17	22%	158	28%	32	14%	3	15%	235
Total	109		78		555		227		20		989

@ Multiple responses



10-19 years (UNICEF definition of an adolescent). Thus, the concerns and issues of that group may also be different.

However, the study collected information for children aged 0-18 years. 45 percent of the parents/prime caregivers answered that the age of the children in the family was between 5 years to 10 years. Around 34 percent reported having young children aged less than 5 years, and one in every four respondents reported having an adolescent aged 14-18 years in the family. More than 60 percent of the parents reported the age of a child between 10-18 years in the family.

Table 8 shows the region-wise distribution. In the South, half of the respondents (49%) reported that they have children aged 5-10 years in their family. In East, one in every third (37%) respondents reported that they have children aged 10-14 years in their family. In the North, an equal proportion of the respondents reported that they have children aged 5-10 years and 10-14 years in their family. Likewise, the respondents from the West reported an equal proportion for the age category of

children less than five years of age and 5-10 years.

KNOWLEDGE AND AWARENESS

ABOUT COVID-19

Knowledge and awareness comprise information about signs and symptoms, source of information, information about preventive measures, and treatment.

SIGNS AND SYMPTOMS OF COVID-19

World Health Organisation (WHO) states that most of the COVID-19 infected people experience mild to moderate respiratory illness and the most common symptoms of COVID-19 are fever, dry cough, and tiredness. Some patients may have aches and pains, nasal congestion, sore throat or diarrhoea (WHO, 2020). However, there could possibly be asymptomatic¹⁰ patients as well i.e. a person infected with COVID-19 but does not develop symptoms (WHO, 2020).

TABLE 9: SIGNS AND SYMPTOMS OF COVID-19 INFECTION

Signs and Symptoms of COVID19@	Male	%	Female	%2	Total	%3
Headache	265	41%	197	43%	462	42%
Sore throat/Throat pain/Itchy Throat	484	76%	374	81%	858	78%
Vomiting	97	15%	84	18%	181	16%
Fever	454	71%	353	77%	807	73%
Body Ache	249	39%	239	52%	488	44%
Cough	463	72%	375	81%	838	76%
Cold	344	54%	255	55%	599	54%
Fatigue	171	27%	177	38%	348	32%
Breathing difficulty	490	76%	399	87%	889	81%
Answer not known	26	4%	8	2%	34	3%
Other Specify	10	2%	3	1%	13	1%
Total	641		461		1102	

@multiple responses

10 For more information click: <https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200402-sitrep-73-covid-19.pdf>



TABLE 10: SIGNS AND SYMPTOMS - REGION WISE

Signs and Symptoms of COVID-19 ^a	South	East	North	West	Total [*]
Headache	44%	38%	48%	30%	42%
Sore throat/Throat Pain/Itchy Throat	74%	70%	80%	84%	78%
Vomiting	21%	20%	17%	12%	16%
Fever	81%	81%	69%	82%	73%
Body Ache	41%	51%	45%	46%	44%
Cough	91%	76%	74%	78%	76%
Cold	68%	53%	54%	52%	54%
Fatigue	29%	40%	29%	41%	32%
Breathing Difficulty	89%	90%	76%	90%	81%
Answer not known	3%	1%	1%	2%	3%
Other Specify	1%	2%	1%	0%	1%
Total	139	89	617	237	1102

^{*}Includes those who did not report the state of residence; @multiple responses

The study found Difficulty in Breathing (81%), Sore Throat (78%), and Cough (76%) to be the top three responses for knowing the signs and symptoms of COVID-19 infection. Gender-wise also, the same trend was observed. Around 3 percent reported not knowing the signs and symptoms of COVID-19 infection. Knowledge about the signs and symptoms was considerably high among the responding individuals.

Respondents also reported the symptoms that are not categorically identified by WHO. For instance, more than half (54%), also reported cold as the sign and symptom of COVID-19 infection. Likewise, one in every ten individuals (16%) and one in every third individual (31%) reported vomiting and fatigue as the symptoms.

Table 10 shows the region-wise distribution of knowledge of signs and symptoms of COVID-19 infection. In the South and the East region, Cough, Breathing Difficulty, and Fever were the top three signs and symptoms cited by the respondents. In the North, Sore Throat/Throat Pain/Itchy Throat, Cough, and Breathing Difficulty were the top three signs and symptoms cited. In the West, Sore Throat/Throat Pain/Itchy Throat, Fever, and

Breathing Difficulty were the top three responses.

Having correct and complete information about signs and symptoms of the infection is vital for an individual to seek medical care on time and also to break the chain of transmission by taking precautionary measures.

SOURCE OF INFORMATION

Government and international bodies are using various sources for exchanging real-time information, advice, and opinion i.e. risk communication¹¹ about the COVID-19 with the people, so that they are enabled and can take informed decisions to protect themselves and their loved ones.

The study also found that the respondents have heard about signs and symptoms of COVID-19 from varied sources. Around 72 percent of the respondents reported that they heard about COVID-19 through TV news channels. More than half of the respondents reported that WhatsApp messages and forwards are their source of information. More than one-third of the respondents (37%) reported their source as Word of mouth, i.e., they got the

11 For more details: <https://www.who.int/risk-communication/introduction-to-risk-communication.pdf?ua=1>

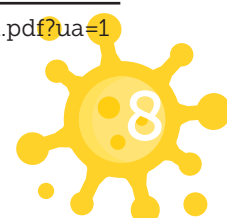


TABLE 11: SOURCE OF INFORMATION BY GENDER

Source of Information@	Male	%	Female	%	Total	%
Word of Mouth from Family and Friends	280	44%	126	27%	406	37%
WhatsApp Messages and Forwards	334	52%	232	50%	566	51%
Facebook Posts	258	40%	187	41%	445	40%
Twitter Feeds	112	17%	76	16%	188	17%
Instagram	32	5%	38	8%	70	6%
TV News Channels	416	65%	374	81%	790	72%
Radio	174	27%	89	19%	263	24%
Doctors or Health Workers	118	18%	73	16%	191	17%
NGOs	223	35%	89	19%	312	28%
Newspaper	176	27%	151	33%	327	30%
None	6	1%	1	0%	7	1%
Any Other	26	4%	16	3%	42	4%
Total	641		461		1102	

@multiple responses

information about COVID-19 from their family members or friends. TV news channels, WhatsApp messages, Word of

mouth, and Facebook posts were the top four sources of information. A significant percentage of respondents (28%) reported

TABLE 12: SOURCE OF INFORMATION BY REGIONS

Source of information@	South	East	North	West	Total*
Word of Mouth from Family and Friends	45%	31%	40%	23%	37%
WhatsApp Messages and Forwards	63%	46%	52%	44%	51%
Facebook Posts	35%	37%	41%	43%	40%
Twitter Feeds	8%	25%	19%	16%	17%
Instagram	12%	10%	5%	6%	6%
TV News Channels	91%	85%	61%	85%	72%
Radio	9%	10%	36%	5%	24%
Doctors or Health Workers	7%	15%	17%	14%	17%
NGOs	14%	9%	41%	8%	28%
Newspaper	42%	65%	21%	33%	30%
None	1%	0%	0%	1%	1%
Any Other	1%	15%	2%	5%	4%
Total	139	89	617	237	1102

*Includes those who did not report the state of residence; @multiple responses



that they got information from NGOs.

Gender-wise, among females, TV news channels (81%), WhatsApp messages (50%), Facebook posts (41%), Newspapers (33%), and Word of mouth (27%) were the top five sources of information. Whereas, among males, the top five sources were TV news channels (65%), Word of mouth (44%), WhatsApp messages (52%), NGOs (35%), and Newspapers (27%).

When the information is flowing from varied channels, it is essential that the information shared should be able to encourage informed decision making, positive behaviour change and maintain trust.

Region-wise distribution of source of information is given in Table 12. TV news channels emerged as the dominant source of information across regions. Newspapers emerged as an important source of information in the East region as 65 percent of the respondents reported that they got information about COVID-19 through newspapers.

