

# Physical Distancing Caused by COVID-19: Psychological Effects on Cuban Children and Adolescents

**Aurora García Morey, PhD.**  
Professor at the University of Havana.  
Faculty of Psychology.

**Roxanne Castellanos Cabrera, PhD.**  
Professor at the University of Havana.  
Faculty of Psychology.

**Jagger Alvarez Cruz, MS.**  
Lecturer at Latin American Faculty of Social  
Sciences - Cuba. University of Havana

**Daidy Pérez Quintana, BA.**  
Lecturer at the University of Havana.  
Faculty of Psychology.

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# INTRODUCTION

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Physical distancing caused by COVID-19 has had a significant impact on daily life throughout the world. In this sense, Cuba is no exception. Children are a vulnerable population due to the characteristics of their subjective development. The United Nations International Children's Fund (UNICEF, 2020a) has warned that children and families across the globe will suffer the consequences of the economic destruction caused by the pandemic. UNICEF Executive Director Henrietta Fore has said this situation is generating a world economic crisis and in order to protect childhood during the COVID-19 crisis, international collaboration would be essential, since 99% of children and young people under 18 are currently living with movement restrictions (UNICEF, 2020a). Cuba has joined the call by the United Nations Secretary General to ensure and prioritize education, health and safety for all children and adolescents during this pandemic (UNICEF, 2020b), and expresses concern about the consequences this situation has and will have for the well-being of the youngest ones.

Children are particularly sensitive to changes in their routines and habits of life, to which they often react with emotional and behavioural imbalances. According to the Alliance for Child Protection in Humanitarian Action (2020), some quarantine measures have disrupted children's routine and social support, and this can be a stress factor for the primary caregivers of younger children, who have been forced to find new child care options. The long stay-at-home period has represented a significant challenge for Cuban families that have had to alternate between the difficulties to

ensure the necessary inputs for life and maintain family functioning in adverse conditions, requiring completely new ways of organisation and action.

Everyone, to a lesser or greater extent, has suffered psychological consequences related to the danger to life posed by this disease. This is on top of the time people have been physically distancing and with certain mandatory restrictions. Spain's Aldeas Infantiles SOS (2020) argues that the negative effects of quarantine could be significantly higher, if this one lasts more than ten days. Parents have had to lead their children's lives, regardless of their own state of mental health. At the national level and in each region of Cuba, several psychological counselling and support services for the population have been set up. For example, three telephone lines at the COAP<sup>1</sup> and psychological support groups (psycho-groups) that operate via social network WhatsApp have been created (Ferrer, 2020); in addition, a national psychological help line has been made available to guide people when dialling 103 (Prensa Latina, 2020). Many provincial radio stations and telephone lines have also provided psychological support to different sectors of the population. However, this does not cover all the demand in terms of quantity or specificity and quality of the services that may be required.

As Fore warns (UNICEF, 2020a), schools have closed in at least 120 countries, and more than half the world's students have walked away from classrooms, limiting access to learning. In the case of Cuba, the education

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<sup>1</sup> Centre for Psychological Guidance and Care of the University of Havana's School of Psychology.

system has moved to the house, through tele classes. This has resulted in a significant overload for the family, particularly for mothers who, for the most part, have been the ones in charge of this process. Many of them have alternated all domestic chores and, in many cases, their work activity, in the form of teleworking. In addition, there are those who have continued in their usual jobs outside the home, having to support the children's study at other times. The figure of the teacher as someone who motivates, supervises and evaluates the educational process, has been absent in this form of instruction. Different variables specific to each family, (those that normally fall under the school's control, which applies the same standard for all students), have been influencing the process of home instruction.

Cuban families with children, regardless of any kind of conditions, have received the social mission of protecting and providing them with all the structural support of life, in terms of schedules, routines and activities according to the psychological ages; all this without having essential socializing agents such as day-care centres and schools. Caring for children in an adequate way during the lockdown at home implies helping them to understand and process the situation, accompanying and containing the psychological impact of this adversity, knowing how to respond to the developmental needs of each child and adolescent, as well as to their individual ways of expressing themselves and maintaining a family environment that favours psychological well-being.

# METHODOLOGY

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Last 26 March, following a voluntary initiative by a group of professionals from the Cuban Society of Psychology, (many of whom are professors at the University of Havana's School of Psychology), psychological support groups began to operate in order to help different population groups cope with COVID-19.

Our study population is made up of approximately 1 000 families,<sup>1</sup> that benefitted from the 4 WhatsApp groups aimed at families with Cuban children and adolescents. This platform was used to launch a call for voluntary participation in a survey (see Appendix 1). The order explicitly stated that the analysis of the child

should be limited to the time of physical distancing at home and not to manifestations before this period. This instrument has allowed to have access to the data shown, with a descriptive scope, in this research report. Frequencies, averages and significant differences among variables were used, through the SPSS statistical package, version 20.0.0.

The qualitative description of data was carried out through the analysis of the content generated in the group sessions.

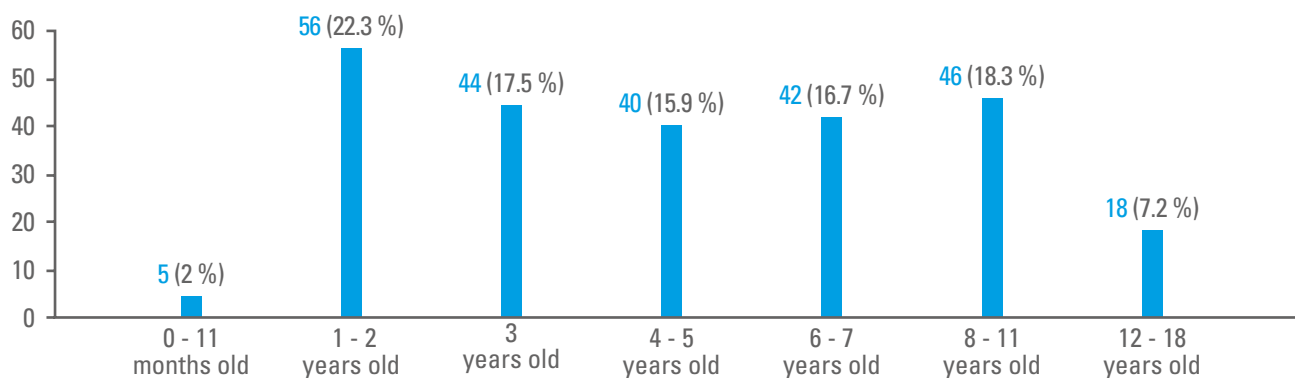
This random sampling resulted in 251 children and adolescents distributed in the following way:

### Regarding age

The age distribution can be seen in Figure 1.

As can be seen, the age groups at each end of the range, i.e. infants and 12 to 18-year-olds, are the least

<sup>1</sup> The data comes from the numerical membership of the four WhatsApp chats which were accessed directly with a group invite link. Therefore, it is not possible to specify whether all members were actual parents. That is why it is handled as an approximate figure.



