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Seeing the pandemic through children's eyes: Exploring Turkish children's views on COVID-19 pandemic by focus-group discussions

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Abstract

Background: The direct and indirect effects of the COVID-19 pandemic on children and youth people are well documented. Little is known about children's experiences of the pandemic in their own words. We aimed to explore Turkish children's experiences and views about the pandemic, across private and public educational systems.

Methods: Six focus group discussions were conducted online with 30 children aged between 7 to 18 years in 2021. Children were enrolled through snowball sampling technique according to developmental age groups. A thematic analysis was conducted.

Results: We identified five themes: Compliance with public health measures about preventing the spread of COVID-19, changes in daily routines, emotional responses to the pandemic, distance education, and adaptive responses. Overall, children were well informed and receptive to the public health preventive measures with the exception of older children's tendency to disregard physical distancing with friends. They reported frustration with those who did not comply with measures and believed that the authorities should strictly enforce public health requirements. Emotional responses comprised fear of family members and themselves being infected, anxiety produced by the uncertainty of the virus, and the loss of social support. There was a perceived disparity between students from public and private schools regarding academic self-competence. Positive aspects of the pandemic included positive interactions with family members and the acquisition of new hobbies. Although most children acknowledged the support of their parents to deal with challenges, children of health workers were particularly isolated in terms of emotional support.

Conclusion: Our findings offer additional insights and validate previous research on the negative and positive effects of COVID-19 from the child's perspective across private and public educational systems. This study contributes to global advocacy efforts aimed at understanding the impact of the pandemic on children.

KEYWORDS

adolescent, children, COVID-19, online education, school closure, social isolation

1 | INTRODUCTION

Globally, the COVID-19 pandemic has led to some protective measures to be taken such as the use of masks, physical distancing, and the closure of schools (Wagner, 2020). In addition to the direct disease-causing effect of the virus, it is reported that overall health and well-being are negatively affected by these preventive measures and children are the most exposed group (Crawley et al., 2020; Napier-Raman et al., 2021; Rajmil et al., 2021; Wagner, 2020).

School closures alone would prevent only 2%–4% of deaths, much less than other social distancing interventions (Viner et al., 2020). Mandatory isolation of children from school life and/or social interactions with their peers may pose a direct effect on physical, social, and psychological well-being (Wang et al., 2020). Fear of infection, frustration and boredom, and lack of face-to-face communication with friends and teachers have posed a risk of emotional and motivational problems. In addition, prolonged exposure to stress factors such as lack of personal space at home and financial challenges of the families can cause permanent psychosocial problems for children (Wang et al., 2020).

With school closures and online classes instituted during the COVID-19 pandemic, children confronted a new learning environment (Rajmil et al., 2021). Instead of learning in class, they had to cope with distance learning where contact with teachers was minimal. This situation is expected to increase educational inequalities among children of low and high-income families (Van Lancker & Parolin, 2020). Research evidence shows exposure to computer, tablet, and smartphone screens is associated with numerous stress-related symptoms including psychological, cognitive, or musculoskeletal disorders (Mheidly et al., 2020). Not being able to go to school resulted in decreased physical activity, more screen time, irregular sleep patterns, deterioration in healthy eating habits, social isolation, and increased anxiety (Kılınçel et al., 2021; O'Sullivan et al., 2021; Wang et al., 2020).

Turkey was one of the first countries providing distance education at the national level during the pandemic (Republic of Türkiye Ministry of National Education, 2022). As of March 2020, the Ministry of Education started distance education through the Education Information Network (EBA) TV initiative and 18 million students began receiving online and TV school lessons through the country's EBA and public broadcaster Turkish Radio and Television (TRT) EBA. The EBA system has also launched live classes where both lecturers and students can see each other for some schools (EBA, 2022). The public-school system was obliged to use EBA, while it was optional for private schools, and private schools used different infrastructures for distance learning.

Research findings have shown that involving children in decisions that affect them contribute to improved services and policies, and enhanced protection (Wagner et al., 2018). The United Nations Committee on the Rights of the Child, citing Article 12 of the UN Convention on the Rights of the Child (UNCRC), has consistently underlined the importance of children's involvement in decision making. Collaboration with children's adult allies and organizational supporters can enable them to participate individually and collectively in the stages of

Key messages

- Our findings offer insights and validate previous research on the negative and positive effects of COVID-19 from a child's perspective.
- Through focus group discussions, children were able to hear similar concerns from their peers, which made them realize that they are not alone.
- Children of health workers seem to be at greater risk for isolation, facing the pandemic alone at a young age.

the policy cycle (Larkins, 2022). We consider specifically a child's right to be listened to, and express a view, when decisions that affect them are being made which is the first step in conceptualizing Article 12, and Article 13 of the UNCRC (Lundy, 2007).

