
Parents' anxiety and stress about their children returning to school during the Pandemic of Covid19

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ABSTRACT

Background: The new coronavirus disease has dispersal rapidly all over the world, and the crumbling from the pandemic is still unfolding. **Aim:** Assess parents' anxiety and stress about their children returning to school during the pandemic of Covid19. **Subjects and method: Design:-** Correlational descriptive designs. **Setting:** the study was conduct at assiut governorate six educational district were selected randomly among eleven educational district affiliated to Ministry of Education. **Subjects:** Purposive and convenience sampling, consists of 310 parents. **Tools:** Demographic characteristics, The Coronavirus Anxiety Scale (CAS), Depression, Anxiety and Stress Scale - (DASS-21) and The Impact of Event Scale (IES) were used to collect study data. **Results:** The detection rates of dysfunctional anxiety associated with the coronavirus crisis, subjective distress related to a specific event and stress in children' parents. There were a positive proportional relationship between parents' anxiety, dysfunctional distress and parents' stress. Parental gender and occupation were significant predictor factors of parents' CAS score. **Conclusion:** More than half had severe stress from COVID-19 pandemic. There is a statistically significant difference between anxiety and distress. Also, there is statistically significant relation between distress and stress. **Recommendations:** Intervention and educational program to reduce parental stress, anxiety and improving the emotional and social support of parent.

Key words: Children, Pandemic of Covid19, Parent's anxiety and stress

INTRODUCTION

The outbreak of COVID-19 emerged in Wuhan, China, in December 2019 and was declared a state of emergency on January 30th (WHO, 2020). The coronavirus pandemic is a stress that has emerged outside the family system, but given the disease's novelty and unpredictability, it is likely to be a major source of stress for many parents and children. Even if a family is not directly affected by the virus, the COVID-19 pandemic is likely to have an indirect impact. (Van Bavel et al., 2020). One of the most important community health and preventive measures implemented during the COVID-19 pandemic are the prolonged 'lockdown' periods where all residents have been advised to stay indoors other than collecting necessary supplies or caring for others or exercise (Holmes et al., 2020).

At times when uncertainty is high, it is acceptable to see an increase in anxiety. People often experience different levels of anxiety when doing something new, or something they haven't done for a long time. Given that schools are currently closed to most pupils, and have been for several months, it is expected that many parents will experience some anxiety about returning to school, when they re-open and their children are expected to return. Parents might feel worried about back to school and leaving their children they go to school (Allen & Sommers., 2020).

The novel coronavirus disease (COVID-19) has spread rapidly throughout the world, and the collapse caused by the epidemic continues to unfold (Yip & Chau, 2020). Precautionary measures, such as school closures and social distancing, have been imposed to limit the spread of the virus (Upal, 2020). The coronavirus has caused many challenges to almost every aspect of parents' lives. Financial stress, physical and psychological concerns, and challenges with homeschooling and work-life balance may contribute to increased parenting stress. (Humphreys, K. L., Myint, M. T., & Zeanah, C. H., 2020). Stressors are conceptualized as events or circumstances that impose pressures for change on the family system. Common family stress events may include daily struggles with schedules, developmental transitions, poverty, illness, divorce, and the lively demands of children (Wu & Xu., 2020).

At the time of COVID-19 disasters, the United Nations has estimated that around 463 million children worldwide have been cut off from education (Unicef 2020). This leads to the appearance of parental stress. The term stems from increased parental stress and attendant anxiety about reopening businesses and schools. Clinically, parental stress includes a high level of anxiety about opening schools, day care and related activities in which parents leave their children in the care of others. It added components of stress and anxiety caused by constant transition to the new normal (Fegert JM, Vitiello B, Plener PL, Clemens V., 2020). For some parents, this leads to increased anxiety, decreased stress tolerance, poor sleep, irritability, head and body aches, and fatigue. It can also increase family conflict or parental conflict, based largely on disagreements about parenting in an epidemic situation. Conflicts about going back to school, work, or social situations can create tension and broaden existing stress areas (Wang G, Zhang Y, Zhao J, Zhang J, Jiang F, 2020).

