

## Parents views on children's physical vulnerability to Covid-19 pandemic

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### Abstract

This study focuses on the physical vulnerability of the young children. There was a strict lockdown in Rajshahi City, like in other districts of Bangladesh, during the Covid-19 pandemic. Schools were closed for almost two years to keep children safe. Conscious parents did not allow them to go outside. So, children were deprived of the opportunity to grow up in a free environment. This data was collected by using a mixed method, which was collected after the lockdown restrictions were lifted. Data were collected in this study from 05 April 2022 to 28 September 2022 by visiting urban residents. Mothers thought that children's use of phones, playing video games, and watching cartoons on TV had increased at home confinement, and later, it became their habit. That hampered their eyesight. Children were more insistent and arrogant if they were not allowed to play video games. They were victims of humiliating punishment by family members. They did not go to sleep at the right time and did not follow the routine of sports, studies, and eating home-cooked food. That is the negative consequences of staying indoors. These findings will help policymakers to formulate effective policies for children in the future subsequent epidemic.

**Keywords:** urban young children; physical vulnerabilities; barriers of socialization

### Article History

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## Introduction

The school closures that had been announced since the outbreak had caused massive physical damage to the primary school-going children. These reductions undermined the social support systems that were necessary for children's development (Segre et al., 2021; UNICEF, 2021; Whitley, Beauchamp, & Brown, 2021). Young children were negatively affected more by the epidemic, which caused significant disruptions in their daily lives. They were physically less active outside of school. These changes have generated physical health problems for them (Cusinato et al., 2020; González-Calvo, Varea, & García-Monge, 2023; Mallik & Radwan, 2021; Ranjbar et al., 2021). Children's participation in recreation, outdoor sports, and extra-curricular activities has decreased (Androutsos, Perperidi, Georgiou, & Chouliaras, 2021). A significant number of children spend excess time only watching television and playing video games on electronic smart gadgets as a source of entertainment. Their indoor activities were limited by their increased tendency to spend excess screen time (Androutsos et al., 2021; Ranjbar et al., 2021). The purpose of this study was to explore how school-going children in the city were forced to confine them to their household premises with inadequate and limited resources. Moreover, to determine the pandemic-induced physical vulnerability of Bangladeshi urban young children in their early socialization stage.

Younger children perceived the pandemic as an enemy because they attributed the coronavirus to being a hindrance to outdoor play. Harsh confinement posed physical threats to children. School closures, cancellation of sports training, and reduced exercise altered their physical activity (Idoiaga, Berasategi, Eiguren, & Picaza, 2020; Ng, Cooper, McHale, Clifford, & Woods, 2020). Spending too much time on screens caused insufficient sleep and made them more interested in fast



food, which increased their risk of losing heart fitness by increasing their weight (Wang, Zhang, Zhao, Zhang, & Jiang, 2020). They were less active, increasing their risk of losing cardiorespiratory fitness due to weight gain, irregular sleep, and poor diet due to overeating of snacks (Mantovani et al., 2021; Wang et al., 2020).

Bangladeshi children faced the impact of this crisis because of disruptions in their healthcare, nutrition, protection, preventive and curative services (Hussain & Al Mamun, 2020). Children living with urban nuclear families had irregular physical exercise (Islam et al., 2021). They were less active and lost consistent sleep patterns in small apartments. They cannot play outside, which increases the high risk of vitamin D deficiency (Guan et al., 2020). They had lower levels of physical activity, excessive use of digital screens, such as video games, and irregular sleep patterns among children from wealthier families (Cachón-Zagalaz, Zagalaz-Sánchez, Arufe-Giráldez, Sanmiguel-Rodríguez, & González-Valero, 2021). That had affected their physical development (Larsen, Helland, & Holt, 2022; Pfefferbaum, 2021). They spend too much screen time for entertainment, which increases myopia (Zhang et al., 2022). Bangladeshi children face the negative effects of being out of school, food insecurity, high risk of child marriage, neglect, and abusive punishment by stressful family members. They are deprived of outdoor play opportunities (Save the Children Team, 2021). They faced extreme poverty, neglect, and food insecurity (Fry-Bowers, 2020). Urban children faced with childhood obesity, which creates a high BMI in five-year-olds, might lead to fat mass at the age of fifty (Rundle, Park, Herbstman, Kinsey, & Wang, 2020). Complications among siblings, lack of interaction with grandparents, risk of passive smoking in house arrest, lack of social contact, and absence of outdoor play with peers were negative influences. They suffered various health consequences. Most of the time, their eyesight was disturbed due to being engrossed in smartphones (de Winter, de Winter, Bollati, & Milani, 2020; Zhang et al., 2022).

## **Methods**

Primary data were collected using mixed methods through direct interviews with purposively selected parents of primary school-going children. Both quantitative and qualitative data were collected using survey research methods. Case study methods and FGDs were also used to obtain in-depth information. A stratified sampling method was followed to collect quantitative data. Sixty respondents living in Darikharbana Mohalla of the Rajshahi City Corporation area were interviewed and divided into three groups based on their residential patterns. Twenty mothers from each (flats, Semi-Pakka, and Kaccha) house participated in this study. Urban children in this area were more affected. Hence, this area was chosen for the convenience of this research.

