

Research Article

Psychological Impacts of Social Distancing During COVID-19 Pandemic in Adolescents of Lahore, Pakistan

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Abstract

Background: After the declaration of COVID-19 as a pandemic by the WHO, every country took important measures to reduce its spread such as lockdowns and social distancing. However, lockdown and social distancing have created many problems worldwide, economically, socially, and psychologically. This research was designed to fill the gap in the literature regarding the psychological impacts upon adolescents of social distancing during the COVID-19 pandemic lockdown, particularly in urban areas like Lahore, Pakistan.

Methods: An online survey was designed, and a Google form was sent to adolescents aged 13 to 17 years old through email, WhatsApp, and Facebook groups. The survey included demographic information and the questions asked about somatic complaints, depression, anxiety, anger, repetitive thoughts, and worries regarding COVID-19.

Results: Sixty-three adolescents (50.8% girls and 49.2% boys) recorded their responses from 20 April to 10 May 2020. Most of them showed symptoms of depression, anxiety, and anger. As far as gender differences were concerned, girls showed more somatic complaints ($t(61)=2.40, p=.01, t(61)=2.81, p=.00$) whereas boys reported more anger problems ($t(61)=-2.10, p=.00$). No gender differences were recorded in depression and anxiety symptoms.

Conclusion: Intensive psychosocial interventions are required on the part of parents, teachers, and policy makers to deal with the psychological issues of the young population. They are not only following the social distancing rules and missing campus life, but sudden shift to E-learning, and future employment insecurities make them more vulnerable to psychological disturbances.

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Introduction

The corona virus disease 2019 (COVID-19) and the resultant social distancing and lockdowns have generated difficulties in every field of human life around the globe. Social distancing is a term that we are now hearing every day and it is a new and strange phenomenon for most of us. It means avoiding social venues like shopping malls, cinemas and clubs, not going to schools, colleges or universities,

staying at home if possible, not travelling outside of the city, and refraining from social gatherings like weddings, parties and even funerals. If it is necessary to go outside, we must keep a safe distance of 2 to 6 metres from others.¹

COVID-19 was declared a pandemic in March 2020 by the WHO. After this, social distancing was advocated to reduce the spread of COVID-19, as experts stated that it was spread through human

contact. The number of confirmed COVID-19 cases in Pakistan was 29,465 as of 10th May 2020. The most affected province is Punjab, followed by Sindh.² The Pakistan government announced the closure of all educational institutions from 14th March 2020 followed by lockdown. For the present investigation, the target population was adolescents aged between 13 and 17 years old. They were asked in an online survey about the impacts of social distancing in relation to their feelings, behaviour, and thoughts. Children and adolescents are usually healthy and need only regular check-ups and vaccinations, but mental health is an important area to be assessed and treated at its earliest.³ For the sound physical, cognitive, and emotional development of children, a comprehensive environment is required, full of nourishment and nurturance.

At present, the coronavirus is affecting the lives of children and adolescents in every respect, whether it is physical, cognitive, or psychological. Around 99% of children and adolescents are staying at home with restrictions on their movement, about 60% are living in countries with a full or partial lockdown and 1.5 billion children are not attending school.⁴

During this pandemic, the circumstances of every country decide the impacts of the coronavirus, although it is affecting the whole world. According to UNESCO, 188 countries suspended their academic activities around 8th April nationwide. In Pakistan, all educational institutions were closed for academic activities on 13th March 2020. Children and adolescents are probably most affected psychologically due to their limited knowledge and lack of adequate coping mechanisms to deal with emergency situations like this.⁵

Children and adolescents are not only anxious and stressed because of school closure but in some areas of the world they must be self-isolated, taking care of their diseased elders or coping with their deceased loved ones' memories. A questionnaire conducted by UNICEF, the Children and Youth Council of Thailand, The United Nations Development Programme (UNDP) and The United Nations Populations Fund (UNFPA) during March and April 2020 surveyed 6,771 young people aged 15 to 19 years old. They reported that many of the participants were worried about not only the present educational condi-

tions but also their future education and employment opportunities. Half of them were worried that they were not allowed to go outside to meet their friends, and about 7% of the population was concerned about child abuse.⁶

Social distancing procedures force children and adolescents into self-isolation or staying in an abusive environment where abuse may be increased due to health and economic insecurities.⁷ Many comparisons have been carried out with previous health outbreaks such as SARS and Ebola. There was an increased number of reports of domestic violence in Jianli, a county of Hubei province in China, from 47 last year to 162 in this year so far. There has also been an increase in the number of cases of child abuse and neglect reported, due to the COVID-19 lockdown.