Informed by the theoretical framework of the UNCRC, we explored Turkish children's experiences and views about the pandemic across private and public educational systems.

2 | METHODS

This qualitative study was conducted between April and June 2021, in Istanbul, Turkey to explore children's views and experiences on pandemic (Coyne, 2008). A member of the research team (OM) who had an existing relationship with a school teacher approached the first participant who was available and willing to participate, and then proceeded with the participant she recommended to us and completed the rest of our participants through snowball sampling method (Handcock & Gile, 2011; Sadler et al., 2010). Pandemic required strict physical distancing measures therefore focus group discussions (FGDs) were conducted online to fulfill the need to continue accessing the views of children. Previous research has used online focus groups to reach participants in remote locations offering important insights and challenges of this approach. Research evidence suggests that conducting FGDs online can be comparable to conducting groups face to face despite its challenges (Woodyatt, 2016). Challenges mainly include having access to technology and technology failures. Having small number of participants (no more than five), informing participants about the study, providing instructions on how to log in to the group, obtaining informed consent and collecting demographic information prior to the meetings were the strategies we used to accommodate the online format.

Children were invited for participation according to the age groups (5–10 years, 10–15 years, and 15–18 years), and with the aim of involving children from public and private schools to capture possible variations in private and public schools. Ten children from each developmental age group were enrolled. Recruitment continued until data saturation was met. We interviewed with six focus groups, meetings were held with five participants for each group (ES, OM, PB, SY). Characteristics of FGDs are shown in Table 1.

TABLE 1 Characteristics of focus groups (FGs).

	Number of participants (n)	Girls (n)	Age	Public/private school
FG 1	5	2	5–10 years	Public school students
FG 2	4	1	5–10 years	Private school students
FG 3	5	4	10–15 years	Public school students
FG 4	5	3	10–15 years	Private school students
FG 5	5	3	15–18 years	Public school students
FG 6	4	1	15–18 years	Private school students

Two members of the research team (ES, OM) approached potential mothers and their children via email, informed them of the study. If the women and their children were interested, the research team emailed the study information sheet and the consent forms in an electronic version to the participants. In the light of concerns about child protection and privacy issues, both parents and children were required to give their approval to participate (assent, consent) before the interviews. Informed Assent form template for children from WHO-Ethics Review Committee was used for children. Participants provided informed consent by clicking a button after having read all the relevant information. Selecting the button meant informed consent and signed forms were kept confidential and stored anonymized. Sociodemographic data (gender, age, school type) were collected via phone. Ethical approval was granted.

There were two interviewers (ES, OM) and two supervisors (PB, SY) taking field notes as part of the research team. Mothers were asked to be present when their children were attending the discussion especially for primary school group age. Yet, none of the parents except one primary school student's mother participated in the interview. Discussions were started with an introduction and proceeded with questions provided by the interviewers about general knowledge of the virus, public preventive measures, living with COVID-19, school reopening and closures, distance education, and individual impact of the pandemic. Each child had 5 min to express their personal thoughts, and 20 min for group discussion. FGDs were audio-recorded after taking the second consent. All audio files were saved onto an access protected computer by the research team. The moderator was responsible for progress of the FGD and ensuring to cover all the topics in questions. Children were told that there were no wrong or right answers but they were given time to express their views and opinions about the topics. All interviews were conducted in Turkish. We used thematic framework analysis to analyze the data (Braun & Clarke, 2014; Clarke & Braun, 2017). Audio recordings were transcribed verbatim. The transcribed data were read and re-read, generating initial codes manually using a conventional content analysis approach by two independent interviewers. The highlighted list of codes was sorted into potential themes derived from the data by using tables. All the potential themes were reviewed by the research team and then organized with a detailed analysis, and interpretation (ES, OM, PB, SY, DK). Any inconsistencies were discussed to clarify the findings. We used data (thematic) saturation model to assess saturation that relates to the degree of repetition of what is expressed in the data, and that saturation is reached when no additional issues are

identified. The interviews were conducted until a saturation point was reached, so that no further new themes emerged (Hennink & Kaiser, 2022; Saunders et al., 2018). The final report including selected quotations from different developmental age groups was translated into English.

