

EXPLORING THE PSYCHO-SOCIAL EFFECTS OF COVID -19 ON...

Exploring the Psycho-Social Effects of COVID -19 on School Children: The case of Miskaye

Hizunan Medahiniale Monastery School, Addis Ababa

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This is to certify that the thesis presented by Wondifraw Fenta entitled: Exploring the Psychosocial Effects of COVID -19 on School Children: The case of Miskaye Hizunan Medahinialem Monastery School, Addis Ababa: submitted in partial fulfillment of the requirements for the degree of Masters of Social Work compiled with the regulation of the Addis Ababa University and meets the accepted standards with respect to originality and quality.

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Abstract

The purpose of this study is to explore the psycho-social effects of COVID-19 on school children. Cross-sectional mixed research approach was used to explore the problem being studied. Primary data were collected through questionnaire, in-depth interviews, key-informant interviews and observation. Purposive sampling technique was used to select a total of 9 key informant interviewees and 6 in-depth interviewees to collect qualitative data. Simple random sampling technique was used to select a total of 261 study participants to collect quantitative data using questionnaire. The collected data were analyzed using a combination of quantitative and qualitative procedures. Quantitative data were analyzed using both descriptive and inferential statistics. Independent samples t-test was used to compare the gender and educational differences of depression, anxiety and stress. Qualitative data collected from KIIs and in-depth interviews were analyzed thematically. The findings of the study show that the majority of school children had enough information about the pandemic. The main source of information about COVID-19 in the early stage was social media, family/friends, and television. Similarly, the result of the study demonstrated that school children were negatively affected by COVID-19 and they have experienced mild to extremely severe depression, anxiety and stress. School children had lost their social relationship and integration with their friends, classmates, teachers and relatives. To cope up with the psycho-social effects of the pandemic, school children had engaged in various activities such as playing games, reading books, focusing on social media and reducing the amount of information received from different media platforms. In general, the findings of the study show that the participants of this research believe that COVID-19 has affected their psychological and social life. The implications of this study are stated in regards to research, social work practice and social work education.

Keywords: anxiety, depression, COVID-19, psycho-social effect, school children, stress,

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Acronyms and Abbreviations

AIDS-----Acquired Immune Deficiency Syndrome

COVID-19 -----Corona Virus Disease

DASS-----Depression, Anxiety and Stress scale

EPHI-----Ethiopian Public Health Institute

HIV----- Human Immune Virus

KII-----Key Informant Interview

MHPSS-----Mental Health and Psychosocial Support

MOH-----Ministry of Health

SARS-----Severe Acute Respiratory Syndrome

SNNPR-----South Nation Nationalities and Peoples of Region

SPSS-----Statistical Package for Social Science

UNESCO-----United Nations Education, Science and Cultural Organization

UN-----United Nation

Chapter One: Introduction

1.1 Background of the Study

COVID-19 (Corona Virus) is an international public health crisis declared to be pandemic by the World Health Organization in March 2020 (WHO, 2020). Internationally, as a result of the emergence of the COVID-19 pandemic in the Chinese city of Wuhan, socio-economic crisis as well as psychological distress occurred rapidly (Serafini et al., 2020). Due to the COVID-19 pandemic, the lives of people are believed to have changed adversely. Apart from its devastating health problem, the pandemic has also affected the psychological and social well-being of the community including school children (Serafini et al., 2020).

COVID-19 pandemic has had significant psychological and social effects on communities. Studies for example, conducted by Wang et al.,(2020) have stressed the effects on the emotional well-being of the most exposed groups of the population, including school children and university students, who are reported more likely to develop anxiety, depression, post-traumatic stress disorder, and other signs of suffering. The physical/social distance and related safety measures have affected the relationship among people and their perception of empathy toward others. A study conducted by Dubey et al (2020) suggested that along with its contagion and mortality rates, the pandemic has caused psychological and social problems including fear of being infected, anxiety, depression and stress among the general public and school children in particular. According to the European Union (2020) report, due to the pandemic, confinements at home have relegated students to experience tensed emotional feelings and to become more stressed. The report also indicated that quarantined students during the pandemic are more challenged and suffered from stress.

During a severe pandemic like COVID-19, governments have taken different mitigation measures and strategies. For example, the closing of schools, playgrounds, parks, and sport activities disrupt school children's usual lifestyle and promoted distress, confusion frustration of being infected, and loss of social contact with their classmates and teachers. In this regard, school children are more likely to become challenged to cope up with these unusual activities. Stressors such as lack of enough personal space at home and family financial loss during lockdowns can potentially trigger the psychological and social problems of children (Wang et al., 2020).

In Africa, the first coronavirus pandemic was reported in Egypt on February 14, 2020 (WHO, 2020). As a result, the pandemic has forced many countries to take decisions to prevent the contamination or to decrease its fast transmission across the continent (Chen et al., 2020). Due to the outbreak, many countries have implemented their responses such as restricting communal meetings, closing of schools and universities, ban on all air travels, and closures of cities across the continent to mitigate the spread of the pandemic (UNESCO,2020). These responses and measures that have been implemented affected the social and psychological aspects of the public in general and children in particular (Abhishek, 2020).

Like other countries, the Ethiopian government has implemented different measures and strategies to minimize the psychosocial crisis of the pandemic. The measures include school and campus shutdowns, the closing of sports activities, restricting mass public gatherings and quarantine of people who are coming from abroad for at least 14 days are among the major strategies implemented to reduce the spread of the pandemic (MOH/EPHI, 2020). These strategies and measures may affect school children and children will likely experience social and psychological distress (MOH/EPHI, 2020). This is because, due to COVID-19, school children

were out of school and stay at home for a long time and they failed to access group activities and team sports. In addition, school children have lost their social relationship and contact with their relatives, classmates, and teachers. Consequently, children may develop higher levels of stress and feeling of restless or grumpy. Pertaining this, Elisabeth (2020, p. 2) stated the following:

Some might develop anxiety and become irritable, aggressive, or scared. Depending on how long the situation lasts, feelings of sadness or depression could appear which could lead to social withdrawal or crying. All these feelings can be displayed in physical reactions including stomachaches, headaches, or loss of appetite.

The existing literature around the world indicated that children's psychological and social conditions are affected by the COVID-19 pandemic. However, literature that focuses on this issue in Ethiopia is extremely scarce. Information is lacking on the effects of the corona pandemic that lead school children to be stressed, frustrated with being infected by the pandemic, and lose their social relationships. This study will thus explore the psychosocial effects of the coronavirus on school children in Addis Ababa.

1.2 Statement of the Problem

Internationally, especially in the developed nations, numerous studies have been conducted on different aspects of COVID-19. For example, Meichun and Mohler (2021) conducted research on stress and mental health among children and adolescents, their parents, and young adults during the first COVID-19 lockdown in Switzerland. Similarly, Li conducted a cross sectional research on the psychosocial impacts and coping responses toward COVID-19 in the Chinese general population (Li, 2020).

Wenjun et al (2020) conducted an evaluative analysis of the impact of COVID-19 on college students in China and the result indicated that 24.9% of college students have experienced anxiety because of both the COVID-19 outbreak and public health measures. The result also indicated that factors such as place of residence (being rural), not having stable income and having relatives infected with the pandemic have experienced severe, mild, and moderate anxiety respectively. Similarly, college students have been affected by the pandemic due to the increased distance between their relatives and friends.

Similarly, David (2020) studied the impact of the COVID-19 pandemic on international students in Canada. The results of the study indicated that precaution measures like stay at home, lockdowns and closing of schools and campus have negatively affected more international students and many of them had faced social and psychological distress including loss of interpersonal contacts, emotional feeling, and reduced academic performance.

Du (2020) also studied the psychosocial effect of COVID-19 in the framework of mental health and psychosocial needs of Syrian refugees in Turkey. The study indicated that the feeling of loneliness and sadness, intolerance towards family members, and intense fear that children would be infected by the virus were found to be the main effects of COVID-19 on mental health. Likewise, the findings of the study indicated that the pandemic has brought social effects on the refugees. The findings of the study further indicated that about 80% of the participants ended their social life and their social relationships changed into technological relationships. The findings have shown that, owing to COVID-19, refugees have ended their social life and resulted in limited socialization. From the same study, an 18 years old child from Izmir shared her experience saying “We don’t go out of the house anymore, and we don’t meet up with anyone, but we talk with them on the phone” (Du, 2020, P. 23).

Dubey et al (2020) researched the psychosocial effects of COVID-19 on different sections of society such as older people, domestic caregivers, children, and health care providers. The findings of this study showed that during a severe pandemic like COVID-19, government and health sector mitigation programs and strategies such as the closing of schools, parks and playgrounds; staying at home, keeping social and physical distancing, and hand washing measures have interrupted children's normal lifestyle and students had experienced distress and confusion. Children were also exposed to tediousness, anxiety, irritability, developmental issues, and fear of infection (Dubey et al, 2020).

In Ethiopia, Woda et al. (2020) conducted a cross-sectional study on the psychological impacts of COVID-19 among college students in Dessie Town. The findings indicated that college students experienced depression and anxiety disorder due to different government responses such as lockdowns and college shutdowns. The study also revealed that college students who are living in rural areas are more likely to experience psychological problems than college students living in urban areas. Kassaw and Pandey (2020) studied the current mental health crisis of the COVID-19 pandemic among communities living in Gedeo Zone Dilla, SNNPR. The finding showed that 34% of the study participants experienced mild to moderate psychological problems regarding the precautions measures that have been applied by the government. The findings also indicated that the monthly income of the household, large family size and being female are the main factors contributing to the psychological and mental health effects of COVID-19 on the study community.

Though many studies have been conducted regarding COVID-19, the focus of the available studies is on identifying the psychological and mental impacts of the outbreak. Few studies have been conducted on the psychosocial effect of COVID-19 on children (Dubey et al.,

2020; Group, 2020; Elisabeth, 2020). These studies have investigated the psychological and mental health impact of COVID-19 mainly focusing on health care professionals, college students, older people, youth, children, patients, refugees, and the general community across the world. The scope of most of the studies was limited only to the psychological and mental health impact of the pandemic on different sections of society.

Most of the existing COVID-19 related studies are conducted in the western contexts. Some of the available scanty studies in Ethiopia have focused on the psychological and socioeconomic impacts of COVID -19 on college students and the general public. None of them have focused on the psychosocial effect of COVID-19 on school children. The purpose of this study is, therefore, to explore the psychosocial effect of COVID-19 on school children in Addis Ababa with a focus on *Miskaye Hizunan Medahiniale Monastery School*.

1.3 Research Objectives

The general objective of this study is to explore the psychosocial effects of COVID-19 on school children in Addis Ababa. The specific objectives of the study are to:

- Examine the psychological effects of COVID-19 on school children during and after the school lockdown.
- Analyze the social effects of COVID-19 on school children during and after the school lockdown.
- Explore the experience of school children during school closure due to COVID-19.
- Identify strategies used by the school children to cope up with the psychosocial effects of COVID 19.

1.4. Research Questions

The research is trying to answer the following research questions:

- What are the psychological effects of COVID -19 on school children?
- What are the social effects of COVID-19 on school children?
- What are the experiences of school children in dealing with COVID-19 during school closure?
- What are the strategies used by school children to cope up with the psychosocial effects of COVID 19?

1.5. Significance of the Study

The study was intended to explore the psychosocial effects of COVID-19 on school children in Addis Ababa. This study has significance for concerned government bodies, non-governmental organizations, and community-based organizations, the private sector, and social institutions to understand the issue of COVID-19 and its psychosocial effect on school children. As the first study of its kind in Addis Ababa, this study will provide an understanding of the overall situation of school children during the early stages of the coronavirus pandemic. This study has also contributed to the working knowledge in terms of motivating other researchers to take part in related investigations in the future.

1.6 Scope of the study

Geographically this study is delimited to Miskaye Hizunan Madhanialame Monastery School in Addis Ababa. In the school, by considering students' willingness to provide reliable information about the pandemic and ethical issues this study also cannot answer the psychosocial impacts of the pandemic on first (1-4) and second (5-8) cycle students. Because of time and financial constraints the study did not answer the psychosocial effects of the pandemic among

elderly people, youths, university students, school teachers, health professionals, and COVID-19 infected patients as well as the general community. The study thus focuses only on high school students (9-12 grades). The effects of COVID-19 are multiple in nature and addressing all these effects is beyond the reach of this study. As such, this research is delaminated to the psychosocial effects of COVID-19 on school children. Temporally, the psychosocial effects of COVID-19 are examined both during and after the school lockdown.

1.7 Limitations of the Study

One limitation of this study is that the psychological effects of the pandemic such as anxiety, depression, and stress cannot be clinically justified. Additionally, due to the lack of previous studies, this study was limited to provide well-established and structured theoretical and empirical literature related to the topic.

1.8 Operational Definitions of Key Terms

Psychosocial effect: “refers to effects caused by environmental and biological factors on individual psychosocial aspects”. For the purpose of this study, psychosocial effect is defined as effects caused by COVID-19 on school children’s psychological and social aspects. Psychosocial effects such as, worry, depression, anxiety, stress, fear of being infected, loss of associated the loved one are some of the negative effects of the pandemic (Saha, et al 2020).

COVID-19: refers to a respiratory disease caused by the coronavirus (SARS-CoV-2). It is characterized by mild to severe respiratory illness and it is mainly transmitted through respiratory droplets released when an infected individual sneezes, and coughs (WHO, 2020).

School children: is defined as children who are attending primary and secondary school (UNESCO, 2012). For the purpose of this study, school children refer to those attending schooling in third-cycle ranging from grade 9-12.

Depression: for this study the prevalence and existence of depression, anxiety and Stress is determined by depression, anxiety and stress scale (DASS) and the scale ranges from 0- 9 Normal, from, 10-13 Mild, from 14-20 Moderate, from 21-27 Severe and 28+ extremely severe depression (Lovibond, 1996).

Anxiety: According to DASS the scale for anxiety ranges from 0- 7 Normal, from 8-9 Mild, from 10-14 Moderate, from 15-19, Severe and 20+ extremely sever anxiety (Lovibond, 1996).

Stress: According to DASS the scale for stress ranges from 0-14 Normal, from 15-18 Mild, from 19-25 Moderate, from 26-33 Severe, and 34+ extremely severe stresses (Lovibond, 1996).

