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The experiences of grade 6 children at a mainstream urban primary school in Johannesburg on the effect of COVID-19 on their wellbeing

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**The experiences of grade 6 children at a mainstream urban primary school in
Johannesburg on the effect of COVID-19 on their wellbeing**



Research Report

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The Department of Social Work

School of Human and Community Development

Faculty of Humanities

University of the Witwatersrand, Johannesburg.

In partial fulfilment of the requirements for

**Masters in Social Work by Course Work and Research Report in the field of School Social
Work**

By

Chitalu Ruth Sokoni Nakaonga

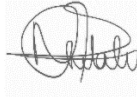
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DECLARATION

I, Chitalu Ruth Sokoni Nakaonga, hereby declare that this research report is a product of my own work, and I acknowledged all the sources that I used. This report has not been previously submitted for examination at any University.

Name: Chitalu Nakaonga

Signature: _____

Date: 12 October 2023_____

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ABSTRACT

The COVID-19 pandemic produced a plethora of mental and physical health issues. It was well understood that COVID-19 had affected the world in various ways, but little existed on how children in schools had been affected. With COVID-19 bringing about never seen before issues, this study explored how children were impacted by it. This research study allowed for an exploration of the experiences of grade 6 children in terms of how COVID-19 influenced their wellbeing whilst expected to focus on their schoolwork. As explored within this study, children in the school setting already have other school related stresses to deal with, COVID-19 was an unnecessary addition. A qualitative research approach and a phenomenological design was used in this research study. This research approach allowed for an in depth understanding of the children's experiences. Purposive sampling, a type of non-probability sampling was used to sample seven grade 6 children to participate in the study. Data was collected through face-to-face semi-structured interviews using an interview guide. The collected data was analysed thematically. The research found that children were affected by COVID-19. Children shared how their learning looked different due to COVID-19 and how their relationships with others looked different due to the pandemic. This study also highlighted the level of understanding children had of what COVID-19 was. Through this study, there was a highlight on the importance of healthy relationships and dynamics within children's immediate family. Their family played the greatest role in supporting them (the children) as they experienced life and school differently.

Keywords: COVID-19, child, social work, mental health, wellbeing, school social work

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CHAPTER 1

GENERAL ORIENTATION AND INTRODUCTION

1.1.Introduction

Chapter one introduced the research study. This was done by providing an overview and background to the study. The problem statement and rationale for conducting the study were described. The main research question, the aim and objectives were set out. Key words and concepts were then defined. A summary of the research approach and design were provided. In conclusion, the section presented the structure of the rest of the report.

1.2.Overview of the study

Society often states that children are our future, it is for this reason that the research study sought to determine ways in which COVID-19 had affected primary school children. This not only allowed for an understanding of the issue but provided possible solutions as to how to support children in attaining health and wellness during and after pandemics.

1.3.Background of the study

COVID-19 had not only impacted the mental health of children, but it impacted many aspects of their lives. The occurrence of COVID-19 and what it meant for many families, schools and children is something that affected children negatively.

Children are placed in different developmental phases (these will be discussed in depth later in this report) in which they develop and learn new skills that help them better navigate life. Due to its shocking and sudden occurrence, COVID-19 may have altered children's course of development in terms of being able to effectively deal and cope with problems (Irwin, Lazarevic, Soled & Adesman, 2022).

Children had often been forgotten behind the scenes as their guardians focused on work to provide for them, to see that their children have food, shelter, education and so on (Newman, 2022). Newman (2022) stated that there was not only a physical danger for children when it came to COVID-19, but also a mental health concern. A study (Gracia et al., 2021) showed an increase in

suicide attempts by adolescent girls since COVID-19. This study shifted the focus from the physical effects of COVID-19 on children to the mental health impact, highlighting the importance of holistic health in children and individuals.

COVID-19 resulted in lockdown and restrictions. A considerable increase in depression and anxiety symptoms were seen in children during the lockdown compared to rates observed before the lockdown (Panchal, Salazar de Pablo, Franco, Moreno, Parellada, Arango & Fusar-Poli, 2021).

COVID-19 meant most children had to restrict their interaction with the external world. Apart from lockdown, children had to accept the cancelation of many school activities which for some, may have been a way in which they relieved stress.

Children all develop at different rates. A high schooler is different from a primary schooler. Primary school children were still considerably young and developing, as is expressed by South African school act that states that the statistical age norm per grade is the grade number plus 6 (South African Schools Act 84 of 1996). Therefore, exposure to COVID-19 was confusing to children. Unable to understand what this huge, sudden pandemic meant and the extent of damage it caused, children may have developed long term mental health problems because they lacked the ability to recover from emergencies (Liang, Ren, Cao, Hu, Qin, Li, & Mei, 2020).

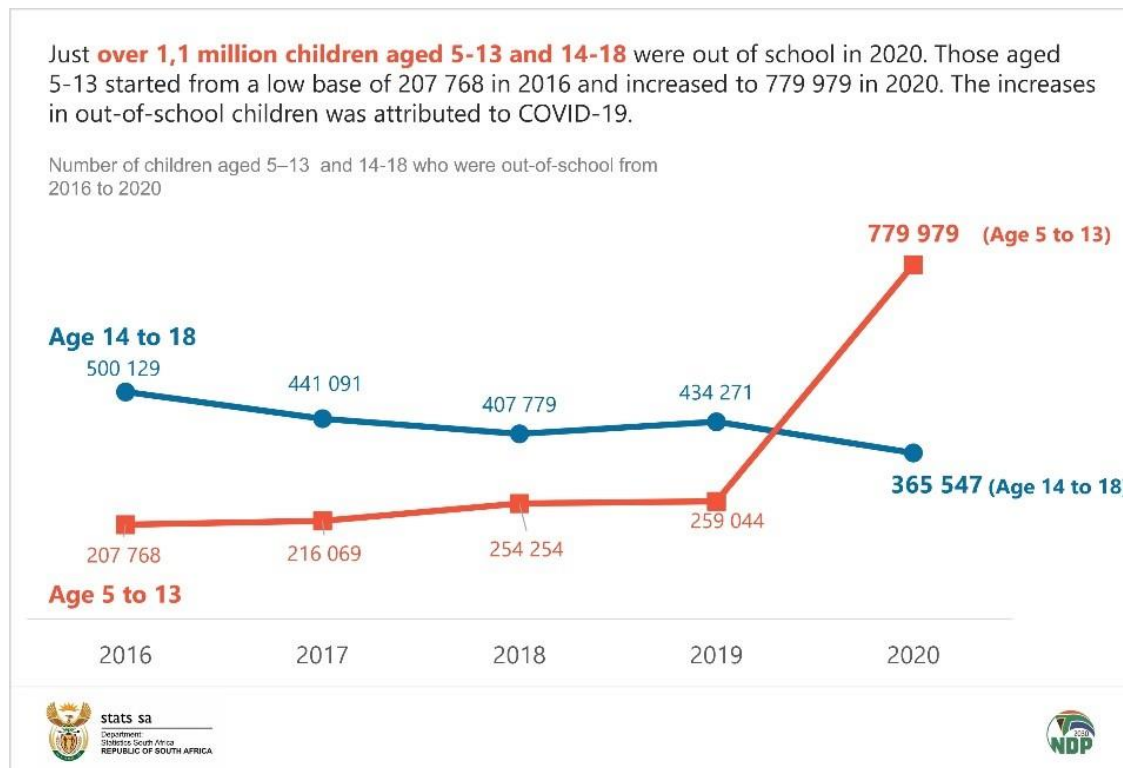
South Africa, in the wake of the pandemic saw the closure of schools across the country. In an attempt not to disturb the learning process after closure, some schools introduced distance learning. This meant children would need access to, not only electronic devices but to data/internet on a constant basis (Stats SA, 2022). Apart from the use of Emergency Remote Online Learning (EROL) introduced by government, children who depended on food from the school were impacted negatively as they did not have access to food provided by the school. Feelings of self-worth and the feelings of belonging in the school environment were affected due to COVID-19 regulations in schools (UNICEF, 2021). This study created an opportunity for children to share and express their experiences on the influence of COVID-19 on their wellbeing.

Children from low-income and single-parent families as well as those with special education needs suffered most, in that they were deprived of physical learning opportunities, social and emotional support normally provided at schools and services, such as school meals (UNICEF, 2021). To alleviate some of the above challenges, government sought to provide learning equipment to

children from less privileged back grounds. This, however, could not guarantee that children would continue learning at home, because some of the home environments may not have been conducive for learning due to various reasons (UNICEF, 2021). The home environment refers both to the physical and psychological environment. The physical environment includes rooms, basic facilities such as water, shelter, clothes, food, and other physical needs of the individuals, while the psychological environment of home includes the mutual interactions of family members, respect, say in family matters and such other things (Khan, Begum & Imad, 2019). All of these were found to affect children's learning depending on the state of the home (Khan, Begum & Imad, 2019).

Stats SA (2022) had recorded a higher level of children dropping out of school because of COVID-19. During the start of COVID-19, children were kept away from school by their families due to fear of contracting the disease (Stats SA, 2022). Even with the initiatives to provide electronic access in most homes (so learning would not be disturbed), 2020 still saw a low ownership of computers and laptops whilst cell phone ownership was at 91.3% in households with children aged 5-24 (Stats SA, 2022). These numbers show that access to electronics was not accorded to every household in South Africa as most communities remained unable to access educational material provided online and via technology. Some schools did not adopt online learning but rather implemented rotational attendance (Stats SA, 2022). Fricker and Alhattab (2021) (in UNICEF, 2021) argue that school going children lost between 9 months and a whole school year between when COVID-19 started and 2021. As a social worker, the researcher had a part to play in supporting children who had different experiences because of COVID-19. Children had different experiences due to the emergence of COVID-19 and all experiences had not been explored in existing research studies.

Figure 1 *COVID-19's effect on school attendance*



Note: A diagram from Stats SA (2022) of the effect of COVID-19 on children’s school attendance.

1.4 Statement of the problem and rationale for the study

Newman (2022) argued that there was a lack of concern over the mental health impact of COVID-19 on children. He continued to say that in a world where we sought to protect children, their mental health together with their overall health should be a priority. Unlike COVID-19, mental health issues in children have no vaccine. If there is an increase in awareness and efforts to improve the mental health of children in many circumstances, then mental health issues (whether COVID-19 related or not) may be less prevalent.

When an individual’s mental health is compromised (for reasons such as a change in the environment, family restructuring and so on), it implies that their wellbeing is also compromised. Wellbeing and mental health are interrelated, mental health is a concept related to the social and emotional wellbeing of individuals and communities. Being of good mental health, or mentally healthy, is not simply the absence of illness, but rather it is a state of overall wellbeing (WHO, 2022).

There is a paucity of literature on ways that COVID-19 had affected the wellbeing of children in South Africa. COVID-19 being new, clarified the scarcity of literature in South Africa. There also seems to be little efforts being made in exploring and understanding how the wellbeing of primary school children had been affected by COVID-19. Newman (2022) had already found and expressed the fact that there was a lack of concern over the mental health impact of COVID-19 on children, this research study contributed to that literature.

It was a fact, that children had a lot to worry about when they were at school. The number one thing children in school seemed to worry about is academic responsibilities and pressures. Other concerns include family issues, depression, and loss/grief (Deng, et. al, 2022). We know children experience a certain level of stress at school, what we did not know is how COVID-19 had added to that list of already existing stressors. This study looked in depth at one primary school and how those children, like other schools, had been impacted by the pandemic that most of the world had to experience.

COVID-19 meant that children had to stay home, but as we are aware, not all homes are safe places for children (de Miranda et al., 2020). The pressure of possibly having to deal with an unpleasant environment at home and restricted activity at school, had a negative impact on children as depression and anxiety significantly increased (de Miranda, et al., 2020).

South Africa's inequalities came to the forefront, as COVID-19 had meant staying home and participating in distant learning. For many children this was a lifeline, but to some, distant learning was out of reach (UNICEF, 2021). Apart from the technological difficulties brought about by COVID-19, during the hard lock down more than 2000 schools were vandalised and looted (UNICEF, 2021). Thus COVID-19 had also seen the rise of criminal actions against schools, affecting when and how children could return to the learning environment (UNICEF, 2021). South Africa was quick to resort to blended learning, following the COVID-19 outbreak, including rotational classes, as well as access to online, radio and TV educational resources. However, the overall wellbeing of teachers and children was not considered. This was found by UNICEF (2021) who mentioned that not going to school led to learning loss, mental distress, exposure to violence and abuse, missed school-based meals and reduced development of social skills.

The human brain experiences post-traumatic stress after failing to recover from a terrifying event (Van der Kolk, 2022). Stress is a normal part of life that we learn to live with as we grow and

develop as humans. Two weeks after the occurrence of COVID-19 in China, a study was conducted to investigate how it had impacted youth. The results showed that the youth, either in high school or lower, had experienced a range of psychological problems (Liang, et al., 2020).

The common response to COVID-19, especially during the beginning of the outbreak, had been recorded as a worldwide major threat to health and a danger to the global economy, affecting people's lives by influencing their everyday behaviour and causing feelings of panic, anxiety, depression, and often triggering intense dread (Jiao et al., 2020). There is evidence across the globe that people of all ages are being affected by COVID-19 physically and mentally (Jiao et al., 2020), that is why it is imperative to understand, specifically, how children in primary schools, in South Africa, had been affected.

This study offered insights on the experiences of children during and after COVID-19 that might inform school based social workers on the nature of support required, tailored to the needs of children in a situation of a disaster or distress. The findings of this research study contributed to the body of knowledge on how children have been affected by COVID-19.

1.4. Research question

The research question fundamental to the proposed study is: What are the experiences of urban primary school children in Johannesburg, of COVID-19 on their wellbeing?

1.5. Aim and objectives of the study.

The primary aim of the proposed study was to explore the experiences of primary school children in terms of COVID-19 and its effect on their wellbeing.

The objectives of the proposed study were as follows:

1. To explore children's experiences during the COVID-19 pandemic.
2. To explore children's experiences after COVID -19.
3. To explore the perceptions of children on changes during and after COVID-19 that affected their wellbeing.
4. To establish the strategies children applied to deal with changes during and after COVID-19 that affected their wellbeing.

1.6.Relevance of the study to school social work

The contributions of this study were to help society understand, to an extent, how primary school children were affected by the pandemic (COVID-19), something they had never experienced. In addition, understanding how service delivery by the helping professions could be tailored and specialised in a manner that allows children to feel supported and assisted with any challenges that may have been raised due to COVID-19.