KNOWLEDGE ABOUT PREVENTIVE MEASURES

The World Health Organisation (WHO) has issued advice¹² for the public that explains the basic protective measures against Coronavirus. The advice not only talks about the basic protective measures but also why they are important in containing the spread of infection. Aligned with the WHO advice, MoHFW, Government of India issued an advisory on social distancing¹³ and preventive measures¹⁴ to be taken to contain the spread of Novel Coronavirus (COVID-19). Preventive measures memorandum talks about dos and don'ts in detail.

Taking cognisance from the WHO advice and advisories issued by Government of India, the study found that the knowledge about the preventive measures was reasonably high among the individuals. Nine out of ten (92%) individuals believed that Washing Hands or Using Sanitizer regularly can protect them from COVID-19 infection. Washing Hands, Social Distancing, and Wearing Masks were the top three measures cited by the respondents. The proportion of Cough

TABLE 13: KNOWLEDGE OF PREVENTION MEASURES BY GENDER

Preventive Measures@	Male	%	Female	%	Total	%
Wearing Masks	542	85%	401	87%	943	86%
Washing Hands/Using Sanitizer regularly	585	91%	434	94%	1019	92%
Avoid Touching Face	450	70%	347	75%	797	72%
Maintain Social Distancing	539	84%	423	92%	962	87%
Maintaining Etiquette while Coughing/Sneezing (cough/sneeze into elbows and discard the tissue/hanky used)	406	63%	356	77%	762	69%
Using Herbal or other Home Remedies	115	18%	134	29%	249	23%
No Precautions are taken	2	0%	5	1%	7	1%
Other Specify	22	3%	11	2%	33	3%
Total	641		461		1102	

@multiple responses

12 For more information: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

13 For more information: <https://www.mohfw.gov.in/pdf/SocialDistancingAdvisorybyMOHFW.pdf>

14 For more information: <https://www.mohfw.gov.in/pdf/PreventivemeasuresDOPT.pdf>

TABLE 14: KNOWLEDGE ABOUT PREVENTIVE MEASURES BY REGIONS

Preventive Measures@	South	East	North	West	Total*
Wearing Masks	88%	90%	83%	89%	86%
Washing Hands/Using Sanitizer regularly	96%	93%	90%	98%	92%
Avoid Touching Face	77%	78%	70%	76%	72%
Maintain Social Distancing	94%	96%	83%	93%	87%
Maintaining Etiquette while Coughing/Sneezing (cough/sneeze into elbows and discard the tissue/hanky used)	81%	76%	61%	85%	69%
Using Herbal or other Home Remedies	35%	13%	16%	37%	23%
No Precautions are taken	1%	0%	1%	0%	1%
Other Specify	2%	13%	3%	1%	3%
Total	139	89	617	237	1102

*Includes those who did not report the state of residence; @multiple responses

Etiquette was comparatively low (69%). The comparatively low percentage of cough etiquette may be attributed to the behavioural aspects, and the change in that is a gradual process.

In all regions, the same trend was observed where most of the respondents reported that Washing Hands, Wearing Masks, and Maintaining Social Distancing can prevent them from catching COVID-19 infection.

KNOWLEDGE ABOUT THE TREATMENT

To date, there are no specific vaccines or medicines for COVID-19 (WHO, 2020).

Patients with serious illness are provided the supportive treatment using a combination of drugs.

Though majority of the respondents (87%) affirmed that presently there is no vaccine for COVID-19, a minuscule percentage (1%) believed that there is a vaccine for COVID-19 infection. Also, one in every ten respondents (12%) is not sure about the vaccine for COVID-19 infection. Equally, a considerable percentage of respondents (18%) believed that antibiotics are effective in preventing or treating COVID-19 infection. COVID-19 is caused by a virus, so antibiotics do not work¹⁵. Thus, it is important that a clear message must be

TABLE 15: MISCONCEPTIONS ABOUT TREATMENT

Vaccine about COVID19 infection	Male	%	Female	%	Total	%
Yes	9	1%	3	1%	12	1%
No	544	85%	416	90%	960	87%
Don't know/Not sure	88	14%	42	9%	130	12%
Antibiotics effective for treatment of COVID19 Infection	Male	%	Female	%	Total	%
Yes	116	18%	82	18%	198	18%
No	303	47%	187	41%	490	44%
Don't know/Not sure	222	35%	192	42%	414	38%
Total	641		461		1102	

¹⁵ See <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>

TABLE 16: MISCONCEPTION - REGION WISE

Vaccine about COVID-19 infection	South	East	North	West	Total*
Yes	1%	0%	2%	0%	1%
No	76%	88%	88%	92%	87%
Don't know/Not sure	24%	12%	11%	8%	12%
Antibiotics effective for treatment of COVID-19 Infection	South	East	North	West	Total*
Yes	29%	3%	19%	14%	18%
No	30%	52%	47%	43%	44%
Don't know/Not sure	40%	45%	34%	43%	38%
Total	139	89	617	237	1102

*Includes those who did not report the state of residence

given to the public regarding the treatment of COVID-19.

Region-wise, in the South, a considerable percentage of the respondents (29%) believed that antibiotics are effective for the treatment of COVID-19 infection. Respondents from the East region reported the least (2%), misconception about the effectiveness of antibiotics in treating COVID-19 infection.

IMPACT ON CHILDREN

Out of the total of 1102, 1002 (90%) reported to have children in their family, and 670 reported (67%) to have children in the age category of 5-18 years i.e., in the school-going age.

CHILD EDUCATION

More than half of the individuals (58%) reported that their child does not attend the

online/virtual classrooms regularly. The survey did not ask the reason for not attending online/virtual classes regularly. The success of online classrooms largely depends on the availability of IT-enabled infrastructure in the school and also on the trained teachers along with the parents/prime caregivers having resources in terms of (1) laptops/computers; (2) Internet connectivity; and (3) spare smart mobile phones. In the Indian context, systematic and demand-side factors contribute to the dearth of both - the availability and accessibility of online classrooms/education.

The National Sample Survey (NSS) round 75th on 'Key Indicators of Household Social Consumption on Education in India' indicates that only 10.7 percent of the households have computer and only 23.8 percent have Internet facility. The digital literacy in terms of knowledge and ability to operate computer (16.5%) and to use the Internet (20.1%) was equally low (MoSPI, 2019). NSS survey also highlighted a

TABLE 17: ONLINE/VIRTUAL CLASSROOM ATTENDED BY CHILDREN

Online/Virtual classroom attended by the child\$	Male	%	Female	%2	Total	%3
Yes	141	37%	136	47%	277	41%
No	236	62%	152	52%	388	58%
Not Applicable	2	1%	3	1%	5	1%
Total	379		291		670	

\$Responses were analysed for those who have children at home aged 5 years to 18 years



TABLE 18: REGION WISE DISTRIBUTION OF ONLINE/VIRTUAL CLASSROOMS ATTENDED BY CHILDREN

§Responses were analysed for those who have children at home aged 5 years to 18 years

Online/Virtual classroom attended by the child§	Yes	No	Not Applicable	Total
South	38%	60%	1%	68
East	67%	31%	2%	58
North	35%	64%	0%	398
West	49%	49%	1%	140
Not responded	33%	67%	0%	6
Total	277	388	5	670

significant digital divide in terms of area of residence and socioeconomic categories. Thus, though the digital medium of alternative schooling is being promoted amidst COVID-19 crisis, the success of it depends considerably on the digital ecosystem. An analysis based on the same datasets also concluded that online learning tools are highly biased towards the upper urban quintile¹⁶ and thus, needless to say, may widen the learning gap.

Ministry of Human Resource Development (MHRD), Government of India issued a notification for an alternative academic calendar¹⁷ for the upper primary stage on 16th April 2020. The notification provides guidelines to teachers on the use of various technological and social media tools available for imparting education in fun-filled, exciting ways, which can be used by learner, parents and teachers even while at home.

UNESCO¹⁸ also stated that globally, during this time, more than two-third of countries have introduced a national distance learning platform and only 30 percent of low-income countries have done so (UNESCO, 2020). Equally, this could also widen the gender gap as girls have less access to digital technology than boys (ITU, 2019), which may reduce their access to and participation in online learning. A research study conducted by Child Rights and You

(CRY), among adolescents in Delhi-NCR also found that only 22 percent of girls have mobile phones compared to 44 percent in boys (CRY, 2020).