1.9 Organization of the Thesis

The thesis is structured in five chapters. The first chapter introduces the background, statement of the problem, research objective, and research questions. The second chapter is dedicated to a literature review that presents the findings of different authors and gives a general overview of the coronavirus pandemic and its psychosocial effect. The third chapter describes the methods employed in the study; how data are collected and analysed, data quality assurance, and ethical considerations. The results of the study are presented in chapter four. The discussion, summery, and implications to social work are presented in chapter five.

Chapter Two: Review of Related Literature

This section presents review of related literature that shows the findings of different authors and gives a general overview of the coronavirus pandemic.

2.1 Definition and Overview of COVID-19

“COVID-19 is defined as disease caused by a novel coronavirus or severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). It is a large virus family usually targeting the respiratory organ of humans.” The novel coronavirus (COVID-19) was originated in Wuhan city, Hubei Province China, and declared by World Health Organization (WHO) as a global health emergency on 12, March 2020, (WHO, 2020).

According to Sideney (2019), the virus is rapidly spreading, throughout China, followed by an increasing number of cases in other countries throughout the world. At the early stage of the new coronavirus (COVID-19), the way how it is transmitted from person to person was unclear. But most respiratory viral infectious diseases are transmitted from person to person is by sneezing and coughing. According to WHO (2020), a report indicated that COVID-19 is transmitted from person to person primarily through “droplets of saliva” from the mouth or nose when an infected person coughs or sneezes. Mild to moderate illness will experience by individuals who are infected with COVID-19.

In Africa, the first coronavirus pandemic was reported in Egypt on February 14, 2020 (WHO, 2020). Initially, in other regions of Africa, the case was imported and spread rapidly. Due to the outbreak, African nations have implemented their strategies and responses to mitigate the rapidly spread virus. These measures and responses that have been implemented are affected

the social, economic, political, and psychological aspects of the continent in general and citizens in particular (Abhishek, 2020)

Similarly, on 13 March 2020, the first case of coronavirus pandemic (COVID-19) was reported in Ethiopia. After the first case of COVID -19 was reported different government responses and strategies were implemented to control the further spread of the virus. Response implemented by the government during the early phase of COVID -19 was including, closure of schools and universities, restricting mass public gatherings, quarantine of people who are coming from abroad for at least 14 days, restricting sports activities, and playgrounds, temporary closure of churches and mosques. In addition, a state of emergency was also declared and people were advised to avoid non-essential travel (MOH/EPHI, 2020). Such kinds of measures and responses are advised to implement by the government and concerned bodies to minimize the spread of coronavirus pandemic, the psychological, mental health well-being, social and economic conditions of the community especially school children's will likely be affected.

2.2. Psychosocial Wellbeing

The Republic of South Africa Department of Health defines psychosocial well-being as:

Psychosocial well-being refers to the social and emotional well-being of an individual, and the ability to fulfill his/her potential as a human being. It includes many areas of the individual's life: the psychological aspects, including, emotional, cognitive, mental health, and spiritual issues; while the social aspects refer to relationships with others, the environment, and society. These aspects of well-being also influence physical health, and how the patient engages in his/her treatment, adherence, or disclosure issues (2019, p. 10)

The psychological and social health of children and adolescents can be affected by the pandemic and epidemic disease including, HIV/AIDS, Ebola, severe acute respiratory syndrome

(SARS), and another contagious diseases. They have affected the way how they are nurtured and environmental exposure, parents and the type of home they lived in, family economic status and loving, and caring atmosphere (Ajidahun, 2011). Different kinds of literature in different countries indicated that the psychological wellbeing of adolescents and children were affected by the severe pandemic and their mental health problems increased and in the first wave of the pandemic and the psychological wellbeing decreased as well (Stefanos, 2020).

For example, a study in Italy showed that during the first month of lockdown the psychological health of the young people was negatively affected and their psychological strength decreased. In addition, young people experience aggressive behavior, increase depression, anxiety and somatic complaints (Parola et al., 2020). Apart from the psychological health effects of the pandemic, restrictive measures including lockdowns and school closure affected the social relationship of adolescents and children including a relationship with their friends, teachers, classmates, and parents (Stefanos, 2020).

2.3. Overview and Nature of Psychological problems

According to American Psychiatrists Association (2013), there are various types of psychological difficulties such as depressive disorders, anxiety disorders, stressor-related disorders, obsessive-compulsive disorders, psychotic disorders, somatic symptom and related disorders, personality disorders, substance-related and addictive disorders, neurocognitive disorders, neurodevelopmental disorders, feeding and eating disorders, sleep-wake disorders, Sexual dysfunctions, gender dysphoria, and other mental disorders.

These psychological difficulties are different and cause not only suffering in personal well-being but also a heavy burden to health care systems in general and health professionals in

particular. Some of the major psychological problems that cause disability internationally are anxiety, depression, and stress and no one is free from these problems (Yeshaw & Mossie, 2017).

There is no single cause for depression, anxiety, and stress. Nonetheless, there are factors related to anxiety, depression, and stress including gender, educational status, age, race, and marital status. There are also factors associated with depression, anxiety, and stress such as psychosocial stressors and past family history. Depression, anxiety, and stress are also developed with changes in one's own environment. This environmental change may include sudden changes in one's external environment, or any major loss (Kahn, 2001). Stress, anxiety, and depression are related to a combination of psychological, genetic and biological, and environmental factors.

According to Kahn, (2001), Risk factors for depression include hormonal factors and menstruation, pregnancy, childbirth, alcohol or substance abuse, and past family history of depression anxiety and stress, and suicide. In addition, other factors include, intimate partner violence (childhood), poverty, severe medical conditions, being a female, and sexual abuse. Similarly, anxiety can be caused by both physical and environmental factors. Physical factors can include increased heart rate, blood pressure, respiratory rate, and chest pain.

2.4. Overview of Depression, Anxiety and stress

According to the Center for Disease Control and Prevention (CDC, 2010), one out of every 10 adult Americans currently report depression. Depression is a mood disorder that is characterized by dysphoria, sadness, anxiety, withdrawal, hopelessness, despair, loss of sleep or excessive need for sleep, and possible exaggerated guilt feelings or thoughts (Kahn, 2001). If the

above characterizations affect psychological, physical, or interpersonal function for at least two weeks, a depression diagnosis may be given. Physical signs and symptoms of depression include headache, changes in appetite, loss of energy, and gastrointestinal disturbances. Intellectual symptoms may include slowed thinking, indecisiveness, poor concentration, and impaired memory (Kahn, 2001). No single cause is identified for depression. Predictors of depression include age, race, gender, education level, and marital status. Further, it may be associated with many factors including past family history and psychosocial stressors. These psychosocial stressors can range from death of a spouse to employment loss to possibly urban living. Expectedly, changes in one's own environment can play a role in the development of depression. These environmental changes may include sudden changes in one's external environment, or any major loss (Kahn, 2001). Depression involves a feeling of low mood that lasts for a long time and affects everyday life. People with depression, experience feelings of hopelessness, despairing, guilty, worthlessness, unmotivated and exhausted. It can also affect self-esteem, sleep, appetite, sex drive and, sometimes, physical health. The total number of people suffering from depression in the world reaches 322 million (WHO, 2017). Another common mental health problem is anxiety. Anxiety disorders are a group of disorders that have as their central feature the inability to regulate fear or worry. Although anxiety in itself is likely to feature in the clinical presentation of most patients, somatic complaints such as chest pain, palpitations, respiratory difficulty, headaches, and the like are also common, and these symptoms may be more common in developing countries. A number of different types of anxiety disorder exist, some of which are now briefly described (Hyman, Chisholm, Kessler, Patel, & Whiteford, 2006) Studies show that the total estimated number of people living with anxiety disorders in the world is 264 million (WHO 2017). In a survey conducted by the National Institute of Mental

Health, the prevalence of anxiety disorder was found to be 8.3%. Specifically, in the United States, generalized anxiety disorders affect 6.8 million adults (Kahn, 2001). This number may be underestimated as anxiety disorders often present with physical symptoms and the psychological components often go unrecognized. Anxiety can be caused by a combination of physical and environmental factors; Anxiety also can be marked by feelings of uneasiness, tension and apprehension (Kahn, 2001). Physical signs and symptoms can include increased heart rate, blood pressure, and respiratory rate, sweating, difficulty swallowing, dizziness, and chest pain. Because anxiety may be so debilitating, some individuals may turn to smoking, and alcohol and/or drug abuse Kahn (2001).

2.5. The psychological effects of COVID-19 on young people

COVID-19 is a pandemic and world health emergency for society, and it affects the lives of people across the world. The responses that most governments around the world were applied to mitigate the epidemic such as restrictions on movement and school shutdowns to most students all over the world was totally necessary to save lives. COVID-19 pandemic is also a psychological problem and risk for people around the world. Fear of being infected, loss of social connection/relationship, loss of usual activities, as well as disruption to education have an intense effect on the psychological and mental health of children and young people (WHO, 2020).

According to the Young minds report (2020), health measures design to prevent the transmission of the corona pandemic had been challenged the psychological aspects of the young people in London. The report indicated that as a result of the corona pandemic 32% of young people's mental health has been affected much worse, similarly, 51% of the young people's mental health is also affected by the pandemic a bit worse. While, 9% of the study population

have no difference to their psychological and mental wellbeing and also 6% of the young people mental health had become a bit better, in addition to that 1% of the study group's mental health had become much better.

Government measures and responses including closing schools and universities and physical distancing as well as restricted public gatherings had accepted and supported by many participants in the study. Restrictive measures perceived by young people were critical and slow speed. Even though government responses were perceived and understood by the young people, the impact of the pandemic problem did not minimize. The report indicated that young people are exposed to anxiety, stress, fear of being infected, and problems with sleep (Young minds, 2020).

2.6. The effect of COVID-19 on student's emotional life

The emotional well-being and the mental health of people around the world have been severely influenced by COVID-19 in terms of direct health conditions or indirectly concerning its social and economic concerns. This is true for students, while on average students are not the most vulnerable group of the population, as far as the health and physical aspect of the pandemic is concerned them. Though, due to the pandemic, many students have experienced psychological pressures and impacts on daily life, the delay in academic activities, and economic effects (Aleksander, et al, 2020).

According to the research study "The negative emotions experienced by the students were boredom (45.2%), anxiety (39.8%), frustration (39.1%), anger (25.9%), hopelessness (18.8%), and shame (10.0%)"(Aleksander et al, 2020, P. 15). The highest levels of anxiety were found in South America, Oceania, North America, and Europe respectively. Students from Africa and Asia had experienced the least anxiety level. Frustration is the second most

devastating emotional problem in the world. The high level of negative emotions shows that the pandemic itself and the responses taken by the various governments and health sectors had specific short- and long-term effects on the education, psychological and mental health of students (Aleksander et al, 2020).

2.7. The effect of COVID-19 on students' social life

Numerous studies indicated that as a result of loss of routine activities as well as responses including social distance and reduced physical contact, students have been exposed to negative emotions like boredom, anxiety, frustration, confusion, and anger. Due to COVID -19 and school closures, the majority of students have lived in unfamiliar situations. Students were living with the varying condition and they had different options to keep their social life to make normal as much possible during the corona pandemic. Some students who were living by themselves in this period were at a higher risk of social isolation and the consequent development of mental health disorders (Aleksander, et al., 2020).

The study indicated that students communicate online with specific people during the pandemic. As worldwide students communicated online at least once a day with close family members (52.0%), someone they live with roommates (47.8) primarily European and Asian students, they relied on social networks (45.8%). Online communication with administrative staff at the university was the least frequent (Aleksander, et al, 2020).

2.8. The Psychosocial effects of COVID-19 on quarantined children

According to Brooks et al (2020) cited in Ritwik et al (2020), Children's being quarantined allows psychological problems, psychosocial stigma, and different neuropsychiatric manifestations. Due to children's severe change in their lifestyle, physical and mental activities,

confinement at home enforces immediate and prolonged psychosocial effects (Wang G, et al., 2020). Separated and isolated children who are being quarantined at institutions are the most horrible in their life during the corona pandemic (Liu et al, 2020 cited in Ritwik, et al 2020).

Children's proper nutritional and mental care is not the only means of their development and wellbeing, but also proper parental relationship and communication depend. Psychological consequences including post-traumatic stress disorder, anxiety, depression, delinquency, and even suicidal attempt are the result of children getting apart from their parents and families (Ritwik, et al., 2020). Accordingly, during children's being quarantined and confinement, psychosocial support needs to be provided and must be aware by frontline physicians, health workers psychologists, social workers, and other concerned bodies. Communication with parents and families via audiovisual devices needs to be arranged by health authorities to reduce the psychosocial crisis of children.

To provide mental health care for quarantined children governments should make operational strategies. (Liu et al, 2020 cited in Ritwik et al., 2020). Furthermore, due to the forced distance parents whose, children are separated and quarantined from them will also equally experience stress, feel insecurity, and anxiety (Dubey, et al., 2020).

2.9. The psychosocial effects of school closure during COVID -19 on children

Due to the novel coronavirus (COVID-19), the number of mortality and infected cases increase rapidly, academic institutions such as high and elementary schools led to close to prevent the transmission of the pandemic among the population in the world (WHO,2020). According to a UNESCO report, around 1.6 billion school students in 196 countries were affected by the corona pandemic (COVID-19) as a result of school closure.

To prevent and cure COVID-19 infection the administration had no choice left but school closure and practice of social distancing nationwide have been implemented (Cohen & Kupferschmidt, 2020 and Bayham & Fenichel, 2020). The experience from severe acute respiratory syndrome coronavirus (SARS-CoV), the decision of school closure will not have similar effects on interruption of the disease spread as seen as in the case of influenza pandemic due to different transmission dynamics(Viner, et al 2020, as cited in Ritwik, et al., 2020).

Schools are not the only educational center for children, but also it is free space and a home outside their home. In addition to education, pedagogy and scholastic service schools provide an opportunity scope of interaction with fellows and seniors and psychological comfort. Schools also play an important and useful role in promoting personal hygiene, healthy food, physical activity, and body habits (Sylva, 1994). Even home confinement and a short-term shutdown of educational institutions and universities for children is indeed challenging and projected to have negative effects on children's physical and mental wellbeing and break a sense of regularity that school used to provide (Stewart et al., 2018 & Lee, 2020). During school closure and lockdowns, children experience and practice irregular sleep patterns, unfavorable diet, sedentary lifestyles, longer smart phone time, and physical inactivity as well as obesity and reduced cardiorespiratory fitness will be the result (Rundle, et al, 2020). "Perpetual termination of schooling, fear of being infected and spreading an infection to grandparents at home, everlasting ennui, frustration, insufficient information, and lack of in-person contact with peers and teachers, lack of personal space at house, and growing financial burden on parents are often unnoticed and forsaken, but these parameters have a sustained consequence on children and adolescents" (Ritwik, et al., 2020, P .228).

