



# Effectiveness of Introducing Chiri Helpline for Dealing with Various Psycho-Social Issues Faced by Children in Kerala during COVID-19 Pandemic

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## Abstract

Within three months of lockdown starting from march 2020 due to COVID-19 pandemic, at least 66 children have committed suicide in Kerala. Just like adults, children were also observed to have lot of mental stress, anxiety, and worries due to the unexpected changes in their course of life. Schools were also closed disabling every source of socialization. Considering this scenario and for ensuring the well-being of children, Kerala Police introduced “Chiri Helpline” incorporating professional volunteers to deliver tele-services to children. The current study investigates the effectiveness of introducing Chiri helpline for dealing with various psycho- social issues faced by children in Kerala during COVID-19 pandemic. The sample consisted of 75 (15 each from Family problems, Phone addiction, Game addiction, Learning Problems, Mental stress) callers of Chiri helpline. Survey method was used. Client satisfaction questionnaire was used for collecting data. Data was scored and analyzed in Jamovi Software. It was concluded that 40% of the callers were highly satisfied.

## Introduction

After the COVID-19 outbreak was declared a pandemic by the World Health Organization in March 2020, to contain the spread of this infection, nations across the globe have adopted various measures including nationwide lockdown, school closures, online lectures, and postponement of elective procedures. This has led to a psychological impact on various populations, particularly the vulnerable groups, like children and adolescents. In order to interrupt the chain of social transmission, supported evidence gathered from past influenza outbreaks, school closures were prolonged, even when various lockdown measures were lifted.

The social isolation and psychosocial impact of the pandemic on children were insurmountable, including sleep problems, depressive and anxiety symptoms, worsening of pre-existing psychiatric symptoms, physical issues and so on. Therefore, the need for mental health services increased during the pandemic. China, Australia, Italy, the USA, Turkey, India are some countries that adopted telephonic consultation for children and adolescents which reported effective solutions for lack of mental health face to face services. The online or tele services were considered efficient during the pandemic as an emergency matter [1]. Some authors have even proposed a bright side to the closure of faculties and residential confinement, like delay in initiation of substance use and better opportunity for the parents to bond with their children [2]. Lockdown have led to a stressful situation for parents who are trying to combine personal life, job, and raising children while being left alone with no other options. Many parents also had to deal with the stress and pain of having elderly or bereaved relatives, having their earnings reduced, or, in extreme cases, losing their jobs [3]. Parents are more likely to experience distress as a result of this scenario, which may hinder their capacity to be supportive caregivers. The lack

of support these children receive during such a trying time could explain their more severe psychological issues [4].

Despite the fact that the rate of COVID-19 infection among young children and adolescents is low as compared to adults, the stress confronted by them poses their condition as highly vulnerable. (Singh, *et al.*), [5] thus the pandemic and social isolation have exacerbated the mental health situation. As expected in the aftermath of any disaster, children of all developmental stages exhibited high rates of depression, anxiety, and post-traumatic symptoms [1].

The first and second waves of the COVID-19 pandemic have robbed our children's worlds of color, games, and other interactions, confining them to the four walls of their homes. This unprecedented situation has resulted in the emergence of a slew of psycho-social issues among children and an uptick in violence against them in the home and online. As a result of the lockdown, children have displayed violent behavior, suicidal tendencies, mobile phone and internet addiction, and parental atrocities. Above all, the rate of child suicide was the most shocking incident. During a press conference on 09 July 2020, Kerala Chief Minister Mr Pinarayi Vijayan revealed that 66 children under 18 committed suicide in Kerala during the first three months of the COVID-19 lockdown [6]. Giving concern to the issues faced by children, the government of Kerala associated with Kerala Police introduced a helpline "Chiri". The Malayalam word "CHIRI" means "Smile" in English and abbreviated to **Children's Happiness & Innocence Rejoicing Initiative**. This initiative was launched and executed as an emergency response to the psychosocial challenges faced by children during COVID-19 pandemic and Post lockdown period. This initiative aims to ensure children's well-being, a safe and healthy childhood by strengthening the behavioral, emotional, interpersonal, educational, and physical challenges

that have arisen, particularly during this pandemic period in Kerala. As part of this project, efforts are being made to create a mental health support system with the help of various stakeholders such as counselors, psychologists, and social workers.

Many children were victims of online abuse and crime, game addiction, intra-familial disputes, as well as having suicidal ideations were considered as real threat and a wakeup call to save the young generation. Even if the parents became aware of their children's distress, they could not manage the issues at home because they were unprepared to deal with such psycho-social problems. As a result, the distress among children was either ignored or dealt with improperly by their parents. To address scientifically and find proper solutions to the psycho-social problems of children during the COVID-19 pandemic period, the services provided by Chiri helpline project were said to be efficient and timely. The current study investigates the Effectiveness of Introducing Chiri helpline for dealing with various psychological issues faced by children in Kerala during COVID-19 pandemic.

## Methodology

### Objectives

- To analyze the effectiveness of introducing chiri helpline for dealing with various psychological issues faced by children in Kerala during COVID-19 pandemic and post COVID period.
- To understand the effect of gender difference on the services provided by Chiri, among the given population.

