



Impact of COVID-19 Pandemic on Rural Children's Psychological Well-Being and Sustainable Development

Samuel Paul Raj. S, Ph.D. Research Scholar

Department of Lifelong Learning and Extension, The Gandhigram Rural Institute- DTBU,
Gandhigram, Dindigul District, Tamil Nadu.

Abstract

Psychological well-being is closely related to development. The Sustainable Development Goals (SDGs) are connected thread. The third goal of SDGs indicates that all the members of nations are required to attain health and well-being. Governments must ensure the health and welfare of their citizens and children, particularly in rural areas. In the current scenario, everyone was impacted by the severe COVID-19 pandemic outbreak, which left a lasting impression. Further, this pandemic severely hampered achieving the SDGs. Even though the importance of well-being in sustainable development is acknowledged, little research has been done on the connection between psychological well-being and the sustainable development of rural children. Therefore, the purpose of this study is to investigate the factors fostering psychological concerns and the relationship between psychological well-being and the sustainable development of rural children during the COVID-19 pandemic. An exploratory research design approach was chosen, and a total of 360 rural children were studied in two Non-Governmental Organisations (NGOs) in Dindigul District, Tamil Nadu. Finally, it was found that there was a statistically significant difference between the family circumstances of rural children and their overall psychological well-being, the family income of rural children affecting psychological well-being, children enrolled in government schools had more psychological issues than those attending private schools, and children who did not receive study assistance from home had more psychological issues. The research concludes that the government has to take into account rural children's psychological well-being during the pandemic.

Key Words: Psychological Well-being; Sustainable Development; COVID-19 Pandemic; Rural Children

Introduction

In humans throughout history, children are one of the groups most negatively affected by destructive events such as pandemics, war, forced migration, and natural disasters. "COVID-19 has affected everyone and everywhere and extremely impacted children in all countries" (Kishore et al., 2020). Children are more harmfully distressed by psychological issues because they find it challenging to make sense of all these COVID-19 experiences and lack self-expression skills (Akat & Karatas, 2020). The pandemic fundamentally disrupted schooling in most countries, with over 90 per cent of the world's students affected by national and local school closures (UNESCO, 2020). These prolonged school closures have detrimental effects on children and families (Dove et al., 2020). Further, at home, they suffer from limited social connection and reduced physical activity, which is predicted to be the most harmful to vulnerable children in developing nations (Kishore et al., 2020).

Children are influenced by the society and family in which they live. Society may be essential for children's well-being because of the restrictions it imposes on their patterns of daily activities (Eriksson et al., 2010). Children become more susceptible to the psychological influence and its effects in the COVID-19

scenario. Many psychological problems like “stress, anxiety, depression, frustration, uncertainty” during the COVID-19 pandemic, gradually became more prevalent (Audina, 2021; Serafini et al., 2020). This may be the reason for the worsening of pre-existing problems and humanitarian aid-related problems.

Thus, the pandemic’s uncertainties have led to multi-faceted psychological concerns, which can be worsened with preventive measures and social impacts such as economic downturns (Saha et al., 2020). These disrupted environments can impact the growth and development of rural children. This study focused on studying the effect of COVID-19 on rural children’s well-being and sustainable development in the Dindigul district of Tamil Nadu state, India, and assessing their response to knowledge and experience.

Need for the Study

Millions of children and their families have been impacted by the COVID-19 pandemic, although the effects on children's psychological well-being are still unknown. Children are always susceptible to psychological problems, and rural kids are especially at risk. Children have been spending more time at home, and schools closed due to the lockdown, which is associated with significant hazards to the psychological well-being of children. Unfortunately, many studies have not been done to show the poor state of rural children's psychological well-being and sustainable development during COVID-19 in Tamil Nadu, India. The results of this empirical study will help develop policy and incorporate the required adjustments into the creation of programmes.