**Figure 1.** Distribution by age groups (frequency and percentage).

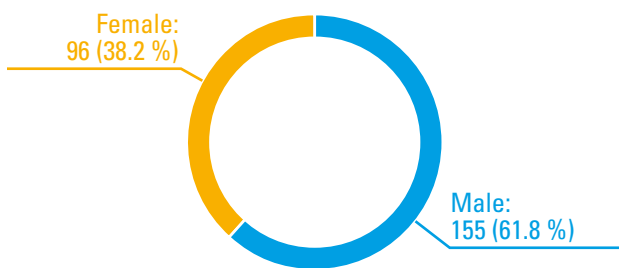
**Source:** Created by the authors

represented in the sample, with 5 and 7.2% respectively. Most mothers of babies joined the support groups with an interest related to a second and/or third child, of other age groups included in range. The authors can hypothesize that, for these ages at each end of the spectrum (infants and teenagers), the family felt less need for professional help.

The most represented age group, although not significantly, is the 1 – 2 years old, with 22.3%. The other age groups have similar representations.

### Regarding sex

Figure 2 shows the distribution of children and adolescents studied by sex.



**Figure 2.** Sample by sex (frequency and percentage).

**Source:** Created by the authors.

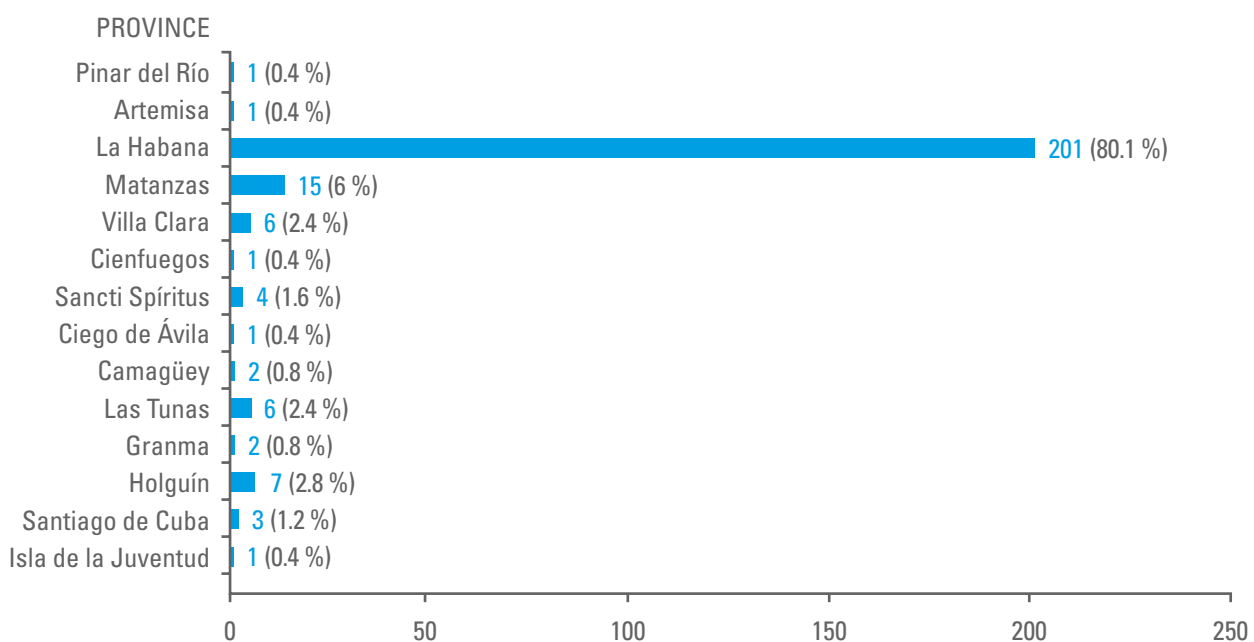
About 61.8% of the sample are boys, while only 38.2 % are girls. According to the Atlas of Childhood and Adolescence in Cuba (Iñiguez, Figueroa, & Rojas, 2017), the population aged 0 to 17 years in the country is distribu-

ted fairly evenly with 51.4% males and 48.5 % females. The National Statistics and Information Office (ONEI) reports very similar data (ONEI, 2020). Therefore, the composition of the sample with respect to sex shows greater psychological vulnerability among males and/or that raising male children is more difficult for the family, which is why parents of boys sought professional support more than those of girls. Fariñas et al. (2017) conducted a study in which they agree there is a difference between both sexes, with boys showing mental disorders more frequently than girls.

The predominance of boys over girls is more evident in the age group 1-2 years (the most represented in the sample), while the distribution by sex is more even between the ages of 6 and 7.

### Regarding the province of residence

As can be seen in Figure 3, Havana is the most notoriously represented province, since it is where 80.1% of the sample's participants reside. This must be due to the fact that most of the promotion of the WhatsApp groups was carried out via social networks by psychologists, who would act as group coordinators, and most of them are based in the capital. Another factors that may have caused a high number of members in Havana, are population density, mobility and an early increase in the numbers and active cases of COVID-19,



**Gráfico 3.** Cases by province (frequency and percentage).

**Fuente:** Elaboración de los autores.



which may have led to more risk perception among many families in the capital.

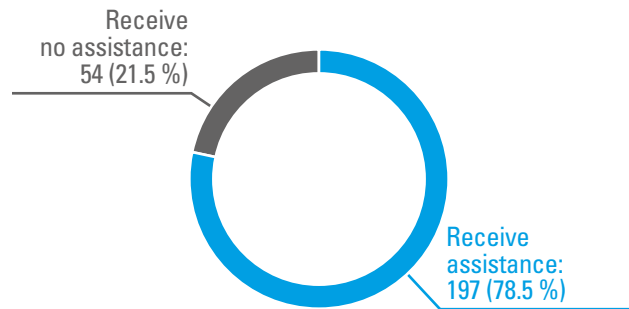
The rest of the island has very limited representation, reaching 19.9% in total.

This is relevant because the results included in this report will mostly reflect the province with the best socio-economic conditions, therefore the psychological effects of physical distancing caused by COVID-19 will be nuanced. According to Viguier and Serra (2008), there are important differences in terms of the total quality of the family environment according to different socio-economic levels.

The most represented municipalities in Havana are Plaza de la Revolución with 17.7 % and 10 October, with 15.7%. This representation is above that of individuals aged 0 to 19 years in these municipalities, where they represent 5.47 and 7%, respectively. (ONEI, 2017).

### Regarding support networks

As Figure 4 shows, based on the sample used in this research, 197 mothers reported having at least one person helping them to look after their children, accounting for 78.5 % of the total. On the other hand, 54 mothers, which represent 21.5% of the total, said had no one to help them.