Two FGDs were conducted with fathers to collect primary data. In the first FGD, flat-house fathers participated, and in the second FGD, relatively low-income fathers participated. Fourteen (14) case studies were conducted to enrich the primary data. The first step of processing the collected data was done by tabulation and statistical methods. Manually editing, tabulating, and analyzing research work gives a complete picture using tables and graphs. With the help of statistical methods, quantitative data, and percentage population distribution were determined in this study. Qualitative data were also analyzed scientifically through content analysis. The research data type was numerical or both quantitative and qualitative type. In addition to numerical data, qualitative data was necessary for the sake of in-depth analysis. In this respect, this study used a questionnaire along with an interview method to ensure the confidentiality of the respondents. No attempt was made to force them to say anything they did not want or to harm them.

## Results and Discussion

### Primary school going children were forced to confine at home with inadequate resources

Table 1 shows the number of rooms for young children’s mothers and how many people were forced to live in a small space during the lockdown. The percentage of mothers is divided into three parts based on their residential patterns.

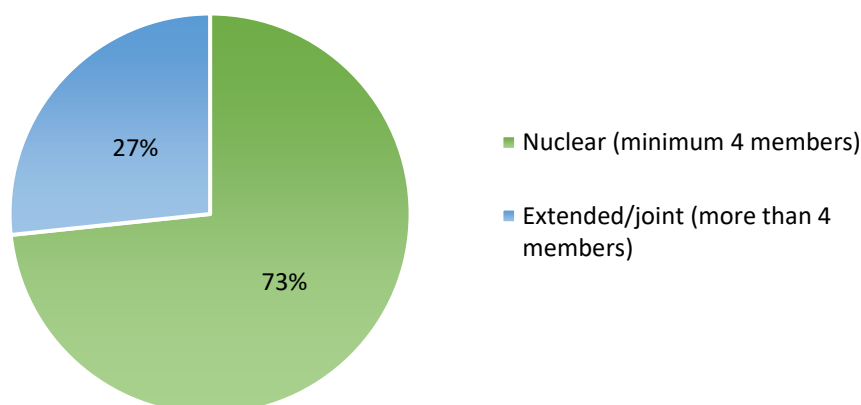
**Table 1.**  
Family size and people with children living at limited space

| Confined at home       | Number of the respondent Mothers |                     |                 | Total<br>N (%) |
|------------------------|----------------------------------|---------------------|-----------------|----------------|
|                        | Flats<br>n (%)                   | Semi-Pakka<br>n (%) | Kaccha<br>n (%) |                |
| <b>Number of rooms</b> |                                  |                     |                 |                |
| 1-2                    | 1 (5)                            | 0                   | 7 (35)          | 8 (13.34)      |
| 2-3                    | 10 (50)                          | 5 (25)              | 12 (60)         | 27 (45)        |
| 3-4                    | 6 (30)                           | 13 (65)             | 1 (5)           | 20 (33.34)     |
| 4-5                    | 3 (15)                           | 0                   | 0               | 3 (5)          |
| 5-6                    | 0                                | 2 (10)              | 0               | 2 (3.34)       |
| Total                  | n=20                             | n=20                | n=20            | N=60 (100)     |
| <b>Lived there</b>     |                                  |                     |                 |                |
| 1-4 people             | 6 (30)                           | 2 (10)              | 1 (5)           | 9 (15)         |
| 4-7                    | 11 (55)                          | 18 (90)             | 19 (95)         | 48 (80)        |
| 7-10                   | 3 (15)                           | 0                   | 0               | 3 (5)          |
| Total                  | n=20                             | n=20                | n=20            | N=60 (100)     |

Note: Percentage (%) in parenthesis

Source: Fieldwork (2022)

A total of 13.34% of mothers (N=8/60) had 1-2 rooms in their houses. Most 45% of mothers (N=27/60) had 2-3 rooms. Also, 33.34% of mothers (N=20/60) had 3-4 rooms. 5% of mothers (N=3/60) had 4-5 rooms, and only 3.34% (N=2/60) had 5-6 rooms. In a family of nine (N=9/60) mothers, 1-4 people lived together with children. A total of 80% of mothers (N=48/60) had 4-7 people living together. Moreover, a total of 5% of mothers (N=3/60) lived with 7-10 members in their family.



**Graph 1.**  
Family size of mothers  
Source: Fieldwork (2022)

From Graph 1, out of sixty mothers, a total of around 73.34% (N=44/60) were from nuclear families (in the green part). Moreover, about 27% of mothers (N=16/60) were from large families (in blue color). The children suffered from malnutrition. The impact of the deterioration of the economic status of the family on the health of the children was immense or not seen as important. Only 20% of mothers in the kaccha houses could feed their children nutritious food, such as green vegetables and protein. However, 80% of mothers (N=16/20) could not feed their children nutritious food like milk and eggs due to the economic strain.