Region-wise, parents/prime caregivers from East (67%) and West (49%) reported that their child attends online/virtual classrooms regularly. However, the percentage was quite low in the North (35%) and the South (38%).

CHILD HEALTH AND HEALTHCARE

Out of the total 1002 respondents having children, 332 stated that they have children aged less than five years. Among them, only half of the individuals reported that they were able to access basic healthcare in terms of immunisation for the child during the lockdown. Compared to males, more than half of the female respondents (59%) stated they were able to access basic healthcare in terms of immunisation for their child.

UNICEF stated that even before the COVID-19 pandemic, measles, polio and other vaccines were out of reach for 20 million children below the age of one every year. Over 13 million children below the age of one globally did not receive any vaccines at all in 2018. In the Indian context, the report on 'Key Indicators of Social Consumption in India: Health, NSS – 75th

¹⁶ For more information click: <https://www-thehindubusinessline-com.cdn.ampproject.org/c/s/www.thehindubusinessline.com/opinion/is-e-learning-the-best-bet-during-lockdown/article31426331.ece/amp/>

¹⁷ For more information click:

https://prsindia.org/files/covid19/notifications/3539.IND_AcademicCalUP_23042020.pdf

¹⁸ <https://en.unesco.org/covid19/educationresponse>

TABLE 19: ACCESS TO BASIC HEALTHCARE (IMMUNISATION)

Able to access basic healthcare (immunisation for the child)*	Male	%	Female	%2	Total	%3
Yes	84	45%	82	59%	166	51%
No	103	55%	58	41%	161	49%
N	187		140		327	
Total	191		141		332	

*For those who have children aged less than 5 years

TABLE 20: REGIONAL DISTRIBUTION - ACCESS TO BASIC CHILD HEALTHCARE SERVICES (IMMUNISATION)

*Includes those who did not report their state of residence

Able to access basic healthcare (immunisation for the child)	South	East	North	West	Total*
Yes	61%	76%	37%	69%	51%
No	39%	24%	63%	31%	49%
N	41	21	161	90	327
Total	42	22	163	91	332

round' highlighted that only 59.2 percent of children aged 0-5 years were fully immunised. In rural areas, most of the children (74.2%) received immunisation in HSC/Anganwadi centres, whereas in urban areas, 45 percent were immunised in AWCs and 29.2 percent in Government hospitals (MoSPI, 2019).

With a mission to ensure full immunisation for children up to two years of age and pregnant women, Government of India launched 'Mission Indradhanush' in December 2014 across 201 districts in 28 states. In February 2020, Government of India launched an intensified phase, Intensified Mission Indradhanush (IMI) 2.0. However, given the lockdown measure, the hospitals are not catering to routine checkups of the initiative. Anganwadi centres have also limited other services except for distribution of food items and nutrition support as per the Government order dated 2nd April 2020. Similarly, Ministry of Health and Family Welfare, Government of India, provided the guidance note for enabling

delivery of essential health services during the COVID-19 outbreak, which states that mass vaccinations should be avoided in areas where restrictions are in place. Outreach services such as immunisation should be re-organised, and alternative models should be looked for. The same guidance notes also identify new-born and child health as essential services. But the effectiveness of guidance note²¹ at the field level is yet to be examined.

Given this discourse and also as stated by the United Nations that globally hundreds of thousands of additional child deaths could occur in 2020 that will reverse the last 2 to 3 years of progress in reducing infant mortality within a single year, it may be argued that this could possibly lead to an increase in child mortality and morbidity as people are left with limited access to child healthcare service. The study findings also suggest that it is challenging for parents to ensure routine vaccination calendar for childhood immunisation for their child.

Region-wise, compared to other regions, a significantly large percentage of

19 For details click: https://www.nhp.gov.in/mission-indradhanush1_pg

20 For more details click:

https://www.mha.gov.in/sites/default/files/PR_HS_LetteronclarificationsonAYUSH_03042020.pdf21 For more details click: <https://www.mohfw.gov.in/pdf/EssentialservicesduringCOVID19updated04112021.pdf>

TABLE 21: COPE WITH CHILD HEALTH ISSUE WITHOUT MEDICAL ASSISTANCE

In the last 2 weeks, your household had to cope with children's illnesses/health issues without medical help	Male	%	Female	%	Total	%
Yes	157	28%	108	25%	265	27%
No	405	72%	319	75%	724	73%
N		562		427		989
Total	570		432		1002	

TABLE 22: REGIONAL DISTRIBUTION - COPE WITH CHILD HEALTH ISSUES WITHOUT MEDICAL ASSISTANCE

In the last 2 weeks, your household had to cope with children's illnesses/health issues without medical help	South	East	North	West	Total*
Yes	29%	18%	32%	17%	265
No	71%	82%	68%	83%	724
N	109	78	555	227	989
Total	110	80	561	231	1002

*Includes those who did not report their state of residence reported that lockdown they had to cope with their child's illnesses/health issues without medical assistance during the lockdown period.

the respondents in the North (63%) stated that they could not access immunisation for their child during the lockdown. A state-wise analysis in the North region revealed 77 percent respondents in UT J&K, 38 percent in Rajasthan and Uttar Pradesh stated that they were unable to access immunisation services for their child during the lockdown.

One in every fourth individual (27%) responded that in the last two weeks before the survey, they had to cope with the child's illnesses/health issues without any medical assistance.

Region-wise, compared to the respondents from the East and the West, a higher percentage of the individuals from the South (29%) and the North (32%)

EATING PATTERN OF CHILDREN

One-third respondents (35%) reported that in their opinion, the lockdown has impacted the eating pattern of their child to a great extent. 42 percent of the respondents reported that in their opinion, the lockdown has impacted the eating pattern of their child somewhat. However, the study did not investigate the eating habits and pattern of the children. Nevertheless, there are studies conducted in

TABLE 23: OPINION ABOUT IMPACT ON EATING PATTERN OF CHILD

In your opinion, has the lockdown impacted the eating pattern of your child	Male	%	Female	%	Total	%
Yes, to a great extent	222	39%	125	29%	347	35%
Yes, somewhat	238	42%	178	41%	416	42%
Not really	108	19%	127	30%	235	24%
N	568		430		998	
Total	570		432		1002	

TABLE 24: REGIONAL DISTRIBUTION - OPINION ABOUT IMPACT ON EATING PATTERN OF CHILD

In your opinion, has the lockdown impacted the eating pattern of your child	South	East	North	West	Total*
Yes, to a great extent	24%	15%	44%	20%	347
Yes, somewhat	48%	38%	42%	43%	416
Not really	28%	48%	14%	37%	235
N	110	80	558	230	998
Total	110	80	561	231	1002

*Includes those who did not report their state of residence

the past that spell out the relationship between dietary pattern and habits, and nutritional status among children (Nicklas, T. A., Baranowski, T., Cullen, K. W., & Berenson, G. (2001). Eating pattern is associated with stress level indirectly (Tate, E. B., Spruijt-Metz, D., Pickering, T. A., & Pentz, M. A. 2015) and in the study, it was also found that more than half of the parents reported agitated or anxious behaviour of their child during the lockdown. Besides, the food security at the household level also influenced the eating pattern and habits considerably.

Region-wise, compared to other regions, a significant percentage of the respondents from the North (44%) stated that the lockdown has impacted the eating pattern of their child to a great extent. A large percentage of respondents from the East (48%) and the West (37%) stated that it has not impacted the eating pattern.