**Figure 4.** Support network (frequency and percentage).

**Source:** Created by the authors.

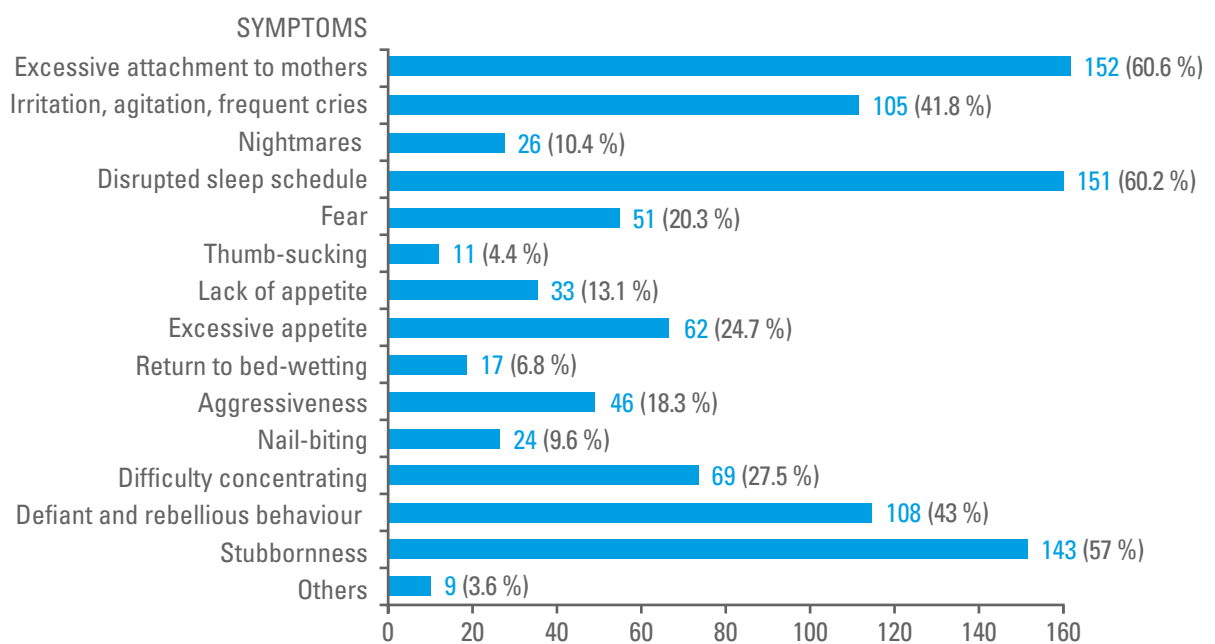
# RESULTS

## Presence of psychological distress symptoms in children and adolescents

Figure 5 shows the prevalence of symptoms exhibited by children and adolescents in a situation of physical distance.

Below there is a list of symptoms reported by the sample, shown in order from the highest to the lowest frequency.

1. Excessive attachment to mother 60.6%
2. Disrupted sleep schedule 60.2%
3. Stubbornness 57%
4. Defiant and rebellious behaviour 43%
5. Irritation, agitation, frequent cries 41.8%
6. Difficulty concentrating 27.5%
7. Excessive appetite 24.7%
8. Fear 20.3%
9. Aggressiveness 18.3%
10. Lack of appetite 13.1%
11. Nightmares 10.4%
12. Nail-biting 9.6%
13. Loss of bladder control 6.8%
14. Thumb-sucking 4.4%
15. Others 3.6%



**Figure 5.** Exhibited symptoms (frequency and percentage).  
**Source:** Created by the authors.

Excessive attachment to mothers is the most frequent symptom of psychological distress among the children studied, reaching 60.6% of the sample. During times of stress and crisis, it is common for children to grow more attached to and demanding on their parents (Infomed. Cuban Health Network, 2020). Since adults are the safeguards of child protection and safety, it is understandable that in situations that affect them emotionally, children seek physical and psychological contact with their primary caregivers. Physical distancing at home meant a total breakdown in children's organization of life, routines and habits. In addition, mothers stated they have been so concerned about the danger posed by COVID-19 and engaged for so long in maintaining hygiene and doing household chores that devoted less time to children themselves.

Alterations of sleep schedules were reported by 60.2 % of the sample. This was expressed in different ways: no napping, going to bed later in the evenings, less hours of sleep, waking up several times during the night in an unusual way, among others. Lack of energy expenditure due to confinement at home may be one of the causes that has conspired against sleep. Children's states of anxiety, agitation and irritability may also be influencing this. In addition, it is possible that part of the families may not have structured a stable and rigorous control of schedules in general, especially sleep-related ones.

Stubbornness was reported in 57% of the children studied, while 43% showed rebellious and defiant behaviour. On the other hand, 41.8% expressed their

discomfort through irritation, agitation and frequent crying.

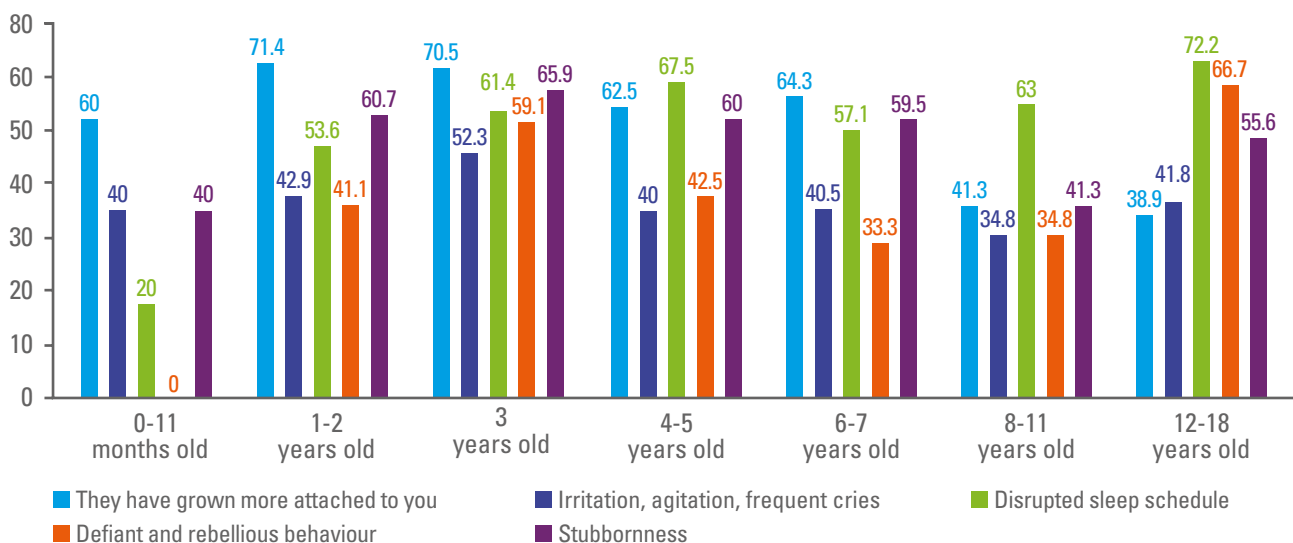
The other symptoms were exhibited by less than 30% of the sample.

Figure 6 shows the five most frequent symptoms according to age groups.