3 | RESULTS

Two study participants who gave approval to participate in the study could not attend the FGD. The focus group consisted of nine participants in total for the 5–10 years age group ($n = 3$ were girls and $n = 5$ were from public school). In the 5–10 years age group, our youngest participant was 7 years old. The second focus group consisted of 10 participants in total for the 10–15 years age group ($n = 7$ were girls and $n = 5$ were from public school). The third focus group consisted of nine participants in total for the 15–18 age group ($n = 4$ girls and $n = 5$ were from public school). Findings from the FDGs were divided into five themes and 16 subthemes were summarized in Table 2.

3.1 | Theme 1. Compliance with public health measures about preventing the spread of COVID-19

All participants were well informed about the measures of protection from the COVID-19 pandemic and virus transmission and received the information from their parents and the media. Overall, all participants adopted the public health preventive measures such as hand hygiene, maintaining physical distance, and using masks (Q1, Q2). Younger children from primary school were more likely to comply with the physical distance rules, but the older age group were not able to stay away from their friends (Q3).

Majority of participants complained that the existing public health measures were not adopted by the community. Many children and adolescents were angry that measures did not apply to all, and people did not respect these measures. They felt that the authorities should strictly enforce measures and introduce dissuading measures such as patrols by the police (Q4). Furthermore, a few participants complained about nighttime and weekend curfews. They stated that they did not understand the rationale behind them (Q5).

Some participants mentioned about the importance of the COVID-19 vaccine. They reported that they were confident and

TABLE 2 Themes, subthemes, and quotations.

Themes and subthemes	Representative quotations
<i>Compliance with public health measures about preventing the spread of COVID-19</i>	
Following everyday preventive actions (washing hands, wearing a mask indoors in public)	Q1. "I usually never open my mask to protect myself from corona. I'm trying to be mindful of my physical distance" (9 years, male) Q2. "I wear my mask of course, but friends outside are approaching you involuntarily, you can't keep your physical distance." (11 years, male) Q3. "We usually wear masks, but when I meet my friends, for example, when eating, we have to take off our masks." (15.5 years, female)
Individual responsibility	Q4. "I go out, no one wears a mask, I see it, I get very angry, I think the police should go around ..." (11 years, female) Q5. "I think that very contradictory decisions were made; There was a curfew at certain hours or on weekends, as if there was no pandemic on weekdays ..." (15 years, female)
Collective responsibility (protect yourself and your community by getting COVID-19 vaccine)	Q6. "I think all teachers should be vaccinated before opening schools. They can't vaccinate us anyway, most of the students are under the age of 18 years. But I would prefer those under the age of 18 to be vaccinated as well, teachers to be vaccinated, and anyone who enters the school to be vaccinated before the schools open." (17 years, female) Q7. "One of the ways of protection is vaccination, but it is not applied to small children like us. I used to have anxiety but now I don't have much since 90% of my family is vaccinated" (11 years, male)
<i>Changes in family routines</i>	
Parents work schedules	Q8. "My parents worked from home, ... I definitely feel like I'm closer to my family, we find more time to do activities, play games, watch movies, I think it has a positive effect." (16 years, male) Q9. "I spent more time with my parents and because I live in the same apartment with my grandparents, I spent time with them, too ... It was good for me." (10 years, female) Q10. "I usually eat my dinner by talking to my friends on the computer." (11 years, female) Q11. "My relationships with my family have not been affected, frankly, I don't leave my room anyway." (15 years, female) Q12. "At the beginning of the pandemic, we took my siblings to my grandparents so that they would not be infected with the coronavirus, and stayed away from them for three months. Since my parents are health workers, it was difficult for me to be alone by myself, sometimes I was afraid at home." (10 years, male)
Eating, physical activity, and sleep	Q13. "... I am bored, I go to the kitchen to have a snack when I can't find anything to do." (15.5 years, female) Q14. "Before the pandemic, I was doing sports three days a week and playing basketball twice a week which I can't do now, and suddenly I got over 70 kg, it affected me very bad" (16 years, male) Q15. "I have continued to do sports at home, but of course, since it is much more difficult to maintain this, after a while, I lost my motivation and did less and less sport." (15 years, male) Q16. "I was able to skateboard in the garden" (13.5 years, female) Q17. "My sleep pattern is very disturbed, I sleep too much or sometimes I sleep too little ... because we are bored at home, we always pick up the phone, and don't understand how the time passes." (12 years, female)
<i>Emotional responses to the pandemic</i>	
Feeling isolated, and lonely	Q18. "I felt bad because we stayed at home, we couldn't see anyone. I could only talk to my loved ones on the phone, this affected us psychologically." (10 years, male) Q19. "I'm so bored, I need some socialization. I suddenly stopped seeing the people I used to see all the time." (14 years, female) Q20. "I dream of studying in-person at school and not wearing a mask." (7 years, female)
Anxiety and fear	Q21. "Our family could also be infected. I was worried for everyone because this is a killing disease, it's not certain that we don't die when we get infected, we can die." (10 years, female)
Anger and frustration	Q22. "I felt like we would never go back to normal" (17 years, male) Q23. "Between four walls, people get bored, involuntarily get angry, take their anger out on someone else, it's a bit sad but it's something that happens" (12 years, female)
Exacerbation of existing emotional concerns	Q24. "... after washing my hands, I wonder if I should wash them again ... I can't go out at all, I'm a little scared to go out because of the coronavirus." (9 years, male) Q25. "Now I say over and over that I am already a very anxious person, but now I am afraid to go out and it has increased my problems." (17 years, female)

