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RESEARCH ARTICLE

ADOLESCENT BEHAVIORAL CHANGE DUE TO HOME QUARANTINE: AN EMPIRICAL STUDY

Sheeba Ali

Department of Psychology, Aligarh Muslim University, Aligarh, India.

*Corresponding Author Email: sheeba_ali1@rediffmail.com

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ABSTRACT

Adolescent behavior changes as an outcome of home quarantine towards fighting COVID 19 infection, formed the basis of exploring adolescent social isolation. The subject Social isolation was studied via psychological dimensions related to fear of anxiety, gloomy, fatigue and their impact with each other and their sub factors. An empirical exploration with a sample comprising of 157, both male and female adolescents, randomly selected by an online survey formed the basis of the study. Self-Evaluation scale developed was used for the study. The study presents its findings from proposed thirteen hypotheses emerging from literature reviewed. The empirical findings projected the relationship between anxiety and fatigue along with its impact on the adolescent's gloominess and dissatisfaction, during their home quarantine confinement and social disconnect. From the study also emerged the finding that gender difference did not vary the adolescent's anxiety, gloominess or satisfaction but did have a difference in fatigue experienced. Also the adolescent's family size, depicted that there existed no significant difference with anxiety experienced, but family size had a bearing on the fatigue, satisfaction and gloominess experienced by adolescents. Who being subjected to their social isolation and confined to their homes. The study findings have a topical importance in addressing the psychological need analysis of the adolescents during the present COVID 19 home quarantine and lockdown.

KEYWORDS

Social Isolation, Anxiety, Lockdown, Gloomy, Fatigue, Home quarantine.

1. INTRODUCTION

This paper focuses upon studying the concept of Self-Evaluation factors causing non-resilient behavior in adolescents during Covi19 pandemic lockdown. Adolescence is driven by dissatisfaction, the young person no longer content to be defined and treated as a child, wanting to become older but not sure how, more boredom part of the price they pay for the uncertain developmental journey they now undertake—having more times of not knowing what to do with themselves (The Print Team, 2020). More than ever before the young person wants freedom to be independent, but what he or she discovers is that freedom is one birthplace of boredom. As the outdoor urban world and the natural world have been portrayed as dangerous by alarming news reality stories during Covi19 pandemic, competing for public attention, protective parents have kept their children indoors, during Lockdown, where they are considered to be safer and less at risk of getting exposed to the virus. However, life indoors means more screen time, being entertained at the expense of entertaining themselves, prone to escaping boredom and thus increasing boredom as they grow.

1.1 Non-Resilient Behavior In Adolescents

Non-resilient adolescents are prone to blaming others for their lack of success; they are less inclined to express firm and confident sense of attachment to their family, friend or to any institutions and are lacking in

social behavior. According to some researcher low parental education, lacking in understanding, family cohesiveness, causes non-resilience adolescents (Goodman and Yehuda, 2002). When adolescents are experiencing basic problems, they associate with them, they tend to look for short-cut, they believe they are not good adolescents who deserve to be treated in a good way, and see everything as threatening circumstances. Such adolescents give up before even trying, they have learned that nobody will listen them and like risk factors like smoking and school dropping etc. Non-resilient adolescents are poor in study skills but good in few learning strategies. Engelberg, Sjoberg stated that teens who spend more time on their phone, and on screens, on social media, are more likely to be depressed, moody, irrational, impulsive, wage in their ideas and more likely to be unhappy (Engelberg and Sjoberg, 2004). A group researchers stated that non-resilient adolescents like 'nothing' about his life and pointed to a growing climate of isolation among teens such adolescents spending less time going out with friends to social events, and more time alone, communicating digitally (Bornovalova et al., 2007).

