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Challenges among Children during Three Phases of COVID-19 in Pakistan

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Abstract

Children are not indifferent to mental health issues in response to COVID-19 and experienced surge of challenges. Therefore, in the current study children of 8 to 16 years were recruited to investigate the challenges and its impact on children mental health during all three phases of COVID-19. The Colaizzi's phenomenological method for qualitative analysis was used to investigate the student's response. The reactions of students were summarized into three themes and sixteen sub-themes considering all three phases of COVID-19. The three major themes are religious concerns, mental health issues, and academic concerns. The findings have been discussed in terms of counselling for mental health issues and devising online education policy to meet children needs and carter their fears.

Keywords

phases of COVID-19, mental health issues, Colaizzi's phenomenological method, school children, Pakistan

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Acknowledgements

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Keywords: phases of COVID-19, mental health issues, Colaizzi's phenomenological method, school children, Pakistan

Introduction

The surge of COVID-19 affected the people of all ages nationwide. In particular, the children were found to be on the potential risk of health issues (Imran, Zeshan et al., 2020). The fallout of COVID-19 has not merely imparted adverse effect on physical health, but the magnitude of mental health was found to be higher. The mental health issues have been reported considering all three phases of COVID-19. The three phases are as under. The first phase is epidemiological phase which has been elaborated into three sub-phases (i.e., preparation phase, punctum phase and returning to normality phase). The second one is mental health risk phase which has been divided into preparation, punctum and turn back to normality phase. Phase three is turn back to normality phase, which is again defined into three sub-phases (i.e., preparation, punctum and turn back to normality phase).

1- Epidemiological Phase of COVID-19 Among Children

The first phase is an epidemiological phase. The epidemiological phase has been divided into three sub-phases. The "first sub-phase" of epidemiology is the preparation phase. All the health care practitioners, psychologists, psychiatrist, and physician became very active to mitigate the spread and impact of COVID-19 (Lestari & Setyawan, 2021). During phase 2 or punctum phase, the ratio of mortality, confirm or suspected cases was very high (Noor et al., 2020). The third phase was returning to normality phase, in which the children found to have multiple mental health issues (Meherali et al., 2021; Singh et al., 2020).

2- Phase of Mental Health Risk

Phase 1 and Phase 2

The mental health issues among children reported being 40% during the preparation or punctum phase (Imran, Zeshan et al, 2020). The high prevalence of mental health issues among children emerged in diverse areas due to multiple reasons, which are listed below (The Alliance for Child Protection in Humanitarian Action, 2020).

The Community at Risk. The closure of public places, schools and park led to anxiety and stress among children (Lee, 2020). Since the COVID-19 outbreak emerged, there has been a disruption of basic services such as medical care and psychological support. Catastrophic pandemic took a toll on the physical and mental health of the community (Team ICC-R, 2020). The community suffered during a pandemic and the children were found to be at higher risk of mental health issues (Dalton et al., 2020; Fegert, 2020).

Family at Risk. During the COVID-19 outbreak, family stress has increased due to isolation and lack of in-person support. Confinement and inability to use familiar coping mechanisms such as hang out with friends, taking personal space, dining out, viding friends, and shopping at malls have led to more stress. Stressed parents often develop stressful symptoms among children in the form of fear. Extensive research shows that fear is very contagion during crises such as COVID-19. Nurturing caregiver relationships and supportive parenting is very crucial for children as they found to very sensitive emotional states of their elders. The prevalence of mental health issues among children of Pakistan is missing. During Islamic festivals such as EID-ul-Fitar and Eid-ul-Adha was more stressful for aren't as they couldn't fulfil the demands of their children, which was equally stressful for children (Imran, Zeshan et al., 2020).

