



# **The Psychological Impact of Educational Process Disturbance upon COVID- 19 Pandemic among Primary School Students and Their Parents in the Gaza Strip**

**Sally Saleh<sup>1\*</sup>, Azzam Abu Habib<sup>2</sup>, Rawya Hamam<sup>1</sup>, Said Abu Aita<sup>2</sup>,  
Mohammed Alzir<sup>1</sup>, Heba Jourany<sup>2</sup>, Hassan Ziada<sup>1</sup>, Sahar Harb<sup>3</sup>  
and Yasser AbuJamei<sup>1</sup>**

<sup>1</sup>*Gaza Community Mental Health Program, Gaza, Palestine.*

<sup>2</sup>*Disaster & Crisis Management Master Programme, Islamic University of Gaza (IUG), Gaza, Palestine.*

<sup>3</sup>*Ministry of Education, Gaza, Palestine.*

## **Authors' contributions**

*This work was carried out in collaboration among all authors. All authors cooperated in the preliminary discussion and data collection. Author SS performed the content analysis, and wrote the methodology and the results. The remaining authors prepared the introduction, the discussion, and the conclusion sections. All authors read and approved the final manuscript.*

## **Article Information**

DOI: 10.9734/JESBS/2021/v34i130286

### Editor(s):

- (1) Dr. Sara Marelli, IRCCS San Raffaele Scientific Institute Via Stamira D'Ancona, Italy.
- (2) Prof Redhwan A. Al-Naggar, Universiti Teknologi MARA, Malaysia.
- (3) Dr. Alina Georgeta Mag, "Lucian Blaga" University of Sibiu, Romania.

### Reviewers:

- (1) H. M. C. J. Herath, The Open University of Sri Lanka, Sri Lanka.
  - (2) Gulzhaina K. Kassymova, Yogyakarta State University, Indonesia and Abai Kazakh National Pedagogical University, Kazakhstan.
  - (3) Aashish Bhardwaj, Guru Tegh Bahadur Institute of Technology, India.
- Complete Peer review History: <http://www.sdiarticle4.com/review-history/65255>

**Original Research Article**

**Received 10 November 2020**

**Accepted 14 January 2021**

**Published 15 January 2021**

## **ABSTRACT**

**Aims:** At this study we aimed at exploring the psychological impact of educational process disturbance upon the COVID-19 pandemic on the parents and primary school students in the Gaza Strip in order to provide the decision-makers with systematic results that can form a base for short- and long-term plans related to improving the mental health of the population of Gaza.

**Study Design:** This study was an explorative qualitative study.

**Place and Duration of Study:** The study was conducted in the Gaza Strip between July and September 2020.

**Methodology:** we conducted 30 individual semi-structured interviews with (18 women, 12 men; age range 27- 50) from the five governorates of the Gaza Strip. The interviews were transcribed and analyzed by the content thematic analysis using MAXQDA software to find out the common themes and codes.

**Results:** Our findings showed that the mental health of the parents was significantly affected due to the fear of catching the infection, the quarantine, the burden of distance learning, and the social disruption. They reported symptoms of anxiety, stress, depression, fear and loneliness. Moreover, the mental health of the children was impacted negatively as they showed different behavioral, psychological, and social problems that stemmed from the fear of the pandemic, the fear of the protective measures, the closure of schools, the unexpected alternative educational methods, the quarantine and lack of outdoor activities.

**Conclusion:** The mental health of both parents and children was negatively affected due to the educational process disturbance upon COVID-19 pandemic in the Gaza Strip, as a result, they need systematic programs that are directed towards improving the mental health and enhancing the mature coping mechanisms in order to overcome the negative consequences of the COVID-19 pandemic on top of the combined effects of the Israeli occupation and the siege.