TABLE 2 (Continued)

Themes and subthemes	Representative quotations
<i>Distance education experiences</i>	
Positive aspects	<p>Q26. "Most people at school don't pay much attention. They don't follow the rules. I like that online education is safe." (7 years, female)</p> <p>Q27. "The good things are that I can wake up later in the morning, I don't bother getting on the school bus." (11.5 years, male)</p> <p>Q28. "If I don't understand when the teacher writes something in class, I can take a photo of it and go over it in my own time. It was great for me to be able to go at my own pace." (17 years, female)</p> <p>Q29. "... I normally had a focus problem at school. ... I can be distracted, but now, when no one is talking and the cameras are off, ... I can focus better." (17 years, male)</p>
Negative aspects	<p>Q30. "... It's not easy to meet new people just from the boxes on the screens. So, it was a bit depressing, of course." (15 years, male)</p> <p>Q31. "In online education, some people have problems with their internet connection and they cannot attend the lessons" (10 years, male)</p> <p>Q32. "I do not understand anything in online education, because my mother and brother are at home so I get distracted and disconnect from lessons" (10 years, female)</p> <p>Q33. "When one gets disconnected from the lesson, sitting in front of a screen all that time, you get distracted ..." (15 years, female)</p> <p>Q34. "When I was at school, I could ask the teacher any question I wanted, but I was hesitant to ask questions on the screen." (12 years, female)</p> <p>Q35. "In online education, I do not see anyone; all the cameras are turned off, sometimes even the teacher's camera is turned off. I think at least I need to see my teacher, I need to see his facial expression so that I can understand more" (female, 17 years)</p> <p>Q36. "It was bad for those in public schools, because they did not see their teachers and could not ask questions" (11 years, female)</p> <p>Q37. "I can't say that they are good in television classes in public schools, they cannot be successful in exams with what they learned there" (13.5 years, female)</p>
<i>Adaptive responses</i>	
Learned new hobbies, spent free time independently, and involved in household chores	Q38. "Now that the school is online, I can spare more time for myself. I am interested in different hobbies, such as playing the guitar or animating" (17 years, male).
More involved in school activities	Q39. "I was just getting up earlier when school was face to face. Since school is online, I get up at 8.30 now, I go to bed later." (9 years, male)
Socialized with friends online	Q40. "I couldn't meet my friends socially often. I could only do it online." (16 years, male)

willing to be vaccinated. They acknowledged that adults have a collective responsibility to protect them through vaccination, because they cannot protect themselves by getting vaccinated (Q6, Q7).

3.2 | Theme 2. Changes in family routines

There were different experiences among the participants regarding the effect of the changing parent work schedules on family relations. Administrative leave was defined only for public employees with children under the age of 10 within the scope of COVID-19 measures in Turkey and the parents of four participants were health professionals. While approximately 35% of the mothers and 71% of the fathers continued to go to work every day as usual, others worked from home.

Most participants reported that they had the opportunity to spend more time with their families and this made them very happy (Q8, Q9). In contrast, some participants in the older age group spent their time in their rooms chatting with their friends online (Q10, Q11). On the other hand, children of health workers reported spending less time with their families and feeling alone (Q12).