Objectives of the study

The objectives of the study are,

- To study the factors fostering psychological concerns of rural children in the pandemic era.
- To examine the relationship between psychological well-being and the sustainable development of rural children during the COVID-19 pandemic.
- To propose recommendations for sustainable rural children’s development in critical situations.

Method of Research

The study's focus is the Dindigul district, one of the 38 districts in the Indian state of Tamil Nadu, with a population of 7,21,47,030 (rural 37,19 million, urban 34,95 million). Of this population, “28.6 per cent are children under 18, making up 29.7 per cent of the rural population and 27.5 per cent of the urban population” (NIPC & CD, 2018). The study centres of the Dindigul district were chosen for the research. Among the 14 blocks in the Dindigul district, four blocks were selected namely Batlagundu, Nilakottai, Athoor, and Oddanchatram.

The study sample consisted of children between the ages of 6 and 18 who were enrolled in rural study centres run by DEEPAM and AMUTHU, two non-governmental organisations (NGOs) in the Dindigul District. A sample of 14 per cent of the youngsters (2610) from the two NGOs' entire population was chosen. As a result, 360 rural children made up the total number of responders. A non-probability sampling method called quota sampling was used to select it. For the study, the exploratory research design was used. A structured interview schedule was conducted between July to September 2021.

Instruments

• Interview Schedule

The researcher developed an interview schedule to obtain information from the respondents which were elicited through personal interviews. The interview schedule elicited personal information on age, education, religion, caste, occupation, economic condition, and family details.

• Assessment of Psychological Development Scale

The psychological level of children in rural areas during the pandemic was measured using a five-point Likert scale. This scale, which was developed by the researcher contained psychological components: fear, depression, anxiety, loneliness and low self-confidence, disturbed sleep and loss of appetite. Each of these sub-scales contained five statements.

• Statistical analysis

The reliability scales in this study were calculated using Cronbach's alpha. According to George & Mallery (2003), the present developed scale observed that the alpha value was found to be good ($>.8 = \text{good}$) and acceptable ($>.7 = \text{acceptable}$). The analysis of data was done through the SPSS. Statistical techniques of test of significance for mean difference, analysis of variance, Pearson coefficient correlation, ANOVA, and t-test were used. P-values less than 0.05 with a 95 per cent confidence interval (CI) were regarded as statistically significant.

Result and Discussion

• Demographic Profile of Children

Age-wise distribution of the respondents in table 1 portrayed that 65.3 per cent of the children belonged to 11-15 years, a considerably high number of children in rural study centres. While discussing gender it was reported that 48.3 per cent of rural children were male and 51.7 per cent of them were female. Regarding the respondents' educational standards, it was indicated that a high rate of respondents was studying in middle school (42.5 per cent). Most of the children belonged to the Hindu religion (84.7 per cent). Further, 34.4 per cent of children belonged to the Arunthathiyar community which is considered to be Dalit among Dalits. The Pallar community, which is considered the upper caste among the lower castes, makes up 29.2 per cent of them. Among those, 22.2 per cent of them identified as members of the Paraiyar community, which is considered below the Pallar in the caste hierarchy and distinguished by their occupation.

Table 1
Demographic Profile of the Respondents

Demographic Particulars	Components	Number of the Respondents (N=360)	Per cent (%)
Age (In Years)	6-10	83	23.1
	11-15	235	65.3
	16-18	42	11.7
Gender	Male	174	48.3
	Female	186	51.7
Educational standard	4 – 5	77	21.4
	6 – 8	153	42.5
	9 – 10	85	23.6
	11 – 12	45	12.5
Religion	Hindu	305	84.7
	Muslim	37	10.3
	Christian	18	5.0
Caste	Arunthathiyar	124	34.4
	Pallar	105	29.2
	Paraiyar	80	22.2
	Others	51	14.2

• Factors Fostering Psychological Well-being

Considering the COVID-19 epidemic, many countries worldwide implemented quarantine measures as a fundamental disease control tool (Dubey et al., 2020). Apart from physical, economic, and social suffering, the pandemic can lead to a large-scale psychological impact on children. Imposed lockdown nationwide can produce mass psychological problems, including the whole disease spectrum of fear, anxiety, distress, anger, confusion, frustration, loneliness, depression and extreme consequences (Dubey et al., 2020).

