



Research Paper

## A Study To Assess The Psychosocial Impact Due To Lockdown Among School Going Children At Selected Community Area Puducherry.

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### I. INTRODUCTION

**The corona virus pandemic will very likely deteriorate our security environment in the years to come,**

**- Josep Borell**

In January 2020, WHO first identified the novel coronavirus (COVID-19), later declaring the spread of COVID-19 as a global pandemic in March 2020. Subsequently, many countries imposed national lockdowns, closing schools and workplaces, leaving people to learn virtually, enforcing social distancing measures, and implementing restrictive measures that prevented individuals from going to public places or from meeting people from other households.

Quarantines and lockdowns are states of isolation that are psychologically distressing and unpleasant for anyone who experiences them. Young people, who are at higher risk of developing mental health problems than adults, may be particularly vulnerable to the adverse effects of isolation, including school closures, due to the disruption lockdown causes on their physical activity and social interaction.

Previous systematic reviews and meta-analyses have looked at the impact of COVID-19 on the mental health of the general population and healthcare workers. One previous systematic review looked at the psychological burden of quarantine associated with exposure to contagious diseases on children and adolescents but included only three articles on COVID-19. To our knowledge, this is the first comprehensive systematic review focusing exclusively on the impact of the COVID-19 pandemic response lockdown on child and adolescent mental health.

This systematic review aims to summarise the literature exploring the effects of COVID-19 lockdown on a wide range of mental health outcomes in children and adolescents. We further explore the risk factors and protective factors for developing mental health outcomes in the context of COVID-19 lockdown.

### II. REVIEW OF LITERATURE:

**AbraishAli.et.,al(2022)** was conducted a study to investigate the correlations between changes in sleep pattern, perception of time, and digital media usage. Furthermore, it explores the impact of these changes on the mental health of students of different educational levels. This cross-sectional study was conducted via a web-based questionnaire. The survey was targeted at students and 251 responses were obtained. It was a 5-section long questionnaire. The first section inquired about demographics of participants. Each of the other 4 sections was devoted to changes in sleep pattern, perception of time flow, digital media usage and mental health status of students. Close-ended questions with multiple choice responses, dichotomous, interval and 4-point Likert scales were used in the construction of the survey questionnaire. Further analysis showed that there was a significant difference in the median difference of time spent on social media before the outbreak ( $3.0 \pm 32.46$ ) and time spent on social media after the outbreak ( $6.0 \pm 3.52$ ) in a single day ( $P = 0.000$ ).

### STATEMENT OF THE PROBLEM:

A study to assess the psychosocial impact due to lockdown among school going children at selected community area, Puducherry.

**OBJECTIVES:**

- To assess the level of psychosocial impact due to lockdown among school age children.
- To associate the level of psychosocial impact due to lockdown among school age children with their selected demographic variables.

**III. MATERIALS AND METHODS**

This chapter deals with methodology adopted to assess the impact of quality of work life towards organizational commitment among staff nurses: research approach, research design, population, and setting sample, sample size, sampling technique ,selection and development of tool and data collection techniques and plan for data analysis.

**SECTION A:** Description of the demographic variables among school going children.

**SECTION B:** Assessment of the level of psychological impact due to lockdown among school going Children.

**RESEARCH APPROACH:**

A quantitative research approach was selected for the present study.

**RESEARCH DESIGN:**

A descriptive research design was adapted for this study.

**SETTING OF THE STUDY:**

The study was conducted in kalitheerthalkuppam, Community area near by the Sri Manakula Vinayagar Nursing College and 2 km away from my college.

**SAMPLE:**

In this study ,the sample comprises of all the school going childrens living in kalitheerthalkuppam, Puducherry

**SAMPLING TECHNIQUE:**

A convenient sampling technique was adopted for this study

**SAMPLE SIZE:**

In this study ,the sample size consists of 50 students.

**CRITERIA FOR SAMPLE SELECTION:**

**Inclusion criteria:**

- Student both male and female.
- School children who are willing to participate in data collection.
- Student include all of the school age children.
- School children who are available at a time of data collection.