The majority of the participating children reported dramatic changes in their eating patterns at home, such as eating snacks out of boredom (Q13). Many participants who were engaged in regular sports prior to the pandemic reported taking a break from these activities (Q14). Children living in large homes with gardens reported they had more opportunities to be physically active, in contrast to children living in lower socioeconomic neighborhoods who had to perform physical activity indoor, and lost their motivation eventually (Q15, Q16). The majority of adolescents stated that they could not maintain their regular sleep patterns, went to bed much later, woke up later, and slept for a shorter period of time when compared to the pre-pandemic period (Q17).

3.3 | Theme 3. Emotional responses to the pandemic

All of the participants expressed their feelings of loneliness due to separation from loved ones and lack of physical interactions with friends (Q18). Almost all participants said they missed the school and

their friends (Q19, Q20). Participants reported fear and anxiety of being infected and losing their loved ones (Q21). As the pandemic wore on, participants acknowledged a level of despair associated with the extended impact of the pandemic. The participants expressed frustration out of boredom and feared it would never end (Q22, Q23). They admitted to engaging in behaviors that at times felt obsessive (Q24). The pandemic exacerbated already existing psychological problems (Q24, Q25).

3.4 | Theme 4. Distance education experiences

Most of the participants found online learning safe, convenient, and comfortable. Saving time by avoiding long school commutes was reported as an advantage (Q26, Q27). Some adolescents found online education as a self-paced flexible learning platform, where they can concentrate more (Q26–Q29).

Although digital platforms are central to the lives of young people, participants found it difficult to make new friends online and expressed their concerns for the lack of social relations (Q30). School closures and distance education disproportionately affected families with limited technology, internet access, and overcrowded households (Q31–Q33). For some of the students, having classes online made it hard to concentrate, and get easily distracted (Q32). Some of our participants complained that the cameras were off including the teacher's, and this made it hard for them to concentrate (Q35). The majority of private school students reported that public school students would not learn enough and fell behind academically (Q36, Q37).

3.5 | Theme 5. Adaptive responses

The lockdown periods created opportunities for children, adolescents in particular, to spend time independently, involved in household chores and the acquisition of new hobbies (Q38). Primary school children had less change in their daily routines and were more involved in online school activities (Q39). Participants who were middle and high school students developed and maintained friendships online throughout the pandemic (Q40).

4 | DISCUSSION

Children's voices were absent from the discourse on public health management throughout the pandemic. Policy makers, public health officials, educators, and parents made many decisions on behalf of the children. Our findings offer additional insights into the negative and positive effects of COVID-19 from the child perspective across private and public educational systems.

In the FGDs, we realized that the children enjoyed participating in a platform where they could express themselves, address their concerns, and be praised for their efforts to cope with social isolation.

The group design helped children to hear similar concerns from their peers, which made them realize that they were not alone in facing challenges. Through FGDs, children were able to engage in valuable discussions, helping and acknowledging each other's different perspectives. Learning about their peers coping strategies could encourage them to try different strategies for their own challenges.

In line with the previous studies, we observed that children and adolescents were well informed on public health measures about preventing the spread of the virus, and as expected, the school age group more strictly adhered to the rules (Ferdous et al., 2020; Koller et al., 2010; Xue et al., 2021). They did not criticize the measures taken, but rather were concerned regarding the lack of compliance by adults to these rules and felt that the authorities should enforce the measures (Koller et al., 2022). Similar to the results of a recent study from India, the adolescent group was less likely to comply with the physical distance rule in social gatherings with their peers (Napier-Raman et al., 2021). Research supports these trends, showing high and low compliance of children with the COVID-19 infection control rules (Malik & Marwaha, 2021; Saurabh & Ranjan, 2020).

However, our study found some children acknowledged that adults have a collective responsibility to protect them through vaccination, because they cannot protect themselves by getting vaccinated. Our findings reveal that children exhibited a sense of the collective good (Koller et al., 2022; Van Bavel et al., 2020).

The pandemic highlighted new challenges for health workers particularly for those who had young children. Children of health workers could spend less time with their families and had to face the pandemic alone at a young age. They were at greater risk for stress and trauma due to the fear that their parents may be infected or even die from COVID-19 (Skokauskas et al., 2022). A case control study from Turkey reported that children of health workers' anxiety scores were higher compared to children of non-health worker parents (Almis et al., 2022). Special arrangements for health workers regarding childcare and supporting children of healthcare workers should be considered as the vulnerability of these children was particularly salient.