*Keywords: COVID-19 pandemic; educational disturbance; e-learning; lockdown; mental health; children; parents; Gaza Strip.*

## 1. INTRODUCTION

Since the last century, humanity had not faced a situation like the COVID-19 pandemic which had a stunning global rhythm of morbidity and mortality [1]. On January 2020, the World Health Organization (WHO) announced that the COVID-19 outbreak in Wuhan was of international concern and called for a public health emergency [2]. Then the spread of the virus increased across countries and a global pandemic was announced in March 2020. The WHO urged all countries around the world to take measures to reduce the spread of COVID-19 including adopting physical distancing, and literally the pandemic flipped the whole world upside down [3].

COVID-19 pandemic caused major social and economic disruption that rapidly evolved around the world. This led to interrupting the normal life activities like shopping, traveling, regular daily work and business [4]. Some indications confirmed that the mental health of the people was also affected by suffering from loneliness, negativity, depression, and sensitivity to social threats, in addition to the huge increase on the use of the internet and social media platforms during the lockdown due to the shift to e-learning, teleworking, and long free time [5].

The lockdown and the closure of schools resulted from COVID-19 caused changes in

dietary and lifestyle activities which could be associated with feelings of fear, anxiety, and stress among the general population [6]. There were also exacerbations in loneliness, depression, fear, panic, anxiety, substance use, and domestic violence [7].

When it comes to Gaza, the pandemic coincided with the effect of the imposed ongoing siege and the Israeli human rights violations on public health [8]. The Gaza Strip is known as one of the highest densely-populated areas globally with more than 2 million people living in 365km<sup>2</sup> in overloaded areas which exceeded 5400 persons/Km[9]. The humanitarian situation in the Gaza Strip has been deteriorating since 2007 due to the political and economic siege that was imposed, in addition to the human rights violations conducted by the Israeli occupation forces. The situation became much worse after the three major offensives that took place in 2008/2009, 2012 and 2014 [10].

This combined suffering resulted from the Israeli military violations, isolation, siege, and the internal Palestinian division has left Gaza in a stifling economic situation as several public health services such as health, water, and sanitation has been red-flagging, in addition to the unemployment rate that has been alarmingly increasing [11].

The Children of Gaza have a specific feature to be put into consideration which is being exposed to multiple traumas due to the Israeli continuous military occupation, siege, repeated invasion of Palestinian areas [12]. Actually, all years of Israeli occupation have caused the forced displacement of Palestinians, restrained movement [13] and aggravated and prolonged negative economic, social, and emotional effects of war on children [14]. In addition, they have experienced a wide range of traumas: loss, danger, and threat to life. The long-lasting military conflict and siege combined with the traumatic events have made children's sense of safety and protection often intensely devastated [15].

President Abbas; the head of the PNA; declared the state of emergency in Palestine at the beginning of March 2020 including the closure of the educational institutions for one month, and it was extended till 21, December 2020 when the article was written [8]. As a result, the educational institutions including universities, colleges and schools were closed and the educational process was suspended to prevent the spread of infection. After that, the educational institutions began to use the internet and social media to communicate with students unofficially as an alternative to continue the educational process [16].

At this study, we aimed at exploring the psychological impact of the educational process disturbance resulting from the COVID-19 pandemic on the parents and primary school students in the Gaza Strip in the light of the continuous traumas, siege, and the unstable political situation, in order to provide the decision-makers with systematic and evidence-based results that can form a base for short- and long-term plans related to improving the mental health of the population of Gaza.

## **2. METHODOLOGY**

### **2.1 Study Design**

In this explorative qualitative study, we assessed the existing facts via conducting individual semi-structured interviews. We used the individual semi-structured interviews in order to reveal the reality behind the participants' perceptions through deeper understandings of their perspectives at their natural settings [17]

### **2.2 Participants**

A total number of 30 participants were recruited into the study. There were 18 women and 12 men with an average age of 39.4 years (SD= 11.5, range= 27- 50). The participants were recruited from the five governorates of the Gaza Strip. We included either mothers or fathers of primary school students who attend either governmental schools or UNRWA schools, and we excluded parents of preparatory or secondary schools, and those who attend private schools.

