

Children's Worlds report 2022

Children's views on their lives and
well-being during Covid-19

Children's views on their lives and well-being during Covid-19: A report on the Children's Worlds study, 2020-2022

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Further Information

Further information about the Children's Worlds project can be found on the project website at www.isciweb.org.

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Chapter I

Introduction

Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), is a strain of a coronavirus responsible for causing Coronavirus Disease 2019 (COVID-19). The first case of COVID-19 was identified in the City of Wuhan, China on 31 December 2019. By 30 January 2020, the World Health Organisation declared COVID-19 a *Public Health Emergency of International Concern*, and by 11 March declared it a pandemic. As of 17 April 2022, over 500 million confirmed cases and over 6 million deaths have been reported globally. This global health crisis poses a common threat to humankind and had an immediate and severe impact on society, the economy, and the environment (Chakraborty & Maity, 2020). Given the unpredictability of the disease owing to its capacity to mutate and the onset of strains or variants, the negative impact on society is likely long-lasting.

To mitigate the spread of the disease, most governments around the world instituted an integrated response, based largely on social contact restrictions. This included total lockdowns, a policy of restricted movement characterized by individuals and communities confined to their homes for specific periods, and the implementation of social distancing protocols. While these restrictions were necessary and successful in curtailing the spread of disease, it resulted in negative outcomes such as isolation, loneliness, and a range of negative psychological consequences such as depression, anxiety, and fear (Frenzel et al., 2021).

It is axiomatic that the COVID-19 pandemic has caused severe social and economic strife at a global level (Nicola et al., 2020). While various cohorts of the population had a differential experience of COVID, the deleterious impact on children and young people has been especially severe (Barnado's, 2020; UNICEF, 2021). Emerging research has shown that the pandemic has caused substantial disruption in family life, increased susceptibility to domestic violence, neglect, and compromised safety (Spinelli, 2020). There is also evidence that the pandemic has caused increased mental health problems including anxiety, depression, and psychological distress (Fancourt et al., 2021; The COVID-19 Mental Disorders Collaborators, 2021). Subsequent lockdowns have altered children's daily activities and time-use patterns, and restricted social interactions with friends and family (Oliveira et al., 2022). A defining feature of the pandemic was the closure of schools over various periods of time, which severely affected children's educational attainment and opportunities (Bhatia, 2020, Bradbury-Jones & Isham, 2020; Caffo et al., 2020; Cusinato et al., 2020).

The pandemic has brought socio-economic disparities into sharp focus, with a differential impact on children from various socio-economic contexts. Some commentators believe that children from low-income contexts are more severely affected by the pandemic (Blundell et al., 2020; Fouche et al., 2020), arguing that it has exacerbated existing inequalities and inequities and risks, pushing those affected by poverty deeper into poverty. Therefore, in these contexts, the impact of the pandemic has been compounded by the harsh realities of high levels of material deprivation and poverty, with children being exposed to multiple vulnerabilities. In this way the pandemic has highlighted the crippling effects of additional constraints to already strained resource systems; with the medium and long-term effects still unknown (Adams & Savahl, 2022). Low-income and conflict-affected countries are less likely to be able to respond effectively due to weaker health and social protection systems, fewer households with access to technology and the internet for distance learning, and more of the population lack access to

water, sanitation, and hygiene facilities. The stringent nature of lockdown conditions has compromised children's safety, their right to protection from violence, abuse and neglect, and access to basic services and resources. The lack of adequate nutrition and a resource-constrained education system further heighten their vulnerability. While the scientific literature is suggesting that children are less at risk of actually being infected with COVID-19, they are certainly most susceptible and carrying the burden of the residual effects of the pandemic. Outcomes from previous crises demonstrate that children are the group that experiences the longer-term negative impacts most acutely. Children's lives and well-being have undoubtedly been severely affected by COVID-19 – to the extent that it is fair to consider it a children's rights issue (Adams & Savahl, 2022).

The Children's Worlds COVID-19 Supplement

While the above points to a growing body of evidence on the impact of COVID-19 on children, further encapsulated in UNICEF's Children and COVID-19 Research Library, the short, medium, and long-term impact of this virus on children has become the subject of considerable concern among scholars, practitioners, and policy-makers (Barn et al., 2022; Bhatia, 2020; Caffo et al., 2020; Joseph, 2020). There have also only been two published studies that specifically explore the impact of the pandemic on children's SWB. Further to that, children's perspectives have not been reflected in the scientific literature (Andresen et al., 2020a, b).

The Children's Worlds survey is the largest and most comprehensive global study on childhood from children's perspectives. It commenced in 2009 with a small unfunded pilot project and has developed through three iterations, with support from the Jacobs Foundation, to gather the perspectives of more than 250,000 children in over 40 countries across five continents. Central to Children's Worlds is the concept of 'well-being', which refers to children's cognitive and affective perceptions and evaluations of their lives in general, and specific aspects of their lives. In particular, we ask children about their day-to-day feelings of happiness and sadness, their satisfaction with their life as a whole, and different aspects of their lives. These include their living arrangements and material living conditions, relationships with others, school life, time-use patterns, feelings of safety and experiences of bullying, access to community resources, autonomy and being listened to, children's rights and their hopes, and expectations for the future. In contrast to other studies on child well-being, Children's Worlds follows a child-centered approach, with children located centrally in the research process. A key feature of the survey is the participatory approach, with children being consulted in the development and construction of the measurement instrument. We followed the same approach in the current wave of the survey. Our goal was to ascertain the impact of the pandemic on children's lives. We explored children's experiences of the various lockdowns and social distancing protocols, how it impacted their well-being, and various aspects of their lives. The *Children's Worlds COVID-19 Supplement* represents the largest multinational study on the impact of COVID-19 on children's lives and well-being. It draws on more than 10 years of expertise in conducting research with children on and their well-being. In this wave of the survey, we also included a series of qualitative interviews conducted with children in the various participating countries. This will be reported on in an accompanying publication. The current report details the results of the quantitative survey.

The report is structured as follows. In the first Chapter, we provide a broad Introduction. In Chapter Two we provide a delineation of the Method used in this wave of the survey. Thereafter, in Chapters Three through Seven, we provide a descriptive analysis of various themes explored in the survey. These include the context of COVID-19 for children in the participating countries, children's situation and lives during COVID-19, and the influence on children's schooling, social relationships, and overall well-being.

History of the Children's Worlds: COVID-19 Supplement

In June 2019, at a meeting hosted by the University of Nantes, country teams of the Children's Worlds survey celebrated the completion and success of the 3rd wave of the survey. At this meeting we reflected on our achievements, successes, and charted a way forward for the future of the study. We specifically aimed to invest in distilling the findings of the largest ever study on children's well-being into the scientific literature, disseminating the findings across various forums, and to all stakeholders working with or responsible for children. However, with the onset of the pandemic, we soon realised that COVID-19 had impacted children's lives in fundamental ways, bringing with it devastating short and long-term consequences. Less than one year after the Nantes meeting, the call to implement the Children's Worlds COVID-19 supplement was announced, with an overwhelming response from all countries associated with the study. The *Children's Worlds COVID-19 Supplement* officially commenced on 20 December 2020.

Chapter 2

Method

In this chapter, we provide details of the Method followed in the current wave of the survey. It includes details of the sampling and countries participating in the survey, the development and design of the questionnaire, the administration of the survey, and the data management and analysis process.

Sampling and Details of the Countries Participating in the Survey

Twenty countries participated in this wave of the Children's Worlds survey. The countries participating in the survey were selected from the group of 35 countries that took part in the 3rd wave of the survey. Table 2.1 presents the list of the countries and the type of sample from each.

The sampling frame for this wave of the survey was limited to mainstream schools, owing to practical and resource constraints. Each participating country was responsible for developing an individual country-specific sampling strategy, taking into consideration the characteristics of the school system and country-specific demographics. These strategies aligned to prescribed criteria that included the specification of a sample of the target population of the defined geographical unit, a minimum target sample size of 1000 children, and a reasonable spread of schools within geographical areas to account for clustering. Given the challenges of conducting research in the context of COVID-19, countries were not required to provide strictly representative samples. Of the 20 countries, five were able to recruit a countrywide sample, while the remaining 15 used samples generated from specific geographical regions or cities within the country. Each country submitted a sampling report detailing the strategies used and challenges faced in the selection of the sample. Ethics procedures were aligned to country-specific requirements, and each participating country obtained ethics clearance from the Institutional Review Boards of the universities at which the respective researchers are based.

Table 2.1: Sample of Countries Participating in the Survey

Country	Type of sample
1. Albania	Region
2. Algeria	Region
3. Bangladesh	Region
4. Belgium	Region
5. Chile	Region
6. Colombia	Region
7. Estonia	Country
8. Finland	Region
9. Germany	Region
10. Indonesia	Region
11. Israel	Country
12. Italy	Region
13. Romania	Region
14. Russia	Region
15. S Africa	Region
16. S Korea	Country
17. Spain	Region

18. Taiwan	Country
19. Turkey	Region
20. Wales	Country
Total	23 803

The Questionnaire

An expert committee, drawn from the Children’s Worlds Core group, developed the questionnaire. The committee was guided by existing surveys on children and COVID-19. The committee also drew on psychometric expertise garnered from previous waves of the Children’s Worlds study to enhance the credibility of the measurement process, and to improve the cross-cultural comparability. The Children’s Worlds Study is unique in that the measurement instruments used in the study reflect considerable engagement with children from various contexts in their development. We used the International Test Commission (2017) guidelines on the adaptation and translation of tests and measures. Our approach included the use of the back-translation, cognitive testing, and expert translation panel methods. Each country team conducted cognitive testing to ensure the appropriate adaptation and translation of the measures, and that the meaning of each item was appropriately captured. Country teams also completed two templates outlining the process followed, including an adaptation and translation protocol; and a checklist for the final translated questionnaire. This process ensured the overall validity of the questionnaire and enhanced opportunities for cross-country comparison.

The final questionnaire contained a number of items grouped into four broad themes:

- Current context
- Life during COVID
- School and relationships
- How children feel about their lives

The question formats included ‘frequency’ and ‘agreement’ questions with 5-point Likert scales using ordered-categorical verbal response options (unipolar), and ‘satisfaction’ questions, using 0-10 numerical (with unipolar verbal anchors) response options.

The questionnaire included six standardized scales. Four of these scales were specifically developed through the various waves of the Children’s Worlds study to measure self-reported well-being, including context-free SWB, domain-specific SWB, psychological well-being, and positive and negative affect. We also included the ‘Material Deprivation Scale’, which was a key measure of previous waves. Unique to this wave of the survey was the inclusion of the ‘Fear of COVID-19 Scale’, which we adapted from an adult version for use with children (Ahorsu et al., 2020). We were cognizant of the various levels of lockdowns, social restrictions, and school-closures, and phrased the question stems to take these distinct contexts and time-periods into consideration. The standardized scales are as follows:

- Children’s Worlds Subjective Well-Being Scale (CW-SWBS)
- Children’s Worlds Domain-Based Subjective Well-Being Scale (CW-DBSWBS)
- Children’s Worlds Positive and Negative Affect Scale (CW-PANAS)
- Children’s Worlds Psychological Well-Being Scale (CW-PWBS)
- Material Deprivation Scale
- Fear of COVID Scale (Child Version)

Administration of the Survey

Data collection commenced in March 2021 and continued through to August 2021. During this period, countries faced various levels of lockdowns and were subjected to a diverse range of social restrictions.

This presented a range of challenges for the data collection process. Based on their particular circumstances and resources, country teams administered the survey using three formats:

- Web-based (online format)
- Pencil and paper (in-person)
- Hybrid (both online and in-person)

Table 2.2 presents the survey administration formats used in each participating country. Ten countries exclusively used the in-person format, four exclusively online, and five used the hybrid approach.

Table 2.2: Children’s Worlds COVID-19 Supplement: Method of data collection

Country	Paper and pencil (in-person)	Web Survey (online)	Total
Albania	756	278	1034
Algeria	816	0	816
Bangladesh	1060	310	1370
Belgium	0	2422	2422
Chile	87	1595	1682
Colombia	976	0	976
Estonia	0	1258	1258
Finland	0	1003	1003
Germany	0	590	590
Indonesia	0	2222	2222
Israel	930	0	930
Italy	0	919	919
Romania	1856	0	1856
Russia	0	876	876
South Africa	1000	0	1000
South Korea	0	1497	1497
Spain	399	303	702
Taiwan	0	1155	1155
Turkey	406	398	804
Wales	0	691	691
TOTAL	8286 (34.81%)	15 517 (65.19%)	23 803

Data Management

The data for the study was managed by a central data management team who was responsible for cleaning and preparing the data for analysis. This process included conducting a missing data analysis, assessing the presence of systematic response sets, and attending to clustering as an outcome of survey design effects. Given the nature and challenges of conducting research with children in the context of COVID-19 restrictions, a less stringent approach was implemented, which was typical of previous waves.

The Final Dataset

The number of cases for each participating country is presented in Table 2.3. Our final sample consisted of 23 803 children between the ages of 7 years old and 15 years old ($M_{age} = 10.95$; $SD = 1.01$). The current study represents the largest conducted on the impact of COVID-19 on children’s lives and well-being. Tables 2.4 and 2.5 represent the sample age and gender distribution respectively.

Table 2.3: Sample of participants in each country

Country	Frequency	Percentage of sample
Albania	1034	4.34
Algeria	816	3.43
Bangladesh	1370	5.76
Belgium	2422	10.18
Chile	1682	7.07
Colombia	976	4.10
Estonia	1258	5.29
Finland	1003	4.21
Germany	590	2.48
Indonesia	2222	9.33
Israel	930	3.91
Italy	919	3.86
Romania	1856	7.80
Russia	876	3.68
S Africa	1000	4.20
S Korea	1497	6.29
Spain	702	2.95
Taiwan	1155	4.85
Turkey	804	3.38
Wales	691	2.90
Total	23 803	100

Table 2.4: Sample age distribution

Age	Frequency	Percentage
7	1	0
8	7	0.03
9	955	4.02
10	8216	34.6
11	7151	30.11
12	6123	25.79
13	1141	4.8
14	136	0.57
15	19	0.08
Missing	54	0.27
Total	23 803	100

Table 2.5: Sample gender distribution across countries

Country	Girl		Boy		I do not think of myself as a boy or girl		Total
	<i>f</i>	%	<i>f</i>	%	<i>f</i>	%	
Albania	564	54.55	470	45.45	0	0	1034
Algeria	427	52.33	389	47.67	0	0	816
Bangladesh	691	50.44	679	49.56	0	0	1370
Belgium	1205	50.63	1175	49.37	0	0	2380
Chile	799	47.79	822	49.16	51	3.05	1672
Colombia	495	50.72	481	49.28	0	0	976
Estonia	627	50.00	599	47.77	28	2.23	1254
Finland	480	47.86	512	51.05	11	1.10	1003
Germany	302	51.19	284	48.14	4	0.68	590
Indonesia	1198	53.92	1024	46.08	0	0	2222
Israel	437	47.04	471	50.70	21	2.26	929
Italy	454	49.62	461	50.38	0	0	915
Romania	935	51.23	890	48.77	0	0	1825
Russia	442	50.46	434	49.54	0	0	876
South Africa	575	57.50	400	40.00	25	2.50	1000
South Korea	732	48.90	765	51.10	0	0	1497
Spain	341	49.35	334	48.34	16	2.32	691
Taiwan	628	54.37	525	45.45	2	0.17	1155
Turkey	399	49.81	394	49.19	8	1.00	801
Wales	316	45.73	351	50.80	24	3.47	691
<i>Missing</i>							106
TOTAL	12 047	50.61	11 460	48.15	190	0.8	23 803

Data Analysis

The analysis of previous waves of the Children’s Worlds Survey implemented strategies to mitigate survey design effects, specifically taking account of data weightings, stratification, and clustering of the country samples, and the calculation of robust standard errors. However, given that the current wave used non-representative data, these strategies were not implemented. The analyses in the current report were conducted using StataSE 14 and SPSS (ver. 28), unless otherwise stated. Previous reports used bivariate tests, confirmatory factor analyses, and linear regression. However, since our aim in the current report is to provide a broad overview of the findings, we limit our analysis to descriptive statistics.

Chapter 3

The Context of COVID-19 for Children around the World

In this section, we report on the context of COVID-19 for children in the participating countries. We provide a contextual analysis from children's perspectives. In particular, we report on children's living arrangements, their home, school, and neighborhood context, their perceptions of safety in different settings, and their material well-being during COVID-19. We commence by providing a brief collective overview of COVID-19 in the participating countries.

Globally, all countries were impacted by the COVID-19 outbreak and the associated government responses characterized by restrictions on movement, social distancing protocols, full and/or partial lockdowns, and the shift towards the online space. For children, the closures of schools, restrictions on social interaction with friends and family, heightened material deprivation and poverty, and compromised safety was the most hard-hitting and pronounced implications of the pandemic. However, while the negative impact was universal, how specific governments responded to mitigate the impact of COVID-19 differed through legislative amendments and policy mechanisms between countries. This was contingent on the various levels of infection, which was largely an outcome of the emergence of different variants or strains of the virus. It is also worth noting that while this variability was obvious across countries, there was also variability in children's experiences of the pandemic within countries. In the next section, to demonstrate the variability in context, we provide a brief sketch of the context of COVID-19 in four of the 20 participating countries (Estonia, Indonesia, South Africa, and Turkey)

Estonia

Estonia went into lockdown on 12 March 2020. Schools adopted online distance learning for two months; some hobby schools closed during this time, while others continued online. Shopping centers, theatres, cinemas, and all entertainment places were closed. The second outbreak started in December 2020 and a state of emergency was declared on 11 March 2021, together with new strict measures (i.e., semi-lockdown). Schools went back to distance learning, shopping centers, theatres, and cinemas, and all entertainment places were closed. On 3 May 2021, young children (grades one to three) returned to contact learning and older children from 17 May 2021. The third outbreak took place from September to November 2021. From 21 October 2021, the government declared COVID-19 restrictions, including the wearing of facemasks at school, for children aged 12 years old. There was no universal closure of schools, however, school principals had the discretion of recommending that entire classes or the entire school isolate if there were reported cases of infection at the school. Children who had close contact with someone who was infected were also required to self-isolate. From 01 November 2021, regular rapid COVID-19 testing was implemented at schools. During the fourth outbreak, from December 2021 to March 2022, children from the age of 12 years old and all teachers had to wear facemasks at school, with rapid testing continuing, and distance and contact learning decisions made regionally. From 03 of April 2022, facemasks were no longer compulsory but were recommended.

Indonesia

The first case of COVID-19 in Indonesia was detected on 02 March 2020, with infections rapidly increasing. Consequently, since 23 March 2020, the Education and Culture Minister called on teachers, parents, and students to stay at home and

practice remote learning. The majority of children in Indonesia cannot afford internet access and devices. These situations limited their possibilities for online learning. The first national lockdown known as Pembatasan Sosial Berskala Besar (PSBB; large-scale social restriction) was instituted on 31 March 2020. Although the lockdown enforced the closure of trade, educational institutions, recreational activities, and places of worship, it was not overly strict. Many informal sector workers rely on their living through daily work income and access to the vast territory of Indonesia where the situation in each region can vary greatly. The central government ~~hands~~ handed over authority to local governments to implement local lockdowns according to the conditions of their respective regions. The lockdown in West Java Province was quite strict since cases were among the highest in Indonesia. Schools started to reopen with limited face-to-face learning on 10 September 2021. Limited face-to-face learning means students' school attendance is limited to a maximum of 50% in the classroom and can only be carried out in areas with a relatively low number of COVID-19 cases. In addition to this limited face-to-face learning, health and safety protocols were implemented. Protocols included social distancing, the mandatory wearing of masks for all students and teachers, no extracurricular events, and the canteen closed. As a result of these restrictions on limited face-to-face learning, most students learned in smaller groups. They had fewer opportunities for social interaction with other students at school than before the pandemic. As of 29 April 2022, there have been 6,046,467 confirmed cases of COVID-19, with 156,240 deaths and 5,882,660 recoveries (WHO, 2021). As of 25 April 2022, a total of 398,936,784 vaccine doses have been administered.

South Africa

The first case of COVID-19 in SA was detected on 05 March 2020. This led to a 'national state of disaster' being declared, and the first national lockdown was instituted on 26 March 2020. The lockdown enforced the closure of businesses, educational institutions, recreational activities, and places of worship. Part of the 'state of disaster' was a mandated national curfew and the restriction of local travel between provinces and international travel. These strict measures were implemented to 'flatten the curve' and prepare a constrained healthcare system. Nearly two years later, the country has been through 16 lockdown levels and is currently on the least restricted adjusted alert level 1. As of 06 February 2022, 3 623 962 cases of the virus have been detected with 3 840 249 recoveries and 95 835 deaths. Thus far, 24 464 999 tests have been conducted, with the most recent statistics identifying 1752 new cases (National Institute for Communicable Diseases, 2022). The latest available statistics for young people (aged 19 years old and younger) demonstrate the following for the period 01 March 2020 to 04 December 2021: 2 860 000 (14.8%) COVID-19 tests conducted; 378 083 laboratory-confirmed cases (12.5%) detected; 20 346 (5%) of COVID-19 hospital admissions reported; and 658 (0.7%) of hospital deaths related to COVID-19. Although the national data is not further disaggregated by age, children make up a smaller proportion of COVID-19 cases. However, as children are not a homogenous group and childhood is not a homogenous experience, children from various socio-economic and socio-historical groups have had divergent experiences of the pandemic. Children from privileged socio-economic contexts (SES) generally reside in safer home and neighborhood contexts, have access to appropriate nutrition, and are able to continue schooling as they are more well-resourced and in a position to offer alternative teaching modalities. In alignment with the first national lockdown, schools closed on 14 March 2020 and re-opened on 08 June 2020 for senior students in grade 7 (primary school) and grade 12 (secondary school). Following this, children attended school on a rotational basis for the next two years (2020 – 2022) to reduce classroom capacity to ensure physical distancing and reduce the risk of infection. While better-resourced schools were able to continue online, the majority of children in SA living in lower SES communities are further behind, as they did not have the necessary technological resources. School closures also resulted in higher levels of food insecurity as school nutrition programs were no longer accessible. This mandate was finally lifted on 07 February 2022. The United Nations Children's Fund (2021) estimates that most learners in SA have lost one full year of schooling owing to COVID-19, with around 400 000 to 600 000 having dropped out of school since the pandemic started. The impact of COVID-19 and the ensuing lockdown in the country exacerbated child vulnerability and neglect, and influenced children's overall well-being; with children in low and middle-income contexts most vulnerable (Fouche et al., 2020).

Turkey

In Turkey, the first COVID-19 case was confirmed on 11 March 2020. As of 25 March 2022, 14,775,634 COVID-19 cases and 97,666 COVID-19 deaths were reported. Globally, Turkey ranks 10th in the total number of COVID-19 cases. Following the 'voluntary quarantine' period on 03 April 2020, the government declared a lockdown for individuals under the age of 20-years old. Thereafter, commencing on 10 April 2020, the government declared universal lockdowns for 15 metropolitan cities and the city of Zonguldak. Starting from 01 June 2020, with the normalization period, lockdowns for 20 years and under were

changed to 18 and under. Following this regulation change, the age group of 0-18 could move freely on Wednesdays and Fridays between 14:00 and 20:00. Starting from 10 June 2020, lockdowns for 18 and under were lifted on the condition that children are to be chaperoned by their parents. On 20 November 2020, the Ministry of Health reinstated the curfew on people aged 20 years old and younger and those older than 65 years. Curfews for children started in November 2020 and continued until March 2021. At the beginning of March 2021, restrictions were lifted, or extended, depending on the risk situation in the particular regions. According to the circular of the Ministry of Interior on 'Partial Shutdown' dated 14 April 2021, young people and children under the age of 18 years leave home between 14h00-18h00 on weekdays. From 29 April to 17 May 2021, a complete lockdown process was declared again. One of the most critical issues affecting children's well-being was the disruptions caused by the COVID-19 pandemic in their educational processes. In Turkey, 12 years of education is compulsory. Turkish public schools are free for all children, including immigrants. However, the quality of education and the conditions of schools can vary. During the pandemic, limited access to the internet and technological resources such as computers/phones exacerbated existing inequalities. Distance learning was difficult for many children, and widened the educational gap between different socio-economic groups owing to unequal access to resources. On 01 March 2021, the Ministry of National Education decreed that the status of schools be decided by the risk level of the associated province schools located. Schools in all regions across all levels were closed for 44.40% of the academic year (87 days) (All schools were closed between 31 August to 18 September 2020, 23 November 2020 to 12 February 2021, and 29 April to 14 May 2021). Between 02 March and 28 April 2021, the status of schools was decided according to the risk level of the provinces. In the 2022 academic year, face-to-face education started in Turkey after approximately one and a half years.

The following section presents some of the key survey findings regarding the context of children's lives during COVID-19.

In terms of children's living arrangements, most children lived with their families at home (Figure 3.1). Eighty-five percent of children in the pooled sample reported they lived with their family at home. While the majority of children lived with the family at home, there was a large variation across the countries. The proportion of children reported living with the family at home ranged from 73% in South Africa to 99% in South Korea.

Figure 3.1

At present, with whom do you live?