1.2 Covid 19 Pandemic and Its Psychological Effect on Adolescents

In the age of Covid-19, the real-life of adolescent stands on the face of a future that the bio political effects of Covid-19 will predict, if not exclude. The fantasies and displays of adolescence are suddenly altered – the lost school days, the cancelled prom, the backseat desires unachieved, assumed. These images of adolescent life were already unreal clichés, but

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even more so now: young people are grieving, recovering, even dying, subsisting and surviving, supporting family members, trapped in violent homes – the list goes on and so does the pandemic state (Mathews et al., 2016). On a political level, the future that these adolescents both deserve and represent has been irreversibly altered; it's not a question of whether future opportunities are damaged, but how much, with what inequalities, and with what hope of repair. We see this dilemma playing out in real time around us now. The state of adolescence, as a crisis, an outbreak, a disturbance, is so bound up in the ambivalent desire for human connection. As a concept, adolescence helps us to articulate a timeless – and in fact, perpetual – state of desire. The crisis of wanting to touch or not to be touched; the fear of intimacy and the intimacy of fear; the object space between past and future, self and Other, isolation and connection, innocence and its transgression. One crucial myth of adolescence is the drama of rebellion that assure us of new horizons.

1.3 Covid 19 Pandemic Lockdown and Its Psychological Outcomes on Adolescents

Lockdown is certainly not as rosy. It has its own bitter experiences as well. In fact, to an unprepared mind, all its experiences are bitter. Looking at the hoarding that is taking place, the beatings at the hands of the police, the unavailability of certain goods in the market which aren't considered essential goods, the longing to go on a social visit or a long drive with your loved ones, every such thing adds up to make this lockdown a bitter experience stated (Jafri, 2020).

In such a lockdown, adolescents always spend more time online and on social media stated by (The Indian Express, 2020). It is not advisable to completely stop their online exposure, however, monitoring what they consume on the net is more important. It is also important to monitor what they put out on their social media accounts as well. The stress that comes with the current lockdown may result in bad online behavior on the part of your kids. They might cross a few boundaries in a bid to do something interesting. During this stage, when they haven't developed empathy, the need to fit might overrule ethics sometimes. With schools shut down due to the long lockdown, classes are being held virtually. This is obviously new to both the students and the teachers. Sometimes, adolescents might be shy to ask doubts or ask for help. Encourage them to ask for help whenever they need it. If one kid stands up to ask for help it might encourage others to do the same.

Apart from the larger things that may be affecting teen during the lockdown, they need to be helped and taken care of every day. It is sometimes the everyday challenges that make up stressed and lose steam to tackle the bigger challenges of life. Social distancing is both necessary and hard, adolescents are especially feeling the pain. Separating from others goes against basic human needs for companionship and connection that everyone feels, yet the challenge of social distancing may be especially difficult for teenagers studied (Twenge et al., 2019). Behavioral change is exhibited by changes in the following Mental Health constituents: Gloomy, Fatigue, Anxiety, and Satisfaction. So, an interaction between these mental health constituents is assessed, to understand their impact in the behavioral changes exhibited among adolescents, due to social distancing / isolation.

2. LITERATURE REVIEW

A review published in The Lancet claimed that the duration of the quarantine period is associated with a range of psychological symptoms indicating poorer mental health (Brooks et al., 2020). The duration is not specifically defined but according to one study those quarantined for more than 10 days displayed more of the post-traumatic stress symptoms than those quarantined for less than 10 days. Several mental health issues observed include post-traumatic stress symptoms.

A studied the activity engagement on adolescent daily positive and negative mood, activities, and situation throughout the day (Weinstein and Mermelstein, 2007). Participants responded to random prompts on the EMA device and, when prompted, rated mood adjectives and reported on their current activity and perceived autonomy in activity engagement. Mixed-effects regression models examined changes in mood across specific activity categories. Positive mood significantly improved when engaging in numerous activities; negative mood improved during social activities as well as "party" and "hanging out" events but was fairly consistent across other activities (DQ India Online, 2020). Stronger mood-activity relations were found after controlling for autonomy in activity engagement.