The scores of Assessments of the Psychological Development Scale (APDS) were analysed, followed by the subscales scores on fear, depression, anxiety, loneliness and low self-confidence, disturbed sleep and loss of appetite. Intercorrelation of the scores on the five subscales and total APDS was obtained through the Pearson correlation method presented.

Table 2
Correlation Matrix of Inter Subscales and APDS Scores

Sub Scales	Fear	Depression	Anxiety	Low Self-confidence	Disturbed sleep	Total APDS
Fear	1					
Depression	.643**	1				
Anxiety	.671**	.731**	1			
Low self-confidence	.533**	.677**	.656**	1		
Disturbed Sleep	.688**	.780**	.685**	.632**	1	
Total APDS	.782**	.890**	.853**	.809**	.878**	1

** The 0.01 level of significance for correlation.

The results of the Pearson correlation showed that the overall APDS and the subscales had a statistically significant positive link $r = 0.782, 0.890, 0.853, 0.809, \text{ and } 0.878$, respectively at the $p = 0.01$

level and the magnitude, or strength of the association, is high. According to Ghosh et al. (2020), “a pandemic of fear, anxiety and depression goes hand in hand with COVID-19, including loneliness and low self-confidence, disturbed sleep and loss of appetite”. Thus, this result indicated significant psychological well-being problems among rural children. So, enough emphasis has to be given to these components of children.

- **Family Occupation and Psychological Well-being**

The respondent's families were classified into three categories based on their occupations. Most rural children's families were primarily engaged in the unorganised sector, i.e., coolie (Daily Wage Workers) 78.9 (N=284) per cent and agriculture sector 8.1 (N=29) per cent. Only 13.1(N=47) per cent of the children's families work in other sectors (Government or private sector). The psychological well-being of rural children during the pandemic was compared using a one-way ANOVA to examine the impacts of family occupation, one of the essential components in their development.

Table 3
Psychological well-being by Family Occupation

Family occupation	Mean	Std. Deviation	df	F	Sig.
Fear					
Coolie N=284	15.35	4.019	2	4.993	.007
Agriculture N= 29	13.62	5.493			
Other Sector N=47	13.68	3.868			
Depression					
Coolie	13.73	4.187	2	6.774	.001
Agriculture	12.90	5.531			
Other Sector	11.32	3.304			
Anxiety					
Coolie	14.32	4.173	2	5.212	.006
Agriculture	12.62	5.447			
Other Sector	12.53	3.513			
Loneliness and low self-confidence					
Coolie	12.98	4.325	2	8.705	.001
Agriculture	11.59	4.807			
Other Sector	10.36	2.608			
Disturbed sleep and loss of appetite					
Coolie	13.22	4.192	2	3.642	.027
Agriculture	12.86	4.756			
Other Sector	11.45	3.717			
Total APDS					
Coolie	83.46	16.654	2	8.927	.001
Agriculture	78.90	21.584			
Other Sector	72.64	13.082			

It showed that the family occupation on subscales of fear, depression, anxiety, loneliness and low self-confidence, disturbed sleep and loss of appetite of children were statistically different in a significant way at the $p < .05$ level for three conditions [$F(2, 357) = 4.993, 6.774, 5.212, 8.705$ and 3.642 ; $p = 0.007, 0.001, 0.006, 0.001$ and 0.027 respectively] as indicated. A close observation of the means of scores suggested that the coolie work family had the highest standard subscale scores compared to the other two-family occupations.