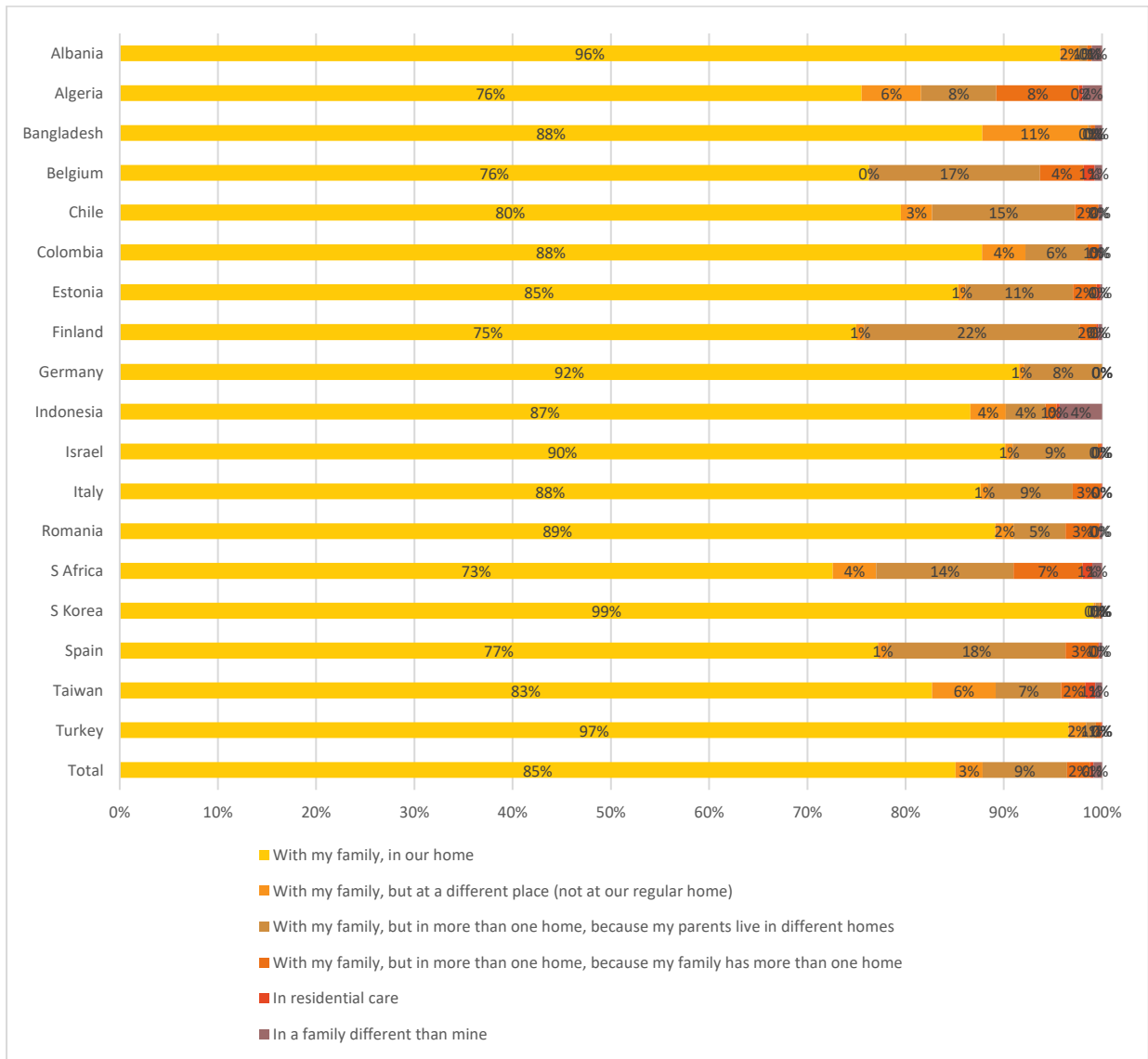
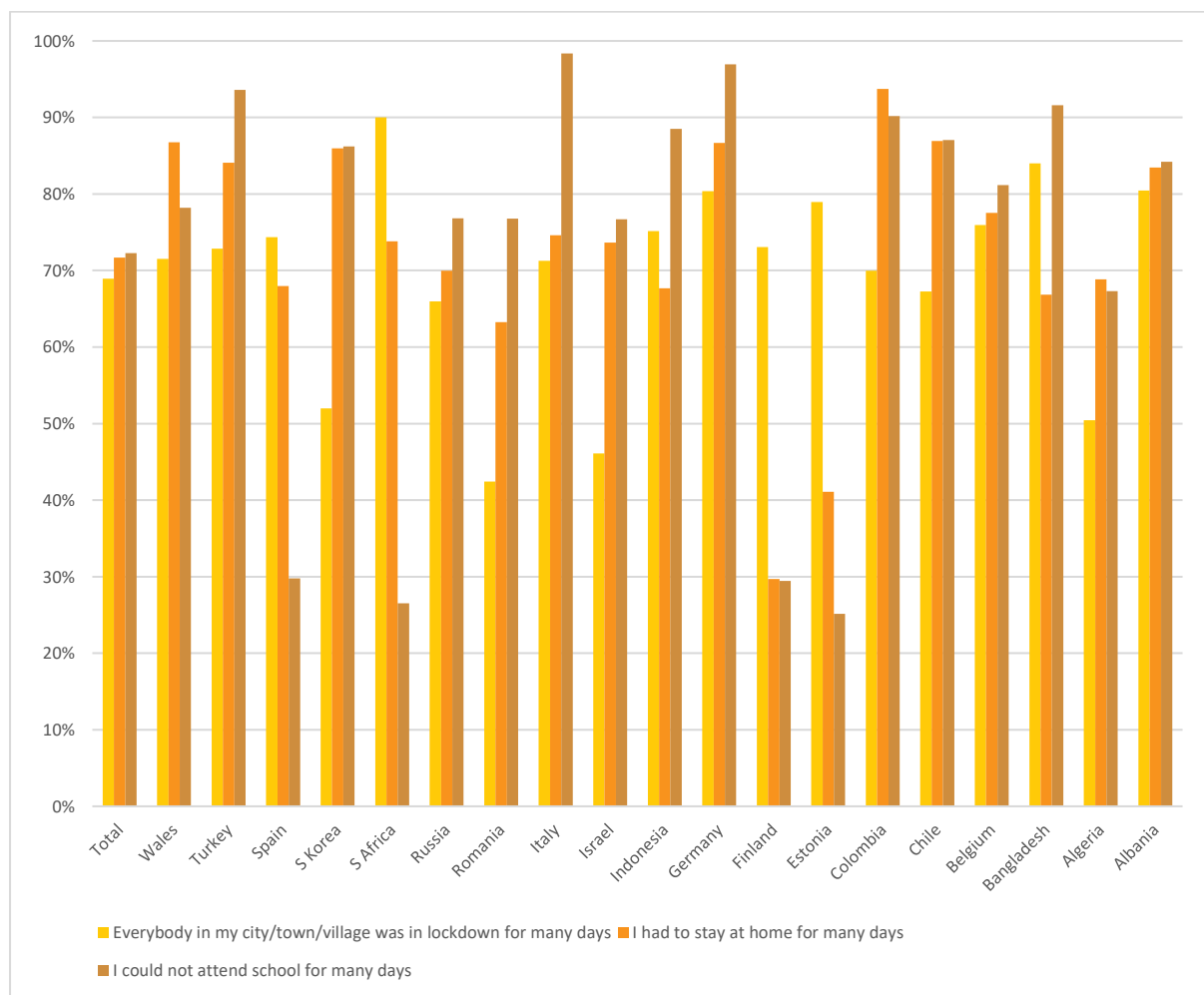


Figure 3.2

Please describe what your situation was (or still is) during the Coronavirus pandemic



COVID-19 affected many children’s daily lives (Figure 3.2). About 70% of children in the pooled sample reported that there were lockdowns in their city/town/village, they had to stay at home, or could not attend school for many days owing to the Coronavirus. There were relatively fewer school attendance disruptions in Spain, South Africa, Finland, and Estonia where less than 30% of children reported they could not attend school for many days during the Coronavirus pandemic. The situation was different in Turkey, Italy, Germany, and Bangladesh, where more than 90% of children reported they could not attend school for many days owing to the pandemic.

Many children had to stay at home all day during the pandemic (Figure 3.3). When they could go out, they could only leave home for a few hours owing to the pandemic. Sixty-nine percent of children in the pooled sample reported that there were times when they had to be in their home all day owing to the pandemic. Fifty-eight percent of children reported that at certain times, they could only leave their home for a few hours during the day. While Finnish children were least affected, 34% of children reported that at certain times they had to be in there home all day. In Turkey and Colombia, more than 80% of children indicated that they had to be at home all day.

Figure 3.3

Do the following statements describe your situation during the Coronavirus?

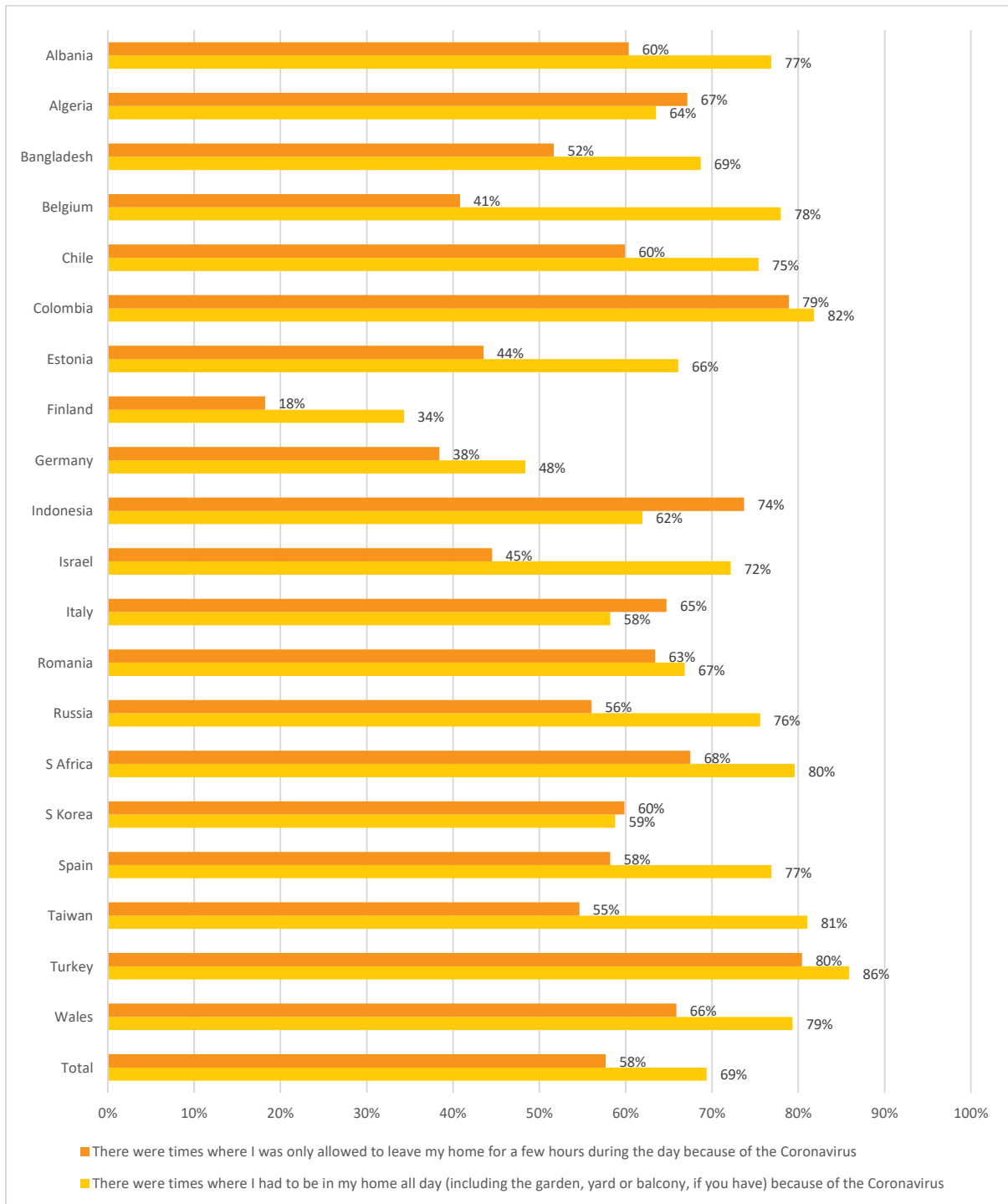
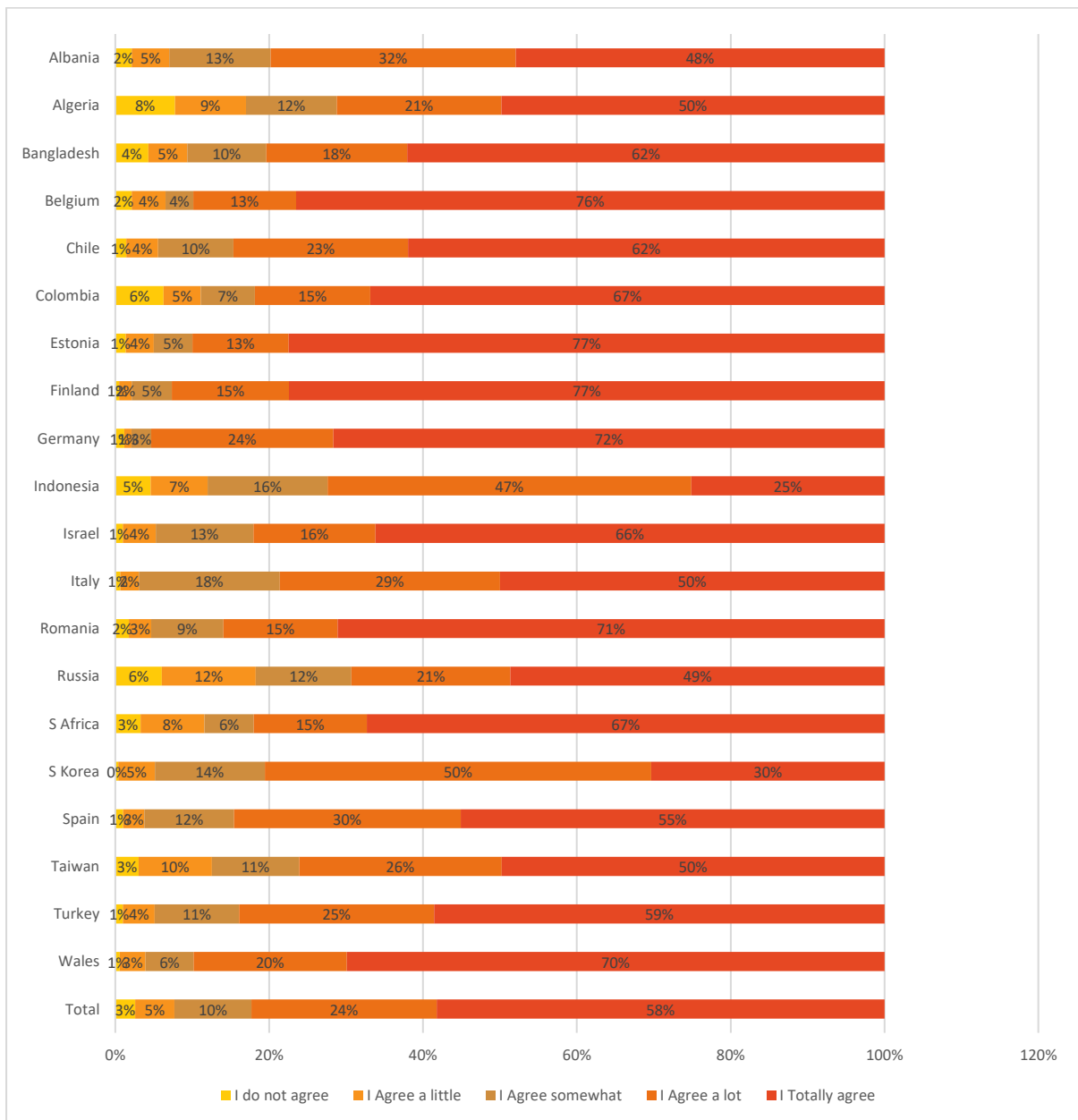
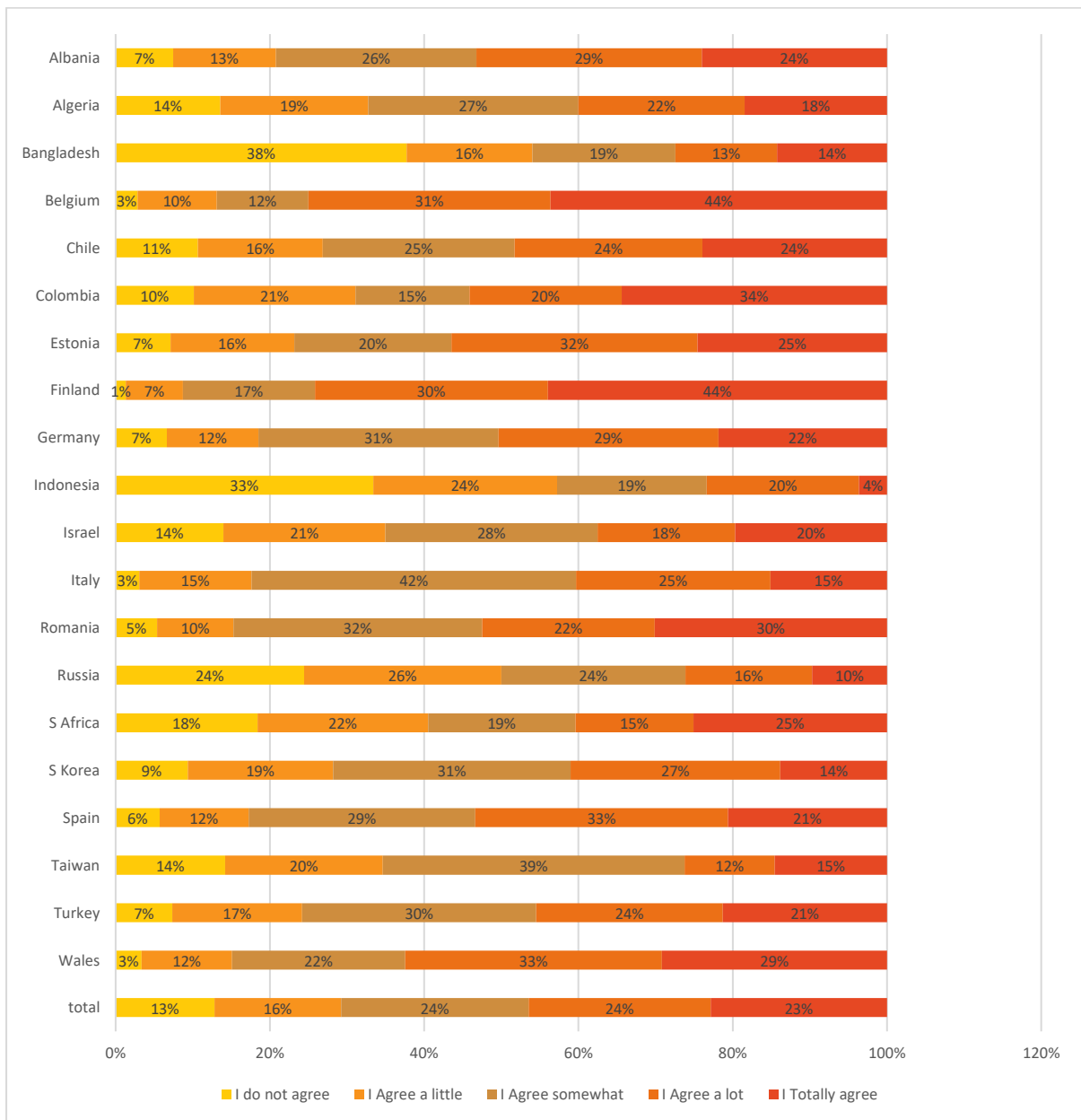


Figure 3.4
I feel safe at home



The vast majority of children reported they felt safe at home during the pandemic (Figure 3.4). About 82% of children in the pooled sample reported that they felt safe (combined score of agree a lot and totally agree) at home. However, there was a large variation across the countries in children’s reports of safety. While more than 90% of children in Belgium, Estonia, Finland, Germany, and Wales reported that they felt safe at home, in Algeria and Russia about 70% of children reported feeling safe at home.

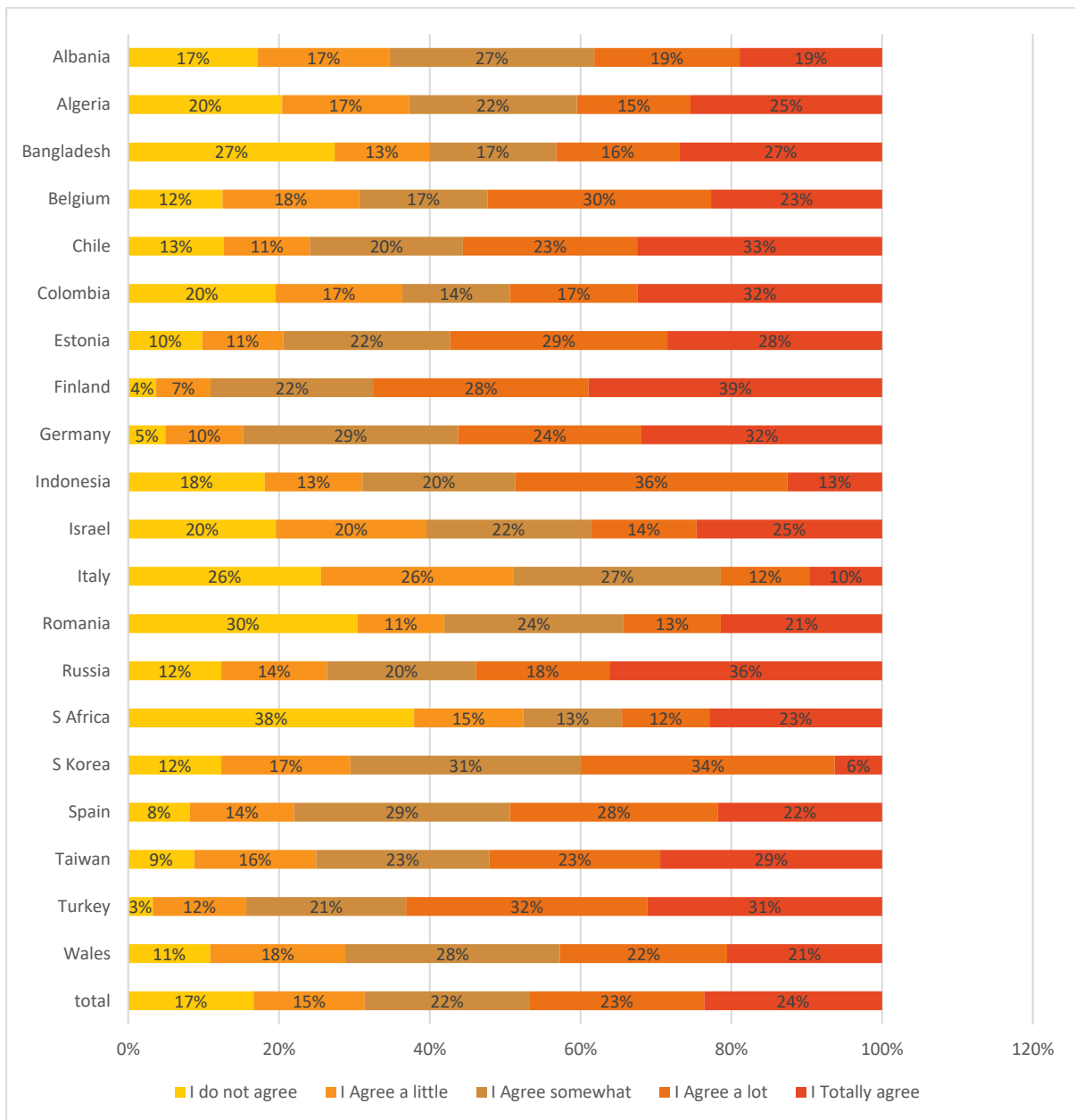
Figure 3.5
I feel safe at school



Many children reported they felt safe at school during the pandemic (Figure 3.5). About half of the children in the pooled sample reported they felt safe (combined score of agree a lot and totally agree) at school. However, there was a large variation across the countries. While more than 60% of children in Belgium, Finland, and Wales reported that they felt safe at school, less than 30% of children in Bangladesh, Indonesia, Russia, and Taiwan reported feeling safe at school.

Figure 3.6

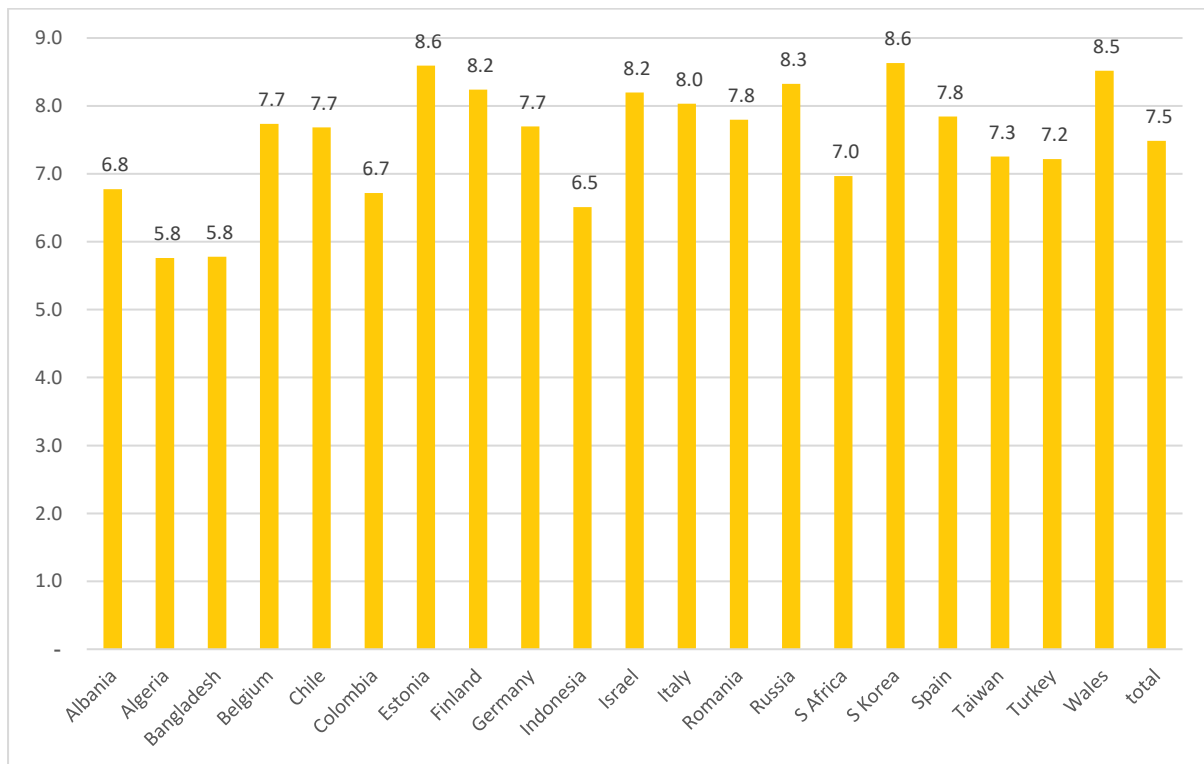
I feel protected from the Coronavirus



Children felt differently about the threat of COVID-19 (Figure 3.6). The proportion of children who reported feeling protected (combined score of agree a lot and totally agree) from the virus, ranged from less than 40% in Albania, Israel, Italy, Romania, South Africa, and South Korea, to more than 60% in Finland and Turkey.