Fatigue, a common presenting symptom in primary care, negatively impacts work performance, family life, and social relationships. The

differential diagnosis of fatigue includes lifestyle issues, physical conditions, mental disorders, and treatment side effects. Fatigue can be classified as secondary to other medical conditions, physiologic, or chronic. The history and physical examination should focus on identifying common secondary causes (e.g., medications, anemia, pregnancy) and life-threatening problems, such as cancer. Results of laboratory studies affect management in only 5 percent of patients, and if initial results are normal, repeat testing is generally not indicated. Selective serotonin reuptake inhibitors, such as fluoxetine, paroxetine, or sertraline, may improve energy in patients with depression. Patients with chronic fatigue may respond to cognitive behavior therapy. Scheduling regular follow-up visits, rather than sporadic urgent appointments, is recommended for effective long-term management explored (Rosenthal, 2008).

Proper sleep length and quality are essential for physical and mental health and have found to be related to a variety of negative outcomes. College is a time, a transition for individuals where they begin laying a foundation for their future and acquiring sufficient sleep is of great value. College students are recognized as one of the most sleep-deprived groups, also, as one of the most technologically-oriented population. Due to this combination, college students' sleep habits and mobile phone use habits have begun to receive attention. Results indicate that various aspects of mobile phone use such as problem mobile phone use, addictive text messaging, problematic texting, and pathological texting are related to sleep quality, but not sleep length.

2.1 Hypotheses

The following hypotheses are proposed to study the adolescent's behavioral changes:

H1: Adolescents differ on mental health constituents:

- H01a: There exists no difference between means of Anxiety and Fatigue scores for adolescents
- H01b: There is no difference between Anxiety and Gloomy
- H01c: There is no difference between Anxiety and Satisfaction
- H01d: There is no difference between Fatigue and Satisfaction
- H01e: There is no difference between Satisfaction and Gloomy

H2: Mental health differs in adolescents by gender:

- H02a: There is no difference between Anxiety among males and females
- H02b: There is no difference between Gloomy among males and females
- H02c: There is no difference between Satisfaction among males and females
- H02d: There is no difference between Fatigue among males and females

H3: Mental health differs in adolescents by their family size:

- H03a: There is no difference between anxiety among adolescents with small and large family size
- H03b: There is no difference between gloomy among adolescents with small and large family size
- H03c: There is no difference between satisfaction among adolescents with small and large family size
- H03d: There is no difference between fatigue among adolescents with small and large family size.

3. METHODOLOGY

3.1 Study Sample

The sample comprised of 157 subjects, 77 males and 80 females. The age of subjects ranged between 13 to 19 years. Since random sampling in its true sense is almost impossible for practical reasons in such studies, subjects available and willing to participate were studied. All efforts were made to ensure objectivity and avoid personal bias in selection of subjects. The method of sampling was thus convenience sampling.

3.2 Procedure

Administration of questionnaire is an extremely sensitive and important activity in which the crucial aspect is eliciting natural and unbiased responses from the subjects. Reassurance regarding confidentiality helps in this. Self-Evaluation and Family Situation Evaluation Scale were administered online. Clear instructions were provided towards responding to both the instruments. In both the scale, the subjects were asked to select any one of the four responses per statement which best represented their response, on the basis of their experience (Toda et al., 2004). In Evaluation instrument, the subjects were asked to respond on the basis of their experience. Any clarification required by subject was

given by the researcher. The scores obtained by each subject on the two scales were calculated. On the basis of scores obtained on scales. T-test was applied to compute significance of difference in mean score on both the scales.

3.3 Sampling

Adolescent’s respondents from both genders shall comprise the sample. Adolescent age group 12 to 18 years shall be considered as sample for the study and those school children (Adolescents) who are exhibiting boredom, mobile dependency, as they are confined to their homes, an outcome of the Covid 19 pandemic national lockdown in the country for the last few months. They shall be online interviewed using an online survey mechanism. The sampling technique used to study would involve non probability purposive sampling. The data will be collected from around 157 adolescents of both the gender during and post Covid 19 pandemic lockdown situation.

