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AWARENESS AND PERSONAL PERCEPTIONS OF COVID-19 IN 6 – 7-YEAR OLD CHILDREN AFTER A PERIOD OF SOCIAL ISOLATION

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Abstract. The paper presents the results of a survey focused on children's awareness of coronavirus. An attempt was made to identify the main sources of information about the disease and their impact on children. The visual perceptions of the virus as well as the level of awareness about disease prevention and knowledge of anti-epidemic rules were established.

Keywords: Covid-19; kindergarten; isolation; health

The modern dynamically changing trends in educational policies globally, the new rules in interpersonal communication, and social distancing have, directly or indirectly, affected the quality of life of children. On 13/03/2020, all kindergartens on the territory of the Republic of Bulgaria ceased work. The training and educational institutions switched to online schooling. The process of socialization of children, as one of the main processes in preschool age, was discontinued.

After a period of isolation imposed by the Covid-19 pandemic, the kindergartens provided an opportunity to resume interpersonal contacts between peers. The main concern in opening such institutions was to ensure a healthy and safe living environment. *Children's health – strengthening the bodies of children and increasing their resistance and immune protection - is one of the priority goals of the Bulgarian preschool education* (Hristova-Kotseva 2019, p. 127). In a period of adaptation to a life with "new rules", many questions about preschool education and upbringing remain open. Teachers, psychologists, and parents have been testing a variety of models to reduce stress and mitigate the risk. As P. Konakchieva wrote, *guaranteeing the social aspect of children's health is a shared responsibility of the families and preschool educational institutions* (Konakchieva 2019, p. 21). In this regard, the pedagogical interaction has undergone significant changes that were imposed and controlled by anti-epidemic measures. In due time, transformation of the educational environment was required; *having accepted the idea that lifestyle, environment, and accompanying situational factors directly affect the motivation*

of children (Popova 2019, p. 84*), opportunities for outdoor playing and activities have been provided*.

The dynamics and fluctuations in the present as well as the impossibility to determine the specific parameters of the near future do not allow to create a clear educational strategy. The children's perception of Covid-19 is still insufficiently studied. It is unclear whether the information about the disease can be classified as knowledge. According to K. Petrova, *preschool age is a period in which the foundations of a very wide range of basic knowledge are laid. The inability of children to understand them well and to be able to apply them in various life situations can lead to negative changes in their personality as well as to severe mental breakdowns and unforeseen behavioural reactions* (Petrova 2020: 44).

Coronavirus and changes in life associated with it are yet to generate many problem areas to study. The correctness of the topic gave grounds for the organization and conduct of this survey.

Subject of the survey were children aged between 6 and 7 years, attending kindergarten in a pandemic and after a period of social isolation.

The goal of the survey was to establish the level of awareness of children about Covid-19 and analyse their personal perceptions of the virus in the process of adaptation after a period of social isolation.

In order to achieve the goal thus formulated, the following tasks were set:

1. To prepare an interview card suitable for children aged 6 – 7;
2. To develop a scale for evaluating the answers from the interview;
3. To create safe conditions for conducting the interview;
4. To make a quantitative and qualitative analysis of the results;
5. To formulate conclusions and make recommendations.

Methodology

The survey method used to collect the data was an interview. It provided the opportunity to identify problem areas and the current situation and to construct strategies to deal with similar situations in the future. The interview was conducted in August 2020 with 31 children aged 6 – 7 years attending *Slantse* Kindergarten in Veliko Tarnovo.

For the needs of the survey, an interview card was prepared that contained 8 questions, 5 of which were informative and 3 were aiming to establish the personal perceptions of children about coronavirus.

The interview was conducted by a pedagogical psychologist with each child individually, following the methodology below:

1. The interview should be conducted only with the informed consent of the parent or guardian of the child;

2. The interview should be conducted when the child is willing to participate and is in good mental and physical health;

3. The interview should be conducted by a pedagogical specialist;

4. The questions should be asked slowly and enough time should be allowed to answer;

5. If the child wishes, the interview should be discontinued at any time.

6. If the answer to question No. 1 is *No*, the interview should be discontinued.

The following author's scale was developed to evaluate the answers of the respondents.