**Exclusion criteria:**

- School going children who are not willing to participate in the study

**IV. RESULTS:**

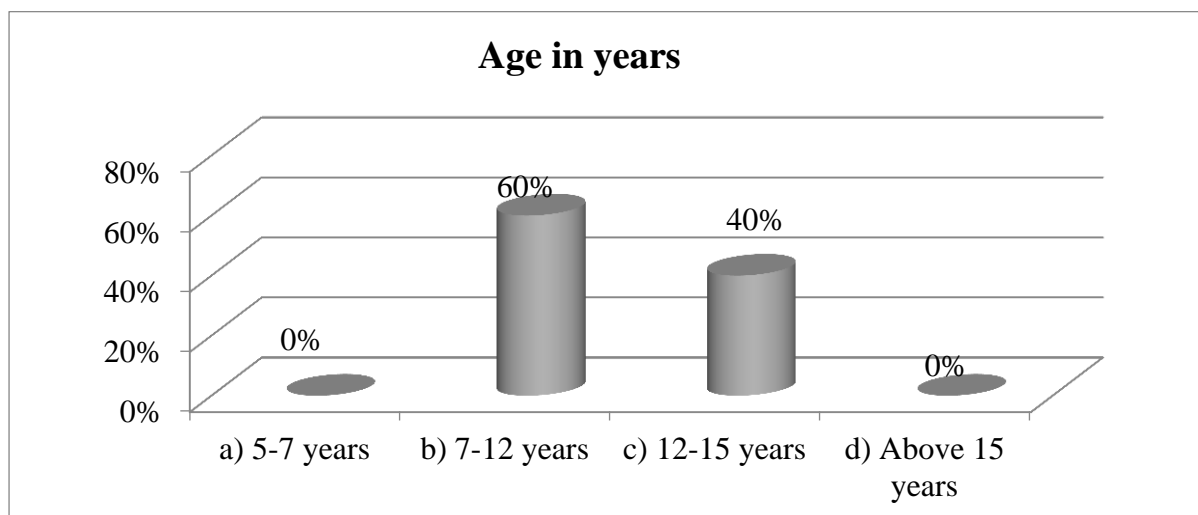
Out of the 50children who were interviewed, Majority of the children 30(60%) of study population were in the age group are 7-12 years. Majority of thechildren were female 28(56%). Majority of thechildren, Educational status were 5th std -6th std 28(56%). Majority of thechildren, Father Occupation were Private sector 20(40%). Majority of thechildren, Mother Occupation were House wife 32(64%). Majority of the children, family income 21(42%) were Rs. 15000-19000. Majority of thechildren, Siblings were one 38(76%). Majority of thechildren were Middle Socio economic status 49(98%).Majority of the children were Hindu 41(82%). Majority of thechildren, 29(58%) Birth order was 1st child. Majority of the children were Schooler49(98%).Majority of the children were Nuclear family 29(58%).Majority of the children were Rural 50(100%).Majority of the children were Government school 47(94%).Majority of the children were not 49(98%) hadPrevious Knowledge of Covid-19.

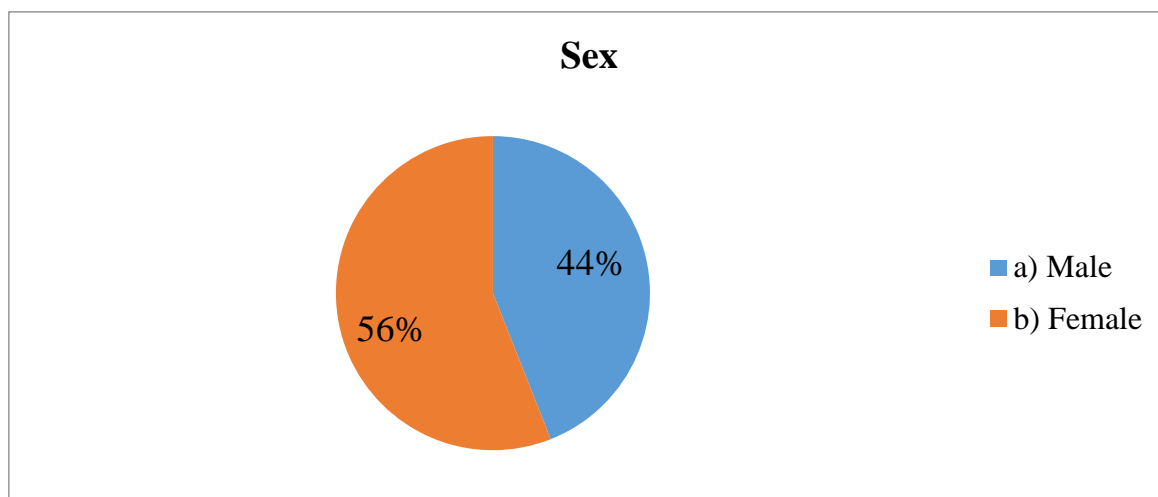
**Frequency and percentage wise distribution of demographic variables among school going children.**