### Hypothesis

- There is a significant satisfaction in the services provided by chiri helpline on various issues including Family problem, Mental stress, Study problem, Phone addiction and Game addiction.

- There is no significant difference between the level of satisfaction among male and female callers.
- There is no significant difference between the level of satisfaction among the callers of given categories, Family problem, Mental stress, Study problem, Phone addiction and Game addiction
- There is no significant association between the level of satisfaction between the categories (Family problem, Mental stress, Study problem, Phone addiction, and Game addiction).

The research design used here is survey research, the process of conducting research using surveys that researchers send to survey respondents. The data collected from surveys is then statistically analyzed to draw meaningful research conclusions. The current study consists of 75 callers (15 each from Family problems, Phone addiction, Game addiction, Learning Problems, and Mental stress) of the Chiri helpline with the state of Kerala. Children within the age group 05 to 18 are included and children associated with legal issues were excluded. A purposive sampling technique was used for collecting the data. The details of the callers were taken from the logbook maintained by the Chiri helpline coordinator. Details of 30 callers from each category were selected and only the first 15 callers who attended the call were selected for the survey.

For this study a Client Satisfaction Questionnaire [7] was used, consisting of 16 questions. The answers were rated on a seven-point scale. The scores are normalized on a scale of 1 to 7 (Q1 to Q13) with 1 being strongly disagree and 7 strongly agree. The data was collected through telephonic conversations with the callers. The data collection was done within four days and 75 responses were received. The data was collected from the parents of the children who were in distress or seek help from Chiri Helpline. The collected data were statistically analyzed using Jamovi Software.

## Result and Discussion

The obtained data was analyzed using Jamovi Software. The result is discussed below.

**Table 1:** Socio-demographic details of the participants.

Variable	Frequency	Percentage
Gender		
Male	29	38.66%
Female	46	61.34%
Age		
5-10	12	16%
11-18	63	84%
Category		
Family Problem	15	20%
Study Problem	15	20%
Phone Addiction	15	20%
Game Addiction	15	20%
Mental Stress	15	20%

Table 1.1 shows socio demographic details of the sample. Out of 75 samples 38.66 % consists of males and 61.34 % consists of females. 16 % of the sample comes under the age category of 5-10 and 84 % of the sample comes under 11-18. Out of the 75 samples collected 20% is Family Problem, 20% is Study Problem, 20 % is Phone addiction, 20% is

is Game addiction and 20% is mental stress which comes under the category of counseling.

The frequency of female callers was more as compared to male callers. Children who were in their late childhood and adolescents constitute 84% of the sample.

**Table 2**

Category For Counseling	Category			Total	Pearson Chi-Square
	Less Satisfaction	Moderately Satisfied	Highly Satisfied		
Family Problem	7 (46.6%)	1 (6.6%)	7 (46.6%)	15	25.74**
Mental Stress	2 (13.3%)	3 (20%)	10 (66.6%)	15	
Study Problem	8 (53.3%)	3 (20%)	4 (26.6%)	15	
Phone Addiction	2 (13.3%)	11 (73.3%)	2 (13.3%)	15	
Game Addiction	3 (20%)	5 (33.3%)	7 (46.6%)	15	
Total	22 (29.4%)	23 (30.6%)	30 (40%)	75	

\*\*p<0.00

Table 1.2 shows the satisfaction level of callers in various categories of counseling. From the table it is clear that there is sample size (N=15) for all categories. The level of satisfaction of Family Problem (Low satisfaction = 07 (46.6%), Moderate satisfaction = 01(6.6%) and High satisfaction = 07(46.6%)). The level of satisfaction of Mental Stress (Low satisfaction = 02(13.3%), Moderate satisfaction = 03(20%) and High satisfaction = 10(66.6%)). The level of satisfaction of Study Problem (Low satisfaction = 08(53.3%), Moderate satisfaction = 03(20%) and High satisfaction = 04(26.6%)) The level of satisfaction of Phone addiction (Low satisfaction = 02(13.3%), Moderate satisfaction =

11(73.3) and High satisfaction = 02(13.3%)).The level of satisfaction of Game addiction(Low satisfaction = 03(20%), Moderate satisfaction = 05 (33.3%) and High satisfaction = 07(46.6%)). In the above table the X2 value is 25.74, indicating there is no dependence on the level of satisfaction in one category to the other.

From the table it's understood that the callers from mental stress are highly satisfied, callers of phone addiction are moderately satisfied and callers of study problems are less satisfied with the service provided by Chiri helpline.

**Table 3:** The mean, Standard Deviation and T value of Male and Female callers of Chiri Helpline

Gender	N	Mean	Std. Deviation	T
Male	29	67.34	18.728	1.07
Female	46	62.49	19.457	

Table 3 shows the comparison level of effectiveness of Chiri helpline service among males and females using paired t test. From the table it is clear that there is N = 29 Males and N =.46 Females. The mean score and standard deviation of Male callers (Mean=67.34 and Standard deviation=18.728) and the mean score and standard deviation of Female callers (Mean=62.49 and Standard

deviation=19.457). In the above table the t value obtained for comparing Male and Female callers is 1.07 which debits there is no significant difference at 0.05 level of significance.

