

Children's Well-Being During the Pandemic

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ABSTRACT

Millions of individuals have been restricted to their houses as a result of the COVID-19 pandemic in order to preserve social distance, including children who have been pulled out of school and are barely able to leave their homes. As a result, it would be beneficial to research children's well-being in these stressful conditions. There were 907 participants completed the two parts of the questionnaire to investigate: how are the children studying from home during the pandemic?; how is school support in children's academic activities at home during the pandemic?; what factors can help maintain children's well-being in the future pandemic?. First, routines and addiction were the first top result of the indicators showing children's being discomfort. Second, most parents feel that the school had provided enough learning materials and assignments, although it is not always accompanied by the involvement of parents in doing school assignments. Third, there are three indicators support children's well-being especially the indicators related to routines (parents assist children to make schedules during school from home) and physical activities (the child have sufficient activity and movement at home and the child has a regular exercise program). All in all, from the findings, it is expected that the school and government could also pay into attention to the parental education specifically in assisting the children's well-being during the pandemic.

Keywords: children's well-being, pandemic, prevalent

1. INTRODUCTION

The new coronavirus (COVID-19) epidemic has created a global health concern that has never been seen before. The number of cases has continued to rise exponentially, first in China and subsequently throughout the world, causing lockdowns in almost every country. As a result, the World Health Organization (WHO) proclaimed the COVID-19 outbreak a public health emergency of worldwide concern on the 30th of January 2020 and a pandemic on the 11th of March 2020 [1].

Children make up a tiny fraction of COVID-19 cases [2] with most infected newborns exhibiting relatively moderate clinical symptoms [3]. Children, on the other hand, are not immune to the devastating effects of the COVID-19 pandemic. Indeed, due to the mild symptomatology displayed by youngsters, it has been suggested that they may play a vital role in the transmission of COVID-19. As a result, most nations throughout the globe have ordered schools to close and children, like the rest of the population, have been forced to restrict themselves to their homes.

Psychologists and educators have all expressed concern about the dangers this lockdown poses to children's health and mental well-being [4] [5] [6]. Furthermore, foreign academics are already looking at the effects from a variety of angles. On a physical level, research found that during a lockdown, 3- to 18-year-old children are physically less active, spend significantly more time on screens, have irregular sleep patterns, [7] and eat less nutritious diets, all of which contribute to weight gain and cardiorespiratory fitness loss [8].

According to some studies, lockdown causes stress in children aged 3 to 16 [9], shown by clinginess, attention, impatience, and an apparent dread of asking about the epidemic [6]. In a similar idea, a study found that children aged 4 to 10 years old discovered that during the lockdown, children exhibit anxieties they had never voiced before [10], as well as increased irritability, intolerance to rules, whims and excessive requests, mood shifts, and sleep issues [11].

This study is considered necessary by providing a basic overview that can be used to develop counseling

programs and psychotherapy centers for children and parents later at the university. In this study, three main questions will be explored, including:

1. How are the children studying from home during the pandemic?
2. How is school support in children's academic activities at home during the pandemic?
3. What factors can help maintain children's well-being in the future pandemic?

Professionally, the implications of this research are expected to help psychologists and counselors to form a mapping of the life coaching parenting model for parents.

2. METHODS

This research is a study of data collected from a sample of a population in a particular period. The researcher does not intervene in any way with research subjects. This study is descriptive and measures the prevalence of conditions and their distribution in a population. This kind of study is included in the study of non-experimental epidemiology.

The data is obtained through an online survey at one time which is then filtered based on the completeness or incompleteness of the participants in completing the questionnaire. Questionnaires that are not complete will not be included. By using a google form, the online survey has been carried out by sharing the questionnaire at a national webinar related to children's well-being during the pandemic organized by the Faculty of Education in Universitas Negeri Surabaya, Indonesia. Out of the 1100 questionnaires filled by the participants, there were 907 completed the two parts of the questionnaire.

The first part of the questionnaire focused on asking whether the parents think their children are fine (comfortable during school from home) or not pleasing (not comfortable from home). The second part of the questionnaire consisted of 6 categories and 14 indicators. The six categories of the indicators are emotion, activity, school activity, addiction, routine, and physical activity.

From the incoming data, the first stage is categorized into two things where the problem is visible. For example, the child does not feel comfortable during the pandemic and shows it in front of parents, or invisible problems, which the child seems comfortable with during a pandemic. Then in the second stage, the indications will be further analysed. What is and is not in each of the initial categories is related to the personality and needs of children according to parents' perception as the sole informant.

For the measurement, univariate statistics (mean and standard deviation) were performed for each item, and factor analysis was performed to analyze the

dimensionality scale. within each dimension, independent measurements were made to estimate the item discrimination range. Cronbach's alpha was used to measure the reliability of each item.

In general, 86% of the participants (n=780) worked as educators, from kindergarten, elementary, middle school, high school, and college teachers; the rest are students (bachelors/postgraduates). in addition, all participants already have a job and a family. The participants were originated from all over Indonesia but mostly live in the Java island (72%; n=653).

3. RESULTS AND DISCUSSION

3.1 Children's condition during SFH

From the initial stage, 59% (n=537) participants stated that their children at home showed the symptoms of discomfort or ongoing stress. At the second stage, from those who stated that the children do not feel comfortable, we traced the chosen indicators as the symptoms.

There were five indicators of the most symptoms shown in the result. The first two in the high category (above 70%) belong to the routine and addiction categories. There were also addiction and (negative) emotions in the medium category, as shown in Table 1.