(N=50)

SL. NO	DEMOGRAPHIC VARIABLES	FREQUENCY (N)	PERCENTAGE (%)
<b>1</b>	<b>Age in years</b>		
	a) 5-7 years	0	0
	b) 7-12 years	30	60
	c) 12-15 years	20	40
	d) Above 15 years	0	0
<b>2</b>	<b>Sex</b>		
	a) Male	22	44
	b) Female	28	56
<b>3</b>	<b>Educational status</b>		
	a) 2nd std-4th std	0	0
	b) 5th std-6th std	28	56
	c) 7th std	22	44
	d) Above 7th std	0	0
<b>4</b>	<b>Father occupation</b>		
	a) Private sector	20	40
	b) Government sector	18	36
	c) Business	6	12
	d) Others	6	12
<b>5</b>	<b>Mother Occupation</b>		
	a) Government sector	8	16
	b) Private sector	8	16
	c) House wife	32	64
	d) Others	2	4
<b>6</b>	<b>Father income</b>		
	a) 5000-10000	2	4
	b) 15000-19000	21	42
	c) 20000-25000	16	32
	d) Above 25000	11	32
<b>7</b>	<b>Siblings</b>		
	a) 1	38	76
	b) 2	8	16
	c) 3	4	8
	d) More than 3	0	0
<b>8</b>	<b>Socio economic status</b>		
	a) Poor socio-economic status	0	0
	b) Middle class	49	98
	c) Higher class	1	2
<b>9</b>	<b>Religion</b>		
	a) Hindu	41	82
	b) Muslim	3	6
	c) Christian	6	12
	d) Others	0	0

<b>10</b>	<b>Birth order</b>		
	a) 1st child	29	58
	b) 2nd child	18	36
	c) Above	3	6
<b>11</b>	<b>Classification</b>		
	a) Toddler	1	2
	b) Pre-schooler	0	0
	c) Schooler	49	98
	d) Adolescents	0	0
<b>12</b>	<b>Type of family</b>		
	a) Nuclear family	29	58
	b) Joint family	21	42
<b>13</b>	<b>Residency</b>		
	a) Urban	0	0
	b) Rural	50	100
<b>14</b>	<b>Type of school</b>		
	a) Private	3	6
	b) Government	47	94
<b>15</b>	<b>Previous Knowledge of Covid-19</b>		
	a) Yes	1	2
	b) No	49	98