Although many scientists around the globe are carrying out tests and trials in order to develop a vaccine against COVID-19, studies are also required to determine the virus's physical and psychological impacts in both the short and long term. Many of the current research is focusing on measuring the physical damage caused by this virus and some surveys have been conducted to measure the damage caused by social distancing and lockdown, but there is still a large research gap in this area. Long-term school closure and strict social distancing could be a big threat to the well-being of children and adolescents, although research in this field is extremely limited.⁷

Methods

Cross sectional research design was followed and employed a self-reported survey method for data collection. Sampling was done with the help of convenience and snowball sampling techniques. Sixty-three girls and boys with an age range of 13 to 17 years ($M = 15.53$, $SD = 1.85$) participated in an online survey and recorded their responses between 20th April and 19th May 2020 from Lahore, Pakistan.

Keeping in mind the present research objectives an online survey questionnaire was developed. Items of questionnaire were developed with the help of literature review especially DSM-5 criteria for depression, anxiety and somatic disorders and semi structured interview with three clinical psychologists with ten years of clinical experience with children and adoles-

scents. For content validity of the questionnaire the pool of items was presented to other three clinical psychologists with ten years of clinical experience with children and adolescents and asked to rate the statements on 1 to 10 rating scale for relevance of the domain. The items which could not get one third approval of the panel were discarded. The final questionnaire consisted of questions related to somatic problems, depression, anxiety, and anger. Two questions were related with the present situation of the COVID-19 pandemic. With basic information regarding the objectives of the survey, the questionnaire was sent through email and it was also shared with the target population on WhatsApp and Facebook groups. The inclusion criteria were adolescents aged 13–17 years old who were attending their mainstream secondary school, high school or college before the pandemic and were presently staying at their houses and following the rules of social distancing.

Statistical Analysis

The Statistical Package for Social Sciences version 21 (SPSS) was used to analyse the study results. Descriptive analysis was executed, and frequencies and percentages were calculated to determine how

many adolescents were affected psychologically due to social distancing after the COVID-19 pandemic lockdown.

Results

The frequencies and percentages were calculated to see the occurrence of somatic complaints, depression, anxiety, and anger in adolescents, as well as the demographic characteristics of the sample. The participants were aged 13–17 years of age, 50.8% were girls and 49.2% were boys. Among them, 38.1% were studying A levels and intermediate level whereas the rest of the participants were in their middle schools' years. Most of them belonged to a nuclear family system (76.2%) compared with a joint family system (15%). Participants who were eldest in their birth order were 41.3% whereas 22.2% were in their middle birth order and 36.5% were youngest of all.

Table 1 reflects that most of the research participants experienced mild symptoms of somatic complaints, depression, and anxiety (worrying about the future and being unable to finish tasks). However, irritability and expressions of anger was reported in the severe level.

Table 1: Frequencies and Percentages of Somatic Complaints, Depression, Anxiety and Anger in Adolescents (N=63)

Variables	None F(%)	Rarely F(%)	Mild F(%)	Moderate F (%)	Severe F(%)
Somatic Complaints					
Stomach aches, headaches, or other aches and pains	15 (23.8)	16(25.4)	24(38.1)	4(6.3)	4(6.3)
Worried about your general health or fear of getting sick?	5 (7.9)	23 (36.5)	22 (34.9)	11 (17.5)	2 (3.2)
Depression					
Sleep problems	8 (12.7)	4(6.3)	23 (36.5)	16 (25.4)	12 (19)
Lack of attention and concentration	4 (6.3)	11 (17.5)	19 (30.2)	16 (25.4)	13 (20.6)
Feeling sad	8 (12.7)	6 (9.5)	15 (23.8)	23 (36.5)	11 (17.5)
Anger Problems					
Get irritated easily	8 (12.7)	4 (6.3)	11 (17.5)	18 (28.6)	22 (34.9)
Expression of anger verbally/physically	4 (6.3)	11(17.5)	9 (14.3)	18 (28.6)	21 (33.3)
Anxiety					
Confused/anxious/nervous	10 (15.9)	7 (11.1)	17 (27)	22(34.9)	7 (11.1)
Continuously worrying about future	12 (19)	6 (9.5)	20 (31.7)	13 (20.6)	12 (19)
Unable to complete tasks because of worry	8 (12.7)	8 (12.7)	22 (34.9)	13 (20.6)	12 (19)