According to Wang et al (2020) among children's risk of a teacher-student relationship, peer group interaction, the routine habit of school-going, task-oriented education, and fellow feeling will occur during the pandemics. The complex interplay between the pandemic-induced forced homestay and lifestyle modifications and psychosocial stress will further exacerbate the negative effect of the pandemic on children's overall health viciously. Both in developed, developing, and underdeveloped nations many children's who are living in hardship schools are also a place for nutritional support, and school shutdown will increase food insecurity which in turn can be linked with low academic performance and plentiful challenges to the general wellbeing of the students (Van & Parolin, 2020; Van & Parolin, 2019). Educational inequalities and the idea of the right to education hard will be challenged by the extended school closures and shutdowns. Due to the closure of schools learning gap will be widened between children from higher and lower-income families (Van & Parolin, 2020).

“Facilities for homeschooling which need audio-visual systems and good internet connection are not available for children from low-income households. A substantial number of children do not have a stable residence, required books, a suitable place for homework, computers, smartphones, internet access, access to outdoor leisure activities even in developed countries” (Ritwik, et al., 2020, P .228). Among children's of developing and underdeveloped countries are even more affected by COVID 19, because of insufficient accessibility of learning equipment, home condition for study, electronic gazettes, and online education (Ritwik, et al., 2020)

2.10. COVID-19 in Ethiopia and its psychosocial effect

On 13 March 2020 Ethiopia declared the first case of corona pandemic, however initially the number of confirmed cases remained low, after July 2020 the number of confirmed cases

increased alarmingly. The health, social, economic, and political as well as other multi-dimensional effects of the pandemic are reported by countries across the world. In low-income countries like Ethiopia, where there is a weak health system the situation is expected to be potentially more challenging (Amdeselassie, et al., 2020). Government responses and measures to migrate the spread of the pandemic including lockdowns and restricted basic services expected to put high pressure on children, women, girls, and young people with the existing social and economic inequalities (UN, 2020).

Studies conducted by Amdeselassie, et al, (2020) on the psychosocial effect of COVID -19 on street-connected youth and young people involved in commercial sex work. The findings of the study indicated that the psychosocial wellbeing of the disadvantaged groups of youth was negatively affected by the pandemic. Because of lack of family and peer support, many young people were very stressed and anxious about the fear of being infected by COVID-19. Similarly, during the pandemic outbreak many young people faced food insecurity due to the decline of their access to income from street vending, begging, and charity as a result they were experienced anxiety and stress. As an 18-year-old street-connected youth from Adama explained: 'People treat us like trash. No one comes to us as if the corona is found in us.' Similarly, an 18-year-old street-connected adolescent mother from Hawassa noted: 'What is the relevance of staying healthy if hunger is going to kill you any day? ... If corona kills me, it would be a relief from this life, I just feel sorry for my son (Amdeselassie et al., 2020 P, 5.).

In addition, the result indicated that some youth were exposed to the feeling of depression because of the increased stigma they were facing from the community and their street-connected existence. An 18-year-old street-connected mother of two living in Addis Ababa explained: 'It is

like with HIV/AIDS. There is discrimination. Because you go out to work, people who stay at home fear you bring the disease.’(Amdeselassie et al., 2020 P. 5).

Due to COVID- 19 many youth social networks and communication were also disrupted. An 18-year-old street-connected adolescent boy in Addis Ababa explained: “I have stopped all my communications with my friends. COVID -19 disrupts my communication with friends. We communicate only through telephone” (Amdeselassie et al., 2020 P. 5).

2.11. Children’s coping strategy during school closure

Internationally countries adopted policies and strategies to reduce the spread of the corona pandemic. For instance, governments advised, children should be cared for and stay at home especially at the early stage of the corona pandemic. Consequently, School and kinder gardens were closed, and face-to-face contact with teachers and teaching was postponed and replaced by distance learning (Milla, et al., 2020).

The negative health consequences are often experienced by children and their families concerning both the pandemic and related lockdown strategies advised by the government. In addition to the psychosocial and health challenges of the virus unemployment, economies have collapsed and different kind's social crises (domestic violence) have increased. As a result of global lockdowns to the pandemic/COVID-19, the everyday lives of families and children changed. In particular, families with children have faced different kinds of challenges regarding how to organize and manage their everyday lives (Milla, et al., 2020).

Lockdowns and restricting movements can produce different kinds of risks to school children’s well-being while coping strategies represent an important issue. Research studies have indicated that the current COVID-19 lockdown has impacted school children's physical activity

and encouraged to longer screen time, irregular sleeping patterns, and a less favorable diet. (Wang, et al., 2020).

According to CDC (2020) to prevent the stressful situation during the outbreak of pandemic disease individuals should maintain a healthy relationship, get in touch with friends and family members at regular intervals by using social media, think positively, and also should not expose to media coverage too much. Similarly, if COVID-19 anxiety and frustration show up, it is important to share the fear with others and also try to increase self-awareness by getting adequate sleep, exercising regularly, and employing different relaxation techniques.

To cope with psychosocial challenges during COVID-19 school children and their families should follow and develop coping strategies including indoor play, online learning, relaxation and exercise, yoga and meditation, listening to music, reading books, engaging creative activities, positive thinking, aerobic exercise, socialize online and regular routines (Vallejo, et al., 2022).

2.12. Summary of the Literature Review

COVID-19 and its precaution measures like, school lockdown and keeping physical distance has affected the psychosocial wellbeing of school children. Psychosocial problems of the pandemic are not only affecting students but also affected the general community in general. The major psychosocial problems that cause negative emotional feelings of school children are, depression, anxiety, and stress, fear of being infected by the pandemic and student's loss their social relationship with their classmates and teachers. Depression, anxiety and stress are a feeling of low mood that continues for a long time and affects everyday life of school children. It can make a person feel hopeless, despairing, guilty, worthless, unmotivated and exhausted. It can affect self-esteem, sleep, appetite, and, sometimes, physical health.

Chapter Three: Research Methods

This chapter deals with the description of research design, study area, population and participants of the study, samples and sampling technique, instruments of data collection, data collection procedures, methods of data analysis, and ethical considerations.

3.1. Research approach and design

The major objective of this research is to explore the psychosocial effects of COVID-19 on school children in Addis Ababa specifically *Miskaye Hizunan Medahiniale Monastery School*. The study employs both qualitative and quantitative (mixed method) research approach by applying exploratory and descriptive design. According to Creswell (2003), mixed research incorporates both qualitative and quantitative approaches in the same study to get a full understanding of the problem being studied. The researcher particularly applied a convergent parallel mixed method of design in which both qualitative and quantitative data were merged to provide a comprehensive analysis of the research problem. To do so, the researcher collected both qualitative and quantitative data at the same time and then integrated the data and interpreted the overall results in one go. This study is more of qualitative because no earlier studies were conducted on the issue. Even if the study is more qualitative in its nature, a quantitative research approach was used to support the qualitative data to fully understand the psychosocial effect of COVID-19 on school children.

Qualitative research approach was used to obtain a deep understanding of the social effects of the pandemic on school children including how students' social relationship looks like with their family, teachers, classmates as well as the school community at large during and after school lockdown. The experience of students about COVID-19 during school lockdowns and coping strategies that were used by students to mitigate the psychosocial effects of the pandemic

were analyzed through a qualitative research approach. Quantitative approach was applied to explore and describe the psychological effects of COVID-19 on school children such as feeling of depression, anxiety, stress, and fear of being infected by the pandemic. A quantitative research approach was also applied to measure the magnitude and severity of the pandemic on the psychological makeup of students.

Regarding specific research designs, both exploratory (qualitative) and descriptive (quantitative) research designs were applied. When there are few or no earlier studies and when a problem is not clearly defined to which reference can be made for information, exploratory research is usually recommended (Williams, 2003). Exploratory research approach is also important to have a better understanding of a problem being researched and the researcher will not provide conclusive results (Williams, 2003). Descriptive design is most appropriate to focus on the “what” of the research rather than the “why” of the research subject (Babie, 2007). Under this study, the researcher thus used descriptive design to describe the psychological effect of COVID-19 on school children during and after school lockdowns.

The study is a cross-sectional study as the data were collected at one point in time (Kreuger and Neuman, 2006). All necessary data that helped to explore and examine COVID-19 and its psychosocial effects on school children was collected in a single time interval.

3.2. Description of the Study Area

This study was conducted at *Miskaye Hizunan Medahinialem Monastery School* in Addis Ababa. The School is located at Gullele Sub-City Woreda 02 administration in the northern district of Addis Ababa, Algeria Street near Entoto Technical and Vocational College. The school belongs to the Ethiopian Orthodox Tewahido Church, having students from nursery to high school levels.

COVID-19 affects school children because of government responses and measures such as school closure and lockdowns to mitigate the spread of the pandemic. During school lockdown, students have experienced negative psychosocial difficulties including fear of being infected with the pandemic, depression, anxiety, stress, and loss of social relationships with classmates and friends (Wang et al, 2020). As such examining the psychosocial effects of COVID on the school children is of great concern. For this study, *Miskaye Hizunan Medahinialemon Monastery School* is selected as a case study. *Miskaye Hizunan Medahinialemon Monastery School* is one of the private schools in Addis Ababa. The school is selected owing to different reasons. First, as the school provides both secular and religious education, the religious education can help students easily withstand and cope up with the psychosocial effects of the pandemic. Second, the researcher is familiar to the area and assumes that he can get valid and reliable data.

3.3. Participants of the study

Participants of this study were students, teachers and principals and parents of students. Students were selected as participants because the research is all about the effect of COVID-19 on students' psychosocial wellbeing. Teachers and parents were selected for this study because they have close and daily contact with the children at the school and home respectively.

Because of students' willingness to provide reliable information about the pandemic and the ability to respond to the questionnaire properly, student participants were those who are attending their education from grade 9-12. Secondary data collected from the school's record office indicated that there were 751 students (males 370 and females 381) who were attending their education in the 2020/21 academic year.

3.4. Sampling and sampling procedures

The target populations of this study were children who are attending their education (grade 9-12) in *Miskaye Hizunan Medahinialem Monastery School*. It is known that the main objective of the study and the characteristics of the study population determine the sampling process. According to Mack, (2005) the characteristics of the study population and the research objectives determine which and how many people to select for a study.

To select samples for the study, the researcher used both purposive and simple random sampling techniques and procedures. A purposive sampling technique can be used when items for the sample are selected deliberately by the researcher (Omona, 2013). As such, for this study, purposive sampling was employed to select key and in-depth interview informants including principals, teachers, legal guardians or parents, and school children as they have daily contact with students.

Simple random sampling was applied to select students of grade 9-12 for the questionnaire survey. To do so, first the list of students was collected from the school's record office. After getting the list of students in each class, the list for each section was merged together to get one complete list for the sampling procedure. This forms the sampling frame for the study.

3.5. Sample Size

Data collected from the record office of the school indicated that there were 751 students (grade 9-12) who were attending their education in 2020/2021 A.Y. To determine the sample size of students for the questionnaire survey, the researcher has applied Yemane (1967) simplified formula written as:

$$n = \frac{N}{1 + N(e)^2}$$

Where n is the sample size, N is the population size, and e is the level of precision.

Based on the above sample size determination formula with a confidence interval of 95% and 0.5% level of precision, the sample size becomes 261. Therefore, for this study 261 students have participated to fill the questionnaire survey.

According to Mack (2005), the number of KII and in-depth interviewees is often determined based on theoretical saturation. Even though, there is no specific sample size in a qualitative study, it is recommended that the sample is to be smaller because an extensive and comprehensive investigation is required (Mile & Huberman, 1994). As each case requires a compressive understanding, it is recommended that the total number of informants investigated be limited to four or five (Neuman, 2007). While using a purposive sampling technique, it is important to considered theoretical saturation; this is the point at which there is no longer insight to be brought in as data (Mack, 2005). Creswell (2009) suggested that data saturation is typically obtained in case studies with five to six homogeneous participants. In this study six school children, five families or legal guardians, and four teachers were participated and interviewed. This is the case when new data no longer bring additional insights to the research questions. Accordingly, 15 KII and in-depth interviewees were interviewed to collect qualitative data.

3.6. Inclusion Criteria for the Qualitative Data

To collect the qualitative data, there were inclusion criteria for the selection of participants. One of the inclusion criteria to collect the qualitative data for this study was students' grade level. In this case, students who were attending their education form grade 9-12 were included as they can easily understand the questionnaire and provide correct information.

The second criterion was willingness to participate in the study. Under this criterion, those students, parents, principals, and teachers who were willing to respond for the interview were included as study participants.

3.7. Sources and Tools of Data Collection

Data for this study were collected from primary sources by employing both qualitative and quantitative data collection tools. While quantitative data were collected using questionnaire survey, qualitative data were collected using key informant and in-depth interviews as well as observation. The data collection tools and type of data collected in each tool are described below.

3.7.1. The DASS 21 Questionnaire

Questionnaire was prepared to collect quantitative data for the study. To this end, closed-ended type questionnaire was prepared and distributed to randomly select 261 sample students. The questionnaire items include students' background information and the DASS (Depression, Anxiety and Stress) scale measurement questions.

The DASS questionnaire is a tool used by the researcher to understand the psychological status of an individual including depression, anxiety, and stress. The emotional instabilities or states of depression, anxiety, and stress of an individual are measured by a very well-known DASS-21 developed by Lovibond and Lovibond (1995). The scale contains three self-report subscales that consist of seven items each with related content. Self-depreciation, lack of interest, anhedonia, hopelessness, devaluation of life, inertia, and dysphonia subscales were assessed by the depression scale. The anxiety subscale measures skeletal muscle effect, situational anxiety, subjective experience of anxious affect, and automatic arousal. The stress scale also measures

subscales such as agitation, irritability and impatience, nervous arousal, and difficulty of relaxation.

