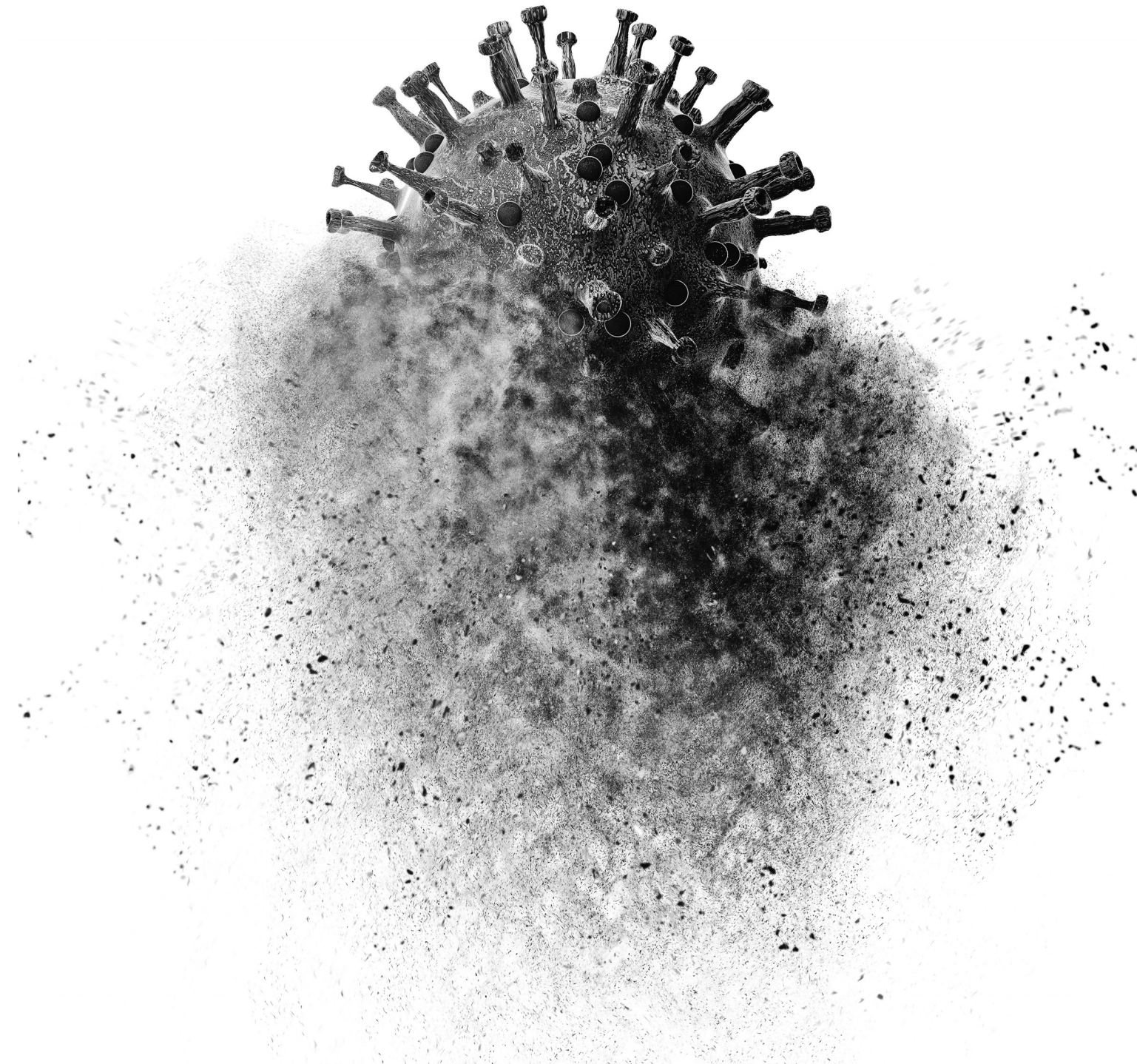


Examining the Effect of the
Covid-19 Pandemic
on Maltese Young people



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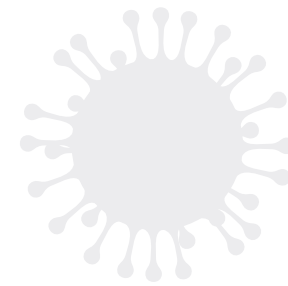
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Table of Contents

Foreword	1
Background	3
Methodology	9
Results	11
Discussion	19
Limitations	23
References	25
Appendix A: Questionnaire	31
Appendix B: Assent and Consent Form – Children, English	34
Appendix C: Assent and Consent Form – Children, Maltese	35
Appendix D: Consent Form – Parents, English	36
Appendix E: Consent Form – Parents, Maltese	37





Foreword

As part of Aġenzija Żagħżagħ's ongoing research programme and cooperation agreement with the Faculty of Social Wellbeing at the University of Malta, this study outlines the effects of the Covid-19 pandemic on Maltese young people.

The impact of the COVID-19 pandemic has been felt across Europe and the world. For young people, as well as for everyone, it has resulted in a more restrictive lifestyle, limited access to education, work and services, self-isolation and social distancing. It is also evident from research and surveys worldwide that young people have been disproportionately affected by the social, educational and economic impact of the pandemic.