**Table 2.**  
Problems had affected the physical development of children

| Effects on young children      | Number of the respondent mothers |                     |                 |                |
|--------------------------------|----------------------------------|---------------------|-----------------|----------------|
|                                | Flats<br>n (%)                   | Semi-Pakka<br>n (%) | Kaccha<br>n (%) | Total<br>N (%) |
| Could not play outside         | 9 (45)                           | 13 (65)             | 8 (40)          | 30 (50)        |
| Played excess video games      | 5 (25)                           | 0                   | 1 (5)           | 6 (10)         |
| Always on the phone            | 3 (15)                           | 3 (15)              | 2 (10)          | 8 (13.34)      |
| Did not eat and sleep properly | 4 (20)                           | 8 (40)              | 5 (25)          | 17 (28.34)     |
| Total                          |                                  |                     |                 | N=60           |

Source: Fieldwork (2022)

Table 2 shows that 50% of mothers (N=30/60) did not allow their children to play outside. A total of 10% of mothers (N=6/60) cited their children’s excessive video game playing as one of the problems. 13.34% of mothers (N=8/60) said their children were always using Android phones, engrossed in the internet. According to 28.34% of mothers (N=17/60), these children did not want to eat or sleep at the right time.

**Children’s outdoor sports impacted**

Young children were forced to live in the confined environment of the city houses. However, depending on the type of household and the style of parental rule, children from different houses could play outside sometimes, regardless of restrictions. Out of 60 mothers, 18.34% of mothers (N=11/60) thought that the physical development of their children was fair. 60% of mothers (N=36/60) said that there was little development, and 21.67% of mothers (N=13/60) said that young children did not develop at all.

**Table 3.**  
Physical development of children based on outdoor sports

| Opinions of mothers about outdoor games                | N (%)      |
|--|------------|
| No need to play outside in pandemic                    | 23 (38.34) |
| Better to spend time on the internet at home           | 10 (16.67) |
| Excessive video games playing hampered eye sight       | 36 (60)    |
| Better to play indoor games with toys at home          | 26 (43.34) |
| Better to play outside games while pandemic            | 13 (21.67) |
| Better to watch TV at home                             | 12 (20)    |
| Children should follow a routine of sports and studies | 28 (46.67) |

Source: Fieldwork (2022)

From Table 3, 38.34% of mothers (N=23/60) thought that there was no need for children to play outside. A total of 16.67% of mothers (N=10/60) felt that spending time on the Internet was better for their children at home. A total of 60% of mothers (N=36/60) said that playing video games too much could damage their eyesight. 43.34% of mothers (N=26/60) thought that playing indoor games with toys was better for their children at home. A total of 21.67% of mothers (N=13/60) said that there was no problem even if children played outside in the streets during the lockdown. However, 20% of mothers (N=12/60) said that letting children watch TV during the lockdown was

good. A total of 46.67% of mothers (N=28/60) agreed that children should follow a routine of education and sports.

**Table 4.**  
Effects on the outdoor plays of young children

| Effects   | Numbers of the respondent mothers |                     |                 |                   |
|---|-----------------------------------|---------------------|-----------------|-------------------|
|   | Flats<br>n (%)                    | Semi-Pakka<br>n (%) | Kaccha<br>n (%) | Total<br>N (%)    |
| <b>Parents let children to play video games in online</b> |                                   |                     |                 |                   |
| Yes   | 1 (5)                             | 2 (10)              | 00              | 3 (5)             |
| Sometimes   | 7 (35)                            | 4 (20)              | 1 (5)           | 12 (20)           |
| No  | 12 (60)                           | 14 (70)             | 19 (95)         | 45 (75)           |
| <b>Total</b>  | <b>n=20</b>                       | <b>n=20</b>         | <b>n=20</b>     | <b>N=60 (100)</b> |
| <b>Children got opportunities to play with peers</b>      |                                   |                     |                 |                   |
| Yes   | 6 (30)                            | 7 (35)              | 10 (50)         | 23 (38.34)        |
| No  | 14 (70)                           | 13 (65)             | 10 (50)         | 37 (61.67)        |
| <b>Total</b>  | <b>n=20</b>                       | <b>n=20</b>         | <b>n=20</b>     | <b>N=60 (100)</b> |

Source: Fieldwork (2022)

From Table 4, a total of 5% of mothers (N=3/60), including the flat house (n=1/20, 5%) and two Semi-Pakka house mothers (n=2/20, 10%), said that they allowed their children to play video games. A total of 20% of mothers (N=12/60), including seven mothers from flat houses (n=7/20, 35%), four mothers from Semi-Pakka houses (n=4/20, 20%), and one mother from a Kaccha house (n=1/20, 5%), said that they occasionally let their children play online video games. 60% of the flat house mothers (n=12/20) would not let their children play video games. 70% of mothers in Semi-Pakka houses (n=14/20) disciplined children and forbade them from playing video games. Moreover, 95% of mothers from Kaccha houses (n=19/20) said that they did not have smartphones. So, children could not play video games. A total of 75% of mothers (N=45/60) did not allow their children to play video games online.

A total of 38.34% of mothers (N=23/60) children had the opportunity to play with their peers. The remaining 70% of the flat house mothers (n=14/20), 65% of the Semi-Pakka house mothers (n=13/20), and the remaining 50% of the Kaccha house mothers (n=10/20) informed that their young children could not meet their peers. A total of 61.67% of mothers (N=37/60) said that their young children did not get the chance to play with their peers.