Regarding the age groups included in the research, the five symptoms with the highest prevalence show interesting behaviours:

- ◆ Excessive attachment to mother: It features significant differences in terms of age,<sup>1</sup> behaving above the overall percentage of the sample in children aged one to two years eleven months, three to three years eleven months, six to seven years eleven months and four to five years eleven months, in the above order. This symptom is exhibited in a smaller percentages among children from the age of eight onwards. The high incidence of over-attachment in children aged six to seven years eleven months is interesting. This may be due to the distress experienced by many children in connection with home study, something that could have worked better in older schoolchildren.
- ◆ Disrupted sleep schedules: It behaves above the overall percentage of the sample in children aged 12 years and more, four to five years eleven months, eight to eleven years eleven months, three to three years eleven months, in the above order. In the

<sup>1</sup> Kruskal Wallis test (sig=0.017)



**Figure 6.** Symptoms and age groups (percentage).  
**Source:** Created by the authors.

case of those over 12 years of age (adolescents), it is to assume that being at home has made it easier for them to sleep late at night and get up later in the morning, which is typical in that age period. In this evolutionary period, the sleep-wake cycle changes due to the brain growing and maturing process they are undergoing. For this reason, sleeping and waking up times are delayed (Yáñez, 2019). In the case of the other age groups, it can be explained by the various causes already mentioned.

- ◆ **Stubbornness:** It is shown well above the overall percentage of the sample in children aged three to three years eleven months. It must be an accentuation of the behaviours typical of the crisis in the first three years of life. The percentage is also higher in the one to two years eleven months age group, followed by the four to five year eleven months and six to seven years eleven months.
- ◆ **Rebellious and challenging behaviour:** It features significant differences according to age groups,<sup>2</sup> with more incidence well above the overall percentage of the sample precisely in those over 12 years of age, in full accordance with the characteristics of the crisis of adolescence. It is also more exhibited by children aged three to three years eleven months, also in line with the third-year crisis. Long-term cohabitation in the home must create upbringing situations and practices which accentuate these evolutionary traits.

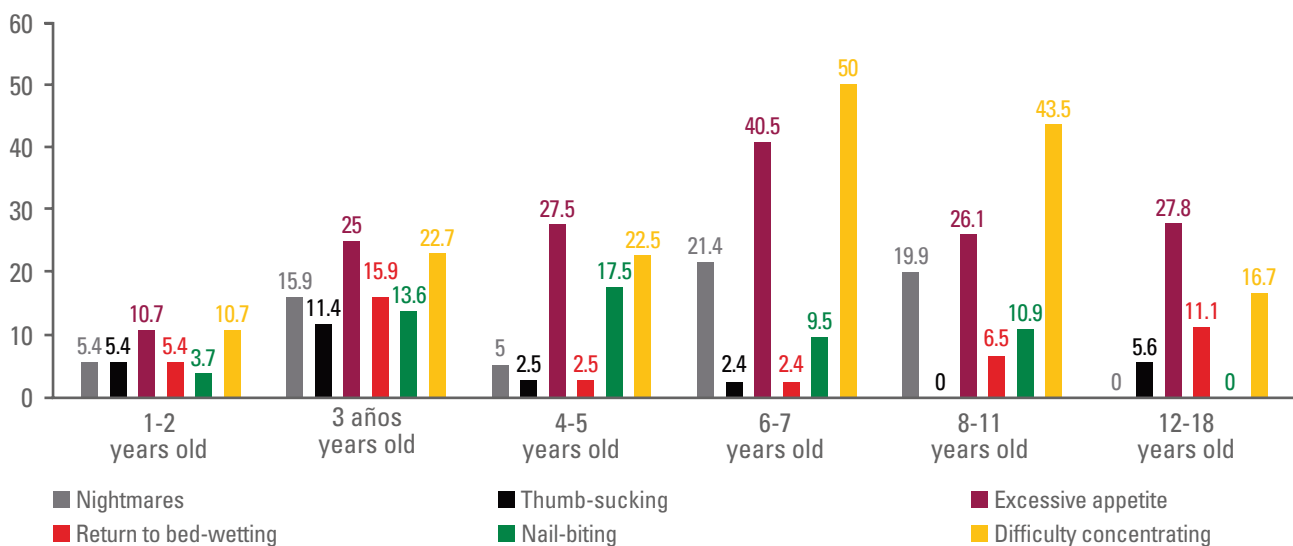
- ◆ **Irritation, agitation and frequent crying:** This is shown well above the global average of behaviour in the sample in children aged three to three years eleven months. This must be linked to states of frustration as a result of adults' improper handling of the characteristics of the development crises, marked by excessive time in isolation inside the house.

Regarding the symptoms exhibited by less than 30% of the sample, it is striking to see which age groups report a marked increase in frequency of occurrence in relation to the rest of the sample, which is shown in Figure 7.

- ◆ **Difficulty concentrating:** Its distribution shows significant differences according to age,<sup>3</sup> it almost doubles the overall percentage in the sample among children aged six to seven years eleven months and it is equally high in infants aged eight to eleven years eleven months. This must be in correspondence with the difficulties encountered with home study activity.
- ◆ **Excessive appetite:** It has much higher presence in children aged six to seven years eleven months. It may be related to anxiety generated by the study activity.
- ◆ **Nightmares:** It is present in children aged six to seven years eleven months at twice the average rate, followed very closely by children aged eight

<sup>2</sup> Kruskal Wallis test (sig=0.017)

<sup>3</sup> Kruskal Wallis test (sig=0.00)