Figure 3.7

How many of the following do you have at home?¹

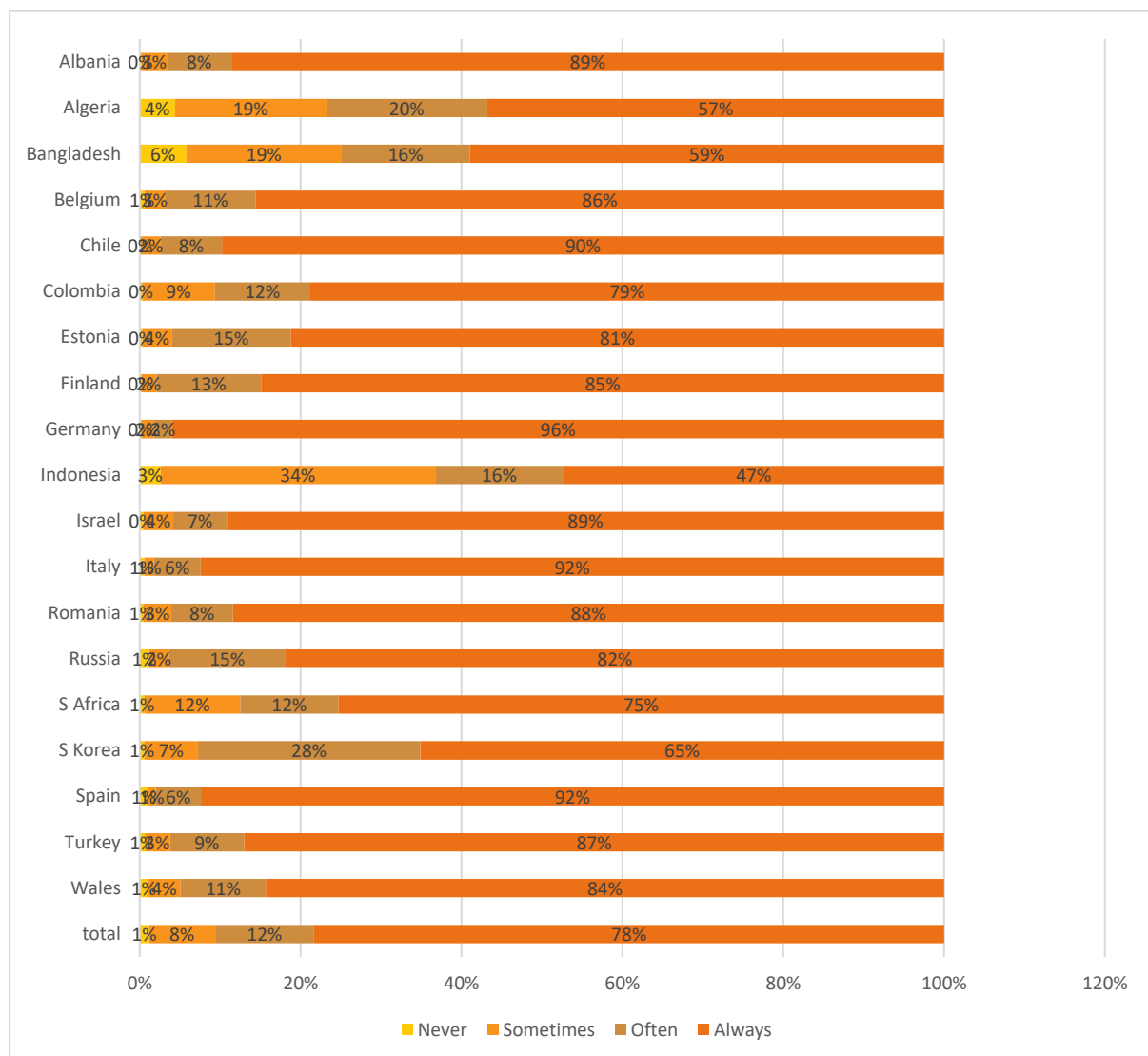


Children’s material well-being during COVID-19 was measured by counting the number of things they have out of nine necessary items (Figure 3.7). The average count was about 7.5 items among children in the pooled sample. There were variations across the countries in terms of material well-being. Children in Albania, Algeria, Bangladesh, Columbia, Indonesia, and South Africa reported having fewer than 7 items. On the other hand, children in Estonia, Finland, Israel, Italy, Russia, South Korea, and Wales reported having more than 8 items.

¹ A total of 9 things: own room; clothes in good condition; enough money for school trips and activities; access to the internet at home; the equipment/things you need for sports and hobbies; pocket money/money to spend on yourself; two pairs of shoes in good condition; a mobile phone; the equipment/things you need for school.

Figure 3.8

During the lockdown did you have enough food to eat each day?



Another key indicator of material well-being is the availability of food during the pandemic (Figure 3.8). While most children did not have difficulties with available food, some children reported a lack of enough food to eat each day. Seventy-eight percent of children in the pooled sample reported that they always had enough food during the pandemic. However, less than 60% of children in Algeria, Bangladesh, and Indonesia reported ‘always’ having enough food.

Conclusion

The COVID-19 pandemic affected many children’s daily lives. Many children had to stay at home or could not attend school for many days owing to the Coronavirus. However, there was huge variability by country. Significant differences were observed in school attendance and lockdown situation across the countries. While many children felt safe at home and school, children felt differently about the threat of the pandemic across the participating countries. Availability of material items was a major

concern during the pandemic. While most children did not experience challenges with available food, for example, some children reported a lack of enough food to eat each day.

Chapter 4

Children's Lives during COVID-19

In a crisis like the COVID-19 pandemic, children need reliable and quality information. Good information is key to reducing fear and keeping informed about how to protect children from the virus. During COVID-19, about half of the children in the pooled sample thought (agreed a lot or totally) they had enough information about the virus (Figure 4.1). More than 60% of children in Belgium, Chile, Finland, Germany, Spain, and Turkey thought they had enough information. On the other hand, less than 40% of children in Algeria, Russia, and South Korea thought so.

Figure 4.1

I have enough information about the Coronavirus

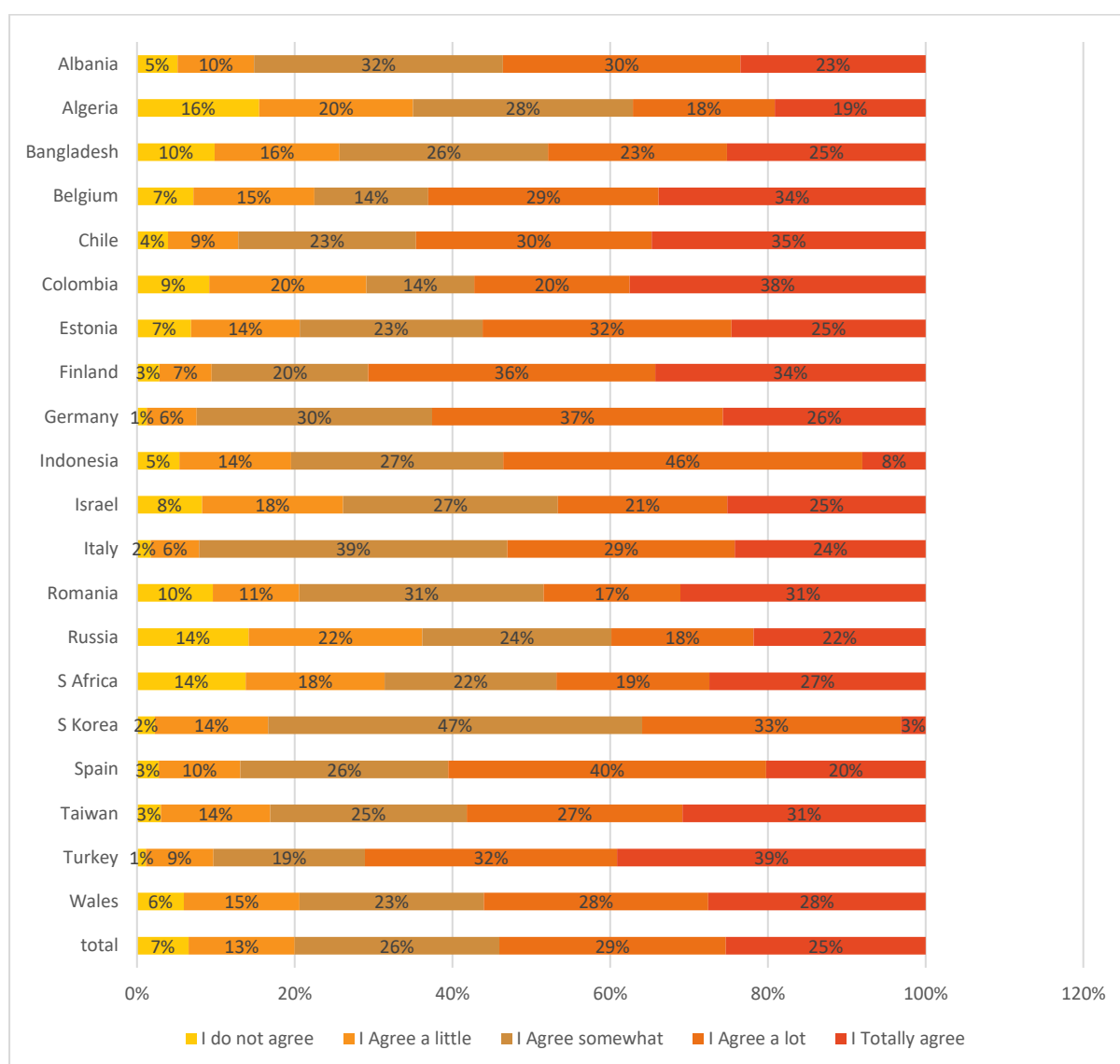
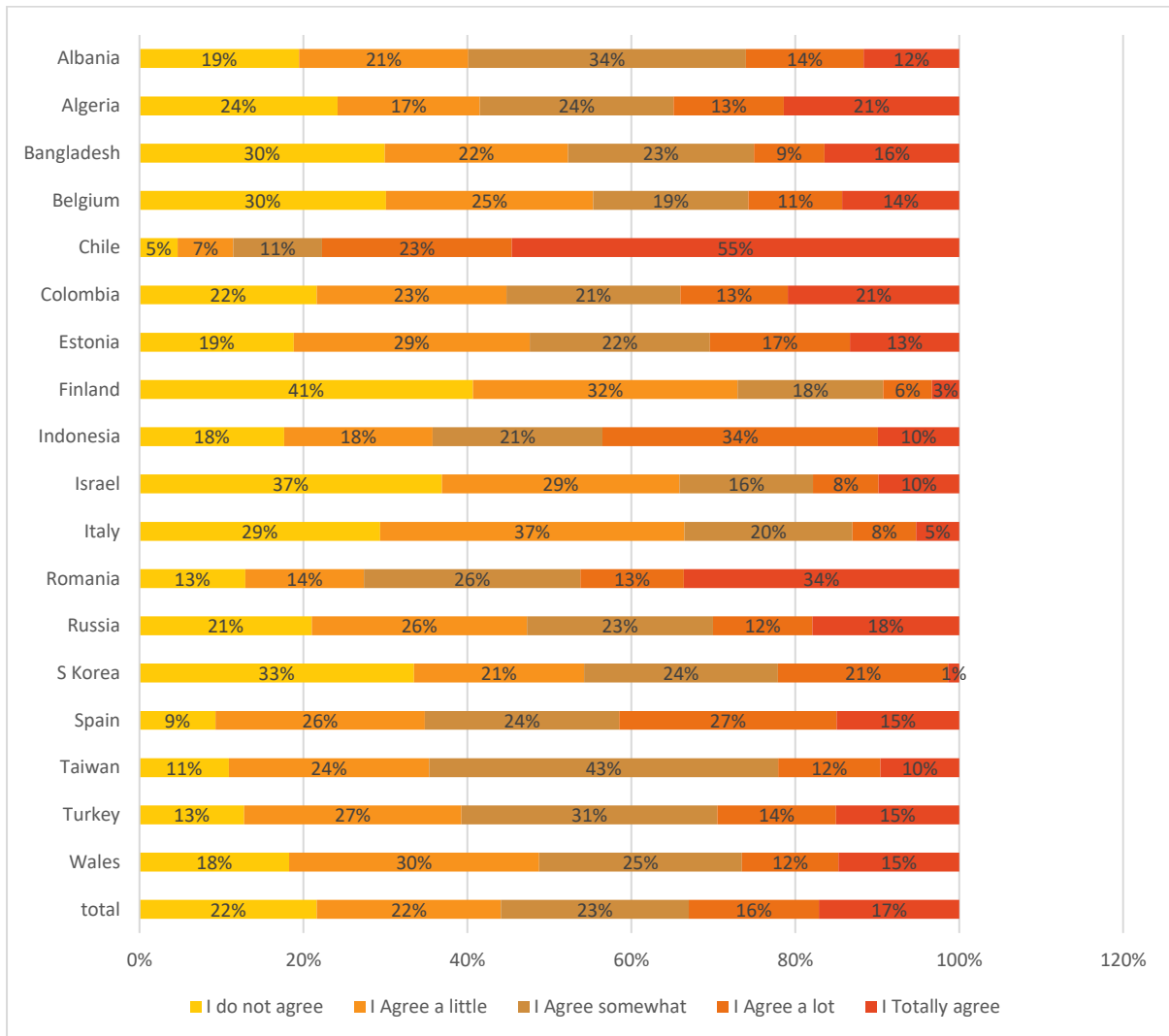


Figure 4.2

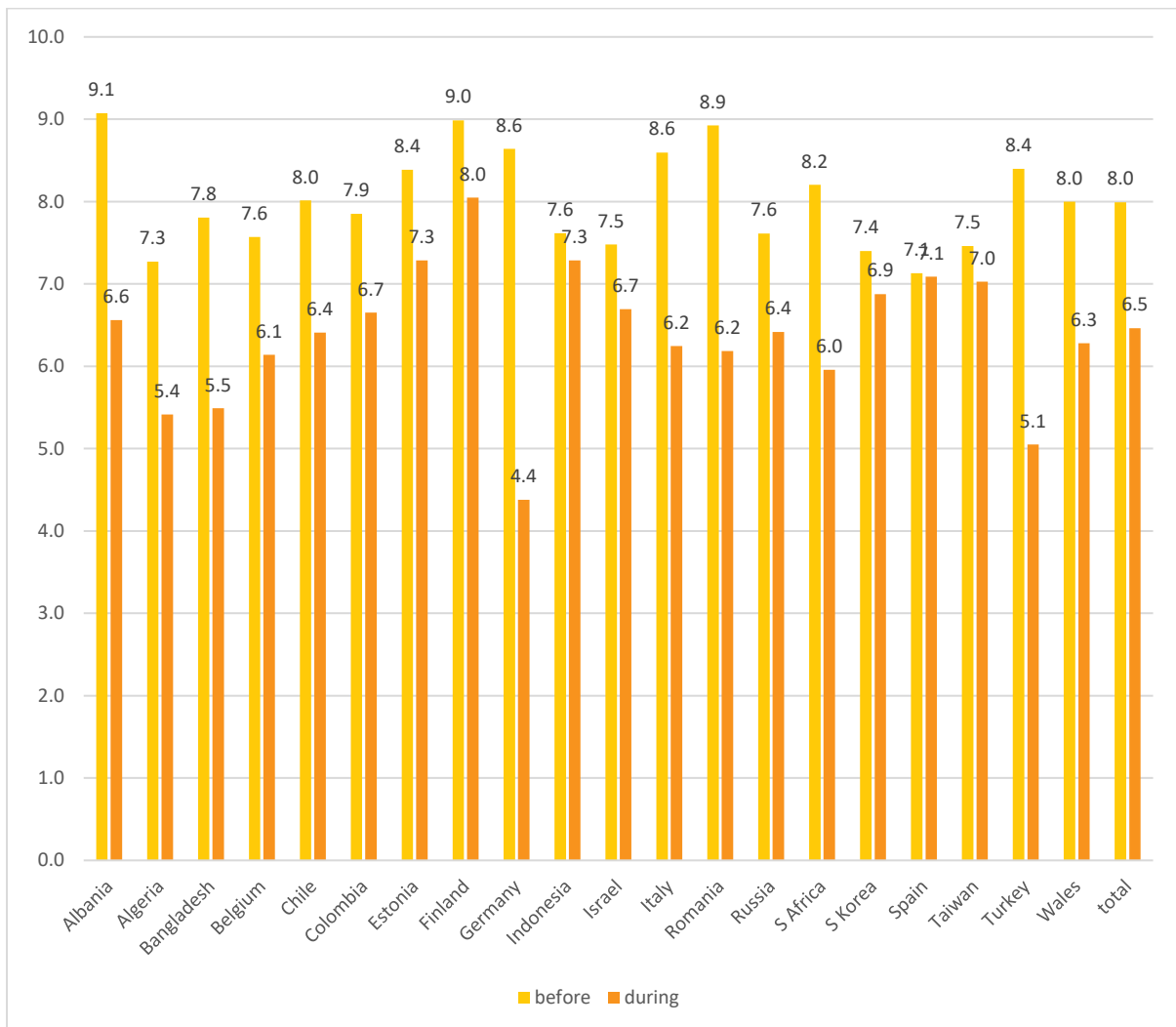
I think that a lot of the news about the Coronavirus are unreliable



About 33% of children in the pooled sample ‘totally agreed’ or ‘agreed a lot’ that news about COVID-19 were unreliable. This perception of the news was lowest in Finland at 9%, and highest in Chile at 78%.

Figure 4.3

How satisfied were you with how I normally spent my time before the Coronavirus and after the Coronavirus?

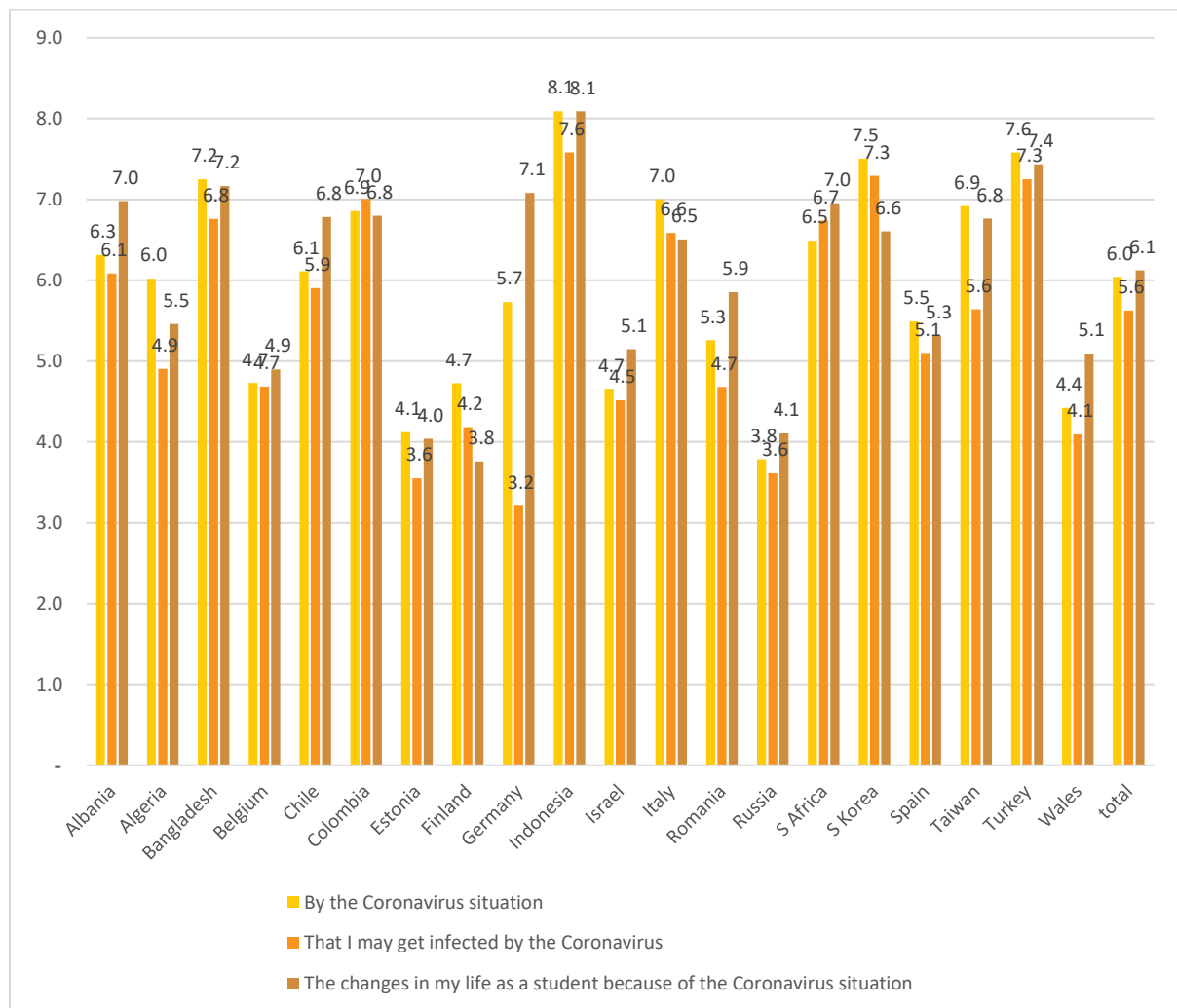


Children’s satisfaction with how they spent their time decreased during the pandemic. As shown in Figure 4.3, scores decreased from 8.0 before the pandemic to 6.5 during the pandemic in the pooled sample (on a 0 to 10-point scale). We found large variations in the changes in satisfaction levels across the countries. While Germany and Turkey presented with the most pronounced declines from 8.6 to 4.4 and from 8.4 to 5.1 respectively, there were negligible changes in South Korea, Spain, and Taiwan.

Children were more worried about the changes in their lives as students because of COVID-19 than about the COVID-19 situation itself, or the danger of virus infection. As shown in Figure 4.4, the level of fear of changes in student life owing to COVID-19 was higher than the COVID-19 situation itself in most countries. Overall, the levels of fear were higher in Indonesia, while they were lower in Estonia, Finland, Russia, and Wales.

Figure 4.4

During the last month, how worried have you been about the following things in your life?



Figures 4.5 to 4.8 show how children spent their time doing various things during the pandemic. Our results show that children spent more time inside the house than outside. As a result, children used social media or played games on the computer more often than playing outside or doing exercises. About 46% of children in the pooled sample answered they used social media and 36% played games on the computer every day. However, only about 24% of the children in the pooled sample said they played outside, played sports, or exercised.

There were important variations in terms of how children spent their time during the pandemic across the countries. While more than 60% of children in Estonia, Finland, and Wales used social media every

day, less than 20% of children in Albania and Bangladesh did so. In spite of the Coronavirus, about 40% of children in Estonia and Finland played outside every day. However, less than 10% of children in Chile and South Korea did so. In Germany and South Korea, less than 10% of children indicated that they played sports outside or exercised every day during the pandemic.

Figure 4.5

During the Coronavirus, how many times a week do you spend your time using social media (Facebook, Instagram, TikTok, etc.) on the computer, mobile phone, or other devices?

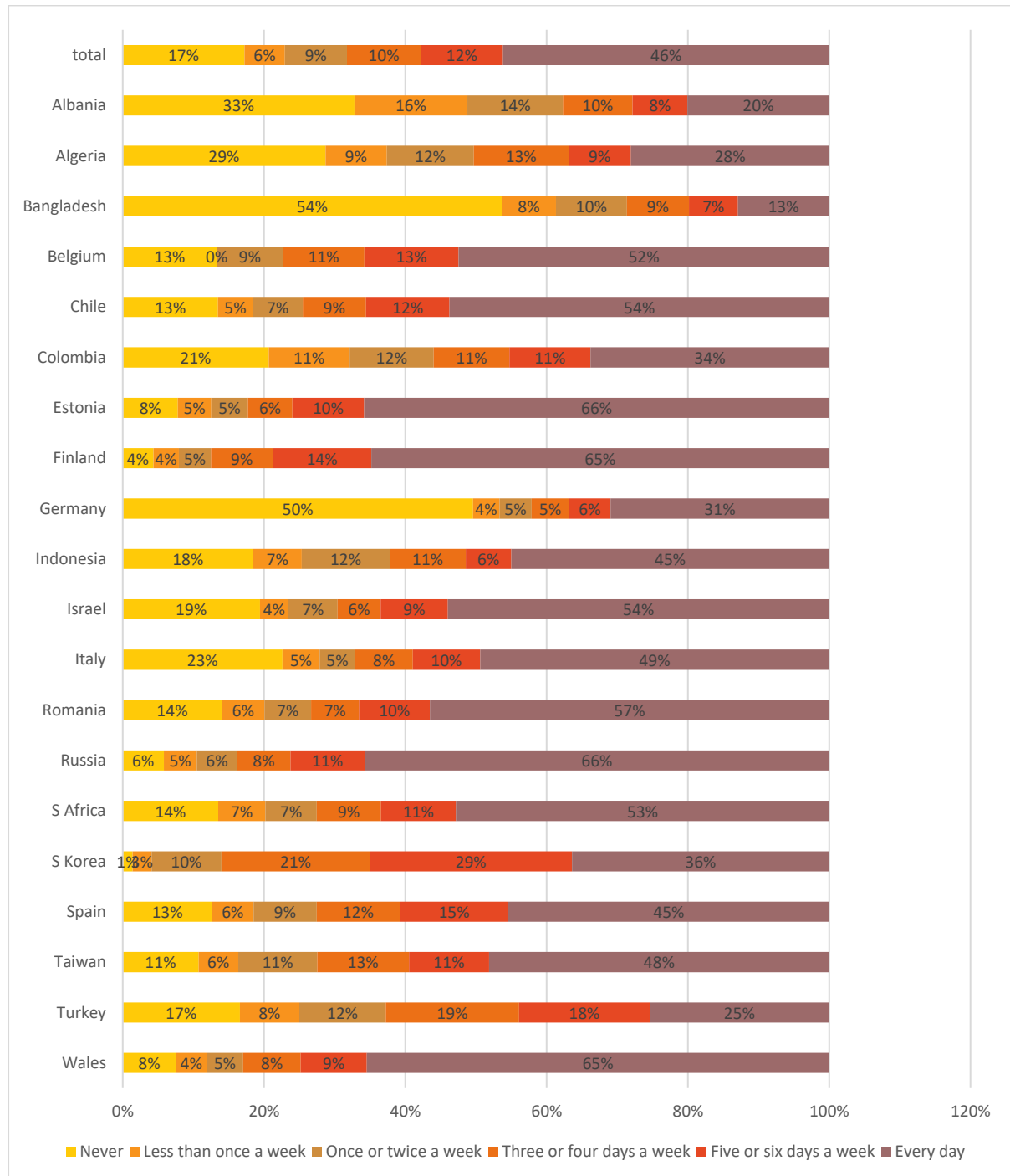


Figure 4.6

During the Coronavirus, how many times a week do you spend your time playing games on the computer, mobile phone, or devices (such as PlayStation, Xbox, Nintendo, etc.)?

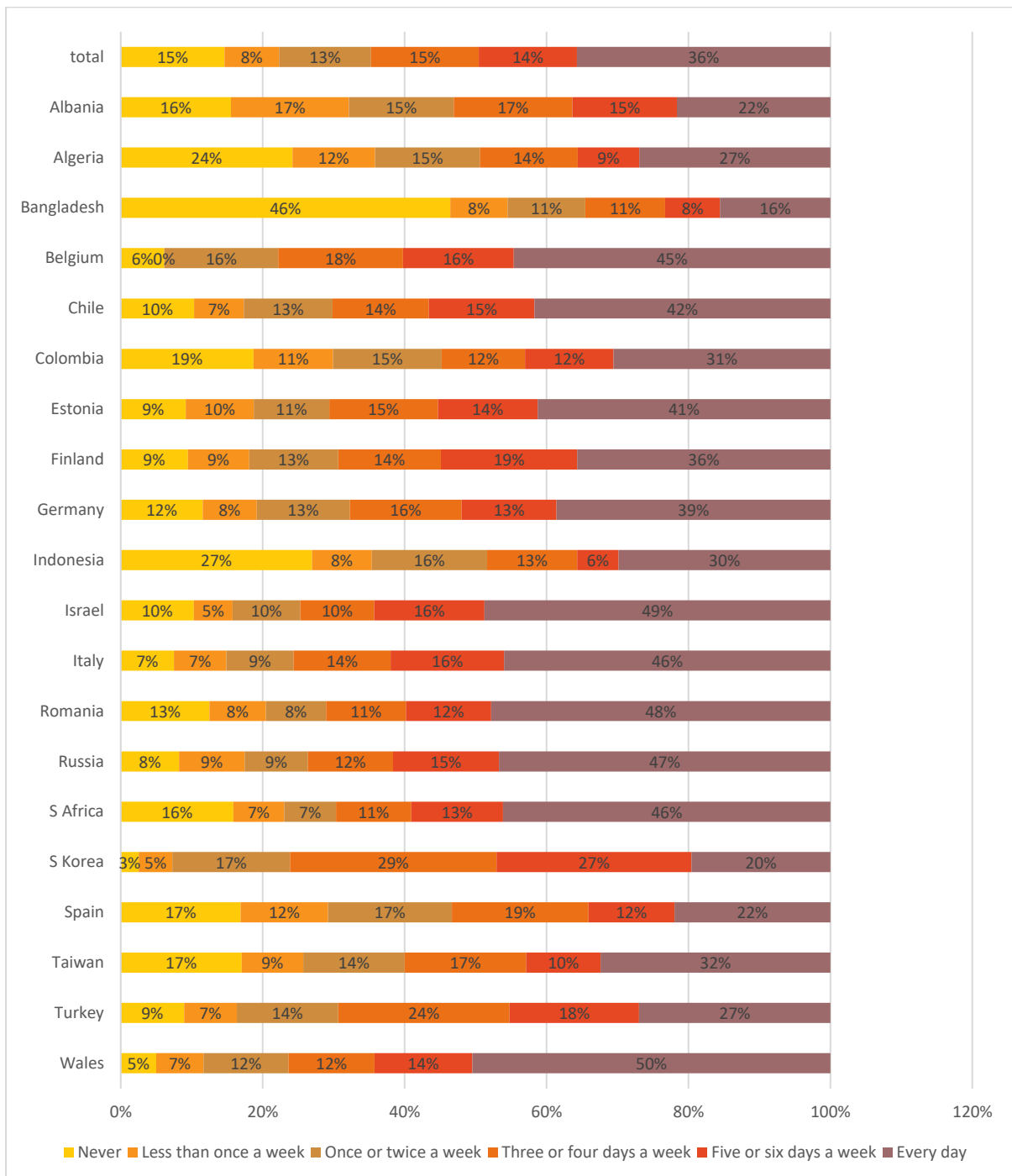


Figure 4.7

During the Coronavirus, how many times a week do you spend your time playing or hanging out outside?