1.7.Methodology

A qualitative research approach was used in this study in order to understand how different children experienced COVID-19. A phenomenological design was used in this research study, as a way of better understanding children's experiences of COVID-19 from their point of view. This design was used because it provides the opportunity to collect rich and unique data from participants. The population from which this study derived the sample was a primary school called Edenglen Primary School. Purposive sampling, a type of non-probability sampling was used to sample seven grade 6 children to participate in the study. This sampling type was used to identify the children best suited to helping the study answer the research question. Data was collected through face-to-face semi-structured interviews using an interview guide which consisted of questions that were prepared prior to the start of this study. The collected data was analysed thematically, a process in which patterns in data were taken note of for the establishment of meaning to be expressed in the data analysis.

1.8.Definitions of concepts

1.8.1. Child

Child means a "person under the age of 18 years" (Children's Act No. 38 of 2005, p. 12). According to (Lansdown & Vaghri, 2022), we can understand a child as a human being from birth to the age of 18 years when majority is not attained earlier. For this study, children will be defined as human beings not older than 18 years of age.

1.8.2. COVID-19

WHO (2021) defines COVID-19 as a disease caused by a new coronavirus called SARS-CoV-2. Coronavirus infection has caused disease and death as well as affected almost every aspect of

human life (Koley & Dhloe, 2020). For this study, COVID-19 will be used in terms of its nature as a pandemic with numerous consequences.

1.8.3. Grade 6 child (learner)

Grade 6 is the exit-level of the Intermediate Phase. In South Africa, children are obligated by Law to be enrolled in grade 5 at the expected age of 12 years thereafter progressing to grade 6 (Itireleng Primary School, n.d.). A learner is defined as any person receiving education or obliged to receive education (South African Schools Act 84 of 1996). The grade 6 learner in this study will refer to the child in a mainstream primary school who has graduated from grade 5.

1.8.4. Mental health

The World Health Organization (2022) has defined mental health as “a state of mental wellbeing that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community” (WHO, 2022, p. 1). In understanding mental health, it is important to understand and ask questions around what mental illness is (Jenkins, 2021). It is not possible to treat a problem without understanding it in depth. This study looked at children’s experiences during COVID-19 to understand the mental distress caused by COVID-19 in order to establish mental wellbeing.

1.8.5. School social work

School social work is a specialized area of practice within the broad field of the social work profession (Role of School Social Worker, n.d.). School social workers provide mental health services in schools and have specialized training to meet children’s social-emotional needs, in the school setting. Schools often are one of the first places where mental health issues are recognized and addressed (Eklund et al., 2019; Lyon & Bruns, 2019), that is why this study is important. This study will zone in on school social workers as advocates for a better school environment for children and those connected to them (based on findings).

1.8.6. Social Work

“Social work is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people. Principles of social justice, human rights, collective responsibility, and respect for diversities are central to social

work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing” (International Federation of Social Workers, 2014, p. 1). Social works disciplinary territory includes those classified as poor, troubled, abused, marginalized and so on (Sheldon & Macdonald, 2010). The study will focus on children as a vulnerable group having faced COVID-19. This study will focus on a social worker working in a school environment with children.

1.8.7. Urban primary school

Urban primary school is understood as an education facility that provides education to students who live in metropolitan areas. These schools exist within a large bureaucratic school system that may occasionally lack resources required to handle various challenges in educating every student (Prezi, 2013). In the case of this study, an urban primary school will be an educational institution that provides quality education and seeks to close the gap found in terms of any lacking resources.

Urban education is usually described in geographical terms together with various other factors like race/ethnicity, socioeconomic and culture of children. Urban school districts may be defined as being in cities with a population greater than 250,000 and student enrolments of more than 35,000 (Welsh, & Swain, 2020). The school in which the study will take place, due to its geographical size, has up to 1200 children.

1.8.8. Wellbeing

Wellbeing is a concept closely related to health and mental health. The WHO made a bold offer of its meaning by defining health as more than the absence of disease but instead is complete physical, mental, and social wellbeing (Misselbrook, 2014). There is not a global definition for wellbeing, however, a general agreement is that wellbeing includes the presence of positive emotions and moods (e.g., contentment, happiness), and the absence of negative emotions (e.g., depression, anxiety), and satisfaction with life, positive functioning and experiencing fulfilment (Kobau et al., 2010). Different aspects of wellbeing exist but for the purpose of this study, emotional and psychological wellbeing will be a focus by which life satisfaction is measured/observed.

1.9.Limitations and delimitations of the study

Limitations	Delimitations
Getting assent and consent (Ferdousi, 2015).	Assent and consent forms were used.
Keeping confidentiality (Ferdousi, 2015).	Findings would be shared on request; therefore the priority was to protect participants' identity (Wiles et al., 2008). The identity of participants was protected by referring to participants by numbers and not by their names throughout the study/research report.
Doing no harm (Ferdousi, 2015).	The ethical principle of beneficence was considered and applied (Miracle, 2016). This was achieved by letting participants know that they could leave questions unanswered if they felt they did not want to answer. Their information sheet also included an explanation of the fact that they could leave the interview at any point during the process.
Limited participation (Hayat et al., 2021).	The exclusion and inclusion criteria (Dupras, 2021) was explored above in a previous section in this report. Limited participation was not an issue as the population for the study was quite large with approximately 150 children making up all the grade 6 learners at Edenglen Primary School in which the sample was derived.
Researchers bias (Hayat et al., 2021).	Data validity as explored in the proposal was applied. The study design, implementation

	and data analysis minimised/eliminated bias thus findings represented true findings (Pannucci & Wilkins, 2010). The fact that multiple participants were used to prove the interpretations of the study made findings truer and less likely biased.
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1.10. Organisation of the report

This chapter has been an introduction to this research study, looking specifically at the concepts used in this study, the aim and objectives of this study and study rationale. The rest of the report will be structured in such a way that one can find the theoretical framework and literature review in chapter 2, the research methodology in chapter 3 and the presentation and discussion of findings in chapter 4. Chapter 5 will focus on discussing the main findings, conclusions, and recommendations.

CHAPTER 2

THEORETICAL FRAMEWORK AND LITERATURE REVIEW

2.1. Introduction

A literature review serves many important purposes in research. For example, it situates the research focus within the context of the wider academic community in the field of study and identifies questions that still need to be answered within literature that the research attempted to address (Luft, Jeong, Idsardi, & Gardner, 2022). This chapter primarily focused on key proponents of COVID-19, the theoretical frameworks used by the study. This chapter was a review on the literature on COVID-19 and its influence on education and children, as well as the roles of school social workers. A theoretical framework is the use of a theory (or theories) in a study that simultaneously transmits the deepest values of the researcher (Consultores, 2021).

2.2. Theoretical frameworks

As expressed in the previous paragraph, theoretical frameworks are important in that they help express the deepest values of the researcher by allowing the study and ideas expressed in the study to be explored by existing and proven theories. Therefore, the study made use of three theoretical frameworks in exploring the experiences of participants. These theories are the ecological systems theory, psychosocial theory, and the biopsychosocial model of health.

2.2.1. Ecological Systems theory

This theory looks at a child's development in the context of the system of relationships that form his or her environment. Bronfenbrenner's theory defines complex "layers" of environment, each influencing a child's development. This theory was renamed "bio ecological systems theory" to emphasise that a child's own biology is a primary environment stimulating their development (Ryan, 2001). The interaction between factors in the child's maturing biology, such as their immediate family/community environment, and the societal landscape, influences and steers their development (Teater, 2019). Changes or conflict in any one layer will have ripple effects throughout other layers (Teater, 2019). To study a child's development, it is important to look not

only at the child and their immediate environment, but also at the interaction of the larger environment (Ryan, 2001).

Bronfenbrenner's model mentions that there are five core ecosystems that affect the way a child develops into an adult. These are the microsystem, the mezzosystem, the exosystem, the macro system, and the chronosystem (Guy-Evans, 2020).

The microsystem is the first level of Bronfenbrenner's theory and refers to systems and sub-systems that have direct contact with the child in their immediate environment, such as parents, siblings, teachers, and school peers.

The mezzosystem encompasses the interactions between the child's microsystems, such as the interactions between the child's parents and teachers, or between school peers and siblings.

The exosystem incorporates other formal and informal social structures, of which the child is not part. The exosystem indirectly influences the child if it affects one of the microsystems. An example of this is what the study found when parents of children had to move cities due to job change or other factors. This would affect the child in that they had to become accustomed to a new environment with a new set of people, which can be good or bad depending on how the child adjusts to the change.

The macro system focuses on how society, socioeconomic status, wealth, poverty, ethnicity, and culture affect a child's development (Guy-Evans, 2020). The culture in which a child is immersed in may influence their beliefs and perceptions about events that transpire in life. The study found that a participant was seen as uncultured when they slept for longer hours (a habit developed from COVID-19).

The chronosystem consists of all the environmental changes that occur over a child's lifetime which influence development, including major life transitions, and historical events (Guy-Evans, 2020). The COVID-19 pandemic is part of the chronosystem affecting the development of the child.

Using Bronfenbrenner's ecological systems theory, a child is placed in the centre of their world with everything external to them affecting them in various ways (Guy-Evans, 2020). In this case, COVID-19 is the external force which we understand that children had been affected negatively

due to the nature of the disease. COVID-19 had meant that the nature of interpersonal relationships changed (i.e., no close contact, no hugging or holding hands with someone who is not family).

2.2.2. Psychosocial theory

This theory focuses on the nature of self-understanding, social relationships, and the mental processes that support connections between the person and his/her social world (Newman & Newman, 2020). Friends and classmates play a role in how children progress through the industry versus inferiority stage of the psychosocial theory.

Erikson defined the following eight developmental stages: trust vs. mistrust, autonomy vs. shame and doubt, initiative vs. guilt, industry vs. inferiority, identity vs. identity confusion, intimacy vs. isolation, generativity vs. stagnation, and ego integrity vs. despair, which are related to the following ages: early infancy (1–1 ½), toddler (1 ½–3), early childhood (3–6), middle childhood (6–12), adolescence (12–18), young adulthood (19–40), middle adulthood (40–65), and older adulthood (65+) (Sacco, 2013).

When considering Erik Erikson's theory, primary school children are within the fourth stage of development. Erikson describes this stage of development as one in which school is important. School and social interaction play an important role during this time of a child's life. A child's social world expands considerably as they enter school and gain new friendships with peers. Children develop a sense of pride in their accomplishments and abilities through social interactions (Cherry, 2021). COVID-19 affected going to school, and social interactions among children. The experiences of the participants of this study in this regard was explored. A few participants shared they could no longer visit their friends' homes. Participants couldn't go to school either.

In fostering success during this stage of development, both parents and teachers are imperative to the child, who are usually aged between 6 and 12 years. Through proficiency at play and schoolwork, children can develop a sense of competence and pride in their abilities. By feeling competent and capable, children can form a strong self-concept. This means that, should this stage not be experienced by a child, a weak self-concept is likely to be the consequence (Cherry, 2021). The theory is important for this study as the study explored how COVID-19 and its consequences had disturbed the social world of children in the school environment.

2.2.3. Biopsychosocial model of health

This is an inter-disciplinary model positing that biological, psychological (i.e., thoughts, emotions, and behaviours), and social (e.g., socioeconomically, socioenvironmental, and cultural) factors, all play a significant role in health and disease, as they are interconnected to each other (Vogele, 2015). The model is important in that it examines how the above aspects play a role in health and disease, as well as human development. It is for that reason that this theory contributed to this study.

That this model examines health holistically, which also includes understanding wellbeing, made it valuable for the study. A biopsychosocial approach to health, systematically considers biological, psychological, and social factors and their complex interactions in understanding health and illness (Borrell-Carrió, Suchman, & Epstein, 2004). One part of Engel's (1977) biopsychosocial theory plays a major role in this study. This was the distinctive reality in which each unique individual person creates a situation based solely on their unique experiences with their own environment (Adler, 2009). The theory helped with the understanding of how COVID-19 had affected children holistically in terms of their mental, physical, and emotional health. Each child, though having experienced the same COVID-19, told a different story about their personal experience.

2.3. Literature review

COVID-19 not only shocked the entire world, but it has also changed the way in which many have had to conduct themselves. COVID-19 has claimed the lives of many people in different parts of the world. Many that experienced COVID-19 had to deal with its side effects (Koley & Dhloe, 2020). These and many more are the experiences the world had to face due to the emergence of COVID-19. This study investigated what primary school children experienced due to COVID-19, what changes, and adjustments they had to deal with during and after COVID-19, and how this influenced their wellbeing.

2.3.1. The COVID-19 pandemic

According to Cullen, Galati and Kelly (2020), it was normal procedure that during a pandemic, health systems would prioritise testing, reducing transmission and critical patient care. However, psychological, and psychiatric needs during any phase of the pandemic management should never be overlooked. Psychological factors are how individuals cope with various situations, crisis, and stressors. Psychological impacts were recorded following the onset of COVID-19. Individuals (of all ages) reported depressive symptoms and various maladaptive psychological issues (Cullen et al., 2020). Based on the study conducted by Cullen et al., (2020), it was clear that COVID-19 had caused psychological issues for many different people.

The main idea of wellbeing is a flourishing life based on different aspects of an individual's life (Atkinson, Fuller & Painter, 2016). Wellbeing can be used to describe an objective state and a subjective experience. Objective wellbeing refers to wellbeing at the societal level, the objective facts of people's lives. Subjective wellbeing concerns how people experience their lives (Huppert, 2014). This study sought to capitalise on the subjective nature of wellbeing by looking into how children experienced their lives during COVID-19. The objective part of wellbeing was also explored since schools and government were closely linked to this study. Achieving wellbeing is usually seen as a sign of attainment of health to a certain extent. The World Health Organization (WHO) defines health as being in a state of absolute physical, mental, and social wellbeing instead of merely the absence of disease or ill-health (Slade, 2010). This definition, if analysed well, is closely related to the definition of wellbeing. Wellbeing has been operationalised across domains such as emotional wellbeing, psychological wellbeing, and social wellbeing (Slade, 2010). Thus the absence of emotional, psychological, and social wellbeing could possibly mean the existence of mental illness or psychological issues in one's life.

2.3.2. The influence of COVID-19 on education and children

COVID-19 had significantly impacted schools, children, and government (Daniel, 2020). Government had to come up with ways in which to contain COVID-19 in schools whilst establishing teaching methods that would not contribute to increased cases of COVID-19. Virtual and online teaching had to be introduced as a way of continuing the school curriculum without having children at school. Schools had to come up with strategies that allowed for no contact

learning. The schooling system had to change almost overnight due to COVID-19 and children had to accept the changes and adapt to the new ways of learning and interacting with others (Daniel, 2020). When COVID-19 began, schools shut down and turned to different methods of getting academic work to children. During this time, children felt out of touch with the school environment. For many children the time that they could not attend school felt like a gap in their academic lives. Before COVID-19, children understood learning as something that happened in the classroom. During COVID-19, they had to adapt to ways of learning that included online/distant learning, self-studying, and a plethora of assessment rather than tests and examinations. After COVID-19, children could go back to school yet there were numerous changes within the school environment before things could completely return to how they had been before COVID-19 (Daniel, 2020). At school, children could not share food, stand too close to one another, hug, hold hands with their friends, sit together during break and had to wear masks. All these circumstances were acknowledged as affecting the wellbeing of children at school as they had to endure all the changes whilst trying to excel academically (Daniel, 2020).

