

Article

Back to School in the Pandemic: Observations of the Influences of Prevention Measures on Relationships, Autonomy, and Learning of Preschool Children

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Abstract: Background: The COVID-19 pandemic has had a global impact on societies, economies, and education. In Spain, one of the countries most affected by the COVID-19 in the initial year, the virus began to spread at the end of February 2020. When the Spanish government declared a state of emergency, the first restrictive measure was the closure of all educational centers on the 14th of March. All schools and universities were closed until September 2020, when students returned to classes with preventative health measures in place to prevent the spread of the virus. Methods: This study focuses on the observation of children in pre-school education. Specifically, it focuses on studying how preventative health measures that were taken in the pre-schools may have influenced children's social relationships, basic autonomy, and learning. We used a mixed method in which field notes were taken and observational scores were assigned. Results: The following prevention measures appear to have influenced children's relationships, autonomy, and learning: bubble groups, handwashing, teachers wearing masks, divided playgrounds so different classes cannot mix, and no toys from home or shared personal objects. Conclusions: The results of the study suggest that new health measures such as the use of masks and social distancing do appear to be affecting the communication and development of pre-school children. Continued research is needed to understand and minimize the potential negative impacts of pandemic measures on children's development.

Keywords: COVID-19; education; preschool learning and development; public health; social distancing



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1. Introduction

As COVID-19 began to spread at in Spain the end of February 2020, the government declared a state of emergency on 14 March. Until the end of April, citizens were completely forbidden to leave their homes except to cover their basic needs. Consequently, all teaching activities were switched online. Studies carried out during these months of confinement have pointed out the importance of reopening classrooms as soon as the health situation allows [1].

Although the current crisis may bring opportunities for children to spend more time with parents to strengthen resilience [2] and for families to form stronger bonds while assisting each other [3], the mental health disadvantages for children are clearly substantiated [4]. Synthesizing 29 studies with a total global sample of 80,879 youths, Racine et al. found that children had an approximately 25% increase in depression and a 20% increase in anxiety, rates double those seen pre-pandemic. The increases were more pronounced in girls than boys, but (relevant for the current study) they were smaller for younger children.

Another major threat for children is the increased risk of parental mental illness, domestic violence, and child abuse [5]. For children 0 to 6 years old, motor skill development and social learning via the practice of daily routines, guidelines for coexistence, and modelling are essential [6–8], but they are difficult to achieve in a virtual format. Indeed, several studies have claimed that not being able to attend school and being confined have had negative impact on children's emotional and behavioral state [9,10]. It is common at schools to implement programs to develop positive classroom climates [8], but during confinement, it has not been possible to guarantee an adequate environment for learning in all family or virtual environments [5].

After six months of student and teacher non-attendance at school, the Spanish government decided that classrooms should be reopened from September 2020. In view of the concern for a safe return to the classroom, the Spanish government and the Autonomous Communities at the Education Sector Conference agreed upon measures to be adopted in schools on 27 August. However, actually carrying out these measures with the limited resources available in schools became a major challenge and concern on 7 September, a week before the start of the school year, when it became clear that the responsibility for health measures was left in the hands of each school.

Pediatric coronavirus infection is relatively mild compared to adult infection, and children have been reported to have better prognoses. Mortality in childhood is rare. The clinical features of COVID-19 observed at this age include fever, cough, and loss of smell, but a large proportion of infected children have been shown to be asymptomatic, increasing the untraced transmission of the virus [11]. Limited data are currently available on SARS-CoV-2 transmission from young children, particularly in childcare settings. The decree 36/2020 of 26 October (BOPV) is consistent in several respects with the Centers for Disease Control and Prevention's guidance for child care programs that recommends the use of masks among staff members to reduce the transmission of SARS-CoV-2, especially when it is believed that young children would not be able to make proper use of them. Other measures include continuous hand hygiene, the frequent cleaning and disinfection of high-contact surfaces, and staying home in case of any symptoms [12].