This study, conducted by the Faculty of Wellbeing at the University of Malta, provides further corroborative evidence of the adverse effect of the pandemic on the lives of young people. The pandemic had a negative impact on their participation in education and on their mental and physical health and wellbeing. Young females appear to have been worse affected in terms of personal and social relationships while family life was often tense and stressful.

On the positive side, young people appear satisfied with the government's handling of both the pandemic and the vaccination programme and the impact on youth employment appears more nuanced, which may reflect the flexibility of working online that resulted from the pandemic.

While in Malta we were generally successful in managing and mitigating the effects of the pandemic; nonetheless, we are all too aware of how it has impacted on the lives of our families, friends, and communities: how it caused loss, distress and uncertainty.

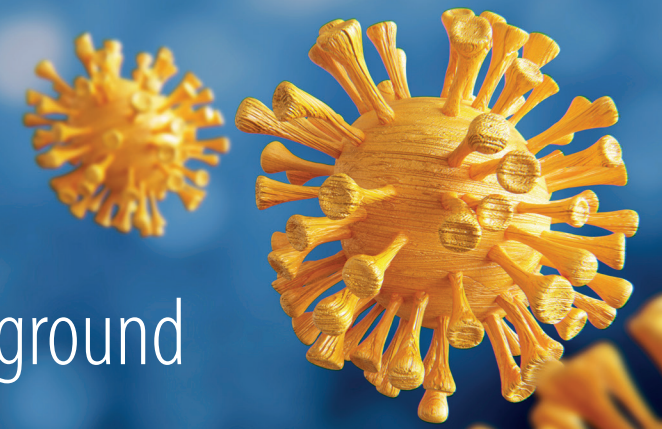
While regular youth services, programmes and initiatives in Malta, as elsewhere across Europe, were greatly impacted by the pandemic, it also provided us with a unique opportunity for working with and reaching out to young people online and through social media. In Malta, we continued to work and provide support and encouragement to young people during the pandemic while further developing and expanding our capacity for digital youth work. We also continued to digitalize our services and supported youth organisations to re-design and adjust their programmes and projects.

I want to thank Professor Andrew Azzopardi, Project Manager of the study, and his colleagues at the Faculty of Social Wellbeing for their work which makes a valuable and informed contribution to our understanding of how the COVID-19 pandemic has impacted on the lives of young people in Malta and how we can work together in seeking to support and encourage them.

Miriam Teuma
Chief Executive Officer



Background



Since the announcement of a mysterious Coronavirus-related Pneumonia in Wuhan-China by the World Health Organization (WHO), the world would experience a rapid escalation of what is now known as the COVID-19 pandemic, with WHO declaring it a global health emergency on January 31st, 2020 (AJMC, 2021). According to the World Health Organization (2021) as of 2nd November 2021, there had been a total of 246,594,191 confirmed cases and a death toll of 4,998,784 which were related to COVID-19 Individuals all around the globe, even if not infected by the virus itself, had every aspect of their life disrupted. Most if not all countries, entered lockdown at some point during the last two years, leading the global work force to experience the loss of 114 million jobs in 2020 (ILO, 2021), and for individuals who remained employed, a shift towards working from home.



It may be hypothesized that the global youth population has been amongst the most socially impacted by the pandemic (Kupets et al., 2020). Most, if not all experienced a sudden shift towards online learning due to school closures as an attempt to decrease the spread of COVID-19. Many young people who were employed either part or full time, were left unemployed, leading to possible financial issues. Both the shift to online learning and unemployment contributed towards the decrease in social interaction between peers, which had already been impacted by other factors of the pandemic, further increasing the risk and rate of mental health issues within the young people population (Kupets et al., 2020).

Ecological Systems Theory

The Ecological Systems theory developed by Bronfenbrenner, provides us with an explanation of how human development is driven by the influence of different environmental systems that the individual is exposed to and can interact with (Ettetal & Mahoney, 2017). Bronfenbrenner defined four key environmental systems within his theory which were labelled as follows; Micro-, Meso-, Exo-, and macro-systems (Ettetal & Mahoney, 2017). For the purpose of this study, these four systems will not be looked at from a developmental perspective, but instead will serve as umbrella terms for areas in young people's lives that were impacted by the COVID-19 pandemic. Furthermore, the Exo-system, which deals with ecological systems that the young person is not actively involved with, will not be discussed as it not relevant to the purposes of this study.

The systems defined by Bronfenbrenner start from the individual's immediate surroundings and gradually expand to include the larger environment (Shen, 2020). The micro-system involves the individual's interaction with their immediate surroundings, including the individual's interpersonal relationships with others within the microsystem (Newman & Newman, 2020). The meso-system expands from the individuals immediate surrounding to include broader factors that the individual is impacted by and interacts with. This encompasses services such as health care

and structures such as schools (Shen, 2020). Lastly, of the three systems that will be examined in this study, the macro-system involves factors that do not have direct impact on the individual but have an impact on the individual's beliefs, values and culture, which drive social functioning (Shen, 2020).