EFFECT ON SCREEN TIME FOR CHILDREN

Amidst the COVID-19 spread and as the Government advisories suggested, the schools have put on hold the regular classroom teaching and are promoting alternative schooling in terms of online/virtual classrooms. Reliance on online platforms for learnings is not only restricting the interactive learning opportunities but also increasing children's risk of exposure to inappropriate content and online predators (UN, 2020). It not only has health effects but also adds to the vulnerabilities of the children in the virtual world. Ignorance and lack of information may accentuate the risks and threats such as cyberbullying, hacking and misuse of accounts and profiles, fake online friendship, morphed images and video, and also internet addiction (CRY, 2020; Nimran, K., Madhu, G., Prahbjot, M., and Sandeep,

TABLE 25: OPINION ABOUT INCREASE IN SCREEN TIME FOR CHILDREN

lockdown has increased screen time for the child/children	Male	%	Female	%	Total	%
Yes, to a great extent	291	51%	161	37%	452	45%
Yes, somewhat	229	40%	200	46%	429	43%
Not really	47	8%	68	16%	115	11%
Not applicable	3	1%	3	1%	6	1%
Do parents keep a watch when child is online	Male	%	Female	%	Total	%
Always	203	36%	230	53%	433	43%
Sometimes	230	40%	141	33%	371	37%
Never	127	22%	50	12%	177	18%
Total	570		432		1002	

TABLE 26: MEASURES TAKEN WHILE CHILD IS ONLINE

Measures@	Male	%	Female	%	Total	%
Keep a track on web/phone history	177	31%	129	30%	306	31%
Child lock	114	20%	100	23%	214	21%
Promote access only in your supervision	262	46%	257	59%	519	52%
No measures are taken	146	26%	63	15%	209	21%
Any other (specify)	14	2%	15	3%	29	3%
Total	570		432		1002	

@multiple responses possible

TABLE 27: REGIONAL DISTRIBUTION - SCREEN TIME FOR CHILDREN

Lock down has increased the screen time for the child/children	South	East	North	West	Total*
Yes, to a great extent	42%	35%	48%	39%	452
Yes, somewhat	47%	43%	42%	47%	429
Not really	10%	21%	10%	13%	115
Not applicable	1%	1%	1%	0%	6
Do parents keep a watch when child is online	South	East	North	West	Total*
Always	41%	50%	33%	68%	433
Sometimes	45%	39%	41%	24%	371
Never	10%	8%	25%	6%	177
Total	110	80	561	231	1002

*Includes those who did not report their state of residence

G., 2019).

Most of the respondents stated that the lockdown has increased the screen time for the child considerably (45%). Only one in every ten respondents (11%) asserted that it has not impacted much. The percentage

was more or less similar for those who have children aged 5-18 years (45% - to a great extent; 44% - to some extent; 11% - not really).

Less than half of the parents (43%) stated that they always keep a watch on online

TABLE 28: REGIONAL DISTRIBUTION - ONLINE SAFETY OF CHILD

Measures@	South	East	North	West	Total*
Keep a track on web/phone history	42%	28%	29%	28%	31%
Child lock	21%	11%	22%	21%	21%
Promote access only in your supervision	59%	60%	43%	71%	52%
No measures are taken	18%	23%	25%	12%	21%
Any other (specify)	4%	5%	3%	2%	3%
Total	110	80	561	231	1002

*Includes those who did not report their state of residence; @multiple responses possible



activities of the child. However, 18 percent stated that they never keep a watch when their child is online. Among males (22%), this percentage was higher than females (12%).

Parents/prime caregivers were asked what measures they take while their child is interacting in the virtual world. More than half of the respondents (52%) reported supervised access to the internet. Likewise, two in every fifth respondent (21%) reported that they have taken measure like child lock to protect children when online. One in every five respondents (22%) reported taking no measure as such.

Increased screen time and unsupervised access to online platforms by the children are worrisome, as a recent study conducted by CRY among adolescents asserted that one in every ten children has experienced cyberbullying and hacking or misuse of profile. The same study also reported that every fifth child has experienced seeing a morphed image or video. Not only those who have accounts on Social Media platforms but also those who do not have any account experienced some or other types of negative experiences while being online (CRY, 2020).

In three regions, South, North, and West, around or more than 40 percent of the respondents reported that screen time for the child has increased considerably. Whereas, one in every fifth respondent (21%) in the East said it has not increased.

A significant percentage of parents/prime caregivers from the East (50%) and West (68%) reported that they always keep a watch on the child when s/he is online, and it reflects on the responses regarding measures to ensure the online safety of the child, where a considerable percentage of parents/prime caregivers reported that they promote supervised access to the internet (Table 28). One in every fourth parent/prime caregiver from the North (25%) reported that they never keep a watch on the online activities of the child, reflected on the responses related to measures where 25 percent of parents/prime caregivers from the North reported that they have not taken any

measure to ensure online safety of the child (Table 28).

EFFECT ON CHILD'S LIFE

As stated earlier, the lockdown has left families with limited options and opportunities. Likewise, it has also affected a child's life. These options and opportunities may relate to education and learnings, recreational activities, social life, nutrition, and mental well-being.

More than half of the parents/prime caregivers reported that the lockdown has affected the education and learnings (77%), extra-curricular opportunities (60%), friendship and social lives (60%), and playtime and recreational opportunities (59%) of their child. One in every fourth respondent reported that the child's health due to inadequate nutrition (26%) was affected. Alike; one in every third individual (37%) reported that children's mental well-being and happiness are affected due to the lockdown.

Region-wise, most of the parents in the North (87%) reported that the lockdown has affected their child's education and learning. In the West, most of the parents (76%) believed that playtime and recreational activities, and opportunities are affected. More than half of the respondents from the East (51%) believed that due to the lockdown, their child's mental well-being and happiness are affected.

Thus, given the restricted conditions during the lockdown, the impact on children is multifaceted. Limited or restricted mobility has hampered their regular classroom education, access to outdoor play activities, access to playtime or recreational activities and overall well-being.

EFFECT ON THE DAILY ROUTINE

Customarily for school-going children, the daily routine is mostly fixed. The parents responded about their perception of how the lockdown has affected the daily routine of their child. Most of the parents believed

TABLE 29: IMPACT OF LOCKDOWN ON CHILD'S LIFE

Impact due to lockdown@	Male	%	Female	%2	Total	%3
Children's education and learning	467	83%	301	70%	768	77%
Children's extracurricular activities	317	56%	283	66%	600	60%
Play time and recreation	295	52%	295	68%	590	59%
Children's friendships and social lives	320	57%	273	63%	593	60%
Impact on health due to inadequate nutrition	165	29%	94	22%	259	26%
Impact on regular care of children due to added household responsibilities for family members	107	19%	113	26%	220	22%
Children's relations with other members of the family due to social distancing	147	26%	118	27%	265	27%
Children's mental wellbeing and happiness	195	35%	168	39%	363	37%
Other (specify)	9	2%	6	1%	15	2%
Total	562		431		993	

@multiple responses

TABLE 30: REGIONAL DISTRIBUTION - IMPACT OF LOCKDOWN MEASURE ON CHILD'S LIFE

Impact due to lockdown@	South	East	North	West	Total*
Children's education and learning	70%	76%	87%	56%	77%
Children's extra-curricular activities	55%	59%	62%	61%	60%
Play time and recreation	53%	56%	56%	76%	59%
Children's friendships and social lives	52%	66%	59%	68%	60%
Impact on health due to inadequate nutrition	25%	10%	36%	11%	26%
Impact on regular care of children due to added household responsibilities for family members	14%	11%	25%	23%	22%
Children's relations with other members of the family due to social distancing	42%	21%	28%	20%	27%
Children's mental well-being and happiness	35%	51%	36%	35%	37%
Other Specify	4%	3%	1%	2%	2%
Total	110	80	552	231	993

*Includes those who did not report their state of residence; @multiple responses possible

TABLE 31: IMPACT ON DAILY ROUTINE OF CHILD

Impact on Daily Routine@	Male	%	Female	%	Total	%
No access to classroom services	339	60%	248	58%	587	59%
No social interaction	399	71%	321	75%	720	73%
No outdoor play	408	73%	330	77%	738	74%
No timings are maintained so daily routine is hampered	237	42%	224	52%	461	47%
No – the daily routine has not been impacted	53	9%	48	11%	101	10%
Any other (specify)	10	2%	5	1%	15	2%
Total	561		430		991	

@multiple responses possible

TABLE 32: REGIONAL DISTRIBUTION - IMPACT ON DAILY ROUTINE OF CHILD

Impact on Daily Routine@	South	East	North	West	Total*
No access to classroom services	43%	70%	69%	41%	59%
No social interaction	62%	66%	77%	72%	73%
No outdoor play	74%	75%	71%	86%	74%
No timings are maintained so daily routine is hampered	52%	49%	44%	50%	47%
No – the daily routine has not been impacted	12%	9%	9%	12%	10%
Any other (specify)	2%	3%	1%	3%	2%
Total	110	79	551	231	991

*Includes those who did not report their state of residence; @multiple responses possible

that the lockdown has affected the daily routine of their child in one or other ways. Three in four parents believed that the child is left with no outdoor play (74%) option during the lockdown and thus, no social interaction (73%). More than half of them perceived that due to no access to classroom service (59%), their child's daily routine is hampered. Gender-wise, no variation in responses was observed as such.