Table 1

Question No.	Evaluation Indicators
1. Have you heard of coronavirus (Covid-19)?	If the answer is *Yes*, the interview continues. If the answer is *No*, the interview is discontinued. Goal: to determine the percentage of children who are informed about the problem studied.
2. Where (whom from) did you hear about it?	Goal: to identify the sources of information.
3. What do you know about coronavirus?	Goal: to determine the relevant information.
4. Do you know how you can prevent a coronavirus infection?	Goal: to determine the level of awareness about disease prevention and anti-epidemic rules.
5. Who do you talk to most often about coronavirus?	Goal: to identify the sources of information.
6. When you had to stay home because of coronavirus, did you worry about something?	Goal: to establish the influence on the emotional state during the social isolation.
If you could see a coronavirus, how would you describe it?	Goal: to identify the visual perceptions, to differentiate the details and the influence of the media on their formation.
If you could tell it something, what would it be?	Goal: to establish the presence of reflection through a personal message.

Results

To question 1 – *Have you heard of coronavirus (Covid-19)?* – only one respondent answered *No*.

From the analysis of the results, it can be concluded that the awareness of the 6 – 7-year-olds about coronavirus was very high and reached 97%. It is noteworthy that 27 answered *Yes*, two of them answered *Lots of things*, and one said that *It was dangerous*.

The goal of question 2 – *Where (whom from) did you hear about it?* – was to identify the sources of information about the virus and those with the highest degree of influence on the age group studied.

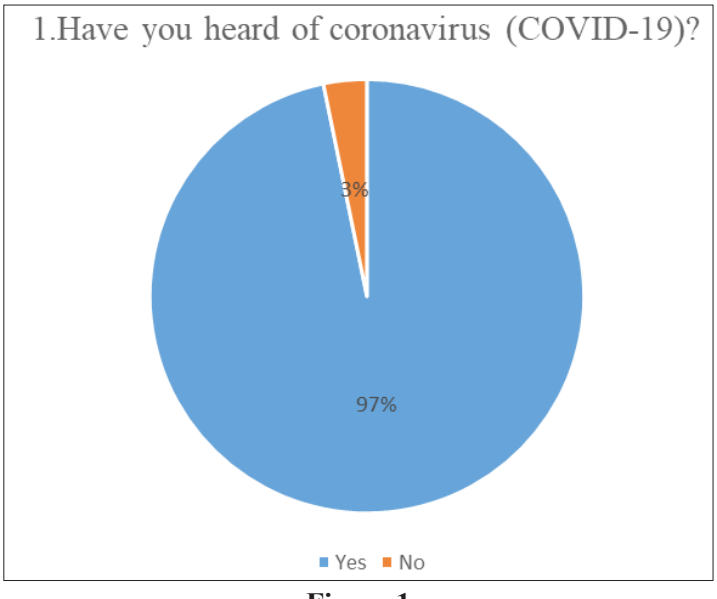

Figure 1

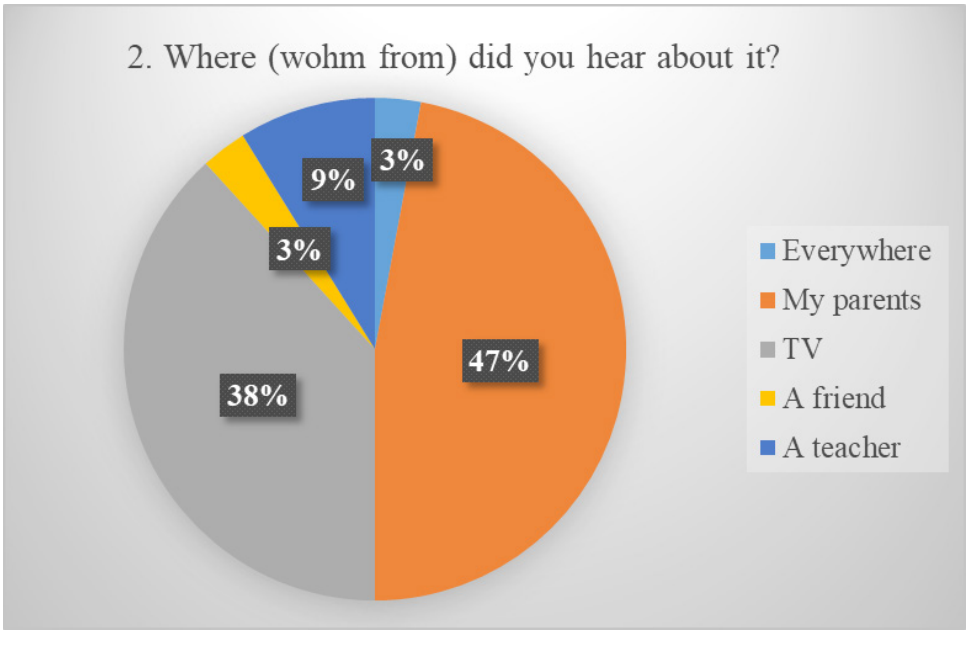

Figure 2

The result shows that the greatest influence on coronavirus awareness was exerted by the family – 47%, followed by television – 38 %, with 90% of the children specifying the news as the source. 9% answered *a teacher* and 3% – *a friend*.