### Children’s daily activities in home confinement

The activities that children developed from sitting at home for about one and a half years had more negative effects than positive impacts on children’s lives.

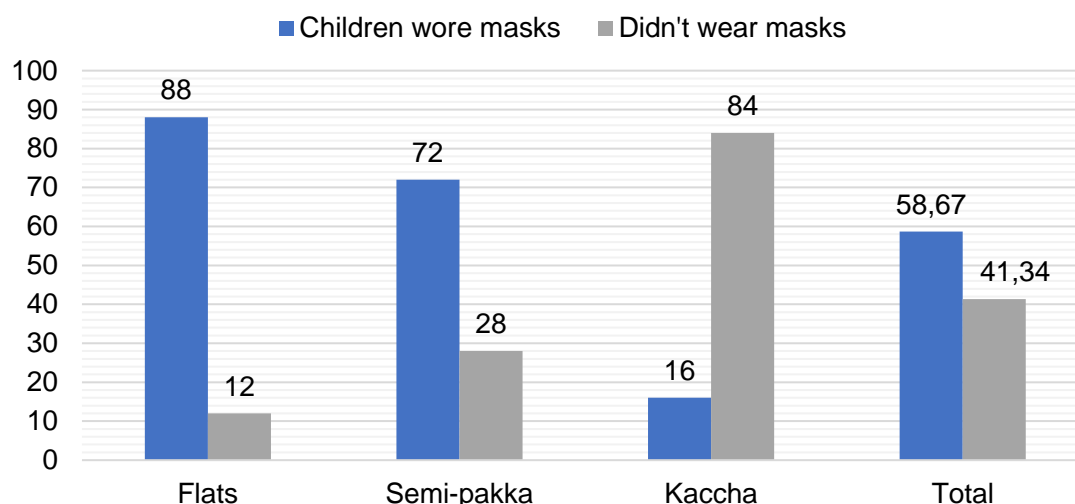
**Table 5.**  
The activities that young children used to do at home

| Ways of spent time in lockdown                               | Numbers of the respondent mothers |                     |                 |                |
|--|-----------------------------------|---------------------|-----------------|----------------|
|  | Flats<br>n (%)                    | Semi-Pakka<br>n (%) | Kaccha<br>n (%) | Total<br>N (%) |
| On Mobile  | 7 (35)                            | 4 (20)              | 3 (15)          | 14 (23.34)     |
| Watching TV  | 13 (65)                           | 10 (50)             | 12 (60)         | 35 (58.34)     |
| Playing indoor games like ludo                               | 5 (25)                            | 16 (80)             | 4 (20)          | 25 (41.67)     |
| Playing video games online                                   | 10 (50)                           | 4 (20)              | 1 (5)           | 15 (25)        |
| Little played outside in the street or the roof of the house | 1 (5)                             | 3 (15)              | 18 (90)         | 22 (36.67)     |

Source: Fieldwork (2022)

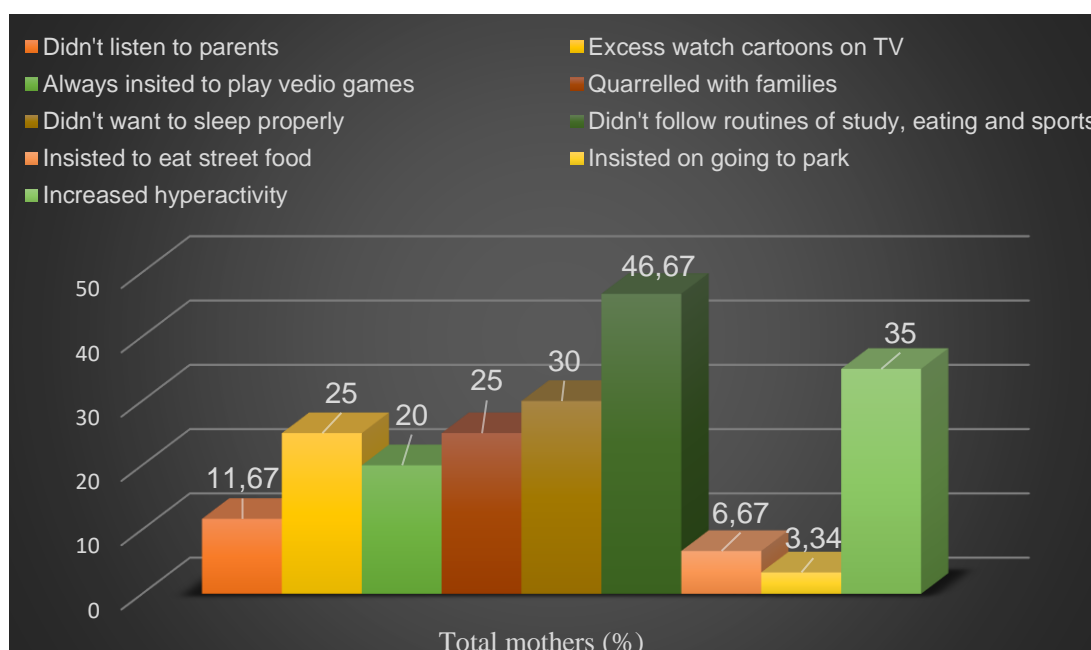
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In Table 5, mothers said that children would do one or more of the following works while staying at home. 23.34% of mothers (N=14/60) children spent most of their time on mobile phones. A total of 58.34% of mothers (N=35/60) said that their children used to watch TV. A total of 41.67% of mothers (N=25/60) said that their children playing indoor games, like playing ludo, with toys. 25% of mothers (N=15/60) said that their children played online video games. 36.67% of mothers (N=22/60) children played little sports in the open spaces around the house.