The DASS-21 symptom is based on a 4-point severity scale ranging from 0 to 3 measures, and scores are categorized into normal, mild, moderate, severe, and extremely severe (Lovibond & Lovibond,1995). The maximum score is 21 and the minimum score is zero. The final score of DASS-21 can be categorized based on cutoff points. Item 3, 5, 10, 13, 16, 17, & 21 are components of the depression subscales; items 2, 4, 7, 9, 15, 19, & 20 stands for anxiety whereas items 1, 6, 8, 11, 12, 14, & 18 are components of the stress subscale. The questionnaire was distributed to teachers in the school and these teachers then distribute the questionnaire to the selected students.

3.7.2. In-depth Interview

An in-depth interview was used to obtain detailed information about the problem under investigated. In-depth interview was conducted with purposively selected school children who can clearly narrate their experiences during COVID-19 pandemic. To this end, a semi-structured interview guideline was prepared. Interview was conducted by the researcher in a convenient place. The interviews were audio recorded. The whole process of the in-depth interview was conducted based on the consent of the students and their parents. Interviews were conducted by the researcher.

3.7.3. Key informant interviews (KIIs)

Qualitative data were also collected using KIIs with five parents and four teachers. KII was conducted to collect detailed information concerning students in school social relationship with their friends, classmates, teachers and school community; class participation, academic

performance, and relations with their parents. Parents were interviewed to get detailed information about students' feelings, emotions, and relationships with family members and the neighborhood as well as their understanding of COVID-19 and its effect during school lockdown. To this end, a semi-structured interview guideline was prepared. The responses of the KIIs were audio recorded upon the consent of informants.

3.7.4. Observation

Besides the above mentioned data collection tools, the researcher has conducted school observation after the school lockdown. Observation was conducted to collect information on how students protect themselves from the pandemic and the way how they apply COVID-19 protective measures at the school. It also focused on social and behavioral interaction during playing, learning, sports activities, and the like. Researcher's observation has also focused on observing the facilities that the school provided to school children to protect themselves from the pandemic. Moreover, the observation checklist focused on observing what the school teachers do to protect themselves and students from being infected by the pandemic at the school.

3.8. Data quality assurance

To assure the quality of data collected and triangulate the findings from the study, the researcher has employed several data collection tools as described above. The researcher has also engaged himself with students, teachers and the school community at large for one month of time. Before starting to collect data, building a good rapport with children at home and at school were very important to have a trusting relationship. The researcher has conducted a regular visit to the school and meets with students, principals, and teachers become close friends. This has helped the researcher to build trusted relationship with the school community and to get credible information.

The interview questions, the observation checklist, and the questionnaires prepared for the purpose of the study were commented on by the supervisor and classmates from the school of social work. To ensure the reliability of the DASS questionnaire, pre-test was conducted on a randomly selected 40 students. The pre-test was conducted for checking the clarity of the questionnaire, language problem, feasibility, and reliability of items. To do so, first the English version of the DASS questionnaire was translated to Amharic language. After distributing the questionnaire and getting responses from students, a statistical tool called Cronbach's Alpha was calculated to check and ensure the consistency of items in the DASS questionnaire. The calculated pre-test Cronbach's coefficient values (α) for depression, anxiety and stress were found to be 0.82, 0.88, and 0.82 respectively. This implies that the DASS questionnaire items are reliable and consistent. Based on the result of the pretest, necessary modifications were made.

During the data collection period, the researcher has also clarified any unclear questions and misunderstandings to the students. During the interview process, each question was clearly explained to the respondents and informants.

3.9. Data Analysis and Presentation

The data from the qualitative method were analyzed and narrated thematically by coding the inputs which are obtained from the research participants through in-depth interviews, key informant interviews, and observation. Data recording, transcription, translation, coding list of categories, and identification of thematic patterns was the main process followed by the researcher to analyze qualitative data. Audio taped in-depth interviews were transcribed in Amharic language and then, translated into English language, coded and categorized based on the themes. The coded and categorized data were interpreted and analyzed by relating the data

within and across the categories, in a way that gives meaning and answers to the research questions.

Regarding to the quantitative method, the raw data gathered through questionnaires, was first coded and data were entered using Statistical Packages for Social Sciences (SPSS) version 20. Both descriptive and inferential statics were used to analyze the quantitative data. Frequencies and percentages were used to describe the quantitative data. Independent samples t-test was also used to compare the anxiety, depression and stress levels across gender and educational level. Data were presented using tables. Results of the study were then discussed by relating them with previous results and different theories mentioned in different kinds of literature on the issue under study.

3.10. Ethical Considerations

The study was conducted by considering the ethical requirements that insures privacy, well-being, and the right of participants. The ethical norms in this study are also designed to respect human dignity, respect the freedom and self-determination of the participants, obtain informed consent, and keep their confidentiality.

The research participants are both school children and key informants including teachers and their parents. To get the consent of research participants, written consent form was prepared and distributed to parents and teachers on the behalf of school children as children cannot fill the consent form due to age limit. The consent form provides details about the responsibilities/duties of the researchers, the rights of informants, and the use of the research results as well. At the time of data collection, participants of the study were informed about their right to stop or withdraw or refuse to answer any question at any time if the question is uncomfortable to them. The researcher further ensured that all pieces of information that were collected from the

participants shall be used only for academic purpose. After ensuring participants' clear understanding of the study, participants were asked to sign a consent form.

Chapter Four: Results

4.1. Introduction

This chapter presents the results of the study. It begins with the demographic summary of the research participants. It also presented the results of the study including both the qualitative and quantitative domains. From the qualitative data, four main themes were developed using various data analysis techniques. These themes are (1) Understandings of school children on different aspects of COVID-19 (2) psychosocial effects of the pandemic (3) experiences that school children developed during school lockdowns and (4) coping strategies that school children used to mitigate the effects of the pandemic.

Regarding the questionnaire survey, out of the total sample size of 261, only 225 filled and returned the questionnaire properly. This has made the response rate to be 86%.

4.2. Demographic Profile of Respondents and Informants

Table 1: Distribution of respondents by age, sex and educational level

Demographic variables	Categories	Frequencies	Percentage
Age in year's	10-14	7	3.1
	15-17	144	64.0
	18	74	32.9
Gender	Male	100	44.4
	Female	125	55.6
	Total	225	100
Educational Level	Grade 9	72	32
	Grade 10	51	22.7
	Grade 11	67	29.8
	Grade 12	35	15.6

Source: Own survey June 2021

Table 1 above indicated the age category, gender, and educational level of school children. Regarding the age, the majority of them were between the ages of 15-17 (64%). Participants whose age is 18 (32.9%) are the next largest percentage. Participants whose age is between 10-14 are only 3.1%. In terms of sex, while 100 (44.4%) of the students are males the 125 (55.6%) are females. In terms of the educational level, the above table shows that 72(32%) of respondents were grade 9, 67 (29.8%) were in grade 11, 51 (22.7%) were in grade 10 and 35 (15.6%) were in grade 12.

Table 2 below shows the characteristic features of informants for KII and in-depth interview.

Table 2: Demographic characteristics of participants in qualitative data

Participants Number		Age	Gender	School /educational level
School children	1	16	Female	Grade 10 th
	2	17	Male	Grade 11 th
	3	17	Female	Grade 11 th
	4	18	Male	Grade 12 th
	5	16	Male	Grade 9 th
	6	18	Female	Grade 11 th
Families/parents	1	50	Female	Diploma
	2	45	Female	10+3
	3	49	Male	Masters
	4	32	Female	Degree
	5	38	Male	Degree
Teachers	1	38	Male	Degree
	2	34	Male	Degree
	3	40	Male	Degree
	4	36	Female	Degree

Source: Own survey, June 2021

As shown in the Table 2 above, a total of six students (3 male and 3 female) were contacted for an in-depth interview. In addition, a total of 5 parents (2 males and 3 females) and a total of 4 teachers (3 males and 1 female) were participated as key informants.

4.3 Understandings on Different Aspects of COVID-19

This section presents findings related to school children's understanding about various aspects of the pandemic such as (1) obtaining enough information about COVID-19 and its prevention; and (2) Sources of information about COVID-19 pandemic at its early stage.

4.3.1. Information received about COVID-19

Information concerning COVID-19 particularly its effects, transmission modalities and protection measures can play a vital role in minimizing the psychosocial effects of the pandemic on students. Regarding this, students were asked if they have got enough information about COVID-19. Table 3 below shows the response of students for the same.

Table 3: Knowledge and information received about COVID-19 by students

Variables	Categories	Frequencies	Percentage
Enough Information about COVID-19	Yes	186	82.7
	To some extent	30	13.3
	No	9	4
Source of Information	Social Media/Internet	128	56.9
	Family/friends	15	6.7
	Television	56	24.9
	Other	26	11.6

Source: Own survey, June, 2021

From Table 3 above, we can see that the majority of students, i.e., 186 (82.7%) have enough information about the COVID-19 pandemic. About 30 (13.3%) have information to some extent. However, few students, i.e., 9 (4%) had no information about pandemic. This shows that access to information about the pandemic is not a problem.

Regarding the source of information, 128 (56.9%) of the respondents received from Social Media or the internet. About 56 (24.9 %) of the case have received information from television, and 15 (6.7%) and 26 (11.6%) respondents received information from family/friends and other sources respectively.

The results of the in-depth interview with school children revealed that they have received information about COVID-19 and its characteristics primarily from social media/internet and television. They have also received information from their families and school teachers, from radio and other similar platforms. Practical information they have received were keeping physical distance, wearing a facemask, staying at home, and washing hands. A 17 years old and grade 11th school child explained the type's information he received as follow:

When COVID-19 first came to Ethiopia, I was able to get information from people, especially from my mother and father. I was also able to get information on TV and social media. Our school also tried to create some awareness about COVID-19 during the first phase of the outbreak of the pandemic (June 10/2021 at Miskaye Hizunan Medahiniale Monastery School).

The other finding also indicated that information distributed about the corona pandemic was through different sources, predominantly television, health care professionals, and government officials. In this regard, a 16 years old and grade 10th female student explained the following:

I was in school when the COVID-19 pandemic first came to Ethiopia. I heard students and teachers talking that COVID-19 had entered Ethiopia. The government then announced that schools should be closed for 15 days. As a result, I stopped going to school. After I started staying at home, I was watching TV because there was a lot of talk about COVID-19 particularly its ways of transmission and preventive measures (June 10/2021 at Miskaye Hizunan Medahiniale Monastery School).

Though school children have received information from different media coverage, the information they received from different media platforms leads to unnecessary frustration and anxiety. Pertaining this, an 18 years old, grade 12th male student also explained the situation as follows:

During school closure, it was a time of great anxiety. I was very nervous at the time, especially since there was a lot of talk and media coverage about COVID-19. I was worried when people were infected and died from the pandemic (June 12/2021 at Miskaye Hizunan Medahiniale Monastery School).

4.4. Psychological effects of the pandemic on school children

In this section the prevalence of depression, anxiety and stress among students and the level of psychological symptoms that school children experienced are presented. In addition, independent sample t-test was computed to understand is there any statistically mean difference with depression, anxiety and stress across gender and educational level.

4.4.1. The prevalence of depression, anxiety, and stress

The following tables (Table 4, 5, and 6) illustrate the prevalence of depression, anxiety, and stress among school children. Here, scores from depression, anxiety, and stress were

calculated separately. According to the DASS (depression, anxiety, and stress) manual, the categories are classified under five groups which are normal, mild, moderate, severe, and extremely severe. Table 4 below shows the depression scores of students.

Table 4: Depression scores of the respondents

Scores	Magnitude	Frequencies	Percentage
0-9	Normal	73	32.4
10-13	Mild	18	8
14-20	Moderate	56	24.9
21-27	severe	37	16.4
28+	Extremely severe	41	18.3
Total		225	100

Source: Own survey, June 2021

As it can be seen in Table 4 above, the overall prevalence of depression from mild to extremely severe was 67.6%. Among those participants of the study 8%, 24.9%, and 16.4 % had mild, moderate, and severe depressive symptoms respectively. Particularly, 18.3% of respondents had experienced extremely severe depressive symptoms. Like depression, students' level of anxiety due to COVID-19 was calculated and the results of the study are presented in Table 5 below.

Table 5: Anxiety scores of the respondents

Scores	Magnitude	Frequencies	Percentage
0-7	Normal	69	30.7
8-9	Mild	12	5.3
10-14	Moderate	50	22.2
15-19	severe	25	11.1
20+	Extremely severe	69	30.7
Total		225	100

As shown in Table 5, about 69, (30.7 %) of the respondents were free from anxiety owing to the pandemic, whereas the remaining respondents had anxiety symptoms with different degrees. About 12, (5.3%) 50, (22.2%), and 25, (11.1%) had mild, moderate, and severe anxiety symptoms, respectively. The rest 69, (30.7 %) of respondents had extremely severe anxiety symptoms.

The third measure of psychological effect of the pandemic is stress. As shown in Table 6 below, the overall prevalence of stress was 46.2%. As Table 6 shows, the majority of the participants 121, (53.8 %) do not have any stress-related symptoms based on depression, anxiety, and stress scale scoring manual. About 20, (8.8 %), 30, (13.3 %), 48, (21.4 %), and 6, (2.7 %) of the respondents had a mild, moderate, severe, and extremely severe level of stress respectively.

Table 6: Stress scores of the respondents

Scores	Magnitude	Frequencies	Percentage
0-14	Normal	121	53.8
15-18	Mild	20	8.8
19-25	Moderate	30	13.3
26-33	severe	48	21.4
34+	Extremely severe	6	2.7
Total		225	100

Source: Own survey, June 2021

After examining the depression, anxiety and stress levels of the respondents, the researcher has examined if there is any significant difference in psychological effects of COVID-19 by gender and educational level. To this end, independent samples t-test was computed. Table 7 below shows the t-test results of anxiety, depression and stress across gender. As indicated in

the Table, there is a statistically significant gender difference between male (Mean=11.55, SD= 3.27) and females (Mean= 10.51, SD= 3.59) at $t = 2.259$, $p < 0.025$ on their depression score. The results indicated that male respondents had more depressive symptoms than females. The same table shows that there is a statistically significant mean difference between male (M=.11.68, SD=3.42) and female (M= 10.76, SD= 3.58) at $t = 1.943$, $p < 0.053$ a cross stress scores. As a result, male respondents had more stress symptoms than female participants. The reason why male school children are more likely to be depressed and stressed during COVID- 19 outbreak might be because of movement restriction, and school lockdown as well as not being able to play with their school friends as much as they would like too. However, the independent samples t-test results indicated that there are no statistically significant differences between male and female regarding anxiety scores.

