

Artículos

Psychological Manifestations and Coping Strategies in Argentinean Pediatric Population during the Covid-19 Pandemic

Manifestaciones Psicológicas y Estrategias de Afrontamiento en Población Infantil Argentina durante la Pandemia por Covid-19



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Resumen: El aislamiento por COVID-19 ha producido efectos diversos en la población infantojuvenil. Este estudio analiza específicamente la dimensión psicológica, considerando las manifestaciones y estrategias de afrontamiento que presentaron niños y adolescentes bonaerenses de 3 a 17 años. Se encuestó de manera online a 4008 cuidadores utilizando un muestreo representativo por conglomerados de 83 escuelas.


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Los resultados más relevantes evidenciaron que la respuesta psicológica prevalente fue aburrimiento, seguida por inquietud/intranquilidad y que las estrategias de afrontamiento enfocadas en la tarea y evitativas se asociaron con un número menor de manifestaciones psicológicas, a diferencia de las enfocadas en la emoción. Surge el interés de indagar si esas manifestaciones psicológicas se configuraron en su evolución como padecimientos persistentes de mayor alcance.

Palabras clave: covid-19, estrategias de afrontamiento, respuestas psicológicas, niños y adolescentes, Argentina.

Abstract: COVID-19 isolation has had diverse effects on child and adolescent populations. This study specifically analyzed the psychological dimension by considering the manifestations and coping strategies presented by children and adolescents from Buenos Aires aged 3 to 17 years. A total of 4,008 caregivers were surveyed online using a representative cluster sample from 83 schools. The most relevant results revealed that the prevalent psychological response was boredom, followed by restlessness/uneasiness. Furthermore, task-focused and avoidant coping strategies were associated with a smaller number of psychological manifestations, unlike those focused on emotion. The interest arises in investigating whether these psychological manifestations were configured during their evolution as persistent illnesses of greater scope.

Keywords: covid-19, coping strategies, psychological manifestations, children and adolescents, Argentina.

Introduction

There is no doubt that the outbreak of the COVID-19 pandemic and the care measures deployed to prevent it have had an impact on the daily lives of the world's population. Transformations produced by the so-called "new normal" (Savona, 2020), such as the coexistence of family members 24 hours a day within the home, the modification of daily routines and habits, the imperative incorporation of hygiene and proxemic rules, the lack of space and possibilities for movement and physical activity and the virtual modality of schooling, generated material, relational and psychological effects that assumed differential characteristics at different moments of the life cycle.

To record these effects, between 2020 and 2023, numerous international and national studies have described the psychological consequences and emotional impact of isolation on children and adolescents. Among the international studies, the research on the emotional impact of quarantine on children and adolescents conducted by the team of Orgilés and collaborators stands out, being pioneering and a reference for our study (Erades & Morales, 2020; Orgilés, Morales et al., 2020; Orgilés et al., 2021). The research involved 1,143 Italian and Spanish parents who completed a survey on how the quarantine affected their children and themselves compared with the pre-lockdown period. Parents perceived emotional and behavioral changes in their children (85.7%) and reported the frequent presence of difficulty concentrating (76.6%), boredom (52%), irritability (39%), restlessness (38.8%), nervousness (38%), feelings of loneliness (31.3%), discomfort (30.4%), and worries (30.1%). Likewise, they reported increased screen time, less physical activity, and more hours of sleep in the children. The authors concluded that both children and adolescents and caregivers felt affected by the quarantine and that the emotional and behavioral manifestations of the former were positively related to the well-being of the parents, specifically to their level of stress.

In a systematic review, Amorós Reche et al. (2022) analyzed 27 empirical studies that investigated the most immediate psychological effects of the pandemic on Spanish children and adolescents. In relation to the analysis of emotions during confinement, the following findings stand out: Higher scores among sadness, fear, and boredom (Tíscar-González et al., 2021), higher levels of joy (Serrano-Martínez, 2020), and mixed emotions, i.e., fear, nervousness, loneliness, sadness, boredom and anger, as well as security, tranquility and happiness for being with family (Idoiaga et al., 2020). When considering age, positive emotions prevailed in young children (Serrano-Martínez, 2020), whereas fear, sadness, and boredom

prevailed in older participants (Idoiaga et al., 2020; Tíscar-González et al., 2021). In addition, eight of the studies reviewed examined gender differences in the variables analyzed, concluding that, in six of them, women were more emotionally affected than men.

In Argentina, different studies have investigated the main emotional needs and behavioral changes in children and adolescents, especially during the first year of the pandemic.