**Graph 2.**  
Whether children wore masks in lockdown  
Source: Fieldwork (2022)

A total of 58.67% of the children wore masks in the blue part, and 41.34% of the children in the grey part above did not wear masks. Graph 2 shows that 88% of children in flat houses wore masks (blue color). However, 84% of children in Kacha houses did not use any masks (grey color). Graph 3 is a comparative discussion of the adverse effects of different colors.



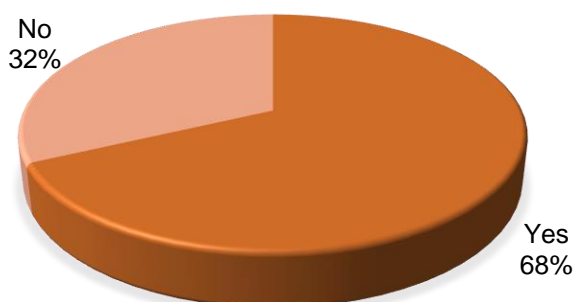
**Graph 3.**  
Negative changes in the behaviors of children  
Source: Fieldwork (2022)

The first orange color of the Graph 3 indicates that 11.67% of mothers' children did not listen to them. Dark yellow color shows that children of 25% of mothers watched excess cartoons on TV. Medium green colors indicate that 20% of children always insist on playing video games. Children of 25% of mothers in dark red color had quarreled with family members. The next color indicates that 30% of mothers' children did not go to sleep at the right time. Children of a maximum of 46.67% of mothers in dark green color did not follow proper study, eating, and sports routines. Then, the light orange color implies that 6.67% of the mothers' kids insisted on eating outside street food. The light-yellow color shows that children of 3.34% of mothers insisted on going to the park. In the end, the light green color indicates that the children of 35% of mothers were angry and upset, and their hyperactivity had increased.

### Children's attitude towards outside food in lockdown

Total 5.34% of parents used to order outside food online. The majority of them were from flats (12%). A total of 34.67% of parents used to bring junk food from outside. The majority of them were from Kaccha houses (52%). On the other hand, 60% of parents did not allow children to eat outside food. Most of the children were from flat houses (64%).

Graph 4 shows the total percentage of children who wanted to eat outside food. A total of 68% of children wanted to eat various fast food outside during lockdown, such as chocolate, ice cream, burgers, and others (dark orange color). Moreover, the remaining 32% of children did not want to eat outside food (light orange color).

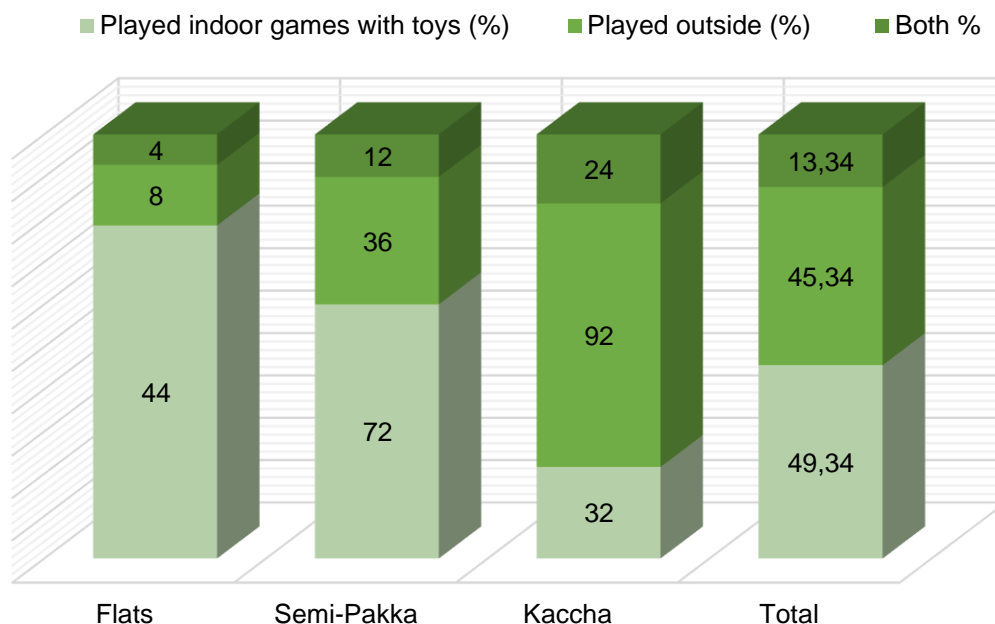


**Graph 4.**  
Effects of eating habits on physical health  
Source: Fieldwork (2022)

### Effects of others' illness during lockdown on children's well-being

It was determined whether the respondent children played sports and engaged in physical activity at home and whether sitting all day had an adverse effect on their proper socialization. Graph 5 comparatively shows that a total of 49.34% of children spent time playing with toys indoors (light green part). Conversely, it has comparatively been shown in (medium green part) that a total of 45.34% of children played outdoor sports without masks in the streets in lockdown. Out of them, a maximum of 92% were children from Kaccha houses, and only 8% of children were from the flat houses who played outside. A total of 13.34% of children played both indoor and outdoor sports. A maximum of 24% of these were from kaccha house children in (dark green color part).