Maltreatment with Children. During quarantine, the ratio of abuse and maltreatment in families reported being acerbated (Imran, Aamer et al., 2020). The existing literature depicted that the ratio of child abuse, exploitation or neglect was higher during EBOLA virus (Brooks et al., 2020). The recent global data during COVID-19 depicted the surge of child violence. According to a substantial body of research, the maltreatment of child abuse often leads to mental health issues (Brooks et al., 2020).

Children's Mental Health Issues: Young Children. In response to parental stress, the children often display their worries and parent interprets their worries in the form of a temper tantrum or oppositional defiant behaviour. Also, a parent may see their loss of interest in many pleasurable activities such as play, watching TV, and Peers (Imran, Aamer et al., 2020). The mental health issues also disrupt their sleep patterns as they cannot sleep properly at night, multiple awakening in the middle of the night, irregular nap during the day. Lack of sleep cause many other issues such as concentration problem, empathizing, and increased sense of sadness.

Children with Special Needs. Children with disabilities and special need found to be more vulnerable for mental health issues during COVI-19 (Bertelli et al. 2020). The school closure or disruption in daily lives found to be stressful for children with a special need.

Children with Preexisting Mental Health. The children with preexisting mental health issues such as anxiety, depression, intellectual disability, or autism are more prone to

developing physical as well as mental health issues. The risk for mortality or low life expectancy increases more with environmental crises (Liu et al., 2020).

Quarantine Related Mental Health Issues Among Children. During previous infection outbreaks, the quarantine found to be associated with mental health issues among children. The risk of mental health issues such as PTSD, Adjustment disorders and OCD even after the pandemic (Sprang & Silman, 2013).

Phase 3 (Back to Normality)

The expectations of negative economic conditions lead to parental violence towards their children. The symptoms of household dysfunction and maltreatment can be seen even after the acute phase of the pandemic. The long-term effects of COVID-19 low life expectancy and high mortality (Brown et al., 2020). Therefore, they need persistent attention of mental health practitioners and psychologists.

Focus on High-Risk Children. The children with low socioeconomic status, physical disabilities, or disadvantage background also found to be more vulnerable for developing mental health issues. However, it can be hypothesized that COVID-19 economic crises can lead to self-harm among children and adolescents (Plener et al., 2015). Accompanied and unaccompanied children are at high risk of developing mental health issues. Therefore, those children should also be considered while providing treatment.

3-Practical Challenges in Child Psychiatry

Phase 1

The preparation phase revolves around spreading accurate information to the community. Authentic and accurate information about post-pandemic conditions and compliance with the precautionary measure is important. The children must be well-informed about the possible challenge, risk, and consequences of COVID-19. Furthermore, how to adapt in the changed daily routine life during social distancing and school closure can also help mitigate the obnoxious consequences. The parent or societal support for children on how to manage depression and anxiety symptoms during COVID-19 is also very crucial in developing positive consequences (Vigerland et al., 2016). The parent should stock recommended medication prescribed by doctors to their children during the phases of the pandemic, it is not life hoarding, but a precautionary measure to avoid any obnoxious consequences for chronically ill patients.

Phase 2: (Punctum Phase)

Children need psychiatric and mental health services throughout all the phases of a pandemic. Due to the closure of psychiatric, mental health, and educational settings for children with developmental delays, their problems have exacerbated (Imran, Zeshan et al., 2020). Mental health services, educational settings, and psychiatric settings must keep contact with the children through internet-based interventions to avoid the disruptions in treatment modalities.

The severity of mental health issues worsens due to delay in diagnosis, prognosis, and implementation of the management plan. Psychological intervention for children must be present all the time prior, during, and after the pandemic (Team ICC-R, 2020). For those

purposes, the innovative didactic techniques such as online supervision and training, web-based programs, video presentations for developing formative activities can be used.