Table 2: Frequencies and Percentages of Responses Related to COVID-19 Anxiety and Fears in Adolescents (N=63)

Questions	None F(%)	Rarely F(%)	Mild F(%)	Moderate F (%)	Severe F(%)
COVID-19 Fears					
Thinking about something bad going to happen to you or your loved one due to COVID -19	9 (14.3)	12 (19)	18(28.6)	17 (27)	7 (11.1)
Worry a lot about things you touch being dirty or having germs within the coronavirus context	8 (12.7)	6 (9.5)	19(30.2)	21 (33.3)	9 (14.3)

Table 3: Independent Sample T-Test for Gender Difference on Psychological Impact of COVID-19 (N=63)

Variables	Girls (n=32)		Boys (n=31)		t (61)	p	95% CI	
	M	SD	M	SD			UL	LL
Somatic Complaints								
Stomach aches, headaches, or other aches and pains	2.78	1.23	2.12	0.88	2.40	.019	1.19	.11
Worried about your general health or fear of getting sick?	3.03	2.38	0.96	0.84	2.81	.00	1.10	.19
Anger Problems								
Expression of anger verbally/physically	3.28	1.32	4.03	1.13	-2.40	.019	-.13	-1.37

Note. *p < .05; M= Mean; SD= Standard Deviation; CI=Confidence Interval; LL= Lower Limit; UL= Upper Limit.

Two questions were also asked particularly within the context of present condition of COVID -19.

Table 2 shows that most of the adolescents experienced mild symptoms of anxiety and a moderate level of symptoms related with COVID-19 infection.

An independent sample t-test was applied to all study variables and a significant difference was revealed in somatic complaints and anger. The results in Table 3 reveal that girls showed more somatic symptoms of stomach aches, headaches, and general pains, and they were more worried about their general health than boys. However, boys showed more anger, verbally or physically, compared to girls.

Discussion

This novel coronavirus is novel in every respect. For the very first time, children and adolescents must follow the rules of social distancing, which means social isolation in some houses and the sudden closure of schools and colleges. This has further added to this group's insecurities. The present survey results revealed that the participants were experiencing feelings of depression, a lack of pleasure and sadness. They experienced moderate sleep problems and they found it difficult to maintain their attention and concentration. These results are in line with a study conducted in Iran which concluded that some factors like uncertainty, misinformation, social distancing/isolation, and unpredictability are adding to disease-related stress and other psychological disorders.⁸ Similarly, another study conducted during the SARS pandemic in the Middle East revealed that 7% of undergraduates who were in quarantine reported symptoms of anxiety and 17% expressed feelings of anger in comparison to those who were not quarantined.⁹

Zanonia Chiu, a registered clinical psychologist dealing with children and adolescents, reported that in Hong Kong where schools have been closed since 3rd Feb 2020, children lock themselves and refuse to take care of their personal hygiene or to take regular

meals. She further added that the situation after the pandemic will be difficult for those children who are suffering from depression when they resume school attendance.⁷ Due to social distancing, teenagers are experiencing distress as they are unable to hang out with their friends or attend their schools. With school, they are not only missing their academic activities but also campus life including sports, open days, farewell parties, and birthday celebrations. Most of the participants reported boredom, depression, irritability, and frustration.⁵

In their responses to the two specific questions related to COVID-19, 60% reported anxiety over harm to themselves or their loved ones. Likewise, 70% reported fear of catching the virus after touching different things. In the early days of the pandemic, UNICEF conducted a survey with 1,700 children, parents, and teachers in 104 countries with reference to mental health and well-being in the COVID-19 pandemic. Children were very much worried about catching and dying from the virus and they were sad because they had to stay away from their family and friends. Similarly, parents were worried about how to explain to their children the need for extreme confinement in the form of social distancing and social isolation.