**Figure 7.** Symptoms and age groups (percentage).  
**Source:** Created by the authors.

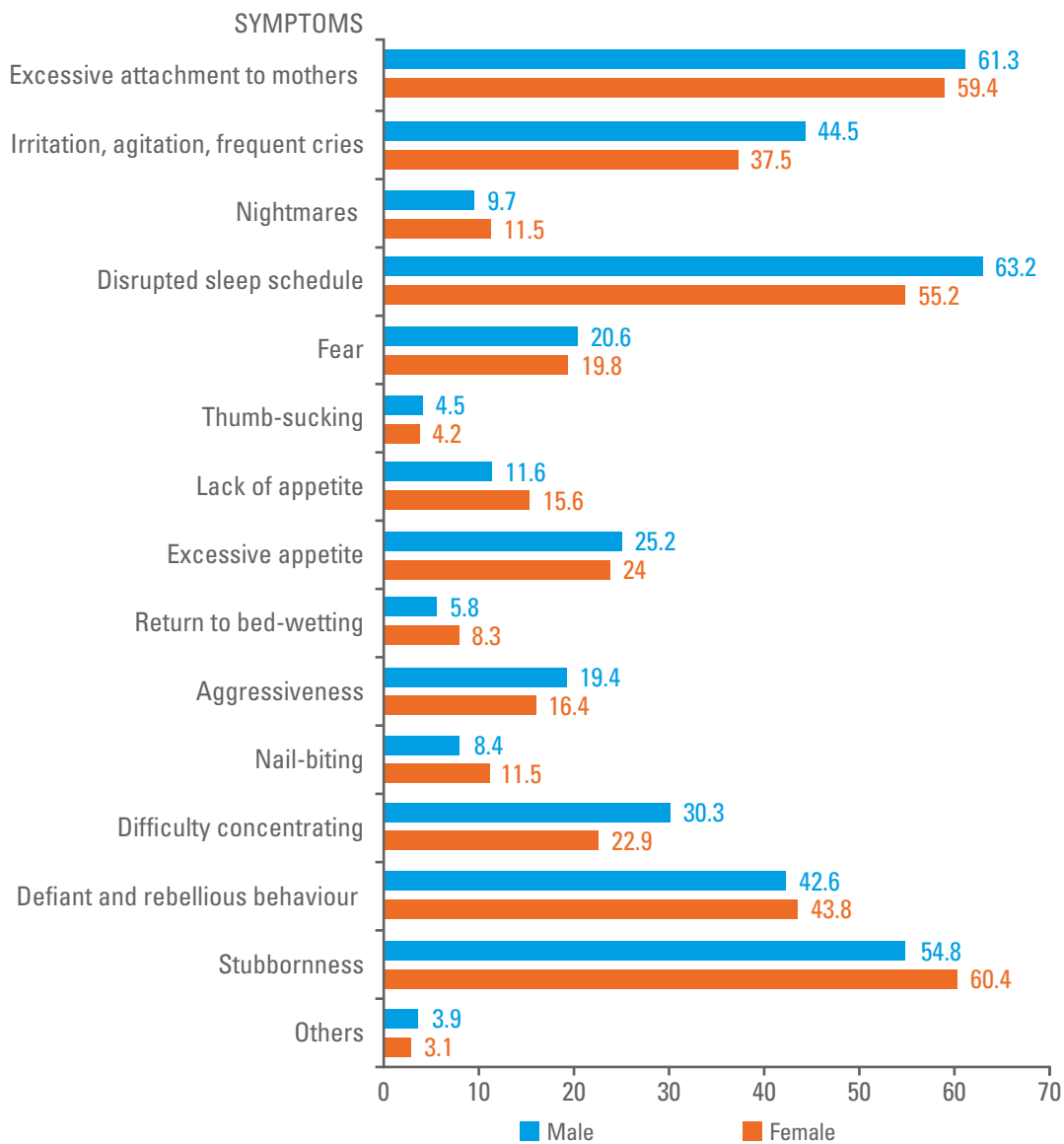
to eleven year eleven months. It may be related to the stress incorporated in these ages due to the study activity at home.

- ◆ Nail-biting: Although it does not appear very frequently in the sample, this symptom doubles the global average in children aged four to five years eleven months. Nail-biting is considered a mechanism to reduce anxiety in situations of stress, fatigue or boredom. (Martínez Flores , 2016).
- ◆ Loss of bladder control: Although it is not often reported in the sample, it increases to twice the average percentage in children aged three to three eleven months and almost twice too in children over twelve years old. These ages correspond to

stages of developmental crisis. In both, and especially significant in the case of adolescents, they may be children severely affected due to improper management by adults.

- ◆ Thumb-sucking: Although it is the least frequent symptom in the sample, it is exhibited twice the average in children aged three to three years eleven months. According to a study carried out by Pavón, Puig, Cuan and Labrada (2002), thumb-sucking is associated with insecurity, anxiety, lack of affection, dependence or boredom.

Figure 8 shows the distribution of symptoms experienced, by sex.



**Figure 8.** Symptoms by sex (percentage).  
**Source:** Created by the authors.

## RESULTS

When analysing the 15 symptoms of psychological distress by sex, the following symptoms have slightly higher incidence in boys:

- ◆ Excessive attachment to mothers
- ◆ Disrupted sleep schedule
- ◆ Irritation, agitation, frequent cries
- ◆ Difficulty concentrating
- ◆ Excessive appetite
- ◆ Fear
- ◆ Thumb-sucking
- ◆ Others

On the other hand, girls show slightly higher percentages in:

- ◆ Defiant and rebellious behaviour
- ◆ Nightmares

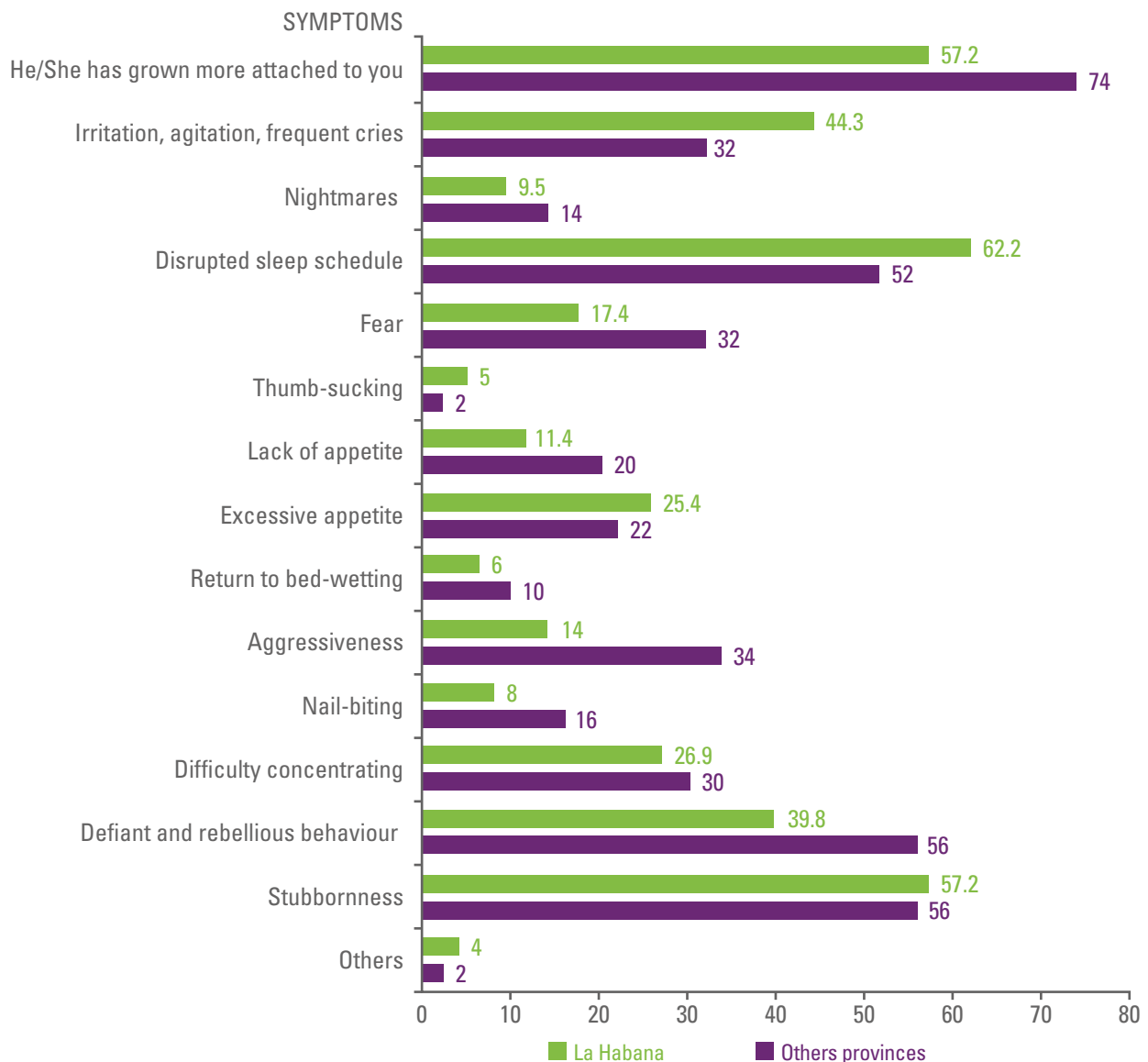
- ◆ Stubbornness
- ◆ Lack of appetite
- ◆ Nightmares
- ◆ Nail-biting
- ◆ Loss of bladder control