In the Basque Autonomous Community (CAPV) in the academic year 2019–2020, 84,322 students were enrolled in the pre-school stage and a general action protocol was created for educational centers. Both individual prevention measures and preventive measures for cleaning and disinfecting facilities were set out in a policy document by Department of Education of the Basque Government. The framework address social distancing and the formation of stable learning groups called bubble groups, hand hygiene and the use of masks, and the ventilation, cleaning, and management of each center. Table 1 shows the specific preventative measures.

These infection-prevention measures may affect the integral development of children. Social constructivism offers an explanatory framework to understand the evolution of children's capacities in their first years of life [13,14]. The first years of life are important for cognitive and basic autonomy development [15]. Additionally, it is completely necessary to increase the emotional intelligence of children. The aim is to offer children a rich context for experimenting with the world in order to know, value, share and thus develop integrally [16,17]. At the age of 0–6 years, oral language (the basic instrument of communication) is being developed and is a primary means of socialization. The socio-cultural paradigm of learning cannot be understood outside the context of learning and interaction in the classroom and children's environments, as the active participation of students and teachers is key in promoting and accompanying the acquisition of learning [18]. For this reason, spaces of shared knowledge must be created to facilitate socialization through negotiation and dialogue [19]. Likewise, learning entails providing facilitating relationship situations. An important objective of the competences worked on in preschool education is the exploration of the social environment and gradual participation in social and cultural activities. By working on these competencies, the child's development is guaranteed. [a,d]. For this reason, certain emotional competence can be learned, and there is a need to

integrate them early (the collaborative for academic, social and emotional learning). Focus on this peer interaction is important in order for children to develop emotionally, awaken feelings of empathy, and establish satisfactory relationships [20].

The aim of this study was to observe how the health measures taken to prevent the spread of the coronavirus are affecting children’s behavior within this developmental context. Specifically, we wanted to study the influence pandemic prevention measures have had on social relationships, basic autonomy, and learning.

Currently, there are ongoing scientific studies on the benefits of applying emotional education programs such as CASEL that have demonstrated positive effects on children. However, the new preventative health measures do not match these dimensions. Therefore, it is expected that the new prevention measures will have a negative influence on the autonomy and learning relationships of students. Specifically, the following measures are expected to negatively influence children’s autonomy, relationships, and learning: bubble groups, handwashing, teachers wearing masks, divided playgrounds so different classes cannot mix, and no toys from home or shared personal objects.

Table 1. Specific prevention measures.

Students over 6 years of age must wear a mask during the whole day.
Students under 6 years of age must wear a mask when their bubble group cannot be kept 1.5 m apart from other groups, such as on a school bus.
Mattresses should be placed 1.5 m apart at nap time.
Shared movements of students must follow a prescribed protocol.
Families are not allowed to enter the school, and communication must be facilitated by email or telephone.
Only one adult can go to pick up each student, and they must leave the school immediately to avoid crowds.
At home, parents must take their children’s temperature before going to school, and the children must stay home if their temperature is 37 °C or higher.
If a student shows any symptoms of COVID-19 (cough, sore throat, fever, etc.) at school, they must be taken to a designated COVID-19 class while the family is contacted.
Special care must be taken in cleaning and disinfection; restrooms should be cleaned three times a day.
Natural and mechanical ventilation should be increased with the goal of a minimum of 10 min of room ventilation after each hour of class use.
Hand sanitizer and soap must be available to students over 3 years of age.
Each school may reorganize space to increase the number of classrooms and alter rooms for common use.
Plexiglass screens or panels may be incorporated into spaces such as dining rooms or libraries.
Students are prohibited from bringing toys from home and sharing objects or the patio with other level students.
Finally, it is recommended to reduce the contacts between the different families, which means suppressing celebrations such as birthdays and limiting relations in common spaces such as school outings, bus stops, and snack times.

2. Materials and Methods

2.1. Measures and Instruments

Field notes were taken in relation to the standards set in the center, the space, the people involved, their behavior, and descriptive data that shed light on the influence observed from carrying out the protocols.

An ad-hoc questionnaire was created for the present research. This questionnaire asked about five COVID-19-prevention measures in order for observers to organize their perceptions of the influence of the prevention protocols on pupils’ behaviors. The 5 norms were as follows: bubble groups, hand washing, teachers wearing masks, divided playgrounds so different classes cannot be mixed, and no toys from home or shared personal objects.

A mixed study was carried out with field notes and observation scores. On the one hand, observational notes were taken for each of the measures. On the other hand, a 4-point

Likert scale was created, with 1 = has no influence; 2 = has some influence; 3 = has influence; or 4 = has a lot of influence. An example question is: To what extent do you think the division of physical spaces in the center, such as the playground, influences the relationship between people? The purpose of the questionnaire was to assess the observed influence of each measure on interpersonal relations (verbal and non-verbal communication, as well as relational motor activities such as playing), autonomy (exploring the environment, use of space, use of objects or instruments, trust or safety in behavior, and respect for rules), and learning (understanding rules, anticipating consequences, and performing activities), all of which are skills to be developed in early childhood education [21,22].

2.2. Participants

Ten pre-school interns in the final year of their bachelor's program in childhood education were tutored in a non-participatory inductive observation [23] before going to the centers. This training helped to reduce potential bias and increase potential reliability between the observers. These participants/co-researchers/observers comprised 3 males and 7 females with a mean age of 20, all of Spanish ethnicity. The observations were carried out in 10 centers in the Basque Autonomous Community, specifically in the province of Bizkaia. The number of children that were observed regarding each prevention measure is difficult to evaluate given that they were observed in a real setting, at times being in bubble groups, classrooms, or larger common areas such as playgrounds, but it was over 200 because each observer was situated in a class of at least 20 children. The children are assumed to be representative of their cohort given the diversity of centers and the number of children observed. However, only the 10 observers were technically considered participants.

2.3. Procedure

It was considered of interest for the researchers to have an understanding of the educational context so that they would develop the ability to observe the object of study without intervening [23]. The observations were carried out both in the common areas of schools and classrooms during October 2020. Over the course of a week, observers focused on their center's realization of prevention protocols and used field notes—an appropriate unstructured method, useful when the object of study is not sufficiently known [22]—to record whether the performance of the prevention protocols influence social interaction, autonomy and learning. The observers then utilized their qualitative field notes to help them select which of the ordinal categories of influence was most accurate. In this way, the field notes were essentially coded from qualitative information into quantitative information. The quantitative information was therefore more meaningful than if the observers were just asked to provide their opinions on the questionnaire without the benefit of longer-term, documented observation. The study was reviewed and approved by the ethics board of the first author's university, and representatives from all centers provided written informed consent. The observers were continuously supervised by teachers with extensive experience with preschool students.

2.4. Data Analysis

The prevention measures were organized into five types of protocols: (1) interaction with the same group of students, (2) frequent hand washing, (3) use of masks by teachers, (4) division of physical space, and (5) not using shared materials. Based on the five selected norms, a questionnaire was designed for this pilot study, and a Likert scale was used to evaluate the influence reported in each of the measures through the questionnaire. This Likert scale measured the influence of these measures on children's autonomy, relationships, and learning. The results from all 10 evaluators were then averaged.

3. Results

Table 2 shows the observed behaviors and the recorded values from 1 to 4 for the observed influence of the measures on interpersonal relations, autonomy and learning, as well as comments that characterize the nature of that influence from observers' perspectives. From the observers' perspectives, the lack of interaction between classes appeared to have the largest impact on children's relationships. Of the five observers reporting information on the playground interactions specifically, there was unanimous agreement that the lack of interaction between classes "has a lot of influence" on the children's relationship development. In contrast, the routine of handwashing showed less impact on relationships and was seen as a positive contributor to children's autonomy and learning. Teacher masking was viewed as having influence on children's relationships and learning but to a smaller extent than interactions between a larger, more diverse group of children. Not sharing of personal objects and/or toys from home was viewed as having more influence on children's relationships than on their autonomy or learning.