Table 7: Independent samples t-test for the level of depression, anxiety, and stress across gender

Variables	Sex	Mean	SD	Df	t	Sig.(2-
Depression	Male	11.55	3.27			
	Female	10.51	3.59	219	2.259	.025
Anxiety	Male	10.64	3.61			
	Female	10.44	4.04	220	0.391	.696
Stress	Male	11.68	3.42			
	Female	10.76	3.58	216.	1.943	.053

*Significant at, $p < 0.05$, ** significant at $p < 0.10$

Like gender, depression, anxiety and stress difference across educational level among school children were computed using independent samples t-test. The results are presented in Table 8 below. As shown in the Table, there is statistically significant mean anxiety score difference between students whose grade are from 9-10 (M=11.2, SD= 3.46) and students whose

grade are from 11-12 ($M= 9.41$, $SD= 3.38$), $t=2.87$, $p<0.05$. According to the research result shows that students whose grade are from 9-10 had more anxiety symptoms than from grade 11-12 students who were participated in this research. However, there are no statistically significant differences between students of grade 9 and 11 and grade 11 and 12 in their depression and stress scores.

Table 8: Independent samples t-test for the level of depression, anxiety, and stress across educational level.

Variables	Education	Mean	SD	Df	t	Sig.(2-
Depression	9-10	10.88	3.09			
	11-12	10.27	3.32	102	1.038	.302
Anxiety	9-10	11.20	3.46			
	11-12	9.41	3.38	109	2.871	.005
Stress	9-10	11.27	3.18			
	11-12	10.60	3.05	110	1.178	.241

Significant at, $**p< 0.05$

4.5. Feeling of depression during and after school lockdown

The interview result indicated that school children felt depressed during the lockdowns/school closure. A 16 years old and grade 10th boy reported that his families as well as his own emotions were damaged and he has experienced emotional instability during the COVID-19 pandemic. The boy felt depressed and the experience he felt was that the pandemic was in all places. He explained that:

I was scared because the pandemic was killing people at the global level. I was worried and scared that I would not be able to meet anyone else and I would not be able to go outside my home. The media coverage was alarming and it made me feel frustrated and depressed. I was terrified and worried when I heard the news that many people had been

infected and died by a coronavirus pandemic (June 10/2021 at Miskaye Hizunan Medahinialem Monastery School).

Particularly, the psychological pressure of the coronavirus pandemic on school children was severe. For example, an 18 years old and grade 12th male school child expressed the moment as follow:

For the first time, I believed that everyone had COVID-19 because the disease was reported on different media platforms, and health professionals as well as government bodies. They informed us to keep our physical distance and use COVID-19 protective measures. As a result, I was so scared and I could not see my friends as usual (June 10/2021 at Miskaye Hizunan Medahinialem Monastery School).

School children were also feeling discouraged during the lockdowns, since they did not seem to be able to do the typical exercises that they used to do before the pandemic. A 16 years old school girl explained that “As a result of being in the house for a long time and not having any activity, my body became very large.”

Even though children had more time to be with their family during the lockdown, they required connections with other their friends. The interview result showed that depressions and emotional instabilities that school children encountered were related to school closure, loss of school friends and classmates as well as long-term stay at home. In this regard, A 17 years old and grade 11th male school child explained the following:

When my relationship was cut off with my classmates because of COVID-19, I was very scared and depressed. Before COVID-19, I used to play and hang out with friends and classmates together. Nevertheless, after COVID-19 appeared, I did not feel good about

not playing and being what I wanted to be. As a family, we have experienced lockdowns and stayed at home for a long time without physical communication with people around us (June 12/2021 at Miskaye Hizunan Medahiniale Monastery School).

Parents of students have also explained the psychological effects of the COVID-19 pandemic on their children during home confinement. A 50 years old mother narrated her experiences as follows:

During the lockdowns, children were very anxious and depressed because they had difficulty communicating and playing together with their friends including keeping their physical distance and implementing the COVID-19 preventive measures. They were very bored when the school was closed and they stayed at home for a long time. They did not do their homework according to the schedule we set. So they were very worried and even they made me very sad (June 14/2021 around Mennen Condominium).

Likewise, a 45 year's old mother aired out the emotional feeling of her boy child as follows:

COVID-19 affected my child differently. When COVID-19 happened, my child was not happy, because school was closed and he stayed at home for a long time. As a result, his behavior changed dramatically, he was often upset and did not want to talk to family members. He closed the room and sat alone, so my son was feeling lonely (June 14/2021 around Mennen Condominium).

Information collected from families/legal guardians' revealed that COVID-19 affected children negatively in terms of their psychological wellbeing. Children experienced fear of being infected and felt lonely. In this regard, a 45 year old mother narrated the psychological challenges of COVID-19 on her child as follows:

COVID-19 has caused a variety of problems for my child academically, psychologically, and socially. Psychologically, fear of being infected by COVID-19 challenge and he assumed that he is going to die. When another person comes home from outside, he was afraid to approach them. Many times, he felt lonely and bored. Greetings were interrupted, there was no kissing and it was impossible to enter into the house without washing and undressing (June 14/2021 around Mennen Condominium).

Information collected using observation has shown that I have observed that COVID-19 has made school children depressed and worried. Students are had shown the behavior of being upset and showing the nature of boredom. During school time students were too late and they repeatedly quarrel with teachers. In this regard, a 34-year-old male chemistry teacher explained the situation as follows:

After school lockdown and schools were reopened, some students began to behave inappropriately. They started arguing with the teacher for no reason. This behavior never happened before. In our school, for example, a teacher was beaten by a student and the student was banned from school for 2 years. All these behavioral problems were caused by the COVID-19 pandemic (June 12/2021 at Miskaye Hizunan Medahinalem Monastery School).

Furthermore, information collected form interview participants indicated that COVID-19 has affected the psychological well-being of students. During the early stage of the pandemic, there was a lot of media coverage about it, and school children were so frightened and worried that they would be infected and would die due to the disease. They were worried because their families told them to be very careful about COVID-19. Students were also disappointed when

they were told that school opening had been extended for additional months and this made them very depressed and worried.

4.6. Fear of infection during and after school lockdowns

The interview result indicated that school children had experienced a fear of infection with the COVID-19 pandemic. Students believed that in case they went outside their home, they would be infected with the COVID-19 pandemic. The interview result of teachers also indicated that COVID-19 has a profound effect on students' psychological wellbeing. This is because many people were infected and dying due to the pandemic and students were hearing information in different ways, which has caused fear and anxiety on them. Students were so scared and worried that they would take the disease from school to their home. They were nervous and overwhelmed, especially when they entered the classroom as soon as the school opened. Most students reported that they do not want to go to school because they are only interested in their lives and health. A 17 year's old and grade 11th female child explained the case as follows:

If I go outside my home, I will be infected by the coronavirus pandemic. So, I was staying at home. I have to go to the outdoors if I need something. When I go out, I usually wear a face mask and keep physical distance from people around me. My parents did not permit anybody to go outside home and play with my friends. This has created fear on me (June 10/2021 at Miskaye Hizunan Medahinialem Monastery School).

Likewise, information collected from school children indicated that they had experienced high level of fear of being infected with COVID-19 during the lockdowns. In this regard, a 17 years old girl explained that if she goes outside home during home confinement, she would be admitted to the COVID-19 center or hospital. She explained her situation "For about eight months, I stayed at home and if I go outside my home, my fear was that I would be infected by

coronavirus and admitted to the coronavirus center”. Moreover, a 16 years old girl explained her experiences during the lock down stating:

When I need to go outside home, my mother did not allow me to go outside. She thought that if I go outside of home, I would be infected with the corona virus. My mother’s frustration was high as three persons in our neighborhood were infected by the virus (June 14/2021 at Miskaye Hizunan Medahinialem Monastery School).

From the above interview, we can infer that COVID- 19 has affected school children with a lot of psychological problems, especially fear. Fear of being infected with the virus was the major psychological problem of the pandemic on school children.

4.7. Social effects of COVID-19 pandemic

4.7.1. Relationship with friends during and after lockdowns

Data collected in-depth interview with students indicated that during school lockdown they had lost their earlier social relationships with friends and colleagues. They stated that schools are not only a place for academics; they are also places for social integration and interactions. At school, children have different activities together with friends including eating lunch in groups and playing together every day, and make interaction with teachers and school principals. However, due to COVID-19 and its precaution measures, they have lost their social relationships due to home confinement for about eight months. In this regard, a 17 years old and grade 11th male school child the following to say:

Due to COVID-19, I could not get in touch with my friends. I had no contact with them and I could not play with them. I was also forced not to physically meet my friends because I had to keep physical distance not to be infected with the virus. Even, I did not

expect that I can get my friends again. This made me feel lonely and isolated from friends and relatives (June 15/2021 at Miskaye Hizunan Medahinialem Monastery School).

Interviewed student parents also confirmed the fact that children experienced social problems during school lockdown and home confinement. Children lost their social relationship and integration with friends and they are unable to play games together. A 45 year's old mother explained the social effects of the pandemic on her child:

My child was experiencing social problems during the periods of home confinement, especially in the early stage of the pandemic. He lost his contact with his friends and he was unable to play games together. He was also not allowed to leave home and play with his friends and relatives. Consequently, his social contact was almost completely cut off. This has created a feeling of loneliness and has shown behavioral change. When the school re-opened, he had difficulty communicating with his friends, classmates and teachers (June 14/2021 around Mennen Condominium).

After school reopening, children at school lost their social relationships and integration with classmates as well as teachers due to the COVID-19 pandemic. This made the problem worse because group activities were not allowed as they did before. Teachers were also not allowed to get close to students. A 38 years old and male biology teacher explained the behavior of students after school re-opening as follows:

After COVID-19, school children did not have the opportunity to interact and make a relationship with their friends and teachers as they used to do before. This has created a profound negative effect on their social life. They were not able to work and discuss together, especially since they are kept at a physical distance to protect the COVID-19 pandemic. Before COVID-19, students helped each other and discussed their education in

groups. But now, they are not able to do so due to the virus (June 14/2021 at Miskaye Hizunan Medahiniale Monastery School).

COVID- 19 pandemic has severely affected the social interaction of school children. This is because the school community is making students more aware about COVID-19 pandemic daily, which has severely affected students' social interactions with their friends and teachers. The loss or complete loss of social contact and relationship can have a profound effect on a student's psychological well-being. This psychological problem can have also a similar effect on school children's learning and their academic achievement.

4.7.2 Interaction with relatives and neighborhoods

Children's social wellbeing and development can be increased through positive communication and relationship with peers, relatives, and neighbors. In this regard, information collected through interview with school children confirmed the fact that due to physical/social distancing, home confinement, and school lockdowns, children were severely affected by lack of social contact with friends, relatives and neighbors, especially at the early stage of the pandemic. An 18 years old and grade 11th female student explained the following:

I grew up and lived with my grandmother. Now I am living with my dad and mom. Due to COVID-19, it was very difficult for me to see my grandmother for 6 consecutive months. I did not expect that I can ever see my grandmother again. Still, I could not get my aunts. They could not come to our home and we could not go to their home either. Owing to this, I was very sad (June 12/2021 at Miskaye Hizunan Medahiniale Monastery School).

4.7.3. The spiritual aspects of children during the lockdown

The spiritual aspect of school children was also greatly affected during school lockdown. COVID-19 has been affecting school children negatively due to the lockdown. The virus negatively affected different social norms, values, and spiritual elements of the community. In the early stages of the pandemic, not only school children but also all Ethiopians have encountered problems of playing and eating together with family members and neighbors, not participating in different events like attending funereal and marriage ceremonies, and visiting patients at a hospital or home.

The findings of the interview indicated that due to the pandemic and home confinement, children were restricted and prohibited to play together and have entertainment collectively like events in groups and team sports. The cancellation of group activities, team sports, and social gatherings has also created social isolation, and children become lonely. In terms of the spiritual aspects, the COVID-19 Pandemic and home confinement severely affected children's praying habits and going to church. A 16 years old and Christian female child said that:

COVID-19 has highly affected my religious life in different ways. Before the corona pandemic, I used to go to church every Sunday. Nevertheless, after COVID-19 there was restriction in attending religious ceremonies and religious preaching. As such, I stopped going to church and pray. I was forced to pray alone and read a prayer book (የፀሎት መጽሐፍት) at home. This has severely affected my religious and social life, which were critical in my personal development (June 10/2021 at Miskaye Hizunan Medahinialem Monastery School).

Similarly, an 18 years old and grade 11th Christian female school child reported the following:

Along with my regular schooling, I used to go to *Miskaye Hizunan Medahinialem* Church Sunday School with my friends. During the program, we used to sing spiritual songs and went to church every Sunday to celebrate with the congregation. But I was not able to do these routine religious activities at the time of school lockdown and Church restriction (June 14/2021 at Miskaye Hizunan Medahinialem Monastery School).

4.8. COVID-19 and students' academic performance

COVID-19 was first observed in Ethiopia in the second semester of the 2019 academic year. The effects of the pandemic on school children were enormous. Students were away from school for eight months. Information collected from teachers confirmed that after school re-opening, students had hard times to get back to their education. COVID-19 has led to changes not only in the behavior of school children but also children lost interest to attend their education. They were unable to do their home and class work.

Likewise, during the lockdown students had to follow their education through technologies including telegram, whatsapp and through emails. However, learning by virtual means is not the same as learning face to face being in the classroom. Attending virtual classes has its problems. Some students did not have mobile phones or computers to attend classes on virtual modalities.

When schools re-opened, children have faced problems in attending their classes. They could not do group work in the classroom. They are also unable to be approached by a teacher due to keeping physical distance. This has greatly affected the teaching and learning process in general and students' performance in particular. A 16 years old and grade 9th school boy explained the situation "because of the corona pandemic, teachers do not check our exercise books, they do not attend to students properly. This had a profound effect on our education and

academic performance.” A 50 year’s old mother explained the effects COVID-19 has on her child's education stating that:

Academically, COVID-19 has caused a variety of problems for my child. As the school was closed for eight months, my child was discouraged to attend his education at home. His interest for education has declined and he has faced difficulty of doing homework and worksheets, as well as his interest in reading books (June 13/2021 around Mennen Condominium).

Generally, the interview result from the teachers also indicated that the corona pandemic has a major effect on school children schooling and academic performance. Children were not able to work together; they were not allowed to enter to the library and ICT room. This means that students were not able to get the required skills they are required to acquire. The pandemic has also significantly reduced student interaction and relationships with their classmates, friends, and teachers.