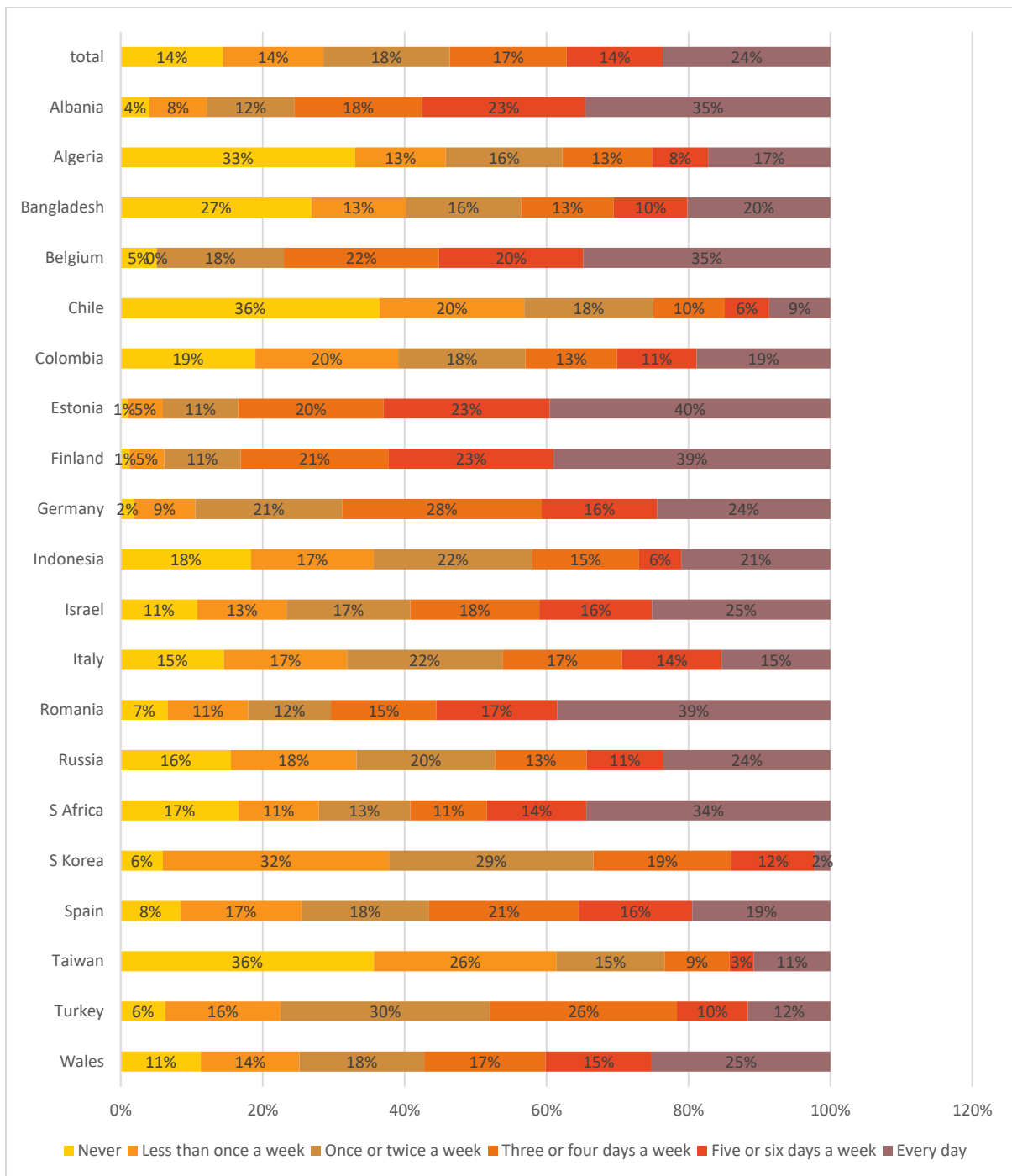
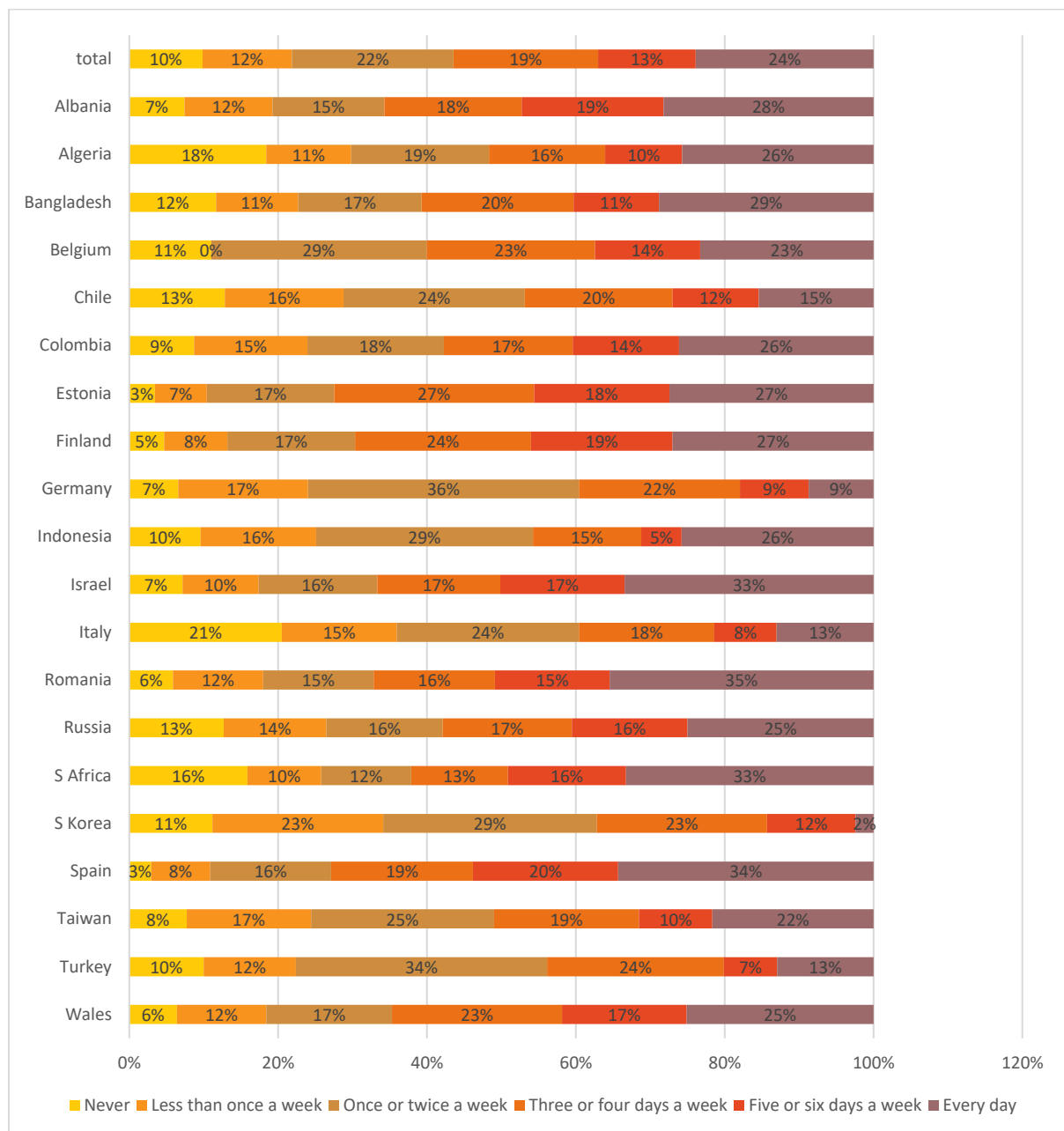


Figure 4.8

During the Coronavirus, how many times a week do you spend your time playing sports or doing exercise?



Conclusion

Many children reported problems with a lack of information, and/or unreliable information about the Coronavirus. Children were more worried about the changes in their lives as students during the pandemic, rather than the COVID-19 situation, or the danger of infection from the virus. Children used social media or played games on the computer more often than playing outside or doing exercises owing to COVID-19. Children’s satisfaction with how they spent their time decreased during the pandemic. We also found large variations in children’s satisfaction levels across the countries. While Germany had the biggest decline from 8.6 to 4.4, there were negligible changes in South Korea, Spain, and Taiwan.

Chapter 5

Schooling during COVID-19

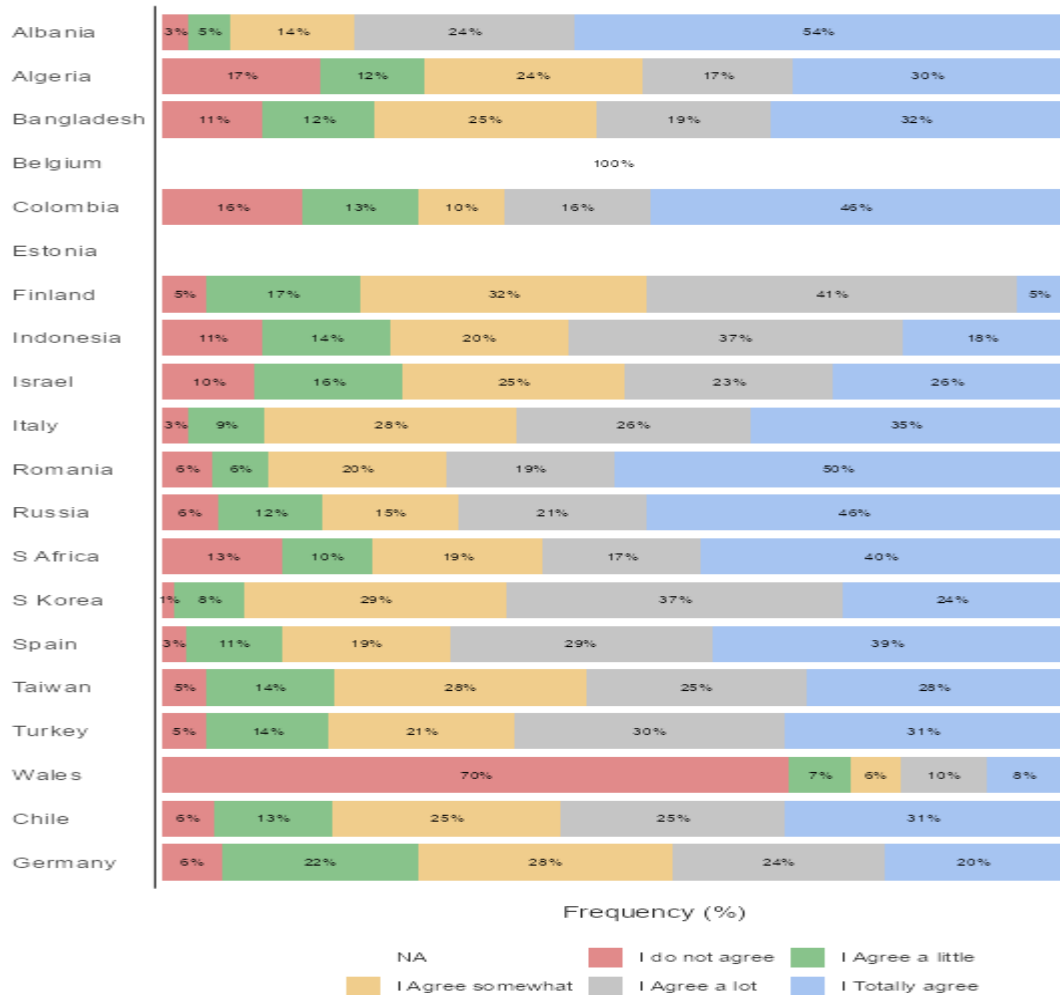
During the height of the COVID-19 pandemic, in most countries schools were closed for different periods; with the exception of Taiwan and South Korea where school closures were not implemented. When schools were closed, 91.1% of children in the pooled sample reported that they managed to continue with their learning from home. In most countries, participants agreed that they were able to learn from home. However, there was great variability by country. For example, 78% in Albania, 69% in Romania, 68% in Spain, 67% in Russia, and 61% in Turkey, selected the combined options of 'totally agree' and 'agree a lot' (Figure 5.1). This is in contrast to Wales, Germany, and Algeria, where only 15%, 44% and 47% selected these options, respectively.

In a non-exclusive way, and with large between-country variability, 76.8% of children from the pooled sample reported that when schools were closed, they had online classes with teachers; 32.1% reported that they learned by searching on the internet; 43.7% reported that they learned with parents or other people caring for them; 16.8% reported that they learned from friends; 8.3% reported that they learned using other ways; and 8.3% reported that they did no learn at home (Figure 5.1).

Figure 5.1.

Q17

17. During the Coronavirus, when schools were closed, I managed to continue with my learning from home

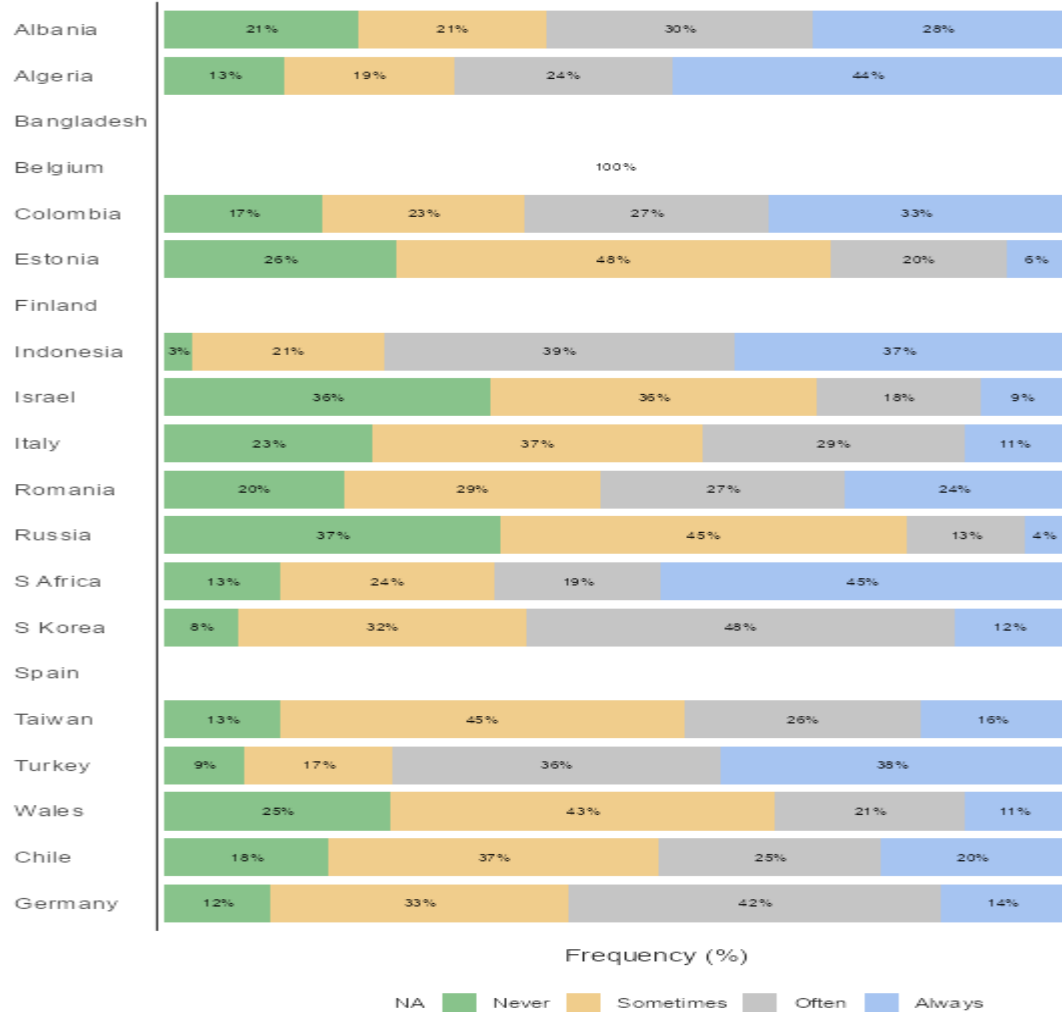


We asked children how often they missed their teacher’s advice during this period (Figure 5.2). Those indicating that they ‘never’ missed their teacher’s advice ranged from 3% and 8% in Indonesia and South Korea, to 36% and 37% in Israel and Russia, respectively. By contrast, those who indicated that they *always* missed their teacher’s advice ranged from 4% and 6% in Russia and Estonia, to 44% and 45% in Algeria and South Africa, respectively. In Bangladesh, Belgium, Finland, and Spain this item was not included in the questionnaire.

Figure 5.2.

Q18_4

18.4. During the Coronavirus, How often did you miss your teacher’s advice?

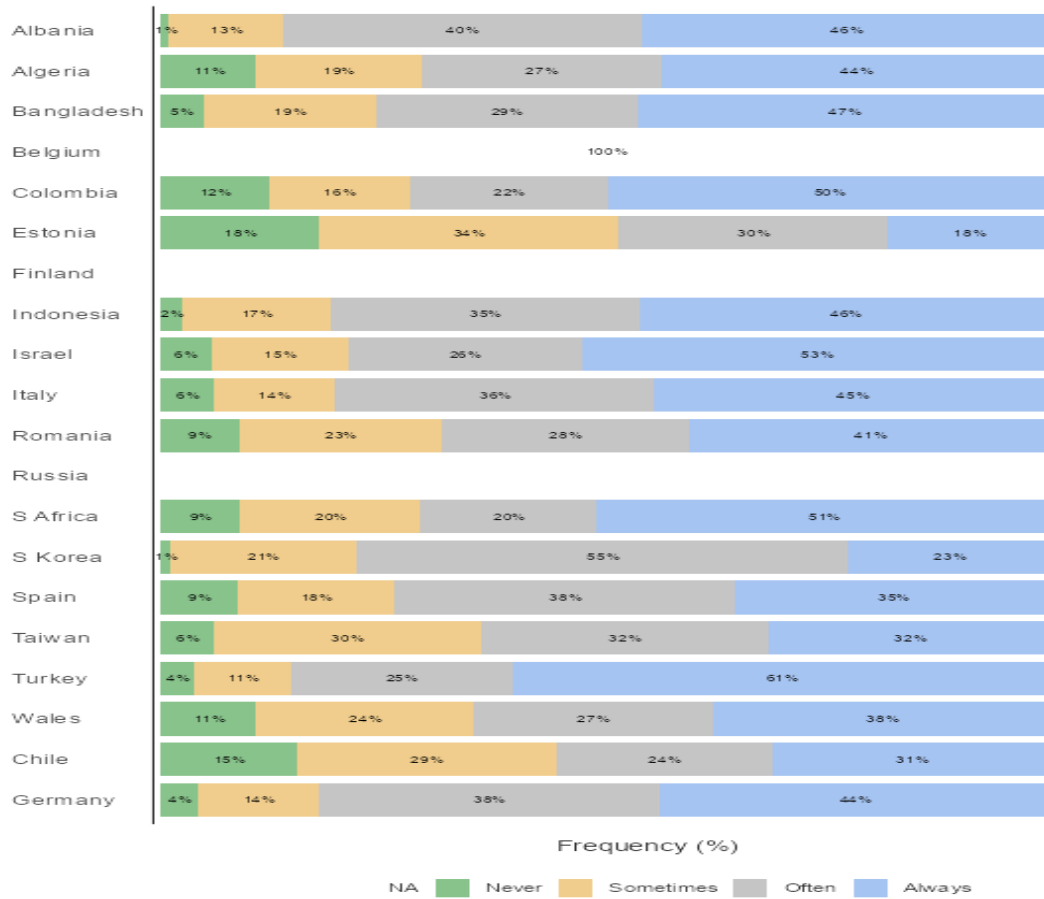


However, greater percentages reported having *always* missed their classmates: From 61% in Turkey and 53% in Israel, respectively, to 18% in Estonia and 23% in South Korea (Figure 5.3). In Belgium, Finland, and Russia this item was not included in the questionnaire.

Figure 5.3.

Q18_5

18.5. During the Coronavirus, How often did you miss your classmates?

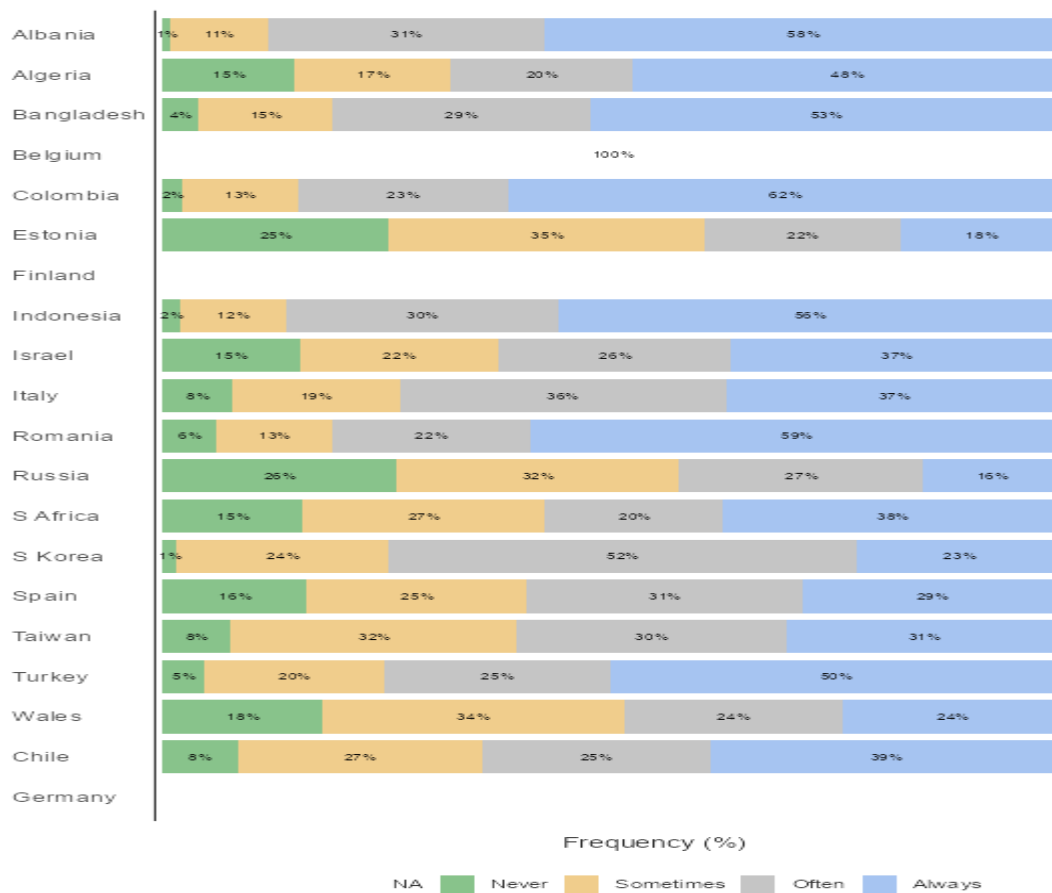


We asked the children how often they wished they could go back to school. The results reflect some variability, and are summarised in Figure 5.4. Those selecting the 'always' option, ranged from 16% and 18% in Russia and Estonia, respectively, to 55% in Albania, 56% in Indonesia, 59% in Romania, and 62% in Columbia. Further, those selecting higher proportions of the 'never' option, were in Estonia (25%), Russia (25%), and Wales (18%) (Figure 5.4).

Figure 5.4.

Q18_6

18.6. During the Coronavirus, How often did you wish that you could go back to school?

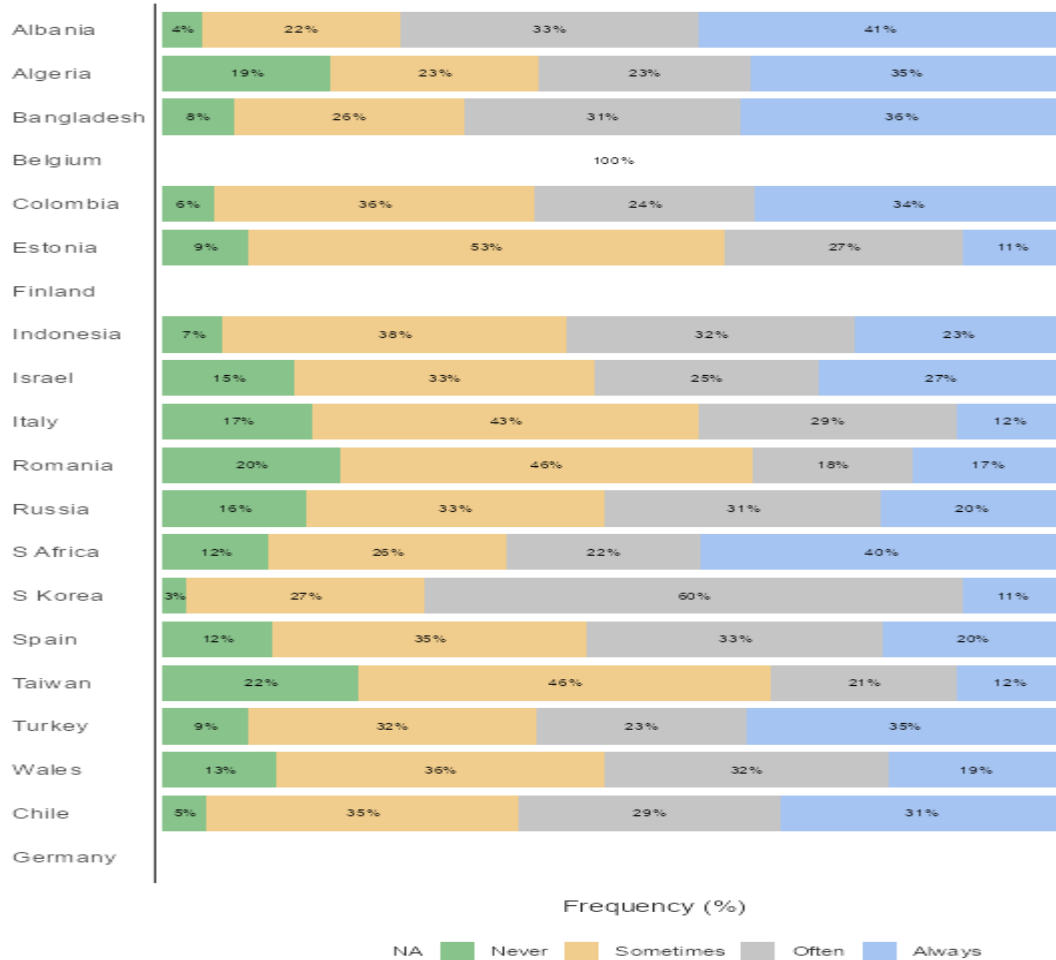


About 41% of children in Albania and 40% in South Africa reported that a family member at home 'always' helped them with their schoolwork, while 11% in both South Korea and Estonia reported they 'never' received help (Figure 5.5).