Despite numerous government efforts made to contain the virus after the emergence of COVID-19, These attempts may result in unintended outcomes. The measures included suggestions to increase physical distance as well as the closure of schools, parents, and several customer service centers. As a result, families are more likely to experience social isolation, a lack of access to supportive and educational services, and financial difficulty, all of which can worsen stress in many households. Indeed, Social isolation makes people more vulnerable to stress and can harm their mental and physical health. (Brooks et al., 2020).

Significant of the study:

Although there is strong literature on the risk and protective factors involved in parental stress and anxiety, few researches has been done to investigate the scope of parental stress and anxiety affected by global pandemics. In fact, little articles have been published regarding the novel coronavirus disease 19 in regards to returning to school and not closing (Campbell, 2020); (Prime, H.; Wade, M.; Browne, D.T. ., 2020).Therefore, the present study provides exploratory evidence on the relationships between COVID-19 and parental stress and anxiety about their children's return to school.

AIM OF THE STUDY:

To assess parents' anxiety and stress about their children returning to school during the pandemic of Covid19.

Research question:

What are parents' anxiety and stress about their children returning to school during the pandemic of Covid19.

SUBJECTS AND METHOD:

Research Design: -

Correlational descriptive designs was used to conduct this study.

Setting:-

The study was conduct at assiut governorate six educational district (Sadfa , Abo teeg, Assiut, Al bdary, Manfalout& Daruit) were selected randomly among eleven educational district affiliated to Ministry of Education for academic year 2019-2020.

Sample and procedure:-

Purposeful and convenience sampling were used to register study participants. Initially, we randomly selected and contacted 335 parents, targeting parents of children from primary school to secondary school and who are the primary caregivers for the children. Parents were invited to participate in an online survey via mass communication using Whats App application. After reading the written consent form and voluntarily agreeing to participate in the study with a brief written description of the investigation and its goal, parents completed online surveys. Directions on how to participate were supplied, as well as instructions for parents on how to fill out their data. For a brief time (30 days, from July 15 to August 15), the polls were disseminated via social media (Whats App). The questionnaires were filled out willingly by the parents, who agreed that their responses would be kept private. To avoid duplicate entries, each response came from a different Whats App number. There was no monetary (cash) reward for taking part. A total of 310 parents were included in the final sample, which supplied data on all research variables. The study was approved by the ethical commitment of the faculty of nursing.

Tools of data collection :

Each parent was evaluated through the following tools

Tool (I): The Coronavirus Anxiety Scale (CAS)**It includes two parts**

Part 1: Demographic characteristics: age, sex, residence, educational level, age of children, marital status and parents' job.

Part 2: The Coronavirus Anxiety Scale (CAS): Drowning from (Lee, 2020) and is self-reported scale used to assess dysfunctional anxiety associated with the coronavirus crisis. Because a significant number of people have been identified as experiencing clinically significant anxiety during the Covid19 pandemic. The scale consisted of 5 items, each item rated on a 5-point Likert scale, from 0 (not at all) to 4 (almost every day), according to experience over the past two weeks. Expansion of the scale complies with the DSM-5 comprehensive symptom scale.

An overall score of ≥ 9 indicates probable dysfunctional coronavirus-related anxiety. A high overall scale score (≥ 9) may indicate problematic symptoms that may require further evaluation and/or treatment. A five-item scale that rates distinct physiological reactions of anxiety related to COVID-19, highly reliable as a cluster ($\alpha = 0.93$).

Tool (II): Depression, Anxiety and Stress Scale

It is 21 Items (DASS-21) and developed by *Lovibond, & Lovibond, (1995)*: Parental stress was measured by the stress subscale of the DASS short form-21. Stress subscale consists of seven items (1+6+8+11+12+14&18) measuring an individual's tension, agitation, and negative affect. Items were answered according to the presence and intensity of each symptom in the last week and rated on There were four short response alternatives to reflect severity, ranging from 0 (didn't apply to me at all) to 3 (didn't apply to me at all) (Applied to me very much, or most of the time).

The total score is calculated with the sum of the items the scale and varies between 0 and 21 points. A higher score indicates a higher participant stress. In this sample, the DAS-SF-21 stress subscale demonstrated acceptable reliability ($\alpha = .78$).