The role of facial expressions should not be overlooked when one focuses on communication between individuals. In this case, a closer look was taken at how the wearing of masks may have affected communication (Mheidly, Fares, Zalzale, & Fares, 2020) between children and others within the school environment. The use of face masks was something common in Asia during the flu seasons. Masks were also used during the Spanish flu. Many people do not find the use of face masks abnormal however, face masks can cause many misunderstandings when it comes to communication. In the school setting, specifically in South Africa, the use of masks in the school environment was introduced because of COVID-19. Although face masks were being used to control infection rates, they made it hard to fully grasp and understand the entirety of what people tried to communicate to one another. “The need for face masks, as an important protective measure to decrease the spread of the virus, had a huge toll on interpersonal communication. Facial expressions and gestures play a major role in facilitating interpersonal communication, comprehension, and the delivery of intended messages” (Mheidly et al., 2020, p.1). The introduction of face masks had brought with it the need to learn ways of understanding each other without being able to clearly see the entire face of the person relaying the message. Lack of clear communication, in this case, was an issue that directly affect children as their interpersonal relationships with others outside of their families, were strained.

Social distancing majorly affected adolescents as they enjoy many contact activities. Therefore, understanding the connection between social distancing motivations, mental health, and social health may be especially important for adolescents, as they were potentially at risk for negative psychological effects from COVID-19's social distancing (Oosterhoff, Palmer, Wilson, & Shook, 2020). As mentioned above, COVID-19 had led to the wearing of masks and other protective/barrier regulations to reduce the spread. In this case, a closer look was taken at how social distancing affected young people directly as it informed how a COVID-19 borne practice impacted their wellbeing. Another consequence of social distancing was seen in the athletic arena with most sports and recreational activities completely halting due to COVID-19 (Ramagole et. al., 2020). There remained a challenge during COVID-19 around how to safely continue participation in sports without spreading COVID-19 (Ramagole et. al., 2020). The activities that children could engage in were limited during COVID-19.

The psychosocial stage of development in which primary school children can be identified, is a time in which there is increased importance for peer relationships and a greater reliance on peers for social support. During the fourth stage as described by Erikson, the most important thing to children is the development of relationships outside their extended and immediate family (Cherry, 2021). It is at this stage that children should begin to develop their unique self-concept by being able to make the choices of who to spend their time with and who they would like to keep a distance from. However, due to COVID-19 social distancing was mandatory, and even though many young people adhered to social distancing for theirs and other people's safety, their overall interpersonal relationships with others were affected negatively (Oosterhoff et al., 2020).

2.3.3. The effect and consequences of COVID-19 on the access to education

During the COVID-19 pandemic, psychological problems like anxiety, depression, irritability, mood swings, and inattention and sleep disturbances were common among quarantined children (Panda, Gupta, Chowdhury, Kumar, Meena, Madaan, & Gulati, 2021). It seemed that lockdown measures during COVID-19 had extremely negative impacts on children. Lockdown had meant that children had to stay in their homes regardless of the home situation/circumstance. Fifteen studies describing 22 996 children/adolescents that fulfilled the eligibility criteria from a total of 219 records, showed how lockdown affected them. Overall, 34.5%, 41.7%, 42.3% and 30.8% of children were found to be suffering from anxiety, depression, irritability, and inattention

respectively. Although the behaviour/psychological state of a total of 79.4% of the children was affected negatively by the pandemic and quarantine, at least 22.5% of the children had a significant fear of COVID-19, and 35.2% and 21.3% of children had boredom and sleep disturbance respectively. Similarly, 52.3% and 27.4% of caregivers developed anxiety and depression, respectively, while being in isolation with children (Panda et al., 2021). Anxiety, depression, irritability, boredom, inattention, and fear of COVID-19 were predominantly new-onset psychological problems in children during the COVID-19 pandemic. The research presented by Panda et al., in 2021 clearly indicated that lockdown had negative implications on the wellbeing of children of various ages.

The above-mentioned studies and one by Suleri (2020) seemed to have zoomed in on the experiences of high schoolers and university students before and after COVID-19, little was found on the experiences of primary school children when looking at post COVID-19 experiences. The study by Suleri (2020) focused on the experience of higher education children during COVID-19, to determine whether they would prefer virtual education to continue after the social distancing during COVID-19. The issues raised in Suleri's (2020) study were similar to some of the issues this study explored in relation to blended styles of learning.

Blended learning was defined as a fusion of online and offline learning; it was seen as a motivating, encouraging method in higher education (Suleri, 2020). The main issue that could occur (or is occurring) was that virtual learning was fully dependent on technology and the user's technological skills. Diverse technological issues exist such as no optimal Wi-Fi, electricity, or broadband, issues that have all been mentioned as having been encountered by Stats SA (2022). Studies by (Fehl-Seward, 2022; Lei 2021; Varma & Jafri, 2020) like that of Suleri (2022) emerged, focusing on online/virtual/blended learning. Other aspects of how COVID-19 affected the school institution and children in primary school were rare to find. The biggest similarity amongst many of the above-mentioned studies was the acknowledgment of the fact that COVID-19 exacerbated the multiple and profound educational divisions that already exist globally (Drane, Vernon, & O'Shea, 2021). Drane et al. (2021) spoke of studies that showed that psychological distress increased during the COVID-19 disruption, thus a percentage of school going children were found to have experienced anxiety, depression and so on due to COVID-19 (Drane, et al., 2021).

COVID-19 saw the implementation of emergency remote learning (EROL). This meant that as a teacher at a traditionalist school of contact sessions, the pandemic forced teachers to teach remotely through online methods of communication, using online classes, narrated PowerPoints, voice clips, and interactive videos (Baboolal-Frank, 2021). Edenglen Primary school located in the urban area of Edenvale, made use of remote learning during the lockdown. When the lockdown was lifted, the school implemented rotational classes with learners grouped in 2 clusters, rotating weekly. This was implemented until COVID-19 levels and risks had significantly reduced.

2.3.4. The role of school social workers

The role of school social workers in psychosocial support as well as care and support for teaching and learning of primary schools is to provide various social services. It is to ensure that support measures and structures for counselling are available for learners involved in disciplinary proceedings and all other problems. School social workers exist in the school setting for those classified as troubled children at school and all that are within the school environment (Reyneke, 2018), by functioning as therapists, facilitators of educational workshops and promoters of mental health and self-care.

Preventative measures are efforts undertaken by school social workers to minimize and eliminate the social, psychological, and other conditions known to cause or contribute to physical and emotional illness and some socioeconomic problems (Openshaw, 2008). Prevention efforts include actions taken that would prevent problems from occurring (primary prevention). Limiting the extent and severity of the problem which is secondary prevention and assisting in recuperating from the effects of the problem and developing sufficient strengths and skills to preclude its return, is tertiary prevention (Openshaw, 2008). This is done by working closely with other members of the school environment in training them on how to deal with and handle issues that would/can arise because of any mental disturbance experienced by learners in different grades in the school system, from various reasons.

2.3.5. Summary

In summary, chapter 2 gave an extensive look at the literature related to COVID-19, as well as the theoretical frameworks that underpinned this study. Chapter 2 delved into the COVID-19

pandemic, the influence of COVID-19 on education and children, the effect, and consequences of COVID-19 on the access to education and finally the role of a school social worker. In the following Chapter, the research methodology that was applied in this research study will be presented.

CHAPTER 3

RESEARCH METHODOLOGY

3.1. Introduction

This chapter focused on the research methodology used in the research study. This will include the research approach and design, population, sample and sampling procedure, the research instrumentation, and pre-testing of the research instrumentation used in the research. The chapter also went into detail about methods of data collection, data analysis trustworthiness of this study and ethical considerations for this study.

3.2. Research question, aim and objectives.

The research question fundamental to this study was: What are the experiences of urban primary school children in Johannesburg, of COVID-19 on their wellbeing?

The primary aim of the proposed study was to explore the experiences of primary school children in terms of COVID-19 and its effect on their wellbeing.

The objectives of the study were as follows:

1. To explore children' experiences during the COVID-19 pandemic.
2. To explore children' experiences after COVID-19.
3. To explore the perceptions of children on changes during and after COVID-19 that affected their wellbeing.
4. To establish the strategies children applied to deal with changes during and after COVID-19 that affected their wellbeing.

3.3. Research Approach

A qualitative approach was used in this research study. In qualitative research, social problems and phenomena are explored to understand these social problems and phenomena better. Qualitative research is rooted in interpretivism or constructivism that focuses on the way in which different participants/people construe their realities (Creswell, 2009). Its aim is to answer questions concerned with developing an understanding of the meaning and experience dimensions of humans'

lives and social worlds (Fossey, et al., 2002). This approach was relevant to this study in that the point of view and experiences of each individual participants were explored and better understood.

3.4. Research design

According to Fossey et al. (2002) two research paradigms inform qualitative research methodologies, namely interpretive and critical research paradigms. Both paradigms place emphasis on seeking understanding of the meanings of human actions and experiences, and on generating accounts of their meaning from the viewpoints of those involved.

For this study, interpretive methodologies were used as they focused on understanding and accounting for the meaning of human experiences and actions. The specific interpretive methodology under the qualitative approach used was phenomenological. As a phenomenological study, this research study focused on the ordinary world of children in primary school, with a special interest in the way they experienced their world during COVID-19, what it was like for them and how they understood their experiences (Tesch, 1990). Phenomenology is a form of qualitative research that focuses on the study of an individual's lived experiences within the world (Neubauer, Witkop & Varpio, 2019).

Phenomenology is an approach that seeks to describe the essence of a phenomenon by exploring it from the perspective of those who have experienced it. The goal of phenomenology is to describe the meaning of this experience—both in terms of what was experienced and how it was experienced (Neubauer, Witkop & Varpio, 2019).

3.5. Population, sample, and sampling procedures

A population is all the individuals or units of interest in a specific area/community; typically, there is no available data for almost all individuals in a population (Hanlon & Larget, 2011). The population for this study was approximately 150 grade 6 learners of the 1200 children at Edenglen Primary School.

A sample is a subset of the individuals in a population (Hanlon & Larget, 2011). The research used non-probability, purposive sampling to recruit participants. Non-probability sampling is defined as sampling that is not random (Lopez & Whitehead, 2013). It is a sampling technique in which all the participants do not get an equal chance of participating in the investigation. Apart from this,

the selection of the sample is made based on the subjective judgment from the researcher (Alvi, 2016). The sample for the study was seven grade 6 children at Edenglen Primary School.

The participants were recruited by being spoken to about the study and its possible benefits to literature. All grade 6 classes at Edenglen Primary School were spoken to about the above and interested parties were recruited as participants. After being spoken to about the study, a participation information sheet (Appendix A) was distributed to the children who showed interest in participating in this study. Participation information sheets (Appendix B) were given to the children to give to their parents/guardians. Children who signed their assent forms (Appendix C) and have their parents give consent will be considered for the study.

The interested children took forms home to their parents and once their parents gave consent the children were directed to the researcher's office by their teachers.

Inclusion criteria are specific characteristics that the person or population or elements must possess, such as a certain age range or gender (Lopez & Whitehead, 2013). In the case of this research, the participants had to be in grade 6 (as requested by Edenglen Primary School), between the ages of 11 and 12 (the normal ages of grade 6 children), they were both male and female, attended Edenglen Primary School and had consent forms (Appendix D) completed by guardians and assent forms from participants.

Exclusion criteria identify characteristics that deem a participant inappropriate for inclusion in a study (Lopez & Whitehead, 2013). Grade 1 to 5 learners were excluded from the study due to their developmental stages. Children that were not part of Edenglen Primary School could not participate and grade 7 children were not able to participate as requested by Edenglen Primary School.

3.6. Research instrument

The research tool used by this study was a semi-structured interview guide (Appendix E). A semi-structured interview guide is a list of questions that have been prepared by the researcher and it guides the conversation during the interview (Adams, 2015). The semi-structured interview guide allows for well-planned and formulated questions. The nature of the questions asked was open-

ended as these types of questions allowed for more in-depth information to be gathered. This helped the researcher avoid being redundant during the interview.

Questions used in the guide were developed with the ethical consideration of doing no harm kept in mind. Whilst establishing the interview guide, the researcher considered how certain questions might affect the participant. This allowed for careful considerations to be made when thinking of appropriate questions for the interview guide that are age appropriate (Morris, 2015). The type of information received was kept by the researcher as the researcher controlled the flow and nature of the interview. The guide helped encourage unbiased and truthful answers if well worded and structured (Creswell, 2009). The questions prepared on the interview guide were developed in relation to achieving the objectives of this study.

3.7. Pretesting the research instrument

The pre-testing of the semi-structured interview guide was done to make sure that the questions set for the interview were appropriate and contributed to the overall study. The researcher pre-tested the tool by using it when interviewing two grade 6 children at Edenglen Primary School, who met the selection criteria. None of the questions had to be rephrased as the pre-test showed questions were straight forward and easy to respond to. The children that the pre-test was done on were not included in the research sample, and their data was not analysed as part of the research study. The two children that were pretested gave their assent to be pretested, therefore they knew they would be pretested. The two children were approached with the participation information sheet having been explained to them, after giving their assent, the children provided consent forms from their parents. One child that participated in the pretesting did not want to be audio recorded therefore notes were taken.

3.8. Research Methodology

3.8.1. Method of data collection

Data was gathered by conducting face-to-face interviews, with participants at a place (the researcher's office, available as an employee of Edenglen Primary school) and time suitable for them, after school hours. The interview is defined as an information gathering conversation. A research interview involved the researcher as the interviewer, who coordinates the process of the

conversation and asks questions, and the child as the interviewee, who responded to the questions (Easwaramoorthy & Zarinpoush, 2006).

The use of semi structured interviews was advantageous as to facilitate a focused study of the specific topic, with use of an interview guide. The semi-structured interviews were time-consuming, labour intensive, and required interviewer sophistication (Adams, 2015). However, they were suitable when asking open-ended questions as they allowed for in depth interviews as mentioned above.