Region-wise, in all regions except in the North, no social interaction got the maximum response. In the North, most of the parents believed it was social interaction that was affected most (77%).

INTERACTION AND COMMUNICATION WITH THE CHILD

The lockdown period can also be seen as the time to bond with the child if used constructively. More than half of the respondents stated that they bond/spend time with the child over household chores (54%) and while watching movies (56%). One in every ten respondents (10%) reported that s/he is not able to spend much time with the child during the lockdown. This could be possibly due to the occupational demand of the respondent.

Gender-wise, 63 percent of females reported that they spend time with the child over household chores and more than half of them reported to spend time with the child while watching a movie (58%), during family games (53%) and during teaching or

TABLE 33: GENDER WISE DISTRIBUTION OF RESPONDENTS BY TIME SPENT WITH CHILD

Time Spent with Child@	Male	%	Female	%	Total	%
Reading story books	245	43%	212	49%	457	46%
Playing online games	187	33%	155	36%	342	34%
Watching movies	311	55%	252	58%	563	56%
Recreational activities – art and craft etc.	269	48%	212	49%	481	48%
Household chores	263	46%	272	63%	535	54%
Family games	249	44%	229	53%	478	48%
Teaching children/helping them in studies	268	47%	234	54%	502	50%
I am not able to spend much time with children	44	8%	53	12%	97	10%
Any other (specify)	17	3%	18	4%	35	4%
Total	566		431		997	

@multiple responses possible

helping them in their studies (54%). Conversely, more than half of the male respondents reported that they spend time with the child only while watching a movie (55%).

Region-wise, in the East, 76 percent of the parents/prime caregivers reported that they bond with the child while teaching her/him or helping them in their studies. In the South (65%) and the North (52%), the activity of watching a movie resonated with a significant percentage of the parents. In the West, 64 percent of the respondents

reported that during household chores they spend time with the child.

As stated earlier, the lockdown period can also be productive provided the time is used wisely and also without pressurising the child. It is an opportunity for family bonding as well. More than half of the parents reported that the child spends her/his time either helping in household chores (51%), watching movies (57%) or playing games with other family members (56%). The study did not explore further what kind of help the child provides in the

TABLE 34: REGIONAL DISTRIBUTION - TIME SPENT WITH CHILD

Time Spent with Child@	South	East	North	West	Total*
Reading story books	50%	58%	44%	44%	46%
Playing online games	37%	21%	36%	35%	34%
Watching movies	65%	68%	52%	61%	56%
Recreational activities – art and craft etc	53%	66%	41%	61%	48%
Household chores	64%	41%	51%	64%	54%
Family games	59%	54%	44%	53%	48%
Teaching children/helping them in studies	55%	76%	42%	60%	50%
I am not able to spend much time with children	10%	4%	10%	12%	10%
Any other (Specify)	6%	4%	3%	5%	4%
Total	110	80	556	231	997

*Includes those who did not report their state of residence; @multiple responses possible

TABLE 35: PARENTS/PRIME CAREGIVERS OPINION ABOUT TIME SPENT BY CHILD

Child Time@	Male		Female		Total	
Doing homework from school	233	41%	188	44%	421	42%
Reading Story books	244	43%	198	46%	442	44%
Developing new hobbies	216	38%	147	34%	363	37%
Helping in household chores	238	42%	266	62%	504	51%
Online games	177	31%	205	48%	382	38%
Watching movies	306	54%	256	59%	562	57%
Extracurricular activities such as singing/ playing instruments/ dance	157	28%	149	35%	306	31%
Playing games with family members	288	51%	268	62%	556	56%
Any other (Specify)	16	3%	21	5%	37	4%
Total	563		431		994	

TABLE 36: REGIONAL DISTRIBUTION - OPINION ABOUT TIME SPENT BY CHILD

Child Time@	South	East	North	West	Total*
Doing homework from school	30%	67%	41%	41%	42%
Reading story books	39%	56%	45%	41%	44%
Developing new hobbies	34%	29%	40%	34%	37%
Helping in household chores	62%	58%	45%	59%	51%
Online games	40%	38%	37%	45%	38%
Watching movies	66%	73%	52%	61%	57%
Extra-curricular activities such as singing/playing instruments/dance	44%	54%	23%	37%	31%
Playing games with family members	79%	65%	45%	71%	56%
Any other (Specify)	5%	6%	3%	4%	4%
Total	110	79	554	231	994

*Includes those who did not report their state of residence; @multiple responses possible

household chore. Time spent to inculcate new hobby (37%), and other extra-curricular activities (31%) were quite low as perceived by the parents/prime caregivers.

Region-wise, in the South and the west, majority of the parents believed that the child spends time while playing with family members (79% and 71% respectively). In the

East and the North, most of the parents believed for watching movies (73% and 52% respectively).

The lockdown has left the children with limited or no access to various opportunities in terms of interaction, outdoor play, regular classroom teaching, and bonding with friends. Hence, some

TABLE 37: COMMUNICATE WITH CHILD DURING ADVERSE SITUATIONS

Communication with Child@	Male	%	Female	%	Total	%
Sit with the child and discuss the issues	289	51%	252	59%	541	54%
Try to divert her/his mind to other activities	311	55%	177	41%	488	49%
Ignore it	33	6%	22	5%	55	6%
Access help from outside	32	6%	10	2%	42	4%
This situation hasn't happened yet	166	29%	157	37%	323	33%
Any other (Specify)	5	1%	3	1%	8	1%
Total	565		428		993	

@multiple responses possible

TABLE 38: REGIONAL DISTRIBUTION - COMMUNICATION WITH CHILD DURING ADVERSE SITUATIONS

*Includes those who did not report their state of residence; @multiple responses possible

Communication with Child@	South	East	North	West	Total*
Sit with the child and discuss the issues	55%	56%	54%	54%	54%
Try to divert her/his mind to other activities	39%	35%	61%	30%	49%
Ignore it	11%	0%	7%	0%	6%
Access help from outside	6%	0%	5%	2%	4%
This situation hasn't happened yet	46%	42%	23%	48%	33%
Any other (Specify)	2%	1%	1%	1%	1%
Total	109	78	556	230	993

behavioural change may occur. Not only this but the external environment and news circulating through various modes related to COVID-19 may create hysteria. What is more critical in this hour of crisis is how parents/prime caregivers communicate with the child during an adverse situation if they sense anxiousness or anxiety among children. Half of the respondents reported that they try to divert the mind of the child by engaging her/him in other activities and 54 percent believed in discussing the issue with the child as a constructive way of communicating with the child during adverse situations.

Compared to other regions, a large percentage of parents from the North (61%) practise diverting the mind of the child by engaging her/him in other activities.

EFFECT ON BEHAVIOUR OF CHILDREN

The lockdown measure has left the children confined to their homes, leaving them with limited or no access and availability of various services such as education, social interaction, and recreational activities. The quarantine measure though is important for their safety but it may impact their psychosocial well-being that is reflected in their behaviour as well. Parents were asked if they have noticed any change in the behaviour of their child during the lockdown period.

TABLE 39: IMPACT ON BEHAVIOUR OF CHILD

Impact on Behaviour@	Male	%	Female	%	Total	%
Child/children have become more agitated/ anxious.	328	58%	195	45%	523	53%
Child/children have become more sensitive	248	44%	185	43%	433	44%
Child/children have become more playful/ happier	143	25%	122	28%	265	27%
No change has been observed	90	16%	80	19%	170	17%
Any other (specify)	9	2%	11	3%	20	2%
Total	565		430		995	

@multiple responses possible

TABLE 40: REGIONAL DISTRIBUTION - IMPACT ON BEHAVIOUR OF CHILD

Impact on Behaviour@	South	East	North	West	Total*
Child/children have become more agitated/anxious.	31%	27%	67%	36%	53%
Child/children have become more sensitive	24%	37%	52%	33%	44%
Child/children have become more playful/happier	52%	3%	21%	28%	27%
No change has been observed	25%	28%	1%	27%	17%
Any other (specify)	5%	4%	1%	3%	2%
Total	107	79	559	230	995

*Includes those who did not report their state of residence; @multiple responses possible

More than 50 percent of the parents reported that their child has become more agitated or anxious during this period. Only 27 percent stated that their child has become more playful and happy during the lockdown.