### **2.3 Sampling**

The participants were recruited into the study via purposive convenient sampling in order to reach the sample of interest and answer the questions of the study properly [18]. We selected the participants in a way that ensured the presence of women, men, educated, not educated, and people from different residency, economic and cultural backgrounds.

### **2.4 Instrument**

We designed a 23- question- semi-structured interview based on previous discussions with mental health experts and educational experts. The semi-structured interview questions aimed at understanding the participants' views and opinions about their experiences during the COVID-19 pandemic, the impact on the educational process, the perspective towards e-learning, the impact on their mental health, the impact on their children's mental health and their key needs and recommendations [19].

### **2.5 Procedure**

After getting the needed permission from the Helsinki Ethical Committee; ethical approval code PHRC/HC/720/20, we recruited the sample conveniently. We contacted the participants via phone to avoid any physical contact. We got verbal consent from them after explaining the study aims, methodology and their rights of fair participation and withdrawal, and we scheduled a date for the interview. The researchers prepared an interview guide that contains the interview questions and instructions that should be followed to assure the maximum quality, and the researchers checked the audio-records to ensure that the instructions were followed. Then the interviews were transcribed by transcribers who were provided with a transcription guide to assure that they follow the same transcription manner.

## 2.6 Data Entry and Analysis

The qualitative findings were stemmed from the semi-structured interview questions. The researchers prepared the codebook after analyzing a sample of the total transcripts. The themes and the codes were entered on the MAXQDA that is a computer program that assists in the analysis of textual data by enabling an investigator to manage large amounts of text with the use of linking and search functions. The analysis of the data focused on the content of the participants' perspectives, opinions, and experiences. The analysis was deductive and inductive, and it was conducted using the categorizing process in thematic analysis [20].

## 3. RESULTS

Findings showed a number of emerging themes that represent the psychological impact of the educational process disturbance and its roots among the primary school students and their parents resulting from the COVID-19 pandemic. Four principal themes were extracted from the analysis of the interviews. The first order theme was *"Impact on educational process"*. Second-order themes were *"Mental health of the parents"*, followed by *"Mental health of the children"*, and then *"The key priorities"*.

### 3.1 Impact on the Educational Process

As a part of the physical distancing, the government closed the schools temporarily. The decision to close the schools was surprising and unexpected to the parents, a 29-year mother said, *"the decision to close the school was made quickly, it was a surprise"*.

There wasn't a plan to deal with the sudden closure of schools which led to the educational process disturbance, as COVID-19 was an emerging disease. Some teachers volunteered to conduct some lessons to their students. They created WhatsApp groups with the parents, and they guided them how to teach their children at home. In addition, some teachers recorded videos for the curriculum lessons and shared them with the parents, and they used to send them homework and questions to be answered at home. This was totally voluntary and there was not a systematic alternative learning method released by the ministry of education, a 37-year mother said, *"some teachers volunteered to contact us via Whatsapp groups, they send us videos and homework, but this was the teachers*

*own effort and not a part of the school official response"*.

The parents tried to follow up with the teachers via the online platforms, but they thought that the gained benefits are minimal due to several factors. First, the educational system was not prepared to such a crisis, and there was not a formal response to the schools' closure. Second, the teachers were not prepared also, and the efforts they made were personally and morally derived. Third, the education process consists of two parties who use the facial, lingual and body expressions to contact, and the education goes in two ways where the two parties exchange knowledge, skills, emotions, and behaviors, and it is not exclusive to lecturing, a 53-year mother said,

*"the school is totally different, there is a scheduled routine; my daughter wakes up early, has breakfast, goes to school and come home to do her homework. She meets her friends and interacts with the teacher. This is different from staying in front of the deadly phone screen"*.