4.9. COVID-19 responses and their effect on school children

Table 9: Keeping physical distance and using facemask and sanitizer

Variables	Categories	Frequencies	Percentage
Keeping physical distance	Yes	118	52.4
	Sometimes	58	25.8
	No	49	21.8
	Total	225	100

Using facemask and	Yes	145	64.4
Hand sanitizer	sometimes	69	30.7
	No	11	4.9
	Total	225	100

Source: Own survey June 2021

Internationally, COVID-19 has affected the lives of the people. In responding to the transmission of the pandemic, hospitals and health professionals have announced different public health emergencies and alternative policies such as closing academic institutions, playgrounds, movement restrictions, keeping physical distance, wearing a facemask, washing hands frequently, and avoiding handshaking. Because of the above measures, school children experienced different psychological and social problems such as, feeling of depression, fear of being infected by the pandemic, fear of loss of the loved one, loneliness, anxiety, social restrictions, and staying at home for a long time.

Table 9 above indicated that how school children applied COVID-19 protection protocols at school and outside their home. As shown in the Table, about 118 (52.4%) of the respondents were keeping their physical/social distance. In addition, 58 (25.8%) of the students were sometimes keeping their physical distance and 49 (21.8%) of the students were not keeping their physical distance. Similarly, in addition to keeping physical distance, school children were using facemasks and hand sanitizer to protect themselves from the pandemic at school and outside the home. In this regard, about 145 (64.4%) of the cases were using facemasks and sanitizer. About 69 (30.7%) of the respondents were sometimes using facemask and hand sanitizer. However, about 11 (4.9%) of the respondents were not using hand sanitizer and facemasks at all.

Interview with the school children and researcher's observations indicated that most school children have employed different protective measures including keeping physical distance, wearing a facemask, and using hand sanitizer to respond to the pandemic. Responses that school children have applied to protect themselves have also affected their social and psychological wellbeing. For children, it was hard to keep their physical distance. But they were forced to think about their families and teachers.

Regarding the effect of COVID-19 protocol on students, 16 years old and grade 9th male school child reported the following:

Because we were separated from our friends and classmates for 8 months, we wanted to hug and chat when the school re-opens, but we were too scared to get close each other. I was so scared that I would take the virus back home from school (June 13/2021 at Miskaye Hizunan Medahinialemon Monastery School).

In addition, school children have experienced emotional challenges when they are applying COVID-19 protocols. Some students feel overwhelmed and depressed when they were using COVID-19 protective measures and protocols. It made them feel stressed and uncomfortable especially when they were wearing a face mask and keeping physical distance. They did not feel comfortable wearing a mask. So they show a tendency to go out and take a break during studying and learning. A 17 years old and grade 11th male school child explained the situation as follows:

I was very anxious when I put on a face mask. It made me feel uncomfortable. I experienced shortness of breath and get tired when I climbed the stairs. Even I could not walk fast with a mask (June 13/2021 at Miskaye Hizunan Medahinialemon Monastery School).

Interviews conducted with student parents also indicated that keeping physical distance and wearing face masks are very important for children to avoid COVID-19 at school and outside home. But they have a problem such as the difficulty of breath. A 45 year's old mother explained the situation that "my child was frequently using face mask and sanitizers. But, she did not feel well. She was tired of wearing a mask."

Students who are told to keep their physical distance think that they will never find their friends again. They have felt that they will totally lose their long-lasting friendship. This has put a heavy psychological strain on students. This does not mean, however, that all students keep their physical distance. Some students find it difficult to apply protective measures against the pandemic.

4.10. Children's Experience during school lockdown

4.10.1 Experience about Family Life

Students have spent long time with their families during school closure. The findings indicated that school closure or lockdowns are related with opportunities to have time and develop strong relationships with their families. Children have learned new activities and experienced good relationships with their parents, sisters and brothers. Specifically female students have experienced cooking, cleaning, and other domestic activities. Similarly, during school closure students spend time with their family members to be engaged in different activities such as doing arts and watching movies. They also participated in activities that are related to their schooling including reading and writing, doing assignments, and doing physical exercise. A 17 year's old and grade 11th school girl explained:

Before COVID-19, our father did not pay much attention to us. After COVID-19, when we stayed at home together during school lockdown periods, our relationship with our father became very strong. This time helped us to understand our father's behavior better. During these periods, our family ties get strengthened. I spend more time together with my dad and we try to enjoy ourselves by doing and sharing domestic activities such as cleaning and cooking (June 10/2021 at Miskaye Hizunan Medahinialem Monastery School).

For few school children, however, conflicts with family members were common. Students have experienced terrible behaviors and dissatisfaction inside their home. They have also felt distress connected to family closeness. Regarding this, a 16 year old and grade 10th school girl stated:

Sometimes, we got into conflict with my older brother. We stayed together a long time and he beats me. My mother helps him and I feel lonely and staying at home for a long time was boring for me (June 12/2021 at Miskaye Hizunan Medahinialem Monastery School).

4.10.2. Experience with School closure

During the interview session with students, interviewees stated that after corona virus school life had radically changed from face-to-face learning to distance learning. It was a major change for school children and they experienced different emotions and feelings about it. Home schooling or distance learning made students worried and concerned and most of them have experienced a decline from their previous academic performance or schooling due to several factors. The major factors that contributed to the deterioration of students' academic performance include lack of regularity, limited coverage of school subjects, and too much

assignment given. Such kinds of problems made students less interested in distance learning during the lockdowns. A 17 years old and grade 11th school girl explained the following:

I could not get support from teachers when I was doing my worksheet/homework during the lockdown. To get the support from teachers, I wish to go to school because at school teachers can help me understand issues that are not clear to me. But, due to the lockdown I was not allowed to get my teachers (June 10/2021 at Miskaye Hizunan Medahinialem Monastery School).

The school environment either directly or indirectly shapes the manner and behavior of students. At school, children do not only gain academic knowledge but also can acquire the skills of tolerance, interpersonal skills, teamwork, unity, and responsibility. However, during school lockdown children have lost the above significant elements of child development. When children were at school, they used to play a lot of free activities and give much attention to their schooling. But when they started staying at home, they spent a lot of time sleeping, watching movies, and playing games. A 16 year's old and grade 10th school girl explained the following:

I have slept a lot because I could not go anywhere. I was watching TV and playing games almost throughout the lockdown periods. Occasionally, I was studying lessons. But at home, instead of focusing on my schooling, I would prefer to focus on other activities (June 12/2021 at Miskaye Hizunan Medahinialem Monastery School).

Some school children were interested in staying at home together with their family, having enough sleep in the morning, and using a mobile phone to support them in doing their homework and exercise. An 18 years old and grade 12th male student said that:

Staying home for a long time did not have much effect on my education. I have improved my academic result during school closure, because I read well at home. All I can understand is that I used my phone to learn online. I can follow my schooling through virtual means. As a result, I like everything being at home. I like the long sleep that I had (June 14/2021 at Miskaye Hizunan Medahinialem Monastery School).

Some other students expressed that during school lockdown they become dependent on various technological advancements. COVID-19 has made school children better at using various modes of virtual teaching and learning though it has affected their psychological and social life as well as their education. With the help of the Internet, they were able to develop their English language, communication skills, and access to different educational websites. In this regard, a 16 years old and grade 10th school girl said:

During school lockdown, I was given a mobile phone to attend my schooling. I was using the phone not only for the teaching and learning process but also to chat with friends and new encounters. Due to this I was less anxious as I was able to talk to my friends on the phone. Yet, I was addicted to using the phone and developed a habit that I couldn't do anything without the phone (June 12/2021 at Miskaye Hizunan Medahinialem Monastery School).

Since the corona pandemic happens to be seen in Ethiopia, schools have been completely closed. As a result, students, teachers, and administrative staff stayed at home for eight months. Owing to this, teachers reported that students have shown a tendency to show despair and hopelessness. As they stayed at home for a long time, they experienced fear and dying from the disease. Not only students, but also teachers would experience fear of being infected by the pandemic.

4.11. Coping strategies

During the lockdown, school children have experienced numerous psychological and social problems such as fear of contracting the pandemic, feeling of depression and anxiety, frustration, and loss of relationship with a classmate, friends, teachers, loss of the loved one, loss of entertainment and loss of playing together with their associates. To respond to these difficulties, school children have employed different strategies. Information collected from interviews of students indicated that the most commonly used strategies that students applied during school closure were watching movies, playing games, reading books, using social media such as tik tok, face book, telegram; listening to music, and reducing the amount of information received from different media platforms.

The findings of the interview result also showed that school children spent a lot of time using cell phones and engaged in social media as well as playing games. When students become depressed and lonely, they were going to do sports activities at home. By using these techniques and strategies they were able to solve psychological and social problems caused by the COVID-19 pandemic. A 17 years old and grad 11th male student described the following:

During school closure, I was engaged in doing physical exercise and different sports activities at home and I was able to reduce and cope up with frustrations and depression. I carried out different activities, like using my mobile phone, trying to do new things, reading books, and watching movies for a long time. As a result, I was able to alleviate the fears caused by the pandemic (June 12/2021 at Miskaye Hizunan Medahinialem Monastery School).

Students also described that they spent time during school closure by supporting their family and participating in different domestic chores including cleaning the house, preparing food, and taking care of babies while their parents were at work.

Chapter Five: Discussion, Summary, and Social work Implications

5.1. Discussion

The main objective of this study was to explore the psychosocial effects of COVID-19 on school children. In this section, discussions of the result are presented in light of the research objectives and research questions. In addition, the findings of the current study are presented along with the previous related research studies.

5.2. The prevalence of depression, anxiety, and stress (DAS)

The prevalence of depression in this study among school children was 67.6%. This study is consistent with the findings that were conducted by various researchers. For instance, Omar et al. (2020), researched 1,057 youths at the time of the corona pandemic, and the result indicated that youths experienced depression and the prevalence of depression among youths was 64%. The reason why children have experienced the feelings of depression might be because of being quarantined, school closure, and keeping physical distance.

The interview result from school children about the effects of the pandemic also showed that school children experienced emotional instability and the feeling of being depressed. As a result of being at home for a long time and not having any relationships with friends, school children became severely depressed. This finding is consistent with the findings of Merrill et al., (2020). Merrill and his colleagues examined the effects of Ebola and SARS on children and they came to the conclusion that these pandemics and epidemics have affected children negatively. Factors that contributed to children becoming depressed and emotionally unstable are lower school grade level, gender, and living in the rural area.

Quantitative data collected from school children showed that the prevalence of anxiety in the current study was 69.3%. This result is not consistent with research which is conducted by Segre et al. (2021) on the impact of COVID-19 on quarantined children. The results of Segre and colleagues indicated the prevalence of anxiety in children was only 43.9% and experienced mood change. This result is also inconsistent with a previous study conducted by Omar et al (2020) among youths. The findings of this study indicated that the prevalence of anxiety was only 40.5%. School children in this study had more anxiety symptoms than the findings of the other studies mentioned above. The reason why school children had more anxiety symptoms might be because they had less access to COVID-19 protective equipment like lack of hand sanitizer, face mask, difficulties of keeping physical distance as well as strong attachments that they had with friends and classmates.

In this study, the majority of students (53.8%) have normal level of stress. On the other hand, 46.2% of students have mild to extremely severe stress symptoms. This study is partially similar with previous studies conducted by Omar et al. (2020) among youths. The findings indicated that the prevalence of stress symptoms was only 44.1%. The findings of this study were also similar to articles which were reviewed by Merrill et al. (2020) showed that 57% of reviewed articles have indicated that children's have experienced stress symptoms. Children of different ages become distressed due to epidemics and pandemics and changed their daily routine lives.

Qualitatively collected data showed that school children had experienced and encountered fear of being infected with COVID-19 particularly during school lockdown. This study is also consistent with the Young mind (2020) study conducted on coronavirus impact on

young people with mental health needs. The report showed that young people experienced fear of being infected with the corona pandemic.

5.2.1. Depression, anxiety and stress difference across gender

The findings of this study showed that there was statistically significant difference between male and female students on their depression and stress score. Male students had more depression and stress symptoms than female students. The reason why male school children are more likely to be depressed and stressed during COVID- 19 outbreak might be because of movement restriction, and school lockdown as well as not being able to play with their school friends as much as they would like too. However, this study's result reported that there was no statistically significant mean difference between male and females on their anxiety score.

The gender difference in this study is not consistent with the previous study conducted by Eleni, (2020) on the prevalence of depression anxiety and stress among counseling service providers in Addis Ababa. The result of Eleni showed that, there was no statistically significant difference between female and male students across depression, stress and anxiety scores. This study result was not also similar with the study conducted by Gilroy et al (cited in Kimberly, 2016) which reported that male respondents had less depressive symptom than female participants.

5.2.2. Depression, anxiety and stress difference across educational level

The present study indicated that there is no statistically significant difference between students whose grade are from 9-10 and grade 11-12 on their depression and stress score. School children have experienced similar depression and stress symptoms. However, this study result indicated that there was statistically significant difference between students whose grades are

from 9-10 and students whose grades are from 11-12 on their anxiety score. School children whose grades are from 9-10 had more anxiety symptoms than from grade 11-12 students/school children. The reason why students whose grades are from 9-10 experienced anxiety symptoms than their grade 11 and 12 counterparts might be because of limited access of information about the pandemic and its precaution measures.

5.3. Relationship with friends during and after lockdowns

The results of this study demonstrated that due to COVID-19 and school closure, children had lost their social relationships and interaction with their friends, classmates, teachers, and administrative staff at school, and non-immediate relatives at home. The results of this study are similar to the Young minds report (2020). The Young mind's result revealed that young people and children have lost their social connection and integration with their school friends, classmates as well as teachers. The finding of this study is also consistent with the previous studies conducted by various researchers like Dunya (2020) psychosocial effects of COVID-19 situation analysis report of MHPSS needs of Syrian refugees in Turkey. The findings indicated that epidemics and pandemics including COVID-19 impacted the social relationship and integration of children and the general refugees in Turkey (Dunya, 2020, P.23). It is also consistent with researches conducted by Stefanos (2020). Apart from the psychological health effects of the pandemic, restrictive measures including lockdowns and school closure affected the social relationship of adolescents and children including a relationship with their friends, teachers, classmates, and parents. WHO's (2020) research report also indicated that the loss of social connection/relationship, loss of usual activities, as well as disruption to education, have an intense effect on the psychological and social welling of children and young people.