Region-wise, a more significant percentage of parents from the North (67%) and the West (36%) reported that their child has become more agitated/anxious during the lockdown period. However, 52 percent in the South believed that their child has become more playful and happier during this period. Conversely, in the East, 37 percent believed that their child has become more sensitive during the lockdown period.

HOUSEHOLD PREPAREDNESS

Household preparedness is vital to restraint the community transmission of coronavirus disease 2019 (COVID-19). Household preparedness depends on various factors and access to resources (financial and otherwise). It also includes social capital, i.e., the networks of relationships among people who live and work in a particular society and for enabling that society to function effectively.

One in every fourth respondent reported that they do not have sufficient resources (financial and otherwise), given the situation of COVID-19 to deal with any adversity presently and in the near future. Gender-wise, one in every fifth female (22%) and one in every fourth male (28%) reported insufficient resources to deal with any

TABLE 41: OPINION ABOUT RESOURCES AVAILABILITY TO COPE WITH ADVERSITIES

Sufficient resources (financial and otherwise)	Male	%	Female	%	Total	%
Yes, absolutely	176	27%	152	33%	328	30%
Yes, somewhat	285	44%	209	45%	494	45%
Not really	180	28%	100	22%	280	25%
Total	641		461		1102	

TABLE 42: HOUSEHOLD'S PREPAREDNESS FOR UNFORESEEN EMERGENCIES

Prepared for quarantine or self-isolation in adverse situations	Male	%	Female	%	Total	%
Yes	470	73%	323	70%	793	72%
Not sure	73	11%	92	20%	165	15%
No	98	15%	46	10%	144	13%
Access to adequate essential services	Male	%	Female	%	Total	%
Yes	351	55%	347	75%	698	63%
No	290	45%	114	25%	404	37%
Can seek help of your relatives/friends/ neighbours in the hour of need e.g. health emergency	Male	%	Female	%	Total	%
Yes	293	46%	233	51%	526	48%
Not sure	229	36%	156	34%	385	35%
No	119	19%	72	16%	191	17%
Total	641		461		1102	

adversity.

Latest reports also suggest that the perceived income shocks (temporary or otherwise) at the family level may have devastating effects on the children, particularly those living in poor households with limited resources (UN, 2020).

Equally around, three in every four respondents (72%) reported that they are prepared for measures like quarantine or self-isolation in an adverse situation, e.g., if someone from the family is found COVID-19 positive (Table 42). The findings should be read along with Table 41 that states an equal percentage (75%) reported that they have absolute or somewhat sufficient resources (financial and otherwise) to cope

with adversities. One in every tenth respondent was either not sure (15%) or not at all (13%) prepared to face measures like quarantine or self-isolation in adverse situation like if someone from their family is found COVID-19 positive.

One in every third individual stated that they do not have access to adequate essential services during the lockdown. The percentage was quite high among males (45%) compared to females (25%).

Only half of the respondents (48%) were sure that they could seek the help of their relatives/friends/neighbours in the hour of need, such as any health and medical emergency.

Region-wise, compared to other

TABLE 43: REGION WISE DISTRIBUTION OF RESPONDENTS ABOUT RESOURCES AVAILABILITY

Sufficient resources (financial and otherwise)	South	East	North	West	Total*
Yes, absolutely	31%	34%	23%	41%	30%
Yes, somewhat	61%	53%	40%	48%	45%
Not really	8%	13%	37%	11%	25%
Total	139	89	617	237	1102

*Includes those who did not report their state of residence

TABLE 44: REGION WISE DISTRIBUTION OF RESPONDENTS FOR UNFORESEEN EMERGENCIES

Prepared for quarantine or self-isolation in adverse situations	South	East	North	West	Total*
Yes	74%	87%	71%	73%	72%
Not sure	14%	4%	15%	21%	15%
No	12%	9%	14%	6%	13%
Access to adequate essential services	South	East	North	West	Total*
Yes	80%	91%	46%	86%	63%
No	20%	9%	54%	14%	37%
Can seek help of your relatives/friends/ neighbours in the hour of need e.g. health emergency	South	East	North	West	Total*
Yes	64%	57%	37%	58%	48%
Not sure	18%	31%	42%	30%	35%
No	18%	11%	20%	12%	17%
Total	139	89	617	237	1102

*Includes those who did not report their state of residence

TABLE 45: PERCEIVED IMPACT OF COVID-19 ON FAMILY

Perceived impact on Household in coming days	Male	%	Female	%2	Total	%3
Yes, to a great extent	390	61%	243	53%	633	57%
Yes, somewhat	209	33%	177	38%	386	35%
Not really	42	7%	41	9%	83	8%
Total	641		461		1102	

TABLE 46: REGION WISE DISTRIBUTION OF PERCEIVED IMPACT ON FAMILY

Perceived impact on Household in coming days	South	East	North	West	Total*
Yes, to a great extent	47%	39%	66%	44%	57%
Yes, somewhat	41%	51%	28%	46%	35%
Not really	12%	10%	6%	10%	8%
Total	139	89	617	237	1102

*Includes those who did not report their state of residence

regions, individuals from the North (37%) reported having insufficient resources (financial and otherwise) to deal with any unforeseen expenses or conditions (Table 43).

Except for the respondents from the East, one in every fourth individual in all other regions was either not sure or prepared for unforeseen emergencies like quarantine or self-isolation in case someone from their family is tested positive for COVID-19 infection in coming days. Except North (46%), a significantly large percentage of respondents from South, East, and West reported that they have access to essential services. Likewise, the same trend was observed in terms of access to help and social capital.

PERCEIVED IMPACT ON HOUSEHOLD

The majority of the respondents (92%) agreed that if in the coming days, the COVID-19 situation worsens; it will impact their household. Gender-wise, 61 percent of male respondents reported that it will impact their household to a great extent. Among females, this percentage was 53.

Region-wise, around two-thirds of respondents from the North (66%) reported that the COVID-19 situation would impact their household in the coming days. In other regions, this percentage was lesser than half of the respondents.

DISCUSSIONS

Given the multifaceted impact of COVID-19 pandemic on a micro and macro level of the economy, it may have immediate and prolonged devastating effects on children. Also, there will be a disproportionate burden of aftermaths of this pandemic on children coming from lower economic strata of the society. Those who have limited resources may suffer hardships in terms of securing the resources to provide a safe and secure future to their children. It is imperative to document the concerns and issues of parents and prime caregivers along with challenges faced by the children to plan adequate strategies to deal with this global crisis. With this objective, a rapid online study was carried out to pin down the issues, concerns, challenges and perceptions of parents. An online self-administered questionnaire was used to collect information from all over India.

CONCLUSIONS

The salient findings of the study were as follows:

- Knowledge in terms of signs and symptoms of COVID-19 and measures to prevent getting infected was quite reasonable among the respondents. However, two in every fifth respondent also believed that antibiotics were effective for the treatment of COVID-19 infection.
- Traditional media in terms of TV news channels and newspapers emerged as the predominant source. But a significant source of information was contemporary media sources, such as WhatsApp messages and forwards, Facebook posts, and Twitter. However, region-wise differentials were observed in the responses considerably.
- Around 58 percent of the parents/prime caregivers reported that their child did not attend virtual/online classroom regularly. Various contextual factors were

possibly affecting their ability to attend online classrooms.