Figure 9 shows a comparison between the prevalence of symptoms in children and adolescents from Havana and other provinces.

In 19.9% of the sample, which represent all provinces in the country except Havana, there is an increase in the prevalence of the following symptoms in comparison with the capital:

- ◆ Excessive attachment to mothers<sup>4</sup>

<sup>4</sup> Mann-Whitney test (sig=0.021)



**Gráfico 9.** Comparison between Havana and other provinces (percentage).

**Source:** Created by the authors.

- ◆ Fear<sup>5</sup>
- ◆ Lack of appetite
- ◆ Aggressiveness<sup>6</sup>
- ◆ Defiant and rebellious behaviour<sup>7</sup>

Except for the lack of appetite, they all show statistically significant differences compared to how they behave in the capital.

On the other hand, Havana reported higher frequency in:

- ◆ Disrupted sleep schedule
- ◆ Irritation, agitation, frequent cries

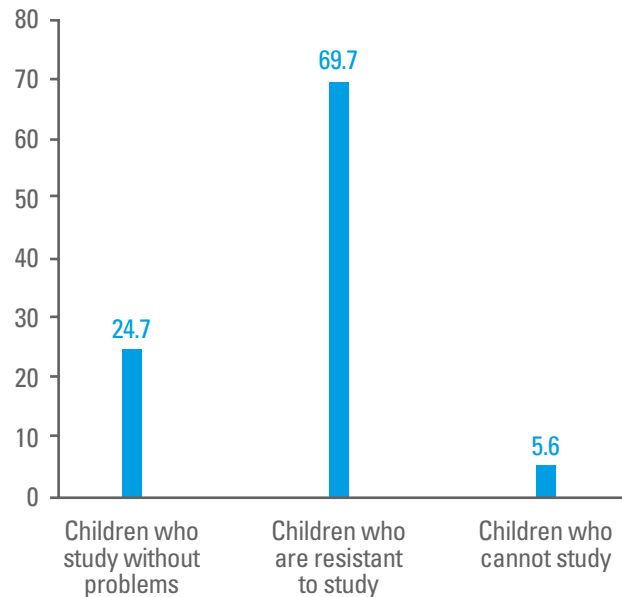
When analysing the behaviour of psychological distress symptoms, taking into account whether mothers had support networks or not, the frequency of symptoms tend to slightly decrease when mothers had people to help her with the children. However, this is not the case with the most frequent symptom in the sample, which is excessive attachment. It is hypothesized that some mothers devoted more time to house chores and teleworking, leaving the children under other relatives' care, which accentuated children's more demanding behaviour.

## Home Study

Studying was addressed independently by the survey, taking into account that its implementation at home through tele classes is a totally new and complex situation. In the sample, 109 of children were old enough to receive tele classes-assisted instruction, representing 43.4% of the total studied. Figure 10 shows the behaviour of the attitude towards studying by the children and adolescents in the sample.

About 69.7% of children who had to study at home were resistant to do so, while 24.7% did not present difficulties in this regard and 5.6% were completely unable to study because of their negative behaviour.

In an analysis of what happened in these three categories regarding the age groups of schoolchildren, the authors found behaviours that differ sig-



**Figure 10.** Relation to study (percentage).

**Source:** Created by the authors.

nificantly from the statistical<sup>8</sup> point of view and are described below:

- ◆ 77.8% of children aged six to seven years eleven months and 75% of those aged five to five years eleven months, were reluctant to study, which is above the general percentage of this behaviour in the sample.
- ◆ 34% of the eight-year-olds are above the overall percentage of the sample in terms of carrying out the study activity without difficulty.
- ◆ Although the frequency is very low, adolescents show twice the percentage of the sample in terms of refusal to study. (17.6%)
- ◆ Difficulties with the study activity have been of different nature and have generally been a combinations of problems:
  - ◆ Organisational and methodological aspects: inadequate schedules (e.g. starting to study in the late afternoon), long study times (more time than suitable for the child), overloaded content dosage (more exercises than appropriate for a day)
  - ◆ Motivational: different causes related to motivation generated difficulties to study. For example, children's motivation before the confinement was not intrinsic to the learning

<sup>5</sup> Mann-Whitney test (sig=0.021)

<sup>6</sup> Mann-Whitney test (sig=0.002)

<sup>7</sup> Mann-Whitney test (sig=0.028)

<sup>8</sup> Prueba de Kruskal Wallis (sig=0.00)



activity. Another possibility is that children may be interested in learning, but the method of the tele class and subsequent study with a designated relative is not motivating enough. In addition, the person in charge of leading the study activity is usually unable to apply motivating incentives, which are always necessary when teaching children.

- ◆ Parenting dynamics: Some specific parenting styles, combined with children's individual traits, brought about by that same dynamic, have had a negative impact on studying. For example, parents who put to their children's consideration decisions and negotiations that do not correspond to the child's psychological capacity. Likewise, there is a lack of coherence, consistency and strength in the way of raising their children and, in particular, leading the study activity.

Children in early grades normally require certain conditions for an adequate adaptation to school and, in particular, for the learning process. Teachers are the ones responsible to play the roles and functions inherent to pedagogical instruction. The classroom is an ideal scenario for it, and many of its aspects cannot be reproduced at home. A community of peers poses, in a natural way, certain behavioural demands to the child and eliminates, in a more or less conscious way, their intention of drawing attention to themselves. These aspects of institutionalized learning have been absent and permeating the learning process at home. All this has a particular effects on children in early ages. On the other hand, in the case of adolescents, due to the characteristic of their psychological age, families must have an appropriate way of communication, and when this one fails, it may generate rebellious and negative responses from them. This affected studying in particular among an important number of adolescents in the sample.