The above facts reveal the huge influence of media in a pandemic environment of social isolation. This necessitates the presentation of some recommendations to information sources and parents in order to protect the mental health of children.

The next question – *What do you know about coronavirus?* – aimed to identify the information that was relevant for the children.

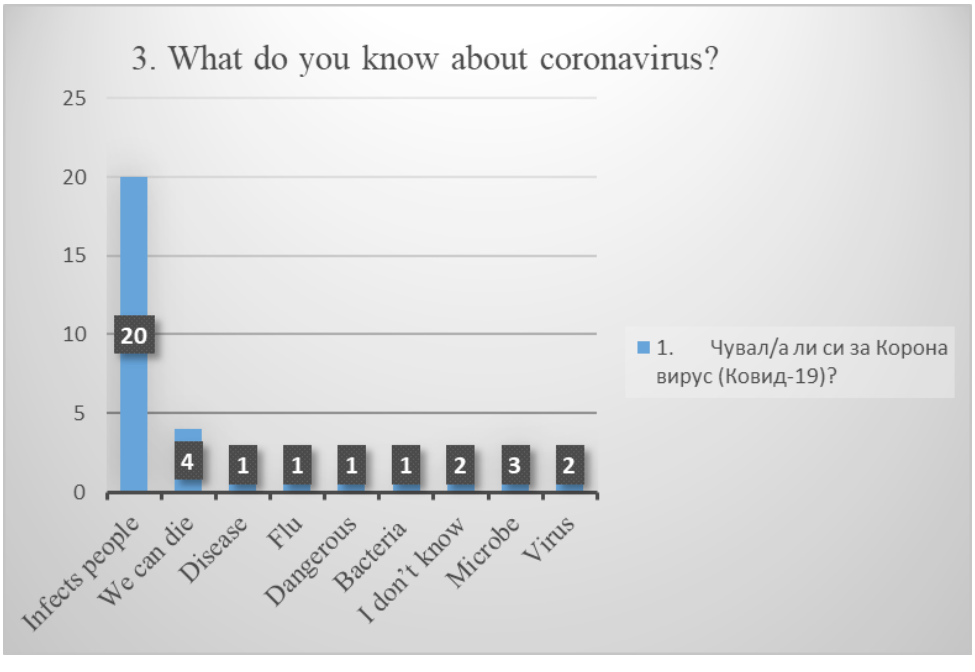

Figure 3

From the results shown in Figure 3 with the number of answers, the following conclusions can be drawn: 59% of the children knew that the virus infects people, 11% believed that it can cause death, 9% defined it as a microbe, while others defined it as influenza, disease, bacteria, virus, and dangerous – 3% for each option.

The results are based on more than one answer. The high rate of the *Infects people* answer proves that this fact was of the highest importance for the respondents. The fact that the second most given answer was *We can die* and first-person plural was used cannot be ignored. This type of response implies personalization of speech

and anxiety not only about their own lives but also about the lives of the people close to them.

The goal of question 4 was to establish the knowledge about prevention options and the rules of conduct in an epidemic situation.