The Participant Information Sheet and consent forms given to parents/guardians of the children indicated they wanted to participate in the study. Assent forms were given to the children who wanted to participate in the study, after a face-to-face interaction had been made (in which the study was explained to the grade 6's in detail during their life coaching session). Forms were handed to grade 6 children that showed interest during the life coaching session, together with a consent form for their parents. The forms were brought to the researcher on the day of the face-to-face interview. This process involved participants taking the forms to their parents, who then decided if they'd like their children to participate. Once the consent forms from parents and the assent forms from learners had been provided, the researcher was able to conduct the interviews. The interviews were audio-recorded and lasted between 20 minutes to 45 minutes.

As a qualified social worker (who had used interviewing throughout training), the researcher was able to conduct the interviews. Some interviews were shorter than others as some children elaborated more than other children that provided little information.

3.8.2. Method of data analysis

Data was analysed using thematic analysis. Thematic analysis is a method for identifying, analysing, and reporting patterns (themes) within data. It minimally organises and describes the data set in (rich) detail. It can also go further by interpreting various aspects of the research topic (Boyatzis, 1998, as cited in Braun & Clark, 2006). The data was analysed by listing all significant statements. The meanings of these statements were then established by carefully reflecting on how the statements were shared by the individuals. Then the essence of the phenomenon was analysed and identified. Information was set in categories and themed to analyse data in an appropriate manner (Nowell et al., 2017).

The type of thematic analysis used was critical realist. This type of thematic analysis is defined as being a concept that states that reality exists but access to what is perceived as reality is mediated by socio-cultural meaning. In the case of this study, it referred to participants' interpretive resources. This type of thematic analysis was suitable as participants' words provided access to their version of reality that was interpreted by the researcher (Clarke, Braun & Hayfield, 2015). This research illustrated a combination of inductive and deductive thematic analysis.

Inductive thematic analysis refers to analysis grounded in data, rather than existing theories and concepts (Clarke, Braun & Hayfield, 2015). Deductive thematic analysis views data through a theoretical lens in that existing theoretical concepts inform coding, theme development and analysis moves beyond obvious meanings in data (Clarke, Braun & Hayfield, 2015). Inductive as data was coded and based on participants' experiences and deductive as the researcher drew on theoretical frameworks listed above (Braun & Clarke, 2012).

Thematic analysis was used for this study because it is flexible, an easy and quick method to use and learn; it was accessible to the researcher with limited experience of qualitative research and the use of thematic analysis allowed key features of a large set of data to be summarised whilst providing a thick description of the data set (Braun & Clarke, 2006).

The steps used in thematic analysis were as follows. The first step was to become familiar with collected data, the second step was to generate initial codes, the third step was to search for themes, the fourth step was to review themes, the fifth step was to define the collected themes and the sixth step was to write up this report (Nowell et al, 2017). When referring to themes, Braun and Clarke (2006) distinguish between two levels of themes: semantic and latent. Semantic themes are not looking for anything beyond what a participant has said or what has been written. In contrast, the latent level looks beyond what has been said and starts to examine underlying ideas, assumptions, and conceptualisations as well as ideologies that are theorised as shaping or informing the semantic content of the data.

These steps were followed in the order they were written, from step one to six, when using thematic analysis (Braun & Clarke, 2006). Analysis moves beyond describing what is said to focusing on interpreting and explaining it.

3.9. Trustworthiness of the study

When considering the trustworthiness of a research study, four concepts should be considered, namely, credibility, dependability, transferability, and confirmability (Sithole, Higson-Smith & Bless, 2013). These concepts are important in ensuring the trustworthiness of any study.

3.9.1. Credibility

Credibility focuses on how findings are congruent with reality. Credibility includes making use of research methods that are well established and it looks at the importance of including the correct measures for the concepts being studied (Shenton, 2004). The researcher described the appropriateness of the research questions, research design, the data collection method, and the data analysis methods that were used. The researcher trusted participants openly and honestly shared their points of view with the researcher.

3.9.2. Dependability

Dependability requires that the researcher thoroughly describes and precisely follows a clear and thoughtful research strategy (Sithole, Higson-Smith & Bless, 2013). The researcher described the research approach and design and documented the implementation of the research process in detail.

3.9.3. Transferability

Shenton (2004) states that transferability is when the findings of a study can be applied to other situations and contexts. Transferability requires the researcher to give a detailed description of the context in which the data was collected, the researcher as a person and the relationship with the participants. The researcher provided information on the context in which the research took place, described the participants and the methods of data collection and data analysis should this study be replicated in a similar context.

3.9.4. Confirmability

Confirmability is about the degree of neutrality in the research study's findings. This means that the findings of the study were solely based on the participant's responses and not on any potential bias or personal motivations of the researcher (Anney, 2014). For purposes of this study, the

researcher's supervisor reviewed and examined the research process and data analysis to ensure that the findings from the study were consistent. Since confirmability is concerned with establishing that the researcher's interpretations and findings are clearly derived from the data (Tobin & Begley, 2004), findings were from the recordings of the interviews.

3.10. Ethical considerations

Permission was requested (from the principal of Edenglen Primary school) and received from the school in which the research was done (Appendix F). In addition, permission had been requested and granted from the Gauteng Department of Education (GDE) to conduct the research in the school (Appendix G). For ethical purposes, an ethics training (Appendix H) was completed by the researcher. A HREC (Human Research Ethics Committees) Ethics Clearance Certificate with protocol number H22/11/68, was awarded to the researcher allowing the researcher to conduct the research by the University of Witwatersrand (Appendix I).

3.10.1. Voluntary Participation

Voluntary participation of the participants in research is important. Voluntary participation refers to a human research subject's liberty to exercise his/her free will in deciding whether to participate in research activity or not (Hogan, 2008). The researcher did not force participants to take part in the research. They were invited to take part in the study and were aware of their freedom of choice. This was done by discussing the participant information sheet with them (see appendix A).

3.10.2. Informed Consent

For participants to make a well-informed decision on whether they wanted to participate or not (Oliver, 2010), they were informed of the aims and objectives of the research. Participants were also made aware of their rights and responsibilities. In this research study, the participants were informed of the research aims and objectives. Consent forms (see appendix D) with parents/guardians and assent forms (see appendix C) with learners were used. The participants signed assent forms after their guardians/parents signed consent forms, to show that they were allowed to participate in the study.

3.10.3. Anonymity

There was no anonymity between the researcher and participants when gathering data because face-to-face interviews were conducted. To ensure anonymity when presenting or publishing findings, pseudonyms for participants were used (Wiles et al., 2008). The participants were also informed about their right to withdraw at any point in the process without any repercussions and their right to refrain from answering any questions that they did not feel comfortable answering. No one, except for the researcher and her supervisor, had access to the data, which was not disclosed to external parties. Interviews were conducted in an office offering privacy.

3.10.4. Confidentiality

Confidentiality entails an obligation on the part of the researcher to ensure that any use of information obtained from or shared by the participants respects their dignity and autonomy and does not violate the interests of individuals or communities (Bos, 2020).

Ensuring confidentiality required the researcher to observe several restrictions, which were (Bos, 2020, p. 2):

1. Research participants remained anonymous as their true identities were protected
2. Obtained private data was only on a need to basis
3. Participants were briefed on the goal or purpose of the research, its means of investigation, and who had access to the data
4. Participants gave active consent, were not coerced to participate, and retained the right to withdraw their cooperation at any moment (even after the study had been completed)
5. Participants were provided with an opportunity to review their data and correct any mistakes they perceived

3.10.5. Risk/Harm

Researchers have a responsibility to ensure that the physical, social, and psychological well-being of research participants is not adversely affected by the research (Rubin & Babbie, 2016). The researcher did not expose the participants to high risk. Due to the possibility of low risk based on

shared information during the interviews, resources for mental healthcare practitioners were available to the participants. In addition, a risk protocol, as a separate document about what would be done to prevent risk/harm was complied with. The researcher reminded participants to not feel obliged to answer any questions that they felt uncomfortable answering. Were there were concerns during the process, the researcher prepared resources that participants could access based on the harm experienced.

3.10.6. Compensation and Deception of participants

The participants were informed that there would be no benefits (monetary, goods or services) attached to participating in the study. The researcher did not use any form of deception. Deception refers to misleading participants and the deliberate misrepresentation of facts or withholding of information from participants usually with the intention of generating meaningful research information (Strydom, 2011).

3.10.7. Data Protection and Management

Data collected was stored on a password protected device. The data was analysed and would be kept only for as long as there was a need to. As mentioned above, consent was sought from participants and pseudonyms would be used to protect participants identities and data.

3.11. Summary

The chapter focused on the research methodology used during the research study. The following was discussed in depth in the chapter, the population, sample, and sampling procedures used. The research instrumentation and pre-testing of the research instrumentation were also discussed. The method of data collection used and thematic analysis as a method of data analysis was explained. The trustworthiness of the study was also explored and ethical considerations for the study were discussed. In chapter 4, the data that was collected and analysed will be presented and discussed.

CHAPTER 4

PRESENTATION AND DISCUSSION OF FINDINGS

4.1. Introduction

This chapter presents research findings based on thematic analysis of data gathered. Themes and sub-themes emerging that are related to the study objectives are described in-depth. Verbatim responses are used as evidence to support the emerging themes. Findings are also critically discussed in relation to literature that focuses on the phenomenon explored.

4.1.1. Demographic Profile of Participants

The demographic profile of the participants is presented in Table 4

Table 4.1 Profile of participants (N=7)

Demographic factor	Sub-category	No.
Gender of children	Female	5
	Male	2
Age of children	10-12	7
Status at the school	Grade 6	7

The study included seven participants. The participants included 5 females and 2 males. These were children attending Edenglen Primary School in their sixth grade of studies. Their experiences informed their perceptions in an in-depth manner that affected their responses.

The ages of the participants varied with the youngest being 10 and the oldest being 12. Some of the participants attended Edenglen Primary School for 5 years and some for 1 year.

4.1.2. Research site

The institution in which the research was done was Edenglen Primary School (EGPS), located in Edenvale at Wagenaar Street Edenvale 1609. The school was founded and officially opened on 17 August 1978. EGPS was opened to less than 300 learners, but that number has grown more than

thrice since the first intake (Edenglen Primary School, 2020). That first intake of 252 children has grown to a current enrolment of over 1 300 children.

EGPS welcomed its first pupils in 1978. There were eight teachers and a single secretary. There are now about 73 staff members between the teachers, the management and ground staff. The school has 3 mental health professionals (2 social workers and 1 life coach).

4.2. Themes and Subthemes discovered in the analysed data.

The themes and subthemes discovered during the analysis of the data are presented in Table 4.2

Table 4.2 Themes and subthemes

Themes	Sub-themes
Living through COVID-19	<p>Having to stay in the same space for a long time.</p> <p>Not being able to see other people.</p> <p>Not having direct contact with my teacher</p> <p>Having something always cover my face.</p> <p>Always having to sanitize</p> <p>Not being able to touch</p> <p>Sleeping patterns</p> <p>Constant thought of death</p> <p>Relationships</p>
There were changes after COVID-19	<p>Taking the mask off</p> <p>We couldn't interact a lot.</p> <p>Learning was not at its best.</p> <p>Covid-19 felt like a lot of things at once.</p> <p>Sleeping disturbances</p>
COVID-19 changed my life	<p>Covid-19 was restricting.</p> <p>Perception of illness/how the sick were treated</p>
The way I managed COVID-19	<p>Unclear use of technology</p> <p>Management of academic work</p>

Below the themes and subthemes will be discussed in relation to the different objectives of the study.

Objective 1: To explore children' experiences during the COVID-19 pandemic.

Theme 1: Having to stay in the same space for a long time.

The separation of humans or animals to prevent the spread of disease, is called quarantine. This is the confinement and restriction of those exposed to contagious diseases such as COVID-19 with the intention of controlling the rate at which the virus was spreading. Just as participant 6 felt that *"quarantine was the worst thing"*, Chatterjee and Chauhan (2020) found that those who were quarantined, described it as an unpleasant experience because it resulted in separation, isolation, boredom, and sense of uncertainty.

Participant 7 said: *"I had a lot of fights with my brother because we were in each other's faces the whole time"*, giving a sense of how home life was experienced during lockdown. Families were forced to stay in their homes having to face each other daily. As great as that would normally seem, some participants felt that being in the house with their family members over a long period without moments where they could go to school, the mall or out of the house was a cause of conflict.

However, participant 6 felt that the bigger fear was being separated from a family member in the event of the contraction of COVID-19. The participant felt COVID-19 *"changed our family a lot because it's affected our lives and that's because if one of us got COVID, we had to stay in separate rooms"*. There seemed to be opposing ideas when it came to having family around all the time during the lockdown. Some participants, as will be articulated below, felt they had to share their space with people within their family that they didn't particularly like due to familiar conflict that was only exacerbated due to COVID-19's lockdown regulation.

Participant 2 described a time when their family suspected that they had COVID-19. At that time, perhaps there was normalcy of staying in one's room for a few hours in the day with the freedom to leave any time the participant felt like it. However, at this time Participant 2 felt *"it was really scary because I was alone in the room"*, without the freedom of leaving the room at any time as there was a requirement of being in the room for a few days until it was confirmed that the participant was cleared of possibly having COVID-19.

Participant 6 shared their experiences of having had COVID-19. According to the participant *"when I got COVID, it was on Easter weekend last year, it wasn't nice cause me and my brother had to stay in our room. And yeah, we couldn't meet visitors and we couldn't basically do anything."*

We just had to stay in our room and sleep and rest. It was irritating and we couldn't really spend much time with our mom and dad and other family members and everything like that". Chatterjee and Chauhan (2020) suggested that quarantine time be filled with physical, cognitive, relaxation exercises, reading and entertainment. COVID-19 does not present the first ever outbreak that resulted in measures such as lockdown/quarantine. Outbreaks such as yellow fever and cholera (Chatterjee & Chauhan, 2020), have resulted in the emergence of quarantine measures, this means government and the world had the opportunity to encourage communities of how best they could have used the time in which they were quarantined. Unfortunately, participant 6 was locked in the room with his brother for about 2 weeks before all signs of the virus were completely gone. In that time, the participant felt that not only was their freedom to interact with family members limited but the things they could do in that time felt and seemed limited to them.

Theme 2: Not being able to see other people.

According to Manuell and Cukor (2011), isolation merely indicates separation of those sick with a contagion from the people who are not. Participants shared the feelings they felt due to having been restricted from other people.

Participant 7 felt *"kind of sad because I couldn't see my friends couldn't go out, see the family and stuff"*. This emotion was because of not being able to interact with other people, especially friends. This seemed to be something most participants felt strongly towards as they had no choice but to follow the rules and regulations to protect themselves and their loved ones.