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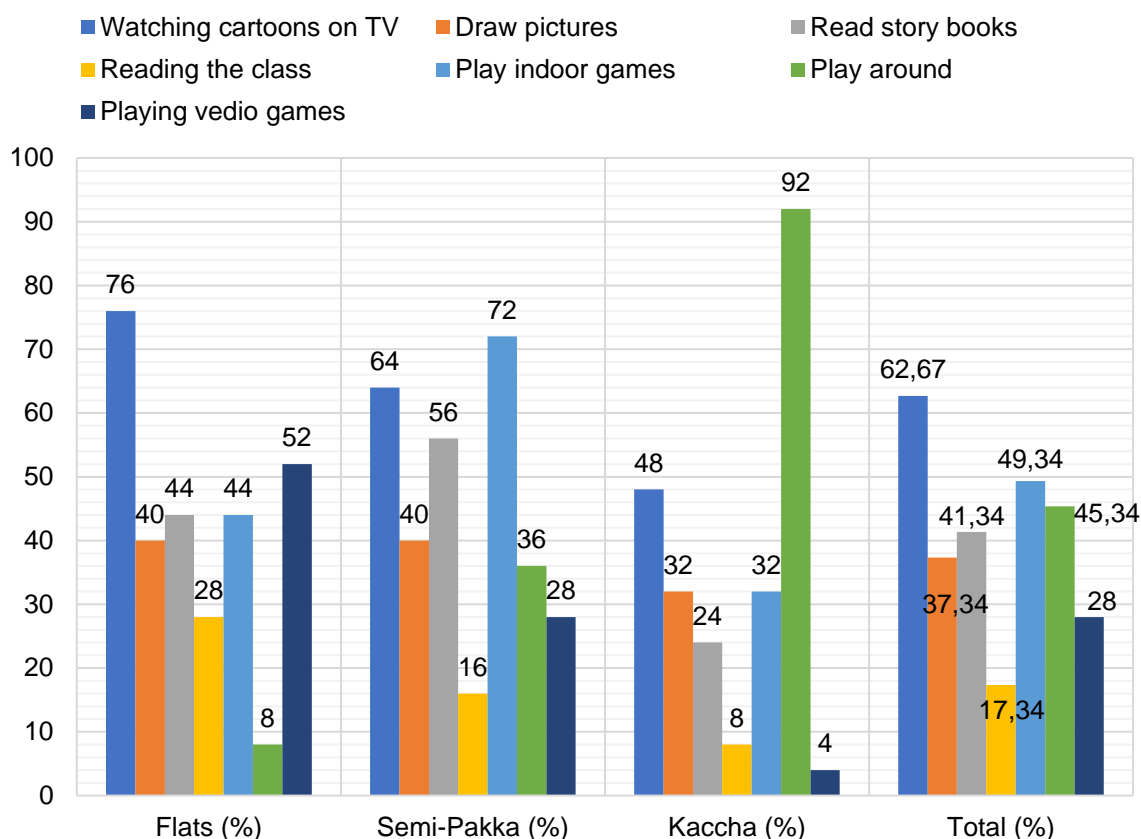


**Graph 5.**  
Impact on playground of children from different patterns of houses  
Source: Fieldwork (2022)

Graph 6 shows the percentage comparison of children’s daily activities using different colors. Children watching cartoons are shown in blue color. A total of 62.67% of children spent time watching cartoons. A maximum of these children was from flats (The blue part in flats about 76%). The orange color shows that a total of 37.34% of children drew pictures. Grey color shows that a total of 41.34% of children read story books. The yellow color shows that a total of 17.34% of children were reading in the class. The sky color shows that a total of 49.34% of children played indoor games. The green color means that a total of 45.34% of children played outside, even in lockdown. A maximum of them were from Kaccha houses, about 92% of children (green part in Kaccha). Moreover, the dark blue color at the end of Graph 6 indicates that about 28% of the total children played video games.

Most of the children, around 37.34%, woke up late in the morning, between ten and eleven o’clock. Most of these children (68%) lived in flats. A total of 52% of the children went to sleep late at night, between 11:30 and 12:30. A total of 44% of children spent time playing video games and watching cartoons for a minimum of more than an hour per day. Most of them, around 68% of children, were from flats. A total of 50.67% of children’s families and neighbors had no illness. 45.34% of children’s neighbors were sick. 24% of children had a sore throat. 22.67% of children had fever and cough. Moreover, a minimum of 8% of children’s family members had no taste or smell in their mouths.