Phase 3: (Back to Normality)

The third phase of COVID-19 highlights the turn back for re-organizing or re-establishing the communities. In several countries, the emergencies have been addressed during the pandemic. According to literature, not only the acute phase of the pandemic is important to address. Rather services aftermath of a pandemic is very crucial to mitigate the long-term effects of COVID-19. The consequences of economic crises during and after the pandemic can be seen in terms of domestic violence, family conflict, child abuse, and substance abuse (Liu et al., 2020). Mental health practitioners and psychiatrists must be aware of the high ratio of maltreatment during COVID-19. Frequent diagnoses for a suspicious condition must be made to reduce the risk of maltreatment.

During a pandemic, the education ministry took a crucial step for school disclosure to mitigate the spread of COVID-19. As COVID-19 was a viral disease, therefore the precautionary measure such as social distancing was crucial step. The education system comprised of two sectors (i.e., Government and private schools). Government school followed the verdict of the education ministry and closed school for the entire duration. In Government sectors, the usual children from low socio-economic status pursue their education. Hence, the parents of the students studying in education system were quite satisfied with the school closure. Also, they were not able to bear the school fee due to lockdown. In contrast, considering the nature of the viral infection, the private sector took an initiative for online education systems (Dong et al., 2020). The private sectors took this initiative for their economic survival. The children from both sectors became habitual of online or home-based education. After the first wave of the pandemic, the student's reaction towards reopening of school was found to be negative (Desk, 2020; Dhawan, 2020). Substantial body of research depicted that the parents and students' negative reactions towards COVID-19.

The time duration of school closure was quite long. In diverse countries, the duration has been lasted minimum for a year (Zhao & Zhou, 2020). The Government ministry promoted the students in the next class without final exams. Promotion to next grade without class or hard work was another factor which led to rapid adjustment to new normal. Children are showing more positive feedback for school closure as they do not understand the complexity of the issue.

They were found to be more habitual for these sedentary routines. Furthermore, the students reported negative attitude towards school reopening decision. All the above three phases provided alarming picture of mental health issues among children during COVID-19. However, the existing literature depicted the data of western countries, but the mental health issues in children of Pakistan culture during COVID-19 is still missing. Furthermore, a few quantitative studies have been carried out in Pakistan but in-depth understanding regarding perceived mental health issues among children was missing in Pakistani literature. The current study aims at investigating the nature and level of challenges and mental health issues among Pakistani children during COVID-19. To fulfill the aim of the study the children were recruited for in-depth-interviews.

Context of the Study

In a qualitative study, the introduction of the author is crucial to understand the biases, values and belief systems interlinked to the study. Sana Rehman is the sole author of the study. She is a lecturer in GIFT University of Pakistan. She has versatile knowledge in qualitative

research including, empirical investigation, systematic and narrative reviews. She has written and published more than 10 papers on COVID-19 to highlight the issues as well as interventions to combat with the problems. The first author is the sole author of the paper and from conceptualization to final drafting she managed everything. She is interested in investigating the mental health issues and interventions because she has expertise in clinical psychology field.

Methods

The current study used Colaizzi's phenomenological approach for qualitative analysis of student's response. Colaizzi method helps to investigate the experience of participants in a shared manner rather than individual characteristic. This scientific approach provides the authentic pattern of the participant's experiences. The research is a part of big qualitative study aimed to identify the challenges among children during all phases of COVID-19.

Participants

The current study used a cross-sectional method, and the sample was chosen through purposive sampling technique due to COVID-19 outbreak. The research was carried out in Gujranwala: a city of Pakistan, known for its culture. The area is not fully developed and follows the Islamic religion keenly. Therefore, the traditional Islamic culture is dominant in Gujranwala. In traditional religious view education is crucial for people of all ages. However, multiple factors cause hindrance in gaining knowledge such as socio-economic status, literacy, and family system. Therefore, the participants were selected considering the diversity of socio-demographical characteristic including gender, area, socio-economic status, and class. The literature also suggested that area, socio-economic status, class, gender, and age are crucial demographics in studies carried out in developing or under-developing areas. The students or school children experiences substantial hurdles, hence recruited to understand the challenges and needs during COVID-19. The criteria of participant selection based on the following criteria namely (i) the participants studying in public or private schools of Gujranwala, (ii) the age range falls in between 12-18 years and (iii) only volunteers have been selected.