Tool (III)The Impact of Event Scale (IES):

It was developed by (Horowitz, M., Wilner, M., and Alvarez, W., 1979) to assess the current individual subjective distress associated with a specific event, and in particular, intrusive thoughts and behavioral avoidance, surrounding the stressful life event described by the participant. The scale is a self-reported measure in which parents were asked to report symptom recurrence within the past 7 days on a 4-point Likert scale where "0" indicates not at all, "1" rarely, "3" Indicates sometimes", and 5 indicates often, consists of 15 statements and 2 subscales, 7 of which rate intrusive symptoms (1-4-5-6-10-11 and 14), 8 address avoidance symptoms (2- 3-7 - 8-9-12-13 and 15).The item was scored as 0, 1, 3, or 5, with higher scores showing a more stressful effect.

Scores for the intrusive subscale range from 0 to 35, which is the sum of the items.

The avoidance subscale scores range from 0 to 40, which is the sum of the scores for the previous items.

The sum of the two subscales is the total of the stress scores. The cut-off point is suggested to be 26, above which a moderate or severe impact is indicated. The internal consistency of the subscales, calculated using Cronbach's alpha, was high (Intrusion = 0.78, avoidance = 0.82).

Content Validity:

Validity of the tools were done, before actual study through translate tools into Arabic language and then back translation technique was done by a jury panel of five experts in the psychiatric nursing and medicine field, and no modification was done.

Reliability:

Reliability of the tools were done for The Coronavirus Anxiety Scale (CAS) was highly reliable as a cluster ($\alpha = 0.93$), reliability was ($\alpha = .78$) & The Impact of Event Scale (IES) was (Intrusion = 0.78, avoidance = 0.82).

Statistical analysis:

The collected data were coded, categorized, tabulated, and analyzed by using the statistical software SAS® 9.3 To summarize data and highlight the demographic and

other selected features of parents, descriptive statistics such as medians, means, percentages, and frequencies were employed. The correlations between parents' demographic variables, anxiety, and stress levels were investigated using bivariate analysis and Chi-square (2) testing. The diagnostic accuracy of the CAS in identifying functionally impaired people was investigated using a receiver operating characteristic analysis, and the cut-off value of 9 proposed by the initial CAS inquiry was tested to see if it was still the best score for psychiatric screening. A two-tailed $p < 0.05$ was considered statistically significant.

RESULTS

Table (1): shows distribution of the study sample according to demographic characteristics. The data in this table revealed ,(41.9%) of them had their age more than 40years. According to children age it was observed (40.3%) of them from 6-12 years, about (55.8) of the study sample were females and (57.1%) were residing in rural area. It was noticed that more than two third of them (64.8%) had university education. Regarding to during this circumstances do you want to going your children to school it was clear more than half (53.5%) said don't want to going their children to school. Also, (46.5%) of the participants' experienced dysfunctional anxiety associated with the coronavirus crisis, while (53.5%) had natural anxiety.

Figure (1): demonstrates the distribution of subjective distress related to a specific event as measured by the Impact of Event Scale studied sample. According to the figure, it was cleared , (43.2%) of the sample had moderate range of distress and (25.5%)experienced mild rang. While, (21.0%)had severe range.

Figure (2): illustrates that, 56 participants out of 310 (equal to 21.0%) had severe stress and (11.0%) developed extreme severe stress. As regard to normal stress (41.0 %) (n=156) experience normal stress. In addition, (18.7%) suffer from moderate stress and (8.4%) had mild stress.

The result in **table (2):** shows CAS Score, Impact of Event Scale (IES) and DASS Scale for Studied sample. It was observed that there were a statistically significant difference between anxiety and distress $P = (0.001)$. Also there were a statistically significant difference between anxiety and stress $P = (0.001)$. In addition there were statistically significant relation between distress and stress.

Table (3): Shows distribution of mean score of CAS Score, Impact of Event Scale (IES) and Stress in relation to demographic data. The data in this table demonstrated, there were no statistically significant differences between (age group, children age, marital status and residence) and mean score of CAS Score, Impact of Event Scale (IES) and Stress. While there were statistically significant differences between (occupation, gender, During this circumstances do you want your children going to school, and Under these conditions from your point of view, which is better) mean score of CAS Score, Impact of Event Scale (IES) and Stress of the studied sample.