According to Hwang, Rabhera, Pesiah, Reichman and Ikeda (2020), the societal impact of COVID-19 has been broad with all aspects of normal societal functioning having been affected in one way or the other. Quarantine and social distancing were necessary measures to prevent the virus from spreading but ultimately lead to elevated levels of loneliness and social isolation, which in turn seemed to have produced numerous mental-health related repercussions. Based on observation of children in the primary school community, it was evident that many children in grades 4 to 7 lacked any sense of emotional intelligence. There was an awkwardness in terms of how children associated with each other when they weren't playing.

"It was very difficult staying like in your property for like that large amount of time. It felt very weird not going out as much as you used to when COVID wasn't a thing" was a statement shared

by participant 6. This was one of the clearest restrictions that many participants seemed to resonate with when it came to the restrictions associated with COVID-19.

According to Macip and Yuguero (2022), the establishment of curfews, lockdowns, and various forms of states of emergency/alarm were perceived as an attack on the citizens' fundamental rights. There had been a general feeling of the freedom to move as one pleases being taken away from individuals. Even though it was for the greater good in controlling the COVID-19 outbreak, the ideal situation would have been to strike a balance between control and freedom (Macip & Yuguero, 2022).

One of the impacts of being restricted to the people you see or have in your space led to participant 6 feeling *“very empty with...it felt very weird without being with people like you used to be, so it's just not normal it was not nice”*. The participant goes as far as describing the idea of being away from other people ‘abnormal’. Realistically, participants all expressed having been with their families, however based on participants expression, it was evident that surrounding themselves with only family for the larger part of time was not pleasant.

Theme 3: Not having direct contact with my teachers.

The United Nations Children's Fund (UNICEF) had reported about 3 billion people were in lockdown around the world and that almost 90% of the student population was cut off from school (Winther & Byrne, 2020). The closure of schools had a range of adverse consequences, ranging from disrupted learning to uncondusive home situations/environments alongside challenges related to the creating, maintaining, and improving of distance learning (UNESCO, 2020).

Many of the participants shared a similar sentiment around being home schooled related to the lack of contact with teachers and other learners. Participant 7 claimed they enjoyed homeschooling as expressed in their statement saying homeschooling *“was a lot easier because I could do everything in bed”*.

However, there were participants such as participant 1 who felt that homeschooling cost her understanding of academic work. Another participant (participant 5) claimed grade 3 was not a challenge but was rather easy therefore they were able to do the work without engaging with teachers. Participant 1 shared that:

“Home schooling was not nice because you couldn't understand most things and I couldn't understand our work”.

Participant 1's statement showed the need for understanding the fact that not all children are the same. There was a participant that felt grade 3 was easy, this participant felt that grade 3 was a challenge and would have therefore appreciated the extra assistance from the teacher, on a face-to-face basis.

“I could say challenging because you can't really come up to the teacher in person and tell them, because now you have to message them” Participant 5's feeling related to homeschooling aligns with participant 1's feeling of needing a person in front of them teaching and guiding them.

However, participant 7 felt homeschooling gave them a sense of freedom in terms of the time they had to spend at school as well as the inconvenience of waking up at an early hour. The participant stated that being schooled at home was *“better than waking up at 6:00, o'clock getting ready, coming to school for six hours, so it was nice.”*

States SA found that homeschooling brought about the requirement of learners needing to need access to not only electronic devices but to data/internet on a constant basis (Stats SA, 2022). This was a sentiment shared by participant 1 who said homeschooling *“was a lot of work and you used a lot of data for our work”.*

Stauffer (2020) shared an article in which many young people shared that they felt that 2020 was a wasted year for various reasons. In this case participant 3 felt like their whole grade 3 year never even happened for them as they felt *“grade 3, it's like grade 3 never happened. So, like you lost out on one year of your life, we didn't really get to experience that year that we lost out on because we were at home-, and home-schooling stuff”.*

Bronfenbrenner's theory highlights the importance of the microsystem when looking at a child's development. It is important to note that this microsystem could not only include family but included peers and teachers, something many participants didn't have for a year. The things that have direct contact with the child in their immediate environment, such as parents, siblings, teachers, and school peers, are identified as being important (Guy-Evans, 2020).

Participant 2 felt 2020 was a lacking for her especially when she considered her education as she stated that she *“couldn't take the full education, couldn't understand more things without the teachers help and I couldn't learn the entire year; only half the year; not even half the year or quarter of the year”*.

2020 had the same 12 months as all other years that have been experienced before COVID-19, however it was evident that COVID-19 left a gaping gap in the lives of some participants such as this one. Another participant shared that they couldn't even remember the year 2020 well:

“I don't know I was very young”, Participant 4.

As with all the experiences stated above, there was a commonality between all what participants felt. There was a general feeling of not being able to interact with others, whether due to quarantine/lockdown, isolation, and homeschooling. This poses an issue when child development is considered. The third stage of psychosocial development takes place during the preschool years. At this point in psychosocial development, children begin to assert their power and control over the world through directing play and other social interactions (Cherry, 2022).

When considering Erik Erikson's theory, primary school children are within the fourth stage of development. Erikson describes this stage of development as one in which school is important. School and social interaction play an important role during this time of a child's life. A child's social world expands considerably as they enter school and gain new friendships with peers. Through social interactions, children begin to develop a sense of pride in their accomplishments and abilities (Cherry, 2021).

The experiences described by participants above show the lack of interaction that they experienced during the COVID-19 rules and regulations.

Theme 4: Having something always cover my face.

At school, children had to wear masks. This and many other circumstances should be acknowledged as affecting the wellbeing of children at school as they had to endure all the changes whilst still excelling academically (Daniel, 2020). Though masks became a necessity, they still remained uncomfortable for some to bear.

This statement by participant 5 articulated how many of the other participants felt about the wearing of masks:

“I think it was a very drastic change the way we couldn't go out without our face covered with something it for me it felt very uncomfortable because you can't breathe”.

Most participants did not like having to wear masks as they described it to have been suffocating and restricting. Even though masks did not greatly affect participants during COVID-19 as they had to stay home most of the time but in the instances that they had to go out seemed unpleasant in that they had to wear masks.

Masks were majorly restricting in that they had a huge toll on interpersonal communication (Mheidly et al., 2020), amongst many other things.

Theme 5: Always having to sanitize.

According to Chatterjee and Chauhan (2020), vigilant handwashing and avoiding crowds were some of the behavioural changes that were described by a long-term qualitative study that focused on the effects of COVID-19 on the population.

Participant 7 shared *“it's made us more cautious and hygienic, ummm, that's all”*. It seemed like the spread of the virus made some participants more hygienic. However, there was a thin line between them becoming more hygienic and paranoid, in terms of the amount of cleaning done. One such case could be seen in Participant 1's experience described as being *“a lot harder than before because you had to, had to disinfect everything because the germs would make you sick”*. COVID-19 was indeed a virus that would potentially make one sick if cleaning and disinfecting was not done properly and adequately. In the sections to follow, other participants shared the fact that even after COVID-19 had eased, they continued to vigorously clean in the same manner as when COVID-19 had begun.

According to participant 1, the emergence of COVID 19 was a lot of work as *“it has been a lot of work and had to clean every time”*. Apart from staying home, there was a huge emphasis by government in terms of washing and sanitizing hands. The fact was that COVID-19 could easily be spread by mindless touching of surfaces and others, therefore many people understood the importance of cleaning and sanitizing their homes, as was stated by the following participants:

Participant 7 shared that *“there was sanitizer everywhere”* around them.

Participant 3 shared that their home had to be thoroughly cleaned every single day during the time of the COVID-19 outbreak:

“obviously you’d clean every single traverse in your house like, like you’d wash your hands a lot and stuff...It was hectic because like every single day I’d be moping, or I’d be dusting the knobs and the light switches”. It may have sounded extreme to a grade 3 at the time but adults made sure to be cautious as they worked towards protecting themselves and their families.

The South African government during the time that COVID-19 begun to spread rapidly would remind South Africans to constantly wash and sanitize their hands. This was experienced by participant 4 who said *“It just made me be more careful about, like, I have to sanitize my hands and make sure that if I get sick, I don't try to spread it onto people and if people are sick and they cough or anything, I just have to make sure that I am, I stay a distance or I wash my hands, sanitize, wear a mask when I need to, so it made me think more about hygiene”*.

Theme 6: Not being able to touch.

Findings regarding social distancing saw that many were willing to adhere to it for safety reasons as stated earlier in the report. Participant 7 shared that her school had always been against contact games even though learners still played such games. However, the participant felt that *“During COVID it was more, it was worse, and then after COVID, they calmed down a bit like you can hug your friend or something, so during COVID it was worse, now they cooled down with that”*.

According to Oosterhoff et al. (2020), even though young people adhered to social distancing, their interpersonal relationships were affected. Many of the children (based on the researcher’s observation), in the school environment, enjoy playing games associated with touch such as fake fighting, touches, and dance. Unfortunately, they could not play such games during COVID-19 as well as for a while after returning to school as participant 4 shared *“You couldn't touch your friends, and when we were in grade three and four, we would like to play”*.

Social distancing may have been objective in terms of how it made participants feel. Participant 7 did not feel the effects of social distancing as she stated, *“Social distancing, they always make us social distance with or without COVID-19. They say no touching, they still do that, so it wasn't much of a change with that”*. This participant attended the same school as other participants who

felt social distancing affected their play, it seemed participant 7 had become accustomed with school rules that spoke against any contact games.

Theme 7: Sleeping patterns.

Panda et al. (2021), in their study described in chapter 2, found that there was a correlation between COVID-19 and sleep disturbances. In this case, many of the participants felt that without having to go to school, they could sleep at any time and only wake up when they had to attend a class online. This was evident in the statement by participant 7 who said:

“During Covid, there was no school, got to sleep whatever time.”

Participant 4 shared the sentiment regarding having a little more sleep because there was no need to wake up early for school:

“Yeah, in home schooling maybe I woke up just like a little later, but it was basically the same if I woke up a little late it was like half an hour later”.

Participant 5 felt that COVID-19 allowed going to bed later than was normal for school going individuals. According to participant 5:

“Go to bed maybe a bit later than I was supposed to be. Could wake up a little bit couple hours late before I was supposed to.”

According to participant 1, even though she was free to wake up at any time, she felt there was cultural conflict as she shared that:

“In my culture, a girl has to wake up very early, so ma’am we used to sleep late and wake up very late, like in the afternoon, that’s when we woke up so that’s really late and we used to get shouted at.”

During COVID-19, some participants shared either knowing someone who had contracted COVID-19 or having been the ones with COVID-19. Participant 6, experienced COVID-19 together with his brother. This experience was of great distress for the participants when sleep was concerned. According to participant 6:

“You can realize how many deaths are happening, like in real time like normal life and then just adding on the COVID-19 deaths you just. It’s crazy to think on how much deaths can happen, just

like overnight. And you're just scared you're going to just stop breathing in the middle of the night and then you just die.”

Paech (2022), found patients with COVID-19 reported more trouble sleeping compared to patients without COVID-19.

Theme 8: The constant thought of death

During COVID-19, many people started to think a lot about death in different ways. This was fear of others dying or a fear of dying. There was a principal and emphasis thinking around death due to COVID-19 (Cox, Swets, Gully, Xiao, & Yraguen, 2021).

Cox, et al. (2021), explored the associative link between coronavirus anxieties, fear of death, and participants' well-being. The study found that many individuals had great fear and anxious thoughts related to COVID-19 however there was also a great motivation from individuals in terms of valuing their relationships and living better lives when the question of dying of COVID-19 was brought up.

Participant 6 felt that COVID-19 brought to the frontline a constant fear of getting terribly sick and dying, something that was not previously the case when COVID-19 was not there. In the statement shared by participant 6, one understands how their thinking was in a time when they feared they had COVID-19:

“Before Covid it was nice cause there was no stress, there was no like craziness, and there were no worries about you dying”.

Participant 2 that COVID-19 was *“painful in the heart because I was scared if I was going to live or not”* at a time when the participant was not sure whether they had COVID-19 or not.

Participant 6 had experienced COVID 19. Their description of the fear of death was as follows:

“It was very stressful I’m thinking that you were going to die or something like that. Cause like it could suddenly happen in the middle of the night, that you suddenly just start crying and everything and then you just you can’t breathe like that and everything. And then you also had to go, me and my brother had to go to the hospital at like 3 in the morning. And it was. It was very stressful because that hospital wasn’t a very good hospital. We just wanted to go to the closest possible hospital, but the hospital had bloody nails on the side of the

beds and everything and was very stressful and it took. We stayed there until like at least 8:00 in the morning from 3:00 o'clock. And it was. Scary cause you just don't know when your parents have left, and you don't know if they've left yet or anything. And when you and when they put the needle inside you, they you have to sleep with your arm like this and it's just. Stressful thinking of how to of you doing this and sleeping and everything, and it's just scary that the needle could just prick you in a random place."

The thought of death was also a constant concern about being in the hospital away from family. Although being hospitalised has never really had positive connotations, it became worse during COVID-19.

Theme 9: Relationships

Health is a broad idea that depends on not only the absence of disease but on what the biopsychosocial model of health describes as an encompassing idea in which there is biological, psychological (i.e., thoughts, emotions, and behaviours), and social (e.g., socioeconomically, socioenvironmental, and cultural) factors, all playing a significant role in health and disease, as they are interconnected to each other (Vogele, 2015). Social factors also include relationships and the way in which people benefit from the relationships they maintain. The participants during COVID-19 were between the ages of 7 and 8, this was an important time in which they needed to begin building healthy relationships with people outside of their family. This informed the social and psychological health of these participants.

The researcher noticed that participants were happy and proud of all the relationships that they could make by themselves outside of their family members. There was a sense of achievement attached to feeling satisfied with the idea that they made a friend they can call theirs. Participant 4 articulated the fact that *"at that time you had to like there would be group A and there would be group B, so my friends will be in Group B, and I will be in Group A...then I wouldn't be able to see them"*. This was during COVID-19 when the participant felt the idea of grouping learners separated her from her friends.

However, even with a need to build external connections with others, there was still an irreplaceable joy with being with family that was perceived as healthy, loving and supporting. The

participants below shared how their relationships with their families were impacted by COVID-19:

Participant 5 shared that in their home *“negatively for my mom because she had to, her company was getting stricter and more wanted her to work more hours so, that kind of put the family a little bit off because now you can’t enjoy the whole family if you want to do something altogether”*. The participants’ mothers had to work more because of COVID-19, and this in turn took away from the family being able to spend quality and adequate time together in a time when many were fearful about losing each other.

Whilst talking to participant 2, it was evident that how COVID-19 affected their family was expressed with a range of mixed emotions. According to the participant *“I did enjoy COVID, but I also didn’t. The worst part is that I was away from my mother, I could only video call her and it was her birthday on the 1st of May. So.... I did enjoy it because I was with the entire family”*. The participant was happy with her family but further shared the conflict that arose around her in a specific part of the family. The participant had been away from her mother due to COVID-19 but was later reunited with her mother when school had resumed.