Participants Description

The current study used a cross-sectional method, and the sample was chosen through purposive sampling technique. Around 50 participants of private school have been recruited using purposeful sampling technique from July 1, 2020, to May 3, 2020. Only 50 students have been targeted considering the quarantine time safety precautions. The children of 8 to 6 years were recruited to investigate the impact of all three phases of COVID-19 on their mental, physical, emotional, and behavioural health. Through WhatsApp and phone calls the children were asked relevant questions. The responses of the children were analyzed through SPSS version 21. The participants were equal in ratio as 55% were males and 45% were females. Conversely, the average age range of the participants was found to be 14 years. Around 40% participants belong to the urban areas and (60%) reported their residence as rural area. The participants were more or less equal in ratio from all 7th (24%), 8th (24%), 9th (30%) and 10th (24th %).

Table 1
Demographical Characteristics of the Participants

Characteristics		N (%) or mean ± SD	Median
Gender	Male	31(55%)	
	Female	19 (45%)	
Age		14.15± 1.52	14(12-16)
Area	Urban	20 (40%)	
	Rural	30 (60%)	
Class	7th	12(24%)	
	8th	11(22%)	
	9th	15(30%)	
	10th	12(24%)	

Data Collection

The data was collected considering the current needs of the time. The advanced online system (WhatsApp /FB) was used to obtain the responses of the students. Series of individual interviews were conducted to obtain the relevant information. The first interview was carried out on WhatsApp by introducing the guidelines to the participants. Each interview comprised on 30 to 45 minutes session on average. The responses of the participants were coded anonymously to maintain the confidentiality.

The interview outline was determined by consulting literature and seeking experts' opinion. The interview guide has been prepared considering all the three phases of COVID-19. The main seven interview question posed to participants are (i) As a student, share your thoughts/feelings about COVID-19? (ii) What challenges did you experience during COVID-19? (iii) How are you spending your socially distant time? (iv) The spread of infection will be control soon as the vaccination is being prepared, how do you see the world after pandemic? (v)As a student's share your opinion/thoughts about online education? (vi) As a student's share your opinion/thoughts about school re-opening? (vii) Share your thoughts about promotion to next grade without final exams? Subsequently, the information was written using initial (P1-P50) or (N=50) respectively to follow confidentiality code of ethics (APA). The phases wise distribution of questions is listed below.

Table 2
Items of Interview Guide

Sr. no	Phases	Items	
1	Phase 1: Epidemiology Phase	1-	As a student, share your thoughts/feelings about COVID-19?
2	Phase 2: Punctum or Mental Health Issue Phase	2-	What challenges did you experienced during COVID-19?
		3-	How are you spending your socially distant time?
3	Phase 3: Turn Back to Normality Phase	4-	The spread of infection will be control soon as the vaccination is being prepared, how do you see the world after pandemic?
		5-	As a student's share your opinion/thoughts about online education?
		6-	As a student's share your opinion/thoughts about school re-opening?
		7-	Share your thoughts about promotion to next grade without final exams?

Data Analysis

The recorded responses were transcribed and analyzed through Colaizzi phenomenological method. The data analysis through Colaizzi's phenomenological method enables new dimensions of knowledge to be revealed and provides in-depth understanding into the experiences of participants.

Colaizzi's (1978) data analysis is robust and rigorous and ensures the reliability and credibility of the results.it enables the researcher to identify the emergent themes and their interwoven relationships.

The data was analyzed in seven stages. Initially, three researchers independently read, re-read, and reviewed the interview material. Secondly, significant themes related to phenomenon were extracted. In third step, meanings were extracted from significant statements. Fourthly, retrieved meanings were organized into the themes. In fifth stage the exhaustive description was derived from integration of findings. The findings were synthesized into in the fundamental structure. In the last stage the findings were being validated from the participants.

The first themes revolved around religious interpretation. The second theme highlights the mental health issues emerged due to quarantine phase. The third theme highlights the academic apprehensions which is occurring during turn back to normality phase.
Colaizzi's phenomenological methodology can be used reliably to understand people's experiences. This may prove beneficial in the development of therapeutic policy and the provision of patient-centred care.

Ethical Review

All the participants signed the informed consent. The authors claimed that they will not violet the ethical rules in terms of misconduct, plagiarism, falsification, data fabrication and repeated publication.

Findings and Discussion

The researcher explored the children reaction towards COVID-19 pandemic using a phenomenological approach. Three major and multiple sub-themes were found that are presented and summarized below. The themes have been discussed in three major phases' i.e. (i) epidemiological phase; (ii) mental health issue and (iii) turn back to normality phase. The four main themes during these three phases have been retrieved through transcripts. The four major themes are religious interpretation, mental health during quarantine, academic apprehension, and fear for more waves to COVID-19. The themes are (a) religious interpretation; (b) psychological issues, (c) social media, (d) productive activities, (e), excessive playful time, (f) flexible sleep wake cycle, (g) sedentary life style (h) academic apprehensions, (i) online education, (j) online education, (k), Lack of academic pressure and promotion to next grade and (l) fear for more waves of COVID-19. The quote for each theme has been added in Table 2.

Phase 1: Epidemiology Phase

Theme 1: Religious Interpretations

In response to the question, "share your feeling and thoughts about COVID-19," the children's reactions were observed to be interesting but alarming. Multiple variations in

responses of students have been observed. All the reposes have been found to revolve around religious concerns.

Punishment from God. According to some (n=30) participants, they view COVID-19 as a punishment from God and can only be cured by Almighty. Their verbatim are as under: "COVID-19 might be a punishment given by Allah for humanity to realize their mistakes and choose the right path. It's the very stressful situation may Allah forgive our sins and protect our world, family, friends" (P1-30).

Phase 2: Mental Health Issues

All the participants reported significant negative emotions and feelings. When the participants were asked to share their experiences during COVID-19, the variation of their responses was observed into multiple sub-domains.

Theme 2: Psychological Issues

Around (n=9) participants view COVID-19 as a psychological burden. The fear, anxiety, depression, and frustration were the common psychological symptoms they were experiencing: "Because of COVID-19, many of us are anxious, fearful and depressed at homes with no outing and no proper interaction with our friends" Fear of death and dark future sometimes prevail with high intensity" (P1-9).

Quarantine and Mental Health. Around (n=6) students manifested their frustration towards quarantine time. It was observed that quarantine time developing much psychological disturbance such as anxiety depression, stress, and cluster phobia: "I feel agitated at home, soon I'll develop a fear of close places. During quarantine, I don't know how to spend my time. Most of the time I feel isolation" (P10-13).

Around (n=4) participants reported COVID-19 a unique disease which has affected all area of human functioning. These participants generally elaborated the disease with social distancing concept but the negative feeling can also be observed:

> I think its pandemic that is affecting people globally and has many bad aspects
> on our daily life routines as well as our long-term plans. It's too much dangerous
> all people become scared from its effect. all works are close no social activities
> no social mingle make people aggressive and depressed. (P14-16)

Social Media and Mental Health. The variation in responses has been observed in three subdomains (i.e., psychological manifestation, social media, and productive activity). Most students (n=6) reported that they are spending their quarantine time on social media. The chatting and watching movies were the only hobby during the quarantine. Furthermore, they also showed satisfaction with this routine: "I'm spending most of my on time social media. We prefer Facebook, YouTube, Instagram, Netflix in my spare time but excessive use of media causes frustration and aggression" (P17-22).

Productive Activities. A very few participants (n=8) reported productive activities during quarantine such as spending time with family, reciting Holy Quran, and reading books: "I spend my time in Reciting Holy Quran. Most of the time I prefer to read book. I spend my time learning new cooking recipes" (23-30).

Excessive Playful Time and Mental Health. The students were asked to share their activities during quarantine time. According to substantial number of students they enjoyed the quarantine time well and they used to get enough time for play. A few students reported that they were having the freedom to play indoor games and they spent excessive time on playing video games. Furthermore, due to lack of parental rejection or scold for spending time on video game was also a motivating factor for them to enjoy the time. The school, park, shopping mall and other institutional closure served an opportunity for children of middle to high socioeconomic status. They can spend more time in playful activities:

> During school closure we get enough time to play which is effective for mind. Parents do not scold for playing. During quarantine we spent more time on indoor activities, hence because more clumsy. Due to lack of outdoor activities, we experienced a bit stress. (31-37)

Sleep Wake Cycle and Mental Health. Another advantage of school closure can be seen in the flexible sleep-wake cycle. Majority of students reported that they use to get enough time to sleep and late-night awakening was new normal for them.

> The sleeping timings were quite flexible as late-night sleeping was new normal. The flexible study hours enhanced learning and mental peace due to flexible study time and lack of pressure from schools adversely affected our learning which is leading depression. (P38-44)

Sedentary Lifestyle and Mental Health. According to majority of participants during quarantine time they developed more sedentary lifestyle. Online education, online shopping and online jobs made them clumsier. Now they are having hard time too go back to old routine:

> Online educations and occupations and shopping's made life more luxurious. It's easier to shop, study and work while sitting on bed. The online world has created quite messy world. The people form low socio-economic status cannot earn enough to run the cycle of life. More clumsiness and procrastination and stress has emerged during quarantine period. (P45-48)

Academic Apprehension and Mental Health. During punctum phase of COVID-19, the reactions of the students were quite negative for school closure or online education: "Education system has lost its quality during COVID-19 which is causing feeling of stress" (P49-50).

Phase 3: Turn Back to Normality Phase

In third phase the children reported substantial apprehension about readjustment towards life. The children showed positive emotions for reopening of school, market, and other public places. Furthermore, the children reported significant fear for second wave of COVID-19.

Theme 3: Academic Apprehensions

The reaction of the students towards school closure or online education system was quite interesting. The responses of the students are listed below.

Traditional Education System. It was observed that student belongs to a distant area were also satisfied with the distance learning program as they don't have to waste enough time for travelling or fares. While (n=8) participants responses were in favour of the traditional education system.

Students reported multiple reasons for their dislike-ness towards online education systems such as technological unfamiliarity, low education quality and financial cries:

> During the quarantine time when parents are not earning enough so how one can afford online education. Online education is going to be a mess as we are not much familiar with technology. The quality of education would be low. Trough online education we can get degrees but not knowledge. It would be hard to understand lesson through digital communication. Learning outcomes would below. As a student, the future seems vague & uncertain due to COVID-19. (P1-8)

Online Education

According to most school children reported online education system more comfortable mode of seeking education (n=10). They reported online education more advance, cheap, and convenient mode of education. In contract, a slight ratio of students reported that online education is least effective in terms of learning and comprehension (n=5). The delay in education is also causing hindrance in our career development as we cannot pursue any job without degree: "The gap in education has wasted enough time and there is no hope about how long it would be. Therefore, the option for online education is better" (P9-19).

School Re-Opening

The student's reaction towards school re-opening was quite interesting. Several students (n=10) showed the least acceptance for school re-opening:

> School reopening is not wise decision. The mode of Exams should be online for this year. On-campus classes are finest way of learning. Schools and colleges must provide both options to students for availing on-campus or online classes as per their convenience. (20-30)

Lack of Academic Pressure and Promotion to Next Grade

The students were asked to share their opinion towards promotion to the next grades without examinations.

Positive Responses. Majority of students (n=8) were happy with gradual promotion. Also, they reported that the examination system is not a true parameter to assess one's potentials. Due to flexibility in examination the students experienced least burden: "The promotion to next grades without examination found to be very exciting process for students." "The examinations are not true parameter to assess the true potentials of the students. Promotion into next class without exams were the wise decision of education ministry" (P31-38).

Negative Responses. Some participants reported promotion to next grades as a negative step to the education ministry (n=8): "The flexibility of the time and wastage money

imparted negative impact on students. Due to lack of examination student are not studding seriously which may affect their learning;" "Lack of learning leads to dark professional or academic development" (P39-45).

Fear for More Waves of COVID-19. All the participants (n=4) reported that they are being afraid for move wave of COVID-19: "The COVID-19 may spread again as vaccination hasn't been discovered yet. The media is reporting reoccurrence of COVID-19 in winters, which may worsen the condition of the world" (P46-50).

Table 3
Themes and Subthemes of the Data

Phases	Theme	Sub-themes
Phase 1	**Religious Interpretation**	Punishment from God, Test from God
Phase 2		
	Mental health during Quarantine	
		Psychological burden, Academic Apprehensions Social Media Productive activities Excessive Playful time Flexible sleep cycle Sedentary lifestyle Social Isolation
Phase 3	**Academic Apprehension**	
		Positive Responses, Negative response, School Reopening Lack of Academic Pressure and Promotion to Next Grade, Fear for more Waves of COVID-19

Discussion

The study explored the children reaction towards COVID-19 pandemic using a phenomenological approach. The findings of the study revealed five basic themes (i.e., significant negative apprehensions towards life, academic apprehensions, online education, fear for second wave and quarantine). The children reported significant negative apprehensions towards the COVID-19 epidemic, which were consistent with the previous studies.

The children view COVID -19 because of religious disobedience. According to them, the deadly viral disease indicates GOD's anger on the world. The religious beliefs on the Muslim communities are very prevalent as all-natural or human-made disaster considered a punishment from God or the result of our sins. Literature was found to be consistent with the current study findings as religious and culture beliefs were strongly correlated with previous infection outbreaks (Huremovic, 2019).

Apart from religious disobedience, the students reported their feeling in terms of extreme fear, depression, and anxiety for their survival. Previous studies also reported similar results as the fear for survival during such an outbreak is common which cause multiple mental health disorders (Huremovic, 2019). A few students also shared their feeling towards COVID-19 a socially limited disease.

The current study findings revealed that most students spend their quarantine time on social media. The most common activity of students found to be chatting, video games and watching movies/cartoon. The literature confirmed the results of the current study and indicates the adverse effect of social media and movies on the mental health of children (Keles et al., 2020). Apart from this, a few children were spending their quarantine time in productive activities such as healthy time with family, books reading cooking and other positive activities. Surprisingly the students who spend time on social media and in productive activity found to have a better adjustment to the environment. In contrast, the students who are not engaged in any activity report more isolation feeling of distress and other psychological disturbances. The literature contradicts the findings of the current study and depicts the adverse impact of quarantine time on mental health (Brooks et al., 2020; Chatterjee & Chauhan, 2020).

According to substantial number of students they enjoyed the quarantine time well and they used to get enough time for play. A few students reported that they were having the freedom to play indoor games and they spent excessive time on playing video games. Furthermore, due to lack of parental rejection or scold for spending time on video game was also a motivating factor for them to enjoy the time. The school, park, shopping mall and other institutional closure served an opportunity for children of middle to high socioeconomic status. They can spend more time in playful activities. The use of video games, YouTube, and social media apps has increased tremendously, which lead to substantial mental health issues (Chakraborty et al., 2020). Parents encourage their children to keep busy in such activities to keep them engage and safe from the outside world.

Another advantage of school closure can be seen in the flexible sleep-wake cycle. Majority of students reported that they use to get enough time to sleep and late-night awakening was new normal for them. The children can sleep and wake up according to their feasibility (Chakraborty et al., 2020). The use of screen time till late at night became the most common habit among school children. The concept of a difficult life is vanishing day by day.

According to majority of participants during quarantine time they developed more sedentary lifestyle. Online education, online shopping and online jobs made them clumsier. Now they are having hard time too go back to old routine. The recent empirical data recommended that the ratio of a sedentary lifestyle has increased significantly. According to Zheng et al. (2020), the significant decline in physical activity and dramatically increased in sedentary behaviours (SB) has been observed among young adults during a pandemic. According to another study sedentary behaviours, sleep and physical activities occupy among people over 24 h. Around 41.5% of adults spending four or more hours per day sitting Hallal et al. (2020). These inactive behaviours increased the risk of cardiovascular disease (Mora et al., 2006).

A longitudinal study has been carried out in Shanghai, China which concluded that children and adolescents engaged in 435 minutes less physical activity and more screen time during a pandemic (Xiang & Zhang, 2020). A Canadian Survey recommended that children had lower PA levels and higher SB and sleep during the COVID-19 pandemic (Moore et al., 2020). Not only in other countries, but the children of Pakistan also found to be more addicted to a sedentary lifestyle and online education.

As far as online education is concerned, children stated a diverse response. Around half of the students were enthusiastic about online education. The reason for their excitement for online education found to be educational continuity, technological advancement and saving of

time. In contrast, many students manifested their dislikes towards online education system as according to them it is a barrier in the effective education system. Furthermore, children showed their concern for the financial barrier in online education. The literature is enriched with the studies supported the online education system in the critical time of infection disease and outbreak (Chiodini, 2020). It is expected that within a short period students will get familiarity with technological use, and it would be a great step towards academic growth.

The student's reaction towards school closure was found to be problematic. As many of the students were apprehensive about their academic as well as career life. Quarantine is consistent with apprehension towards multiple areas of life (Brooks et al., 2020).

The literature is limited in this regard and the children's responses towards school reopening and attitudes towards online education have not been traced. While literature is enriched with the contradictory study as parents showed negative responses towards online education (Dong et al., 2020). A few studies supported the findings of the current study and indication children likeness and willingness to continue digital learning in future (Chakraborty et al., 2020).

Also, they reported that the examination system is not a true parameter to assess one's potentials. Some participants reported promotion to next grades as a negative step to the education ministry. According to them, their learning was not apt, and it was just a wastage of money. The literature also suggested that 77.9% of students are happy with online education.

The risk of mental health issues is associated with many psychological or mental health issues among children. Currently, the severity of COVID-19 has decreased, but fear of the second wave of COVD-19 is prevailing. Hence the online psychotherapy and psychiatric services must be intact for the children. Furthermore, as the effects of the pandemic are disseminated even after the pandemic, psychologists, psychiatrists, and mental health practitioners must provide their services to heal the children. In addition, as the pandemic has imposed restrictions on research and many interesting research questions have been emerged. Therefore, the prevalence studies in diverse cities of Pakistan must be conducted to investigate the ratio of mental health issues.

Strength

As we conducted multiple interviews, therefore the current study provides in-depth information about student's reaction towards COVI-19 pandemic. In addition, the student's reactions, apprehensions, and fear would help in devising better online education system and intervention plans.

Limitation and Recommendations

The current study has some limitations as the sample size was limited, therefore the results cannot be generalized. Furthermore, it was a short-term study therefore reliability and validity of the data is ambiguous. Lastly, the interviews were carried out through digital interaction and students often become conscious of the digital world so that accuracy of the data cannot be claimed. The same study will be carried out on a large sample size using mix-method approach. The qualitative as well qualitative results would provide in-depth understanding about the targeted phenomenon.

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