

The Impact Of COVID-19 Lockdown on Parents Handling Children with Disability in Chennai, India

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ABSTRACT

Introduction: Millions around the globe were directly or indirectly affected by COVID-19 pandemic. The COVID-19 epidemic has harmed the lives of children with special needs in many ways, whether directly or indirectly. Few studies have evaluated the Impact of covid-19 lockdown among children with disability. However, the Impact of COVID on parents dealing with special children was scarcely studied in detail. Investigating parental stress, worries, and morbidity during the lockdown is particularly important for assisting these parents during further outbreaks. The aim is to assess the Impact of covid-19 lockdown among parents handling disabled children, parenting stress, their concerns, and morbidity during the COVID-19 lockdown.

Materials And Method: The study was done among the parents of disabled children attending special schools in Chennai, using a cross-sectional study design. Parents with any recent trauma, mental disorders, or major diseases and undergoing treatment for themselves were excluded. After obtaining ethics approval, a semi-structured questionnaire was used to assess the Impact of the covid-19 lockdown. Collected data were analyzed using SPSS v.21.

Results: The study includes 305 parents, predominantly mothers (58%) and the mean age was 38.9±8.2 years. We observed that the COVID-19 lockdown impacted 149 parents (48.9%). The significant predictors for the Impact of COVID-19 lockdown were being a single parent [AOR-2.91(95%CI- 1.05-8.08)] and having a part-time job [AOR-0.36(95%CI- 0.14-0.93)].

Conclusion: The COVID-19 outbreak and lockdown significantly impacted the parents of disabled children. It is high time we give importance to these parents of children with special needs during this pandemic to help them during similar occasions in the future.

Keywords: Pandemic, Quarantine, Single Parent, Handicapped Children

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INTRODUCTION

January 30, 2020, made news with the emergence of a novel coronavirus outbreak; the WHO subsequently declared it a pandemic on March 12, 2020.¹ Millions around the globe were directly or indirectly affected by this pandemic. A plethora of preventive strategies such as face masks, frequent hand washing, social distancing, and a state-implemented lockdown were proposed to counter the rapidly spreading pandemic. Although preventive strategies were the only thing that every country could impose to control the infection, which otherwise had an unknown direction, these strategies turned out to be a bane among children, particularly children with disability. Given the unprecedented situation due to the lockdown, the daily life of children with disability came to a standstill. Their regular schooling, medical appointments for primary health care, and rehabilitation sessions, including physiotherapy and psychological counselling, were also suspended.

As per the 2011 World Report on Disability², 5.1 per cent of children aged 0 to 14 have a moderate or severe disability. According to the 2011 census³, 30 per cent of the disabled population in India was between 0-19 years of age, with 20 per cent having hearing problems, 18 per cent having vision disabilities, and 9% having multiple disabilities. According to a study by the Indian Institute of Public Health⁴, two out of every five people (42.5%) with disabilities said lockdown made it challenging to get routine medical care. Of those with disabilities, 58 per cent had a pre-existing medical condition, with 28 per cent postponing scheduled medical appointments, and 17 per cent needed rehabilitation services, among which 59.4 per cent failed to get it. The COVID-19 epidemic has harmed the lives of children with special needs in many ways, whether directly or indirectly.

Parental stress is predictably linked to behavioral issues in children.⁵ Special needs children, like those with autism and intellectual disabilities, have more behavioral problems than normally developing children, which can cause their parents tremendous stress as caregivers⁶. Few studies done in Europe^{7,8}, China⁹ and Australia¹⁰ evaluated the Impact of covid-19 lockdown among children with disability. However, the Impact of COVID on parents dealing with special children was scarcely studied in detail.

The physical and psychological status of disabled children burdens their parents in numerous ways. The resulting disturbed state of mind impacts their ability to care for their children, culminating in a vicious cycle.¹¹ While a larger part of the studies during this COVID-19 pandemic are centered around children with disabilities, there is a considerable lacuna in the literature covering parental stress, concerns, and morbidity, and no studies have been documented in India on this topic. Investigating parental stress, worries, and morbidity during the lockdown is particularly important for assisting these parents

during further outbreaks.