In order to estimate of anxiety levels associated with the coronavirus crisis in relation to demographic characteristics of participants, multivariate logistic regressions were conducted. The data in this table reveals that there were statistically significant differences between demographic characteristics, include (occupation, gender and during this circumstances do you want your children going to school) of the studied sample and CAS score (P-value = 0.020*, $\leq 0.001^{**}$ and 0.011*) respectively. **Table (4)**

Table (5): demonstrates Multivariate Linier regression between Impact of Event Scale (IES) with demographic data. It was noticed, gender of parents and parents opinion about backing to school had high significant effects on subjective distress related to a specific event (P-value = 0.006* and 0.006

Table (6): displays Multivariate Linier regression between Stress and demographic data. It was observed, there were no statistically significant differences between demographic data of the studied sample and stress with (P= 0.262, 0.545, 0.405, 0.149, 0.219, 0.164 and 0.114,) respectively

Table (1):- Distribution of demographic data for Studied sample (n=310)

	No	%
age group		
Less than 30 years	52	16.8
From 30-40 years	128	41.3
More than 40 years	130	41.9
Mean \pmSD(range)	40.16\pm9.09(24-69)	
Children Age		
Less than 6 years	98	31.6
From 6-12 years	125	40.3
from 12-18 years	87	28.1
Occupation		
Working	245	79.0
Not working	65	21.0
Gender		
Male	137	44.2
Female	173	55.8
Marital Status		
Married	304	98.1
Divorced	2	.6
Widow	4	1.3
Education		
Read and write	16	5.2
Primary	16	5.2
Preparatory	7	2.3
Secondary	70	22.6
University	201	64.8
Residence		
Rural	177	57.1
Urban	133	42.9
During this circumstances do you want your children going to school		
Yes	144	46.5
No	166	53.5
Distribution of CAS Scale		
Natural anxiety	166	53.5
Dysfunctional anxiety	144	46.5

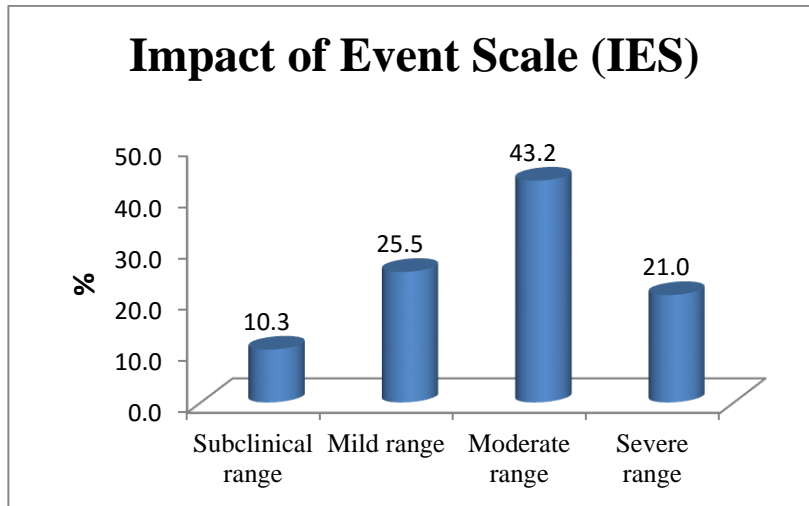


Figure (1):- Distribution of The Impact of Event Scale for Studied sample (n=310)