Category	Indicators	n	%
high			
Routine	Children are not following their usual sleeping schedule	45 4	83%
Addiction	Children use gadgets longer than they usually do	43 5	81%
medium			
Addiction	Children eat more than usual	30 1	56%
Emotions	Children are more easily anxious than usual	25 3	47%
Emotions	Children are more irritable than usual	24 1	45%

Table 1. The five indicators that implicate children's discomfort during studying from home program

The pandemic period requires children to study at home. Time usually allocated for school activities is a lot less because of the difference in face-to-face time with virtual face-to-face where time for online learning is reduced, preparation time for school reduced, travel time to and from school is reduced. That reason, plus the high time flexibility provided by schools and parents, makes children feel like they have more time than usual, but there is almost no obligation to follow a specific schedule. This time allocation problem is the basis for the

indicators that make the child uncomfortable or even experience ongoing stress. Sleep routine becomes disturbed, with a tendency to sleep late and wake up later or sleep when online learning occurs. Sleep disorder is considered the cause of common distress for children during the pandemic [12].

The use of gadgets is also high because learning coordination with friends will also be done online in addition to learning. This condition makes children unable to be separated from their gadgets because learning and entertainment only come from gadgets, computers, or television, which are all electronic media.

Studying at home also makes it easier to access to get food and do multitasking (learning/playing while eating) so that the number of children who are declared to have changed their eating patterns being more is also quite dominating.

According to several studies, children have a high tendency during a pandemic to feel anxious or angry [5]. However, only 47% of parents stated that their child had anxiety in this study, and 45% said their children are more irritable than usual. Thus, there is a possibility that not every parent has the sensitivity to children's (negative) emotions.

3.2 Study from home program

Children's learning activities at home are the responsibility shared between the school, teachers, and parents. Therefore, good communication between the school and the child and the school and parents is equally important in the teaching and learning process during the pandemic [13]. The description of school support according to parents' statements can be seen in Table 2 as follows.

Category related to school		
Indicators	n	%
The school provided the materials and daily assignments	794	87,5%
The children joined online lessons daily	711	78%
The parents assisted their children in doing the school assignment	462	51%

Table 2. The indicators related to the school

The pandemic period is a new thing for children and parents and also for teachers and schools. This period makes teachers and schools willing to improve their abilities and skills teaching capabilities in times of crisis

in a short time [14]. According to this study, most of the parents, 78%, felt that the school had provided enough learning materials and assignments.

Traced further, most of the participants who stated that the school was quite supportive of this were on the island of Java. Of the participants who took part in this study, 87.5% said they supported their children attending school programs. The fact that 51% of parents help their children complete assignments and study shows that parental support for children to take part in the school program is not always accompanied by the involvement of parents in completing school assignments.

3.3 Children well-being

To answer the third question, we combined the indicators that the children lack (in which children feel uncomfortable) and the indicators that the children showed of in the category which children feel comfortable. The result can be observed in Table 3.

High	
Routines	Parents assisted children in making a daily schedule
Physical activity	Children have sufficient physical movement
Physical activity	Children have regular exercise
Medium	
(Daily) Activity	Children do an offline creative activity
Low	
(Daily) Activity	Children play at home
Routines	Children follow their regular eating schedule

Table 3. The indicators that support children's well-being

The results of the analysis show that three things are not present in children who experience indicators of discomfort while studying at home during the pandemic: the indicators related to routines (parents assist children to make schedules during school from home) and physical activities (the child is quite mobile while at home and the child has a regular exercise program). These three indicators were present in the children who tend to still be comfortable during the pandemic.

Understandably, school-aged children cannot manage their time well, especially during this pandemic. In order to cope with this problem, it is suggested that parents can

assist with daily time management related to learning and daily schedule in general.

Equally crucial with parental assistance in child time management is related to children's physical activities. Children who show indicators of discomfort during the pandemic are recognized do not have time to move around at home or do not have time to exercise regularly. Having regular exercise time and enough movement will have an effect good for the child's physical and the child's mental well-being. A systematic review confirmed that physical activity would provide benefit for school-aged children's health.[15]

In the medium category, there are indicators of children doing non-online creative activities at home. In school, by doing assignments and communicating with friends and family, children will require much time with online gadgets, so the children would need to have activities that can balance online and offline times. In addition to balancing this activity, it is also necessary to have sufficient rest time. So, it is essential to ensure that children have balanced activities [16] especially during the pandemic.

The low category shows that these two activities have a low correlation; namely, children play games and pay attention to the child's eating schedule. Children playing games could actually balance the workload of learning activities at school; while related to meal schedules, it is best to ensure that online activities do not interfere with eating (and sleeping) schedules.

4. CONCLUSION

The COVID-19 pandemic is classified as a crisis period that is happening within Indonesia and globally, impacting physical health problems, financial, education, and mental health or psychological well-being to all members of the families. Therefore, to increase mental health awareness, the Indonesian government has developed promotional media that empowers the family as the main counseling center. It is proposed because children's well-being is affected by the parents' well-being and the surroundings.

The study has a few limitations that need further research. Since it was a general study, an interview or discussion with the parents will be an excellent follow-up to elaborate the findings further. Furthermore, in the demographic part of the questionnaire, we did not identify the children's level of study. Meanwhile, it is expected that this study could add foundation in assisting children during the pandemic. All in all, from the findings, there is a need to invest in children's well-being service from all parties involved, especially the parents and the teachers. Thus, each family - by working with the community (schools, communities, universities, and others) can assist children according to needs for the

better psychological well-being of the child both in and after the Covid-19 pandemic crisis is over.

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