The research participants also experienced somatic complaints and anger problem and gender differences were reflected in these two variables. Girls experienced more somatic complaints and boys experienced more anger outbursts, which can also be explained in the cultural context of Pakistan where girls usually express their emotional distress in the form of somatic complaints and expressing anger is considered the norm for boys.¹⁰

Humans depend upon social interactions with their own species because humans are social animals. The more stringent the rules are for social distancing; the higher cost humans will pay psychologically. Social isolation/distancing is followed to reduce the spread of the coronavirus, but it will ultimately increase the subjective feelings of loneliness.¹ According to the

European Public Health Alliance, different socio-economic groups have reacted differently to this pandemic; it has resulted in social isolation and distancing but obviously also reduced psychological well-being and even depression and anxiety.¹¹

The present survey results indicate a great need for psychosocial measures to be taken by parents, teachers, and policy makers to save our youth from depression, anxiety, and aggression as potential impacts of the COVID-19 pandemic. Immediate practical steps and the effort of mental health professionals and social workers are required to arrange distant learning and tele counselling for children, adolescents, and their parents. To reduce the impacts of social distancing, parents should encourage their teenagers to contact their friends and community via social media, Zoom meetings and Google meetups.

Conclusion

The present study results indicated that adolescents were experiencing the symptoms of depression, anxiety and irritability during lockdown and social distancing. Apart from the physical and economic consequences of the COVID-19 pandemic and the subsequent lockdown and social distancing, its psychological impacts are also tremendous and should be the world's next focus for research and interventions. The post-pandemic psychological influences are yet to be anticipated and early detection and treatment are the need of the hour. Adolescents are in their transitory developmental years, already experiencing many hormonal, emotional and identity changes. COVID-19-like pandemics can aggravate their crises and lead them to experience many psychological problems.

Ethics Statement

All ethical considerations were followed. The ethical approval of the Institutional Review Board of the Punjab Institute of Mental Health was sought. The basic information regarding research procedures was also communicated to the survey participants and their assent was obtained. They were also told that their participation was voluntary and without any monetary gains. The confidentiality of the information and the privacy of the demographic variables were also maintained.

Authors' Contribution

SM conceived the idea of the study and developed the survey protocol. SM and MA contributed to the data collection and analyses. Both authors wrote the manuscript and reviewed it for publication.

References

1. Khan, A. Al Jazeera News 14 April 2020 [Internet]. Available from: <https://www.aljazeera.com/indepth/features/doctor-note-psychological-effects-social-distancing-200414071411061.html>.
2. Waris A, Khan AU, Ali M, Ali A, Baset A. COVID-19 outbreak: current scenario of Pakistan. *New Microbes and New Infections*. 2020;35:100681.
3. Golberstein E, Wen H, Miller BF. Coronavirus Disease 2019 (COVID-19) and Mental Health for Children and Adolescents. *JAMA Pediatr*. 2020.
4. Liang L, Ren H, Cao R, Hu Y, Qin Z, Li C, et al. The effect of COVID-19 on youth mental health. *Psychiatric Quarterly*. 2020:1-2.
5. Imran N, Zeshan M, Pervaiz Z. Mental health considerations for children & adolescents in COVID-19 Pandemic. *Pakistan Journal of Medical Sciences*. 2020;36(COVID19-S4).
6. UNICEF. Children and Youth Council of Thailand [Internet]. The United Nations Development Programme (UNDP) and The United Nations Populations Fund (UNFPA). (Accessed 27 April 2020). Available from: <https://www.unicef.org/thailand/press-releases/8-10-youth-worried-about-their-family-income-due-covid-19>.
7. Lee J. Mental health effects of school closures during COVID-19. *The Lancet Child & Adolescent Health*. 2020;4(6):421.
8. Zandifar A, Badrfam R. Iranian mental health during the COVID-19 epidemic. *Asian journal of psychiatry*. 2020:101990.
9. Jeong H, Yim HW, Song YJ. Mental health status of people isolated due to Middle East Respiratory Syndrome. *Epidemiol Health*. 2016;38:e2016048.
10. Rehna T, Hanif R, Ali SZ. Life stress and somatic symptoms among adolescents: gender as moderator. *JPak Med Assoc*. 2016;66:1448-51.
11. Zaharieva, R. The dangers of social isolation during a pandemic COVID-19 [Internet]. 2020 Health Inequalities. *Mental Health*. Available from: <https://epha.org/the-dangers-of-social-isolation-during-a-pandemic/>.