5.4. Children's Experience during school lockdown

The findings of this study indicated that during school lockdown, students have spent long time with their families. They were more connected and develop strong relationships with their family members. Children have learned new things and activities including cooking and other domestic works. The study result is similar with research which is conducted by Stoecklin et al. (2021) on children well-being and experiences in Switzerland, Canada, and Estonia. The results of this study confirmed that children have experienced strong family ties and had spent more time and they have enjoyed staying together with family members.

During school closure, children's school learning was changed from face-to-face learning to partially technological such as telegram, whatsApp and through emails and distance learning.. Due to these and other related factors, they have experienced negative emotional feelings. Home schooling and distance learning made children worried and their academic performance was declined. Children became uninterested in their education because of distance learning and home schooling. This concept is also similar to the study that was conducted by Stoecklin et al (2021). The findings of Stoecklin et al and his colleagues indicated that children in Switzerland, Canada, and Estonia were uninterested and they disliked distance learning due to being quarantined at home. A study by Segre et al (2021) indicated that almost 79.3% of children and adolescents have experienced the difficulty of attending their online classes and have less commitment to remote learning.

This study demonstrated that communication and relationships with non-immediate relatives and friends were changed. The means of relationship was changed from physical contact to other means of communication including social media and direct calls during the lockdown. The findings of the present study are consistent with findings made by Stoecklin et al.

(2021). The results of Stoecklin and his colleagues indicated that during epidemics and pandemics, children have experienced communication and contact with their friends and classmates through social media and video calls. The study also indicated that children's means of communication with friends and classmates during the lockdowns was over a video call, phone call, texting, and social media.

5.5. Copying strategies

This study result revealed that COVID-19 has affected school children in terms of their psychological and social well-being as well as their academic performance. To minimize these psychosocial difficulties of the pandemic, children have used different coping strategies. The major coping strategies were watching movies, playing games, reading books, using social media, listening to music, and reducing the amount of information received from different media platforms. The result of this study is also consistent with the previous study which is conducted by Vallejo et al. (2022) which found that children and families used coping strategies such as reading books, indoor play, listening to music, physical exercise, relaxation, and engaging in different creative activities during the era of pandemics and epidemics.

5.6. Summary

The main objective of this study was to explore the psychosocial effects of COVID-19 on school children in Addis Ababa. The study aims at examining the experiences of school children during school closure and the types of coping strategies that school children applied to minimize and alleviate the psychosocial difficulties of the pandemic. About 225 respondents (males=100 and females=125) participated in filling the questionnaire survey. About 15 school children, parents, and teachers have also participated as KII and in-depth interview participants. To collect the quantitative data, the short version of DASS-21 for adolescents constituting 21- items was

utilized. This was used to understand whether COVID-19 affects school children negatively or not. Before the main quantitative data was collected pre-test was conducted for 40 school children.

The results of this study indicated that 82.7% of respondents have enough information. Concerning the source of information about COVID-19 respondents received information over social media, television, and from family and friends. In terms of the prevalence of depression; 32.4% of participants were at normal, 8% at mild, 24.4% moderate, at severe 16.4%, and 18.3% of students have experienced extremely severe depression symptoms. Regarding the prevalence of anxiety, this study found that 69.3% of research respondents experienced mild, moderate, severe, and extremely severe levels of anxiety. The study also found that the majority of school children (58.3%) were at normal stress level.

Qualitative data collected from school children, parents, and teachers indicated that due to the corona pandemic and lockdown, school children have experienced fear of being infected, emotional instability, depression, and anxiety. In addition to psychological problems, school children experienced social problems, including a lack of communication and relationships with their classmates, friends, and relatives. Because of the difficulty of communication and interaction with their classmates, students become isolated and experienced feelings of loneliness. COVID-19 not only affected the psychological and social well-being of school children; but also affected their academic performance and class participation. After school reopening, students became discouraged and their academic participation has declined.

Regarding experiences about family life, school children have good and strong family relationships with family members. On the other hand, participants of this study applied different

coping strategies, such as playing games, reading books, using social media, and listening to music.

5.7. Social work Implication

The findings of this study indicated that due to the pandemic and school lockdown, children have experienced fear of being infected, emotional instability, depression, and anxiety. In addition to psychological problems, school children experienced social problems such as lack of communication and relationships with their classmates, friends, and relatives; particularly during the early stage of the pandemic. Because of difficulty of communication and interaction with their classmates, students become isolated and experienced feelings of loneliness. As a result, this study has proposed few social work implications in relation to research, social work practice and social work education.

Regarding further research implication, this study provided some highlights on the psychosocial effects of COVID-19 pandemic on school children. Since there are different academic institutions and research centered programs in Ethiopia, it is important for future researchers to study the effects of the corona pandemic on the psychological, social, economic, health and emotional life's of school children specifically during school lockdowns at a wider scale including many schools and regions in Ethiopia.

Regarding implications for social works practice, the results of this study identified various psychosocial problems that school children experienced including depression, anxiety, stress, fear of being infected with COVID-19, loss of social relationships with friends and classmates, and decreased academic performance specifically in the early stage of the pandemic. So, this study provides social work practitioners to understand the effects of COVID-19 and helps to reflect on their practice and service provision processes. It also indicates the need for

social work practitioners to have service delivery policies and guidelines to use when implementing during pandemic crises such as COVID-19. Consequently, social work practitioners can have a better understanding and fight against the spread of the pandemic as well as providing psychosocial support for children who have experienced psychosocial difficulties.

Regarding implications for social work education, it can be understood that social work education is very important for effective social work service delivery. Psychosocial problems of school child are one of the areas where social work services are provided. This study could be helpful in the child education, because child-centered education considers child mental health and psychological as well as social wellbeing. Therefore, there should be professional social workers who are trained with the knowledge of social work practice in providing crisis intervention, developing strategies to increase academic performance, and helping and assisting children by developing social interaction skills. In addition, social work students should be trained in different roles, skills, knowledge & values as well as ethics that are useful in providing services for those who experienced psychosocial problems.

Generally, the findings of this study can be used as a source of information for those who are interested to conduct a study that is related to COVID-19 and its psychosocial difficulties. So, these findings can be used by potential researchers, social work practitioners, and education providers.

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Annexes A: Instruments**Annexes A-1: Instrument English Version**

Annex 1- Consent Form

Research title: Exploring the psychosocial effects of COVID-19 on school children in Addis Ababa.

Researcher Details:

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Purpose of the Research: To explore the psychosocial effects of COVID-19 on school children in Addis Ababa.

The data for this study will be collected through filling questionnaire, in-depth interview, key informant interview, observation, and review of related literature and documents, which will be kept at a high level of confidentiality. The final findings and results of the study will be used just only for academic purposes. Based on the willingness of the participants, the interviews will be recorded using a tape recorder or mobile to avoid the risk of missing information during the transcription, translation, and analysis process. The data or information which is recorded will be completely rejected after usage. Your name also will not be mentioned in the analysis as well as in the report writing process, in any form.

Your participation in this research is voluntary. You may decide not to participate or you may leave the interview at any time. Your decision will not result in any penalty or loss of benefits to which you are entitled. If you have any questions, please feel free to ask the interviewer at any time during the interview session.

CONSENT

I willingly agree to participate in this study. All my questions about this study and my participation in it have been answered.

Participant Signature: _____

Date: -----

Name of researcher: Wondifraw Fenta Signature: _____ Date: -----

Annex 2:-Interview guides for school children

Direction: - My name is Wondifraw Fenta. I am a postgraduate student at Addis Ababa University School of social work. Currently, I am collecting data regarding “Exploring the Psycho-social effects of COVID-19 on school children in Addis Ababa”. This research is being done for the fulfillment of the Master of Arts Degree in Social work at Addis Ababa University. Therefore, you are invited to respond to the following questions and you have the right to terminate or refuse from participating in this research. Finally, I would like to promise you that your answer would be kept personal and used only for this study.

Part 1- Background Information

Age: - _____

Sex:- _____

School Level: - _____

Part 2:- Understanding different aspects of COVID-19

1. How do you get information about COVID-19 at the early stage?
2. What are the effects COVID-19 has on your life?
3. During school lockdowns what kind of activities do were you doing at home?
4. What are the emotional/psychological effects of COVID- 19 has in your life?
5. Did you have any contact with your friends/classmates during the lockdowns?
6. Has COVID-19 caused you to be stressed or to worry too much?
7. How do you communicate with your friends or classmates before school reopening?
8. What are the effects of COVID- 19 has on your social life?
9. What kind of protective measures are used to protect yourself from COVID-19?
 - What do you feel when you are using a face mask?
 - What do you feel during physical distancing?
10. How do you feel when you are avoiding social/physical contact with your relatives or friends?
11. After school reopening what is your relationship seems like with your classmate and teachers?

12. How do you mitigate or manage the psychological and social effects of COVID-19 on your life?

Annex 3:-Interview guides for teachers**Part 1- Background Information**

Age: - _____

Sex:-_____

School level: - _____

Part 2:- Understanding different aspects of COVID-19

1. Do you think that COVID-19 has been affecting students in your school?
2. What are the effects COVID-19 has on school children?
3. What are the effects COVID-19 has on school children in their social life in your school?
4. How do you observe students' social relationships with their classmates and school teachers after school reopening?
5. What do you think are the effects of physical distancing and using a face mask on school children?
6. Do you think school children lost their social relationships/connections because of COVID-19?

Annex 4:-Interview guides for parents/ legal guardians**Part 1- Background Information**

Age: - _____ Sex:-_____

Education Level: - _____

Part 2:- understanding different aspects of COVID-19

1. Do you think that COVID-19 affects your child?
2. What are the effects COVID-19 has on your child?
3. During school closure how does your child spend his/her time at home?
4. How do you observe children's social relationships with their friends and neighbors during lockdowns?
5. Do you think that physical distancing and wearing face masks affect children's life? If you say yes how?
6. What did your children lose due to COVID-19?

7. How does your child mitigate or manage the psychological and social effects of COVID-19?

Annex5: Observation checklist at the school setting

- Observing social and behavioral interaction
- Observing how students apply COVID-19 protective protocols
- Activities they are involved in
- Observing facilities that the school provided.
- Types of interaction

Annex6: Questionnaire

Addis Ababa University

College of social science

School of social work

A questionnaire filled by school children

The purpose of this questionnaire is to gather data for the study on "Exploring the psychosocial effects of COVID-19 on School Children in Addis Ababa city". I would like to ask your kind collaboration to take part in the study. The information you provide is very useful for the successful completion of this research. The data is required only for academic research and will be confidential from any third party,

THANK YOU

Wondifraw Fenta

DIRECTION: For the following questions, please respond either by a word/phrase of your opinion or by making "✓" on the option of your choice and write your correct response in blank space.

Part One: Socio-demographic data

1. Age: -----
2. Sex: 1. Male 2. Female
3. Grade level: -----

Part Two: Perceptions and preventive measures of school children regarding the COVID-19 pandemic.

- 1 Do you have enough information about COVID-19 and its prevention?
 - A) Yes
 - B) To some extent
 - C) No

- 2 Sources of your information about the COVID-19 pandemic?
 A) Social media/ internet B) Family members/friends C) Television D) Others-----
- 3 Are you committed to social distancing?
 A) Yes B) Most of the time C) No
- 4 Do you use masks, gloves, and antiseptics when you go out of your house?
 A) Yes B) Sometimes C) No

Part Three: School children Depression, anxiety and stress scale

DIRECTION: Please read each statement and circle on the option of your choice which indicates how much the statement applied to you over the past week. There are no right or wrong answers. The rating scale is as follows:

- 0 Did not apply to me at all - NEVER
- 1 Applied to me to some degree, or some of the time - SOMETIMES
- 2 Applied to me to a considerable degree, or a good part of the time - OFTEN
- 3 Applied to me very much, or most of the time - ALMOST ALWAYS

No	Item	Never (0)	sometimes (1)	often (2)	almost always (3)
1	I found it difficult to calm myself				
2	My mouth felt dry				
3	I didn't experience any positive feelings				
4	I had difficulty breathing at times (such as wheezing and breathlessness without having made any physical effort)				
5	It was hard for me to have the initiatives to do things				
6	I intended to exaggerate when I reacted to situations				
7	I felt shaky (for example, in my hands)				
8	I felt I was always nervous				
9	I got worried about situations in which I could have panicked and looked ridiculous				
10	I felt I had no desire for anything				

11	I felt restless				
12	I found it difficult to relax				
13	I felt depressed and had no motivation				
14	I was intolerant of the things that kept me from continuing to do what I had been doing				
15	I felt like I was going to panic				
16	I didn't feel enthusiastic about anything				
17	I felt like I was worthless as a person				
18	I felt like I was being a little too emotional/sensitive				
19	I knew my heartbeat had changed even though I hadn't done anything physically rigorous (e.g. increased heart rate, irregular heartbeat)				
20	I felt afraid for no reason				
21	I felt there was no meaning to life				

Annexes A-2: Instrument Amharic Version

አባሪ 1- የተሳትፎ ፈቃድ መጠየቂያ ቅጽ

የጥናቱ ርዕስ: በአዲስ አበባ ውስጥ በትምህርት ቤት ልጆች ላይ ኮቪድ-19 ያሳደረውን ሥነ-ልቦናዊ እና ማህበራዊ ተጽዕኖ ማሰስ።

የጥናቱ ባለቤት ዝርዝር መረጃ:

ስም: ወንድይፍራዊ ፈንታ

በአዲስ አበባ ዩንቨርሲቲ ሶሻል ወርክ ትምህርት ክፍል የ2ኛ ዲግሪ የማታ መርሀ ግብር ተማሪ.