OBJECTIVES

The study was conducted to assess the Impact of covid-19 lockdown among parents of children with disability and also to identify potential parents' concerns related to their child's wellbeing, continuance of medical care/ rehabilitation, and their healthcare issues during the COVID-19 lockdown.

METHODOLOGY

A cross-sectional study was executed using a pre-tested, pre-validated questionnaire for assessing the impacts of covid-19 lockdown among parents handling children with disability. Parents of disabled children attending special schools for disability from the government database in Chennai were taken as the study population. Among the 15 zones in Chennai, 2 were selected randomly, and 1 school from each zone was chosen from the school database. In a study by Masi A et al¹⁰, 76.1% of parents who handle disabled children reported that the COVID-19 pandemic impacted their wellbeing. Taking that as prevalence and using dobson's formula with 95% CI, 5% as absolute error, and 10% nonresponse, the required sample size was calculated to be 308. The school 1 had 324 students and school 2 had 415 students. The required sample unit for the study (Parents of children with disability) was selected by simple random sampling with 154 parents in each of the two schools.

Data Collection: A spokesperson/representative from the respected schools was involved during the study's planning and execution of the data collection phase. After discussing with the administrative people of the school, and with the help of the spokesperson, information about the study was spread to all the parents. The study's required number of sample units were then chosen and contacted individually by simple random sampling. The parents with any recent trauma, mental disorders, or major diseases undergoing treatment were excluded from the study. After obtaining informed consent, the participants were interviewed using the pre-tested and pre-validated questionnaire. As the study's nature involves delicate issues, every attempt was made to be nonjudgmental and neutral during data collection.

Study Tool: A pilot study was carried out among 30 parents with the preliminary questionnaire, which consisted of two parts. Part-A consisted of questions related to the socio-demographic details of the parents such as, age of the parent, their relation to the child, their marital status, education, occupation, age of their child, gender of their child and type of disability in the child. Part-B consisted of questions related to impact of covid-19 lockdown. There were 18 items with categorical options and a weighted scor-

ing was given to each item based on the pilot study. The Cronbach's alpha of the questionnaire developed was 0.81, which was satisfactory.

Face validity of the tool was assessed by asking the experts in the field of PMR (physical medicine and rehabilitation), community medicine, psychiatry and general population to rate the tool on a 5-point Likert scale ranging from 1-5 with 1 being completely inappropriate to 5 being completely appropriate.

Content validity of the tool was assessed by inter-rater reliability using Kappa statistics. Two independent interviewers who are experts in community medicine and PMR were involved and Cohen's kappa coefficient was calculated by comparing their response ratings. A kappa score above 0.60 was considered as a good agreement between the raters.

Scoring For Impact Assessment: Based on the relevance of the questions and the importance of the responses grounded on scientific literature, a weighted score was assigned for the responses in each question in part-B of the questionnaire. The scores obtained in each question were summed up and the total score obtained by each participant in part-B was calculated. The minimum score one could obtain in part-B was 0 and the maximum score was 27. The median value for all participants' total scores was then calculated. The median score obtained was 10. For a score of 10, a ROC curve was constructed which showed a 92% sensitivity and 88% specificity to say that a person could be impacted by COVID 19 lockdown with an AUC (Area Under the Curve) of 0.82. This score was used as a cut-off in the analysis to find the predictors of COVID-19 impact among the parents.

Study Period: The study was conducted between the period of August 2021 to December 2021.

Data Analysis: Data entry and analysis were carried out via excel sheet and SPSS version 21. The data were scrutinized for any wrong or missing information, and appropriate data cleaning was done. Descriptive statistics of all the items in the questionnaire were expressed in frequencies and percentages, whereas analytical statistics were done, and results were expressed in odds ratio.

Human Ethics Committee Approval: The principal investigator adhered strictly to the guidelines mentioned by the institutional research ethics committee. The institutional human ethics committee of Sree Balaji Medical College and Hospital (Ref. No: 002/SBMC/IHEC/2021/1640) accepted the study proposal after carefully reviewing the topic and its methodology.