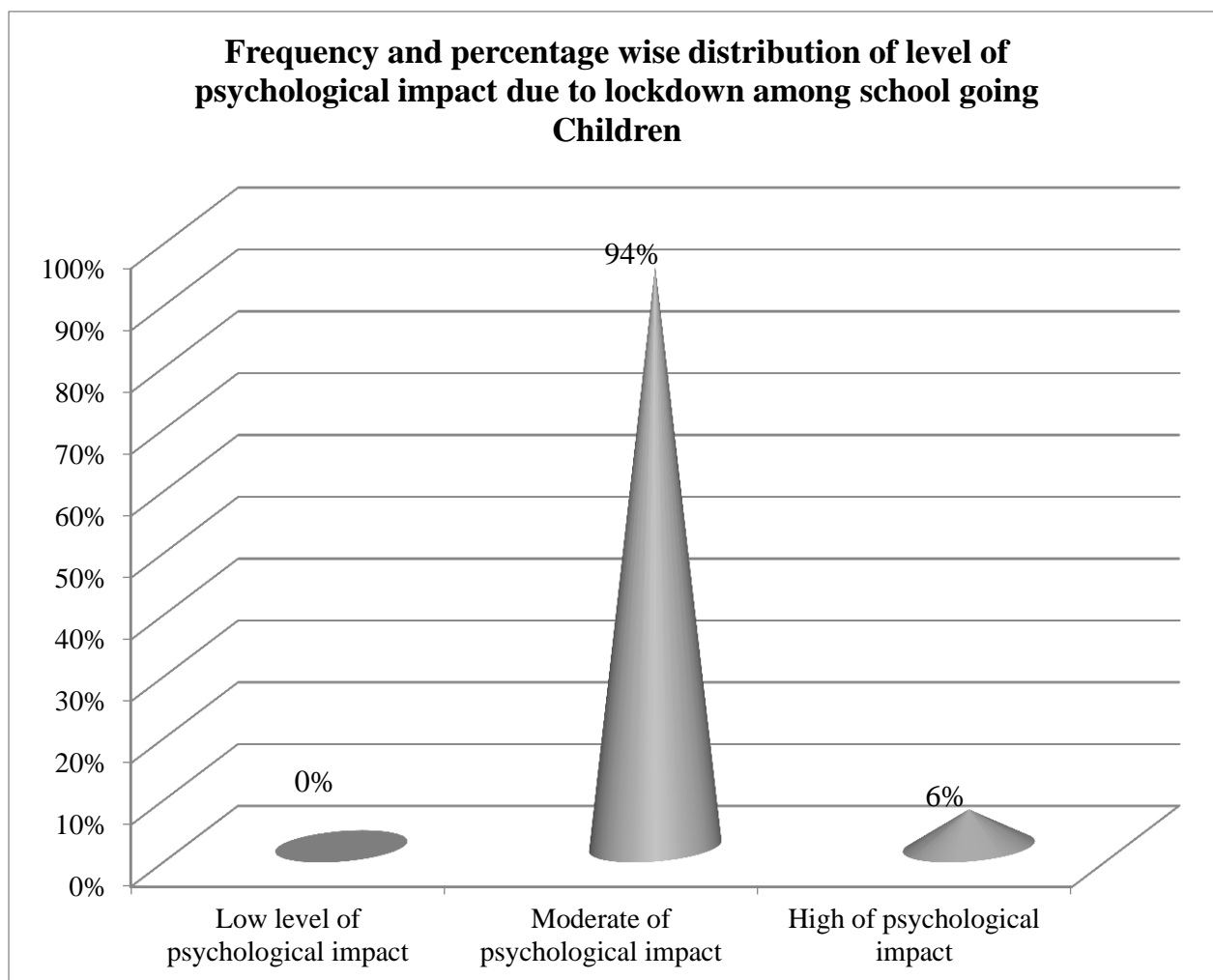




Frequency and percentage wise distribution of level of psychological impact due to lockdown among school going Children.

(N = 50)

Level of psychological impact	FREQUENCY (n)	PERCENTAGE (%)
Low level of psychological impact	0	0
Moderate of psychological impact	47	94
High of psychological impact	3	6
<b>Total</b>	50	100
<b>Mean±Standard deviation</b>	10.30±1.568	



Association between the level of psychological impact due to lockdown among school going children with selected demographic variables.

(N=50)

SL. NO	DEMOGRAPHIC VARIABLES	Level of psychological impact				Chi-square X <sup>2</sup> and P-Value
		Moderate		High		
		N	%	N	%	
<b>1</b>	<b>Age in years</b>					
	a) 5-7 years	0	0	0	0	X <sup>2</sup> =0.946 Df=1 p =0.331 NS
	b) 7-12 years	29	61.7	1	33.3	
	c) 12-15 years	18	38.3	2	66.7	
	d) Above 15 years	0	0	0	0	
<b>2</b>	<b>Sex</b>					
	a) Male	21	44.7	1	33.3	X <sup>2</sup> =0.147 Df=1 p =0.701 NS
	b) Female	26	55.3	2	66.7	
<b>3</b>	<b>Educational status</b>					
	a) 2nd std-4th std	0	0	0	0	X <sup>2</sup> =0.665 Df=1 p =0.415 NS
	b) 5th std-6th std	27	57.4	1	33.3	
	c) 7th std	20	42.6	2	66.7	
	d) Above 7th std	0	0	0	0	
<b>4</b>	<b>Father occupation</b>					
	a) Private sector	18	38.3	2	66.7	X <sup>2</sup> =1.34 Df=3 p =0.720 NS
	b) Government sector	17	36.2	1	33.3	
	c) Business	6	12.8	0	0	
	d) Others	6	12.8	0	0	
<b>5</b>	<b>Mother Occupation</b>					
	a) Government sector	8	17	0	0	X <sup>2</sup> =1.24 Df=3 p =0.743 NS
	b) Private sector	7	14.9	1	33.3	
	c) House wife	30	63.8	2	66.7	
	d) Others	2	4.3	0	0	