ስልክ: 0940507012/0918640417

ኢሜል: wondifrawfenta@gmail.com

የጥናቱ አላማ: በአዲስ አበባ ውስጥ በትምህርት ቤት ልጆች ላይ ኮቪድ-19 ያሳደረውን ሥነ-ልቦናዊ እና ማህበራዊ ተጽዕኖ ለመዳሰስ እና ውጤቱን መሰረት በማድረግ ለችግሮች የመፍትሔ ሀሳብ ለመጠቀም የታሰበ ነው።

የዚህ ጥናት መረጃ መጠይቆችን በማስሞላት፣ ቃለ-መጠይቅ በማድረግ፣ በምልከታ፣ ተዛማጅ ጽሁፎችን እና ሰነዶችን በመመልከት እና በመገምገም ይሰበሰባል። ይህም መረጃ ሚስጥራዊነቱ በከፍተኛ ደረጃ ተጠብቆ ይቀመጣል። የጥናቱ የመጨረሻ ግኝት እና ውጤት ለትምህርት ዓላማ ብቻ ጥቅም ላይ ይውላሉ። የተሳታፊዎችን ፈቃደኝነት መሰረት በማድረግ ቃለ-መጠይቅ፣ በትርጉሙና በመተንተን ሂደት ውስጥ የመረጃ ክፍተት እንዳይኖር ቃለ-መጠይቆችን በቴፕ መቅጃ ወይም በሞባይል እንዲመዘገቡ ይደረጋል። የተቀዳው መረጃ ወይም መረጃ ከተጠቀምን በኋላ ሙሉ በሙሉ ውድቅ ይደረጋል። መረጃውን በመተንተን እንዲሁም በሪፖርት አጻጻፍ ሂደት ውስጥ ስምህ/ሽ በማንኛውም መልኩ አይጠቀስም።

በዚህ ጥናት ውስጥ የእርስዎ ተሳትፎ በፈቃደኝነት ላይ የተመሰረተ ነው። በቃለ መጠይቁ ላለመሳተፍ መወሰን ይችላሉ ወይም በማንኛውም ጊዜ ቃለመጠይቁን የማቋረጥ መብትዎ የተጠበቀ ነው። ውሳኔዎ እርስዎ የሚገባዎትን ማንኛውንም ቅጣት ወይም የጥቅም ማጣት አያስከትልም። በቃለመጠይቁ ወቅት ማንኛውም አይነት ጥያቄ ካለዎት በነጻነት መጠየቅ ይችላሉ ለመጠየቅም ነጻነት ይሰጣዎት።

ፈቃድ

በዚህ ጥናት ውስጥ ለመሳተፍ ፈቃደኛ ነኝ። ስለዚህ ጥናት እና በእሱ ተሳትፎ ላይ ያነሳኝቸው ጥያቄዎች ሁሉ መልስ አግኝተዋል።

የተሳታፊ ፊርማ: _____ ቀን: -----

የጥናቱ ባለቤት ስም: ወንድይፍራው ፈንታ ፊርማ: _____ ቀን: -----

አባሪ 2:- ለትምህርት ቤት ልጆች የተዘጋጀ የቃለ መጠይቅ መመሪያ

ክፍል1- አጠቃላይ መረጃ

እድሜ: _____

ጾታ: _____

የክፍል ደረጃ: _____

ክፍል 2:- የኮቪድ-19ን የተለያዩ ገጽታዎች መገንዘብ

1. ኮቪድ-19 ወደ ሀገራችን በገባ ጊዜ መረጃ እንዴት ማግኘት ይችሉ ነበር?
2. ኮቪድ-19 በሕይወትዎ ላይ ምን ዓይነት ተፅዕኖ አሳድሯል?
3. ትምህርት ቤት ተዘግቶ በነበረበት ወቅት በቤት ውስጥ ምን ዓይነት እንቅስቃሴዎችን ታደርግ/ጊ ነበር?
4. ኮቪድ-19 በሕይወትዎ ላይ ምን ዓይነት ሥነ ልቦናዊ ተጽዕኖ አሳድሯል?
5. በኮቪድ-19 ምክንያት ትምህርት ቤት ተዘግቶ በነበረበት ጊዜ ከዳደሪ/ሽ ጋር ምን ዓይነት ግንኙነት ነበረ/ሽ?
6. ኮቪድ-19 በጭንቀት እንድትዋጥ ወይም ከመጠን በላይ እንድትጨነቅ አድርጎሃል/ሻል?
7. ትምህርት ቤት ከመከፈቱ በፊት ከክፍል ዳደሪ/ሽ ጋር እንዴት ትነጋገሩ ነበር?
8. የኮቪድ-19 በማኅበራዊ ሕይወትሽ/ህ ላይ ምን ዓይነት ተጽዕኖ አሳድሯል?
9. እራስሽን/ህን ከኮቪድ-19 ለመጠበቅ ምን ዓይነት የመከላከያ ዘዴዎችን ጥቅም ላይ ታዉያለሽ?
 - የፊት ጭንብል ስተጠቀም/ሚ ምን ይሰማሻል/ሀል?

➤ የአካላዊ ርቀትን በምትጠብቅበት ጊዜ ምን ይሰማሻል/ሀል?

- 10. ከዘመዶችሽ/ሀ ወይም ከዳደሮችዎ ጋር ማህበራዊ/አካላዊ ግንኙነትን ሲያስወግዱ ምን ይሰማዎታል?
- 11. ትምህርት ቤት ከተከፈተ በኋላ ከክፍል ዳደሮች እና ከመምህራንዎ ጋር ያለዎት ግንኙነት ምን ይመስላል?
- 12. የኮቪድ-19 በስነልቦና እና ማህበራዊ ህይወትዎ ላይ ያሳደረውን ተፅዕኖ እንዴት ማቃለል ወይም መፍታት ቻሉ?

አባሪ 3:- ለመምህራን የተዘጋጀ የቃለ መጠይቅ መመሪያ

ክፍል 1- አጠቃላይ መረጃ

እድሜ: - _____

ጾታ:- _____

የትምህርት ደረጃ: - _____

ክፍል 2:- የኮቪድ-19ን የተለያዩ ገጽታዎች መገንዘብ

- 2. የኮቪድ-19 በትምህርት ቤትዎ ውስጥ ባሉ ተማሪዎች ላይ ተጽዕኖ እያሳደረ ነው ብለው ያስባሉ?
- 3. የኮቪድ-19 በትምህርት ቤት ልጆች ላይ የሚያሳድረው ተጽዕኖ ምንድነው?
- 4. ኮቪድ-19 በትምህርት ቤትዎ ውስጥ ባሉ ተማሪዎች ላይ በማህበራዊ ህይወታቸው የሚያሳድረው ተጽዕኖ ምንድነው?
- 5. ተማሪዎች ትምህርት ቤት ከተከፈተ በኋላ ከክፍል ዳደሮቻቸው እና ከትምህርት ቤት መምህራኖቻቸው ጋር ያለውን ማህበራዊ ግንኙነት እንዴት ይመለከቱታል?
- 6. የትምህርት ቤት ልጆች አካላዊ ርቀትን መጠበቃቸው እና የፊት ጭምብል መጠቀማቸው የሚያመጣው ተጽዕኖ ምንድነው ብለው ያስባሉ?
- 7. በኮቪድ-19 ምክንያት የትምህርት ቤት ልጆች ማህበራዊ ግንኙነታቸውን ያጡ ይመስልዎታል?

አባሪ 4:- ለወላጆች ወይም ህጋዊ አሳዳጊዎች የተዘጋጀ የቃለ መጠይቅ መመሪያ

ክፍል 1- አጠቃላይ መረጃ

እድሜ: - _____

ጾታ:- _____

የትምህርት ደረጃ: - _____

ክፍል 2:-የኮቪድ-19ን የተለያዩ ገጽታዎች መገንዘብ

1. ኮቪድ-19 በልጅዎ ላይ ተጽዕኖ አሳድሯል ብለው ያስባሉ?
2. ኮቪድ-19 በልጅዎ ላይ ምን ተጽዕኖ አለው?
3. ትምህርት ቤት በተዘጋበት ወቅት ልጅዎ በቤት ውስጥ ጊዜውን የሚያሳልፈው እንዴት ነበር?
4. ትምህርት ቤት በተዘጋበት ጊዜ ልጆችዎ ከጓደኞቻቸው እና ከጎረቤቶቻቸው ጋር ያላቸውን ማህበራዊ ግንኙነት እንዴት ያዩት ነበር?
5. አካላዊ ርቀትን መጠበቅ እና የፊት ጭንብል ማድረግ በልጆች ሕይወት ላይ ተጽዕኖ ያሳድራል ብለው ያስባሉ? አዎ ካሉ እንዴት?
6. በኮቪድ-19 ምክንያት ልጆችዎ ምን አጡ?
7. ልጅዎ የኮቪድ-19 ሥነ ልቦናዊ እና ማህበራዊ ተፅዕኖዎችን እንዴት ማቃለል ወይም መፍታት ይችሉ?

አባሪ 5: መጠይቅ

በአዲስ አበባ ዩኒቨርስቲ

የማህበራዊ ሳይንስ ኮሌጅ

የሶሻል ወርክ ትምህርት ቤት

በትምህርት ቤት ልጆች የሚሞላ መጠይቅ

የዚህ መጠይቅ ዓላማ ኮቪድ-19 በአዲስ አበባ ከተማ ውስጥ በትምህርት ቤት ልጆች ላይ የሚያደርሰውን ስነልቦናዊ እና ማህበራዊ ተፅዕኖ ለማጥናት መረጃ መሰብሰብ ነው። በጥናቱ ላይ እንዲሳተፉ የእርስዎን ቀና ትብብር መጠየቅ እፈልጋለሁ። ይህ ጥናት በተሳካ ሁኔታ ለማጠናቀቅ የሚሰጡት መረጃ በጣም ጠቃሚ ነው ። መረጃው ለትምህርታዊ ጥናት ብቻ የሚፈለግ ሲሆን ሚስጢራዊነቱ ከማንኛውም ሶስተኛ ወገን የተጠበቀ ይሆናል።

ስለ ትብብርዎ ከልብ አመሰግናለሁ !!!

ወንድይፍራው ፈንታ

መመሪያ:- ለሚከተሉት ጥያቄዎች እባክዎን በመረጡት አማራጭ ላይ በቃላት ወይም “√” በማድረግ መልስ ይስጡ እና መልሱን ትክክለኛው ባዶ ቦታ ላይ ይፃፉ።

ክፍል 1: አጠቃላይ መረጃ

- 1. እድሜ: -----
- 2. ጾታ: 1. ወንድ 2. ሴት
- 3. የትምህርት ደረጃ: -----

ክፍል 2: የኮቪድ-19 ወረርሽኝን በተመለከተ የትምህርት ቤት ልጆች ግንዛቤ እና የመከላከያ ዘዴዎች።

- 1. ስለ ኮቪድ-19 እና ስለ መከላከያ ዘዴዎች በቂ መረጃ አለዎት?
 - B) አዎ B) በተወሰነ መጠን C) የለኝም
- 2. ስለ ኮቪድ-19 ወረርሽኝ የመረጃ ምንጭዎ ምንድን ነው?
 - B) ማህበራዊ ሚዲያ/በይን-መረብ B) ቤተሰብ/ጓደኛ C) ቴሌቪዥን D) ሌሎች-----
- 3. አካላዊ እርቀትን ተግባራዊ ያደርጋሉ ?
 - B) አዎ B) ብዙ ጊዜ C) አላደርግም
- 4. ከቤትዎ ሲወጡ የፊት ጭንብል እና የእጅ ንጽህና መጠበቂያ ሳኒታይዘር ይጠቀማሉ?
 - B) አዎ B) አልፎ አልፎ C) አልጠቀምም

ክፍል ሶስት: የትምህርት ቤት ልጆች ድብርት፣ከባድ ጭንቀት እና የጭንቀት መጠን መለኪያ

መመሪያ: እባክዎን በሰንጠረዥ ውስጥ ያለውን እያንዳንዱን አረፍተ-ነገር በሚገባ ያንብቡ እና ከኮቪድ-19 ጋር በተያያዘ እያንዳንዱ ምልክት ምን ያህል እንደነበረ ከተሰጡት አማራጮች የሚገልጽዎትን “√” በማድረግ ያመልክቱ። ትክክለኛ ወይም የተሳሳተ መልስ የለም። የደረጃ አሰጣጡ መጠን እንደሚከተለው ነው።

- 0 ፈጽሞ የኔን ሁኔታ አይገልጽም (በጭራሽ/አልቀበለዉም)
- 1 አንዳንድ ጊዜ (አልፎ አልፎ)
- 2 ብዙ ጊዜ (በተደጋጋሚ)
- 3 እጅግ በጣም ብዙ ጊዜ (ሁልጊዜ)

ተ.ቁ	አረፍተ-ነገሮች	የመልስ አማራጮች			
		በጭራሽ (0)	አልፎ አልፎ (1)	ብዙ ጊዜ (2)	ሁልጊዜ (3)
1	እራሴን ለማረጋገጥ ከብድኝ ነበር				
2	አፊ ደረቅ ሆኖ ተሰማኝ				
3	ምንም ጥሩ ስሜት አልተሰማኝም				
4	አንዳንድ ጊዜ መተንፈስ ይከብደኝ ነበር (አካላዊ እንቅስቃሴ ሳይደርጉ ትንፋሽ ማጣት)				
5	ነገሮችን ለማከናወን ተነሳሽነት መኖሩ ለእኔ ከባድ ነበር				
6	በሁኔታዎች ላይ ምላሽ ስሰጥ ለማጋነን አስቤ ነበር				
7	የመንቀጥቀጥ ስሜት ተሰምቶኝ ነበር (ለምሳሌ ፣ በእጆቼ ውስጥ)				
8	ሁሌም እንደፈራሁ ተሰማኝ				
9	ልደነግጥ እና አስቂኝ መስዬ መታየት በምችልባቸዉ ሁኔታዎች ላይ ተጠቃቂ ነበር				
10	ለምንም ነገር ፍላጎት እንደሌለኝ ይሰማኛል				
11	እረፍት እንደሌለኝ ተሰማኝ				
12	ዘና ለማለት አስቸጋሪ ሆኖብኝ ነበር				
13	የመንፈስ ጭንቀት ተሰማኝ እና ተነሳሽነት አልነበረኝም				
14	እያደረግሁ ያለሁትን እንዳላደርግ የከለከሉኝን ነገሮች ትዕግስት አልነበረኝም				
15	ልደነግጥ እንደምሄድ ተሰማኝ				
16	ስለማንኛውም ነገር የመጓጓዣ ስሜት አልተሰማኝም				
17	እንደ ሰው ዋጋ እንደሌለኝ ተሰማኝ				
18	ትንሽ ስሜታዊ እንደሆንኩ ተሰማኝ				
19	ምንም እንኳን በአካል ጠንካራ ነገር ባላደርግም የልብ ምቴ እንደተለወጠ አውቅ ነበር (ለምሳሌ የልብ ምት መጨመር ፣ መደበኛ ያልሆነ የልብ ምት)				
20	ያለ ምክንያት ፍርሃት ተሰምቶኝ ነበር				
21	ለሕይወት ትርጉም እንደሌለ ተሰማኝ				