RESULTS

Sociodemographic details: Demographic details of the study participants are described in Table 1. The study includes 305 parents, predominantly mothers

(58%) and a majority of the parents belong to the age group of 31-40 years (42%) with a mean age of 38.9 ± 8.2 years. The mean age of the disabled children in this study was 12.8 ± 5.4 years, and two-thirds were males (73.1%). Most parents were graduates or postgraduates (56.7%), and 51.5% had full-time job. 8.9% of the parents in the study were single who were either divorced or widowed. Fig 1. Shows the different types of disability observed in children of the study participants, where the majority had Cognitive/ Intellectual Disability/ Autism Spectrum Disorder followed by learning problem/Dyslexia.

Impact of COVID-19 lockdown: The minimum score obtained by the study participants in Part-B of the questionnaire which measures the impact of COVID-19 lockdown was 0 and the maximum score obtained was 21. The median score of the part-B scores obtained by the parents was 10. Based on the ROC analysis, parents who scored above 10 were considered to be impacted by COVID-19 lockdown. Our study results reported that, 149 parents (48.9%) were impacted by the covid-19 lockdown. On bivariate analysis, we found that, the parents with 41-50 years of age, were 64% less likely to get impacted by the lockdown (OR-0.36). Whereas, illiterate parents were having 3.88 times more odds of being impacted by the lockdown. The other variables which had a statistically significant association with impact of covid-19 lockdown were, being a mother (OR- 1.68), single parent-divorced/widow (OR- 2.70), having a female child (OR- 1.83).

Variables related to the Impact of COVID-19 lockdown among the parents' handling children with disability are described in table 2.

Parental concerns: In this study, we observed that the COVID-19 lockdown impacted 149 parents (48.9%). The main concerns of the parents during the lockdown period were, feeling insecure about their child's health and future (63.6%), feeling that their child is more prone to COVID infection owing to their disability than other normal children (63.6%), being unable to convince their child to take COVID precautionary measures (43%), finding it hard to appoint a reliable caretaker for their child (50.5%). Three-fifth of the parents (63.6%) found difficulty handling their child due to home confinement during the lockdown.

Fig.2 describes the challenges faced by the parents' handling children with a disability during COVID-19 lockdown, where the majority of them (294 parents) faced difficulty in maintaining the child's hygiene, followed by difficulty in constant monitoring of the child due to home confinement (155). The study also revealed that temper tantrums (47.2%), hyperactivity (34.4%), and aggressiveness (32.1%) were observed during the lockdown due to the home confinement of the children.

The utilization of telerehabilitation and medical services during the lockdown: Among the study participants, 53.8 % of parents had children who fell

sick during the lockdown period, followed by which 31.1% of the parents took their child to a nearby clinic/hospital, 15.7% consulted their family physician, and 13.4 % practiced home remedies. 38.7% of parents reported that the special care for their child (speech/ language therapy, counselling sessions/ rehabilitation services, etc.) did not continue during the lockdown period, and 71.1% reported that they tried contacting their child's health care professional regarding special care (speech/ language therapy,

counselling sessions/ rehabilitation services, etc.) during COVID-19 pandemic for their child's needs. 78.4% of parents reported that the rehabilitation centre/child's health care professional/ speech-language pathologists extended their support voluntarily during the lockdown period. Three fourth (76%) of parents rated their experience with web-based consultations and teletherapy services for their child to be average to excellent compared to off-line live consultations.