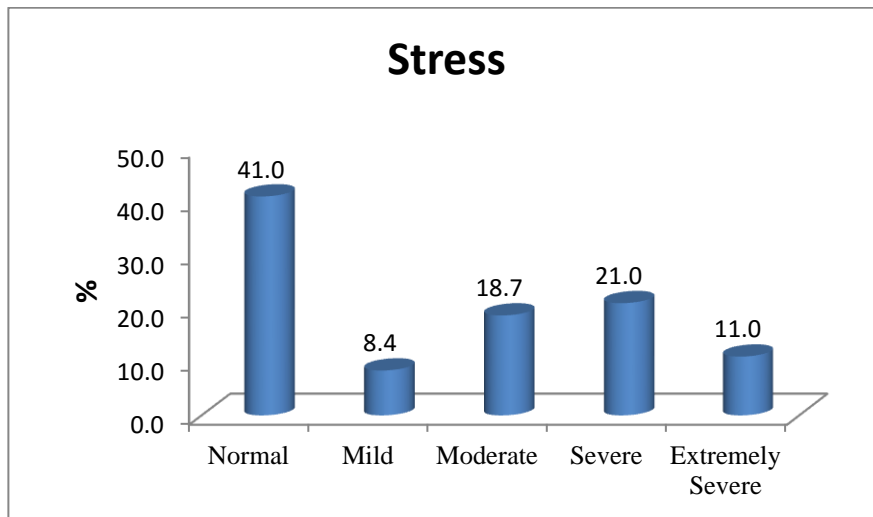


Figure (2) Distribution DASS Scale for Studied sample (n=310)

Table (2):- Correlation between CAS Score, Impact of Event Scale (IES) and DASS Scale for Studied sample (n=310)

	CAS Score	intrusive	avoidance	Impact of Event Scale (IES)	Stress
CAS Score	1				
Intrusive	.527**	1			
Avoidance	.283**	.524**	1		
Impact of Event Scale (IES)	.455**	.855**	.890**	1	
Stress	.531**	.637**	.403**	.586**	1

** Statistically Significant correlation at P. value <0.01

Table (3):- Distribution of Mean Score for CAS Score, Impact of Event Scale (IES) and Stress Scale Related to demographic characteristics

	N	CAS Score		Impact of Event Scale (IES)		Stress Scale	
		Mean \pm SD	P. value	Mean \pm SD	P. value	Mean \pm SD	P. value
age group							
Less than 30 years	52	8.5 \pm 4.74	0.374	33.17 \pm 15.94	0.209	19.85 \pm 11.09	0.652
From 30-40 years	128	7.7 \pm 4.28		30.53 \pm 15.14		18.7 \pm 11.03	
More than 40 years	130	7.46 \pm 4.66		28.8 \pm 14.96		18.15 \pm 11.33	
Children Age							
Less than 6 years	98	8.04 \pm 4.55	0.524	31.64 \pm 16.27	0.146	18.94 \pm 10.59	0.83
From 6- \downarrow 12 years	125	7.38 \pm 4.49		31.02 \pm 14.95		18.88 \pm 11.49	
from 12-18 years	87	7.89 \pm 4.55		27.56 \pm 14.2		18.05 \pm 11.36	
Occupation							
Working	245	7.21 \pm 4.33	<0.001**	29.31 \pm 15.21	0.035*	17.94 \pm 11.22	0.027*
Not working	65	9.71 \pm 4.7		33.78 \pm 14.89		21.38 \pm 10.53	
Gender							
Male	137	6.5 \pm 3.99	<0.001**	26.21 \pm 14.9	<0.001**	16.76 \pm 10.64	0.007**
Female	173	8.71 \pm 4.68		33.45 \pm 14.75		20.17 \pm 11.33	
Marital Status							
Married	304	7.66 \pm 4.51	0.126	30.24 \pm 15.24	0.998	18.55 \pm 11.16	0.398
Divorced	2	10 \pm 0		30.5 \pm 2.12		21 \pm 7.07	
Widow	4	12 \pm 4.55		30.75 \pm 20.53		26 \pm 10.95	
Education							
Read and write	16	7.94 \pm 4.51	0.016*	28.5 \pm 16.7	0.574	20.13 \pm 12.23	0.263
Primary	16	9.31 \pm 4.16		24.38 \pm 8.5		19.13 \pm 9.88	
Preparatory	7	10.14 \pm 2.91		31.14 \pm 14.95		22.57 \pm 11.06	
Secondary	70	8.86 \pm 5.17		30.2 \pm 16.59		20.74 \pm 11.4	
University	201	7.11 \pm 4.24		30.84 \pm 15.06		17.65 \pm 11.03	
Residence							
Rural	177	8.06 \pm 4.59	0.138	30.16 \pm 15.18	0.904	19.23 \pm 10.94	0.302
Urban	133	7.29 \pm 4.41		30.37 \pm 15.35		17.91 \pm 11.42	
During this circumstances do you want your children going to school							
Yes	144	6.71 \pm 4.11	<0.001**	26.46 \pm 13.13	<0.001**	16.94 \pm 10.37	0.011*
No	166	8.62 \pm 4.68		33.54 \pm 16.17		20.16 \pm 11.6	