3.4 Study Instrument

3.4.1 Self-Evaluation Scale

Both scale were constructed by the researcher (Ali, 2020). The scale had been constructed through “rational theoretical” approach which has been recommended as an appropriate strategy for developing an assessment tool (Kelley et al., 1969; Hassan, 1997). All steps involved in proper scale construction were meticulously followed. Face validity of the questionnaire was determined. Initial questionnaire with 73 questions on various dimensions of Self-evaluation was scrutinized by experts (senior teachers and researchers). Each item was examined closely and evaluated in terms of its suitability and relevance for trait being measured (Howard and Johnson, 2000; 2000a). After the suggested modifications were incorporated, the experts scrutinized them and 12 items were finally included. Cronbach alpha score was computed to determine reliability which was found to be 0.803 of Self Evaluation scale (ECDC, 2020). The Self-Evaluation scale consists of 12 items each having four response categorize “Never, Sometimes less, Unsure, Sometimes more, Always”. Responses indicating presence of Self-Evaluation were scored as 1 to 5.

3.4.2 Data Collection Process

Data collection is a crucial step of research investigation. Data collection shall involve identification of the target sample, non-resilient adolescent exhibiting observed characteristics identified with the assistance of the respective social media platforms (like Facebook, Twitter, LinkedIn, Snap Chat and Whats App), online school community groups and other adolescent internet social groups. Administering the instrument individually to the adolescents with behavior manifestation during the Covid 19 pandemic lockdown situation.

3.4.3 Data Analysis

To analyze the data appropriate statistical tools will use both univariate and multivariate techniques will be used. Correlation analyses will help in understanding the relationship between variables. Comparison using t-test will be done to see how various types of Self-Evaluation behavioral problems. To identify those variables that significantly contribute in predicting behavioral problems a regression analysis will be performed. MS Excel and SPSS 19 would be used for analysis of the result.

4. RESULTS AND INTERPRETATION

Table 1: Relationship between Anxiety and Fatigue

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	Anxiety	.917	.183		5.003	.000
	Fatigue	.565	.076	.513	7.435	.000

H01a: From the table, we see that there is no difference between anxiety and fatigue among respondents. The above Null hypothesis is rejected as p value is significant, which is less than 0.05, implying that there exists a significant different between anxiety and fatigue. Interpreting that the fatigue and anxiety level experienced are in same direction.

Table 2: Relationship between Anxiety and Gloomy

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	Anxiety	.860	.146		5.884	.000
	Gloomy	.635	.064	.623	9.911	.000

Dependent Variable: Anxiety

H01b: Information obtained from the above table depicts that there is no difference between anxiety and gloomy among respondents. The above Null hypothesis is rejected as p value is significant, which is less than 0.05, implying that there exists a significant different between anxiety and gloomy respondents. Interpretation that the gloomy and anxiety level experienced are in same direction.

Table 3: Relationship between Anxiety and Satisfaction

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	Anxiety	3.408	.237		14.387	.000
	Satisfy	-.366	.070	-.388	-5.247	.000

a. Dependent Variable: Anxiety

H01c: There is no difference between anxiety and satisfaction among respondents the above Null hypothesis is rejected as p value is significant, which is less than 0.05, implying that there exists a significant different between anxiety and fatigue among respondents. Interpretation that the anxiety and satisfaction level experienced are in opposite direction.

Table 4: Relationship between Fatigue and Gloomy

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	Fatigue	1.320	.148		8.942	.000
	Gloomy	.455	.065	.492	7.031	.000

a. Dependent Variable: Fatigue

H01d: Information obtained from the above table depicts that there is no difference between fatigue and gloomy among respondents. The above Null hypothesis is rejected as p value is significant, which is less than 0.05, implying that there exists a significant different between gloomy and fatigue among respondents. Interpretation that the fatigue and gloomy level experienced are in opposite direction.

Table 5: Relationship between Gloomy and Satisfaction

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	4.030	.188		21.492	.000
	Gloomy	-.354	.082	-.327	-4.311	.000

a. Dependent Variable: Satisfy

H01e: From the table, we see that there is no difference between gloomy and satisfaction among respondents the above Null hypothesis is rejected as p value is significant, which is less than 0.05, implying that there exists a significant different between anxiety and fatigue among respondents Interpretation that the gloomy and satisfaction level experienced are in opposite direction.