Table 1: Association between Impact of COVID-19 lockdown and Sociodemographic variables

Variable	Impact of COVID-19 lockdown (N=305)					
	Impacted (n=149) (%)	Not impacted (n=156) (%)	Total	OR	95%CI	p-value
Age						
More than 50	10(6.7)	9(5.8)	19(6.2)	0.75	0.261-2.167	0.598
41-50 Years	37(24.8)	69(44.2)	106(34.8)	0.36	0.183-0.719	0.004*
31-40 Years	71(47.7)	57(36.5)	128(42.0)	0.84	0.439-1.624	0.611
20-30 Years	31(20.8)	21(13.5)	52(17.0)	1	-	-
Relation						
Mother	96(64.4)	81(51.9)	177(58.0)	1.68	1.059-2.655	0.027*
Father	53(35.6)	75(48.1)	128(42.0)	1	-	-
Marital status						
Divorced / widow	19(12.8)	8(5.1)	27(8.9)	2.7	1.145-6.383	0.023*
Married and living with a partner	130(87.2)	148(94.9)	278(91.1)	1	-	-
Education						
Illiterate	10(6.7)	3(1.9)	13(4.3)	3.88	1.031-14.569	0.045*
Up to School	59(39.6)	60(38.5)	119(39.0)	1.14	0.716-1.824	0.575
Graduate / Postgraduate	80(53.7)	93(59.6)	173(56.7)	1	-	-
Occupation						
Unemployed	63(42.3)	50(32.1)	113(37.0)	1.49	0.915-2.419	0.109
Part-time	14(9.4)	21(13.5)	35(11.5)	0.79	0.373-1.659	0.529
Full time	72(48.3)	85(54.5)	157(51.5)	1	-	-
Child age						
Less than 10 years	55(36.9)	51(32.7)	106(34.8)	1.01	0.587-1.756	0.958
10-15 years	43(28.9)	57(36.5)	100(32.8)	0.71	0.406-1.241	0.23
More than 15 years	51(34.2)	48(30.8)	99(32.5)	1	-	-
Child gender						
Female child	49(32.9)	33(21.2)	82(26.9)	1.83	1.092-3.054	0.022*
Male child	100(67.1)	123(78.8)	223(73.1)	1	-	-

OR- Odds Ratio; CI- Confidence Interval; *p-value < 0.05 - statistically significant