Fourth, the students were easily distracted, and they were hardly controlled during the face-to-face learning, in addition to considering the school as a space of social contacting with friends, and playing with peers, a 33-year mother said, *"they are distracted and cannot focus with the online lesson, they were hardly managed in the school, and it is disastrous now"*.

Fifth, the e-learning was a burden on the parents due to the increasing load of household work, cooking activities, work from home, following the hygiene measures, the social stress, lack of qualification, and the presence of several children who need to be educated and followed by the parent, a 37-year mother said,

*"we have to clean the house, cook for the family, follow up the lessons, stop the fighting and take care of every single thing in the house at the time we suffer from loads of corona virus updates and fear of it"*.

The role of the mothers was highly loaded over the role of the fathers who usually deal with the mother as the responsible person for teaching children and managing home staff. Sixth, the infrastructure at home did not fit to the e-learning needs as Gaza has been suffering from the electricity crisis since 2007. Also, the internet

connection was not well-maintained and availability of smartphones varied among the population and highly dependent on the economic situation that is deteriorated in most families, a 37- year mother said,

*" the e-learning is not suitable for the Palestinians. It requires electricity basically, and we don't have it. It requires a strong internet connection, and we use a 1-shekel internet card to check the Whatsapp messages as maximum. In addition, most of the people don't know how to use the internet and social media".*

The role of Gaza's siege appears significantly in the application of the e-learning as the economic level plays a main role in maintaining the quality of the infrastructure of the e-learning, in addition to not being a top priority among the severe humanitarian needs for the population of Gaza. However, parents believe that the presence of the e-learning is better than nothing, and gaining the basic skills and knowledge at least can be beneficial to build on in the upcoming months, a 41- year father said, *"e-learning is good but this is not enough for the children's education, but it's better than nothing".*

### 3.2 Mental Status of the Parents

The stress and anxiety feelings were the dominant among the parents. They indicated that they feel stressed due to the current pandemic, as there is still lack of information about it and the future of such a pandemic is still unknown, a 37- year mother said, *" I feel like I am in a circle of stress and anxiety due to all corona- related issues".* They were afraid of catching the infection, and they were more afraid that their children may catch the infection. The parents reported that the COVID-19 is the main spoken topic wherever they contact with others either via phone or social media. The news about the COVID-19 pandemic and the list of countries with the total number of cases and deaths present a source of anxiety as the parents cannot forget the event and continue their lives. They carried out an increased amount of research about the COVID-19 pandemic via the internet, and they could not control the media consumption about the COVID-19. They felt burdened by medial images and news reports about the COVID-19, a 43- year mother said,

*" we and our children are distracted; every day we check the number of cases all over*

*the world, and we are afraid of catching the virus and infection by the others. I try to stay away from the daily news, but I cannot".*

In addition, living in small accommodations made it harder to cope with such stress, as the children didn't have space to play and the parents didn't have their own moments to relax. Moreover, mothers used to consider the school time as a time for relaxation, and it was cancelled after school closure. Also, neither the children nor the parents could hang out due to the quarantine, so there was no place to relief the stress and it was accumulating over time, a 43- year father said, *"we all in Gaza live in small houses; there in no space to play and we cannot hang out due to the quarantine, this made us crazy".*

The mothers in particular reported a stress that is related highly to the childcare and household work overload. They were overloaded with cooking and cleaning, and they reported that the appetite of their children was duplicated; the mothers were quarantined in the kitchens, as a 36- year mother said, *" we don't leave kitchens, we are quarantined in the kitchens. They have nothing to do except eating and eating, this is too much"*

Furthermore, another problem was raised; the children used to fight with each other all the time, and they got to be more stressed and anxious by the children's conflicts. In addition, the mothers reported that the fathers were not supportive and the relationship with them was another burden. The fathers used to go to work, but they stopped that after the quarantine, and they could not bear staying at home with the family all the time. Thus, the mental state of the mothers was affected by the low mood of the fathers who were supposed to be collaborative in such events, a 35- year mother said, *" my husband used to go out to work and he is very anxious and irritated due to the quarantine. He explodes while staying at home and this made the atmosphere even worse".* Moreover, the uncertainty regarding the jobs and the financial worries were another stressors on the parents as the family's income was affected by the quarantine. Most of the families depended on the day-to-day salary, and this was lost after the COVID-19 crisis. At the time the income decreased, the family expenses increased, so the gap between the income and expenses expanded and made the already deteriorated financial situation even worse, a 29- year mother said,

*" my husband used to work as a driver, he cannot work now as this is not allowed and he is afraid of catching the infection. Our income decreased and we borrow from our relatives to provide the basic needs of the family".*

In addition, the concerns about the future of their children were another stressor as their children were in the primary school where it was supposed to be teaching them the basics for the upcoming years. They believed that their children will not be able to develop their cognitive abilities due to the loss of suitable basic learning, a 43-year father said, *"my son was upgraded to the sixth level, but I am sure that he did not get the needed knowledge and skills. If the crisis continues, education will be destructed. Gaza's future is totally dark".*

On the other hand, the parents were aware about the importance of coping with the stress as they thought that there was no clear end for the pandemic. They tried to maintain a regular daily routine by setting a schedule for the family members and the daily activities. They also tried to enhance the spirituality among the family by reading Quran regularly and praying on time. They tried to integrate sports and exercise into their daily life to relief the stress, and they maintained their social contacts with family and friends using the social media, a 31- year mother said, *" we should accept this. I have made a new schedule for my children, they wake up, watch the online lesson, do the homework, read Quran, help me in home staff, and we play cards and sports".*

However, the parents reported that they tried to use coping mechanisms to be able to go on with the new life, they felt that they helped for short periods and did not alleviate the stress and the depressive symptoms appropriately.

### **3.3 Mental Status of the Children**

The children were negatively affected at the psychological level, the behavioral level and the social level. At the beginning of the quarantine, the children were happy as there were no more homework and no more getting early from bed. This was changed over time as they had not enough physical nor psychosocial space to spend time and relief the negative energy. The children were born to play, jump and interact and they cannot bear staying at home without going out, a 37- year mother said, *"they were happy as*

*they considered this as a holiday and there was no more study, days after days, they changed their minds".*

The children felt anxious because of the outbreak of COVID-19. They were afraid of catching the infection, and their fear was increased due to the protection measures that their parents imposed. They were afraid of their parents' faces when they wear the mask, and they thought that they resemble ghosts and evils, a 29- year mother said, *"my daughter was afraid of me when I wore the mask, she thought I am an evil".* They also were afraid of disobeying their parents by not cleaning their hands or not using the sterilizers. In addition, their parents' stress and fear were reflected on their psychological status; they witnessed the anxiety and fear of their parents and they imitated them unconsciously. They reported that it was like a circle of stress that moved from the parents to the children, and from the children back to the parents. They had crying and shouting bouts as they wanted to go outdoors, and they expressed their stress by violating their sibling, hitting, kicking and engaging in arguments with their parents, a 43-year mother said, *"they are fighting all the time, and I was in between to solve their conflicts".*

In addition to the COVID-19 related stress, they were stressed by the e-learning as they were not prepared to such alternative learning method. They found themselves in front of the smartphones learning not playing, listening to teachers not singers, and following the lessons and homework instead of following funny and joyful facebook pages. They were obligated by the mothers to follow up with the teachers and to do their exercises without the ordinary assistance from the teachers, a 47- year father said: *" there is a big stress on the students; they should make extensive efforts to follow up with the teachers, they became irritated and anxious, in addition to being bored and distracted".*

Regarding the behavioral level, they became more hyperactive and aggressive; they could not stay still without jumping on the couches, running in the rooms, hitting their siblings, destroying home staff and screaming for no reason, a 35-year mother said, *"I am chasing him on the stairs, he jumps on the stairs and on the couches, he cannot stay still without hitting his younger sister".* The social life of them has changed completely as they cannot meet their friends, teachers, and family relatives. Their social life was restricted to the family members

who were all stressed. This was reflected on their social interactions as they preferred to stay alone and not to contact with others in the normal appropriate way, a 47- year father said, *“they look like autistic children, they don’t go outside nor meet friends, they are depressed, and they just sleep and watch TV. Their energy declined to the half, what can they do? Nothing!”*.

The parents reported that the children were excited at the beginning to participate into home staff, reading stories, playing together and studying at home as part of the coping mechanisms. Their parents tried to maintain a new routine for them, but the natural need of the children to go out and interact with others was suppressed affecting the mental status of the children, a 53- year mother said, *“they are children, and do know nothing except playing, this is hard for them”*.

### 3.4 Key Priorities

The parents proposed several recommendations to overcome the current situation and get prepared to future crisis. Regarding the e-learning, the parents recommended to prepare the educational system that includes the infrastructure, the teachers, the students, the families and the curriculum. They suggested to maintain a good internet connection and to provide the students with smartphones to be able to attend the lessons, a 43- year father said:

*“the e-learning should be managed from all aspects. The ministry should consider the infrastructure of the families, and they should provide them with smartphones with good internet connection, there is a big gap in this area. They also should encourage the students and their families to be committed to the e-learning to improve the effectiveness of it”*.

In addition, they recommended to launch virtual classes that resemble the classical classes very well. They also suggested to train the teachers on the use of e-learning methods and to train them on how to manage the individual differences between the students. They also recommended to prepare the students by training them on the use of the internet application and to enhance their motivation to e-learning. Furthermore, they recommended to train and build the capacity of the parents who present an important core of conducting the e-learning and to consider their multiple tasks that should be

done in parallel with the following up of the students at home.

Moreover, they suggested to re-consider the content and the size of the curriculum in order to be adapted to the e-learning method. Interestingly and despite the fear of catching the infection, they recommended to re-consider the decision of closing the schools, and to cancel this decision emphasizing at the same time the significance of restricting and following precise protective measures, a 29-year mother said, *“they should be back to school, this is really totally not partially destructive. They can go back wearing the masks and washing their hands regularly. Their knowledge is their weapon”*.

Importantly, they recommended to support the mental health of the parents and the children by providing them with retreating activities, stress management training, self-care training, managing children at the crisis times training and to get rid of the current situation radically, which cannot be controlled as they described.

Also, they recommended to enhance the psychosocial support for the children to alleviate their anxieties and worries either by enhancing the role of the school in enhancing the counseling service, or by providing them with regular re-treating activities, a 42- year mother said, *“my child needs to go out, play and jump. They need some sort of psychological support as they feel bored and stressed”*.

They also suggested the necessity of supporting the financial situation of the families and providing them with urgent social assistance to deal with the economic vulnerability that affects most of the population.

## 4. DISCUSSION

Similar to other areas around the world, the pandemic situation took everyone by surprise. Local authorities had no choice but to impose restricting measures including lockdown and closing schools in an onset base aiming to prevent outbreak widespread [21]. The lockdown and the closure of schools had a substantial tandem on the mental health of the students and their parents, as 27% of the parents reported poor mental health that is associated with worsening behavioral changes among their children [22]. The poor mental health of parents during the COVID-19 pandemic was associated with the marital dissatisfaction, lack of social