**Graph 6.**  
Comparison of maximum daily activities that children used to do at home  
Source: Fieldwork (2022)

### Deliberations

Young children insisted on playing video games because they could not go outside to play with peers. Children used to insist on eating outside food and going outside the park. Poor children were deprived of nutritious and healthy food as their families had been mired in poverty because of reduced income. They did not follow the hygiene properly in social distancing. Children of Semi-Pakka houses were forced to live with many people at home. They experienced social exclusions from neighbors at an early age. Their intellectual creativity was also hampered. Parents agreed that the challenge of young children’s proper socialization had appeared. As schools were closed for more than a year, children in cities were confined within the four walls at home. Maximova et al. (2022) showed that reduced physical activity and late waking up in the morning had become a daily habit of children. It had more negative effects on children in the long run. As guardians have opined, both family and schools play an important role in children’s healthy physical development. Since the schools were closed, the entire responsibility fell on the shoulders of their family. The limitations of families in different areas make barriers to playing an ideal role in a child’s development. Children became addicted to mobile phones and internet while confined at home. They used to lie in one corner of the room to watch a mobile phone, a tablet, or a TV. If the children were not allowed to play video games while confined indoors, they would misbehave with family members inside the house so much that they would not want to eat. That forced parents to hand over the devices to keep their children calm and busy, which ultimately created barriers to their physical development.

*Children were deprived of nutritious food due to the economic strain of lockdown*

Lower-class and lower-middle-class families could not afford to buy nutritious food in lockdown. There was a shortage of money. So, parents could not afford nutritious food like milk, fish, eggs,

vegetables, meats, and others for their children (Case-3, Case-8, Case-11). Poor families in the city usually use their children as a source of income. These little kids contributed to their poor families by earning little in exchange for various physical labor for living, such as hawkery, grocery clerk, housekeeping, and others. The condition of these poor children was even worse because of the lack of work in the epidemic.

Because of poverty and reduced income, low-income families' little boys had to find jobs as assistants at a grocery store at the intersection towards the end of the lockdown. The little boys earned some money through child labor and gave that to the family (Case-11). Children helped their fathers in business at that time. For example, the tailor's children used to cut clothes with their father. The cook's father's son used to help in the home delivery of food. They used to help their fathers carry their goods in vans to villages, avoiding the eyes of the police during the lockdown. Also, children used to help their fathers by selling goods to earn money by opening half of the shutters of grocery and other shops during the lockdown (FGD-2).

The study children were suffering from an inadequacy of essentials of their nutrition status, health, and development. a maximum of 73.34% of mothers had only one person income earner in their family. About 60% of these children's families had income from jobs that had reduced or stopped during lockdown. As a result, 58.34% of mothers could not feed their children enough proper healthy and nutritious food like milk, fish, vegetables, meats, eggs, and others due to the economic strain caused by the lack of ability to purchase expensive nutritious food.

Upper-class fathers' incomes also decreased because of economic strain (Case-4). Children's families did not feel safe to drink open water outside. They were afraid of getting infected with Covid-19 disease by drinking outside water. Later, they were aware that the Covid-19 virus was spreading in the air. Their income was reduced, and the family's wealth was also reduced due to the closure of their business and shops (Case-5). Residents of flats did not keep servants at home for fear of spreading the disease. As a result, the income of the housekeeper mothers from kaccha houses had decreased. A total of 40% of those mothers said that there was no work, which was leaving them mired in poverty.

Most of the mothers from lower-income families said that their husbands were unemployed during the lockdown. So, they used to sew and cook for hostels to maintain extended family. However, they were not getting any job opportunities at that time. As a result, children's families faced extreme financial problems and poverty (Case-3, Case-8, Case-9, Case-11, Case-13).

*Children were deprived of different facilities because of social problems*

88% of patients with symptoms did not test the Covid-19 disease, and the human condition deteriorated around the children. According to 26.67% of mothers, Covid-19 patients lived near or around their houses. Children's families and neighbors were afraid of contracting the disease. A total of 76.67% of mothers informed that people with symptoms of the disease were avoided for the safety of their children and families. However, mothers living in the kaccha house said differently that no one would socially ostracize or shun anyone in their society, even if someone was infected or showed symptoms of the disease.

*The physical effects that children faced due to the lockdown*

A total of 78.34% of mothers said that their children were forced to remain confined to households with inadequate and limited resources. About 80% of children were forced to live together with many relatives in a closed, unhygienic environment at home. A significant number of mothers (80%) said that their family had 4 to 7 people who were living together in their house with limited resources. They had no routine of school-going, playtime, and study period. They were found to be vulnerable to the tendency of having more sleep and bad habits. They became lazy. Overall, 70% of the total study mothers agreed that the lockdown had created barriers and boundaries in the proper socialization of children. Moreover, 20% of mothers strongly agreed with that statement.