- Independent T-test quantitative data between the two groups

- One-way Anova T-test quantitative data between the Three groups or more

*Significant level at P value < 0.05, **Significant level at P value < 0.01

Table (4):- Multivariate Linier regression between CAS Score with demographic data

	CAS Score		
	Beta	t	Sig.
Age	0.081	0.959	0.338
Children Age	-0.041	-0.516	0.606
Occupation	0.138	2.340	0.020*
Gender	0.219	3.610	<0.001**
Marital Status	0.096	1.804	0.072
Education	-0.099	-1.710	0.088
Residence	-0.077	-1.359	0.175
During this circumstances do you want your children going to school	0.210	2.572	0.011*

Dependent Factor is CAS Score

* *Statistically Significant Predictor At P. value <0.05*

** *Statistically Significant Predictor At P. value <0.01*

Table (5):- Multivariate Linier regression between Impact of Event Scale (IES) with demographic data

	Impact of Event Scale (IES)		
	Beta	t	Sig.
Age	-0.018	-0.211	0.833
Children Age	-0.031	-0.386	0.700
Occupation	0.088	1.455	0.147
Gender	0.171	2.748	0.006**
Marital Status	0.001	0.024	0.981
Education	0.067	1.124	0.262
Residence	-0.043	-0.740	0.460
During this circumstances do you want your children going to school	0.231	2.749	0.006**

Dependent Factor is Impact of Event Scale (IES)

** *Statistically Significant Predictor At P. value <0.01*

Table (6):- Multivariate Linier regression between Stress with demographic data

	Stress		
	Beta	t	Sig.
Age	-0.100	-1.123	0.262
Children Age	0.050	0.606	0.545
Occupation	0.052	0.834	0.405
Gender	0.092	1.448	0.149
Marital Status	0.069	1.231	0.219
Education	-0.085	-1.394	0.164
Residence	-0.059	-1.003	0.317
During this circumstances do you want your children going to school	0.239	2.785	0.006**

Dependent Factor is Stress Score

**** Statistically Significant Predictor At P. value <0.01**

DISCUSSION:

People have different feelings, thoughts and beliefs. Some families might be excited about the going back to school of their children, whether it's now or later on. Some may be disappointed, some might be angry that they may not be able to say goodbye to their friends and some may be very anxious about transitioning back to school. Whatever the circumstances, this period may be tough on families and some have mixed feelings about child returning to school. People might be concerned about the increase in anxiety, distress, stress, school refusal or challenging behavior Qiu et al., (2020).

In the present study, the detection rates for coronavirus crisis-related disordered anxiety, event-specific self-distress, and stress in children's parents were 46.5%, 21.0%, and 21.0%, respectively. The results indicate, the parents showed a change caused by COVID-19. Anxiety and stress were the most common disorders among parents. These findings in line with earlier research. by (Cusinato et al., 2020) who stated, as a result of the COVID-19 pandemic, parents faced many changes in their daily lives and keeping their children safe at home was a major challenge; this aspect can negatively affect their mental health, in the form of stress, fear and anxiety. Similarly, (Allen & Sommers, 2020) reported, most parents experience symptoms of anxiety and depression in addition to lack of sleep because they fear children returning to school. Also, the findings are corroborated by results obtained by (Wu & Xu, 2020) who find rapid transmission of the virus and its serious health effects may lead parents to fear an epidemic with concerns

related to COVID-19. These were uncertain times, and they might be need to acknowledge and explain to children about the COVID-19 pandemic. When parents have difficulty handling challenges well, they might be experience psychological distress.