Table 6: Relationship between Fatigue and Satisfaction

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.052	.224		13.606	.000
	Satisfy	-.234	.066	-.273	-3.539	.001

a. Dependent Variable: Fatigue

H01f : There is no difference between fatigue and satisfaction among respondents the above Null hypothesis is rejected as p value is significant, which is less than 0.05, implying that there exists a significant different between satisfaction and fatigue among respondents, the value of t-test of satisfaction came in negative and the value of another came in positive. Interpretation that the fatigue and satisfaction level experienced are in opposite direction.

Table 7: Relationship between Fatigue among Males and Females

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.072	.119		8.986	.000
	Fatigue	.133	.049	.211	2.688	.008

a. Dependent Variable: Gender

H02a: From the above table 7, we can see that there is no difference between fatigue among males and female respondents. The above Null hypothesis is rejected as p value is significant, which is less than 0.05, implying that there exists a significant different in fatigue among males

and female respondents. Interpretation that the fatigue level experienced is gender specific and is not experienced by both males and female adolescents in the same way.

Table 8: Relationship between Anxiety among Males and Females						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.446	.108		13.330	.000
	Anxiety	-.032	.046	-.055	-.689	.492

a. Dependent Variable: Gender

H₀2b: There is no difference between anxiety among males and female respondents, the null hypothesis is failed to reject, or it is accepted, as the p value is 0.492 which is more ≥ 0.05 . Interpretation that the anxiety level experienced is not gender specific but is experienced by both males and female adolescents alike.

Table 9: Relationship between Gloomy among Males and Females						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.246	.106		11.737	.000
	Gloomy	.061	.047	.105	1.309	.193

a. Dependent Variable: Gender

H₀2c: Information obtained from the above table depicts that here is no difference between family gloomy among males and female respondents, null hypothesis is failed to reject, or it is accepted, as the p value is 0.193 which is more ≥ 0.05 . Interpretation that the gloomy level experienced is not gender specific but is experienced by both males and female adolescents alike.

Table 10: Relationship between Satisfaction level among Males and Females						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.179	.146		8.075	.000
	Satisfy	.060	.043	.112	1.401	.163

a. Dependent Variable: Gender

H₀2d: There is no difference between satisfaction among males and female respondents, the null hypothesis is failed to reject, or it is accepted, as the p value is 0.163 which is more ≥ 0.05 . Interpretation that the satisfaction level experienced is not gender specific but is experienced by both males and female adolescents alike.

Table 11: Relationship between Fatigue and Family Size						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.322	.185		12.534	.000
	Family members currently in same accommodation	-.027	.131	-.016	-.205	.838

a. Dependent Variable: Fatigue

H₀3a: From the above table 11, we can see that there is no difference between fatigue and family size, the null hypothesis is failed to reject, or it is accepted, as the p value is 0.838 which is more ≥ 0.05 . Interpretation that the fatigue level experienced is not family size specific but is experienced by both adolescents alike.

Table 12: Relationship between Anxiety and Family Size						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.259	.204		11.064	.000
	Family members currently in same accommodation	-.037	.144	-.021	-.259	.796

a. Dependent Variable: Anxiety

H₀3b: Information obtained from the above table depicts that there is no difference between anxiety and family size, the null hypothesis is failed to

reject, or it is accepted, as the p value is 0.796 which is more ≥ 0.05 . Interpretation that the anxiety level experienced is not family size specific but is experienced by adolescents alike.

Table 13: Relationship between Gloomy and Family Size						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	2.035	.200		10.166	.000
	Family members currently in same accommodation	.067	.141	.038	.477	.634

a. Dependent Variable: Gloomy

H₀3c: From the table 13, we can see that there is no difference between gloomy and family size, the null hypothesis is failed to reject, or it is accepted, as the p value is 0.634 which is more ≥ 0.05 .

Interpretation that the gloomy level experienced is not gender specific but is experienced by both adolescents alike.