A close observation of the total APDS mean scores indicated that the coolie work of family condition ($M = 83.46, SD = 16.654$) had the highest mean scores when compared to other two-family occupations, agriculture work of family condition ($M = 78.90, SD = 21.584$) and other sectors of family occupation condition ($M = 72.64, SD = 13.082$). The mean differences were also found to be statistically significant. Thus, the results indicated that a statistically significant difference existed between the family conditions of rural children and their total psychological well-being. The COVID-19 pandemic severely hampered economic activity and negatively impacted the lives and livelihoods of daily wage workers in the unorganised sector, worsened their living conditions and affected their children's psychological well-being.

- **Family Monthly Income and Psychological Well-being**

The children's families belonging to low- and high-income groups were considered for analysis. Families with less than Rs 5000 per month were grouped as low, Rs 5001 to 10000 as medium, and Rs 10001

as high. A one-way ANOVA was conducted to compare the family monthly income of rural children on fear, depression, anxiety, loneliness, low self-confidence, disturbed sleep, and loss of appetite scores.

The study revealed a statistically significant difference in family monthly income on fear, depression, anxiety, loneliness and low self-confidence. It disturbed sleep and loss of appetite of children at the $p < .05$ level for three conditions [$F(2, 357) = 24.262, 21.834, 18.698, 31.924, \text{ and } 20.075$ $p = 0.001$]. Further, the disaggregated analysis means scores indicated that the family monthly income (Less than 5000) had the highest mean of fear, depression, anxiety, and loneliness and low self-confidence scores compared to the other two-family monthly payment. However, scores on a family monthly income of 10001 and above have the highest mean in disturbed sleep and loss of appetite. The mean differences were also found to be statistically significant.

Table 4
Psychological Well-being by Family Monthly Income

Family monthly income	Mean	Std. Deviation	df	F	Sig.
Fear					
Less than 5000 N=111	16.84	3.291	2	24.262	.001
5001 – 10000 N=172	14.77	3.812			
10001 & above N=77	12.82	4.930			
Depression					
Less than 5000	15.32	3.436	2	21.834	.001
5001 – 10000	12.85	4.032			
10001 & above	11.58	4.821			
Anxiety					
Less than 5000	15.81	3.932	2	18.698	.001
5001 – 10000	13.45	4.000			
10001 & above	12.38	4.377			
Loneliness and low self-confidence					
Less than 5000	14.77	3.720	2	31.924	.001
5001 – 10000	12.12	3.942			
10001 & above	10.22	4.266			
Disturbed sleep and loss of appetite					
Less than 5000	13.73	2.479	2	20.075	.001
5001 – 10000	13.81	3.413			
10001 & above	14.39	4.794			
Total APDS					
Less than 5000	91.22	13.810	2	35.542	.001
5001 – 10000	79.66	15.798			
10001 & above	72.47	17.544			

Overall, the analysis showed a statistically significant variance between family monthly income and the overall APDS of rural children at the $p < .05$ level for three conditions [$F(2, 357) = 35.542, p = 0.001$]. A close observation of the mean scores suggested that the family monthly income of lower than 5000 conditions ($M=91.22, SD= 13.810$) had the highest standard of the total APDS score when compared to other two-family monthly income of 5001 to 10000 needs ($79.66, SD= 15.798$) and 10001 and above state ($M= 72.47, SD= 17.544$). The mean differences were also found to be statistically significant. These results indicated that the family income of rural children is affecting psychological well-being. As a result, “the economic effects of the coronavirus crisis, such as job loss and foreclosure, have a direct influence on psychological well-being” (Walter-McCabe, 2020). Notably, most children lived with a family monthly income of less than Rs 5000. This could be due to their family occupation and economic instability because, “self-employment and wage labour are the two main forms of informal economic activity in rural areas, especially in developing nations” (FAO, 2020). They were compelled to rely more and more on debt-entrapping, extremely exploitative and unregulated money lenders, which worsened their living conditions and their children’s psychological well-being.

- **Type of School Children Enrolled and Psychological Problems**

The respondents were classified based on their enrolment in the types of schools into two groups: government and private schools. The government primarily supports government schools, whereas private

schools are supported by private organisations or private individuals rather than by the state. Rural children essentially enrolled 76.4 per cent (N=275) in government schools, whereas 23.6 per cent (N=85) in private schools. The impacts of the different types of school children enrolled and psychological issues throughout the pandemic era were compared using a t-test.

Table 5
Psychological Well-being by Types of School Children Enrolled

Type of School	N	M	SD	SEM	MD	SED	Df	T	p
Government School	275 76.4%	82.69	17.501	1.055	4.252	2.107	358	2.018	.044
Private School	85 23.6%	78.44	15.153	1.644					

The investigation found a significant variance [$t(358) = 2.018, p = 0.044$] based on the mean score for government schools ($M = 82.69, SD = 17.501$) higher than private schools ($M = 78.44, SD = 15.153$) at 0.05. Children enrolled in government schools were found to be more psychologically problematic when compared to private school children. During the pandemic, private school children were engaged in online classes and more educational activities, which the government school children lacked.

- **Study Help Received from Home and Psychological Well-being**

Rural children were classified based on study help received from the family members as – ‘received study help’ and ‘not received study help at home’ in which 86.9 per cent (N=313) of children received help from family members, whereas 13.1 per cent (N=47) did not receive help from family members during the pandemic. The mean psychological scores of these two groups were compared.

Table 6
Psychological Well-being by Study Help Received from Home

The study helps from home	N	M	SD	SEM	MD	SED	Df	t	p
Received help from home	313 86.9%	80.64	16.618	.939	7.999	2.638	358	3.033	0.03
Not received help from home	47 13.1%	88.64	18.417	2.686					

The test revealed that there was a statistically significant change [$t(358) = 3.033, p = 0.03$] in the scores with the mean score for not receiving study help from home ($M = 88.64, SD = 18.417$) higher than receiving study help from home ($M = 80.64, SD = 16.618$) at 0.05 level. Children who did not receive study help from home were found to be more psychological problems when compared to children with study assistance. This indicated that studying helps from home was more important for the good psychological development of rural children during the pandemic period.

- **Psychological Well-being and Sustainable Development**

Towards a brighter and more sustainable future for everybody, the Sustainable Development Goals (SDGs) and Agenda 2030 offer a road map. Significant global issues are addressed by the 17 SDGs, each of which has specific aims. "Sustainable development depends on ensuring healthy lifestyles and fostering well-being at all ages" (United Nations, 2020). This was created to "guarantee healthy lives and promote well-being for everybody at all ages" to be at their best (United Nations, 2015).

In particular, the following is stated in SDG 3.4: "By 2030, (to) reduce by one-third premature mortality from non-communicable disease (NCDs) via prevention and treatment and improve mental health and well-being" (SeEVERS & Lopez Mamblona, 2021). Good health is "a condition of complete physical, mental, spiritual, and social well-being and not only the absence of disease or infirmity" and is a crucial sustainable development goal (Di Fabio, 2017). As a result, encouraging psychological well-being presents a considerable to sustained development.

The union of psychological well-being with other SDGs makes its inclusion in the SDGs extremely important. For instance, SDG-related psychological health issues are closely related to poverty, financial hardship, and low productivity. Only a healthy workforce will enable the achievement of decent employment (SDG 8) and economic sustainability. So, establishing sustainable development is dependent on enhancing psychological well-being. "Sustainable development refers to employing resources to ensure that the current product does not affect the health and well-being of future generations" (Guen et al., 2021). Hence health, well-being, and sustainable development are inextricably intertwined (SeEVERS & Lopez Mamblona, 2021).

Thus, the real power of the psychological well-being of rural children lies in its ability to address the growth aspect of economic behaviour, sparking transformative change toward a more sustainable system, especially when integrated into an interdisciplinary approach (Pohl-Martell, 2021). It offers a fresh, optimistic viewpoint based on growth, progress, and adaptable transformation (Di Fabio & Tsuda, 2018).

Suggestions

During the pandemic period, to proactively prevent psychological problems, the Government, healthcare professionals, and other stakeholders should place the highest focus on promoting psychosocial wellness and developing affordable, widely available intervention methods. To address worry, dread, and other psychological impacts, children in need may call for extra care.

Special Health Facilities: Special provisions for children's care hospitals should be where hospitals should have requirements for the stay of parents with infected children. The hospitals should have a comprehensive childcare model and trained paediatric health staffs to care the children. The government should also provide shelter facilities for both suspected and affected children. Moreover, everyone dealing with children in any setting should know basic psychological first aid; therefore, training should be provided. Psychosocial care provisions will be made available for children outside the formal system in rural village settings. Further, Rural children's psychological well-being should be integrated into the sustainable development of rural community measurement tools.

Educational Help: Schools were not open for a long time, and children were missing out on their classes because poor rural children could not access smartphones, laptops, and internet facilities. This interaction has resulted in a lack of learning. So, the government should ensure that they provide learning materials such as textbooks, stationery, and smartphones and secure children's access even in the country's remotest parts. Training teachers for better communication through available technology to reach out to poor rural children in India.

Physical activity: To encourage physical activity at home, governments should collaborate with healthcare providers, educational institutions, and civil society organisations representing different social groups. International rights and values-based sports education instruments and tools, such as the International Charter of Physical Education, Physical Activity, and Sport, the Quality Physical Education Policy package, and the Values Education through Sport toolkit, remain highly relevant. Establishing a flexible but regular daily schedule that includes daily exercise to aid with stress and restlessness is advised.

Awareness Programmes: Children differ from adults, and their needs differ. Through awareness programmes, people should understand these differences. Parents and teachers should be trained on what to do during the pandemic. Child care and safety are incomplete without the entire family's safety; hence, focus on family and community health care must be prioritised.

Livelihood Support: It was observed in this study that rural children's families had the very lowest incomes per month, and many families lost jobs during the COVID-19 pandemic. So, government and private sectors need to be made to ensure rural families can return to work. Government can construct rural vocational training and assessment centres in rural villages and help the rural wage workers to set up vocational placements for simple and semi-skilled to technical jobs for livelihood generations.

Conclusion

The 17 SDGs address critical global issues, and each goal has specific targets. Many of the plans, including those to end poverty, work toward ending hunger, improve health and well-being, guarantee quality education and provide decent employment opportunities and economic growth, can be linked to the psychological well-being of rural children (Eloff, 2020). The study uses sustainability as a conceptual framework to acknowledge and consider the importance of the psychological perspective in formulating processes related to sustainable development. Therefore, communities and children in rural areas may benefit from sustainable development and psychological well-being. Due to their developing age, weaker family occupation, and lower family income, children have been deemed the most susceptible category and struggle with psychological disorders. There are psychological development concerns like fear, anxiety, depression, loneliness and low self-confidence, disturbed sleep and loss of appetite, especially after the declaration of extended lockdown in India. This calls for urgent community-based interventions directed at rural children and their families more vulnerable to psychological abnormalities. The finest available research must serve as the foundation for any policy that aims to protect the well-being of children. Governments and non-government buddies could come up with plans and refocus funding on rural children's psychological growth during the pandemic.

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Ethics declarations

Respondents were made to understand the voluntary nature of the study and no monetary benefits were given for participation. To participate, the children's parents had given their informed consent. The study has been approved by the Gandhigram Rural Institute- Deemed to be University, Gandhigram when the M.Phil. thesis was submitted.

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Competing interests

The author affirms that he has no competing interests.