### Most negative parenting aspects during social distancing

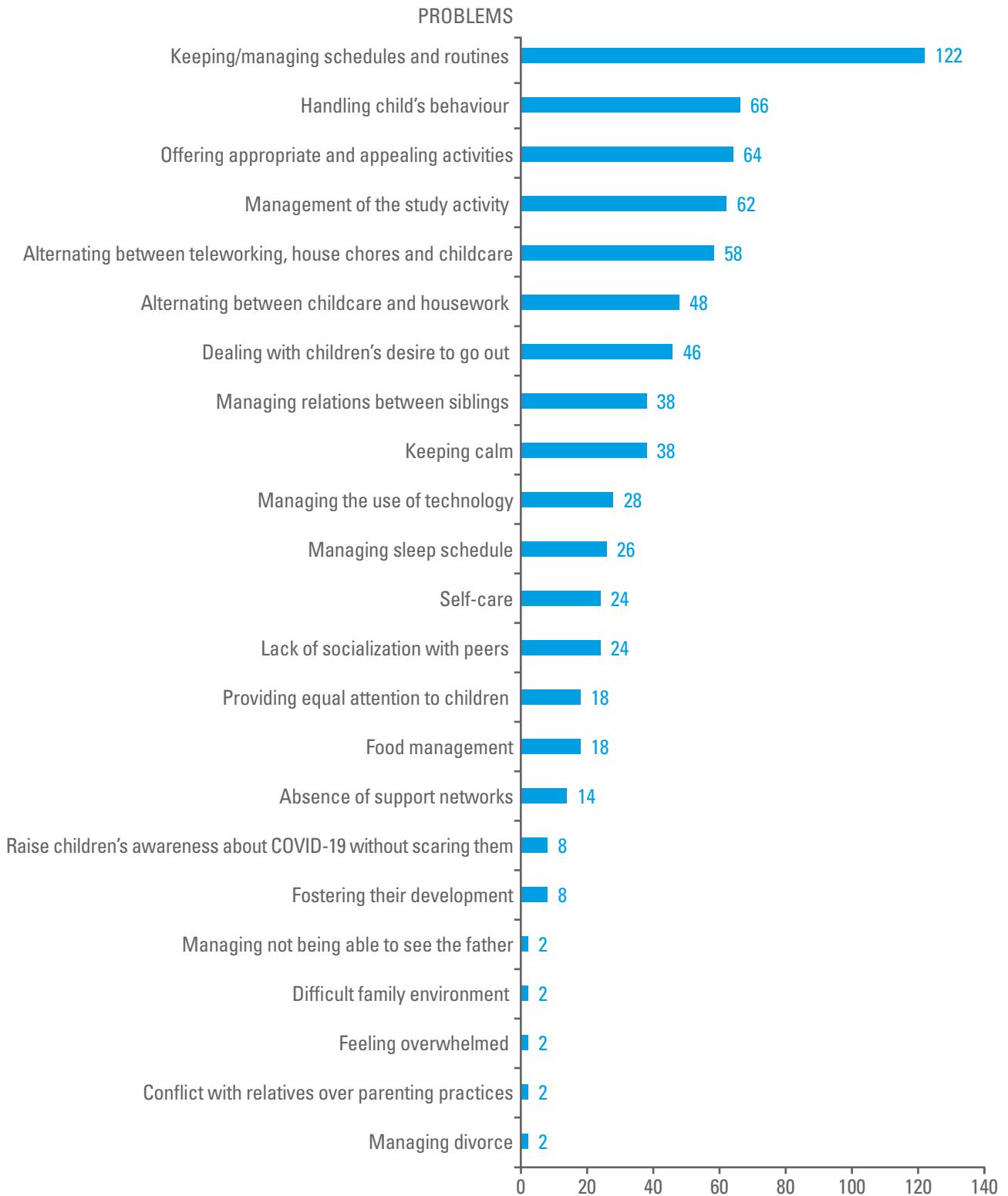
Figure 11 shows the answers given when asked what the family considered to be the most difficult part of raising children during quarantine.

The information included in this section coincides with the symptoms and behaviours of the children and adolescents analysed in this study. The most frequent responses were:

- ◆ Managing schedules and routines: This has to do with transferring the organization of life in normal times to the physical space of the household and under the own psychological environment of the family dynamics. This entails the study of schoolchildren and the learning activities of infants and pre-schoolers, sleep, nutrition, playtime, among others. When the family has more than one child, reconciling all this turns more difficult, as well as responding to the needs of each evolutionary period and the individual characteristics of each child.
- ◆ Managing the children's behaviour: This is related to the previously mentioned attitudes of stubbornness, rebelliousness and defiance in children. This has been a frequent expression of the alteration social distancing has generated in children's lives and the way it has been handled by adults. In general, there are two tendencies: an overbearing style that does not take into consideration the child's needs or a permissive, weak style in the balanced adjustment of children's rights and responsibilities.
- ◆ Offering appropriate and appealing activities: It was very challenging for families to fill the time and permanently provide different activities at home that were interesting enough for children and promoted the different aspects of child development.
- ◆ Managing study: For parents, this new role along with the sense of responsibility for the results achieved in this period of instruction at home have generated tension. They have taken up the role of teachers, organizing study time, the dosage of content, clarifying doubts, supervising and evaluating learning, all that without being properly prepared to do so.
- ◆ Alternate between childcare and housework: Mothers have been the most overburdened in this sense, managing at once different house chores and full time child care. This has caused psychological distress in many of them.

Less frequently, the families included in the study also reported difficulties dealing with children’s desires to go out, managing relations between siblings, main-

taining a good emotional state and supervising time limits on electronic devices (tablets, computers, etc.) among others.