<b>6</b>	<b>Father income</b>					$X^2=1.79$ Df=3 p =0.615 NS
	a) 5000-10000	2	4.3	0	0	
	b) 15000-19000	19	40.4	2	66.7	
	c) 20000-25000	16	34	0	0	
	d) Above 25000	10	21.3	1	33.3	
<b>7</b>	<b>Siblings</b>					$X^2=1.008$ Df=2 p =0.604 NS
	a) 1	35	74.5	3	100	
	b) 2	8	17	0	0	
	c) 3	4	8.5	0	0	
	d) More than 3	0	0	0	0	
<b>8</b>	<b>Socio economic status</b>					$X^2=0.065$ Df=1 p =0.799 NS
	a) Poor socio-economic status	0	0	0	0	
	b) Middle class	46	97.9	3	100	
	c) Higher class	1	2.1	0	0	
<b>9</b>	<b>Religion</b>					$X^2=9.06$ Df=2 p =0.011 *S
	a) Hindu	40	85.1	1	33.3	
	b) Muslim	3	6.4	0	0	
	c) Christian	4	8.5	2	66.7	
	d) Others	0	0	0	0	
<b>10</b>	<b>Birth order</b>					$X^2=2.31$ Df=2 p =0.315 NS
	a) 1st child	26	55.3	3	100	
	b) 2nd child	18	38.3	0	0	
	c) Above	3	6.4	0	0	
<b>11</b>	<b>Classification</b>					$X^2=0.065$ Df=1 p =0.799 NS
	a) Toddler	1	2.1	0	0	
	b) Pre-schooler	0	0	0	0	
	c) Schooler	46	97.9	3	100	
	d) Adolescents	0	0	0	0	
<b>12</b>	<b>Type of family</b>					$X^2=4.407$ Df=1 p =0.036 *S
	a) Nuclear family	29	61.7	0	0	
	b) Joint family	18	38.3	3	100	
<b>13</b>	<b>Residency</b>					CONSTANT
	a) Urban	0	0	0	0	
	b) Rural	47	100	3	100	
<b>14</b>	<b>Type of school</b>					$X^2=0.204$ Df=1 p =0.652 NS
	a) Private	3	6.4	0	0	
	b) Government	44	93.6	3	100	
<b>15</b>	<b>Previous Knowledge of Covid-19</b>					$X^2=0.065$ Df=1 p =0.799 NS
	a) Yes	1	2.1	0	0	
	b) No	46	97.9	3	100	

*\*-p < 0.05 significant, \*-p < 0.001 highly significant, NS-Non significant*

The table depicts that the demographic variable, Religion and Type of family had shown statistically significant association between the level of psychological impact due to lockdown among school going children with selected demographic variables. The other demographic variable had not shown statistically significant association between the level of psychological impact due to lockdown among school going children with selected demographic variables respectively.

### V. CONCLUSION AND RECOMMENDATIONS:

A study to assess the psychosocial impact due to lockdown among school going children at selected community area, puducherry. Majority of the children 30(60%) of study population were in the age group are 7-12 years. Majority of the children were female 28(56%). Majority of the children, Educational status were 5th std -6th std 28(56%). Majority of Majority of the children 47(94%) had **Moderate** and 3(6%) had **High of psychological impact**. The mean and standard deviation of level of psychological impact due to lockdown among school going Children is (10.30±1.568) respectively.

### NURSING IMPLICATIONS:

The study had implications for nursing practice, nursing education, nursing administration and nursing research.

### **NURSING SERVICES:**

The community area nurses must know about the psychosocial impact due to lockdown at school going children.

### **NURSING EDUCATION:**

The nurse educated the parents and children how to overcome the psychosocial impact the community settings and handling of high-risk clients. Provide a necessary health education, provide a activity therapy or routine works etc.

### **NURSING ADMINISTRATION:**

Nurse's administrators can make necessary steps to spread awareness about how to overcome the psychosocial impact of lockdown. Nurse's administration can organize awareness program or some participation event about the psychological awareness.

### **NURSING RESEARCH:**

Numbers of studies are being conducted to assess the psychosocial impact due to lockdown among school going children Nursing studies are comparatively less in this community field. Different studies have to be conducted further prevalence of infection

### **RECOMMENDATIONS FOR THE STUDY:**

Based on the findings of the study, following recommendation have been made for future study.

- A similar study can be conducted by large number of sample in future.
- The study was conducted to particular group of people at particular age.
- A prospective study can also be conducted

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