Micro-Level Factors Impacting Young People:

Lockdowns formed a large part of the pandemic, with many individuals and young people facing mandatory confinement imposed by their governments, as a means to stop the spread of the virus. This led to an increased effort to understand the impact that these lockdowns have had on young people's mental health and wellbeing (Mental Health Foundation, 2020). A study conducted by Orgilés et al. (2020) examining the immediate psychological effects of the lockdowns imposed by the authorities in Italy and Spain on Italian and Spanish young people, reported that changes in the emotional states and behaviours of young people were observed by 85.7% of parents who participated in the study. The most frequently recorded symptom was difficulties in concentration, while other symptoms recorded by over 30% of parents included irritability, restlessness, boredom, nervousness, loneliness as well as uneasiness and anxiety (Orgilés et al., 2020). Increased time in confinement also contributed to a negative outcome in well-being, with Spanish young people being reported to have had more recorded symptoms than Italians. This may be due to the Italian government allowing parents to take children of under 18 years outside for short walks (Orgilés et al., 2020).

Post-traumatic stress disorder (PTSD) is an anxiety disorder that is characterized by avoidance of trauma associated stimuli, restoration of traumatic events, and hyper-arousal, that are a result of exposure to traumatic, catastrophic or violent events (Sayed et al., 2021). Shen et al., (2020) observe that lockdown may have been traumatic for some, and has been shown to give rise to post-traumatic stress disorder symptoms within young people. Lockdown is also believed to have caused further development of symptoms and behaviors in young people with prior mental-health conditions. A study conducted by Sayed et al. (2021) amongst 537 participants, showed that after 2 months from the commencement of lockdown, 71.5% of participants exhibited post-traumatic symptoms, while an additional 13% of participants warranted further assessment and evaluation for potential PTSD diagnosis (Sayed et al., 2021).

The mandatory social seclusion imposed by the COVID-19 pandemic gave rise to feelings of loneliness in a great number of young people. Erik Erikson's theory of the fifth stage of psychosocial development holds that socialization is a significant component during the adolescence and emerging adult years. Erikson's theory can be summarized as a sequence of developmental stages that every person goes through, each of which involves a psychological conflict that must be addressed in order to progress (Cherry, 2019). Adolescence, which occurs between the ages of 12 and 19, encompasses the conflict between identification and identity confusion, in which the individual must develop a conscious sense of self. Erikson claims that this can only be obtained through social interactions and through the information and experiences gained from interactions with others (Cherry, 2019). Furthermore, this period of growth and self-definition proves extremely important in preventing emotional traumas that adults could experience if this period is missing (Dawidowicz, 2000).

Aside from developmental consequences, social isolation causes loneliness, a painful emotional experience resulting from a mismatch between desired and real social contact (Loades et al., 2020). There is a strong link between loneliness caused by isolation and mental illness, the most prevalent of which being depression (Knopf, 2020). In a previously mentioned study by Orgilés et al. (2020), 16.5% of

participants reported experiencing depressive symptoms ranging from moderate to severe. Furthermore, gender may also play a role, with elevated depressive symptoms related to loneliness being more prevalent in girls (Loades et al., 2020). Amongst certain young people, isolation has also been connected to suicidal ideation, actions of self-harm, and symptoms and behaviors linked to eating disorders (Loades et al., 2020).

Anxiety is also prevalent in the relationship between mental health issues and isolation. In a preliminary study conducted in China, adolescent participants displayed behavioral manifestations of anxiety, such as distraction, clinginess, irritability, and fear of asking questions regarding the pandemic (Jiao et al., 2020). Meanwhile another study conducted amongst young adults in China, reported that at least one in four young people were faced with acute symptoms of anxiety (Cao et al., 2020). According to Loans et al., (2020) when compared with other forms of anxiety, social anxiety, which is incited by a perceived threat to social relationships and status, has a higher correlation to loneliness and isolation. Furthermore, anxiety was viewed to be strongly associated with the duration of isolation/loneliness rather than the intensity of loneliness experienced by the individual (Loans et al., 2020).

Lockdown and social isolation may not be perceived in the same manner by individuals, with personality type hypothesized to impact the way certain individuals react to forced isolation. A common belief is held that introverted individuals fared/are faring better in social isolation compared to their extroverted counterparts (Wei, 2020). A study conducted by Wei (2020) amongst 114 participants who completed measures of introversion, showed that introverts were far from 'thriving' in lockdown conditions. The previously mentioned study predicted severe cases of loneliness, anxiety and depression as a result of COVID-19-related changes amongst introverts (Wei, 2020). Furthermore, results from a study conducted amongst 466 participants indicated hardly any differences on scores pertaining loneliness, anxiety and depression between introverts and extroverts (Gubler et al., 2020). Results from the study conducted by Wei (2020) also expressed how introverts were faring significantly worse, while a study conducted by Shokrkon & Nicoladis (2021) similarly showed that extroverts were consistently faring better as regards mental health when compared to introverts.

Meso-Level Factors Impacting Young People:

The closure of schools was a significant measure taken by governments globally in the hope of limiting the spread of the COVID-19 virus. While ensuring safety, this decision undermined the wellbeing of students. Once school closures were in place, many young people developed feelings of anxiety. A survey conducted amongst Chinese college students found that 24.9% of participants experienced anxiety upon the outbreak of the COVID-19 pandemic, caused by fears of its impact on their studies and future employment (Cao et al., 2020). Furthermore, previous research has shown a correlation between school absenteeism and poor adolescent mental health (Lawrence et al., 2019). A survey conducted amongst Canadian young people showed a large percentage of participants (60%) become academically demotivated since the start of the pandemic, results that are seen as evidence of an impending crisis on young people mental health (Korzinski & Kurl, 2020).