- A large proportion of the respondents were unable to access medical assistance in the hour of need for their child since last two weeks before the survey. Likewise, around 40 percent of respondents could not access basic child healthcare in terms of immunisation for their child.
- One in every third (35%) parent believed that the eating pattern of their child changed considerably during the lockdown. A negative change in the eating pattern may influence the nutritional status considerably and thus, the overall development of the child.
- Left with limited or no access to extra-curricular activities and social interaction, the majority of the parents (88%) believed that the lockdown increased the screen time for their child. These findings can be worrisome considering the negative impacts (in terms of experiences) for children when online, and Internet addiction that may considerably affect psychosocial well-being of a child.
- Parents believed that the lockdown measure due to COVID-19 outbreak significantly impacted various dimensions of their child's life, be it education, extra-curricular activities or mental well-being or health and nutrition.
- Three in every four parents believed that the lockdown impacted the daily routine of their child in terms of no opportunity for outdoor play and no social interaction in terms of meeting their peers. This impact reflected in their behaviour as well. More than half of the parents reported that their child became more agitated and anxious during the lockdown.
- Here it is important how the parents/prime caregivers communicate with the child in the hour of distress or anxiety. Around 54 percent of parents reported that they sat and discussed the issue at length with the child. Contrary, around 47 percent tried to divert the

mind of the child by engaging her/him in some other activities.

- Additionally, it is equally important to spend quality time with the child to protect them from stress and anxiety, and also to promote family bonding and time. More than half of the parents reported that they spent time with their child while watching movies, teaching or helping them in their studies, and during household chores. Besides, it is equally important how the child spends time on self. Constructively, time spent by the child may enhance their psychosocial well-being and also promote family bonding. More than half of the parents, asserted that the child spent her/his time in watching movies, or helping in household chores, or playing games with other family members.
- Family preparedness in terms of resources (financial and otherwise) is vital in this distressing time. Only 30 percent of the respondents believed that they had adequate resources to cope with any adversity as COVID-19 pandemic is going to affect household economy considerably and this financial distress is likely to impact children in one or other ways. Around 57 percent of the respondents believed that if the situation continues in future, it would impact their household to a great extent. Likewise, one in every ten respondents was either not sure or prepared for preventive measures like self-quarantine or isolation if a family member is tested COVID-19 positive.
- Access to essential services is a critical aspect of equity and inclusion. It is also an important determinant of the well-being of a household. Around 37 percent individuals reported that they had no access to essential services. More than half of the parents were either not sure (35%) or replied that they could not (17%) access help of their neighbour or friends in the hour of need such as health emergencies. These findings suggested that though the lockdown measure is vital to break the chain of transmission,

somewhere, it has left people with minimal options and is significantly impacting their well-being.

RECOMMENDATIONS

- **Recommendations on Creating Awareness about COVID-19**
 - The study findings suggest that traditional media sources such as newspapers and television were the main sources of information related to COVID. However, there is also a significant population that is accessing information through online media sources and Social Media platforms. Government has also made efforts to disseminate information through these contemporary media sources; however, the information on this aspect could be strengthened. For example, names of official twitter handles or pages on Facebook and so on may be widely communicated through traditional media sources so as to direct masses to authentic information sources.
 - Risk communication messages should be standardised and disseminated across all media sources so as to counter myths and misconceptions, misreporting and fake news related to COVID to avoid panic among general masses.
- **Recommendations on Education and Online Safety**
 - Online or virtual classrooms need more systemic arrangement and strengthening. In this direction, to promote digital learning²² initiatives like DIKSHA, e-PATHSHALA, National Repository of Open Educational Resources (NROER), SWAYAM, and SWAYAM PRABHA are welcoming moves. However, as the study findings and secondary data reveal that a large section of the society is still beyond the reach and cannot access the facility due to varied reasons, the Government must ensure that the

22 For more information: <https://www.mohfw.gov.in/pdf/Covid19.pdf>

other alternative options can be roped in to provide uninterrupted learning opportunities to the children amidst the crisis.

- In addition to finding alternate methods of teaching, it would be more essential that accelerated learning programmes are developed so that the academic syllabus can be completed once school reopens.
- The Centre is preparing guidelines for reopening of schools, in keeping with health and hygiene standards and physical distancing norms. Classroom teaching-learning practices would have to be reimaged as children and staffs to resume schools once the lockdown is lifted.
- Schools can play a vital role not only in ensuring the continuity in education by providing educational material but also by providing services of counsellors, sessions on personal hygiene, and cough etiquettes, and healthy lifestyle. The educational curriculum should include sections on these aspects as well. Information dissemination on these aspects will not only educate children but their families as well. Life skills education should be given priority.
- Life-skills education must be prioritised and built into the curriculum in an age-appropriate manner for children across all age-groups. This will not only enable children to deal with adversities in a positive way, but also create strong peer networks among children and relieve parental stress to a large extent.
- To ensure online safety of the children, the National Commission for Protection of Child Rights (NCPCR) has issued dos and don'ts²³ and online safety guidelines²⁴. However, the study findings suggest that there is a need to create more awareness in this regard.
- While digital media can facilitate connectivity with the whole world, it

may create distance within the household. Unsupervised screen time or access to the internet can harm a child physically and psychologically due to uncalled negative experiences. Further, with much of the teaching taking place through online platforms, the risk of children's online safety has increased manifold. An online safety protocol must be created so as to ensure the safety of those children who are accessing online classes.

- Efforts by government as well as civil society must be strengthened to create awareness about various helplines available to enable reporting of cases related to online abuse as well as other instances of child abuse.

■ Recommendations on Health and Nutrition

- Essential child healthcare services must be ensured by taking a combination of measures. Though mass immunisation services have been suspended to contain the spread of the virus, and undoubtedly the alternative arrangements have been suggested, it is essential to implement and strengthen those arrangements especially for vulnerable communities. Local governance can play a significant role here in ensuring uninterrupted access to these essential services. A dedicated day and time may be allocated in the health facilities for immunisation and information can be provided to the mothers using mobile phones and through word of mouth when AWWs are distributing food supplies at their doorsteps.
- To keep children healthy (mentally and physically), parents should be advised to keep track of the behaviour and eating pattern of the child. Government and NGOs should create awareness material for parents and caregivers to address these issues. Such adverse effects on health are likely to be more when they are forced to stay indoors during the lockdown

²³ For more information: <https://ncpcr.gov.in/showfile.php?lang=1&level=1&sublinkid=1987&lid=1521>

²⁴ For more information: <https://ncpcr.gov.in/showfile.php?lang=1&level=1&sublinkid=1637&lid=1661>

with no or limited access to outdoor activities and interaction with their friends. Schools should be equipped to provide parents with tools and techniques to monitor these changes and also provide support if they notice any alarming change.

- Parents can be provided online training on ways of engaging with child constructively. A happy hour should be dedicated to children. This will not only provide a window to parents to shed their share of anxiety but also provide a scope to bond with the child in a more positive way.
- For maintaining the daily routine for the children, parents may be suggested to make a flexible time table. A rigid timetable may or may not function in the context of the household. A timetable will also help children not to deviate from their daily schedule and also inculcate discipline in them.
- Psychosocial care and support to children during the lockdown as well as in future are critical as children recalibrate their lives. With changes in socialisation patterns, playing with peers, different school environment and teaching-learning, it is essential that children are supported throughout the process by providing explanation and information appropriate to their age. Parents and teachers should be encouraged to discuss the COVID-19 issue with children in a way that they would understand. The conversation may help children to understand the gravity of the issue and also empower them to take informed self-decisions.
- Guidelines and manuals on psychosocial care to children have been developed by various institutions and government bodies^{25,26} to enable parents to support their children during this pandemic. It would be essential to widely publicise as well as translate these guidelines into all official languages so that

maximum families are able to benefit from.

■ Recommendations on Social Security and Community Support

- The study findings reveal that only 30 percent of the respondents believed that they have adequate resources in terms of financial and otherwise to cope with any adversity. There is a need that the government should ensure financial security to semi-poor households. Cash coupons can be used to provide financial assistance and for ensuring that the coupon money is used for accessing essentials by the family.
- The pandemic has forced people to turn inwards; society as a whole requires more cooperation and support. The study findings suggest that people are not sure if they can seek the help of their neighbours or friends in the hour of need. There is a need to create an organic community ecosystem. Community systems need strengthening in terms of managing resources and providing a channel of information. Community radio can be a useful tool in bringing the community together and restoring the faith in social fabric and structure and thus, creating a social safety net for the marginalised.