The current study correlates the relationship between the CAS score, Impact of Event Scale (IES) and the DASS scale for the studied sample, and it found a clear correlation between three scales and it was significant at the level of significance ($P \leq 0.01$). There were positive proportional relationship between parental anxiety and dysfunctional distress and parental stress. This could be explained, the change in daily routine, there were uncertainty surrounding many aspects of life and no clear ideas about COVID-19, lack of social support and a lot of misinformation from other sources. This is in agreement with (Lee,S.J., Ward,K.P.,Chang,O.D.,and Downing,K.M.,2021) who observed significant differences between parental depression, parental anxiety, and parenting stress during the pandemic, meaning that the parents had more deterioration in mental health during the pandemic. Similarly, (Brooks et al., 2020) reported that, parents experience more changes as a result of COVID-19 while anxiety and depression are associated with both perceived stress. Furthermore, (Vinkers et al., 2020) found that, there was a statistically significant relationship between cumulative anxiety due to COVID-19 and stress. ([Vanaken,L.](#), [Scheveneels,S.](#), [Belmans,E.](#) and [Hermans,D.](#), 2020) supported the same finding as they found, overall Event Impact Scale - COVID19 and subscale scores were statistically significantly associated with anxiety symptoms, stress, and stress-related rumination.

The recent study found out the relationship between different demographic factors and parental anxiety, distress and stress. The study documented, no significant parental age, children age, marital status and residence differences in parental anxiety, distress and stress, this result in concordance with research conducted by Wu et al., (2020) They discovered that parental anxiety and tension were negatively associated to parental age and children's years of education. While study carried out with Saddik et al., (2020) reported, parental anxiety and emotional problems were affected by parents 'age and age of children this may be due to the difference in participants' composition. Also, previous research has shown that parents in central China had significantly higher levels of anxiety and depression than parents in in other regions during the COVID-19 pandemic which means there were a significant relation between parental anxiety, stress and residence Guo et al., (2020). As regard to the relation between parent emotional problems related to

return of children to schools during COVID-19 pandemic and parental education, this study demonstrated, there was statistical significant difference between parents' preparatory education and anxiety associated with the coronavirus crisis (CAS). But no significant education differences in parental distress, and stress. These findings contradict previous research conducted in United Arab Emirates suggesting higher anxiety levels were reported among parents with higher levels of education Saddik et al., (2020) this could be because parents were left to cope with their children's education and learning on their own, which can be a difficult task for parents with lower levels of education. Because mothers may be exacerbated by a lot of pressures placed on them to deal with lifestyle changes in the context of COVID-19, with the responsibility of online learning and homeschooling as well as managing work commitments, mothers suffered higher levels of anxiety, high distress, and more stress than fathers. In addition to childcare, they may return to school due to social isolation and greater worry and uncertainty for their children. This finding in line with finding of Motta Zanin G, Gentile E, Parisi A & Spasiano D. A., (2020) who reported, females were experienced more psychological impact during COVID-19 outbreak. COVID-19. In the light of current study, parents who not hold job or work and who reuse returning of their children were suffering higher level of anxiety, distress and stress than other. It's in agreement with Wu et al., (2020) who reported low income parent had more psychological problems during COVID-19 pandemic than those high income. But Yuan J, YH D, Xu W., (2020) explored, parents feel more anxiety as they children receiving home schooling because their children have ponderous study tasks, and the COVID-19 onset prohibit students from returning to school.

The present study indicated, Parents' CAS score was significantly influenced by parental gender and occupation, implying a link between parental anxiety, gender, and occupation. This finding is in line with previous research, which has found that parental anxiety is exacerbated by characteristics like as parents' gender, parental unemployment, and financial insecurity. Bastiaansen, C., Verspeek, E., and Bakel, H.V., (2021). During the viral outbreak, parents reported not returning their children to school, according to content coding of closed-ended questions. Multivariate analysis indicated, parental anxiety was associated with home-education. This confirmed with study by Lee et al., (2021) who reported parents felt more anxiety as they educate their children at home.

Multivariate regression analysis conveyed, parental dysfunctional distress was significantly negatively associated with parents' gender and parents' responded "no" to the question (During this circumstances do you want your children going to school). Similarly, study by Calvano et al., (2020) in Germany who shown an association between decline in parental mental health and parent' sex and burden of child care or home education during pandemics.