In hopes of maintaining their students' education, schools, colleges, and universities worldwide hastily switched to an online learning system, allowing for both safety and a continuation of education. However, being implemented as a quick response to the pandemic, this measure did not allow for a proper assessment of its overall effect on student academic performance. Despite this, a study conducted by Gopal et al. (2021) showed that most students believed online teaching to be a valuable asset. Moreover, a study conducted by Agarwal & Kaushik (2020) also presented students' positive views of online learning, with several participants stating that online lessons allowed for

easier access to materials and increased their motivation to read further on topics discussed. Furthermore, a study conducted by Rajabalee & Santally (2020) also found students to be generally satisfied with online learning. In spite of these results, both studies, showed how technical faults experienced during online sessions to be a downside to this new method of teaching imposed by the pandemic, which were a source of frustration and hinderance of learning for students.

The switch towards online learning in the face of the pandemic also provided young people who previously had a lengthy commute to their educational institutions, with easier access to their education and a welcome reduction in travel time and costs. This switch also alleviated additional housing costs for those young people making use of temporary housing due to the distance between their home and educational facility, as they were now able to access lessons from home. This was also the case for young people from Gozo attending courses at the University of Malta. While acknowledging the benefit of in-person tuition, students from Gozo, who had been asking for more online content, found that the pandemic experience of teleconferencing supported their request for increased flexibility. Having at least some lectures online would allow them to spend less time commuting and to have more quality time with their families, as well as reduce the costs of renting accommodation in Malta (Times of Malta, 2020).

A survey conducted amongst UK students by Save the Students (2018) showed that 45% of students reported that their mental health was impacted by the cost of accommodation, while 31% of participants stated that accommodation costs and issues impacted their studies (Butler, 2018). With regard to this, it is possible to hypothesize that the pandemic-induced shift to online learning might have improved academic performance for some students, by reducing additional stressors such as housing/travel costs and concerns.

The impact of school closures due to the pandemic reached beyond education. A number of young people have been recorded as having had access to and having made use of mental health services while being physically present at school (Schwartz et al., 2021). Furthermore, a meta-analysis conducted by Duong et al. (2020) showed schools to be a locus of mental health-care for a number of young people, however the access to these services was restrained due the pandemic, with WHO (2020) reporting that over 70% of countries had disruptions in their young people mental-health services. The closure of these services and other mental-health services became a larger issue as more young people were impacted by the pandemic's effect on their education, jobs and lifestyle, which in turn had an effect on their mental well-being. A large number of mental health service saw an increased demand for their services, such the Irish mental health charity, 'Jigsaw', which saw a 50% increase in demand of their services during August 2020 (OECD, 2021).

With a large number of restrictions and lockdowns put in place to prevent further spread of the COVID-19 virus, many young people working both part and fulltime had their employment impacted. A report by the OECD (2021) showed that unemployment rates amongst young people aged 15-24 years rose sharply to as high as 18.9%, during pandemic. A large number of young people hold jobs in sectors that are less secure and more susceptible to market shocks, such as those brought about by the pandemic to industries such as tourism and food services (OECD, 2021). This, paired with the increased difficulty in acquiring jobs due to low hiring rates induced by the pandemic, may explain the increased percentage of unemployment rates (OECD, 2021). As mentioned previously, the pandemic's influence on jobs, which resulted in several young people becoming unemployed, fear of unemployment among those who are still employed, and future job uncertainty, may all represent a threat to young people's mental wellbeing.

Macro-Level Factors Impacting Young People:

Media coverage of our current situation is essential in alleviating worries, apprehensions, and creating hope for individuals. However, when done inadequately, this may cause the opposite. For young people and individuals, constantly viewing a newsfeed reporting only pandemic-related death rates and 'case numbers', may have significant risks for mental-health (Su et al., 2021). This, paired with other pandemic-related factors impacting young people, causes a sense of anxiety amongst individuals. In fact, a global study conducted amongst young people, found that 20.5% of participants experienced elevated anxiety symptoms (Racine et al., 2021). Racine et al. (2021) further stated that globally around 20% of young people experienced elevated levels of anxiety symptoms related to the covid-19 pandemic.

Being a novel experience for many, including young people, living in a pandemic has brought with it uncertainty, confusion, and fear. This fear is easily transferred and projected onto others, resulting in a social stigma against categories of individuals, with the likelihood that people who test positive for the disease become a target for stigmatization, resulting in their being labeled, stereotyped, and discriminated against (IFRC et al., 2020). As noted previously, socialization is an important component during the adolescent and emerging adult years, and thus many young people fear becoming isolated due to discrimination. Isolation brought about by discrimination would impact one's mental well-being, causing feelings of loneliness, and may lead to the development of depressive symptoms as mentioned above. Furthermore, fearing isolation, young people and other individuals may become hesitant and avoid disclosing any information that would lead to their stigmatization, thus becoming a threat to public health (Shen, 2020).