support, history of mental illness and presence of young children [23]. However, some parents considered the lockdown as an opportunity to spend time with the family and re-consider the internal familial relationships away from the continuous job-related stressors [24]. Interestingly, our study found some sort of smartphone addiction among children in order to fill their time, which affected their coping style to be coherent with the emotion-focused coping style that increased the level of anxiety and stress [25]. The current research highlights the anxiety, loneliness and depression among younger children due to the uncertainty and high flow of information through the e-learning methods [26]. Instead of encouraging children to do their homework during normal time, parents were burdened by further responsibilities that tend sometimes to be running a school from home for their children [27]. Children, on the other hand, found themselves in an open-ended homestay situation with no appetite whatsoever to engage in e-learning, either due to the fact that they're not well-prepared to do so or because the process did not seem to be as serious as actual schools are [28]. The sudden shift from face-to-face learning to online learning had affected the mental health of parents negatively due to the need for balancing the several responsibilities they had, the infrastructure challenge, the poor learner motivation, and the lack of systematic e-learning [29]. Therefore, there is a pressing need to design mental health services that aim at alleviating the negative effect of the educational disturbance and lockdown during the COVID-19 pandemic [30].

## 5. CONCLUSION

Based on the study findings, the psychological status of both parents and children was negatively affected after the schools' closure during the COVID-19 pandemic. The local authorities have responded to the COVID-19 pandemic by imposing some protective measures to decrease the spread of the virus, and the schools' closure was one of them. At the start of the pandemic in Gaza, there was no systematic plan to adapt the e-learning methods, which left the families and the students even more confused. The parents showed some stress, anxiety and depression symptoms that were triggered by the lockdown, increased home responsibilities, child care, fear of COVID-19, unpredicted situation, familial conflict, burden of e-learning, and decreased re-treating activities.

In addition, the children were as mirrors for their parents' mental health, and they were affected by the poor mental health of their parents directly and indirectly. They showed some psychological problems presented by anxiety and fear, some behavioral problems presented by hyperactivity and aggression, and some social problems presented by isolation. The children's problems were stemmed from the lockdown, the fear of catching the infection, the protective measures, poor mental health of their parents, the e-learning methods, and absolutely their young age.

## CONSENT AND ETHICAL APPROVAL

We obtained an ethical approval from Helsinki Ethical Committee that works under the umbrella of the Palestinian Ministry of Health; the ethical approval code was PHRC/HC/720/20. Furthermore, we informed every participant about the study aims, methodology and his/her rights of fair participation via phone and got their verbal consent. Also, we emphasized on their rights of voluntary participation, autonomy and the right of withdrawal at any phase of the study. Moreover, we obtained a verbal permission to take notes and audio-record the interview, and we kept the interviews and the transcripts on the researcher's computer that is protected by a password to protect the confidentiality of the participants.

## ACKNOWLEDGEMENT

Authors would like to extend their special thanks to whom helped and assisted into the preparation of this work especially the data collectors from the community mental health diploma students; class 2019, in addition to Dr Marwa Hamdan, Dr Guido Veronese and Dr Ihab Saleh in reviewing the article.

## COMPETING INTERESTS

Authors have declared that no competing interests exist.

## REFERENCES

1. United Nations. (issue brief). Policy Brief: Education during COVID-19 and beyond; 2020.
2. Available: <https://unsdg.un.org/resources/policy-brief-education-during-covid-19-and-beyond>.