Figure 5.5.

Q18_7

18.7. During the Coronavirus, How often did your parent or a sister/brother help you with schoolwork?

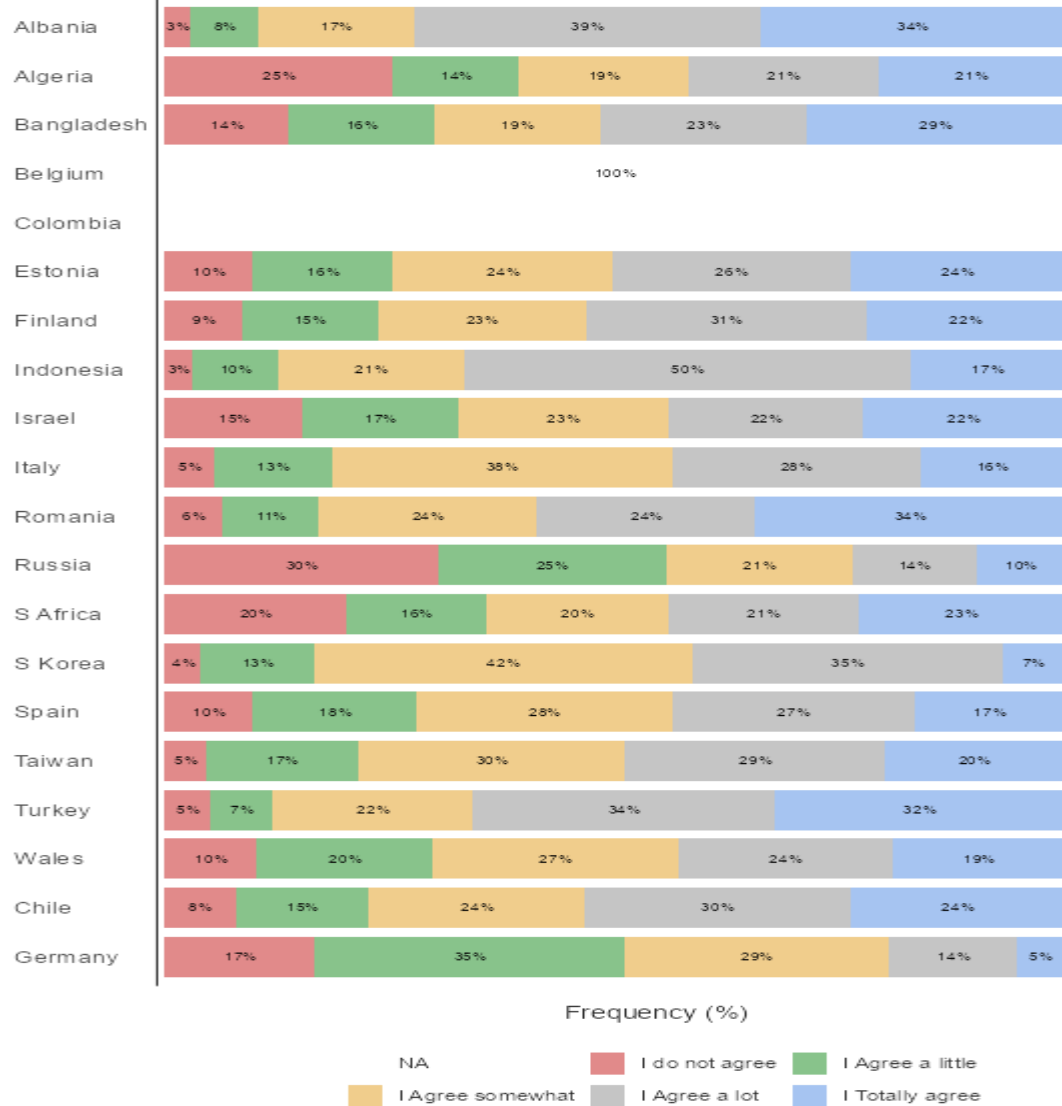


We found that about 34% of children in Albania and Romania and 32% in Turkey ‘totally agreed’ that they felt well-supported by some of their teachers, but only 5% in Germany and 7% in South Korea did so. In contrast, when asked whether they felt supported by their teachers during the pandemic, 3% in Indonesia, 4% in South Korea, 30% in Russia, and 25% in Algeria ‘did not agree’ (Figure 5.6).

Figure 5.6.

Q22_2

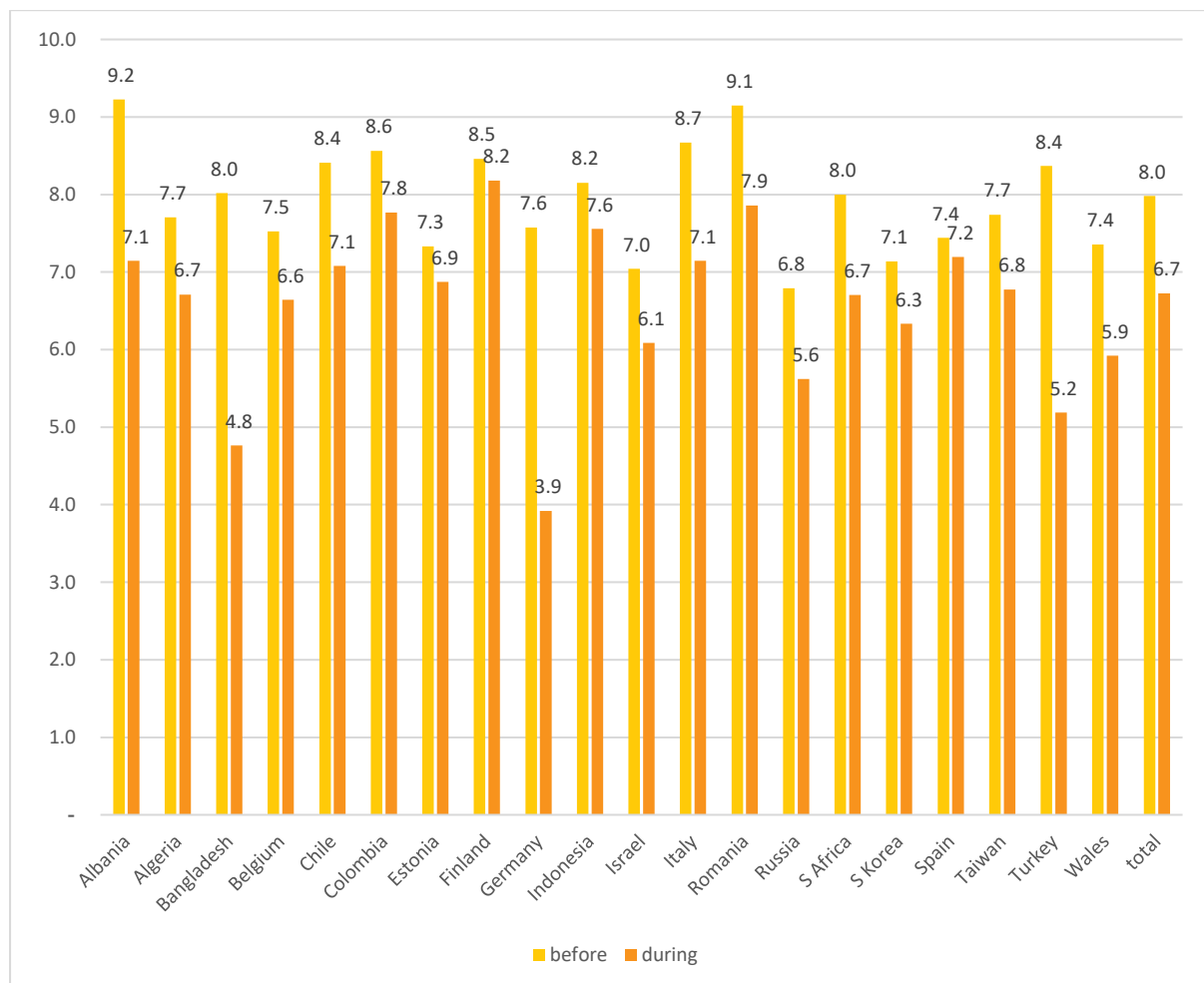
22.2. During the Coronavirus, I felt well-supported by some of my teachers



A key indicator of children’s school life during the pandemic is their perceptions of satisfaction with learning at school *before* and *during* COVID-19. Our results show that children’s satisfaction with learning at school decreased during the pandemic. As shown in Figure 5.7, satisfaction with learning at school decreased from 8.0 before the pandemic to 6.7 during the pandemic in the pooled sample (on a 10-point scale). We found substantial variability in children’s satisfaction levels across the countries. While Germany and Turkey had the largest decline from 7.6 to 3.9 and 8.4 to 5.2, respectively, Finland and Spain showed the smallest decline from 8.5 to 8.2 and 7.4 to 7.2, respectively.

Figure 5.7

How satisfied were you with the things you used to learn at school before and during the Coronavirus?



Conclusion

Despite school closures occurring in most countries for different periods during the pandemic, most children reported that they managed to continue with their learning from home. However, there was huge variability by country. We observed big differences in the percentage of children that felt supported in their learning needs by their families and teachers during this period. Overall, our results show that children’s satisfaction with learning at school decreased.

It is important to point out that high percentages of children reported having ‘always’ missed their classmates during the lockdown in all countries.

Chapter 6

Children's Relationships during COVID-19

There is a substantial body of evidence confirming that the nature and quality of children's social relationships and interactions with social actors within their social environment are key contributors to their SWB across a range of diverse contexts (Savahl et al., 2022). In particular, research has shown a significant relation between children's relationships with family and friends and their SWB (Holder & Coleman, 2009; McAuley & Rose, 2014; Savahl et al., 2019; Sarriera et al., 2018). Stable social relationships are also shown to mitigate negative psycho-social outcomes in children exposed to adverse circumstances or constrained socio-economic contexts. The COVID-19 context is one such adverse circumstance, resulting in a range of severe negative outcomes for children. In this chapter, we consider the nature and dynamics of children's relationships with friends and family during COVID-19. In particular, we consider the following indicators: children's satisfaction with their friends and family before and during COVID-19, the extent to which they felt supported by friends and family, and whether they felt that their relationships were affected.

Relationships with Friends

We asked children to rate their satisfaction with their friends *before* and *during* COVID-19. Response options were on an 11-point satisfaction scale, with end-labeled anchors ('0 = Not at all satisfied', to '10 = Totally satisfied'). The question was designed to reflect the influence (if any) of the COVID-19 context on children's satisfaction with their friends. Table 6.1 presents the mean scores and percentage with low satisfaction (percentage scoring below 5). In all countries, we found that the mean scores decreased and the percentage of low satisfaction scores increased. Before the onset of COVID-19, children rated their satisfaction within a mean range from 7.34 (South Korea) to 9.25 (Albania). In contrast, during COVID-19 there was a substantial decrease in the mean scores. For example, in Germany mean scores decreased from 8.67 to as low as 5.00, in Turkey from 8.70 to 5.37, and in South Africa from 8.41 to 6.38. We also note a marked increase in the percentage of low satisfaction. For example, Albania and Germany had a percentage low satisfaction of 1.76% and 4.04% respectively, before the pandemic, which increased substantially to 16.01% and 44.55% during the time of COVID-19, respectively. Figure 6.2 provides a graphical depiction of the 'before' and 'during' timeframes. We observe an exaggerated decline in mean scores for all countries. A means analysis demonstrates significant mean differences across all countries.

Figure 6.1 Satisfaction: Relationships with friends (before and during COVID-19)

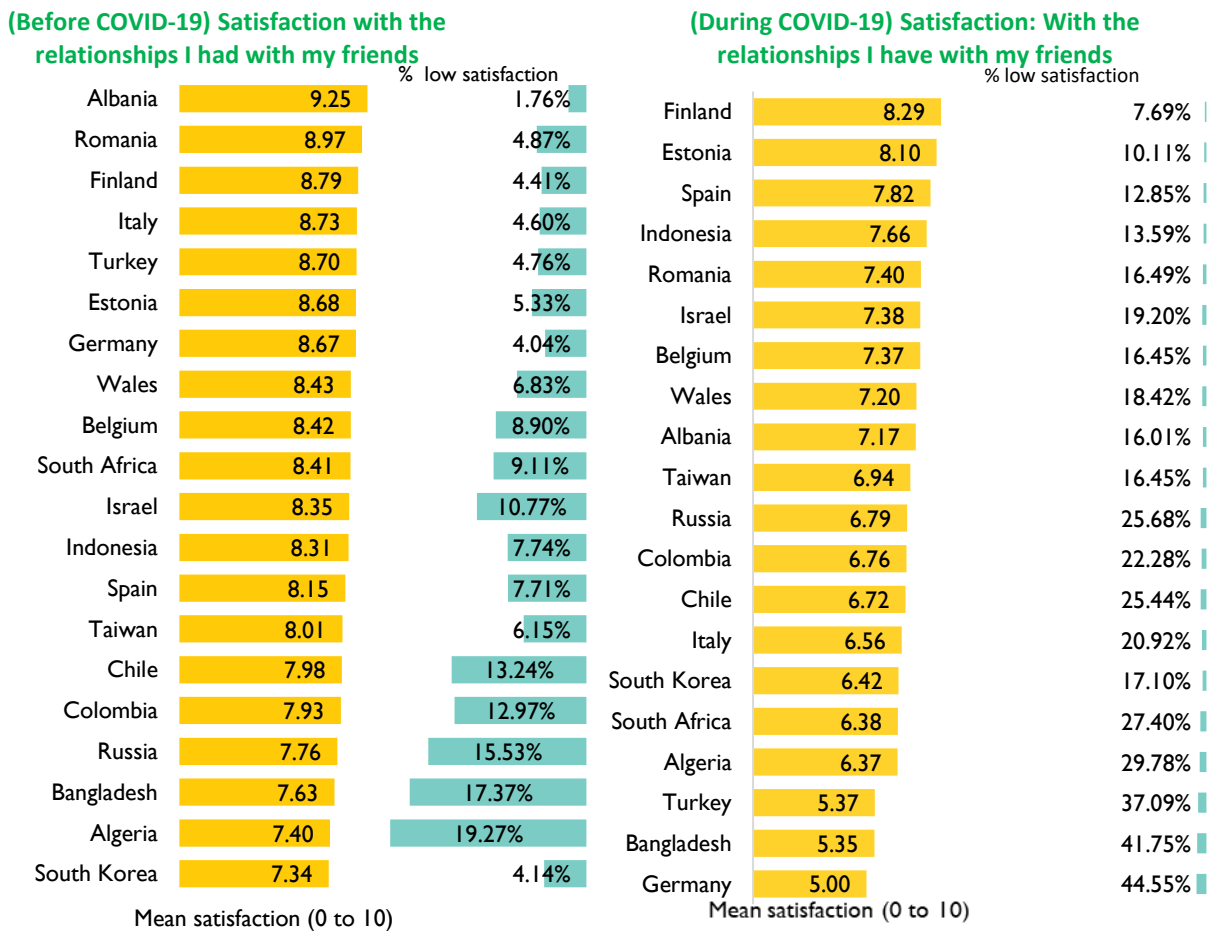
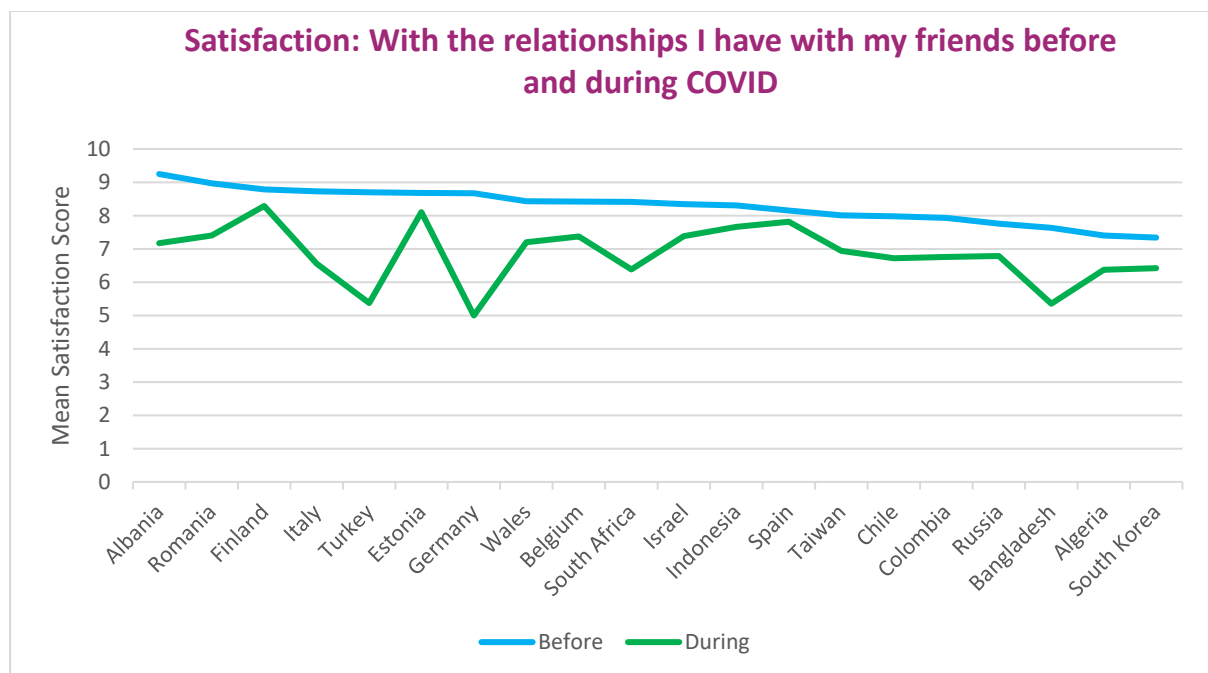
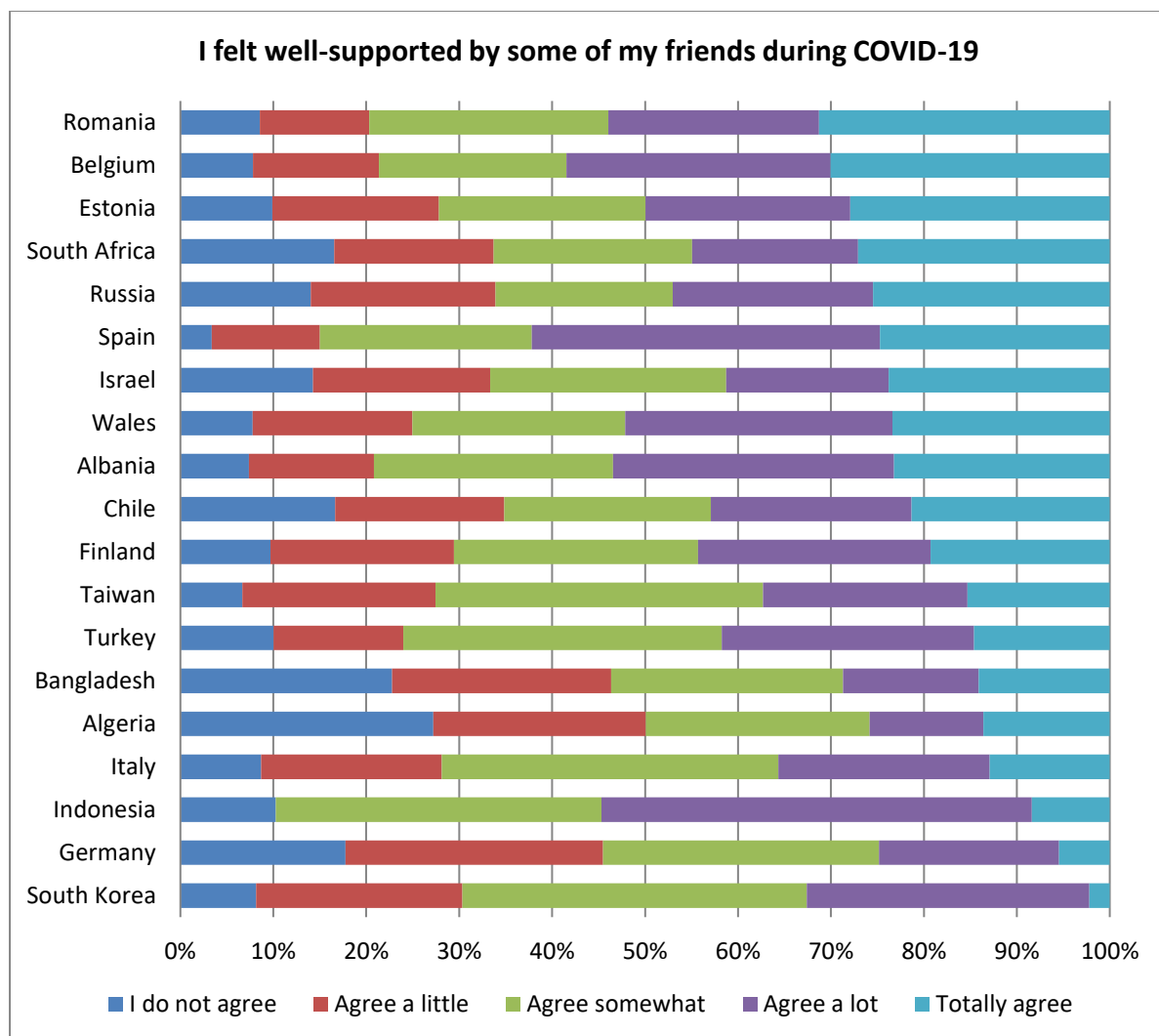


Figure 6.2: Satisfaction with the Relationships I have with my Friends (before and during COVID-19)



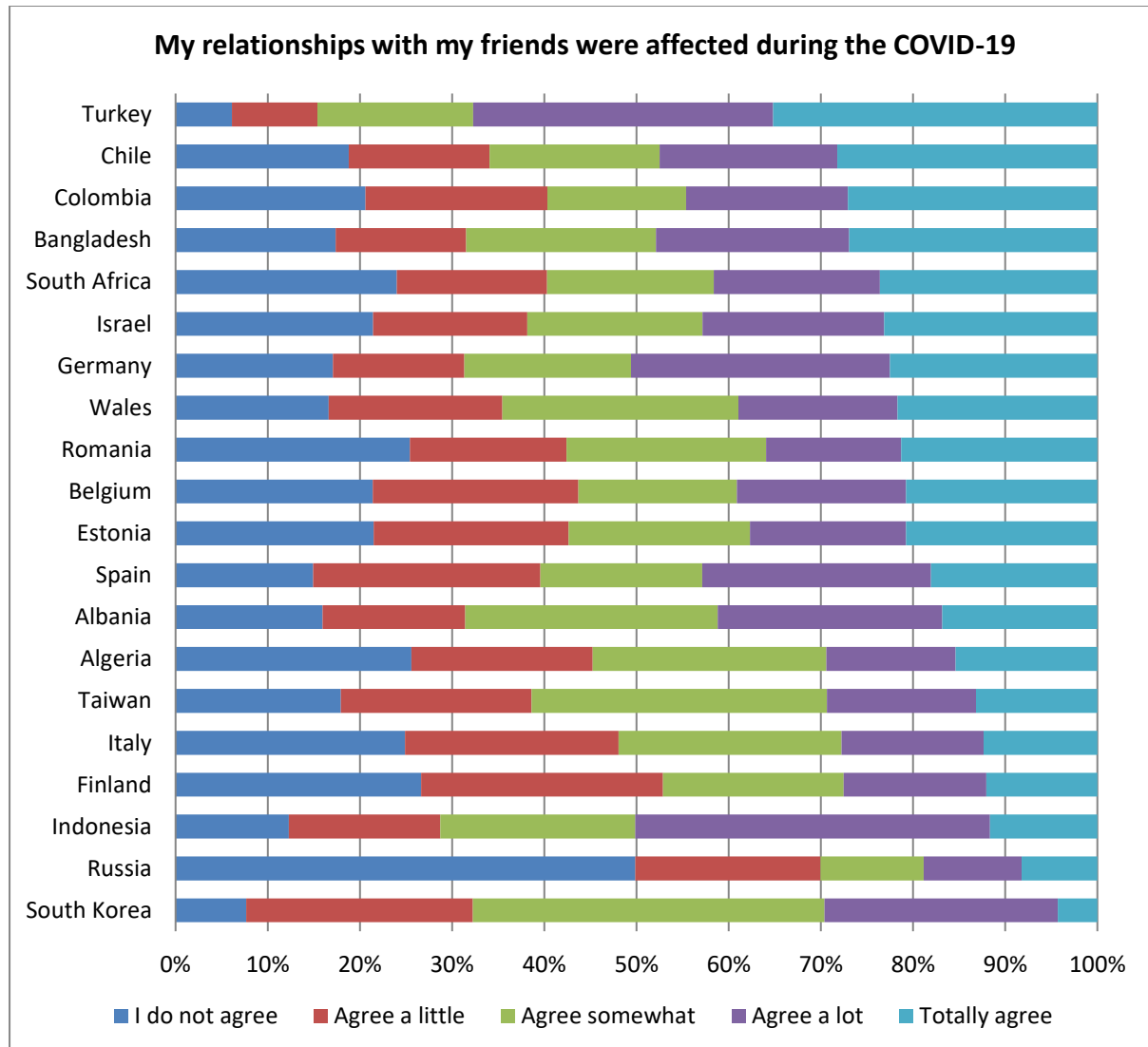
COVID-19 was a time characterized by much change and challenges across all aspects of life. The role of supportive relationships during these times play a critical role in terms of how children were able to cope with these challenges. We asked the children whether they felt supported by their friends. Response options were on a 5-point verbal agreement scale. Figure 6.3 summarizes the responses. The highest scores for the 'totally agree' option was for Romania (31.27%) and Belgium (30.03%). South Korea (2.20%) and Germany (5.45%) scored lowest for 'totally agree', with Algeria (27.21%) and Bangladesh (22.77%) scoring the highest for the 'I do not agree' response option. A more accurate depiction would be to report on the combined score of 'totally agree' and 'agree a lot'. This combined option was endorsed by more than 60% of the participants in Spain (Catalonia) and more than 50% of the participants in Romania, Belgium, Wales, Albania, and Indonesia. Germany, Algeria, and Bangladesh scored the lowest, with less than 50% of children selecting these options.

Figure 6.3: I felt well-supported by some of my friends during COVID-19



We also asked the children to indicate whether they felt that their relationships with their friends were affected during the pandemic. The responses are summarized in Figure 6.4. Turkey (35.17%) scored highest for the response option 'Totally agree'. We observed higher levels of agreement, reflexive of the combined option of 'Totally agree' and 'Agree a lot' for Turkey scoring more than 60%, with Indonesia and Spain (Catalonia) both scoring above 50%, and Chile, Columbia, Bangladesh, South Africa, Israel, and Germany scoring above 40%. Russia presented with the lowest score (less than 10%), and also had the highest (just under 50%) by selecting the 'I do not agree' option.