Conclusion

The COVID-19 virus quickly escalated to become a global health emergency and pandemic, impacting individuals globally. COVID-19 did not only affect individuals' health, but has also disrupted their daily-lives and brought uncertainty, confusion, and fear. Governments globally quickly took action to prevent further spread of the virus. For young people this meant changes in their education, social and personal lives, and employment. Although these measures were implemented to ensure safety, their impact on young people should not be underestimated. Young people's mental health was severely impacted by the pandemic; school closures, lockdowns and social isolation all resulted in social seclusion at time in which socialization is critical in forming a sense of identity, and lead to feelings of loneliness, as well as increased depressive and anxiety symptoms. Job uncertainty, unemployment, concerns about one's education, and fear of the pandemic all contributed to increased anxiety among the world's youth population. This impact on young people's mental health was evidenced by mental health services globally, which saw a significant increase in the number of young people seeking and using their services.



Methodology



This research project sought to uncover the impact that the COVID-19 pandemic had on Maltese young people. A questionnaire was conducted on a representative sample of young people aged 13-25, to assess the impact of COVID-19 on education, jobs, physical and mental health, personal life, and social relationships. Questions were assessed on a 5-point Likert scale with responses ranging from; 'Very Negatively', 'Negatively', 'No impact', 'Positively' and 'Very Positively'.

Demographic data involving age, gender, highest level of education and current employment status was also collected. Furthermore, participants were asked if they received the COVID-19 vaccinations, as well as their views on the governments' handling of both the pandemic and the vaccination roll-out were gathered.

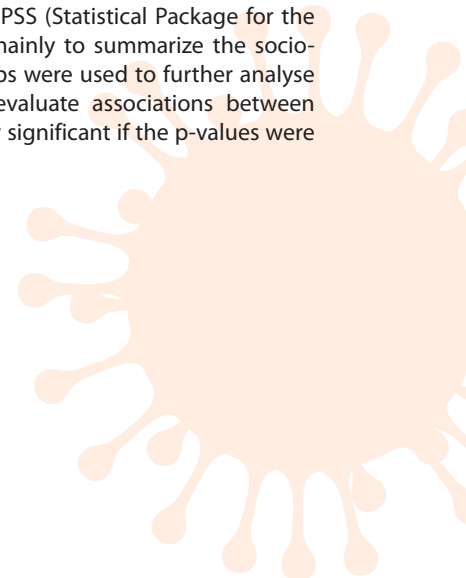
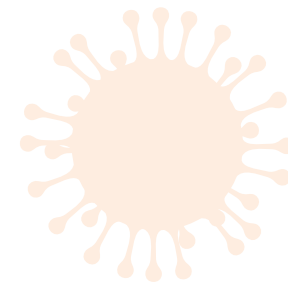
Data Collection was handled by Dr. Vincent-Anthony Marmara and his team, and data was gathered by calling telephone numbers, randomly and non-sequentially, using a random number generator.

Ethical Approval

All study materials and procedures were submitted on 5th July 2021 to the ethics committee (FREC) of the Faculty for Social Wellbeing, at the University of Malta, and approval to proceed was granted on 18th October 2021.

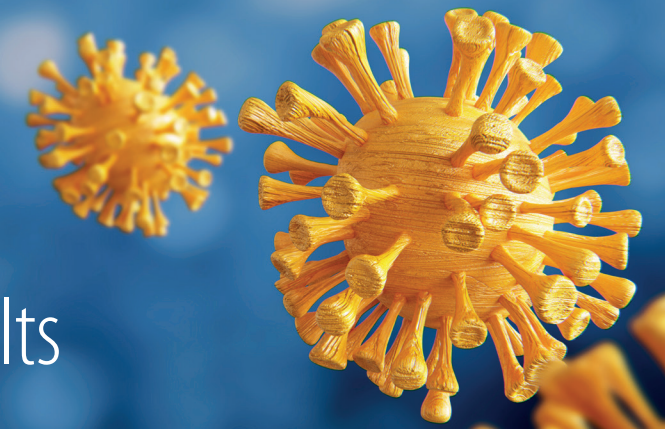
Statistical Analysis

The data gathered was analysed using Excel and SPSS (Statistical Package for the Social Sciences). Descriptive statistics were used mainly to summarize the socio-demographic characteristics of the cohort. Crosstabs were used to further analyse the results and Chi-square tests were used to evaluate associations between variables. Results were considered to be statistically significant if the p-values were less than or equal to 0.05.





Results



An analysis of age amongst the 418 participants presented a median age of 20, with the lowest age being 13 and the highest being 25. A mode analysis showed participants aged 25 to be the most common within the study at 10.3% [Figure 1].

Figure 1

Age

	N	%
13	22	5.3%
14	22	5.3%
15	28	6.7%
16	28	6.7%
17	33	7.9%
18	34	8.1%
19	34	8.1%
20	37	8.9%
21	36	8.6%
22	33	7.9%
23	35	8.4%
24	33	7.9%
25	43	10.3%

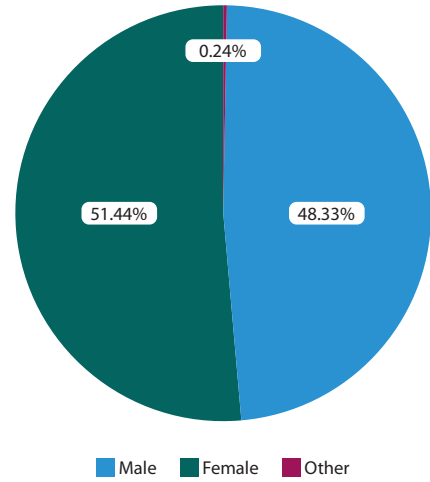
Percentages of Ages

A calculation of frequency was conducted on gender, highest education level and employment status. Amongst the 418 participants; 51.44% identified themselves to be female, 48.33% to be male and 0.24% who identified themselves as other [Figure 2]. Education was measured at three levels: secondary, post-secondary and tertiary. 42.1% reported secondary level to be their highest level of education, 39.0% to be post-secondary, and 18.9% to be tertiary [Figure 3]. For employment status; 69.9% reported to be employed/self-employed, 28.7% to be students, 1.2% to be unemployed, and 0.2% reported to be supporting their family from home [Figure 4].

This is, as anticipated, due to the age range under study. It was expected that a number would still be in school or not yet in employment.

Figure 2

Gender

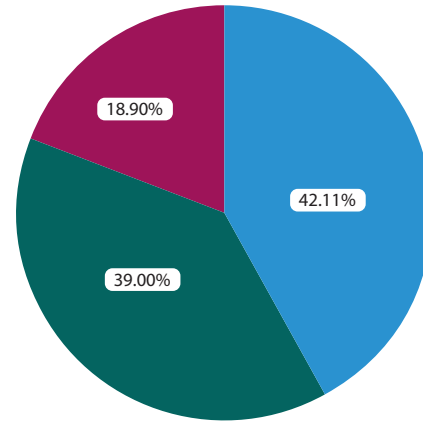


Male Female Other

Percentage of Gender

Figure 3

Highest Level of Education

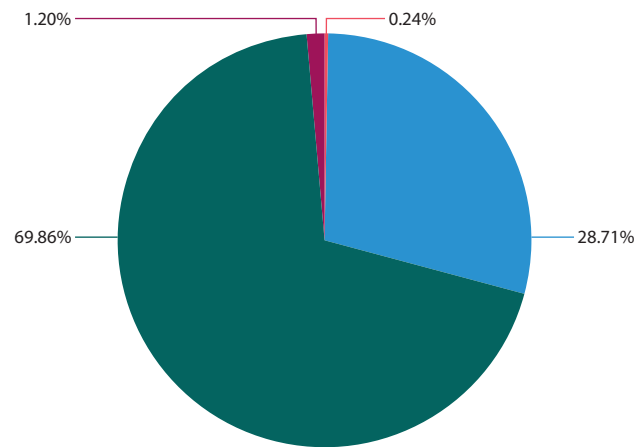


Secondary Post-Secondary Tertiary

Percentage of Highest Level of Education

Figure 4

Employment Status



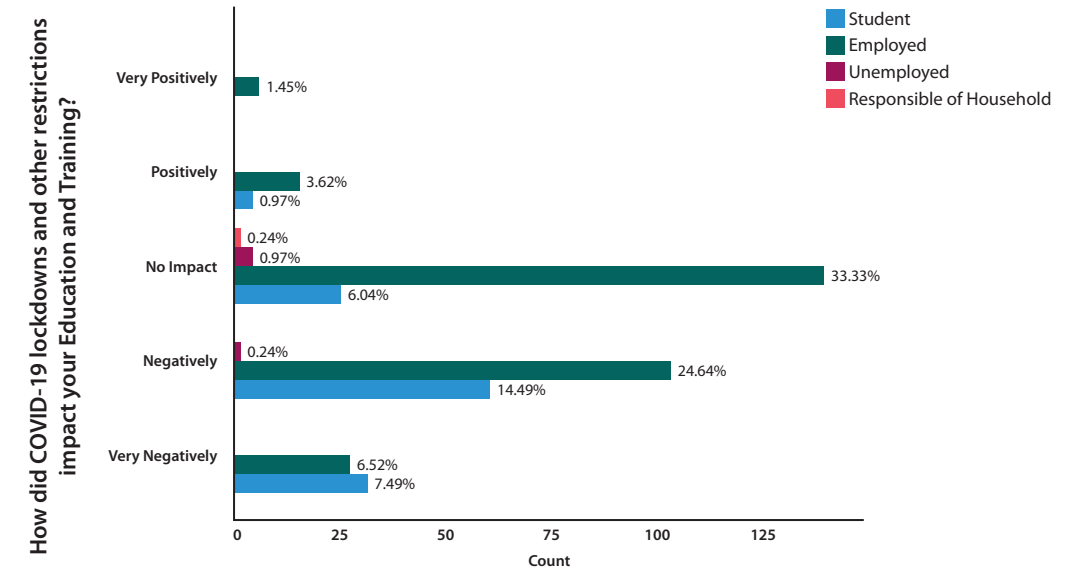
Student Employed Unemployed Responsible of Household

Percentage of Job Status

Covid-19 impact on education and training was perceived to be more negative for participants who were students. For a majority of participants who were employed, education and training were unaffected (33%), while another 24.4% of employed participants stated that their education and training were affected negatively [Figure 5]. When asked about the COVID-19 impact on participants' jobs, 31% of employed individuals stated that they felt unaffected, while 26.35% reported that they were affected negatively. Meanwhile 22% felt their job was impacted positively by COVID-19 [Figure 6].

Figure 5

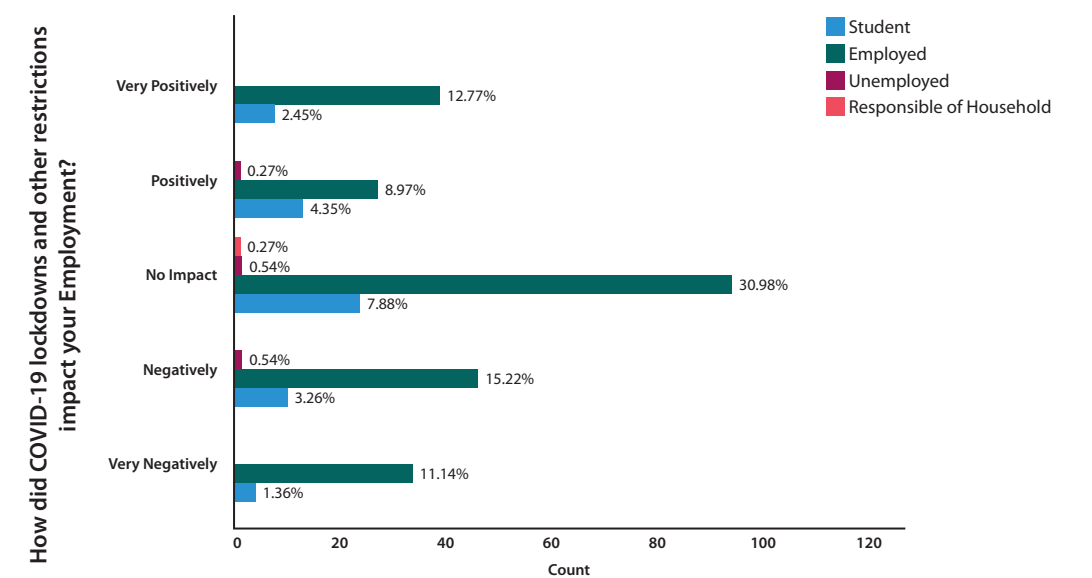
Bar Chart - Job Status against impact on Education and Training due to COVID-19



Job Status against responses to COVID-19 Impact on Education

Figure 6

Bar Chart - Job Status against COVID-19 impact on Employment



Job Status against COVID-19 Impact on Jobs

COVID-19 impact on physical health was experienced more negatively by young people aged between 15 and 18, while emerging adults felt their physical health to be unaffected by the pandemic [Figure 7]. Half of both male and female participants felt their physical health was not impacted. Overall, female participants felt their physical health to be more negatively impacted (38.6%) compared to male (35.6%), while more male respondents reported a positive impact on their physical health (14%) than female (7%) [Figure 8]. Pandemic impact on mental health was experienced very negatively by young people aged between 13 and 18, while young people aged 19 to 25 either experienced a negative impact on their mental health (25%) or no impact at all (23.5%) [Figure 9].

