



# A Potential Study On The Psychosocial Problems Of COVID-19 Affected Families In Kalaburagi City

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## Abstract

The COVID-19 pandemic and its associated containment measures—such as lockdowns, school closures, and social distancing—created unprecedented psychosocial challenges for families, especially children. This study aims to investigate the psychosocial problems experienced by children from COVID-19-affected families in Kalaburagi city, a major urban center in Karnataka, India. The research assesses the prevalence and nature of these problems, identifies key contributing factors, and proposes practical interventions. Using a mixed-methods approach, the study would collect data from a sample of children aged 6–18 and their parents/guardians. A quantitative survey would assess internalizing behaviors (anxiety, depression, social withdrawal) and externalizing behaviors (aggression, conduct problems), while qualitative interviews would provide deeper insights into their lived experiences. Preliminary findings from existing literature suggest that children experienced heightened levels of fear, anxiety, loneliness, and stress due to parental anxiety, disrupted routines, and limited social interaction. Factors such as socioeconomic status, parental mental health, family conflict, and excessive screen time are expected to be significant predictors of children's psychosocial distress. The study's conclusions would highlight the urgent need for accessible mental health support and community-based interventions. Recommendations would include school-based counseling programs, parental education workshops, and the creation of safe spaces for children's social and recreational activities.

## 1. Introduction

The global COVID-19 pandemic, caused by the SARS-CoV-2 virus, has profoundly disrupted societies worldwide, and its effects extend far beyond physical health. While much of the initial focus was on mitigating viral spread and treating critical cases, a growing body of research has revealed the significant and long-lasting psychosocial impact on individuals and families. The pandemic's ripple effects—including economic instability, social isolation, loss of loved ones, and fear of infection—created a "new normal" characterized by heightened stress and uncertainty. Within this context, children and adolescents emerged as a particularly vulnerable group. The abrupt closure of schools, cessation of extracurricular activities, and confinement to homes dismantled their routines, social networks, and normal developmental pathways.

Kalaburagi, a prominent city in the northern part of Karnataka, faced severe public health challenges during the peak of the pandemic. Like many other urban centers in India, its residents grappled with high case counts, overwhelmed healthcare systems, and stringent lockdown protocols. The unique socioeconomic and cultural fabric of the city, with its blend of nuclear and joint families, and varying access to resources, makes it a critical location for a localized study. While global and national studies have provided a broad understanding, a specific investigation in Kalaburagi is essential to capture the nuanced experiences of its population and inform targeted, culturally-sensitive interventions.

This study aims to fill this gap by providing an in-depth analysis of the psychosocial problems faced by children in Kalaburagi's COVID-19-affected families. It seeks to move beyond a general assessment and delve into the specific factors that exacerbate these problems and, most importantly, propose actionable solutions to support the mental well-being of the city's youth.

## 2. Objectives

This study is designed to achieve the following specific objectives:

- \* To assess the psychosocial problems faced by children from COVID-19-affected families. This includes identifying the prevalence of internalizing symptoms (e.g., anxiety, depression, social withdrawal, fear of disease) and externalizing symptoms (e.g., aggression, irritability, conduct problems, defiance).

- \* To identify the factors contributing to the psychosocial problems of these children. This involves examining the role of familial factors (e.g., parental stress, family conflict, loss of a family member, changes in family income), environmental factors (e.g., home confinement, online schooling, increased screen time), and individual characteristics (e.g., age, gender, pre-existing conditions).

- \* To suggest appropriate interventions to address the psychosocial needs of children in COVID-19-affected families. This objective focuses on developing evidence-based recommendations for mental health

professionals, educators, policymakers, and parents to promote resilience and well-being in the post-pandemic era.

### 3. Methodology

In this study the researcher used a mixed-methods research design, combining quantitative and qualitative approaches to provide a comprehensive understanding of the research problem. This design would allow for the statistical analysis of a large dataset while also capturing the rich, personal narratives of participants.

**3.1. Study Setting and Population:** The study would be conducted in Kalaburagi city, Karnataka. The target population would be children aged 6 to 18 years from families that experienced a direct impact of COVID-19, defined as a family member contracting the virus, experiencing significant financial hardship due to the pandemic, or suffering the loss of a family member to the disease.

**3.2. Sample Size and Sampling Technique:** A purposive and convenience sampling method would be used. The sample size would be a minimum of 300 children and their parents/guardians, recruited from schools, community health centers, and through social media platforms. The purposive sampling would ensure that the study includes families meeting the specific inclusion criteria.

#### 3.3. Data Collection Instruments:

**Quantitative Survey:** A structured questionnaire would be administered to both children (age-appropriate versions) and their parents. The survey would include standardized scales to measure psychosocial problems, such as the Strengths and Difficulties Questionnaire (SDQ) for children, and the Parental Stress Scale (PSS). It would also collect demographic data (age, gender, family type, socioeconomic status), pandemic-related stressors (e.g., illness or death of a family member), and changes in family dynamics.

**Qualitative Interviews:** A sub-sample of 30-40 children and their parents would be selected for in-depth, semi-structured interviews. These interviews would explore their personal experiences, coping mechanisms, and perceptions of support. Questions would be open-ended, for example, "How did the lockdown make you feel?" or "What was the most challenging part of this period for your family?"

#### 3.4. Data Analysis:

**Quantitative Data:** The survey data would be analyzed using statistical software such as SPSS. Descriptive statistics (frequencies, percentages, means, standard deviations) would be used to summarize the data. Inferential statistics, such as t-tests, ANOVA, and regression analysis, would be employed to examine the relationships between psychosocial problems and contributing factors.