Figure 1: Types of disability observed in children of the study participants

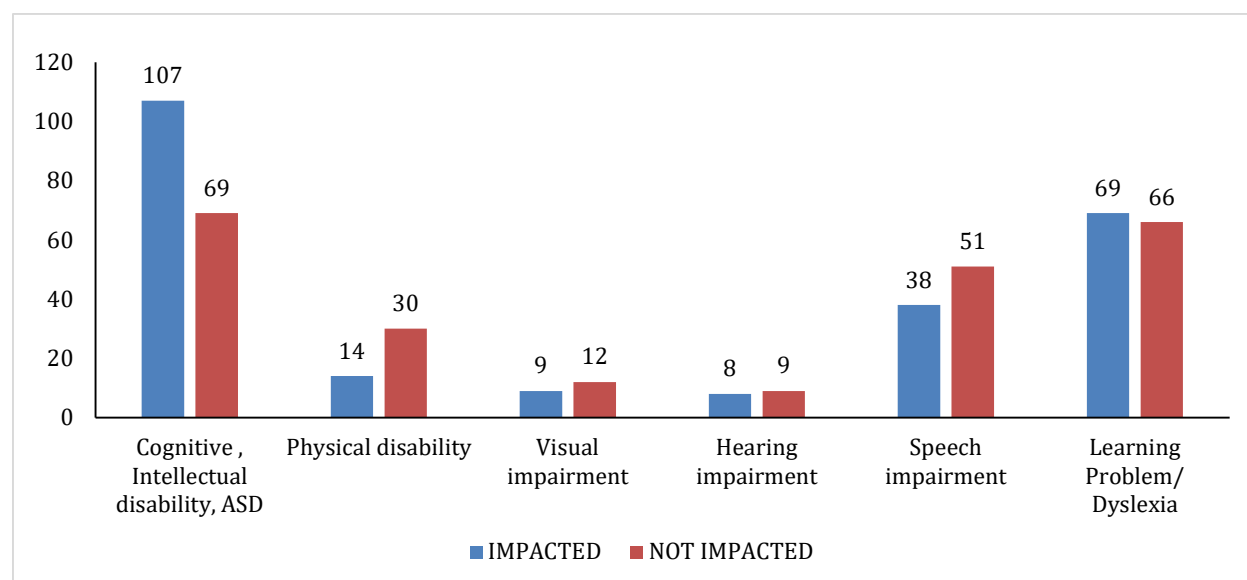
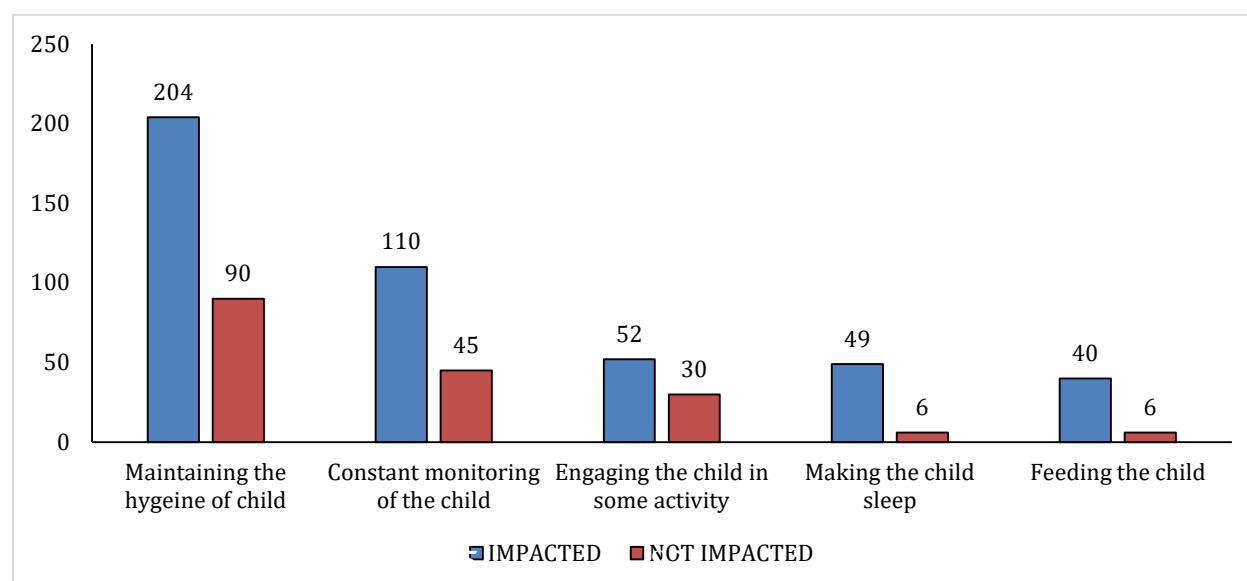