3. World Health Organization. How COVID-19 is changing the world: A statistical perspective, Volume I. UNICEF DATA; 2020.
4. Available:<https://data.unicef.org/resources/how-covid-19-is-changing-the-world-a-statistical-perspective/>
5. Cucinotta D, Vanelli M. WHO Declares COVID-19 a Pandemic? *Acta bio-medica: Atenei Parmensis*, 2020;91(1):157–160.
6. Cacioppo JT, Hawkley LC. Perceived social isolation and cognition. *Trends in cognitive sciences*. 2009;13(10):447–454.
7. Li W, Yang Y, Liu ZH, Zhao YJ, Zhang Q, Zhang L, and Xiang YT. Progression of mental health services during the COVID-19 outbreak in China. *International journal of biological sciences*. 2020;16(10):1732.
8. Qiu J, Shen B, Zhao M, Wang Z, Xie B, and Xu Y. A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: implications and policy recommendations. *General Psychiatry*. 2020;33(2):e100213.
9. Xiang YT, Yang Y, Li W, Zhang L, Zhang Q, Cheung T, and Ng CH. Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed; 2020.
10. Palestinian National Authority- (PNA). Presidential decree of the emergency situation. *Electronic Reference of the Official Gazette*; 2020.
11. Available:<http://mjr.lab.pna.ps/Decrees/Detaiils/30586>.
12. United Nations Educational Scientific and Cultural Organization- (UNESCO). *Gaza Ten Years Later Report*; 2017.
13. Available:<https://unsc.unmissions.org/gaza-a-ten-years-later-report-july-2017>
14. Sayigh, Y. Inducing a Failed State in Palestine, *Survival*. 2007;49(3):7-39.
15. Al-Samarrai S, Gangwar M, Gala P. *The Impact of the COVID-19 Pandemic on Education Financing*, World Bank, Washington, DC; 2020.
16. Available:<https://openknowledge.worldbank.org/handle/10986/33739>
17. United Nations Office for the Coordination of Humanitarian Affairs occupied Palestinian territory. *Fragmented Lives: Humanitarian Overview 2015*; 2016.
18. Available:<https://www.ochaopt.org/humanitarian-overview-2015>
19. Taraki L. (Ed.) *Living Palestine: Family Survival, Resistance, and Mobility under Occupation*. Syracuse University Press; 2006.
20. Betancourt TS. The intergenerational effect of war. *JAMA psychiatry*. 2015;72(3):199–200.
21. Diab M, Peltonen K, Qouta SR, Palosaari E, Punamäki RL. (2019). Can functional emotion regulation protect children's mental health from war trauma? A Palestinian study. *International journal of psychology*. 2019;54(1):42–52.
22. AlKhalidi M, Kaloti R, Shella D, Al Basuoni, A, Meghari H. Health system's response to the COVID-19 pandemic in conflict settings: Policy reflections from Palestine. *Global Public Health*. 2020;15(8):1244-1256.
23. Sackett PR, Larson Jr JR. Research strategies and tactics in industrial and organizational psychology. In M. D. Dunnette L. M. Hough (Eds.), *Handbook of industrial and organizational psychology*. Consulting Psychologists Press. 1990;419-489.
24. Bhattacharjee A. *Social Science Research: Principles, Methods, and Practices*; 2012.  
Available:[https://scholarcommons.usf.edu/oa\\_textbooks/3](https://scholarcommons.usf.edu/oa_textbooks/3)
25. Mohajan HK. Qualitative research methodology in social sciences and related subjects. *Journal of Economic Development, Environment and People*. 2018;7(1):23-48.
26. Glaser BG, Strauss AL. *Discovery of grounded theory: Strategies for qualitative research*. Routledge; 2017.
27. Dong L, and Bouey J. Public mental health crisis during COVID-19 pandemic, China. *Emerg Infect dis*. 2020;26(7):10-3201.
28. Patrick SW, Henkhaus LE, Zickafoose JS, Lovell K, Halvorson A, Loch S, Davis MM. Well-being of parents and children during the COVID-19 pandemic: a national survey. *Pediatrics*. 2020;146(4).
29. Wu C, Chen X, Cai Y, Zhou X, Xu S, Huang H, and Song J. Risk factors associated with acute respiratory distress syndrome and death in patients with coronavirus disease 2019 pneumonia in

- Wuhan, China. JAMA Internal Medicine. 2020;180(7):934-943.
30. Fontanesi L, Marchetti D, Mazza C, Di Giandomenico S, Roma P, and Verrocchio MC. The effect of the COVID-19 lockdown on parents: A call to adopt urgent measures. Psychological Trauma: Theory, Research, Practice, and Policy. 2020; 12(S1):S79-S81.

---

© 2021 Saleh et al.; This is an Open Access article distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

*Peer-review history:*  
*The peer review history for this paper can be accessed here:*  
<http://www.sdiarticle4.com/review-history/65255>