Figure 6.4: My relationships with my friends were affected during COVID-19



Relationships with Family and the People I live with

Similar to the questions concerning relationships with friends, we asked children to rate their satisfaction with the ‘people they live with’, *before* and *during* COVID-19. Response options were on a 0 to 10 satisfaction scale, with end-labeled anchors (0 = Not at all satisfied to 10 = Totally satisfied). The question was designed to reflect the influence (if any) of the COVID-19 context on children’s satisfaction with the people they live with. Figure 6.5 presents the mean scores and percentage with low satisfaction (percentage scoring below 5). We found a general decrease in the mean scores and a variable increase in the percentage of low satisfaction scores in the timeframe from before to during COVID-19. Before the onset of COVID-19, children rated their satisfaction in a mean range from 7.53 (South Korea) to 9.47 (Albania). In contrast, during COVID-19 there was a substantial decrease in the mean scores, from as low as 7.08 (South Korea) to 8.91 (Romania). We also note a change in the percentage of low satisfaction, albeit with more variability than in their relationships with friends. There was an increase in 14 countries, with slight decreases in six (Romania, Italy, Indonesia, Estonia, Turkey, and Columbia). Figure 6.6 provides a graphical depiction of the ‘before’ and ‘during’ timeframes. We observe a decline in mean scores for all countries, with the exception of Spain (Catalonia). A means analysis demonstrates significant mean differences in 19 countries, with the exception of Israel.

Figure 6.5 Satisfaction: Relationships with people I live with (before and during COVID-19)

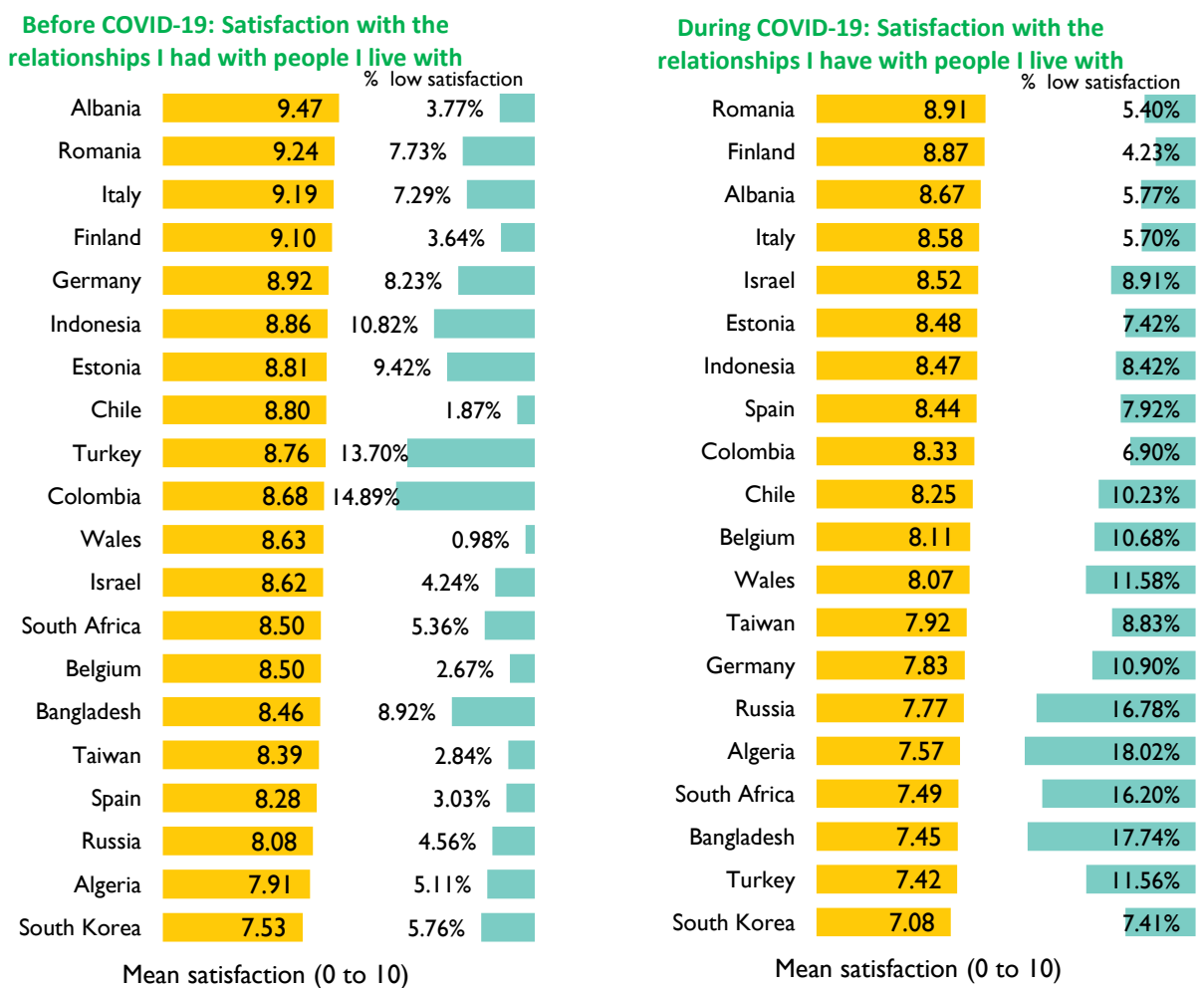
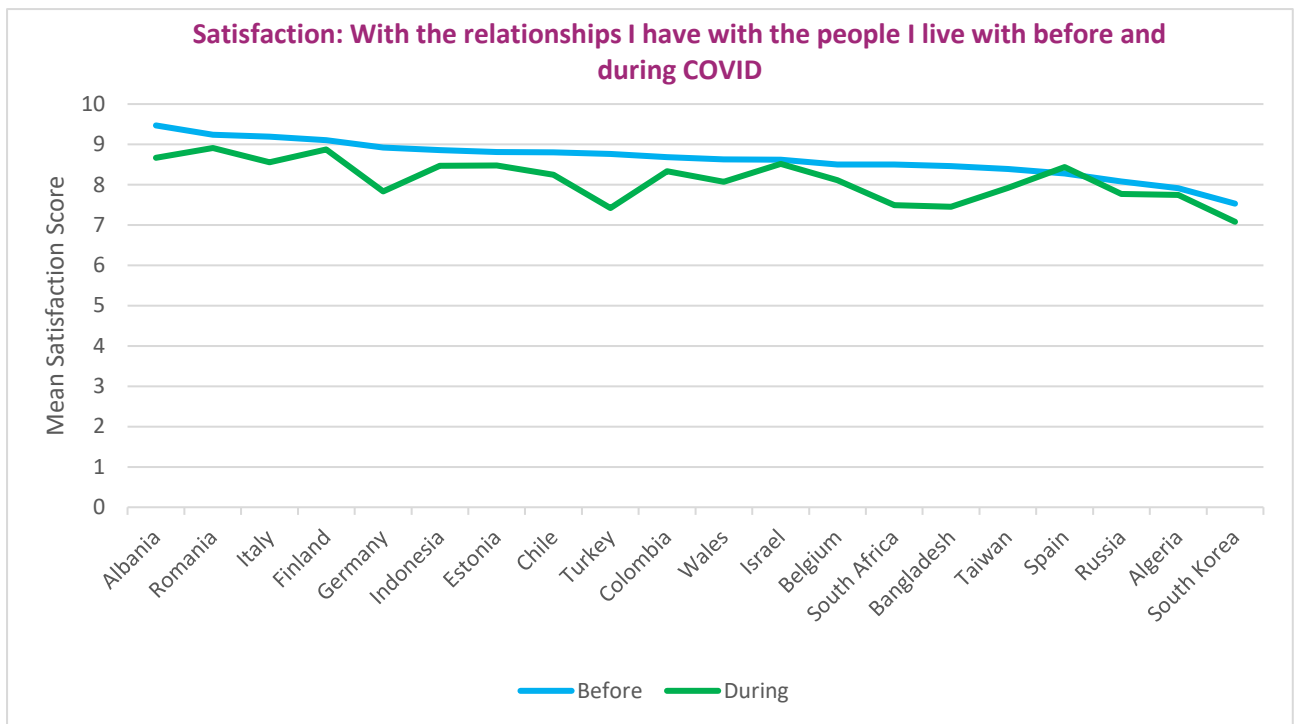
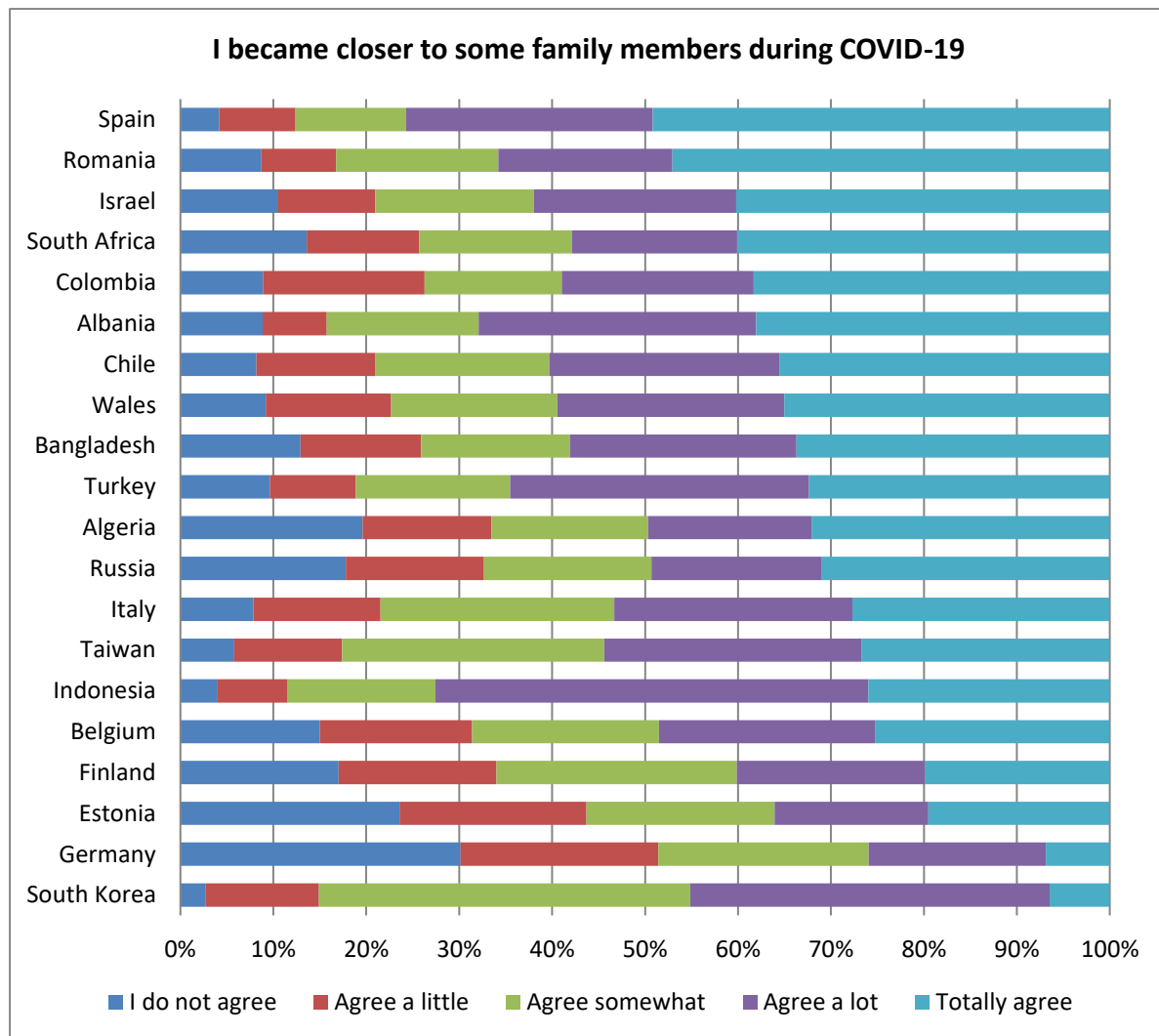


Figure 6.6: Satisfaction: Relationships people I live with (before and during COVID-19)



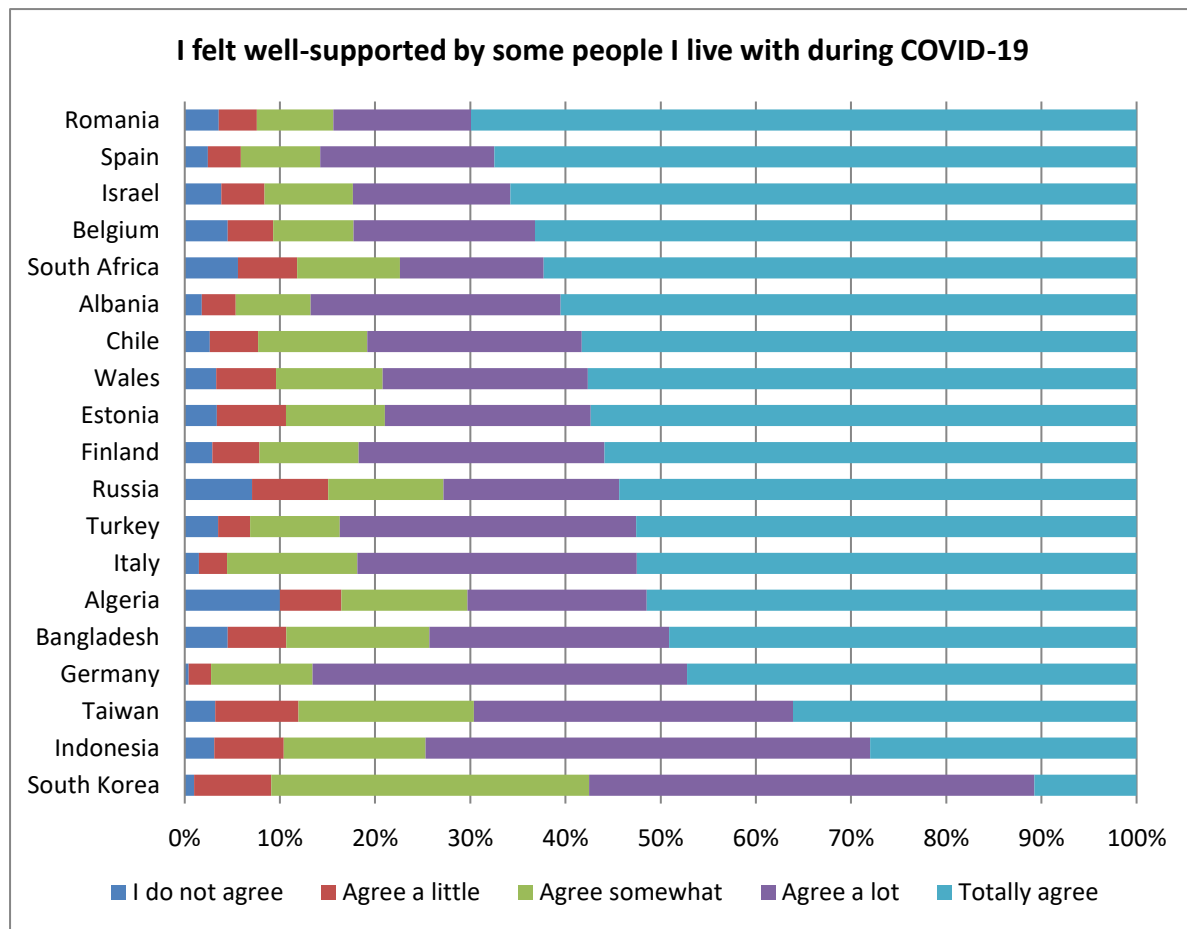
We also asked children how the nature of their relationships with their family was affected during COVID-19. In particular, we asked if they became closer to some family members. Response options were on a 5-point agreement scale. The responses are summarized in Figure 6.7. Spain (Catalonia, 49.18%), Romania (47.05%), Israel (40.20%), and South Africa (40.10%) scored highest for the response option 'totally agree'. We observed higher levels of agreement, reflexive of the combination of the 'totally agree' and 'agree a lot' options for Spain (Catalonia) and Indonesia scoring above 70%, with Romania, Israel, Albania, and Turkey scoring above 60%. South Korea scored the lowest for the 'totally agree' option; while Germany scored lowest for the combined options of 'totally agree and 'agree a lot' (less than 30%), and the highest for the 'I do not agree' (30.16%) option.

Figure 6.7: I became closer to some family members during COVID-19



Finally, to tap into the role of supportive family relationships during COVID-19, we asked children if they felt supported by the people that they are living with. The responses are summarized in Figure 6.8. Scores generally tended towards higher levels of agreement. For example, in six countries, more than 60% selected the option 'Totally agree', with Spain (Catalonia, 69.94%) scoring the highest. For the combined options of 'totally agree and 'agree a lot', we found 10 countries with scores above 80%, and another seven scorings higher than 70%. Germany scored lowest (less than 60%), while Algeria presented with the highest score for 'I do not agree'.

Figure 6.8: I felt well-supported by some people I live with during COVID-19



Conclusion

In this chapter, we reported on children’s views on how their relationships with their friends and family were affected during the pandemic. We used children’s satisfaction with their friends and family *before* and *during* COVID-19 as the key indicator. For satisfaction with friends, we found a significant decrease in the mean scores from *before* to *during* the pandemic in all countries. For satisfaction with family, we found a similar pattern in all but two countries, albeit with a less pronounced decrease in mean scores. It is not clear if the mechanism driving the decrease in the scores was similar for friends and family. Given the lockdown restrictions, we surmise that the physical separation from their friends was the determining factor, possibly offset by the capacity to communicate in the online space. In this regard, children’s access to resources and technology that facilitates online communication is an important area for future research. Regardless, we found strong evidence that the context of the pandemic affected children’s relationships with their friends. The decrease in children’s satisfaction with the family is likely determined by different mechanisms and by different factors. Here we hypothesize that the context of the pandemic is placing the family system under a range of different stressors that are likely socio-economic in nature. These stressors subsequently exert pressure on the relationships between family members, resulting in a downward trend in satisfaction scores. However, there was also evidence, in some countries, that children became closer to some family members. Our findings further confirm the importance of supportive relationships with friends and family in the context of the pandemic. While there was some variability across countries, there were higher levels of agreement for supportive relationships from the family. The extent to which children’s relationships with family and friends impact on their SWB, in the context of COVID-19, is a fruitful area for further research.

Chapter 7

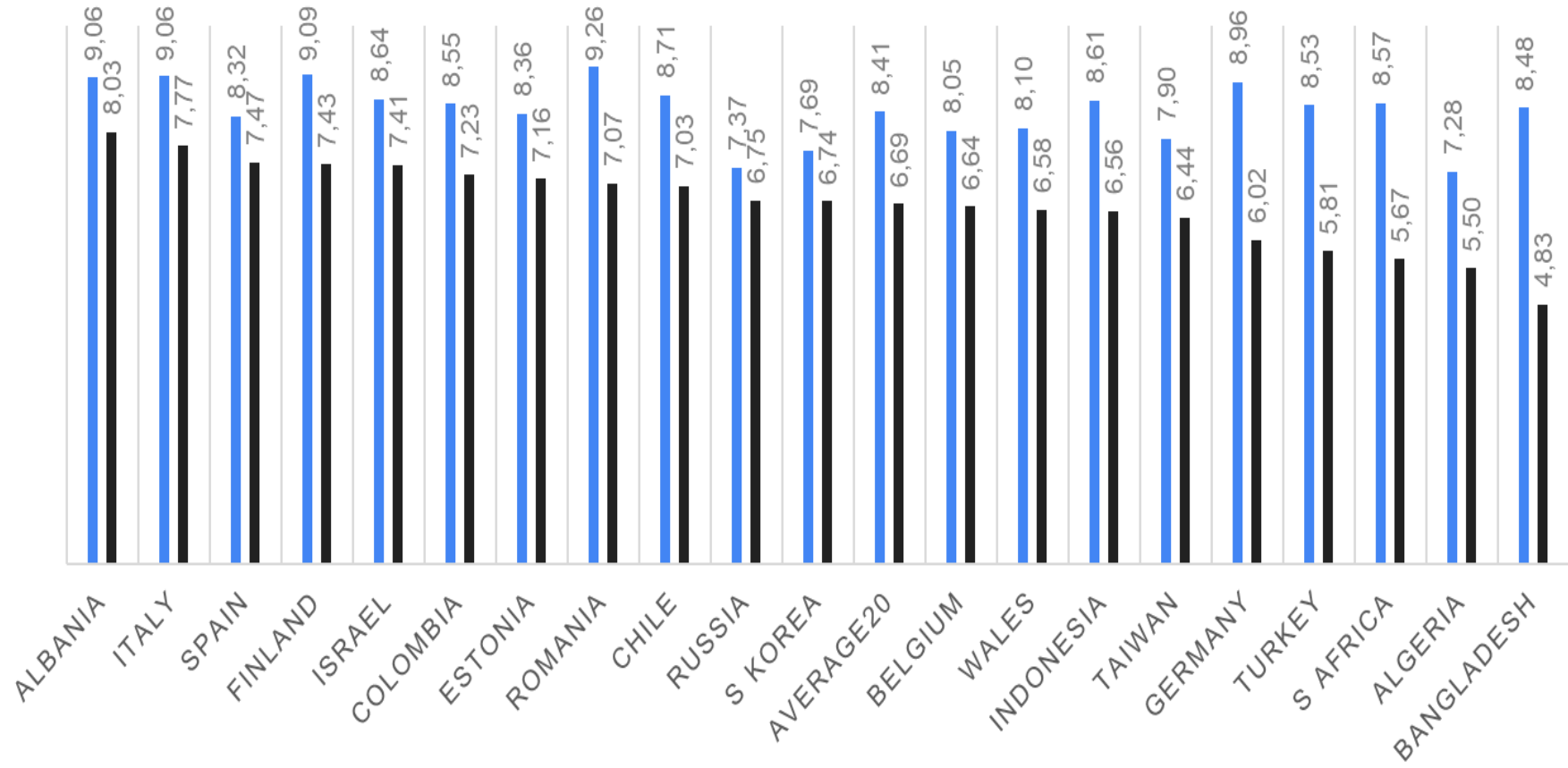
Children's Overall Well-Being in the Context of COVID-19

In this chapter, we present information on different aspects of children's subjective well-being (SWB). First, we present the results related to the affective dimensions of SWB (e.g.: happiness), and thereafter, we present results related to the cognitive dimension (e.g.: life satisfaction). Scores on children's SWB are calculated based on the index score of a cognitive psychometric scale, the Children's Worlds Subjective Well-Being Scale 5-items version (CW-SWBS5), which has shown good cross-cultural comparability (Casas & González-Carrasco, 2021). The CW-SWBS5 is a robust multi-item, context-free psychometric scale for assessing children's SWB. It uses a highly sensitive 11-point response format to capture as much variance as possible from a phenomenon that displays a highly biased distribution of the answers, owing to the optimistic bias (the tendency of a non-normal distribution of the children's answers, with answers showing a trend toward the positive end). The CW-SWBS5 comprises the following 5 items, namely: *I enjoy my life*, *My life is going well*, *I have a good life*, *The things that happen in my life are excellent*, and *I am happy with my life*.

We asked the children how happy they were about life *before* COVID-19, and how he or she was *during* COVID-19. In Figure 7.1, we observe that in all the 20 participating countries, children reported significantly lower happiness during the pandemic. The gap is diverse, depending on the country, but is pronounced in countries such as Bangladesh, Germany, or South Africa, while less so in Russia, Spain, and South Korea; as displayed in Figure 7.2.

Figure 7.1.

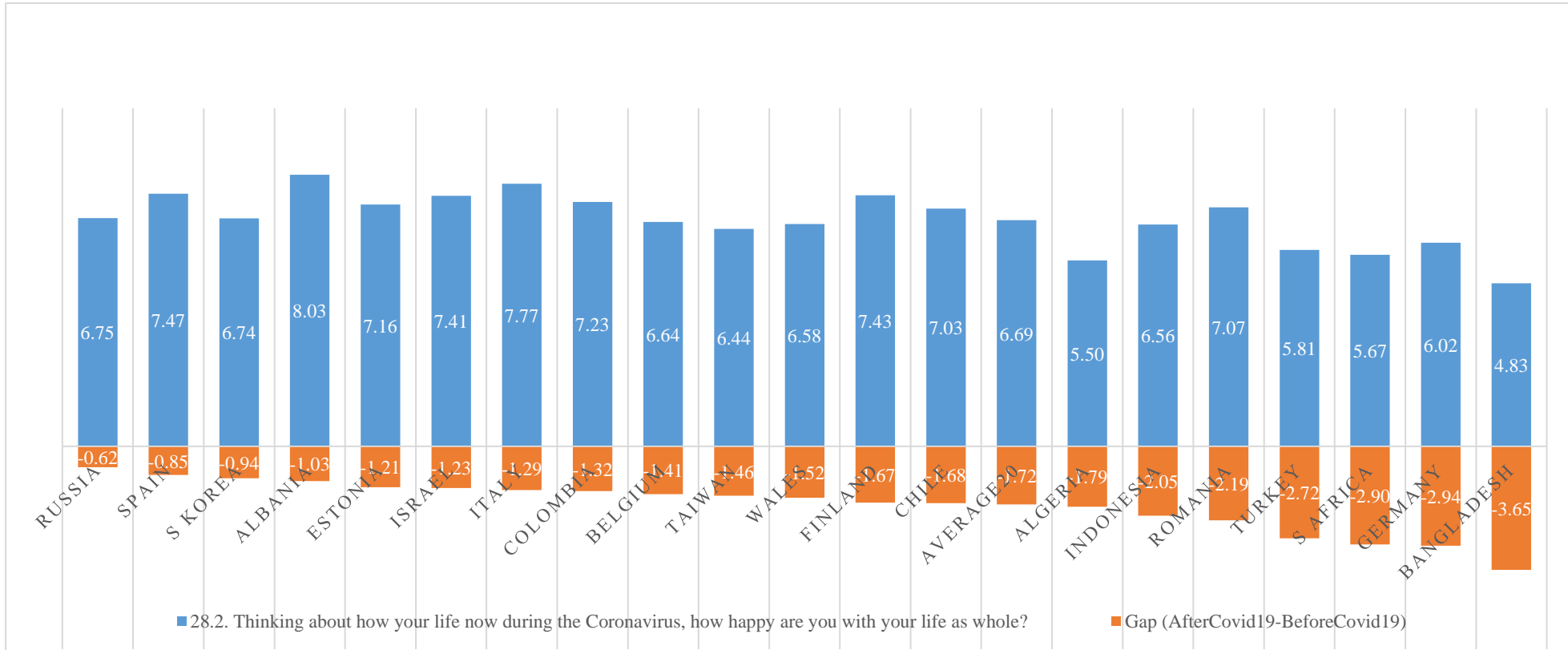
Children's self-reported happiness before (retrospective) and during Coronavirus, by country (20 countries average)



- 28.1. Thinking about how your life was before the Coronavirus, how happy were you with your life as whole?
- 28.2. Thinking about how your life now during the Coronavirus, how happy are you with your life as whole?

Figure 7.2.