Table 2: Variables related to Impact of COVID-19 lockdown

Variable	Impact of COVID-19 lockdown		
	impacted (n=149) (%)	Not impacted (n=156) (%)	Total (N=305) (%)
Were you worried your child is more prone to infection during lockdown?			
Yes	125 (83.9)	69(44.2)	194(63.6)
No	24(16.1)	87(55.8)	111(36.4)
Did you feel insecure about your child's future or health during lockdown?			
Yes	133(89.3)	69(44.2)	202(66.2)
No	16(10.7)	87(55.8)	103(33.8)
Were you able to convince your child to take COVID preventive measures? (Wearing a mask, washing hands, etc.)			
No	98(65.8)	33(21.2)	131(43)
Yes	51(34.2)	123(78.8)	174(57)
Did your child fall sick during lockdown?			
Yes, COVID illness	34(22.8)	6(3.8)	40(13.1)
Yes, but not due to COVID	69(46.3)	69(44.2)	138(45.2)
No, my child did not fall sick	46(30.9)	81(51.9)	127(41.6)
Did you fall sick during lockdown?			
Yes, COVID illness	42(28.2)	21(13.5)	63(20.7)
Yes, but not due to COVID	70(47)	57(36.5)	127(41.6)
No, my child did not fall sick	37(24.8)	78(50)	115(37.7)
Was it hard to find a reliable person to care for your child during lockdown?			
Yes	85(57.0)	69(44.2)	154(50.5)
No	64(43.0)	87(55.8)	151(49.5)
Did the special care for your child (speech/ language therapy, counselling sessions/ rehabilitation services, etc.) continue during the lockdown?			
No	76(51)	42(26.9)	118(38.7)
Yes	73(49)	114(73.1)	187(61.3)
Did you try contacting your child's health care professional regarding special care (speech/ language therapy, counselling sessions/ rehabilitation services, etc.) during the COVID-19 pandemic for your child's needs?			
No	61(40.9)	27(17.3)	88(28.9)
Yes	88(59.1)	129(82.7)	217(71.1)
Did the rehabilitation centre / your child's health care professional/ speech-language pathologist provide any support during the lockdown period?			
No	42(28.2)	24(15.4)	66(21.6)
Yes	107(71.8)	132(84.6)	239(78.4)
During the lockdown, rate your experience with web-based consultations compared to offline live consultations.			
Worse	6(4)	0(0)	6(2)
Bad	55(36.9)	12(7.7)	67(22)
Average	45(30.2)	45(28.8)	90(29.5)
Good	34(22.8)	72(46.2)	106(34.8)
Excellent	9(6)	27(17.3)	36(11.8)
Did you find difficulty in handling your child during lockdown?			
Yes	149(100)	45(28.8)	194(63.6)
No	0(0)	111(71.2)	111(36.4)
Did your sleeping pattern change during lockdown?			
Yes	124(83.2)	48(30.8)	172(56.4)
No	25(16.8)	108(69.2)	133(43.6)
On average, how long do you sleep per day?			
Less than 6 hours	78(52.3)	18(11.5)	96(31.5)
More than 8 hours	15(10.1)	24(15.4)	39(12.8)
6-8 hours	56(37.6)	114(73.1)	170(55.7)
Did your eating pattern change during lockdown?			
Yes	125(83.9)	48(30.8)	173(56.7)
No	24(16.1)	108(69.2)	132(43.3)
Are you working from home?			
Yes	67(45)	57(36.5)	124(40.7)
No	82(55)	99(63.5)	181(59.3)
Did work from home increase the burden in your personal life?			
Yes	42(28.2)	21(13.5)	63(20.7)
No	64(43.0)	102(65.4)	166(54.4)
Not applicable	43(28.9)	33(21.2)	76(24.9)

Figure 2: Challenges faced by the parents' handling children with disability during COVID-19 lockdown**Table 3: Multinomial regression analysis for factors associated with the Impact of COVID-19 lockdown**

Variables	AOR	95% CI	p-value
Age			
More than 50	0.80	0.22-2.98	0.741
41-50	0.40	0.16-1.01	0.053
31-40	1.04	0.49-2.18	0.925
20-30	-	-	-
Relation			
Mother	1.52	0.71-7.04	0.245
Father	-	-	-
Marital status			
Divorced/widow	2.91	1.05-8.08	0.040*
Married and living with a partner	-	-	-
Education			
Illiterate	3.46	0.88-13.6	0.075
Up to school	1.06	0.63-1.76	0.838
Graduate / postgraduate	-	-	-
Occupation			
Unemployed	0.86	0.42-1.74	0.669
Part-time	0.36	0.14-0.93	0.035*
Full time	-	-	-
Child age			
Less than 10 years	0.56	0.27-1.16	0.119
10-15 years	0.60	0.32-1.14	0.120
More than 15 years	-	-	-
Child gender			
Female child	1.26	0.70-2.27	0.434
Male child	-	-	-

AOR- Adjusted Odds Ratio; CI- Confidence Interval; *p-value < 0.05 - statistically significant

Parent's wellbeing: Regarding parents' wellbeing, 62.3% fell sick during the lockdown period, 56.4% reported that their sleeping patterns changed during the lockdown period, and 31.5% of parents had less than 6 hours of sleep. More than half of the study participants (56.7%) reported that they experienced a change in eating patterns during the lockdown pe-

riod. 40.7 % of the parents had work from home, and almost half said that working from home had increased the burden on their personal life.