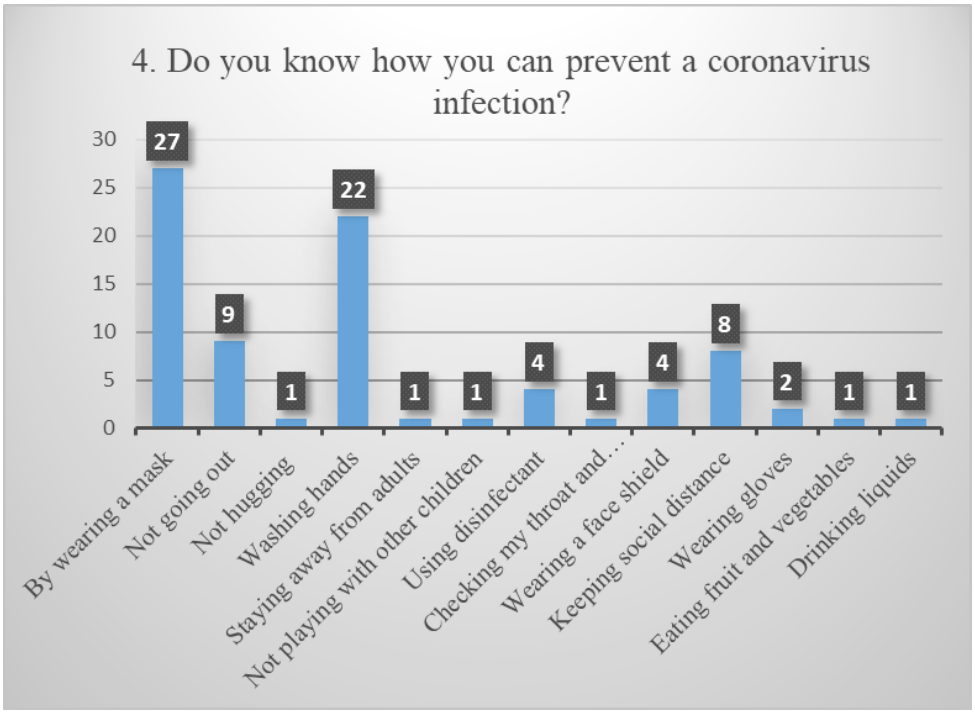

Figure 4

Fig. 4. presents 13 types of answers given to the question asked. On average, each child named 2.76 coronavirus prevention measures. The most popular measure among the 6-7-year-olds was wearing a face mask - 27 children (90% of all respondents) followed by hand washing – 22 children. Impressive is the high rate of the *Not going out* answer – 30%, despite the fact that the interview took place two months after the imposed social isolation. Another prevention measure was *Social distancing* - 8 children. With the exception of *Staying away from adults*, all prevention options were adequate.

To question 5 – *Who do you talk to most often about coronavirus?* – 19 children (63%) indicated their family members, 3 (10%) – kindergarten teachers, 4 (13%) – no one, 2 (7 %) – did not answer, 1 (3%) indicated a friend, and 1 (3%) – a doctor.

The data show that communication in the family in a critical situation is the most intense and desirable.

The goal of question 6 – *When you had to stay home because of coronavirus, did you worry about something?* – was to look back on the children's anxiety during isolation.

43% answered *No* without any further clarification given. 33% answered in a positive way, and all made clarifications such as *A friend or a teacher can be infected*; *There was a risk that I infect my grandmother*; *Someone can infect me*; *Many people will be infected*. All positive responses indicated fear of infecting from others or infecting others. 17% gave vague answers and stated that they only missed playing with other children. 7% did not answer the question.

Question 7 aimed to identify the visual representations of coronavirus, to differentiate the groups of details subject of children's perception of coronavirus, and to establish the influence of the media on their formation.

The highest percentage of answers was registered – 83%, which associated the perceptions of the respondents with the following features:

– shape – 96% defined it as round and 4% - as rectangular;

– colour – 64% named one colour (the predominant answers were *red*) and 36% named two or more colours;

– size – 76% of the answers were *small*.

The description of the virus was close or completely identical to the images spread in the media space.

Lower, i.e. 20%, was the percentage where the visual representation was associated with specific objects (ball, octopus, marble, head, something having tentacles or small thorns); 7% associated it with human qualities (bad, sick), and 4% – with a natural phenomenon (wind).

To the question *If you could tell it something, what would it be?* most of the answers or 60% were *Go Away*, 13% sent the message *Do not infect*, 13% did not answer, 10% said *It is bad*, and one of the children asked *Please, please stop infecting people!* The results of the analysis clearly show a tendency to use imperative sentences with a clear negative tendency. The messages are short and definite. Only 4% of the results present a request.

Conclusion

The analysis of the results of the survey proves the high level of awareness of the 6 – 7-year-olds about coronavirus. The family and the media were identified as the main source of information about it. However, information overload could lead to misunderstandings. As Zlatkova-Doncheva noted, *it is assumed that the period of early childhood is one of the transitions into complexity of reasoning and this transition is the basis of the changes in children's ability to draw conclusions about the intention of the speaker* (Zlatkova-Doncheva 2019, p. 240). One cannot

ignore the fact that *children can be extremely sensitive to the non-verbal behaviour of adults, which is why it is important for the latter to be aware of what they are suggesting to them* (Legkostup 2012, p. 195). As a consequence of children's attention engagement with Covid-19, virus infection and mortality were shown to be of highest importance. There was a high health culture in terms of measures to prevent coronavirus infection. Parents and teachers were identified as preferred communication partners on the topic. The majority of children stated that they had not experienced anxiety during the social isolation, and the main cause of anxiety in others was the fear of infection.

The coronavirus pandemic has challenged humanity with many unknowns. Changing rules of life, fear, and limited social contacts have affected the quality of life of children. The question of the extent of the damage to the mental and physical health of the young generation and the assessment of the risk factors remains open.

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