WAY FORWARD

COVID-19 pandemic has led to a humanitarian crisis of modern age. The study findings revealed the immediate effects on the families but considering the scale and magnitude of the issue, the aftermaths are unimaginable. The resulting impacts will be felt on 'self', 'society' and 'system'. Thus, the approach to tackle the issue also calls for unprecedented strategies and initiatives taking into account the best interest of the child to provide them a healthy, happy, safe and secure environment.

25 <https://www.mohfw.gov.in/pdf/mentalhealthchildrean.pdf>

26 <https://www.unicef.org/india/reports/psychosocial-support-children-during-covid-19>

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ANNEXURE

SURVEY FOR PARENTS/CAREGIVERS

Dear Parent,

As part of COVID-19 response, CRY – Child Rights and You is making every endeavour to keep children and communities, especially in vulnerable pockets, safe during this pandemic. We are therefore conducting a nationwide rapid survey to assess parents/caregivers' Knowledge, Attitude and Practices on keeping children and families safe, as well as the experiences of households during the COVID-19 nationwide lockdown. Your responses will help CRY in identifying gaps and strengthening our initiatives to combat the issue and in assisting the government in COVID-19 risk communication and community engagement during this critical period. We request you to kindly take out 5 minutes of your time and fill out the information in this questionnaire.

1 Sex of the Respondent

- a Male
- b Female
- c Other
- d Prefer not to say

2 Which state are you currently living in?

3 Which city/town/village do you currently live in?

4 Does your current occupation require you to work for providing emergency services during COVID-19 lockdown?

- a Yes
- b No
- c Other Specify

1 How many children are currently living in your household?

- a One
- b Two
- c More than two
- d None

1 What are the age groups of the child/children in your household? (If more than one child, select all that apply)

- a Under 5 years of age
- b 5-10 years of age
- c 10-14 years of age
- d 14-18 years of age
- e Not Applicable – No children in the Household

1 Please choose the main source of information accessed by your household for updates/ developments on the COVID-19 (Corona Virus) situation. (Select all that apply)

- a Word of Mouth from Family and Friends
- b WhatsApp Messages and Forwards

- c Facebook Posts
- d Twitter Feeds
- e Instagram
- f TV News Channels
- g Radio
- h Doctors or Health Workers
- i NGOs
- j Newspaper
- k None
- l Any Other _____

1 Which do you believe are the symptoms of COVID-19? (Select all that apply)

- a Headache
- b Sore throat/ Throat pain/ Itchy Throat
- c Vomiting
- d Fever
- e Body Ache
- f Cough
- g Cold
- h Fatigue
- i Breathing difficulty
- j Answer not known
- k Other Specify _____

1 Which are the essential ways in which you and your family practice being safe from COVID -19? (Select all that apply)

- a Wearing masks
- b Washing hands/using sanitizer regularly
- c Avoid touching face
- d Maintain Social Distancing
- e Maintaining etiquette while coughing/sneezing (cough/sneeze into elbows and discard the tissue/hanky used)
- f Using herbal or other home remedies
- g No precautions are taken
- h Other Specify _____

1 Is there any vaccine for COVID 19?

- a Yes
- b No
- c Don't know/not sure

1 Are antibiotics effective in preventing or treating COVID 19?

- a Yes
- b No
- c Don't know/not sure

1 Please indicate which of the following aspects of lives of the child/ children in your household have been impacted due to the COVID-19 emergency and lockdown? (Select all that apply)

- a Children's Education and learning
- b Children's Extra-curricular activities
- c Play time and recreation

- d Children's friendships and social lives
- e Impact on health due to inadequate nutrition
- f Impact on regular care of children due to added household responsibilities for family members
- g Children's relations with other members of the family due to social distancing
- h Children's mental well-being and happiness
- i Not applicable – No children in the Household
- j Other Specify _____

1 If the child/children in your household are in the school-going age, does he/she/they attend school via online education/virtual classrooms on a regular basis?

- a Yes
- b No
- c Not applicable – No children in the Household

14. Is there a way in which your child/children's school is able to provide support to you/ your child through mental health professionals or any other means?

- a Please describe: _____
- b Not applicable – No children in the Household

Health and Nutrition Services

We will now ask you some basic questions about your household's access to health and nutrition during the lockdown. Please answer yes/no/other as applicable.

1 Your household is able to access basic child healthcare services such as immunisation services etc.

- a Yes
- b No
- c Not applicable – No children in the Household

2 In the last 2 weeks, your household had to cope with children's illnesses/health issues without medical help due to lockdown

- a Yes
- b No
- c Not applicable – No children in the Household

3 You can seek help of your relatives/friends/neighbours in the hour of need e.g. health emergency

- a Yes
- b Not sure
- c No

4 In case anyone from your family shows COVID-19 symptoms, you are prepared for preventive measures e.g. quarantine and isolation

- a Yes
- b Not sure
- c No

5 In your opinion, has the lockdown impacted the eating pattern of your child/children?

- a Yes, to a great extent



- b Yes, somewhat
- c Not really
- d Not applicable – No children in the Household

6 Do you think you have access to adequate essential services such as grocery and food items and other daily needs?

- a Yes
- b No

Personal relationship

We will now ask you some basic questions about your family's relationship with the child/children during the lockdown.

1 How do you spend your time with your child/children during the COVID-19 lockdown time (select all that apply)

- a Reading story books
- b Playing online games
- c Watching movies
- d Recreational activities – art and craft etc
- e Household chores
- f Family games
- g Teaching children/ helping them in studies
- h I am not able to spend much time with children
- i Not applicable – No children in the Household
- j Any other (Specify)_____

2 How does the child/children spend her/his time during this COVID-19 lockdown (select all that apply)

- a Doing homework from school
- b Reading Story books
- c Developing new hobbies
- d Helping in household chores
- e Online games
- f Watching movies
- g Extra-curricular activities such as singing/ playing instruments/ dance
- h Playing games with Family members
- i Not applicable – No children in the Household
- j Any other (Specify)_____

3 If the child/children in your household have any anxiety/fear about the prevailing situation, how do you communicate with them?

- a Sit with the child and discuss the issues
- b Try to divert her/his mind to other activities
- c Ignore it
- d Access help from outside
- e This situation hasn't happened yet
- f Not applicable – No children in the Household
- g Any other (Specify)_____

4 How has the lockdown impacted the daily routine of child/children in your household? (select all that apply)

- a No access to classroom services
- b No social interaction

- c No outdoor play
- d No timings are maintained so daily routine is hampered
- e No – the daily routine has not been impacted
- f Not applicable – No children in the Household
- g Any other (specify)

5 How has the lockdown impacted the behaviour of child/children in your household (select all that apply)

- a Child/Children have become more agitated/anxious.
- b Child/Children have become more sensitive
- c Child/Children have become more playful/ happier
- d No change has been observed
- e Not applicable – No children in the Household
- f Any other (specify)

6 In your opinion, do you think the lock down has increased the screen time for the child/children in your household?

- a Yes to a great extent
- b Yes, to some extent
- c No, not really
- d Not applicable – No children in the Household

7 In the last two weeks, when your child/children are online (be it on personal mobile/ your phone or laptop, computer) do you keep a watch on what they are accessing while being online?

- a Always
- b Sometimes
- c Never
- d Not applicable – No children in the Household

8 What are the measures have you taken to keep a watch on child/children's activities while being online?

- a Keep a track on web/phone history
- b Child lock
- c Promote access only in your supervision
- d No measures are taken
- e Not applicable – No children in the Household
- f Any other (specify)

9 Do you think, your house has sufficient responses (financial and otherwise), given the situation of COVID 19 to deal with any adversity?

- a Yes, absolutely
- b Yes, somewhat
- c Not really

10 In your opinion, if in the coming days, the situation gets worse, do you think it will impact your household and child?

- a Yes, to a great extent
- b Yes, somewhat
- c Not really

Thank you for your time.
Stay safe and keep washing your hands



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CRY - Child Rights and You is an Indian NGO that believes in every child's right to a childhood - to live, learn, grow and play. For over 4 decades, CRY and its 850 initiatives have worked with parents and communities to ensure Lasting Change in the lives of more than 3,000,000 underprivileged children, across 19 states in India. For more information please visit us at www.cry.org.

*The photographs of children used in the study are for representational purposes only. These children did not participate in the study in any capacity.