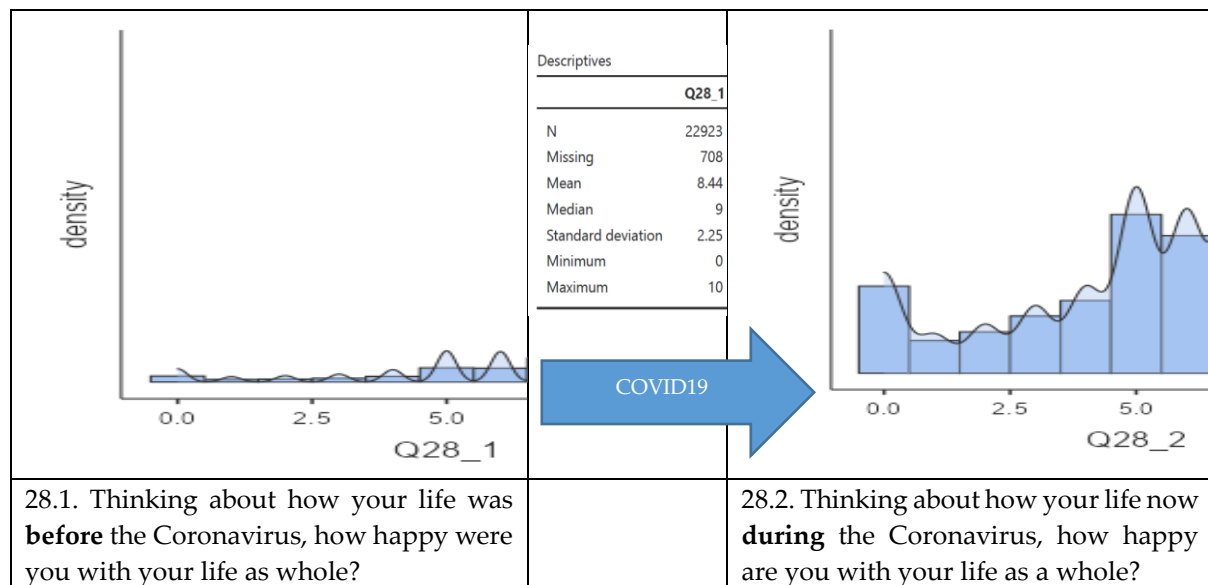
Gap between self-reported happiness before Coronavirus and self-reported present happiness, by country



The overall distribution of children’s answers displays a very different pattern in relation to *before* the pandemic than *during* it. Before the onset of COVID-19, the distribution is typical of one observed in most countries, showing an extreme bias towards the highest positive scores, reflecting children’s extreme optimistic bias. However, during COVID-19, the distribution of the scores reflects much more variance and a less extreme optimistic bias (Figure 7.3). These results suggest the impact of overall personal and social circumstances during the COVID-19 pandemic had a substantial impact on the functioning of children’s SWB.

Figure 7.3.

Score distribution of children’s happiness before and during the Coronavirus



We asked children three questions about positive (happy, calm, and full of energy) and negative affect (sad, stressed, and bored). The reported scores for both positive and negative affect during COVID-19 reflect less homogeneity between items (Figure 7.4) than before the pandemic (Figure 7.5). It is important to note that the data are not strictly comparable, as data obtained during the pandemic were from convenience samples, while data from the third wave (before COVID-19) were from larger and country-representative samples. When comparing the two graphs, it is clear that most positive affects (happy, calm, and full of energy) display lower scores, and most negative affects (sad, stressed, and bored) were higher during the pandemic. Feeling *bored* presents particularly high scores in many countries during COVID-19. For Germany, feeling *full of energy* before the pandemic is atypical and is worth further investigation.

Figure 7.4. Positive and Negative Affect items scores by country (during COVID-19)

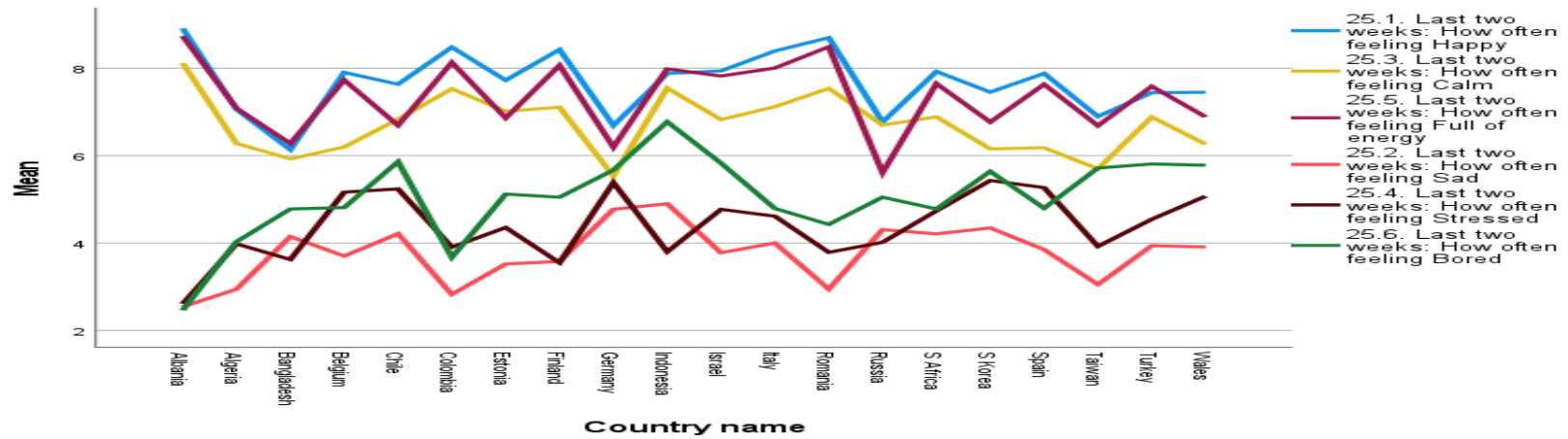
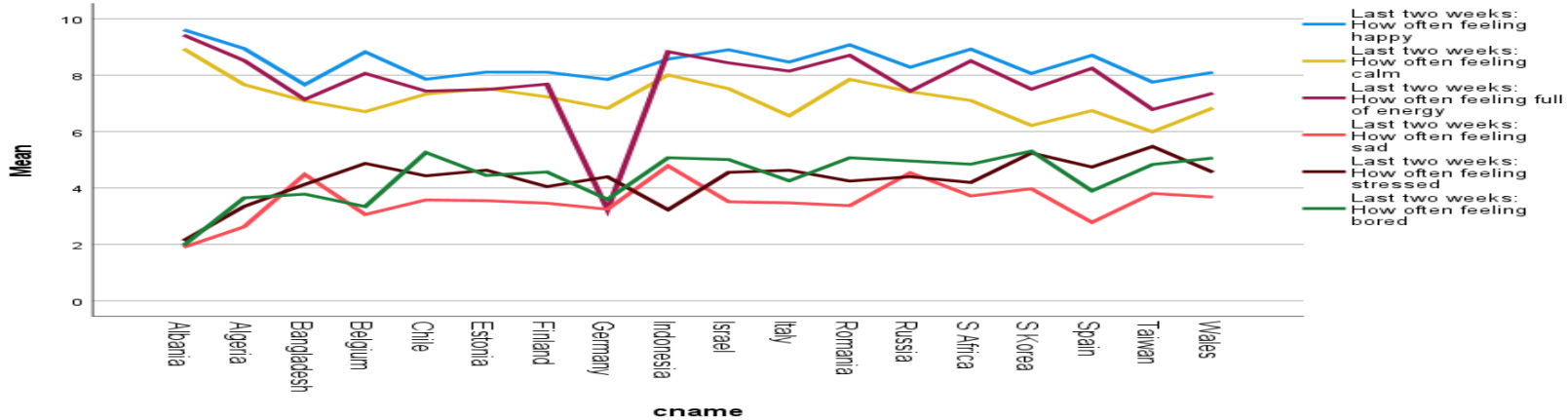


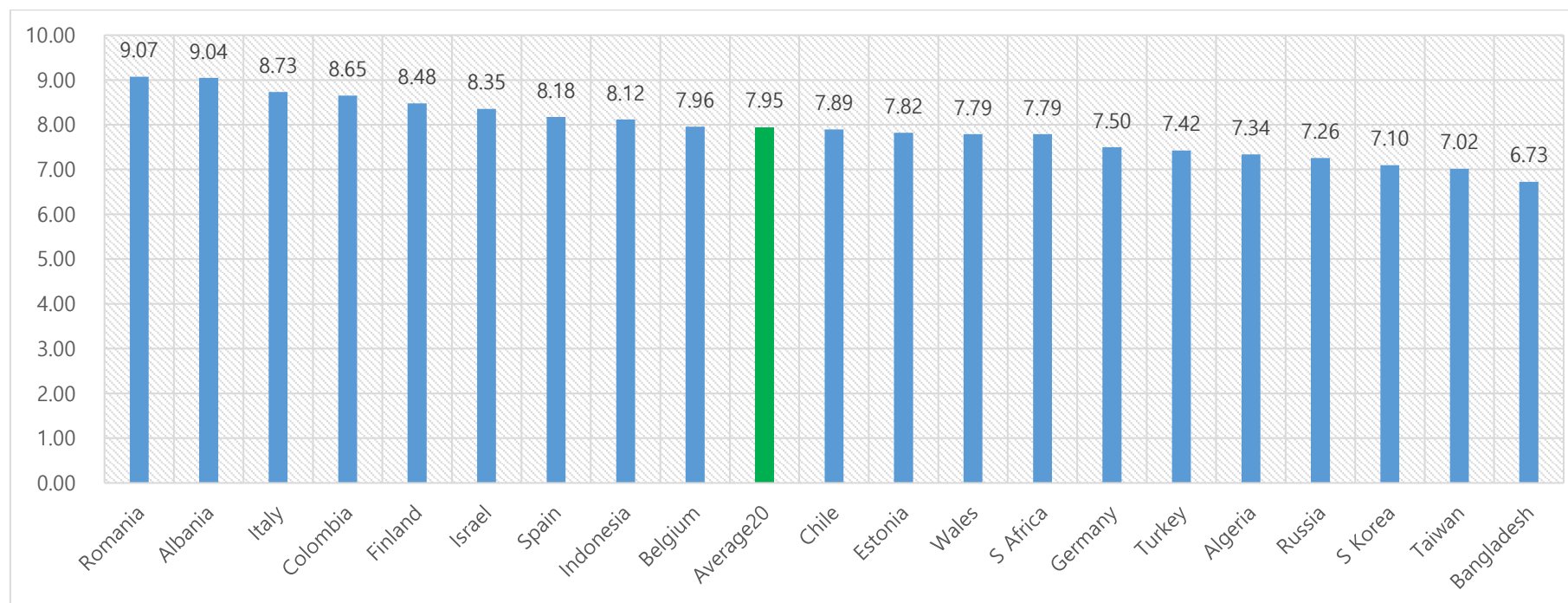
Figure 7.5. Positive and Negative Affect items scores by country (wave 3: before COVID-19)



In Figure 7.6., the between-country CW-SWBS5 mean scores are presented. The pooled sample mean score for 20 countries is 7.95. The mean score for CW-SWBS5 in Children's Worlds 3rd wave was 8.47 for the 12-year-old age group (30 countries), and higher for the lower age-groups. This suggests that the COVID-19 context resulted in a negative impact on children in all countries with comparable data.

Figure 7.6

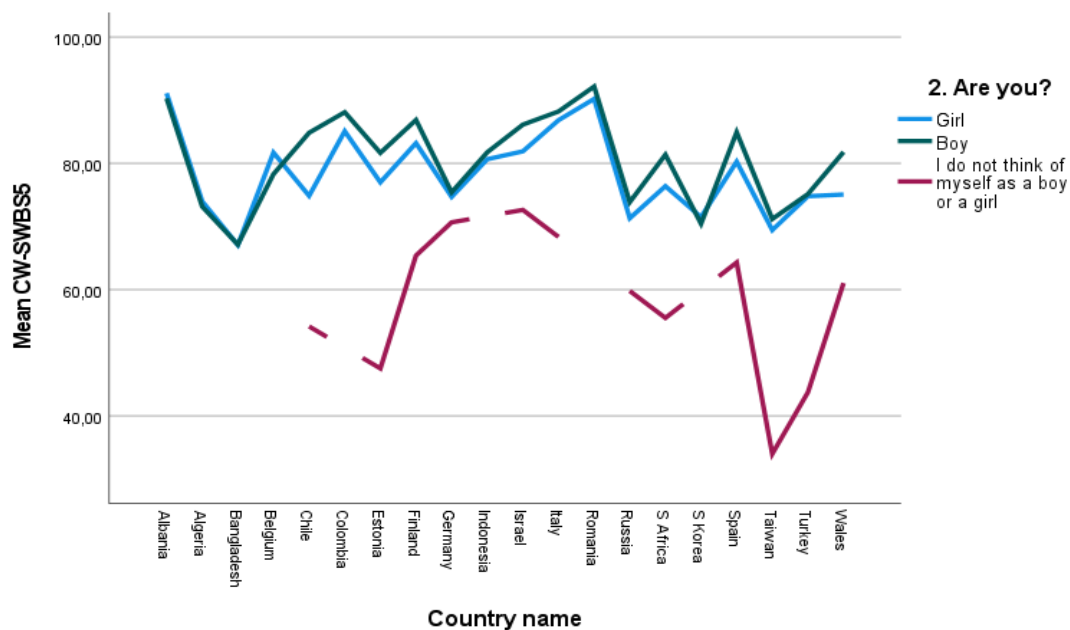
CW-SWBS5 scores among 20 nations (mean score)



In a few countries, data from the survey during COVID-19 demonstrates that girls displayed lower SWB scores than boys, while in Belgium the opposite was found. However, in most countries, no significant differences between boys and girls were observed. However, we note that notable significant differences were observed for children reporting they do not think of themselves as a boy or a girl. Despite being a small percentage of the overall sample, in the 12 countries where this option was offered, children who selected this option displayed much lower SWB than the mean (Figure 7.7).

Figure 7.7.

Children's mean SWB across gender

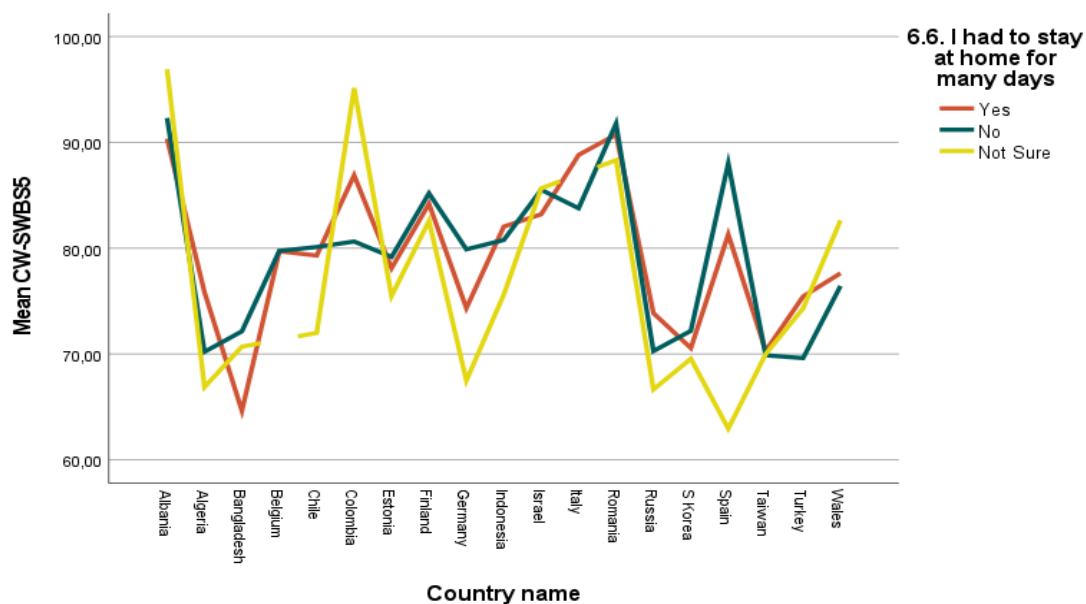


Another subgroup of children displaying very low SWB scores in most countries is those responding “not sure” to different questions, such as “I had to stay at home for many days”, or “I could not attend school for many days”. It may be that children did not appropriately understand these questions, or could not recall whether they had to stay home and could not attend school for a period of time during the pandemic. However, we observed exceptions to this statement for the first question from children in Albania, Colombia, Israel, and Wales, where children show higher SWB mean scores (Figure 7.8).

On the other hand, children reporting that they had to ‘stay at home for many days’ display lower SWB scores than the mean in Bangladesh, Germany, South Korea, and Spain, but higher than the mean in Colombia, Italy, Russia, and Wales. This suggests that staying at home and not attending school for many days has a positive impact on SWB in some countries and a negative in others (Figure 7.8).

Figure 7.8.

Children’s mean SWB depending on whether the children had to stay at home for many days, by country



An exception to the low or very low SWB of children choosing the response option “not sure” to the second question (*I could not attend school for many days*) is observed only in Bangladesh and Colombia. In general, children that could attend school most days during the pandemic displayed slightly higher SWB scores than those that could not attend for many days, in most countries. However, the exceptions were Italy, Russia, and Turkey (Figure 7.9).

Figure 7.9.

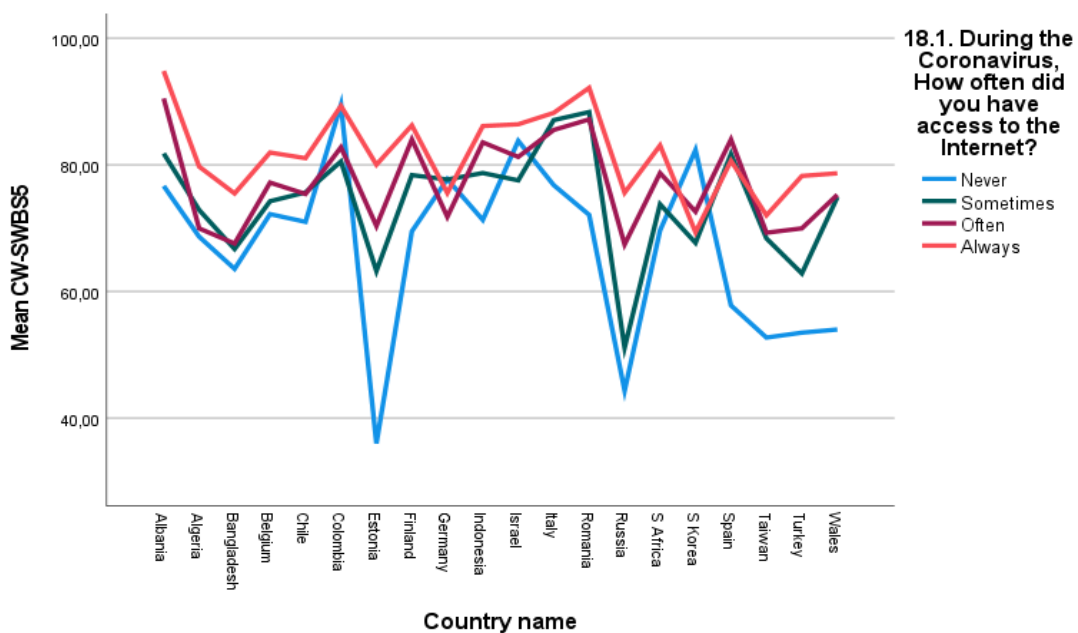
Children's mean SWB depending on whether they could not attend school for many days, by country



Children who reported that they *always* had access to the internet during the pandemic displayed the highest SWB scores in most countries, with the exception of Colombia and South Korea, where the highest SWB scores were for those reporting they *never* had access (Figure 7.10). These results suggest that internet access in difficult circumstances, such as the pandemic, has cultural-specific influences on SWB. However, access to the internet is an opportunity to be in touch with the 'world', particularly with friends during such critical (and 'boring') periods. The question as to why children in different cultural contexts, such as Colombia and South Korea, who never had access to the internet, reported being happier than the mean, needs further investigation.

Figure 7.10.

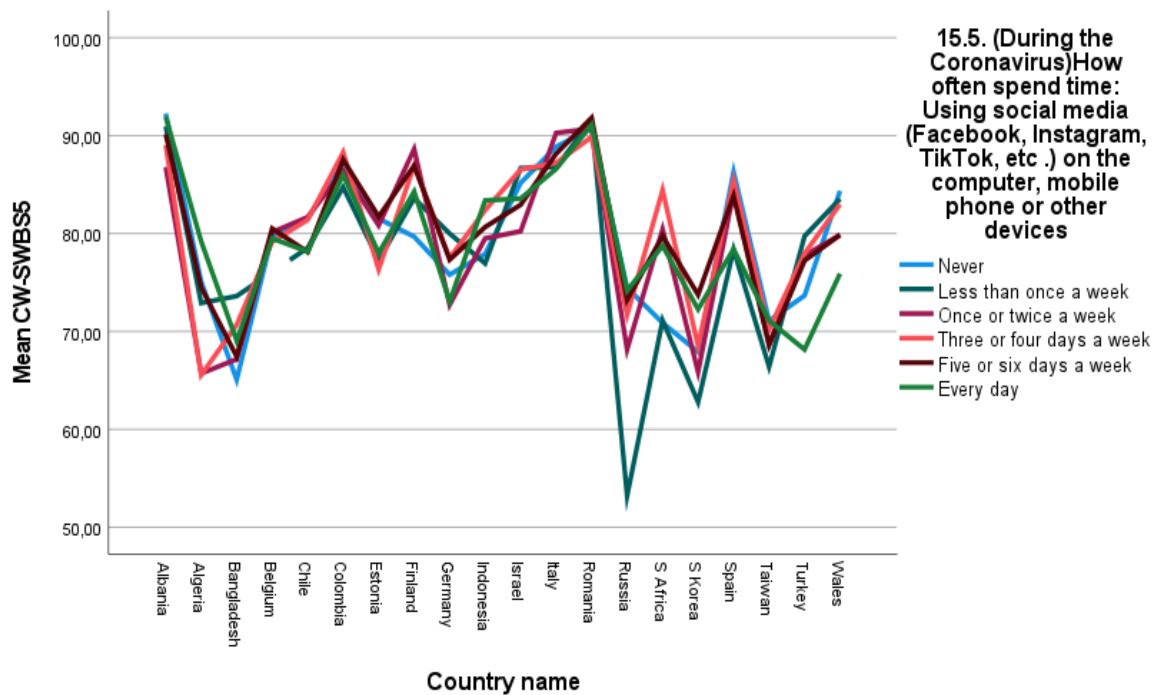
Children's mean SWB depending on how often children had access to the internet



By contrast, the SWB of children depending on *how often they spent time using social media* is diverse and presents a high variability by country. In a few countries, those who reported *never* using social media displayed the highest SWB scores (e.g. Spain and Wales). However, in a few countries, the highest scores were found for children using social media *“every day”* (e.g. Albania, Algeria, and Russia), and in many countries, the highest scores are displayed by children using social media with moderate frequency (Figure 7.11).

Figure 7.11.

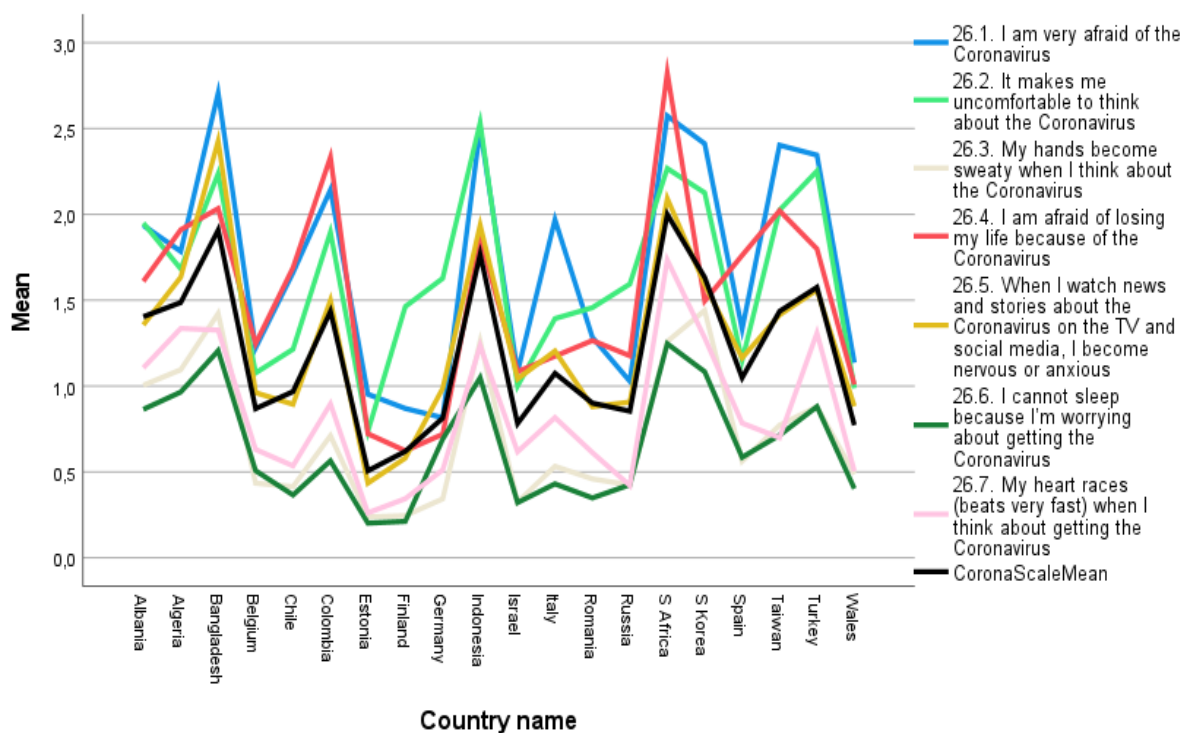
Children’s SWB depending on how often children spent time using social media



The questionnaire included a new seven-item *Fear of COVID-19* psychometric scale, adapted from the adult version (Ahorsu et al., 2022). The participants were asked to indicate their level of agreement with the statements using a five-item Likert-type scale ranging from 0 = 'not at all agree' to 4 = 'totally agree'. Children's answer profile appears consistent across countries (Figure 7.12). In almost all countries children were reported to be very afraid of the virus – children's fear of losing their life because of the Coronavirus was the highest in Colombia and South Africa (Figure 7.12).

Figure 7.12.