**Qualitative Data:** The interview transcripts would be analyzed using thematic analysis. This method involves transcribing interviews, reading the data multiple times to identify recurring themes and patterns, and then organizing these themes into a coherent narrative that supports the study's objectives.

### 3.5. Ethical Considerations:

- \* Informed consent would be obtained from both parents/guardians and children (assent for minors).
- \* Participation would be voluntary, and all participants would be assured of confidentiality and anonymity.
- \* The study would adhere to ethical guidelines for research involving human subjects, as mandated by a relevant Institutional Review Board (IRB).

## 4. Results

Based on the synthesis of existing research on the psychosocial impacts of COVID-19 on children in India, a potential study in Kalaburagi would likely yield the following results. These results are presented in a structured manner, with hypothetical tables and figures to illustrate the expected findings.

### 4.1. Assessment of Psychosocial Problems

The quantitative data would likely reveal a high prevalence of various psychosocial problems among children. A significant portion of the sample would score in the clinical or borderline range on the SDQ.

| Psychosocial Problem (Based on SDQ Scores) | Percentage of Children Affected |

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| Emotional Problems (Anxiety, Depression, Fear) | 45-55% |

| Conduct Problems (Aggression, Irritability) | 20-30% |

| Hyperactivity/Inattention (Fidgeting, Poor Concentration) | 30-40% |

| Peer Problems (Social Withdrawal, Loneliness) | 50-60% |

| Prosocial Behavior (Reduced Helping Behavior) | 25-35% |

\* Emotional problems would manifest as increased clinginess in younger children and more frequent mood swings, irritability, and sadness in adolescents.

\* Peer problems would be particularly prominent due to social isolation and the abrupt halt of in-person schooling and play.



\* The qualitative interviews would corroborate these findings, with children describing feelings of loneliness, boredom, and a sense of being "trapped" at home. They would express missing their friends, teachers, and a normal routine.

#### 4.2. Contributing Factors

The analysis would identify several key factors that contribute to the children's psychosocial distress.

\* **Parental Stress and Mental Health:** The study would likely find a strong positive correlation between parental stress levels (as measured by the PSS) and the children's psychosocial problems. Parents, facing economic uncertainty, work-from-home demands, and the fear of infection, may have had less emotional capacity to support their children.

\* **Socioeconomic Status (SES):** Children from lower-income families would show higher rates of psychosocial problems. This is because these families were more likely to face severe financial hardship, food insecurity, and live in smaller, more crowded homes, which exacerbated confinement-related stress.

\* **Family Conflict:** Increased time spent together in a confined space, coupled with heightened stress, would likely lead to an increase in family conflict, which in turn would negatively impact the children's mental health.

\* **Changes in Daily Routines:** The sudden shift to online schooling and a lack of outdoor play would be significant stressors. Children would report difficulties in concentrating during online classes and a feeling of being disconnected from their educational and social environment.

\* **Screen Time:** The qualitative data would reveal a sharp increase in screen time for both educational and recreational purposes. While this provided some distraction, it was also associated with sleep disturbances, reduced physical activity, and increased sedentary behavior.

| Factor | Description of Impact on Children |

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| Parental Anxiety | Children mirror their parents' fears; increased family tension. |

| Economic Hardship | Children worry about family finances; increased household stress. |

| Social Isolation | Leads to loneliness, boredom, and a reduction in prosocial skills. |

| Loss of a Family Member | Children experience grief, trauma, and a sense of insecurity. |

| Online Learning | Poor concentration, lack of motivation, and eye strain. |

#### 4.3. Suggestions and Recommendations

Based on the research findings, a series of interventions would be proposed to address the identified psychosocial needs.

\* **School-Based Interventions:** Schools are a critical environment for children's development. Interventions would include:

- \* Implementing a school-based mental health curriculum that teaches emotional regulation, stress management, and coping strategies.

- \* Training teachers to recognize signs of distress in children and refer them to appropriate support services.

- \* Establishing a dedicated school counselor to provide one-on-one and group counseling sessions.

- \* Organizing peer support groups where children can share their experiences and build a sense of community.

\* **Parental Education and Support:** Parents are the primary caregivers, and their well-being is crucial for their children's. Recommendations would focus on:

- \* Conducting workshops on effective parenting strategies during and after a crisis.

- \* Providing resources on managing parental stress and promoting positive family communication.

- \* Encouraging parents to maintain a sense of routine and normalcy at home.

\* **Community and Policy-Level Interventions:**

- \* Developing and promoting a city-wide mental health helpline for children and adolescents.

- \* Creating and promoting accessible, low-cost recreational spaces and programs for children to engage in physical activity and social interaction.

- \* Integrating mental health services into primary healthcare and school systems.

- \* Lobbying for government policies that prioritize child and adolescent mental health in future public health crises.

#### 5. Conclusion

The COVID-19 pandemic has left an indelible mark on the psychosocial well-being of children, and the findings of this hypothetical study underscore the urgent need for a robust, multi-faceted response. The research would demonstrate that children in Kalaburagi experienced significant emotional and behavioral

problems, with a strong correlation to parental stress, socioeconomic disadvantage, and the disruption of their daily lives.

The study has confirmed that simply "bouncing back" is not an option for many children; deliberate and sustained interventions are required. The proposed recommendations, ranging from school-based programs to broader policy changes, are designed to build resilience and create a more supportive environment for the youth. This research would serve as a critical local resource, informing the work of healthcare professionals, educators, and community leaders in Kalaburagi as they navigate the long-term mental health consequences of the pandemic

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