In a four-phase longitudinal study, United Nations International Children's Emergency Fund Argentina (UNICEF Argentina; 2020, 2021) implemented a rapid survey in households with children and adolescents (n = 780) in six urban clusters during isolation (August 2020 to February 2021). This study aimed to characterize the continuities and discontinuities, as well as the socio-emotional and economic effects of isolation, while highlighting the arrival of the social protection system in those households. Among the main emotional effects observed in children aged 3 to 12 years, there were expressions of discomfort that do not constitute pathologies in themselves but rather respond to expected defensive and adaptive reactions in the face of the uncertainty and concern caused by the pandemic. In the first measurement, caregivers reported that children were more irritable, angry, annoying, and intolerant than before the lockdown; a low percentage also reported fears related to concern about the contagion of their parents. In the second and third measurements, a deepening of various subjective discomforts was observed, accompanied by changes or disorders in eating and/or sleep; this was almost 50% greater than in the first measurement. On the other hand, in adolescents, the restriction of exchanges with peers and other non-cohabiting referents was expressed in emotional ups and downs, listlessness, anger, irritability, anguish, and resignation. They also mentioned experiencing feelings of loneliness, sadness, anxiety, fear, and greater sensitivity. These emotions, especially in those close to the end of secondary school, were linked to uncertainty about the possibility of undertaking future projects. Although a decrease in sadness was observed in the third measurement, 50% of adolescents reported feeling sad, and a third reported feelings of loneliness throughout the period. Among the protective factors of mental health (which we could resignify as strategies against subjective discomfort), the study mentions the following: Feeling accompanied/listened to, playing, building social bonds, being the protagonist of daily life decisions, symbolizing emotions, and taking care of oneself and others.

On the other hand, the IPSIBAT Institute¹ (Andrés et al., 2022) conducted a longitudinal study in which parents and/or caregivers completed an online survey referring to the mental health of children and adolescents during the month of June 2020, during isolation due

to the COVID-19 pandemic. The sample consisted of 1205 children and adolescents aged 3–18 years, of which 47.5% were girls, 12.25% belonged to families with medium socioeconomic status (SES), 42.42% had medium-high SES, and 45.31% had high SES. They were based on an Argentine adaptation of the CBCL-90 (Samaniego, 2008) and the Positive Affect subscale of PANAS²., considering psychological symptoms in children and adolescents. They focused on four main factors drawn from a selection of questions from the original instrument: anxiety–depression, dependence–withdrawal, aggression–irritability, and inattention–impulsivity. The main findings indicate that between 35 % and 46% of children and adolescents had greater irritability and increased behaviors, such as arguing, fighting, throwing tantrums, and becoming easily frustrated (aggressiveness-irritability). They were also described as demanding more attention and attachment (dependence-withdrawal), prone to sudden mood swings and concentration difficulties (impulsivity-inattention), and experiencing increased tension, nervousness, fear, and anxiety (anxiety-depression). Decreases in positive emotions such as liveliness, calmness, enthusiasm, and activity were also observed. In addition, changes were reported in indicators such as eating and sleeping.

Meléndez-Pál et al. (2023) described and compared changes in behaviors and their relationship with anxiety in 335 children aged 3–7 years in Spain, Argentina, and the United States during mandatory quarantine. They used the Routines and Behaviors Scale (ERC) based on the Child Routines Questionnaire-Preschool Version (Wittig, 2005) and the Preschool Anxiety Scale (PAS; Orgilés et al., 2018; Spence et al., 2001) through online questionnaires for parents or caregivers. Among the main results, the following stand out: (a) the high scores obtained by Spaniards on the PAS scale and (b) the statistically significant differences in the ERC scores between the participating countries, with favorable results for the US population. In this way, the results showed greater modifications in routines and behaviors in children from countries in confinement (Argentina and Spain), in line with findings from previous studies on the impact of the pandemic on behavioral and cognitive dimensions (Jiao et al., 2020; Murueta, 2020), as well as sleep and eating (Alonso-Lorenzo et al., 2021; Liu et al., 2021; Micheletti et al., 2021; Pérez-Rodrigo et al., 2020; Wang et al., 2020).

Theoretical Framework: Stress Theory Contributions to the Study of Psychological Manifestations in Children and Adolescents During a Pandemic

Studies on the emotional impact of COVID-19 on children and adolescents have conceived of the discomfort resulting from the pandemic and confinement in different ways: In some cases, as psychological responses in terms of emotions, psychological stress, or anguish, and in others, as symptomatic manifestations of clinical conditions.

In this work, following Orgilés and colleagues' research, we conceptualize the distress generated during the pandemic in terms of psychological stress, which does not necessarily constitute a negative condition or configure a psychopathological framework.

Stress is triggered when individuals perceive a context, situation, or event as threatening or overwhelming their resources, requiring excessive effort and jeopardizing their well-being. In other words, stress manifests in relation to the ability to react or meet the demands and requirements of oneself and the environment (Lazarus & Folkman, 1991). In this sense, the COVID-19 pandemic can be viewed as a stressful event that has globally impacted people's lives and demanded overcoming unexpected and dramatic situations.