**Figure 11.** Main problems during isolation (frequency).

**Source:** Created by the authors.

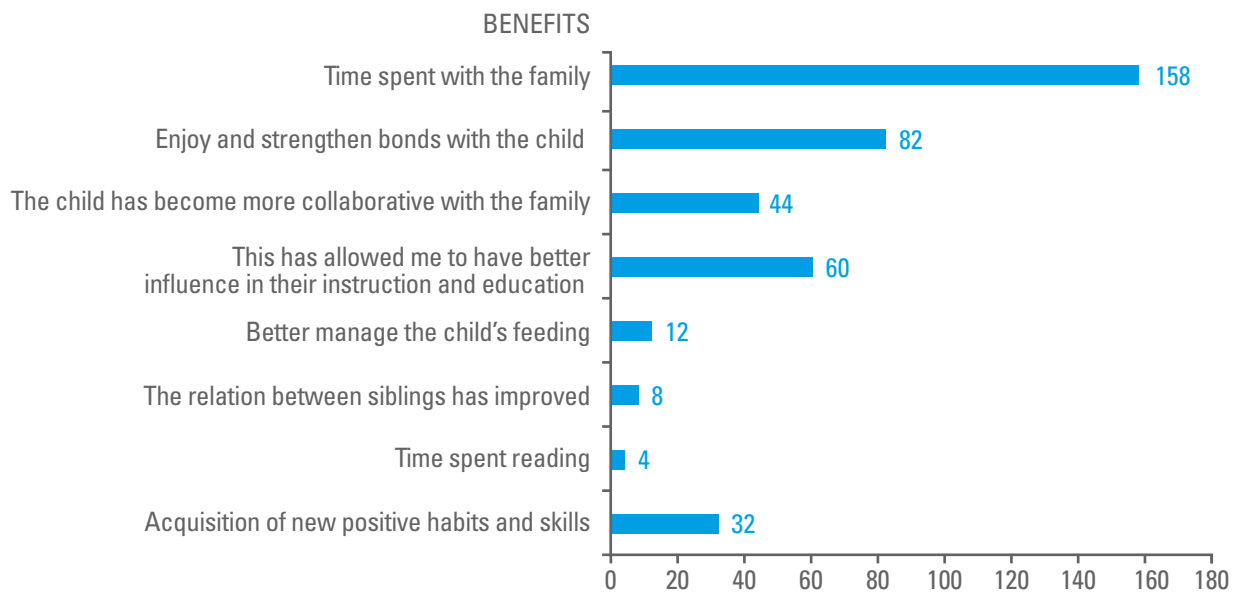
## Benefits of the isolation period

The stay-at-home period has also generated benefits, according to research subjects, as shown in Figure 12.

Most subjects stated that spending time together with the family has been the main benefit. By slowing down the speed of everyday life and being all together in the house during a prolonged time, they have been able to interact in a relaxed way and experience

pleasant experiences. As a result, some families highlight being able to get to know their children better, as well as improving and enjoying the relationship with them.

This time has allowed to organize life at home better, foster child development and see their progress, have an influence on habit formation, have better knowledge of academic performance and implement support strategies in that sense.



**Figure 12.** Benefits of the isolation period (frequency).

**Source:** created by the authors.

# CONCLUSIONS

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The period of physical distancing at home, as a result of COVID-19, has certainly had an impact on Cuba families, especially on children.

The children under analysis in this study have expressed psychological distress. The most frequent sign has been the excessive attachment to mothers, which is a very common reaction in children who seek security and protection when their living conditions are significantly altered. There are also accounts of rebellious, defiant and stubborn behaviour. This behaviour has been more evident in three-year-old children and those over 12 years old, which coincide with two stages characterized by developmental crises that, as a rule, mark the psychological performance of children and adolescents respectively. The previously mentioned behaviours are manifestations of these evolutionary crises and therefore, depending on the adults' management of the permanent coexistence at home and the relationship with children, they may have been more or less marked.

It is important to highlight that the population studied has expressed its subjective distress with behaviours that do not indicate severe psychological effects. They have sought protection and have defended themselves in view of adverse or de-structuring circumstances, by standing up to their parents. This shows that, above all, they trust them and demand their help. Basically, they manage to preserve psychological balance by preserving the integrity of basic development processes. It may be accurate to say that, in general, there is one healthy coping mechanism and

a good adaptive response. One could hypothesize that Cuban children, who receive proper family care, are essentially resilient.

According to parents, the most difficult challenges during the stay-at-home period have been organizing life at home with new schedules and routines, providing the children with appealing activities that promote psychological development, dealing with behavioural manifestations characterized by defiant, rebellious and stubborn attitudes, managing study activities and achieving an effective balance between childcare and house chores. The latter has meant an overload of family roles, in particular for mothers.

Regarding study activities, it is important to stress that, although the tele classes system was a good strategy to keep the teaching going, it generated an overload of functions and responsibilities that families were not prepared for. This was also another factor that had an influence on the psychological distress experienced by children and adolescents. The authors believe families should have been provided with a direct contact via telephone with teachers and the school as the guiding institution of academic instruction.

The content analysis of the family support group sessions, which have been periodically carried out since the beginning of the isolation period at home, has allowed the authors to realize that parents generally lack knowledge about the psychological characteristics of each childhood stage, which hinders the possibilities of a better upbringing. This has become more evident at the moment, due to the complexities inherent to the

stay-at-home situation. As they have received guidance and information, they have given us feedback about the improvement of family harmony and the psychological performance of children and adolescents. This proves the potentialities many Cuban families have for a better parenting exercise.

The adults who participated in this study have also stated that being at home for a prolonged period of time has generated diverse benefits. Enjoying quality time with the family has been the most commonly mentioned benefit, which for many has represented the discovery of new and pleasant psychological needs. Thus they also referred to the improvement of bonds with

their children, and the possibility of getting to know and enjoy them more.

Since this research has focused on families that sought help to support their children in the best possible way, the authors understand that those who did not focus on them during the physical distancing period may currently have different results regarding the psychological state of their children, maybe with greater damages. However, the value of this study lies on the further reflection about what can actually be achieved even in difficult conditions, when parents have a strong interest on the wellbeing of children and there are professional support options to assist them.

# RECOMMENDATIONS

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This research has led to the following recommendations:

- ◆ It is important to work more with families to prepare them on topics related to child psychological development, as a means to strengthen their parenting capacities in any situation. To this end, greater support from mass media is required, as well as an increase in counselling publications in every possible format.
- ◆ In case of specific situations, like the one experienced while coping with COVID, it is essential to implement other measures to support the tele classes system in order to prevent psychological effects in children, avoid the overburden of the family and, in general, to make better use of the study system.
- ◆ It is convenient to keep family support groups working via WhatsApp, during the transition

and back-to-normal stages, not only to provide accompaniment to parents for their children's wellbeing, but also as an observatory of the problems that may emerge. This will serve for mental health prevention and promotion activities throughout the country. It can be developed in alliance with the Centre for Psychological Guidance and Care of the University of Havana's School of Psychology, as it will be necessary to have the means to spread the findings of the research.

- ◆ To implement a psychological service in the Centre for Psychological Guidance and Care, aimed at families with children and adolescents, as well as teachers, to support them in their preparation to provide proper accompaniment to children during the return to normality.



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# APPENDIX

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## Appendix 1:

### Instruction to the survey conducted:

*The objective of this survey is to know the effects caused by the physical distancing generated by COVID-19. It is anonymous and will serve to obtain scientific understanding of the situation. If you agree, please answer one survey per each of your children.*

### Survey conducted:

Brief survey on physical distancing.

1. Please state your child's age and sex
2. Province, municipality and neighbourhood of residence
3. How many people assist you during the day?
4. Has your child shown any changes in behaviour during this period? Yes or No
5. Mark with a cross the changes observed:
  - He/She has grown more attached to you
  - Irritation, agitation, frequent cries
  - Nightmares
  - Disrupted sleep schedule
  - Fear

- Thumb-sucking
  - Lack of appetite
  - Excessive appetite
  - Return to bed-wetting
  - Aggressiveness
  - Nail-biting
  - Difficulty concentrating
  - Defiant and rebellious behaviour
  - Stubbornness
  - Others. Which ones?
6. If your child is receiving tele classes, mark with a cross below if applicable:
    - He/She has no problems studying
    - He/She is resistant to study
    - It is impossible to get them to study
  7. Please state briefly what has been the most difficult part of raising your children in physical distancing conditions.
  8. What are the positive aspects you have found during this period of physical distancing in relation to your children?



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