Participant 7 shared what it was like having to be in one space with the same people for a prolonged period. The participant said, *“the atmosphere, because everyone was angry with each other, because we’re there the whole time and yeah, that’s all”*.

Many studies associated with COVID-19 as mentioned in chapter 2, had mentioned the fact that many individuals were in their homes that weren’t the safest or most pleasant. However, Participant 4 was one of the few that could say they had a pleasant experience simply being with their family. According to the participant *“it didn’t really affect my family; it just made us like have a stronger bond with my family. So now we are like very close my whole family, me, we very close”*. Normally, after too long of not being able to step out and interact with other environments and individuals, people become frustrated and indifferent, but the participant felt that the family had become closer due to the lockdown in which they were forced to be in one space.

A study reported 73% low mood, 7% anxiety, and 17%anger for students under lockdown while a slim percentage of positive feelings (5%) was also recorded (Brooks et al., 2020). Participant 4

seemed to fall under the small and slim percentage of students who showed positive feelings under the lockdown.

Objective 2: To explore children' experiences after COVID-19.

Theme 1: Taking the mask off

Masks were discussed earlier in this study when it comes to needing to learn new ways of understanding each other's expressions whilst wearing masks. However, what was not explored was how masks could have possibly altered some individual's personalities and characters. Participant 7 shared that they felt the mask had become part of them. According to the participant *"it's just like a part of me"*. The rest of the discussion revealed that the participant felt she would have the mask on her whole primary school career and consider letting go if it's used in higher grades in another school. It was difficult to ascertain if there was a fear of the virus, but the participants claimed they had felt the mask was something part of them even with their family pleading for them not to wear the mask. In some Asian countries, masks were already a norm whenever an individual would be sick, in the case of the participant it was unclear their reason for continuing to wear the mask.

Participant 6 also shared an interesting notion where masks are concerned. The researcher having worn a mask for a long time as well, understood what this participant felt when their ears became a vocal point of attention when they returned to school and still had to wear masks for some time. The participant felt *"your kind of like focusing more on your ears than you are focusing on the work cause you just focusing on the mask the whole time"*.

After COVID-19, participants noted that when some COVID-19 restrictions were lifted and they returned to school, they had to get used to wearing masks for a while, always taking their temperatures every morning and the excessive use of sanitizers.

According to participant 6 *"the masks and the temperature and the sanitizer and when you go everywhere, it was just irritating"*, this was the participants feelings even with the understanding that the mentioned measures were to contain the virus and eliminate its possible spread.

Participant 7 shared that *“most people took the mask off, some people still had and now hardly anyone has masks”*. The participant noted the lifespan of the masks from a time when everyone had to wear masks to a time when it was no longer a rule.

Theme 2: We couldn't interact a lot.

Due to COVID-19, social distancing was mandatory and even though many young people adhered to social distancing for theirs and other people's safety, their overall interpersonal relationships with others was affected negatively (Oosterhoff et al., 2020).

Participant 6 shared an experience in which he felt he was no longer as close as he was with his friends even after being back in school for about 2 years after the outbreak of the pandemic. According to the participant:

“We didn't really. You couldn't really spend as much time as you used to with your friends. And you basically are losing your friend's relationship with each other. And so, it's just you guys just don't know how to talk to each other anymore. It's, it's like losing a family member, to losing a friend.”

Participant 5 also seemed to feel that COVID-19 had a negative impact on relationships once they came back to school. According to the participant:

“It actually did because most of the class were not even together like you'll see them separated. There's probably one or two that are friends...because these days you won't see, you can say hi to them, but like if COVID didn't happen, maybe we'd still be friends”.

Even after the ease of COVID-19, participants felt there was still heavy restriction against them playing together and engaging in games that involved touch. The workplace of the researcher is a school, and it seems that they have developed rules for the children that are so strict that it seems play is not allowed amongst the learners. They are not allowed to run around, a perquisite to playing games such as touch games, they are not allowed to have any sort of toys/balls to kick around, all of this makes them bored as they seem to be uncreative in how they can enjoy their break time. Therefore, the researcher understood participant 1's statement, in saying *“chasing each other, touching, it was not allowed”*, could not understand how to interact with friends if they were not allowed to play.

Participant 5 didn't feel that the use of technology was the best way to maintain friendships as it was limiting in terms of understanding each other clearly without having misunderstandings. It seemed the participants felt that the quality of friendships and communication between friends was limited telephonically, in which case face to face contact could not be matched.

According to the participant *"It didn't feel the same because you weren't talking to them in person. You were talking. You were chatting on a laptop. And it was sending you a message back"*. It was rare to find children who were interested in anything other than their technological devices, however, it seemed that during the pandemic many of the participants had used all their devices until they could no longer enjoy being on their devices, in which case they needed human connection.

The lack of interaction during COVID-19 to have resulted in a kind of awkwardness when learners interacted with each other after COVID 19, this was a rarely explored point in literature available relating to COVID-19 and its effects. Most children have been found to make very cruel and mean statements towards each other in the school environment under the guise of their words being jokes (for an example, the researcher worked on a case at the primary school in which a learner told another learner they should return to their original functioning as slaves in society). This and many other incidents that the researcher had the pleasure of observing show the fact that learners lack a sense of empathy and emotional intelligence that may have been because of missing a year of being around others.

Oosterhoff et. al. (2020) expressed the fact that there was a risk for negative psychological effects from social distancing amongst young people. This seemed to be accurate as some of the above participants expressed how their relationships with their peers were affected due to social distancing.

Theme 3: Learning was not at its best.

Participants that had been mentioned above, seemed to have enjoyed homeschooling and as a result couldn't share much in terms of the challenges, they faced during COVID-19 when they still had to complete their grade 3 education. Participant 6 shared that:

"The zoom calls, it was very stressful thinking that you might miss your lesson trying to get the code for the zoom call and everything and then grade four, I think. The schools made

two different class, so they took a class and then made two different groups, Group A and B and then the... This was when I was in Cape Town. So then, one week group A would go Monday, Wednesday and Friday and then group B that week would go Tuesday and Thursday and then the next week, they'll do the opposite. So, it was just two days, three days, two days, three days every week. So, it's two weeks would equal one week of school and then grade five it was here and then it was back to normal".

The participant also didn't seem to learn a lot during that year as he described it as time where he simply did as the teacher said. This seemed to allude to the fact that there was little to no engagement with his work. This was what the participant shared about having to do his work:

"It's just basically like one or two hours of the teacher telling you what to do, and then you just write down what to do, and then you just do it."

This participants experience may have spoken to the lack of experience and skills of the teacher when it came to online/distant teaching (Maree, 2022).

When COVID-19 eased and participant 3 returned to school, she felt that it was challenging to understand the work as she shared that:

"I couldn't learn properly and understand what the teachers meant".

The situation at Edenglen Primary school was that many learners were found to be struggling academically. Teachers seemed to feel demotivated and tired of trying so hard to push a "dead horse". Many teachers have resorted to calling learners lazy and unmotivated to do their work. However, it seemed that children were greatly affected by the 2020 school gap that COVID-19 caused and what we in the school environment were seeing is the side effects.

Fricker and Alhattab (2021) (in UNICEF, 2021) argue that school going children lost between 9 months and a whole school year between when COVID-19 started and 2021. This aligned with how participants felt around having felt that they did not learn their best during the time they were being home schooled.

Teachers seemed overwhelmed and inundated; however they must never turn away from encouraging the self-efficacy of all their learners (Margolis & McCabe, 2006). This meant moving away from blaming to encouraging children of all the potential they have. This was important as

feelings of self-worth and the feelings of belonging in the school environment were affected due to COVID-19 regulations in schools (UNICEF, 2021). There seemed to be a sense of demotivation, feeling traumatized, and hopelessness among many teachers (Maree, 2022).

Edenglen primary school begun to host classes they called special classes for learners who have been classified as slow learners or learners struggling with academics. As much as this is a wonderful solution to a problem, perhaps the problem to be looking at is how to encourage and motivate children to reach their full potential.

Theme 4: COVID-19 felt like a lot of things at once.

The understanding of COVID-19 and its effects, means it was not surprising that most of the participants had a dominance of negative feelings (Camacho-Zuñiga, Pego, Escamilla, & Hosseini, 2021). Feelings play a significant role in psychological well-being of students directly affecting all aspects of their academic lives. Feelings and emotional states in the school environment are always broad because learners think deeply about making friends, how they do in assessments and tests as well as getting along with everyone in the school environment. Therefore, it was no surprise that there was a mix of different emotions when the COVID-19 outbreak had calmed down and children could go back to school.

The feelings of participant 5 were described as *“very sad and angry at the same time cause for sadness, because you know there's lots of things you cannot do. Angriness because now some of our family members, they still they can possibly get it and pass away”*. Camacho-Zuniga et al. (2021) did indeed find that many learners were preoccupied with the thought of their loved ones contracting COVID-19, all whilst managing school related emotions as mentioned above.

Participant 5 also thought about themselves in that they shared that *“I could die or family or stuff like that. So, I was very **scared** of that. That's why I didn't want to go anywhere. I just wanted to stay at home”*. These participants' range of emotions was somewhat common to what many people felt towards COVID-19.

The COVID-19 pandemic imposed a tremendous emotional burden on students at all academic levels threatening their mental health (Camacho-Zuniga et al., 2021).

*“I think I was **overwhelmed** because like at times I was just...”*. It made sense that participant 3 felt overwhelmed as did many, including the researcher, COVID-19 was an overwhelming experience. Multiple studies, including those mentioned in the report have referred to the fact that COVID-19 affected the mental health of many people especially school going individuals, as it added on the school related stresses they already had to deal with.

Participant 3 stated that *“I was like do I have it! because at times I would like...I wasn’t really sick at the time, I was just like ‘what if I have it? I was like self-conscious and stuff’ I was like what if... No one really caught on to COVID, you know like my parents took the vaccines and nobody got sick during that time, we were fine”*. The researcher understood from experience with family and the many people, that there was a constant fear of having COVID-19 at the slightest cough, runny nose or feelings of general sickness. Looking back to the time of working at the hospital when COVID-19 had just broken out, a constant worry and concern was of contracting COVID-19 and then possibly passing it to loved ones. Therefore, that the participant had a constant feeling of possibly having COVID-19, seemed to be something many grappled with, on, possibly, a daily basis.

All the range of emotions described by most of the participants possibly also articulate their state of mind after COVID-19’s lockdown. Even though they were able to go out into society again, COVID-19, at the time that the participants could return to school was still a prevalent issue.

Participant 2 shared that:

*“When I speak about affecting, it was **sad** but also aggressive in the mixture of happiness because we got to be together (inaudible). Mad because I was with someone I do not like to this date” and “I was **surprised**, I was **shocked**. I was **depressed**. And I was **sad**. And I was angry at the same time. Cause It's done bad things. It's everything is not like how it used to be before and like it's been crazy. And when I first heard about it, like, oh, no, am I going to get it? No, no, no, no...So it's like really stressing and depressing”*.

Since youth can be asymptomatic carriers, they had also worried about the chances of contracting the illness and transferring the infection to those around them (Camacho-Zuniga et al., 2021).. The participant above worried a lot about possibly getting the illness and described what she felt as depression. At the time, as a 7-year-old she may not have understood what she was feeling but she

was able to articulate the range of emotions she felt now that she was older and understood her emotions slightly better.

Participant 4 was one of the only participants who maintained the fact that during COVID-19 she was too young to understand what was going on around her in terms of the virus, rules and regulations and everything associated with COVID-19. The participant stated that:

*“I guess I was **calm** because I didn’t know what it was”*. This was normal as she was about 7 at the time that the pandemic started. This participant also shared that her family at the time, though loving, were divided. This may mean that she may have been preoccupied with the thoughts of how she was spending time with different members of her family rather than what was happening around her in terms of the pandemic.

Theme 5: Sleeping disturbances.

A few participants shared the fact that after COVID-19, their sleeping took a while to return to how it was before COVID-19. However, most participants claimed their sleeping after COVID-19 was a little normal except for participant 7 who shared that:

“Now I struggle to wake up a bit early and sleep”.

There was an association found between COVID-19 and sleep dysfunction, including insomnia, excessive daytime sleepiness and so on (Bhat & Chokroverty, 2022). Participants seemed to have been affected in terms of their sleep patterns due to COVID-19.

Objective 3: To explore the perceptions of children on changes during and after COVID-19 that affected their wellbeing.

The outbreak of COVID-19 at the end of 2019 had caused unprecedented disruption to the structure of children’s daily lives due to school closures, online learning, strict social distancing measures, limited access to outdoor activities and many other restrictions (Ng & Ng, 2022).

Ng and Ng (2022), articulated the fact that children were affected by COVID in many ways, perhaps even more than what adults had been experiencing. This comes from the fact that most adults had a greater level of understanding of what was going on once they had learnt about COVID-19, where as children have a limited capacity to understand the things happening around them.

Theme 1: COVID-19 was restricting.

During COVID-19, as expressed above, participants felt they were restricted in that they couldn't see their friends. When asked how they felt COVID-19 had been for them, participant 1 said:

"It was also not nice cause you couldn't see your friends".

Singh et al. (2020), expressed in their finding how COVID-19 restrictions affected the children's mental health. Their study found that children felt uncertain, fearful, and isolated during COVID-19 times. It was also shown that children experienced disturbed sleep, nightmares, poor appetite, agitation, inattention, and separation related anxiety.

Participant 5 felt:

"I couldn't go and get the stuff that I wanted from the shops and very sad and angry at the same time cause for sadness, because you know there's lots of things you cannot do".

These participants expressed much of exactly what other participants had shared in that there were many things that they used to do before COVID-19 but during COVID-19 they couldn't do those things. 1 participant had mentioned the fact that his family couldn't gather in large groups anymore and that was restricting.

Theme 2: Perception of illness/how the sick were treated.

Participant 6 experienced stellar treatment from his family as they were worried and concerned for his safety and recovery. However, others in the world were experiencing a much rather different experience as expressed by participant 5.

When asked how he was treated after coming down with COVID-19, the participant claimed that: *"Very kindly, very like they want to be around you the whole time and like very overprotective".*

People were witnessing a dramatic shift from wanting to engage in relationships with one another to practicing stigmatization of individuals, groups, and nations, which is perceived as a potential source of infecting others with the virus (Rewerska-Jusko & Rejdak, 2022). At the time in which individuals went back to school, some participants went back to school and shared that they had been recovering from COVID-19. This in turn caused a level of fear in those who did not have

CVOID-19. Other children seemed to avoid those they knew or heard may have had or been recovering from COVID-19.