Table 3 shows the regression analysis, which describes the factors significantly associated with the Impact of COVID-19 lockdown among the parents' handling children with disability. Variables found to have a statistically significant association with the Impact of COVID-19 lockdown among parents handling children with disability in bivariate analysis were reanalysed using multinomial logistic regression to eliminate the confounders. We found that being a single parent who is divorced/widowed is an important predictor of the Impact of COVID-19 lockdown, with an adjusted odds ratio of 2.91 (95% CI - 1.05-8.08). We also observed that having a part-time job is negatively associated with the Impact of COVID-19 lockdown with an AOR of 0.36 (95% CI - 0.14-0.93).

DISCUSSION

The nationwide lockdown imposed by the government for the control of COVID-19 spread has disrupted the daily life of most parents and their disabled children. This study highlights the potential concerns of parents related to the wellbeing of disabled children, continuance of rehabilitation/medical care, and regarding their own healthcare issues during the COVID-19 lockdown. This study resulted in interesting findings, explained in the discussion below, compared with studies done in India and elsewhere.

Sociodemographic details: The mean(\pm SD) age of the participants was 39 \pm 8 years, in contrast to the study done by Nandkisor K. Tak et al¹², in which the mean age of the parents was 26 \pm 3 years. This varia-

tion may be because they have chosen parents of children with age less than 18 years of age. In another study by Sui-Qing Chen et al⁹, the mean age of the parents was 40+5 years which is consistent with our study.

In our study, mothers were more among the participants (58%). Similar findings were observed in previous studies.^{9,10,12} A small proportion (8.9%) of parents were single (divorced/widowed). Similar results were observed in a previous study by Ashan Athapattu et al¹³ and Marchetti et al¹⁴, were 5.1% and 12.3% of parents were single, respectively.

On regression analysis, the single parent was one of the vital predictors of being impacted by the lockdown, with an AOR of 2.91 (95% CI- 1.05-8.08). Single parents have low financial wellbeing compared to two parents' families.¹⁵ In a study by Daniela Marchetti et al¹⁴, they found that being a single parent was one of the vital predictors of parenting-related exhaustion. All these reasons make the single parent more vulnerable to being impacted by the lockdown.

In this study, we also found that parents with part-time jobs had less probability of being impacted by the lockdown, with an AOR of 0.36 (95%CI - 0.14-0.93). This may be because parents having part-time jobs have the opportunity to spend more time with the children as well as earn money. Part-time workers do not want to work for more hours because they want a better work and self-care balance and to take better care of their children.¹⁶

Impact of COVID-19 lockdown: In this study, we observed that 149 parents (48.9%) were impacted by the COVID-19 lockdown, which was comparatively less than what was found by Anne Masi et al. in their study on the Impact of the COVID-19 Pandemic on the wellbeing of children with neurodevelopmental disabilities and their parents done in Australia, where 76.1% of the parents were impacted by COVID-19 lockdown. This difference is probably because their study was done during the early phase of the pandemic (May-June, 2020), when the rules and restrictions of lockdown were stricter.

Parental concerns: In general, the parents of disabled children have a higher prevalence of depression, anxiety and stress¹⁷ and they exhibit non-specific symptoms of the same¹⁸. As a result, in our study, most participants were worried that their child is more prone to infection (63.6%) and felt anxious and insecure about the child's health and future (66.2%).

We observed that 43% of parents in our study faced difficulties in convincing their child to practice COVID precautionary measures. The child finds difficulty in communicating their simple needs. All the promotional messages and advertisements regarding COVID precautionary measures do not reach children with disability easily. The primary issue faced by parents of special children is the lack of different ways of communication.¹⁹ This can be rectified by proper therapy and counselling to the parents. The

health care professional plays a significant role in helping the parent.

Half the parents in our study population (50.5%) faced difficulties finding a reliable caretaker during their absence or the period of isolation/lockdown. The unavailability of outside professional caregivers and caregiving centres due to lockdown restrictions made the parents concerned about making it through forthcoming periods of isolation/lockdown. This result in our study is supported by Anne Masi et al¹⁰, which revealed that 47% of the parents were worried about making it through future periods of isolation.