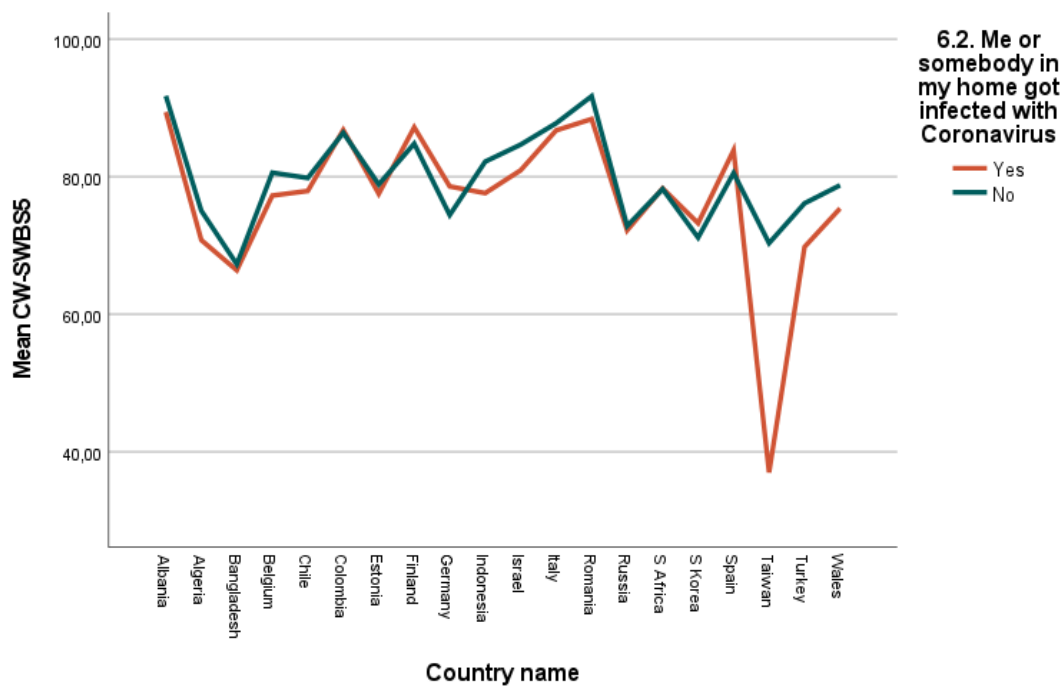
The influence of children's fear of COVID-19 on their SWB



The fear that children themselves or somebody else at home would be infected with the Coronavirus had a negative impact on children's SWB in most countries, except in Finland, Germany, South Korea, and Spain. The negative impact in Taiwan was substantial, but also noticeable in Turkey, Wales, Algeria, Belgium, Chile, Indonesia, Israel, Italy, and Romania (Figure 7.13).

Figure 7.13.

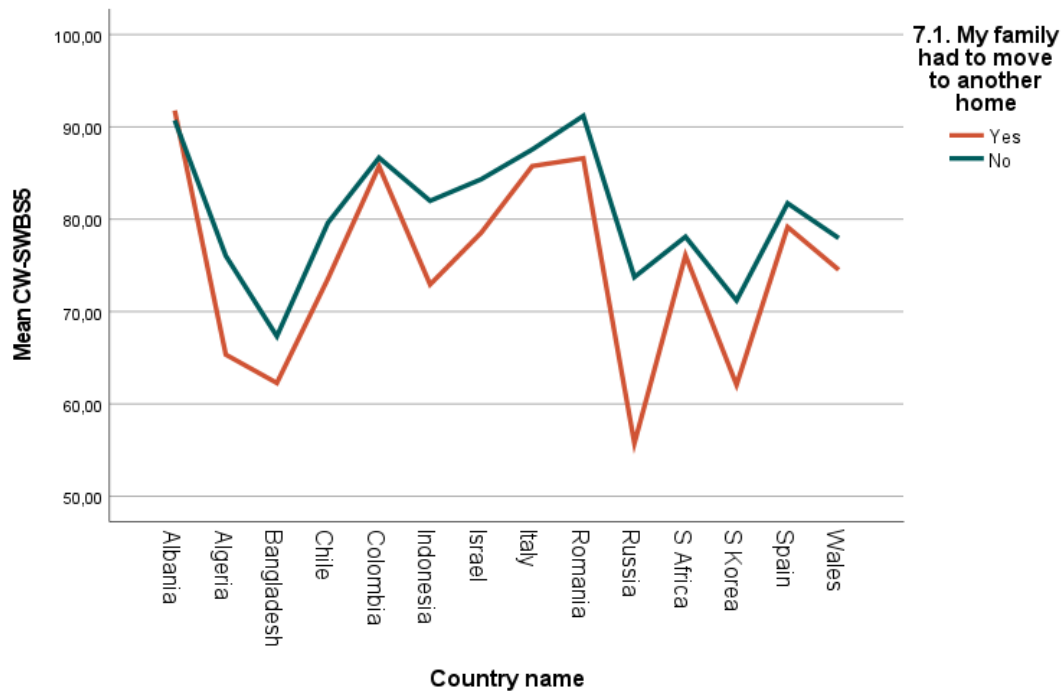
Children's SWB depending on whether the children themselves or somebody at home got infected by COVID-19, by country



In all countries, except Albania, moving to another home owing to the Coronavirus had a negative impact on children's SWB (Figure 7.14). These results support the idea that any considerable change in a child's life usually has negative influences on children's SWB.

Figure 7.14.

Children's SWB depending on whether the child's family had to move to another home, by country



In most countries (except Germany), higher agreement for having enough information about the Coronavirus was associated with higher SWB scores (Figure 7.15). The highest disagreement with this statement related to lower SWB scores, except in Albania and Romania (Figure 7.15).

Figure 7.15.

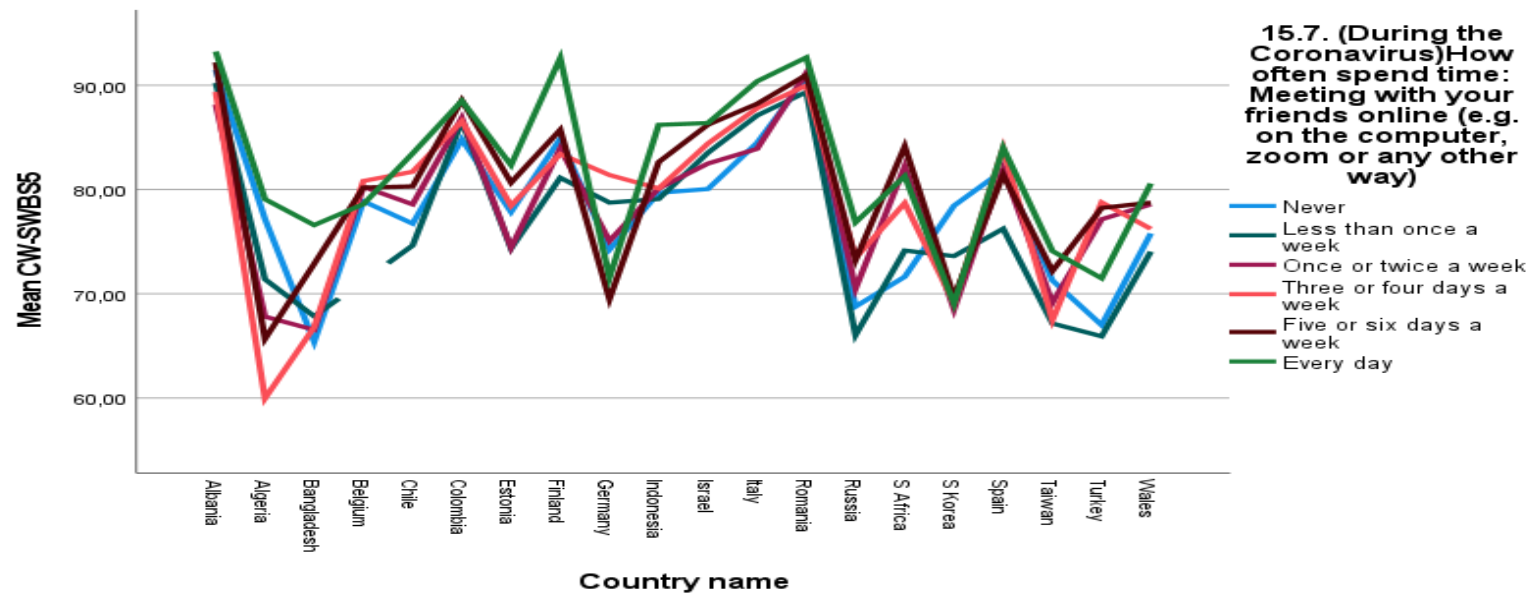
Children's SWB depending on the perception of having enough information about the Coronavirus



The frequency of meeting friends online show very different patterns by country. However, children who reported meeting with friends online *every day* tend to display higher SWB scores than those who met less frequently (however, the exceptions were: Belgium, South Africa, South Korea, and Turkey) (Figure 7.16). These results reinforce the importance of meeting friends frequently at these ages.

Figure 7.16.

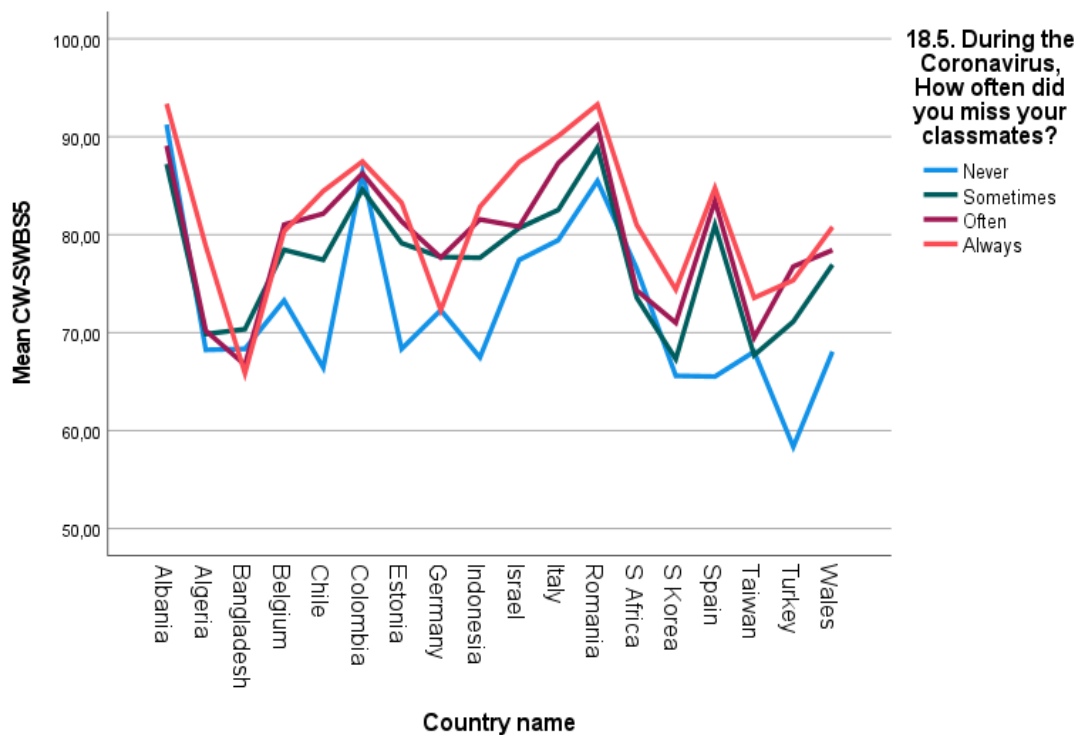
Children's SWB depending on how often they spent time meeting with friends online



Similarly, children who reported that they 'always' missed their classmates consistently had higher SWB scores (with exceptions in Bangladesh, and Germany), while those who reported 'never' having missed their classmates displayed lower SWB scores (with exceptions in Albania, Bangladesh, South Africa) (Figure 7.17). These results suggest that strong relationships with classmates positively influence children's SWB, despite missing them during the pandemic.

Figure 7.17.

Children's SWB depending on how often the child missed their classmates

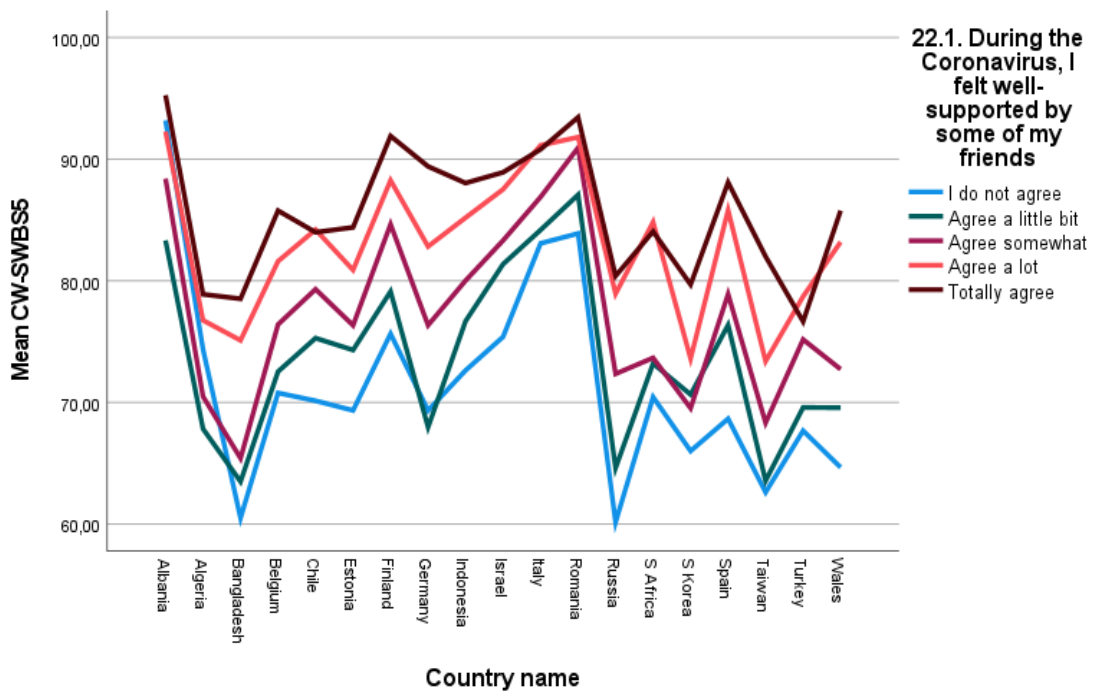


Consistent with these findings, we also observe that during the COVID-19 period in all countries,

higher agreement with feeling supported by some friends was associated with higher SWB (Figure 7.18.).

Figure 7.18.

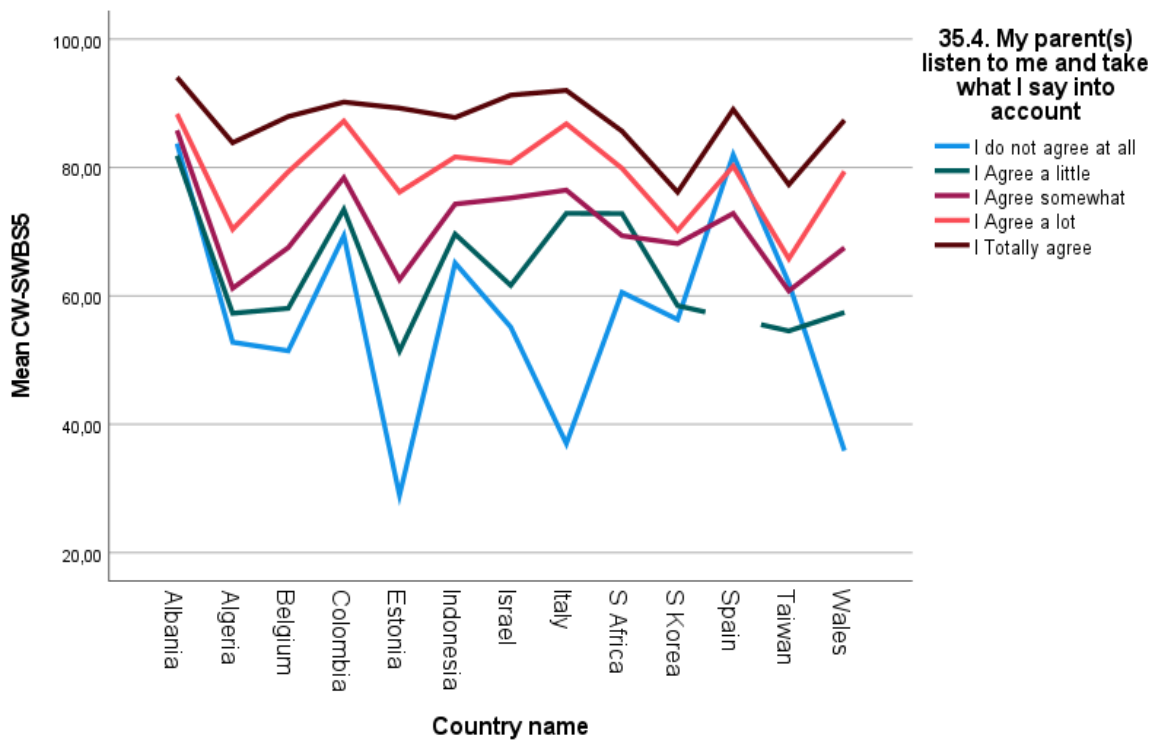
Children's SWB depending on the degree of children's agreement about being supported by some of their friends



Additionally, higher levels of agreement by children that their parents listen to them and take what they say into account, the higher the SWB scores observed in all countries (Figure 7.19).

Figure 7.19.

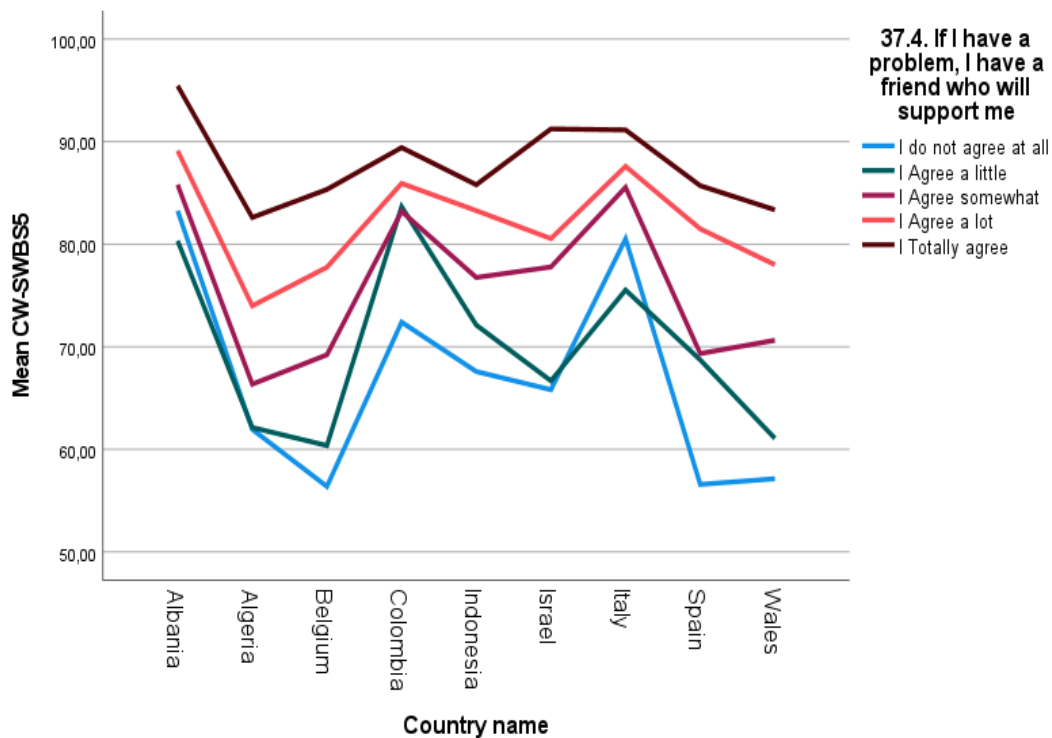
Children's SWB depending on their perception of being listened to and taken seriously by their parents



Further, the higher agreement with whether children had a friend to support them if they had a problem, the higher their SWB scores, in all countries (Figure 7.20).

Figure 7.20.

Children's SWB depending whether children's has a friend to support them if they have a problem



Conclusion

In all the 20 participating countries, children reported significantly lower happiness *during* the pandemic than *before* the pandemic. The gap is diverse, depending on the country, and important in some countries. During COVID-19, the distribution of the SWB scores reflected much more variance and a less extreme optimistic bias. These results suggest the impact of overall personal and social circumstances owing to the pandemic had a substantial impact on the functioning of children's SWB.

Most positive affects (happy, calm, and full of energy) displayed lower scores and most negative affects (sad, stressed, and bored) had higher scores during the pandemic than before. Feeling *bored* presented particularly high scores in many countries during this period.

Some clusters of children displayed much lower SWB than the mean in many countries, particularly for those reporting that they do not think of themselves as a boy or a girl (this option was offered in 12 countries). Additionally, most children responded "not sure" to different

questions, such as “*I had to stay at home for many days*”, or “*I could not attend school for many days*”, which negatively affected their SWB.

Children who reported that they *always* had access to the internet during the pandemic displayed the highest SWB scores in most countries. However, our results suggest that the influence of internet access may have culturally specific influences on children's SWB. We also found that children's SWB in relation to *how often they spent time using social media* was very diverse and presented with high variability across countries.

In most countries, higher levels of an agreement relating to having enough information about the pandemic were associated with higher SWB scores; while fear of the virus was associated with lower scores.

Children who reported meeting with friends *every day* online tended to display higher SWB scores than those meeting less frequently. In all countries, higher levels of feeling supported by friends were consistently associated with higher SWB. Further to that, higher levels of agreement with being listened to were associated with higher SWB in all countries.

Chapter 8

Conclusion

The Children's Worlds survey presents a unique view of childhood – one that represents children's own perspectives, experiences, and evaluations of their lives and well-being from children in diverse contexts around the world. With the onset of the COVID-19 pandemic, researchers aligned to the Children's Worlds recognized the invaluable contribution that the study could make toward understanding the impact of the pandemic on children's lives. The contents of this report are only a first step in analyzing the data from 23 803 children in 20 countries and territories collected during the COVID-19 pandemic. In this chapter, we provide the conclusion to the report of the Children's Worlds: COVID-19 Supplement. We commence with a descriptive summary of how children's lives were impacted by the pandemic. Here we offer a brief overview of children's living situation during the pandemic, the impact on schooling and relationships, and how their well-being was affected. Thereafter, we reflect on the key messages and offer recommendations for further research.

Summary of Key Findings

It is rather obvious from the onset that children's daily lives were profoundly affected by the COVID-19 pandemic. In most countries, children had to stay at home and could not attend school for many days. However, there was substantial variability across countries, both in terms of school attendance and also how children's education and learning were managed. Access to technological devices and the availability of a stable internet connection were the main determining factors. Given the lockdowns and subsequent closures of schools, children's experience of schooling was also significantly affected. However, we found that most children reported that they managed to continue with their learning from home, albeit with huge variability by country. Our results further demonstrate differences in the percentages of children that felt supported in their learning needs by their families and teachers during this period. Overall, as it relates to children's schooling and learning, we found that children's satisfaction with learning decreased from *before* to *during* COVID-19 across all countries.

Children's relationships with friends and family were critical. We found consensus that children's relationships with friends and family were affected during the pandemic. For satisfaction with friends, we found a significant decrease in the mean scores from *before* to *during* the pandemic in all countries; while for satisfaction with family, there were significant decreases in all but one country. Children reported feeling well-supported by their friends, with some variability; however, there were higher levels of agreement as it relates to supporting from families.

In all countries, children reported significantly lower levels of overall well-being and happiness *during* the pandemic than *before* the pandemic. Interestingly, we found that during COVID-19, the distribution of the SWB scores reflected much more variance and less extreme optimistic bias. This suggests that the overall personal and social circumstances related to the pandemic had a critical impact on the functioning of children's SWB.

Factors of positive affect (happy, calm, and full of energy) displayed lower scores, and factors of negative affect (sad, stressed, and bored) displayed higher scores *during* the pandemic than *before*.

Of notable interest is the finding that feeling *bored* presented with particularly high scores in many countries during this period.

Key messages and implications for policy and further research

The value of the Children's Worlds Study is that it generates data and information that can ultimately be used to effect positive change in different aspects of children's lives and to improve their overall quality of life. Below we consider the key messages of the study, and its implications for practice and social policy.

The first broad message is that children's lives and well-being were affected in a myriad of ways by the COVID-19 pandemic. While we found some common trends, there was also considerable variability between countries. This suggests that children's experiences of the pandemic and the factors influencing these experiences were varied. We hypothesize that access to resources, material well-being, and governments' strategic response and overall management of the lockdowns play a critical role. However, the mechanisms through which these factors function vary by country. Therefore, while the nature of the survey provides valuable information in relation to cross-country comparisons, as in previous waves, we urge readers to prioritize in-country variations over between-country variations. Researchers should, therefore, invest in understanding how these mechanisms are functioning within specific country contexts and advise policy-makers and social service practitioners accordingly.

The second broad message is that the long-term effects of the pandemic on different aspects of children's lives are still relatively unknown. Our evidence shows that patterns of children's overall well-being, time use, the experience of schooling, and the nature of their social relationships have undergone a distinct shift during the pandemic. However, the extent to which these would return to pre-pandemic levels is still uncertain. If we start from the premise that the pandemic has engendered a permanent change in humanity, social systems, and governance, with long-lasting negative socio-economic outcomes, then childhood as a valid structural feature of society would be impacted by these outcomes. However, our results are demonstrating that the impact on children's lives and well-being is not secondary or downstream, but direct. Social policies and programs to implement these policies should therefore target children directly and not circuitously through adjacent social systems. Further, given children's vulnerability, they are severely affected by the immediate and long-term aftermath of the pandemic. While our preliminary results are not demonstrating a clear link between children's well-being and the macro-economic context of specific countries, it is demonstrating that children from low- and middle-income contexts are disproportionately affected. This is especially relevant as it relates to how higher levels of material deprivation and constrained access to educational resources are likely to impede children's development in the short term but result in devastating consequences in the long term. While there has been a policy response to mitigate the impact of the pandemic in the short term, we urge policymakers to be proactive in developing policies and programs to mitigate long-term consequences. To that end, we require further research that is specifically focused on increasing our understanding of the long-term impact of the pandemic on children in different contexts. A final point is that the use of the time prefixes of *pre*, *during*, and *post* to describe the ordering of the COVID-19 context may be superfluous, as it is likely that the pandemic has permanently shifted the trajectory of childhood.

The third broad message concerns the tension that has emerged between the right of children's voices to be reflected in scientific research, and the policies and procedures that pose challenges

to the scientific process. Here we note our universal experience of having to negotiate complex bureaucratic processes that not only limit access to research with children but also derail the sampling and data collection procedures. Our position is that the highest level of standards should be applied in conducting ethical research with children, a process that should include advancing opportunities for children's voices to be heard. To that end, we recommend working more closely with Institutional Review Boards to develop more efficient systems of handling these processes. This includes both the management of ethics applications and access to children.

The fourth broad message relates to our position in the research community. While we have developed considerable experience through previous waves of the Children's Worlds, the context of the pandemic has motivated us to reconsider the changing landscape of childhood research. First, we need to understand and address methodological challenges that have emerged during the pandemic, especially as it relates to sampling and data collection. We require further methodological innovation in both quantitative and qualitative approaches to child-centered research. Second, we need to consider and subsequently increase research on aspects of children's lives that have become more relevant during the pandemic. Finally, we need to consider the impact of the pandemic on contemporary theories of childhood and well-being. This would require us to reflect on whether our existing theories of childhood and well-being can account for the changing research landscape, or whether we need to amend, adapt, or develop new theories. A recent development is that the COVID-19 context has engendered a stronger movement towards the application of theories of social justice and its integration with theories of childhood and child well-being.

This report delivered a largely descriptive account, which is in itself an expedient first step in understanding how the COVID-19 pandemic has impacted on childhood, children's well-being, and their experience of various aspects of their lives. We strongly recommend that researchers take up the challenge of further analysis. Opportunities for cross-cultural comparisons abound, as does policy-orientated applied research. More sophisticated and detailed analyses of the influence of micro-factors, such as age and gender, and macro-factors, such as socio-economic context, are important areas for further research. Finally, given the novel context created by the pandemic, we recommend a stronger interdisciplinary focus. Disciplines as diverse as political economy, moral philosophy, information technology, and environmental science could provide more nuanced perspectives of childhood in the context of COVID-19, and offer new points of view that could expand the horizons of child well-being studies.

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