After being tested positive for COVID-19, people around participant 5 got to know and this was how they treated the participant:

“Uh, they responded as like you know. Like they were ignoring me. Like they didn't want to speak to me, or they would like social distance or run away or walk away.”

Participant 6 also shared a similar experience in which he described that people felt afraid to interact with him out of fear of possibly contracting the virus, however after understanding that he was okay, the participant shared that he was no longer avoided. According to the participant, when he was sick with COVID-19 this is how he was treated:

“They were very scared after the first few weeks that I came to school and then they just got used to it, and then it was fine”.

It was normal that children would be afraid of possibly contracting COVID-19 from their peers, perhaps the only thing that was sad was the fact that they didn't know any other way of treating people other than keeping their distance. However, there was a lack of understanding of the fact that those with COVID-19 would not be in public in the first place, but since COVID-19 was new to everyone, avoidance seemed to have been the answer for many who learned certain people around them had had COVID-19.

Rewerska-Jusko and Rejdak (2022), found that there was a stigmatization of people that had experienced COVID-19. There was a general feeling of fear felt by many when they thought they could contract COVID-19, hence they avoided those they knew had (in the past or at that time) COVID-19.

Objective 4: To establish the strategies children applied to deal with changes during and after COVID-19 that affected their wellbeing.

Key risk factors identified by Ng and Ng (2022) in their study included unhealthy lifestyle behaviors (extended screen time, sleep disturbances and less physical activity), increased pandemic-related stressors among parents and deteriorated mental health of parents, which were directly or indirectly associated with the pandemic safety measures, such as home confinement or

social distancing. All these behaviors have been explored to greater lengths in this section of the report.

Theme 1: Unclear use of technology

Participant 6 shared that he and his brother used their PlayStation as one of the ways to keep themselves busy when they were being isolated after contracting COVID-19. The participant shared that:

“We had a TV in our room with a PlayStation hooked up to it, so we could just play PlayStation. And we also had our phones there so and we also had our bunk beds, so it was fun to play on”.

However, another participant spoke of the fact that certain technological devices at home became boring as they had become the main source of entertainment at a time when individuals couldn't leave their homes.

Panday and Pal (2020), explored how COVID-19 caused a surge in the use of technology. The surge was caused by the introduction of online schools as well as working from home as these were used in managing the spread of the virus.

According to participant, during COVID-19, at some point they were tired of TV, as is seen in this statement:

“Okay it was fun, they were boring, they got boring at a certain point, TV got boring, because you would watch it”.

Many people were called to spend more time than they were used to on technological devices. The lockdown resulted in most people taking to the internet and internet-based services to communicate, interact, and continue with their responsibilities from home. Internet services rose in usage from 40 % to 100 %, compared to pre-lockdown levels (Panday & Pal, 2020).

When asked how he dealt with the rules and regulations, participant 6 said:

“And um, but the nice thing about it is that we got to spend more time with our family. We got to spend more time on our phones talking to other people in different countries and stuff not having to spend money on going there”.

Many other participants also mentioned the use of their cell phone when there was a need to contact teachers or friends. Participant 2 shared that *“I had my friends phone numbers, so we spoke online”*.

Theme 2: Management of academic work

Homeschooling was discussed earlier in this section. Children had expressed how they felt about having to complete one of their academic years at home. As young grade 3's, these children could not home school alone, that was why it was important to explore the ways in which the participants felt they had managed to complete grade 3 under COVID-19 circumstances as all the participants had said they had not failed the grade completed at home.

According to participant 7:

“My mom, she didn't want me to just lose focus on school because of COVID, so she would wake me up at, like, 10:30. And then she'd say, OK, you make your bed, you're going to bath and do your work, and then you can relax.”

Virtual and online teaching had to be introduced as a way of continuing the school curriculum without having children at school. Schools had to come up with strategies that allow for no contact learning. The schooling system had to change almost overnight due to COVID-19 and children had to accept the changes and get used to new ways of learning and interacting with others (Daniel, 2020).

When asked how she managed her schoolwork, participant 1 said: *And some of the questions my mother helped me because I didn't understand them, so we used to answer together”*.

Participant 2 stated that she did her schoolwork using her brother's laptop as stated *“with our schoolwork, my brother has a laptop, so I would use his laptop”*.

When COVID-19 begun, schools shut down and turned to different methods of getting academic work to children. During this time, children felt out of touch with the school environment. For many children the time that they could not attend school felt like a gap in their academic lives (Daniel, 2020).

Participant 3 seemed unsure about the management of her schoolwork during COVID-19's lockdown as she said:

“I don't know if I actually did my work, I did try and do it...So, I know I did like a few activities at a time, yeah, and yeah. I did them with my friends because like we could call the call and zoom and do them. So, I'd just call them, and we would work it out and help each other”.

Due to learners having lost about 9 months of school/learning during COVID-19, there was a need to catch up on all the lost teaching and learning time which was fraught with difficulties (Maree, 2022).

The importance of parents being involved was highlighted in participant 4's response as she shared that:

“So, my dad would help me with it, and I would make sure that I have no distractions doing it because I actually like doing work and get it over and done with because I like being organized.”

During the lockdown that forced participants to learn from home, the participants were in their foundation phase (grade 1 to 3) of their education. The participants acquisition of basic learning skills, social and communication skills, study orientation, work ethic, sense of self-directed learning, and respect for others was compromised (Maree, 2022).

4.3. Summary

This chapter presented research findings. As far as Objective one is concerned, it was evident that participants were affected by COVID-19 as they shared their experiences during COVID-19, the same applies for the second objective in which participants shared what they thought and how they felt after COVID-19's regulations had been relaxed by government.

In terms of objective three, it was established that there were quite a few changes that participants could identify in their lives that looked different due to COVID-19. It seemed that even after COVID-19, participants could identify a few changes by which they had learnt to normalize such as cleaning more and sanitizing more.

Finally, findings related to objective four explored ways in which participants dealt with changes they had identified during and after COVID-19. This objective highlighted the importance of parents and/or family.

Chapter 4 was an exploration of the findings as discovered during the data analysis process of this research study. The themes and subthemes found through data analysis had been explored and explained. Chapter 5 will be an exploration of main findings, conclusions and recommendation noted after data was collected and analysed during the research.

CHAPTER 5

MAIN FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1. Introduction

The chapter will focus on the main findings, conclusions, and recommendations. The research questions and objectives will be referred to. The researcher will critically reflect on the findings to make relevant recommendations to the Department of Basic Education, the school, and school social workers and the services they render in schools. In addition, recommendations for further research are mentioned.

5.2. Main findings

The main research question underpinning the study was: What are the experiences of urban primary school children in Johannesburg, of COVID-19 on their wellbeing?

The first objective was **to explore children' experiences during the COVID-19 pandemic.**

Participants were able to share their experiences during the COVID-19 pandemic. There was an equal stance between most participants in terms of those who felt the pandemic was over and those that continued to feel cautious of the virus still looming. Most participants shared a feeling of fear and sadness at the pandemic in that they were afraid for their own lives, the lives of their families and of the people in their communities. Generally, participants shared experiences that most research (Panda et al., 2021), as mentioned in above sections of the report, had highlighted as being prominent during the COVID-19 pandemic. These experiences included homeschooling, the management of their schoolwork, relationships with their family and/or friends and how all of these and other aspects of their lives were impacted due to the pandemic.

The second objective was **to explore children' experiences after COVID-19.**

According to participants most things, in their opinion, had gone back to normal since COVID-19. They felt COVID-19 was not as prevalent of an issue as when it began. For many, COVID-19 was a huge shock, however it seemed that participants had become accustomed to the changes COVID-19 may have brought in their lives as they shared remarks that suggested the fact that they felt

there was no longer strict regulations related to the pandemic. For a period, participants felt that they had to adhere to regulations at school but soon regulations they attached with the pandemic fell away. This included the falling away of social distancing, wearing of masks, and sanitizing in the school.

The third objective was **to explore the perceptions of children on changes during and after COVID-19 that affected their wellbeing.**

Most participants were able to acknowledge the fact that many things around them changed due to the emergence of the COVID-19 virus. During COVID-19, participants shared the effect wearing masks, experiencing the virus, social distancing and quarantining/isolating themselves from others had on them. Participants understood their emotions and feelings during the COVID-19 outbreak. There were increased feelings of fear and pending death (Cox, et al., 2021) found amongst the participants. After the virus regulations were relaxed, most of the participants felt things had gone back to normal and that they could return to some level of normalcy as they had come to know it prior to the outbreak.

The fourth objective was **to establish the strategies children applied to deal with changes during and after COVID-19 that affected their wellbeing.**

Most participants were quite young at the beginning of the COVID-19 outbreak. One participant shared that they didn't feel greatly impacted by the outbreak as they did not understand it at the time and found homeschooling pleasant. However, a larger number of participants felt a level of displacement due to the virus and its regulations. Therefore, most participants shared the importance of family during their year of uncertainty (A year of strict rules and restrictions due to the virus). Participants shared strategies that included following the rules, spending time with family, using technology to be entertained and learning new hobbies during COVID-19. After the pandemic most participants felt they had gotten used to regulations and patiently waited for what they perceived as normalcy to be established to a certain degree.

Participants shared that they were taught via zoom classes with most of them sharing their online schooling experience. For an hour every day in the week, teachers would meet their learners online to explain schoolwork and give assessments to their learners. WhatsApp groups were established for parents to be up to date on work needed to be completed.

5.3. Conclusions

The research has been able to establish that the pandemic did in fact have a great impact on the participants in unique ways. Most children were afraid of the pandemic at the beginning but had become accustomed to the new ways of life with the help and support of their families and communities. The study has shown clearly that participants were affected by COVID-19, some of them more drastically than the others but regardless they were all affected. The study gave participants an opportunity to share their experiences of COVID-19's before and after-effects. Each participant came from a different background which allowed for a rich set of experiences that allowed for the researcher to explore and understand unique settings and situations.

All the participants experienced the COVID-19 virus. For some it had a greater impact than others. Although participants shared that they had moved past that period, they still understood how they were impacted and were aware of the assistance extended to them should any trauma exist because of their experiences during or after COVID-19. That many of the participants felt they had moved past the COVID-19 experience, a great resilience was noted which must not be underplayed but rather highlighted.

Education seemed to have been the most affected aspect for many of the participants, this meant that the government could investigate having a proper plan in place for future disturbances to education of any nature.

5.4. Recommendations

This final section of the report will look at some of the recommendations that can be made based on the research findings. The recommendations would also help in identifying any shortfalls in the research with regards to representation of the findings and so on.

5.4.1. Department of Basic Education

Government needs to prepare measures for a detailed plan of action should another pandemic occur, this plan would be beneficial if it would ensure social interaction was not compromised as this study found adverse effects from participants not interacting with others for long periods of time.

The psychological effects need to be addressed to make quarantine an effective public health measure and to prevent negative outcomes. In doing so, our efforts to see children achieve, should not solely focus on discussions about “learning loss” and “falling behind”, rather a shift should be made towards putting an effort on teaching children that they can have confidence in their abilities.

Teachers and parents play a major role in helping and encouraging the rebuilding of children’s wellbeing and motivation to learn by addressing their basic psychological needs. This may look like allowing them some control over what they do (autonomy), establishing a nurturing environment in which the child feels connected to (relatedness), and enabling them to experience being successful (competence), perhaps by diversifying assessment methods (The conversation, 2023). The recommendation here is about refocusing the energy from what’s been lost to what can be rebuilt and nurtured to allow children to flourish and have a state of mind in which they understand and believe in their own self-efficacy.

COVID-19 brought to focus the importance of education on the online space. To address the skills shortage amongst educators, there are programs that aim to upskill teachers for access to digital technology (Bizcommunity, 2023). Edenglen Primary school uses technology when it is necessary. This is seen in their use of tablets in some classes. Their teachers are always involved in trainings that contribute to their development as professionals.

The department of education could consider the Introduction of SEL (Social-emotional learning) and mental health classes for children to help them better understand and grasp not only their emotions but their mental health as well, making their holistic wellbeing a priority for their success.

5.4.2 The School

This study found that should relationships between learners and teaching staff be improved, a lot of the difficulties experienced by learners would be resolved. Teaching staff have a lot of academic work and assessments to complete, this hinders their ability to connect at an intimate level with their learners. It would be of great benefit if schools would develop a program that builds the relationships of teaching staff and their learners on a level that goes beyond the completion of schoolwork and learning. An example of this that has been observed by the researcher at Edenglen Primary school is, when a teacher would often experience conflict and trouble with her grade 1 learner she would then label that child as a child she could not work with. However, after getting

to know and understand the circumstances that contributed to the child's behaviour, the relationship between the teacher and learner immediately improved.

5.4.3. Further research

This research focused on understanding the experiences of children during COVID-19. As much as this was a great way of understanding how children perceived, understood, and experienced COVID-19, future research could focus on involving parents of those children that had direct contact within a situation of confinement and isolation. This could provide a richer set of findings that could be used to understand children because children are largely shaped by those around them, as such understanding children better would need the understanding of the people and things that affect them directly. Doing this research with many more schools in South Africa could be beneficial in developing measures for how schools support learners in times of emergency and extremity.

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APPENDIX A



SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT
SOCIAL WORK

Participant Information Sheet: Learners

Title of study: The experiences of grade 6 children at a mainstream urban primary school in Johannesburg on the effect of COVID-19 on their wellbeing

My name is Chitalu Ruth Sokoni Nakaonga. I am a student at the University of the Witwatersrand, and I need to do a research study for my schoolwork. A research study is a way to find out new information about something. My research is about children and COVID-19.

I would like to invite you to talk with me about your experiences during and after COVID-19. When we talk, I will explain to you to help you understand as we talk. I would like to find out what changes you experienced during and after COVID-19. We will also talk about the plans you made to work with all the changes you experienced during and after COVID-19.

You are asked to join me for an interview in a private venue on the school grounds (e.g. the office boardroom), after school. It will take between 45 and 60 minutes. It is your choice to be in the research or not. If you do not want to talk to me it is fine, and you will not be in trouble if you do not want to take part in the interview. If, you want to stop talking or go, that's okay. If you don't want to answer any of the questions, that's okay too. If you feel tired during the interview, we can take a short break. When we are talking, I will put the recording tape on so I can listen carefully when you are talking and the recording will

help me to remember what you said during the research. You can tell me to turn it off, at any time and I will.

Only I and my supervisors will listen to the recordings and the copy of what you shared from the tape will also only be seen by me, and my supervisors. After we finish listening to your words and the tape, they will be locked away safely.