Almost every child reported heightened anxiety, fear, frustration, and exacerbation of existing psychological issues linked to the pandemic and stay at home measures. Similar to previous studies, we learned that adolescent participants started to experience psychological effects such as depression, and anxiety as the lockdowns persisted throughout the pandemic (Alvis et al., 2022; Amran & Jamaludin, 2021). Moreover, the interruption of education, physical activities, and socialization opportunities due to the confinement of children and adolescents were reported to create uncertainty and anxiety for them (Singh et al., 2020).

Although the EBA platform was accessible to students free of charge and has been updated into an interactive platform, some technical challenges persisted. It is particularly notable that the majority of students from the private schools believed that students from public schools would not succeed academically through EBA. Despite all students from public schools having the necessary technical equipment and the opportunity to participate in online interactive lessons, they cited technical problems on the platform, complained of lack of

privacy and personal space due to overcrowded households and expressed concerns about academic proficiency (Goudeau et al., 2021). Despite the necessary conditions for educational access, there was a perceived disparity between students from public and private schools regarding academic self-competence. Learning concerns experienced by students from public schools should be addressed to increase equity in learning (Wagner et al., 2018). Enrolling students from private and public schools provided us the opportunity to highlight the different experiences of both sets of students and contribute to the lack of existing research in this area. Furthermore, previous research on children's voices predominantly focused on older children and students in general (Scott et al., 2021).

Despite much research describing the negative aspects of the pandemic, our study contributed to the literature by illuminating positive aspects of the pandemic as well. Taking up new artistic hobbies such as painting, music, and dance can help manage mental health and well-being (Koller et al., 2022; Singh et al., 2020). As such, adolescents were more inclined to take up new hobbies like kickboxing, playing guitar, painting, coding, and cooking, as coping strategies. Having solitary time and involvement in household chores were also considered positive adaptive responses. Positive interactions with family members and increased quality of time with the family were reported in line with the studies from Canada and Italy (Gadermann et al., 2021; Mantovani et al., 2021). Similarly, our findings suggest higher family connectedness during the pandemic particularly in young children whereas reduced interactions emerging gradually over time were reported by older children.

4.1 | Limitations of the study

For the crafting of policies, different types of evidence are needed to inform decision-making in defining the problem, evaluating potential policy and program options, and identifying implementation considerations. Our goal was not to impart large generalizations but rather to capture the unique experiences of the Turkish youth during a pandemic across two educational systems. We believe our qualitative research captured a range of the students' experiences and these results can serve as a starting point in the development of policies that support children's rights, particularly those pertaining to education. However, this was a particular group of student experiences and may not reflect the larger population. Furthermore, it may be difficult to evaluate the differences between private and public schools because of disparate school characteristics, resources, and student admission criteria. Additional research that delineates these variables could elicit greater insight.

Focus groups as a method used in this study does not guarantee full confidentiality for participants. As researchers, concerns regarding the sharing of information in a group were discussed. Efforts were made to highlight areas that may expose participants—such as issues involving domestic violence, economic disadvantages, and other personal concerns. Because we could only invite participants who had

the ability to participate in online discussions, our sample does not reflect the views of those who may be marginalized or socioeconomically disadvantaged.

5 | CONCLUSION

The majority of the children suffered from the direct and indirect effects of school closures during the pandemic. Therefore, implementing strategies to reduce infections in schools, such as smaller class sizes, physical distancing, and the promotion of hygiene and sanitation, without closing schools, as evidenced by studies supporting that school closures do not reduce the incidence of COVID-19 would be more beneficial (Brandal et al., 2021; Dawson et al., 2021; Juutinen et al., 2021). As social pediatricians and advocates of children's rights, we must draw on children's voices to influence public health policies and practices that reflect children's perspectives and needs. By acknowledging that children and young people have a voice in aspects that directly affect their lives, our study contributes to global advocacy efforts aimed at understanding the impact of the pandemic on our young citizens.

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CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

ETHICS STATEMENT

The study was approved by the Marmara University ethical committee and was conducted in compliance with the Declaration of Helsinki (approval number 2021/1-1283).

PATIENT CONSENT STATEMENT

Informed written assent and consent were obtained from participants and their legal guardians, respectively.

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