Table 2. Mean Scores and Comments of Observers' Perceptions of the Influence of Prevention Measures on Preschool Student's Relationships, Autonomy, and Learning.

Prevention Measures	n	Relations (M)	Autonomy (M)	Learning (M)	Comments (M)
Bubble Groups	10	3.6	1.9	2.9	Negative aspects could include: -They only learn to work with one group, with no opportunity for relationship with external groups. -Interactions with people from other groups are stopped by the intervention of adults.
Hand washing	9	1.4	2.9	2.8	Positive aspects could include: -They learn to wash their hands independently.-They learn the importance of hygiene routines.
teachers wearing masks	8	2.9	1.75	3	Negative aspects could include: -Difficulties in communication due to an insufficient volume of tone of voice. -Loss of information from lip gestures.
The playground is divided so different classes cannot be mixed	5	4	2.8	2.6	Negative aspects could include: -The playground is divided with marks on the floor and ribbons and offers less space for play. -Limits the possibility of developing new relationships.
They cannot bring any toys from home or share personal objects.	5	3.2	1.6	2.2	Negative aspects could include: -They want to show the toys to their friends but are discouraged by adults. -Within the group, everyone has their own material, which may make it difficult to learn to share.

n: Number of observers; M: Likert scale mean.

4. Discussion

4.1. Key Findings in Context of Prior Research

It is clear that COVID-19 has changed children's lives and all forms of working, learning, behaving and communicating in schools. The application of hygiene and distance between people helps to prevent the spread of the coronavirus, and it is important to apply these measures in pre-schools, which has been statistically shown in schools that have demonstrated controlled contagion, as assured by international reports.

However, in addition to their advantages, these measures can also have disadvantages. In this research, we observed some positive aspects, such as the development of autonomy in the face of the insertion of hand hygiene routines, but we mostly observed negative aspects regarding relationship and communication difficulties. Studies have shown that

positive emotions favor closeness between people, and students categorized as happy have been found to have a higher proportion of relationships and harmonious character [24]. Opportunities for social interaction early ages are vital to socialization, learning and lifelong success [25]. Herran et al. [14] showed that communicating and interacting with other children helps social and intellectual development. In this study, it was observed that pupils not being able mix with people from other classes had limited opportunities for relationships and communication (especially with a diversity of different people), skills which are reinforced throughout cooperative group work and social interactions among students [26,27]. Therefore, although the measure of establishing “socializing bubbles” has been considered necessary to minimize the risk of contagion on a physical health level, especially for contact tracing in the event of contagion, on a psychological level, the consequences for relational learning that can derive from these preventive measures should be seriously considered.

Previous studies have shown that the division of physical spaces seems to influence social interaction since it prevents relationships with peers from other classes, which are important for adequate emotional development [12,20]. In the present study, this division was observed to influence psychomotor development because less play space limited the necessary ability of children to move freely. Children express their emotions and experience learning and growth through movement, so it is a fundamental factor in the training process [28]. For this reason, although this measure is used for the controlled isolation of people and the traceability of contacts in cases of COVID-19 infection, the restriction of movement in the playground and the limiting of interactions via separations of physical space can limit learning and deserve to be reconsidered. Regarding hand hygiene, researchers have reported the importance of promoting and teaching regular handwashing and positive hygiene behavior [29]. Hand hygiene is a widely accepted principle in the prevention of disease transmission, especially during the COVID-19 pandemic, since proper hand hygiene has a 24–31 percent probability of decreasing the spread of communicable diseases. This measure has been positive not only on a health level but also for the development of autonomy and the acquisition of self-care, since children learn to maintain hygiene without outside help and internalize such necessary actions in their daily activities, as was observed in this research. Additionally, the children were surprised by the ease with which they learned the rules for stopping the spread of COVID-19. The use of masks in early education is a measure that has only been imposed on teachers, as children are considered too young to wear masks [12], and mask use is essential among teachers to reduce the spread of the virus. However, according to this study, it may have negative effects on communication between teachers and students. Mask limit communication since non-verbal communication is as important as the words we use. During the pandemic, the use of face masks has limited the observation of facial expressions such as happiness, sadness, anger, and fear on the lips. This lack of communication may be affecting both relationships and learning, as correct communication is the linchpin of learning.

Other measures taken by some of the studied schools included a ban on bringing toys or other household items that could be shared. This measure may stop the spread of the virus as objects brought in from outside may be infected. However, it can also lead to a failure to teach the importance of sharing objects among peers, an extremely important act in the acquisition of social skills. Studies have shown that in children, the first prosocial behavior apart from the act of helping is the act of sharing a toy. Therefore, it is necessary to observe the potential consequence of this measure on the evolution of children, as well as to find ways to favor the manifestation of this skill.

Finally, we observed other measures that may increase teachers’ workloads, such as measuring student temperatures before entering the school. This measure could be undertaken by the family itself, as we are all responsible for stopping the spread of the virus in this pandemic. Families must also avoid crowds around schools even though their relationships with each other and teachers are also affected. There are other measures that can increase teacher workloads and confuse students. Leaving the doors open to air out

spaces is essential to ventilate classrooms to reduce the risk of contagion by COVID-19 [30]; however, children may not understand this measure and try to cross the boundaries. In any case, it should be stressed that children are showing that they are capable of incorporating the behaviors set out in COVID-19 prevention protocols into their routines, setting an example for the rest of society.

4.2. Limitations and Future Research

The study was a field study and a pilot attempt to systematically observe the potential contributors of preventative measures organized into five types of protocols on preschool children's relationships, autonomy, and learning. The generalizability of results is limited. The four-point scale was not validated, but it served to provide some indication of independent observers' perceptions of the contribution of these major prevention themes. Future research could use longer three- or five-point scales, validated measures, and data analysis procedures to seek a more refined understanding of the impact of prevention measures on children's behavior and development.

One clear limitation of this study was the low amount of data gathered and potential bias from the small sample size of 10 observers. However, the observers observed over 200 children, were trained in non-participatory inductive observation [22], and used their field notes to guide their ratings so that they were grounded in actual observation instead of their opinions. The ratings were not adjusted for any potential confounds, such as comparisons of baseline ratings taken before the pandemic with ratings during the pandemic. Future research could employ more observers and directly gather data from children or teachers as additional sources. While challenging, if an upcoming prevention measure is known in advance, baseline data could be gathered prior to its initiation so that within-group differences could be inferentially explored. An additional limitation of the study was that these field notes were not further analyzed for themes; they were only used so that the ordinal questionnaire categorizations were more accurate. Further research could use a more sophisticated mixed method approach, such as using grounded theory to build theories in response to a qualitative question or using a true mixed method questionnaire that links the qualitative and quantitative approaches

5. Conclusions

Analyses published to date on SARS-CoV-2 transmission and the course of COVID-19 show that children play a much less important role in the spread of the coronavirus than adults. According to available results, children and adolescents fall ill with COVID-19 not only less frequently but also less severely than adults

It is clearly important to reopen preschools without excessive restrictions, but it is important to maintain restrictions such as interacting in very small groups and maintaining adequate distances from others, teacher mask use, and the constancy of group membership to avoid mixing. However, even these measures can limit relating to others, creating autonomy, and learning. It is therefore important that these limiting factors influence the development of children as little as possible while conserving their positive influence.

To accomplish this, it is necessary to consider the influence that the pandemic and its restrictions are having on this stage of childhood. It is necessary to increase the number of teachers in early childhood education so that children can have more attention and to limit restrictive measures to prevent as much potential negative influence on children's autonomy, relationships and learning. It is also important to continue to investigate the influence of the pandemic and to attempt to mitigate this influence on the development of these children in order to minimize damage as much as possible.

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