Table 14: Relationship between Satisfaction and Family Size						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	3.627	.215		16.882	.000
	Family members currently in same accommodation	-.262	.151	-.137	-1.728	.086

a. Dependent Variable: Satisfy

H₀3d: Information obtained from the above table depicts that there is no difference between satisfaction and family size, the null hypothesis is failed to reject, or it is accepted, as the p value is 0.086 which is more ≥ 0.05 . Interpretation that the satisfaction level experienced is not gender specific but is experienced by adolescents alike.

5. DISCUSSION AND CONCLUSION

2020 experienced a global pandemic called Covid-19 caused by pneumonia n COV. This resulted a global melt down of social, economic and psychological environment. The typical changes that come with adolescence and the developmental tasks that confront in adolescents that they having a particularly hard time with social distancing. A review published in The Lancet claimed that the duration of the quarantine period is associated with a range of psychological symptoms indicating poorer mental health. Since Covid-19 is life threatening and isolation from social spaces was the only method for prevention. The national demand of saving citizens became social distance. Social distancing was adopted as a preventive measure to avoid community spread of Covid 19 among citizens forcing country to a lockdown. This lockdown enforced by law prohibited people together in public spaces. School colleges, parks games committee, markets, travel services, malls, cinema halls, offices and working places everything is shutdown forcing people to remain in their home to save them from getting infected and spreading infection. Since them exists scientific no cure the only way remained was prevention of infection.

Apart from other impacts cause by Covid-19 it's impacted the psychological health of people in lockdown. The scope of this study addressed to explore the adolescents affected by this lockdown towards their forced un-socialization. Adolescents who physically socialize with friends and peers were contained/ restricted to their home away from their socialized ups like play fields, schools or social gathering and important need for growing up. Psychological elements cause behavioral disturbances in adolescents were explore in the study. They don't have future plan because they feel it is too early to dream or think regarding future, they like that their lives should be connected to Leisure activities e.g. watching TV/playing play station. Some researchers identified five major domains of protective factors in adolescents life, life events, personal factors, family factor, school factor and community factor. If anyone of them missing than it will turn in to a negative way.

The identified dimensions were anxiety gloominess fatigues and unsatisfaction in adolescents who were secluded in their home setting. The size of their family during isolation was also probed to look at its effect in the factors impacting adolescent's behavior and their mental health. The

findings concluded from empirical observations that anxiety and fatigue were directly proportional and anxiety affecting gloominess and is inversely proportional to satisfaction. Also, adolescents exhibiting fatigue and gloominess were found less satisfaction and all these were related and significant dimensions experienced in adolescents in lockdown environment. The finding of this study is in line with the findings of European Centre for Disease. Also probing adolescents by segregating them in terms of gender it was observed that irrespective of males and females both experienced the phenomena in the above discussion in similar context. But fatigue was found experienced differently among males and females. Exploring another subject environment factor family size having a bearing effect on these psychological factors affecting adolescents. It proved not significant in terms of both males and females' adolescents.

6. EXPECTED CONTRIBUTION OF THE STUDY AND DIRECTION FOR FUTURE WORK

6.1 Social contribution

The Social contribution of the study can be address societal harmony and needs which is very important in the lockdown situations, new metrics could be established and preventive measures understood following adolescents action arising out of adolescents secluded situation, remedial measures could be customized, to address these issues by psychologists, behavioral consultants as well as family members rather than confronting and challenging adolescents creating further problems/

6.2 Academic contribution

Academic contribution could the value addiction to the body of knowledge towards anxiety, gloomy, fatigue and un-satisfaction dimensions experienced by adolescents in lockdown settings.

6.3 Environmental contribution

Environmental contribution of this study could try to evolve the better quality of life peace and healthy mental condition health of family member and adolescents experiencing in lockdown situation which would be creating a better immunity boosting trigger for fighting the COVID-19 pandemic.

6.4 Direction for future research

Future studies and researches could be explored among adolescents in lockdown setup towards their psychological well-being, loneliness, anger direction, incompetence and stress dimensions etc.

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