There is no significant difference on the satisfactory level of chiri helpline services among males and females.

**Table 4**

Variables	N	Mean	Std. Deviation	F
Family Problem	15	62	20.25	1.18
Mental Stress	15	69.94	17.85	
Study Problem	15	56.6	23.29	
Phone Addiction	15	64.4	15.33	
Game Addiction	15	68.4	17.98	
Total	76	64.34	19.20	

Table 1.4 shows the analysis of various categories on the effectiveness of Chiri helpline service among the various categories for counseling using ANOVA. From the table, it is clear that there is N = 15 Family problems, N=15 Mental stress, N=15 Study problem, N=15 Phone addiction, and N =.15 Game addiction. The mean score and standard deviation of Family Problem (Mean=62 and Standard deviation= 20.25), the mean score and standard deviation of Mental stress(Mean=69.94 and Standard deviation=17.85), the mean score and standard deviation of Study problem (Mean=56.6 and Standard deviation=23.29), the mean score and standard deviation of Phone addiction (Mean=64.4 and Standard deviation=15.33),the mean score and standard deviation of Game addiction (Mean=68.4 and Standard deviation=17.98).In the above table the F value is 1.18 which shows there is no significant difference at 0.05 level of significance among Mean of different categories of psycho-social issues.

## Discussion

National lockdown followed by COVID-19 outburst has affected everyone psychologically, financially, socially, and in every possible aspect. Children and families have been deprived of not only their educational, professional, and sporting opportunities, but also of all social and familial connections). During this period the services of the CHIRI helpline have helped around 30,000 children who have sought help. The samples (30) were provided with specific counseling with respect to their issues. For study problems, scholastic analysis was done by Psychologists and selected children for remedial training were referred further. The students who were in need of scholastic assistance and support were given adequate help by the elder mentors (high school or higher secondary teachers of respective subjects) over the phone. Family issues were dealt with by specially trained counselors from the Women Cell. For cases involving mental illness, adequate measures were taken including in-hospital treatment.

Children with phone addiction were handled specifically by Psychologists with the help of parental involvement. Various psychotherapy methods were used with respect to their issues. Game addiction was handled both by psychologists and psychiatrists. Both psychotherapy and pharmacotherapy were used with respect to the severity of the issues. For callers with mental stress, clinical psychologists and psychiatrists were involved in helping. Therapies ranging from supportive psychotherapy, cognitive behavioral therapy, behavior therapy to grief therapy were used with respect to the problems.

From analyzing the socio-demographic data, it is found that females were more than males in the population. However, there was no significant difference in the satisfactory level of chiri helpline services among males and females. Children who were in their late childhood and adolescents constitute 84% of the sample. It is understood that adolescents and preadolescent children were seeking more help to focus on their wellbeing. It is proven in other countries that online or teleservices were considered efficient during the pandemic as an emergency matter. From the results drawn from interviewing the callers and rating their satisfaction level on different categories of problems or difficulties, it is found that children who have called with mental stress were satisfied highly. The callers with phone addiction are moderately satisfied and callers with study problems are less satisfied with the service provided by the Chiri helpline. It is hence implied that the Chiri helpline was helpful for children who have sought help to deal with their mental stress. However, the helpline was observed to be not very helpful in dealing with learning problems.

Since it is a potential problem to be dealt with more efficiently by teachers and in offline mode. The dependence of the satisfaction level on each problem category with the other was analyzed and it was found that the satisfaction level on each category

was independent of one another. The analysis of variance was done and it was found that there was no significant difference in the Mean of each category. The overall observation of the results shows that 40 % of callers were highly satisfied, 30.6% were moderately satisfied and 29.4 % were less satisfied with the services provided by the Chiri helpline.

## Conclusion

Children and adolescents are subjected to detrimental consequences on educational, psychological, and developmental progress as a result of confinement measures such as school and activity center closures for extended periods of time. They also face loneliness, worry, and uncertainty. From this study which has attempted to understand the effectiveness of chiri helpline for dealing with various psycho-social problems faced by children in Kerala. It was found that a total of 40% of callers were highly satisfied with the chiri helpline services provided. However, 29.4% callers were less satisfied. No category of problem is dependent on the other. More female callers were present as well as 84% of the sample constitutes of children from 11- 18 years old.

## Implications for Future Research

This study would be considered as a pilot and future studies could consider every different category of issues of the callers. Comparing the relationship between the satisfaction level and nature of services (number of sessions, sessions by teachers, mentors, counselors) will be helpful for strengthening the helpline. A pre and post- test analysis need to be conducted to understand the effectiveness level of the services provided by Chiri helpline.

## Limitations of the Study

The aim of the study was to understand effectiveness of categories; however, the study could not

consider various other issues presented by the callers. Even though this study could analyze the satisfaction of callers, it could not analyze the various reasons for the effectiveness of services. The sample size is 75, which is a limited representation of the population that is 30000 callers who sought help.

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