The school-going children faced school closures and socio-economic vulnerabilities, such as increased levels of poverty, domestic violence or abuse, and polarization (Kusumaningrum,

Siagian, & Beazley, 2022). Androutsos et al. (2021) presented that children's physical activity had decreased, and their sleep duration and screen time had increased, which caused the risk of young children becoming overweight and obese at an early age. Zhang et al. (2022) also found a significant increase in the incidence of myopia because of the excess screen time spent and the decrease in outdoor sports of young children. For the full development of the child, it is necessary to ensure the opportunity to play in the open field in the middle of nature, according to parents.

Without the opportunity to play with other children, the socialization process and full development of children were hampered. Through outdoor sports, children learn to adapt to different environments, which was not possible when schools were closed during the epidemic (FGD-1). As various parks and recreational centers were closed for a long time, mothers could not take their children there. According to 60% of mothers, the physical development of children was less due to home confinement, and 21.67% of mothers said that their children did not have any development at all. A total of 90% of mothers said that their children needed to play outside in an open environment for their physical development. They specifically added that exercise is necessary for physical development and playing outside under the open sky in a green nature is necessary, which was disrupted because of being confined in a small space at home. A total of 35% of mothers said that their children also suffered from physical harm because of not being able to play outside.

Children were deprived of the opportunity to play in the free environments of school grounds for long periods of their childhood due to school closures. They had no contact with their peers for a long time during the lockdown (Case-5). Long-term school closures hindered the normal physical development of healthy children due to low physical activity. School closures reduced outdoor sports and exercise, which were the main reasons for the change in the physical activity of children (Ng et al., 2020; Tso et al., 2022).

A total of 78.34% of young children's mothers said that children could not go outside because of school closures and restrictions. More than half of the children (51.67%) were subjected to various adversities due to the illness of the neighbors. A total of 76.67% of mothers said that children could not play outside. A total of 58.34% of mothers added that children did not get the chance to play outside the house during the lockdown. However, most children (73.34%) preferred to play outside. A total of 58.67% of children never met with school peers' friends in lockdown. Among them, most (84%) lived in flats. However, 16% of children of Kaccha houses could meet with their peers as they did not follow the lockdown rules much.

77.34% of children could not play with peers. Also, their schools were closed, so 32% of the children could not go outside at all. A maximum of 52% of them were from flats. According to 61.67% of mothers, their young children did not get the opportunities to play with peers and school friends. A total of 20% of children did not wash their hands after returning from outside. Almost half of them (48%) lived in the Kaccha house.

64% of upper-class parents did not allow their children to go outside for food. However, lower-class parents did not impose any restrictions on children to go outside for the same purpose. Because, 48% of the children from Kaccha houses said that they used to buy Chana Chur, Singara, Jhalmuri, Puri, and others for 5/10 BD Taka from outside. They ate unhygienic food. Also, a total of 45.34% of children sometimes played outside in the streets. A maximum of them were from Kaccha houses (around 92% of children of the Kaccha houses) who used to play outside in the streets despite being in a neighborhood with Covid-19 patients. They risked going to play next to the patient's house (about 90% of children from Kaccha houses). They did not maintain social distance at all. They were careless. A total of 36.67% of mothers said that poor children did not follow the social distance restrictions properly. So, it appears that poorer children had higher levels of symptoms and illness because they played outside. Middle-class parents assumed that children roaming around them might be carriers of corona virus. As a result, many people from low-income families were affected by corona virus, many had died. However, they had not been tested said by guardians.

So, vulnerabilities found in this study are described them. They could not play outside with peers, their parents did not allow them to exercise in open spaces, poor children did not maintain hygiene,

they did not eat and sleep properly, they did not follow the proper routines of sports and study, their lack of ability to purchase nutritious food and they were playing excess video games and watching TV which hampered eyesight. Thus, the vulnerabilities found in this study describe that children could not play outside with their peers, their parents did not allow them to exercise in open spaces, poor children did not maintain hygiene, and they did not follow proper routines of eating, sleeping, sports, and studying. The low-income families could not afford nutritious food. Children from middle-class families play excessive video games and watch TV, which has become a habit that impairs eyesight.

## **Conclusion**

Bangladesh was facing an epidemic situation like Covid-19 for the first time. At that time, children used to think of themselves as caged birds. They spend days in monotony, which hinders their normal growth. Urban children did not play outside with peers and did not have opportunities to be socialized. In captivity, family members could not support the younger children alone as the older ones suffered from financial and social problems that caused parental stress.

Most of the children studied were deprived of open spaces for play, a healthy family environment, and nutritious food. Lack of necessities, including food, was the main reason for poor children. However, it was difficult for low-income urban families to take care of their children in normal times. Children from low-income families are often victims of neglect and deprivation. Thus, their proper socialization was hindered. Children from flats and Semi-Pakka houses suffered from physical health problems, such as visual impairment from playing excessive video games and watching cartoons during school hours.

Young children's intellectual creativity was also hampered because they were too busy spending extra screen time in lockdown playing video games and watching TV, which induced their culturally impaired socialization deviance. While young children need to reduce excessive screen time playing to protect their eyesight and health, parents, teachers, and guardians need to develop their own strategies to keep young children away from excessive use of digital devices. Social protection systems need to be strengthened in a reactive and preventive manner to address the physical vulnerability of urban children at all levels for future pandemics like Covid-19 in Bangladesh.

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