Taking part in the research may not benefit you directly, but it will help me learn and understand better what children experienced during and after COVID-19. This might help the school to understand more and better help and support you and other children while you come to school.

Nothing bad will happen to you if you take part in the research. But you might become worried or upset when sharing some of the information about your experiences during and after COVID-19. If you have any worries, during or after the interview, you can talk to me or Mrs Wilken, the school therapist. I will keep everything private, but if I think you might need someone to talk to, I will refer you to Mrs Wilken who can listen to you and help you feel better. The contact number and email address of Mrs Lize Wilken is +27813838939 and llwilken@edenglenprimary.co.za

If you decide to be in the research, I will not tell anyone else that you joined the research, what we talked about and what you said during the interview. When I write the research report, I might write about some of the things you have talked about, but I won't use your name, so people won't know they are your words.

If you have any questions during or afterwards about this research study, feel free to contact me or my supervisor on the details listed below. If you have any worries or complaints about the ethical procedures of this

research study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27(0) 11 717 1408, email [hrecnon- medical@wits.ac.za](mailto:hrecnon-medical@wits.ac.za).

Thank you

Researcher:

Chitalu Ruth Sokoni Nakaonga

1421263@students.wits.ac.za

+27619924190

Supervisors:

Edmarie Pretorius

Edmarie.Pretorius@wits.ac.za

+27 11 717 4476

Jennifer Watermeyer

Jennifer.Watermeyer@wits.ac.za

+27 11 717 4476

PARTICIPANT INFORMATION SHEET PARENTS/GUARDIANS

TITLE OF STUDY: The experiences of grade 6 children at a mainstream urban primary school in Johannesburg on the effect of COVID-19 on their wellbeing

Good day,

My name is Chitalu Ruth Sokoni Nakaonga, a master's social work student at the University of the Witwatersrand, studying school social work. As part of the requirements for the degree, I am required to conduct a research study. The purpose of this study is to explore the experiences of grade 6 children at a mainstream urban primary school in Johannesburg on the effect of COVID-19 on their wellbeing. I would like to invite your child to participate in my study because I think that he/she has a meaningful contribution to make.

Should you agree that your child to take part in this study, I would interview him/her at a time and place that is convenient for him/her after school hours. The interview will take approximately 45-60 minutes. During the interview process, your child has the right to refuse to answer any questions that make him/her uncomfortable. Should your child feel the need to speak to someone about the study, they may speak to Mrs. Wilken, the school therapist.

The contact number and email address of Mrs Lize Wilken is +27813838939 and llwilken@edenglenprimary.co.za

For data collection purposes, your child will receive an assent form, which will be handed out before the interview commences where your child can agree in writing to partake in the interview.

Participation in this study is voluntary. Your child is allowed to refuse to continue being interviewed at any time and there will be no negative consequences for deciding to terminate the interview. The recordings of this study will be kept strictly confidential. The recordings made during the data collection process will be kept in a password protected phone. The consent forms will be kept in a locked cupboard.

Your child's identity will be kept strictly confidential. This means that there will be no information in my research report that will be used that could be used to identify your child. Pseudonyms (a fake name) will be used for all participants taking part in this study to protect their identities.

My research supervisors, Professor Edmarie Pretorius and Professor Jennifer Watermeyer and I will be the only people who have access to the data that has been collected for the purpose of this study.

Should you agree for your child to take part in this research study, please note that there will be no material benefits. There should be little (depending on how your child responds to questions) to no risks/discomforts, should you allow your child participate in this research study.

This study will be written up as a research report, which will be available online through the University of the Witwatersrand library website. Upon request, I will happily share the research summary report.

If you have any questions about this research study, feel free to contact me or my supervisors on the details listed below. If you have any queries regarding the ethical procedures of this study, you are welcome to contact the University of the

Witwatersrand Human Research Ethics Committee (non-medical), telephone : +27(0) 11 717 1408, email hrecnon- medical@wits.ac.za.

Yours sincerely,

Researcher:

Chitalu Ruth Sokoni Nakaonga

1421263@students.wits.ac.za

+27619924190

Supervisors:

Edmarie Pretorius

Edmarie.Pretorius@wits.ac.za

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APPENDIX C



TITLE OF STUDY: The experiences of grade 6 children at a mainstream urban primary school in Johannesburg on the effect of COVID-19 on their wellbeing

Name of the researcher: Chitalu Ruth Sokoni Nakaonga

I agree that the researcher has told me the following:

If I don't want to join the interview, that's okay and I won't get into trouble.

There are no right or wrong answers and if I don't want to answer some of the questions, that's okay.

Anytime I want to stop continuing with the interview, I can do that.

She is writing a report for her research work.

She will keep the audio recording and a record of my answers to the questions, but she will not use my name.

The recording of my answers will only be seen by her, and her teachers. My records will be private.

If I have any worries about the interview, then I can speak to the school therapist Mrs. Lize Wilken.

Do you want to join then interview?

YES	
NO	

Do you give permission to be audio recorded?

YES	
NO	

..... (name of participant) (date)
..... (signature) (name of Researcher/person
seeking consent) (date)

APPENDIX D

UNIVERSITY OF THE
WITWATERSRAND,
JOHANNESBURG



SCHOOL OF HUMAN AND COMMUNITY DEVELOPMENT
SOCIAL WORK

CONSENT FORM PARENTS/GUARDIANS

Title of study: The experiences of grade 6 children at a mainstream urban primary school in Johannesburg on the effect of covid-19 on their wellbeing

Name of the researcher: Chitalu Ruth Sokoni Nakaonga

I _____ as the parent/guardian

give _____ (child's name) permission to participate in an interview in this research project.

I agree to the following:

(Please tick the relevant options below with X)

The research study was explained to me. I understand what this study is about.

YES	☐
NO	☐

I understand that my child can volunteer to participate in the interview

YES	☐
NO	☐

I agree that my child's direct quotations during the interview will be used by the researcher in their research report and for publication.

YES	☐
NO	☐

I am aware that the interview is confidential and that my child's name will not be used by the researcher in their research report and publications.

YES	☐
NO	☐

I aware that other researchers may use my child's response in the interview (depending on their own ethics clearance being obtained) but their name and any personal information will not be used or passed on .

YES	☐
NO	☐

..... (signature) (name of

parent/guardian) (date)

..... (signature) (name of

researcher/person seeking consent) (date)

APPENDIX E

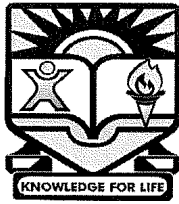
SEMI-STRUCTURED INTERVIEW GUIDE CHILDREN

After greetings and introductions, the following questions will serve as a guide for gathering data:

1. Tell me more about yourself and your school life?
2. Are you enjoying your grade and school life?
3. COVID-19 was experienced by all of us. Share with me what you know about COVID-19.
4. How did COVID-19 Influenced you and your family?
5. Tell me what feelings you had during COVID-19?
6. What effect did COVID-19 have on your relationships with your friends?
7. In which ways did COVID -19 influence your school life?
8. What changes have you noticed in your home life during and after COVID -19?
9. What changes have you noticed in your school life during and after COVID-19?
10. Do you think Covid-19 affected your sleeping habits and how/why?
11. What plans did you make during COVID-19 to take care of your schoolwork and your friendships?

The questions serve as a guide and depending on the responses, questions will be probed once answered.

APPENDIX F



Edenglen
Primary School

Wagenaar Rd, Edenglen
Edenvale, 1609
PO Box 8333 Edenglen, 1613
011 609 5206/7 or 609 5249
011 609 7629
tthompson@edenglenprimary.co.za

Edenglen Primary School
Wagenaar St, Edenvale, 1609

12 October 2022

Re: Permission to conduct research at Edenglen Primary School.

To whom it may concern,

On behalf of Edenglen Primary School, I am writing to formally indicate our awareness of the research proposed by Chitalu Ruth Sokoni Nakaonga, a Master Degree student at the University of the Witwatersrand. We are aware that Ms Nakaonga intends to conduct her research by holding interviews with our Grade 6 children. Therefore, this permission is subject to parents giving consent for their children to participate in this research.

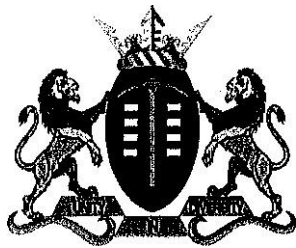
As the principal at Edenglen Primary School, I am responsible for the children who attend the school. I grant Ms Nakaonga permission to conduct her research at Edenglen Primary School, entitled The Experiences of Grade 6 Children at a Mainstream Urban Primary School in Johannesburg, on the Effect of COVID-19 on Their Wellbeing.

If you have any questions or concerns, please feel free to contact the school at 011 609 5206.

Yours faithfully

H. Broodryk
Principal

APPENDIX G



GAUTENG PROVINCE

Department: Education
REPUBLIC OF SOUTH AFRICA

814141112

GDE RESEARCH APPROVAL LETTER

Date:	17 February 2023
Validity of Research Approval:	08 February 2023— 30 September 2023 2023/49
Name of Researcher:	Nakaonga C.R.S
Address of Researcher:	5 Cactus Road
	Primrose
	Germiston
Telephone Number:	+27619924190
Email address:	1421263@students.wits.ac.za
Research Topic:	The experiences of grade 6 children at a mainstream urban primary school in Johannesburg on the effect of covid-19 on their wellbeing
Type of qualification	MA In Social Work In School Social Work
Number and type of schools:	1 Primary School
District/s/HO	Ekurhuleni North

Re: Approval in Respect of Request to Conduct Research

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved to conduct the research. A separate copy of this letter must be presented to both the

School (both Principal and SGB) and the District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted.

The following conditions apply to GDE arch. The researcher may proceed with the above study subject to the conditions listed below are met. Approval may be withdrawn should any of the conditions listed below be flouted: 1

Making education a societal priority

Office of the Director: Education Research and Knowledge Management

7th Floor, 17 Simmonds Street, Johannesburg, 2001

Tel: (011) 355 0488

Email: Faith.Tshabalala@gauteng.gov.za

Website: wwwv.education.gpg.gov.za

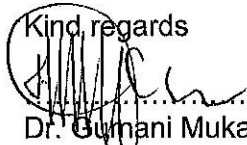
1. The letter would indicate that the said researcher/s has/have been granted permission from the Gauteng Department of Education to conduct the research study.

2. The District/Head Office Senior Manager/s must be approached separately, and in writing, for permission to involve District/Head Office Officials in the project.
3. Because of the relaxation of COWD 19 regulations researchers can collect data online, telephonically, physically access schools, or may make arrangements for Zoom with the school Principal. Requests for such arrangements should be submitted to the GDE Education Research and Knowledge Management directorate.
4. The Researchers are advised to wear a mask at all times, Social distance at all times, Provide a vaccination certificate or negative COVID-19 test, not older than 72 hours, and Sanitise frequently.
5. A copy of this letter must be forwarded to the school principal and the chairperson of the School Governing Body (SGB) that would indicate that the researcher/s has been granted permission from the Gauteng Department of Education to conduct the research study.
6. A letter/document that outlines the purpose of the research and the anticipated outcomes of such research must be made available to the principals, SGBs, and District/Head Office Senior Managers of the schools and districts/offices concerned, respectively.
7. The Researcher will make every effort to obtain the goodwill and cooperation of all the GDE officials, principals, and chairpersons of the SGBs, teachers, and learners involved. Persons who offer their cooperation will not receive additional remuneration from the Department while those that opt not to participate will not be penalised in any way.
8. Research may only be conducted after school hours so that the normal school program is not interrupted. The Principal (if at a school) and/or Director (if at a district/head office) must be consulted about an appropriate time when the researcher/s may carry out their research at the sites that they manage.
9. Research may only commence from the second week of February and must be concluded before the beginning of the last quarter of the academic year. If incomplete, an amended Research Approval letter may be requested to conduct research in the following year.
10. Items 6 and 7 will not apply to any research effort being undertaken on behalf of the GDE. Such research will have been commissioned and be paid for by the Gauteng Department of Education.
11. It is the researcher's responsibility to obtain written parental consent of all learners that are expected to participate in the study.
12. The researcher is responsible for supplying and utilising his/her research resources, such as stationery, photocopies, transport, faxes, and telephones, and should not depend on the goodwill of the institutions and/or the offices visited for supplying such resources.

13. The names of the GDE officials, schools, principals, parents, teachers, and learners that participate in the study may not appear in the research report without the written consent of each of these individuals and/or organisations.
14. On completion of the study, the researcher/s must supply the Director: Knowledge Management & Research with one Hard Cover bound and an electronic copy of the research.
15. The researcher may be expected to provide short presentations on the purpose, findings, and recommendations of his/her research to both GDE officials and the schools concerned.
16. Should the researcher have been involved with research at a school and/or a district/head office level, the Director concerned must also be supplied with a summary of the purpose, findings, and recommendations of the research study.

The Gauteng Department of Education wishes you well in this important undertaking and looks forward to examining the findings of your research study.

Kind regards



Dr. Gurnani Mukatuni

Acting CES: Education Research and Knowledge Management

DATE: 17/02/2023

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Making education a societal priority

Office of the Director: Education Research and Knowledge Management

7th Floor, 17 Simmonds Street, Johannesburg, 2001

Tel: (011) 355 0488

Email: Faith.Tshabalala@gauteng.gov.za

Website: www.education.gpg.gov.za



Certificate

October 29, 2022

This is to certify that Ms. Chitalu Nakaonga has successfully completed the Macquarie University Human Research Ethics Online Training Module for the Social Sciences and Humanities.

Macquarie University

APPENDIX I



Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R16/89 Nakaeonga

CLEARANCE CERTIFICATE

PROTOCOL NUMBER: H/215/1/22

PROJECT TITLE

The experiences of grade 6 children at a mainstream urban primary school in Johannesburg on the effect of covid-19 on their wellbeing

INVESTIGATOR(S)

Miss C Nakaeonga

SCHOOL/DEPARTMENT

Human and Community Development

DATE CONSIDERED

26 November 2022

DECISION OF THE COMMITTEE

Approved
Risk Level: Low

EXPIRY DATE

31 January 2026

DATE 21 February 2023

CHAIRPERSON

(Professor J. Watermeyer)

cc: Supervisor: Prof E Pretorius and Prof J Watermeyer

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and A SIGNED COPY returned to the Secretary electronically. Unreported changes to the application may invalidate the clearance given by the HREC (Non-Medical)

I/we fully understand the conditions under which I/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure be contemplated from the research procedure as approved I/we undertake to submit an amendment of the protocol to the Committee. I/we agree to completion of a regular progress report. For Minimal and Low Risk studies, this is due annually on 31 December. For Medium and High Risk studies, this is due twice annually on 31 June and 31 December.

Signature

23, 05, 2023
Date

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES