

Knowledge, Awareness and Anxiety towards Coronavirus Pandemic among Indian Parents: A Web-based Survey

RAKESH KUMAR¹, NEHA AGARWAL², ALPA GUPTA³



ABSTRACT

Introduction: Nation-wide lockdown imposed to curtail the COVID-19 infection spread is possibly, a source of anxiety among general public. Effectiveness of these measures depends upon people's knowledge and awareness.

Aim: To determine knowledge, awareness and anxiety towards coronavirus pandemic among Indian parents of children aged less than eighteen years, and behavioural changes in the children.

Materials and Methods: A cross-sectional online survey was conducted from 4th May to 16th May 2020. Online questionnaire consisted of demographic details, items on knowledge and awareness, Generalised Anxiety Disorder (GAD 7) score, parental reporting of behaviour changes in children. Descriptive statistics, analysis of variance (ANOVA) was conducted. The p-value less than 0.05 was considered as significant.

Results: Of the 121 individuals accessing the survey, 85 (54 males; mean age 38.1±5.9 years) and 31 females; mean age

37.9±7.4 years consented to participate. The mean age of their children was 7.5±4.7 years. The major source of information was internet (84.7%). Mild anxiety was observed in a significant proportion of the participants 76.5% while severe anxiety in 8.2%. Around 41.2% parents noticed behavioural changes in their children; with addiction to mobile and video games (61.2%) being the most common change. Among the various coping methods, finding preventive ways to getting infected was opted by the majority (83.5%). The mean GAD 7 score was 7.4±4.0. Statistically significant difference in the GAD was observed among parents differing in the gender {F(2, 82)=3.275, p-value 0.043} and their opinion on behavioural changes observed in their children {F(2, 82)=4.697, p-value 0.012}.

Conclusion: High level of increased awareness among general public towards the current pandemic and the ways to tackle the situation calmly is crucial in preventing both the short- and long-term mental health complications anxiety among Indian parent's influences child's mental health.

Keywords: Child behaviour, Coronavirus disease 2019, Coronavirus, Generalised anxiety disorder, Mental health

INTRODUCTION

The ongoing coronavirus disease 2019 (COVID-19) pandemic, caused by the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) is a life-threatening condition that has spread to over 216 countries [1]. As human to human transmission became widespread, WHO declared it a public health emergency of international concern on 30th January 2020, and subsequently on 11th February 2020 it was named as COVID-19 [2]. A total of 5,370,375 confirmed cases of COVID-19, including 344,454 deaths have been registered as of 26th May 2020 [1]. India witnessed its first COVID-19 case in Kerala on 30th January 2020 [3]. A total of 80722 cases and 4167 deaths have been reported till 26th May 2020 from India [4]. Because of asymptomatic carriers who may not be undergoing testing, the actual incidence may be much higher.

Symptom wise it is similar to influenza but the fraction of severe and critical infection is higher than that of seasonal influenza [5]. The current pandemic has caused great concern to the population owing to wide media coverage and rumour mongering on social media. Many countries have implemented temporary lockdown strategies to minimise unnecessary movement of people outside home. India also has announced nationwide lockdown on 24th March 2020 [6].

Regular and thorough cleaning of hands, maintaining physical distancing, avoiding crowded places, and good respiratory hygiene are effective ways of prevention from coronavirus infection [7]. Encouraging people to undertake specific behaviours related to hygiene has proved useful in containing previous outbreaks of infectious disease [8].

Large scale disruptive events such as pandemics are associated with ill effects on mental health such as anxiety, depression, behavioural

and psychological disorders [9,10]. It is reported that nearly everyone affected during global emergencies will experience some sort of psychological stress, which for most, will improve with time [11].

On an individual level, people are likely to experience fear of falling sick or dying, feelings of helplessness, and stigmatisation by neighbours [12]. During previous influenza outbreak, around 10% to 30% of general public were worried about the possibility of contracting the virus [13]. With the closure of schools and business, and restriction of normal social life negative emotions experienced by individuals are likely to be compounded.

COVID-19 pandemic has created a complicated scenario of difficult choices for parents. They apart from dealing with the stress of going back and forth to work may have an additional fear of potentially contaminating their homes. Also, the mode of learning has shifted mainly to online platform temporarily, with an increased demand for home schooling adding to the stress.

To date, few studies [14,15] have been conducted to investigate knowledge, attitudes and practice and level of anxiety of the general population on this public health issue, but no study has previously addressed this for parents. This information is fairly important as parental anxiety may be associated with adverse impact on children. So, this study was conducted among group of parents to assess current level of their knowledge and awareness of COVID-19 and the level of anxiety. Behavioural changes in the child due to the current lockdown were also assessed.

MATERIALS AND METHODS

This was a cross-sectional, observational survey conducted online, open to participants from different states of India between 4th to 16th May 2020. Study was approved by the Institutional Ethical

Committee vide letter no HIMS/RC/2020/147. The objectives, benefits and use of the study were shared with each participant in written format prior to administration of the questionnaire. Form setting was done in a way that participants could answer the questionnaire only after providing consent. No personal identifiers were collected during the interview and no personal identifiers were disclosed anywhere in the study.

Considering the fact that country was in lockdown and face to face interviews were not possible snowball sampling technique was used for the recruitment of participants.

Online survey was initiated using Google forms. A self-administered semi structured questionnaire (containing 40 questions) was prepared in English with closed and open ended questions which was divided into sections for demographic details, knowledge and awareness (six questions with 17 selectable items including mode of transmission, preventive measures and symptoms) of COVID-19. Questions were made with data available from literature and advisories in WHO and Ministry of Health and Family welfare India websites [3,5,7]. Questionnaire was checked by providing link to peers in department prior to release of the link for assessment of ease of filling and to know any discrepancies in filling.

GAD 7, a self-administered questionnaire developed by Spitzer RL et al., was used as a tool to measure the anxiety among participants. Sampling universe of this study was parents of the children (who are less than 18 years of age) with access to internet and ability of understanding English [16]. The form was released in peer groups on whatsapp on 4th May 2020 at 6 PM, responses were accepted up to 16th May 2020 10 PM. Questionnaire took about ten to fifteen minutes to fill during pilot study. Five participants from department were included in pilot study questionnaire was released on peer groups of social media and not sent individually, convenient sampling was used and sample size analysis was not undertaken. No modification was made in the questionnaire after pilot study.

STATISTICAL ANALYSIS

Collected data was cleaned and coded, entered in Microsoft excel sheet. Data was analysed using Statistical Software Social Sciences (SPSS) version 22 for windows. Descriptive statistics were calculated for socio-demographic variables, media exposure, anxiety and depression. Continuous variables such as age are expressed as mean±SD and categorical variables (demographic and knowledge and awareness of COVID-19) expressed as frequency (percentages). Independent t-test and one-way ANOVA was applied to test the statistical significance among outcome and independent variables. The p-value less than 0.05 was considered as significant.

RESULTS

Of the 121 individuals accessing the survey, 85 (54 males; mean age 38.1±5.9 years, 31 females; mean age 37.9±7.4 years) consented to participate. Maximum number of responses were from Uttarakhand 43(50.6%) followed by Delhi 11(12.9%). The mean age of their children was 7.5±4.7 years. It was observed that 27% respondents had single child, 32.9% had one sibling. A small number of children (5.9%) were on long term medications for other illness. The baseline socio-demographic characteristics of the participants are depicted in [Table/Fig-1]. More than half of the participants 76.5% (n=65) were healthcare workers. Majority of them reported that their children neither have a known chronic illness (96.5 %) nor a history of any chronic medicine intake (94.1%).

We observed that all respondents had some information regarding the current pandemic. The major source of information was internet (84.7%) followed by television (80%). Nearly half of them (50.6%) were accessing information daily. Around 64.7% (n=55) participants were satisfied with the available information. A considerable proportion of the participants were aware of the ways of transmission of coronavirus infection. Around 97.6% knew that it gets transmitted

Variables	Types	Frequency N (%)	
Gender	Male	54 (63.5)	
	Female	31 (36.5)	
Age (years)	Parent	38.1±5.9*	
	Youngest Child	7.5±4.7*	
Average number of siblings		1.3±1.1*	
Education	High School	2 (2.4)	
	Intermediate	4 (4.7)	
	Graduate	18 (21.2)	
	Postgraduate	61 (71.8)	
Family	Nuclear	58 (68.2)	
	Joint	27 (31.8)	
Residence	Independent House	42 (49.4)	
	Apartment	43 (50.6)	
Occupation	Healthcare worker	Doctor	47 (55.2)
		Nurse	18 (21.1)
	Non-healthcare worker	20 (23.5)	
Chronic illness in child	Absent	82 (96.5)	
	Present	3 (3.5)	
History of any chronic medicine intake in child	Absent	80 (94.1)	
	Present	5 (5.9)	

[Table/Fig-1]: Baseline socio-demographic characteristics of the participants.
*Mean±SD

by direct contact with the infected person, 96.5% of the participants were aware of the different ways of prevention and 91.8% were aware of presentation of coronavirus infection, while 8.2% denied knowledge of symptoms of COVID-19 [Table/Fig-2].

Many of them (87.1%) agreed to have shared the information regarding the current pandemic with their children. A significant proportion of the respondents were worried either about themselves or their children getting infected from the coronavirus infection.

Variables	Types	Frequency N (%)
Are you aware of the current pandemic of coronavirus?	Yes	85 (100)
	No	0
Major Source of information regarding coronavirus pandemic	Internet	72 (84.7)
	Radio	12 (14.1)
	Television	68 (80)
	Healthcare worker	50 (58.8)
	Newspaper	49 (57.6)
	Friends	51 (60)
How frequently are you accessing information regarding coronavirus?	Never	0 (0)
	Rarely	0 (0)
	Sometimes	12 (14.1)
	Daily	43 (50.6)
	Several times a day	30 (35.3)
Are you satisfied with the information received from the above sources?	Yes	55 (64.7)
	No	7 (8.2)
	Somewhat	23 (27.1)
Are you aware of the ways coronavirus transmits?	Yes	84 (98.8)
	No	1 (1.2)
If yes select from following the ways it gets transmitted?	Contact with an infected person	82 (97.6)
	Touching infected objects	71 (84.5)
	Talking with an infected person over phone	5 (6)
Are you aware of the ways of preventing it?	Yes	82 (96.5)
	No	3 (3.5)

If Yes, What are the protective measures you are taking for protecting yourself?	Avoid people who are coughing or sneezing	78 (95.1)
	Frequent hand washing	80 (97.6)
	Avoiding people who are in contact with infected persons	80 (97.6)
	Avoid school/work	74 (90.2)
	Use disinfectant at home	71 (86.6)
	Avoid large gathering	68 (82.9)
	Wear a mask while going out	80 (97.6)
	Avoid public transportation	65 (79.3)
	Avoid travel to infected areas	45 (54.9)
	Eat healthy food	77 (93.9)
Do you know how it presents?	Yes	78 (91.8)
	No	7 (8.2)
If yes, symptoms of COVID-19 are?	Cough	74 (94.9)
	Sore throat	71 (91)
	Fever	72 (92.3)
	Diarrhoea	46 (59)
	Others	29 (37.2)
Have you told your child about it?	Yes	74 (87.1)
	No	11 (12.9)
Have you told your child about the ways it can be transmitted?	Yes	73 (85.9)
	No	12 (14.1)
Have you ever threatened the child in relation to it?	Yes	59 (69.4)
	No	26 (30.6)
Are you concerned that you may be affected from it?	Yes	76 (89.4)
	No	9 (10.6)
Are you anxious that your child may be affected from it?	Yes	69 (81.2)
	No	16 (18.8)
Do you fear you may transmit it to your child?	Yes	73 (85.9)
	No	12 (14.1)
How are you coping with the stress and anxiety?	Avoiding discussion about the present situation	22 (25.9)
	Praying	32 (37.6)
	Developing a new habit/skill	51 (60)
	Searching support in family	36 (42.4)
	Finding ways to prevent getting infected	71 (83.5)
	Others	11 (12.9)
Has this pandemic has affected the usual routine of child apart from missed schooling?	Yes	69 (81.2)
	No	16 (18.8)
Does your child go outside to play?	Yes	14 (16.5)
	No	71 (83.5)
Is your child able to follow social distancing?	Yes	72 (84.7)
	No	13 (15.3)
Is your child's screen time has increased during the lockdown?	Yes	69 (81.2)
	No	16 (18.8)
Is there any behavioural change in your child?	Yes	35 (41.2)
	No	50 (58.8)
What are your concerns related to it?	Child has become too silent	2 (2.4)
	Child has become aggressive	21 (24.7)
	Child is constantly worrying about one thing or other	8 (9.4)
	Child is missing his friends/family members	45 (52.9)
	Child is worried that his studies are getting affected	19 (22.4)

[Table/Fig-2]: Frequency of Responses obtained by the participants.

Around 58.8% (n=50) visited the hospital during the lockdown period and 87.1% (n=74) were apprehensive of the hospitals being a high risk area, with the most common fear being of getting infected from others. Unavailability of regular doctors (n=15, 17.6%) and extra time in screening for COVID-19 (n=11, 12.9%) were among other problems faced by study participants. 89.4%, responded yes and 10.6% responded no when asked if their family members got ill during lockdown.

It was observed that the current pandemic has impacted daily routine of most children (81.2%; n=69), with 83.5% (n=71) being unable to play outside their home and 81.2% (n=69) reported increased screen time. Around 41.2% (n=35) parents noticed behavioural change in their children with the most common change being getting addicted to mobile and video games (61.2%; n=52). Nearly half of the children (52.9%), missed their friends and 22.4% were worried about their studies being affected. We observed that 25.9 % parents were worried that the behaviour changes may become permanent.

It was found that a significant proportion 80% (n=68), felt anxious due to the COVID-19 pandemic. The mean GAD 7 score was 7.4±4.0. Individual responses to GAD 7 questions are presented in [Table/Fig-3]. No difference in the mean GAD score was noticed between the healthcare and the non-healthcare workers (7.8±4.3 versus 6.2±2.4, p=0.109). Mild anxiety was observed in a significant proportion of the participants (76.5%, n=65), moderate anxiety was seen in 15.3% (n=13) and severe anxiety in 8.2% (n=7). Variables compared with GAD 7 score are depicted in [Table/Fig-4]. A one-way ANOVA revealed a statistically significant difference in the GAD among parents differing in the gender {F(2, 82)=3.275, p=0.043} and their opinion on behavioural changes observed in their children {F(2, 82)=4.697, p=0.012}. Among the various coping methods assessed, finding preventive ways to getting infected was opted by the majority (83.5%; n=71) while 60% tried to develop a new hobby or skill for coping.

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure n (%)	Several days n (%)	Over half the days n (%)	Nearly every day n (%)
Feeling nervous, anxious, or on edge	12 (17.65)	26 (38.24)	12 (17.65)	18 (26.47)
Not being able to stop or control worrying	18 (26.47)	27 (39.71)	8 (11.76)	15 (22.06)
Worrying too much about different things	18 (26.47)	29 (42.65)	9 (13.24)	12 (17.64)
Trouble Relaxing	31 (45.59)	24 (35.29)	6 (8.82)	7 (10.29)
Being so restless that it is hard to still	45 (66.17)	12 (17.64)	7 (10.29)	4 (5.88)
Becoming easily annoyed or irritable	37 (54.41)	22 (32.35)	6 (8.82)	3 (4.41)
Feeling afraid, as if something awful might happen	18 (26.47)	33 (48.53)	8 (11.76)	9 (13.24)

[Table/Fig-3]: Frequency distribution of GAD 7 response (n=68).
GAD: Generalised anxiety disorder

DISCUSSION

Infectious outbreaks have an adverse effect on the mental health of the population. Lack of knowledge and awareness about the pandemic leads to inadequate preparedness to meet the unprecedented challenges arising out of these outbreaks [17]. Parents by virtue of an added responsibility of safeguarding their children are more prone to such mental health consequences. This study was, therefore, undertaken to evaluate the knowledge, awareness and anxiety towards COVID-19 among the parents; and to identify the behavioural changes in their children.

In the present study, we found that majority of the participants (8.2%) had severe anxiety as assessed by GAD 7 score. This is in agreement to other published reports on healthcare workers, and

Variables	GAD 7 category	N	Mean	SD	F#	p-value*
Parental age (years)	Mild	65	38.09	5.98	1.676	0.193
	Moderate	13	36.38	3.89		
	Severe	7	41.43	7.64		
Gender	Mild	65	1.40	0.494	3.275	0.043
	Moderate	13	1.08	0.277		
	Severe	7	1.57	0.540		
Family type	Mild	65	1.35	0.482	2.166	0.121
	Moderate	13	1.08	0.277		
	Severe	7	1.43	0.535		
Residence type	Mild	65	1.48	0.468	1.086	0.342
	Moderate	13	1.69	0.503		
	Severe	7	1.43	0.480		
Age of the child (years)	Mild	65	7.426	4.769	0.191	0.827
	Moderate	13	7.385	4.556		
	Severe	7	8.571	4.721		
Any chronic illness in Child	Mild	65	1.03	0.174	0.467	0.629
	Moderate	13	1.08	0.277		
	Severe	7	1.00	0.000		
Information source	Mild	65	3.57	1.600	0.410	0.665
	Moderate	13	3.31	1.702		
	Severe	7	4.00	1.826		
Frequency of accessing information	Mild	65	2.23	0.724	0.108	0.898
	Moderate	13	2.15	0.555		
	Severe	7	2.14	0.378		
Satisfaction with the information	Mild	65	1.85	0.592	0.506	0.605
	Moderate	13	1.69	0.480		
	Severe	7	1.70	0.488		
Have you ever threatened your child in relation to it?	Mild	65	1.75	0.434	2.508	0.088
	Moderate	13	1.54	0.519		
	Severe	7	1.43	0.535		
Do you fear that you may transmit it to your child?	Mild	65	1.18	0.391	2.184	0.119
	Moderate	13	1.00	0.000		
	Severe	7	1.00	0.000		
Behavioural Changes in child	Mild	65	1.20	0.403	4.697	0.012
	Moderate	13	1.15	0.376		
	Severe	7	1.14	0.378		
Education	Mild	65	3.62	0.722	0.499	0.609
	Moderate	13	3.54	0.660		
	Severe	7	3.86	0.378		
Number of siblings	Mild	65	1.18	1.029	1.271	0.286
	Moderate	13	1.69	1.316		
	Severe	7	1.14	0.900		
History of any chronic medicine intake in child	Mild	65	1.06	0.242	0.254	0.776
	Moderate	13	1.08	0.277		
	Severe	7	1.00	0.000		
Screen time	Mild	65	1.20	0.403	0.123	0.885
	Moderate	13	1.15	0.376		
	Severe	7	1.14	0.378		
Have you told your child about the current condition?	Mild	65	1.14	0.348	0.566	0.570
	Moderate	13	1.15	0.376		
	Severe	7	1.00	0.000		
Have you told your child the ways it can be transmitted?	Mild	65	1.17	0.378	0.996	0.374
	Moderate	13	1.08	0.277		
	Severe	7	1.00	0.000		

Are you concerned that you may be affected from coronavirus infection?	Mild	65	1.28	1.269	0.348	0.707
	Moderate	13	1.00	0.000		
	Severe	7	1.14	0.378		
Did any of your family member got ill during lockdown period?	Mild	65	1.88	0.331	0.917	0.404
	Moderate	13	1.97	0.277		
	Severe	7	1.71	0.488		
Did you visit any hospital or clinic during the lockdown period?	Mild	65	1.43	0.499	1.150	0.322
	Moderate	13	1.46	0.519		
	Severe	7	1.14	0.378		

[Table/Fig-4]: Determinants of GAD 7 categories among study participants. *one-way ANOVA statistical test applied *p-value <0.05 considered significant; GAD 7: Generalised anxiety disorder; GAD 7 score of mild anxiety was observed in n=65, moderate anxiety in n=13 and severe anxiety in n=7

other vulnerable groups [15]. Any significant difference between the mean GAD 7 scores of the healthcare and non-healthcare workers was not found. This is in contrast to previous studies where healthcare workers were found to have less stress and anxiety compared to general population [18]. This could be explained by smaller sample size of this study. People generally adapts to various coping methods in order to comfort themselves during anxiety. It was found that a majority of study participants opted to find various preventive measures as coping measure. This could be a result of the active interventions taken by Government of India and other Institutions in order to instigate knowledge and awareness among general population.

Adverse influence on the daily routine of children was observed to be more if the parents had higher GAD 7 scores (severe anxiety). Also, those with higher GAD 7 scores, noticed behavioural changes in their children and reported that their children were unable to follow social isolation measures. This can be attributed to the fact that parental behaviour is likely to influence the child's psychological well-being [19].

As shown by previous studies [17], better knowledge and awareness towards the pandemics influences the behaviour of the people in community. Similar to previous studies [14], we too found a satisfactory level of knowledge and awareness towards the current COVID-19 pandemic among the study participants. This could be explained by the fact that majority of participants of the present study were educated and thus were able to get themselves acquainted to the disease, and its preventive aspects. The major source of information was internet followed by television. This was in agreement with the past studies which reported internet and television as the prime source of information during infectious outbreaks [20]. No difference in the mean GAD 7 score was seen among participants accessing different information sources. This is in contrast to the previous reports where an increased anxiety was associated with the internet as the major information source during the infectious outbreak [21].

Limitation(s)

Small sample size, restricted to those with an ability to understand English and access to smartphones. The results of this study cannot therefore be generalised to all sections of the society.

CONCLUSION(S)

Nation-wide lockdown instituted to curtail the spread of COVID-19 infection, has to some extent, disrupted the normal routine of children. This along with a high level of anxiety among Indian parents influences child's mental health. Increased awareness among general public towards the current pandemic and the ways to tackle the situation is crucial in preventing both short- and long-term mental health

complications. Large survey with support from local organisations in future will help in identifying the issues in a better way.

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PARTICULARS OF CONTRIBUTORS:

1. Assistant Professor, Department of Paediatrics, Himalayan Institute of Medical Sciences, Dehradun, Uttarakhand, India.
2. Senior Resident, Department of Paediatrics, Himalayan Institute of Medical Sciences, Dehradun, Uttarakhand, India.
3. Professor and Head, Department of Paediatrics, Himalayan Institute of Medical Sciences, Dehradun, Uttarakhand, India.

NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:

Rakesh Kumar,
Assistant Professor, Department of Paediatrics, Himalayan Institute of Medical Sciences,
Swami Rama Himalayan University, Dehradun, Uttarakhand, India.
E-mail: drakesh99@yahoo.com

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Questionnaire

Are you a healthcare worker

Yes No

If Yes

Doctor Nurse Support staff

If No please mention occupation

City and State of residence:

Age (in completed years)

Sex

Male Female

Education

<class 10 Higher secondary Graduate Post graduate

Family type

Nuclear Joint

Residence type

Single house/ separate house Building/Apartment

Age of youngest child (in completed years):

Number of siblings

Any chronic illness in child

Yes No

Is the child on any medications

Yes No

Are you aware of the current pandemic of coronavirus?

Yes No

Major Source of information regarding coronavirus pandemic

Internet	Radio	Television	Healthcare worker	Newspaper	Friends
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How frequently are you accessing information regarding coronavirus

Never	Rarely	Sometimes	Daily	Several times a day
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Are you satisfied with the information received from the above sources

Yes	No	Somewhat
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GAD 7 Questionnaire.

Are you aware of the ways coronavirus transmits?

Yes	No
-----	----

If yes select from following the ways it gets transmitted

Contact with an infected person	
Touching infected objects	
Talking with an infected person over phone	

Are you aware of the ways of preventing it?

Yes	No
-----	----

If Yes, What are the protective measures you are taking for protecting yourself (Tick from following)

Avoid people who are coughing or sneezing	Avoid large gathering
Frequent hand washing	Wear a mask while going out
Avoiding people who are in contact with infected persons	Avoid public transportation
Avoid school/work	Avoid travel to infected areas
Use disinfectant at home	Eat healthy food

Do you know how it presents?

Yes	No
-----	----

If Yes

Cough	Sore throat	Fever	Diarrhoea	Others
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Have you told your child about it?

Yes	No
-----	----

Have you told your child about the ways it can be transmitted?

Yes	No
-----	----

Have you ever threatened the child in relation to it?

Yes	No
-----	----

Are you concerned that you may be affected from it?

Yes	No
-----	----

Are you anxious that your child may be affected from it?

Yes	No
-----	----

Do you fear you may transmit it to your child?

Yes	No
-----	----

How are you coping with the stress and anxiety (Tick from following)

Avoiding discussion about the present situation	
Praying	
Developing a new habit/skill	
Searching support in family	
Finding ways to prevent getting infected	
Others	

Did any of the family members got ill during the lockdown period?

Yes	No
-----	----

Did you visit any hospital/ clinic during lockdown period?

Yes	No
-----	----

Did you fear that hospital/ clinic are high risk areas of affecting the disease?

Yes	No
-----	----

What were your problems and fears during the hospital visit?

Regular doctors not available	Screening took extra time	All attendants were not allowed	Fear of getting infection from others	Others
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Has this pandemic affected the usual routine of child apart from missed schooling?

Yes	No
-----	----

Does your child go outside to play?

Yes	No
-----	----

Is your child able to follow social distancing?

Yes	No
-----	----

Is your child's screen time has increased during the lockdown?

Yes	No
-----	----

Is there any behavioural change in your child?

Yes	No
-----	----

What are your concerns related to it (Tick from following)

Child has become too silent	
Child has become aggressive	
Child is constantly worrying about one thing or other	
Child is missing his friends/family members	
Child is worried that his studies are getting affected	
Child has got addicted to mobile/video games	
I worry that this behaviour change may become permanent	
Others	