During COVID-19 outbreak, multivariate analysis indicated, the most prevalent risk factor for parental stress was the parents' fear form returning of their children to school and be susceptible to infected with virus, which displayed through responding with "no" to the question (During this circumstances do you want your children going to school). This finding was in disagreement Farajzadeh,A., Dehghanizadeh,M., Maroufizadeh, S., Amini,M.& Shamili ,A. (2021) who demonstrated, lockdown measures during COVID19 leading to increase parental burnout among parents which indicates a significant association between lockdown measures and stress because burnout indeed cause extra stress. This might be because of Arab and oriental population more sentimental than others or due to this period may be tough parents and they may have mixed feelings about their children returning or not returning to school.

CONCLUSION

Based on the results of the current study, the following can be concluded:

During the COVID-19 pandemic more than half of the studied sample said don't want to go their children to school. More than half of them had severe stress from COVID-19 pandemic. There were statistically significant difference between anxiety and distress. In addition there were statistically significant relation between distress and stress. There were no statistically significant differences between (age group, children age, marital status and residence) and mean score of CAS Score, Impact of Event Scale (IES) and Stress. There were statistically significant differences between demographic characteristics, include (occupation, gender and during this circumstances do you want your children going to school) of the studied sample and CAS score. There were no statistically significant differences between demographic data include (age group, children age, occupation, gender, marital status, education, residence, and during this circumstances do you want your children going to school) of the studied sample and stress.

RECOMMENDATION

Based on the results of the present study, the following recommendations were suggested:

- 1- Periodic health education programs should be implemented for parents and their children for increasing awareness in program design and monitoring about effective preventive measures against COVID-19 pandemic.
- 2- The Ministry of Education have disseminate a roster of recommended online educational resources for home schooling.
- 3- Regular periodic screening for all children's is very important to early detecting of any health problems and providing management.
- 4-Emotional coaching programs for parents not only will help them in the time of virus outbreak, it will also prepare them to handle challenges they will face later in their lives.
- 5-Governments should pay attention to the necessarily, of families and children and plan programs for families to reduce the health and economic impacts of the COVID-19 pandemic.

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قلق الآباء وتوترهم بشأن عودة أطفالهم إلى المدرسة أثناء جائحة كوفيد 19

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الخلاصة

انتشر مرض فيروس كورونا المستجد بسرعة في جميع أنحاء العالم ، ولا يزال الانهيار الناجم عن الوباء يتكشف. الهدف **هدفت الدراسة إلى:** - تقييم قلق الوالدين والتوتر والضيق بشأن عودة أطفالهم إلى المدرسة خلال جائحة كورونا. التصميم: - التصميم الوصفية الارتباطية. المكان: أجريت الدراسة في محافظة أسيوط ، تم اختيار ستة أحياء تعليمية عشوائياً من بين إحدى عشرة دائرة تعليمية تابعة لوزارة التربية والتعليم. العينة: العينة تتكون من 310 من الآباء.. الأدوات: - صحيفة الخصائص الديموغرافية ، مقياس القلق الخاص بفيروس كورونا (CAS) Lee (2020) ، مقياس الاكتئاب والقلق والتوتر - (DASS) - مقياس تأثير الحدث (IES) Horowitz) . النتائج: يوجد قلق مع ظهور الفيروس التاجي والضيق وتوتر لدى والدي الأطفال. كانت هناك علاقة تناسبية إيجابية بين قلق الوالدين والضيق وضغط الوالدين. كان جنس الوالدين ومهنته من العوامل الهامة التي تنبئ بنتيجة CAS للوالدين. الاستنتاجات: - أكثر من نصفهم يعانون من ضغوط شديدة من جائحة كوفيد-19. توجد فروق ذات دلالة إحصائية بين القلق والضيق. بالإضافة إلى وجود علاقة ذات دلالة إحصائية بين الكرب والضغوط. التوصيات: - برنامج تدخل تعليمي للحد من إجهاد الوالدين وقلقهم وتحسين الدعم العاطفي والاجتماعي للوالدين الذين لديهم أطفالهم.

الكلمات المرشدة: فيروس كورونا المستجد – مقياس القلق من فيروس كورونا المستجد - الوالدين - الإجهاد - القلق - الوباء