Children with a disability have various reasons to get stressed or irritated during the home confinement period created by this pandemic.²⁰ Due to this, parents observe different new behaviours in their children. In our study, the significant behavioural changes observed in disabled children are temper tantrums (47.2%), hyperactivity (34.4%), aggression (32.1%), social withdrawal (13.8%), and crying (11.8%). Parents' trust to be efficient in managing parental tasks is a protective factor for their children's emotional wellbeing¹¹. Hence parents must be motivated to develop self-confidence in handling their children.

The utilization of telerehabilitation and medical services during the lockdown: Friedman C et al., in their study on "Telehealth Use By Persons with Disabilities During the COVID-19 Pandemic", reported that 39.8% of people with disabilities utilised telehealth services during this (COVID) pandemic.²¹ But, in our study, an impressive proportion of parents (61.3%) said that special care like speech/ language therapy, counselling sessions/ rehabilitation services, etc., continued during the lockdown period. This is similar to the finding observed in another study done in Australia¹⁰ during the lockdown period. The higher utilisation of telehealth services in our study may be because the parents are more concerned and worried about their child's health which aids them in making sure the child does not miss any of their rehabilitation services, counselling sessions, speech or language therapy, etc. whenever and whichever is needed.

38.7% of the parents in our study reported that special care like speech/ language therapy, counselling sessions/ rehabilitation services, etc., did not continue during the lockdown period, and 29% of the parents did not try contacting the health care professionals, regarding the special care services for their child's needs, during COVID-19 pandemic. In developing countries, barriers like poverty, privacy, confidentiality and cross-cultural acceptance play a significant role in the negative perception of telerehabilitation services.²² For a better endorsement of telerehabilitation and a positive perception of it among the caregivers, a significant role is played by the communication level of the participants, patient-therapist bonding and caregivers' knowledge of the

importance of the telerehabilitation.^{23,24}

78.4% of parents in our study reported that the rehabilitation centre, their child's health care professional, speech-language pathologist, or physiotherapist provided support during the lockdown period. In a study by D'Souza, A. F et al²⁵, 72.9% of the physiotherapists reported that telerehabilitation is a viable option for healthcare delivery during the pandemic.

When the parents were requested to rate their experience with web-based consultations or telerehabilitation, 46.6% reported having good to excellent experiences. A similar finding was observed in a previous study¹⁰, where 49.6% of the parents reported being satisfied with the telehealth services offered during the pandemic.

The present study encourages government policy-makers and health care providers to establish more telerehabilitation services, strengthen the existing ones and offer better awareness of the benefits of telerehabilitation services to the general population.

Parent's wellbeing: More than half of the parents (56.4%) reported changes in sleeping patterns during the lockdown, with 31.5% having slept less than 6 hours per day and 56.7% of parents experiencing a difference in their eating patterns during the lockdown. This is similar to the findings reported in the previous study, where 43.6% of the parents experienced poor sleep quality due to the COVID-19 pandemic.¹⁰ Maintaining a healthy lifestyle (balanced diet, enough sleep, exercise, etc.) is a strategy that helps cope with the stress related to the COVID pandemic.²⁶

Work engagement and home demands are negatively related to work-life balance.²⁷ Two-fifths of the study participants (40.7%) had work from home during the lockdown period, and 20% felt that working from home had increased the burden on their personal life. Work from home during the lockdown was significantly associated with poor psychological health.²⁸ According to a news fact in The Indian Express²⁹, the trend of working from home has elevated the strain, especially on women, because they have to continue their caregiving duties apart from professional commitments. Irrespective of the pros and cons of working from home, the debate on whether it is a blessing or a burden persists.

CONCLUSION

This outbreak of COVID-19 and the lockdown imposed to prevent the spread of the infection have significantly impacted the parents of children with disability. It is crucial to emphasize communication between telerehabilitation service providers and caregivers, raise awareness of home care therapy, and provide psychological interventions to remove obstacles brought on by caregivers' negative perceptions of telerehabilitation. It's high time we give im-

portance to the children with special needs and their parents during this pandemic to help them on similar occasions in the future.

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