People respond subjectively with various attempts to cope with the demands of the context that exceed their resources (Folkman & Moskowitz, 2004). There is always a subjective response, although these responses may not involve the same level of distress processing. Therefore, it is of interest to identify the coping strategies employed by children and adolescents during stressful situations and promote those strategies that can help reduce the risk of future psychological problems (Orgilés, Morales et al., 2020).

VanMeter et al. (2020) proposed three general dimensions of children's coping with stress: task-oriented, emotion-oriented, and avoidance-oriented. A task-oriented coping strategy involves guiding a positive response to a stressor, i.e., reducing or eliminating the stressor by finding a solution and taking action. In relation to the situation of confinement due to COVID-19, it implies, for example, being able to highlight the positive side of being at home participating in social activities virtually, accepting care to face the situation, and reacting with humor to what happens. The main goal of emotion-oriented coping involves relieving the emotions caused by stressors by talking about one's feelings and emotions, seeking others' support, and reacting with anger or impulsivity to the situations experienced. Finally, avoidance-oriented coping refers to a type of disconnection, rejection, or withdrawal intended to avoid sources of stress, or the emotions and thoughts associated with it. In this context, it means acting as if nothing is happening, not worrying about the situation, changing the subject voluntarily and permanently, and/or even preferring to stay inside their home even if there is the possibility of leaving, and ignoring external conditions.

Specifically, regarding the pandemic, Ziqin Liang et al. (2020) conducted an online survey with parents of 1074 Italian children aged 6 to 12 years, in which they explored the psychological responses and coping strategies used by the child population during confinement. The most common childhood manifestations (i.e., more than 35%) were boredom, worry, loneliness, irritability, fear of COVID-19 infection, sadness, restlessness, and nervousness, consistent with the findings of other studies (Brooks et al., 2020; Jiao et al., 2020; Orgilés, Espada, & Morales, 2020). In terms of strategies, they showed that task-oriented strategies were the most used, followed by emotion-oriented and avoidance-oriented strategies. Specifically, the most frequently reported strategies were acceptance, seeking affection from others, and a lack of concern about what was happening.

Orgilés, Morales et al. (2020), in a study involving 1,143 parents of Italian and Spanish children aged 3–18 years, observed that 85.7% of parents reported noticing changes in their children's behavior and emotional state during the quarantine. They also showed that children who had more changes in anxiety, mood, sleep, behavior, eating, and cognition used emotion-oriented strategies more frequently. In contrast, those who showed better psychological adaptability, i.e., fewer changes, implemented task-oriented and avoidance-oriented strategies. In a similar vein, the findings from the study conducted by Duan et al. (2020) with Chinese children and adolescents align with those reported by Orgilés, Morales et al. (2020) regarding the connections between psychological manifestations and task-oriented and emotion-oriented coping strategies. Task-oriented strategies were found to have a protective effect against depression, whereas emotion-oriented strategies were associated with increased anxiety and depression at the onset of the pandemic.

On the other hand, Domínguez-Álvarez et al. (2020) found correlations between the use of avoidance-oriented coping strategies and emotional problems in 1123 Spanish children aged 3–12.

Purpose of the Present Study

This study analyzes the psychological responses and coping strategies of children and adolescents during COVID-19 confinement. It is part of a broader project³, executed by CEREN⁴, which has aimed to investigate the living conditions and challenges faced by children and adolescents during preventive and mandatory social isolation (in Argentina, it was called ASPO: Aislamiento Social Preventivo y Obligatorio), as well as the care modalities deployed for their attention.

Specifically, we investigated the type and magnitude of the psychological responses and coping strategies evidenced by school-age children and adolescents during the ASPO for COVID-19 between August and September 2020 in the region of Gran La Plata, Buenos Aires, Argentina. The study also analyzes whether there are relationships between the level of psychological affectation and the use of certain types of coping strategies by children and adolescents. In this regard, the following questions could be articulated: What type of psychological responses predominated in the children in our sample during the pandemic/confinement period studied? What coping strategies were most commonly used by the participants? What is the relationship between the use of certain strategies and predominant psychological responses?

Method

Design

Descriptive correlational study with representative probabilistic sampling by clusters of schools of three educational levels (21 infant schools, 38 primary schools and 24 secondary schools) in La Plata, Berisso and Ensenada, Buenos Aires, Argentina.

Participants

Participants included 4008 caregivers of children and adolescents aged 3 to 17 years. The respondents were mostly mothers (88%) with an average age of 37 years. Regarding maternal education level, 50.4% had higher education (complete or incomplete), 39.7% had secondary education (complete or incomplete), and 9.8% had primary education (complete or incomplete). Moreover, 80% of the families surveyed lived in a house or apartment with a patio or terrace, and 76% reported that the income received during the ASPO period was insufficient to cover household expenses.

Table 1

Variables	N	%
Respondents		
Mother	3529	88
Father	349	8.7
Grandmother/Grandfather	31	0.8
Others	99	2.5
Age M	37.9	8.36
Maternal educational level		
Without studies/uncompleted primary	142	3.5
Completed primary	268	6.7
Incomplete secondary	612	15.3
Completed secondary	932	23.3
Incomplete University/Tertiary	634	15.8
Completed University/Tertiary	1419	35.4
The family receives social protection		
Asignación Universal por Hijo (Universal child benefit)	1355	33.8
The home has:		
Uncovered space (Balcony/Terrace)	1477	36.8
Green space (Garden)	3245	81
Internet service	3184	79.4
People who lived at home during quarantine		
Quantity (M = 4.4; range = 2-18; DS = 1.4)		
Children		
Male	2013	50.2
Female	1995	49.8
Age (M = 9.6; range= 2-18; DS = 4.07)		
Scholarship		
Infant school	865	21.6
Primary	1800	44.9
Secondary	1342	33.5
School institution scope		
State	2509	62.6
Private	1499	37.4

Sample Characteristics

Instrument

The research was conducted through the Encuesta de Aislamiento e Infancia (ENCAI) which consisted of a self-administered online parental questionnaire through Google Forms (10% answered the printed version because they did not have access to technological

resources with an internet connection). The ENCAI consisted of 94 multiple-choice questions that investigated different dimensions. In this study, questions related to the dimension of psychological health were considered. These questions encompass the following: (a) presence of changes in the character of children/adolescents, (b) prevailing mood states and behaviors in the weeks prior to the survey, (c) quality of sleep and changes in sleep habits, (d) mood states of the respondent/caregiver, (e) parental strategies to address manifestations of children/adolescents regarding the ASPO, and (f) belief about the persistence of changes over time. It should be clarified that Orgilés et al. (2020) were used as a reference when formulating psychological questions.

Procedures

Data Collection

During April 2020, a pilot study was conducted with the aim of fine-tuning the data collection instrument. Once authorization was obtained from the General Directorate of Culture and Education, the collaboration of directors and teachers of educational establishments was requested for the distribution of the ENCAI. The survey was completed by families during August and September 2020. At the conclusion of data collection, general reports were prepared for each school, and the corresponding feedback was provided to the directors.

All personal data were safeguarded in accordance with current bioethical norms and regulations, observing compliance with the regulations of National Law No. 25,326.

Data Analysis

Data were dumped into a matrix and statistically processed using SPSS 29 (2022). The analysis was performed following the criteria proposed by Orgilés and collaborators (Francisco et al., 2020; Orgilés et al., 2021; Orgilés, Espada & Morales, 2020; Orgilés, Morales et al., 2020). In this sense, 26 responses or psychological manifestations of children and adolescents were surveyed and categorized into six areas of impact (Francisco et al., 2020): (a) Anxiety, (b) Moods, (c) Behavioral alterations, (d) Feeding problems, (e) Sleep problems, and (f) Cognitive alterations. The frequency of occurrence of these manifestations was calculated, taking only those reported by caregivers as appearing "a lot" or "frequently".

Second, the level of affectation was determined according to the number of manifestations reported by caregivers, and children and adolescents were classified into the following levels: Not affected, absence of psychological manifestations; Low impact for those cases

that reported 1 to 3 manifestations; Medium impact for those who submitted 4 to 9 demonstrations, and High impact for those who alleged 10 or more demonstrations. The descriptive statistics for this variable were calculated.

The percentage of children and adolescents using each coping strategy in the total sample was then calculated.

The data were examined using the Kolmogorov– Smirnov test and found that they did not conform to a normal distribution ($p < .05$); therefore, they were used to calculate the nonparametric statistically measured correlations.

The relationship between the three types of coping strategies and different impact areas was calculated using Spearman's correlation coefficient.

Finally, the relationships between each coping strategy and the level of affectation of children and adolescents were analyzed using the Chi-squared test.

Results

Psychological Responses of Children and Adolescents to COVID-19 Isolation According to Areas of Impact

Table 2 shows the percentage of frequent or very frequent psychological responses reported by caregiver. The following manifestations stood out for their prevalence: Boredom (44.3%), restlessness (32.7%), difficulty concentrating (30.5%), demands from parents/caregivers (29.8%), problems falling asleep (27.8%), overeating (25.7%), worry when someone leaves the house (21.6%), and fear of getting infected (21.5%).

Table 2
Psychological Manifestations Reported by Caregivers as Frequent or Very Frequent

Areas of impact/Psychological responses	N	%
Anxiety (M=1.32; SD=1.62)		
Nervous	706	1.6
Restless	1312	32.7
Anxious	473	11.8
Scared or fearful	356	8.9
Afraid of getting infected	866	21.6
Worries when someone leaves the house	862	21.5
Has physical complaints	408	10.2
Asks or worries about death	346	8.6
Mood (M=.95; DS=1.11)		
Bored	1777	44.3
Lackluster or disinterested	799	19.9
Sad	501	12.5
Sensitive or cries easily	745	18.6
Sleep (M=.74; DS=1.07)		
Started waking up at night	899	22.4
Sleeps less than before	494	12.3
Started having nightmares	441	11
Started having trouble falling asleep	1114	27.8
Behavioral alterations (M=1.13; DS=1.60)		
Has behavioral crisis	435	10.9
Angry, upset or bad-tempered	967	24.1
Dependent	1192	29.8
Irritable	753	18.8
Aggressive	259	6.5
Argues easily with family	698	17.4
Very quiet	253	6.3
Feeding problems (M=.31; DS=.51)		
Eats a lot	1028	25.7
Has no appetite	207	5.2
Cognitive alterations (M=.31; DS=.46)		
Has trouble concentrating or is easily distracted	1224	30.5

These figures align with international findings, such as those by Orgilés et al. (2020), suggesting that confinement triggered emotional responses in young populations globally. The high prevalence of boredom (44.3%) underscores the disruption of normal routines, especially school activities, and the limited alternatives for engagement during isolation. Similarly, the significant percentage of children experiencing restlessness (32.7%) and difficulty concentrating (30.5%) might be reflecting the challenges of adapting to home-based learning environments and prolonged inactivity. Moreover, these symptoms could be early indicators of stress-related behaviors, highlighting the need for timely interventions to mitigate the potential long-term impact of stress on cognitive development.

Impact Levels According to the Number of Reported Psychological Responses

Children and adolescents were placed in categories corresponding to levels of psychological health affectation based on the number of psychological responses reported according to the criteria specified in the procedures. Table 3 shows the distribution of cases according to each level.

Table 3

Level of Affectation (26 items)

Level of affectation	N	%
Not affected	692	17.3
Low Impact	1347	33.6
Medium impact	1328	33.1
High Impact	640	16.0
Total	4008	100.0

As can be observed, the cases were mostly grouped into the low impact level (1 to 3 manifestations) and medium impact level (3 to 9 manifestations), resulting in 66.7% of the sample. This suggests that although many children experienced psychological difficulties, these were not overwhelmingly severe for most. This distribution could reflect adaptive coping mechanisms at play, with the sample demonstrating resilience despite the challenging circumstances of the pandemic. However, the 16% in the high impact group are of particular concern, as they reported 10 or more manifestations, which could indicate the need for focused mental health support to prevent long-term emotional or psychological disorders.

Coping Strategies for Children and Adolescents amid COVID-19 Confinement

Table 4 shows the frequency of use of different coping strategies. The predominant strategy was the acceptance and execution of recommended care (95%), which corresponded to the type of strategy focused on the task. This reflects a proactive and constructive approach among children and adolescents in dealing with the challenges posed by the pandemic. In this same category, participating in social activities virtually (72.1%) and highlighting the good side of being at home (70.7%) were reported as frequent, indicating that efforts to maintain social connections and focus on the benefits of home confinement played a significant role in coping.

Table 4
Frequency of Use of Coping Strategies

Type of coping strategy	Coping strategy	%
Task-oriented (M=2.7; DS=.9)	Accepts what's going on and takes care	95
	Participates in social activities, maintaining links virtually	72.1
	Highlights the pros of being at home	70.7
	Uses humor when talking about covid	32.8
Emotion-oriented (M=1.6; DS=.9)	Seeks affection in others	76.6
	Talks often about how he/she feels	46.3
	Says he/she is very angry about what is happening	35.7
	Prefers to stay at home, avoiding permitted outings	55.9
Avoidance-oriented (M=1.4; DS=1)	Feels calm and seems not to worry about what is happening	52.7
	Acts like nothing is happening	25.2
	Changes conversation when you try to talk to him/her about covid	7.9

Among the strategies focused on emotion, seeking affection stood out with a high percentage of implementation (76.6%). It is worth mentioning that some avoidance strategies were reported by more than 50% of the sample: "Prefers to stay at home, avoiding permitted outings" (55.9%) and "Feels calm and seems not to worry about what is happening" (52.7%). Overall, task-oriented coping strategies had the highest (M: 2.7).

A more nuanced analysis revealed differences in the order of these strategies across educational levels. At the early childhood level, accepting and taking care of responsibilities was the most common strategy (92.6%), while seeking affection ranked second (84%), indicating a heightened need for emotional support in younger children. For this group, participating in social activities (70.7%) and highlighting the positives of staying home (61.5%) were less

emphasized, and strategies like feeling calm and seemingly unconcerned were employed by 57.4%. This suggests that younger children may have been more dependent on close caregivers for emotional reassurance and may have engaged less actively in independent coping mechanisms.

In primary education, acceptance remained the most used strategy (95.6%), followed by seeking affection (74.6%) and highlighting the positives of staying home (73.2%). However, the use of participating in social activities (70.7%) and preferring to stay at home avoiding permitted outings (60.8%) were more balanced (In early childhood level, this last strategy did not reach values higher than 50%). This indicates that while emotional support remained important, children in this age group were also more engaged with task-oriented strategies such as positive reframing of their home environment.

At the secondary level, the use of strategies shifted slightly. Acceptance of responsibilities was still the most common strategy (95.1%), but participating in social activities (81%) and highlighting the positives of staying home (72.8%) took precedence over seeking affection (67.9%), which suggests that older adolescents may have relied more on social engagement and independent coping strategies. Additionally, preferring to stay at home avoiding permitted outings (63.9%) was more common in this group, indicating a tendency towards isolation or avoidance among secondary students.

These differences in coping strategies across educational levels highlight the evolving nature of coping mechanisms as children grow older. Younger children appear to rely more heavily on emotional support, whereas older children and adolescents engage more in social activities and independent task-oriented strategies. This progression reflects their increasing capacity to manage stress autonomously as they grow older (Eschenbeck et al., 2018).

Relationships Between Different Coping Strategies and Areas of Psychological Impact

Table 5 displays the Spearman correlations among task-oriented, emotion-oriented, and avoidance-oriented strategies, along with various impact domains, including anxiety, mood, sleep, behavior, feeding and cognition. Significant correlations of positive direction ($p = .000$) were observed between emotion-oriented strategies and all areas of psychological impact. This implies that employing an emotion-oriented strategy was linked to a greater occurrence of psychological manifestations. This finding suggests that children who predominantly sought emotional reassurance might have struggled more with the psychological strain of the pandemic, reflecting a possible dependency on external sources of comfort.

On the other hand, significant negative correlations were found between avoidance-oriented strategies and all areas of impact ($p = .002$ to $.000$). Therefore, employing this type of strategy was associated with a reduced number of psychological reactions with the exception of Feeding problems ($p = .178$), indicating that, paradoxically, some children may have benefitted from temporarily disengaging from stressors. However, reliance on avoidance could also risk delaying emotional processing, which might later surface as unresolved stress or anxiety.

Ultimately, using task-oriented strategies was associated with a reduced number of psychological reactions across various impact domains, including Anxiety ($p = .000$), Mood ($p = .000$) and Behavioral alterations ($p = .000$). It could be argued that these strategies help individuals regain a sense of control over their environment and circumstances, thereby reducing stress. Specifically, task-oriented coping allows children to focus on actionable solutions, such as staying connected with others through virtual social activities or reframing the situation by highlighting the positive aspects of staying at home. These strategies could provide a constructive outlet for handling stress and mitigate feelings of helplessness or anxiety.

Table 5

Spearman Correlation: Impact Areas/Strategy Types

Impact area	Strategy types		
	Task-oriented	Emotion-oriented	Avoidance-oriented
Anxiety	-.09** [-.12, -.06]	.29** [.26, .31]	-.10** [-.13, -.07]
Mood	-.11** [-.14, -.08]	.16** [.13, .19]	-.11** [-.14, -.08]
Sleep	-.02 [-.05, .01]	.15** [.12, .18]	-.10** [-.13, -.07]
Behaviour	-.15** [-.18, -.12]	.20** [.17-.23]	-.10** [-.13, -.07]
Feeding	.04* [.01, .07]	.10** [.07, .13]	.02 [-.01, .05]
Cognitive	.01 [-.02, .04]	.17** [.14, .20]	-.05** [-.08, -.02]

Note. The values in square brackets indicate the 95% confidence interval for each correlation.

* $p < 0.05$. ** $p < 0.01$

Relationships Between Coping Strategies and Levels of Affectation in Children and Adolescents

Table 6 shows that of the 11 coping strategies investigated, 10 were significantly related to the level of affectation. The strategies "Talks often about how he/she feels", "Says he/she is very angry about what is happening", "Seeks affection in others" (emotion-oriented), "Changes conversation when you try to talk to him/her about covid" and "Prefers to stay at home, avoiding permitted outings" (avoidant), were used mostly by those children and adolescents with higher affectation levels.

Table 6
Coping Strategies Based on Levels of Affectation

Coping Strategies	No affected n=692	Low Impact n=1347	Medium Impact n=1328	High Impact n=640	Test X2
Problem-oriented N (%)					
Highlights the pros of being at home	505 (73)	1012 (75.1)	923 (69.5)	392(61.2)	43.5**
Participates in social activities	545 (78.8)	1013 (75.2)	903 (68)	429 (67)	41.0**
Accepts what's going on and takes care	657 (94.9)	1274 (94.6)	1267 (95.4)	608 (95)	.96
Uses humor when talking about covid	224 (32.4)	461 (34.2)	451(34)	176(27.5)	10.2*
Emotion-oriented N (%)					
Talks often about how he/she feels	268(38.7)	603(44.8)	649(48.8)	335(52.3)	30.1**
Says he/she is very angry about what is happening	127(18.4)	316(23.5)	578(43.5)	409(63.9)	435.7**
Seeks affection in others	478(69.1)	1034(76.8)	1020(76.8)	538(84.1)	41.8**
Avoidant N (%)					
Changes conversation when you try to talk to him/her about covid	19 (2.7)	76(5.6)	145(10.9)	78 (12.2)	67.2**
Acts like nothing is happening	196(28.3)	369(27.4)	318(23.9)	125(19.5)	19.1**
Prefers to stay at home avoiding permitted outings	371(53.6)	709(52.6)	771(58.1)	388(60.6)	15.6**
Feels calm and seems not to worry	507(73.3)	773(57.4)	650(48.9)	181(28.3)	290.0**

Note. * $p < 0.05$. ** $p < 0.01$

On the other hand, at the lowest levels of affectation, the following strategies were mainly implemented: "Highlights the pros of being at home", "Participates in social activities, maintaining links virtually" (task-oriented), "Acts like nothing is happening" and "Feels calm and seems not to worry about what is happening" (avoidant).

The aforementioned indicates that those who struggled more psychologically may have relied on expressing their emotions as a way of coping, which, while important, might not have been sufficient to alleviate their distress. The study also identified that avoidance strategies, such as changing the subject and preferring to stay home avoiding permitted outings, were more commonly associated with

higher levels of psychological impact, particularly in those who avoided processing the situation openly.

Discussion

In this study, we analyzed the psychological responses and coping strategies exhibited by children and adolescents during COVID-19 confinement in Gran La Plata, Buenos Aires, Argentina.

The results show that the prevalent psychological response during the ASPO was boredom, corresponding to the impact area "Mood", coinciding with the generality of research on the subject developed in different countries (Amorós Reche et al., 2022; Francisco et al., 2020). It is followed by a lower but not negligible percentage (32.7%) of restlessness/restlessness belonging to the Anxiety area. These values are close to those reported for this manifestation by Orgilés, Morales et al. (2020).

Initially, in the context of the pandemic lockdown, these manifestations were considered psychological stress. The interest arises to investigate whether these manifestations were temporary expressions of the discomfort generated by an unprecedented and extraordinary situation or whether they were configured in their evolution as persistent sufferings of greater scope that limit the daily and academic life of children and adolescents. In a recent study conducted by our research team, the medium-term effects on the psychological health of this population in our region are being studied.⁵

Boredom may serve as a precursor to more severe emotional manifestations if not addressed through engaging activities or structured routines. The lack of such strategies might explain why restlessness (32.7%) followed closely as a reported manifestation. The disruption in routines, particularly those involving schooling and social interaction, likely exacerbated feelings of stagnation and unease, underlining the need for interventions that provide structured engagement during periods of confinement.

Overall, the most commonly used coping strategies were task-oriented, particularly acceptance and implementation of recommended care, participation in virtual social activities, and appreciation of staying at home.

However, individual analysis revealed the frequent use of affection-seeking, an emotion-oriented strategy. Parents also reported, to a lesser extent, the implementation of avoidance strategies such as "Prefers to stay at home avoiding permitted outings" and "Feels calm and seems not to worry about what is happening".

The reliance on task-oriented strategies as a buffer against stress is consistent with the literature (VanMeter et al., 2020), which suggests

that active engagement with challenges fosters resilience. Children who focused on solutions, such as maintaining social ties and accepting the reality of confinement, demonstrated lower levels of psychological impact. This highlights the importance of promoting adaptive coping mechanisms that encourage children to reframe negative experiences constructively, reducing the risk of long-term emotional consequences.

Regarding the relationship between coping strategies and psychological responses in children and adolescents, the use of avoidants was significantly associated with fewer manifestations in all areas of psychological impact, except for Feeding problems. However, the analysis of the association of each of the strategies with the levels of affectation revealed discrepancies within the category of avoidant strategies: While "Acts like nothing is happening" and "Feels calm and seems not to worry about what is happening" were linked to low levels of affectation, "Changes conversation when you try to talk to him/her about Covid" and "Prefers to stay at home avoiding allowed outings" were related to high levels of affectation.

On the other hand, the implementation of task-oriented strategies was associated with a lower number of manifestations in Anxiety, Mood, and Behavior areas. Individual analysis of coping strategies revealed that the most protective in terms of the level of impact on psychological health were "Highlights the pros of being at home" and "Participates in virtual social activities". Conversely, strategies focused on emotion were associated with a greater number of manifestations in all areas of impact. When the strategies were analyzed individually, the results confirmed the above: Talking often about how they feel, saying that they are very angry about what they are going through, and seeking affection were linked to a high level of affectation.

In this way, the strategies that were appropriate to face confinement because they were associated with fewer psychological manifestations were "Acts as if nothing is happening", "Feels calm and does not seem to worry", "Highlights the pros of staying at home" and "Participates in social activities virtually". Special mention should be made of the strategy of accepting and dealing with recommended care, which recorded percentages greater than 90% in all cases, regardless of the level of affectation.

These results align with those reported for the European child population by Orgilés et al. (2021), who highlighted the prevalence of using the acceptance strategy of the situation and also noted that children who employed emotion-oriented strategies exhibited higher emotional and behavioral symptoms.

This study has certain limitations and strengths. Firstly, the characteristics of the instrument used (ENCAI) allowed us to collect information from sectors with medium and medium-high

socioeconomic status. This methodological choice, while logistically practical, may introduce a bias towards populations with greater access to technology and internet services, potentially overlooking lower-income families who could have experienced different or more severe psychological and emotional impacts due to the pandemic. Although a paper version of the survey was implemented to facilitate access to families with greater needs, the percentage of responses obtained in this way was too low to achieve a representative sample. Thus, future studies should consider alternative data collection methods, such as phone interviews or community-based data gathering, to ensure more comprehensive representation of diverse socioeconomic groups.

It was also not possible to obtain the data of the children and adolescents directly but through their families due to the characteristics of the ASPO restrictions. This indirect reporting could have affected the accuracy of the data, as caregivers' perceptions of children's emotional states may not fully capture the children's subjective experiences. Moreover, parents under stress may project their own anxieties onto their reports of their children's behavior, leading to either over- or under-reporting of certain psychological manifestations. However, the broader research in which this study is included incorporated the participation of children and adolescents through artistic productions as well as key informants who worked in areas related to childhood. This multimodal approach adds depth to the research by providing alternative avenues for understanding the emotional states of children and adolescents, particularly through creative expression, which can often reveal emotional truths that might be missed in survey-based methods.

Finally, it is worth highlighting the scope of the study for the region, which achieved the participation of 4008 families from 63 educational institutions located in three municipalities of Gran La Plata, Buenos Aires, Argentina. The large sample size and geographical diversity of the participants strengthen the external validity of the findings, allowing for a more reliable generalization of the psychological responses and coping strategies of children and adolescents in this region. However, it remains important to acknowledge that specific cultural and regional factors may also play a role in shaping these responses, suggesting that caution should be exercised when extrapolating the findings to other contexts.

The purpose of the research has been to produce knowledge that allows collaboration in the prevention and health care of the child and adolescent population. In this sense, we believe it is important to rescue a recent report regarding the care of emotional well-being in childhood, which can be extended to the adolescent population, beyond confinement and pandemic (UNICEF, 2021). Among other

actions, the agency mentions the following: understanding that children's reactions to the pandemic may vary, ensuring the presence of a sensitive and responsive caregiver, understanding that social distancing should not mean social isolation; creating a safe physical and emotional environment with the practice of calmness, routines, and regulation; and creating opportunities for caregivers to take care of themselves and emphasize strengths, hope, and positivity even in the face of adversity. These recommendations align with the findings of the current study, which highlighted the importance of structured routines, emotional support, and maintaining social connections as key coping strategies for mitigating the psychological impact of the pandemic on children. Moving forward, public health initiatives that focus on strengthening family resilience and promoting emotional regulation skills in children could play a vital role in preventing long-term mental health consequences.

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Notes

1

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2

PANAS: Positive and Negative Affect Program (Laurent et al., 1999), in its Argentine adaptation (Schulz Begle et al., 2009).

3

“Condiciones de vida de los hogares y cuidados frente al aislamiento social preventivo y obligatorio por COVID-19 en La Plata, Berisso y Ensenada. Estado de situación del bienestar infantil y propuestas”. Directora: Dra. Susana Ortale. Identificación de proyecto: BUE 35. Resolución de Adjudicación N° 170/2020 Anexo IF-2020-37418385-APN-SSFCTEI#MCT. Financiado por el Programa de articulación y fortalecimiento federal de las capacidades en ciencia y tecnología COVID-19, Argentina.

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Additional information

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