Figure 7

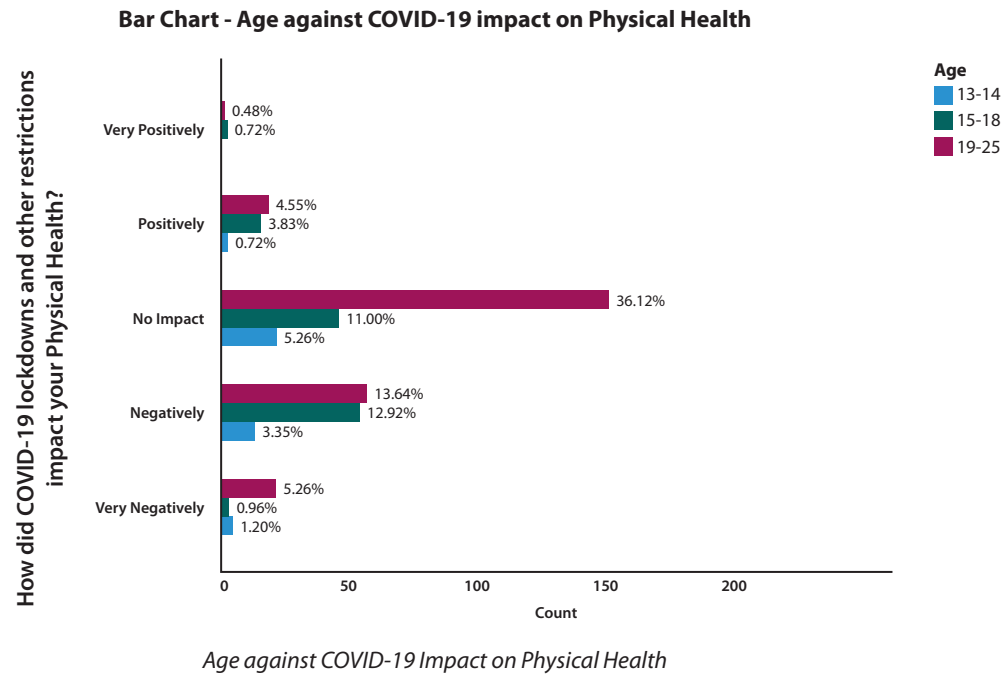


Figure 8

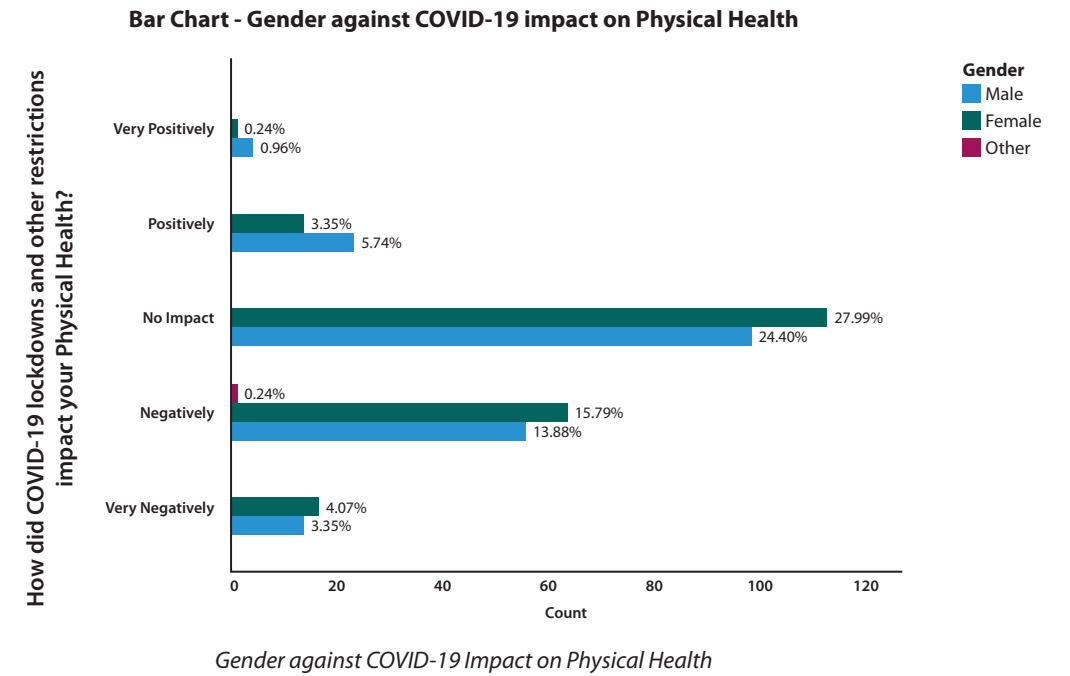
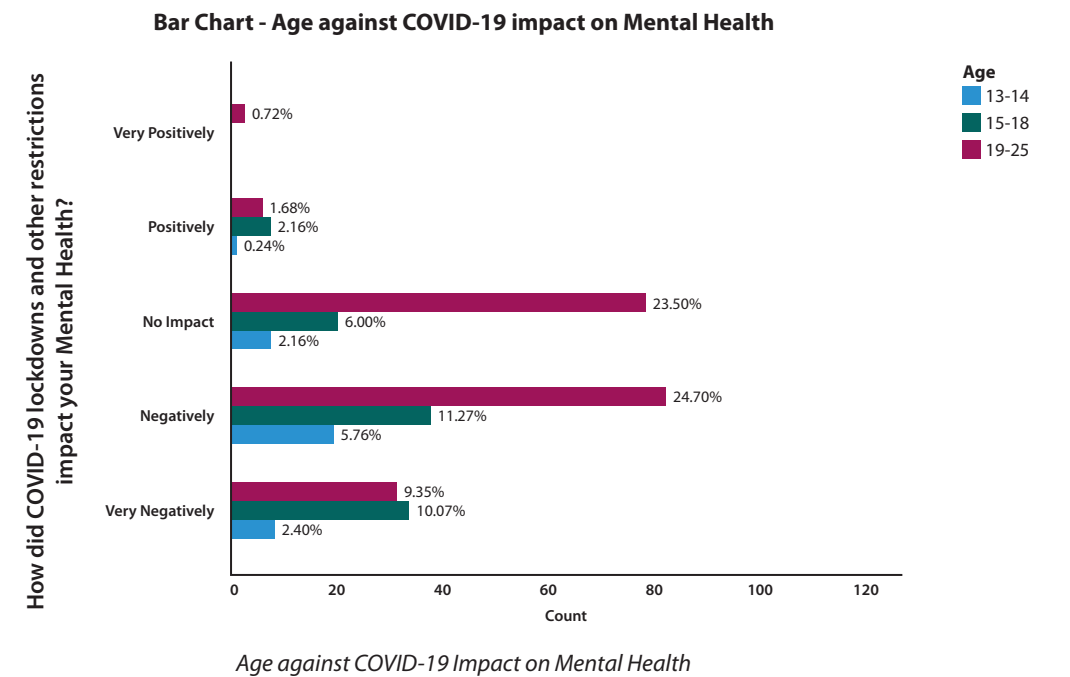


Figure 9



The majority of young people aged between 13 and 17 noted to have had no impact on personal life due to the pandemic (45%) compared to 32% who had their personal life impacted negatively. For young people and emerging adults aged between 18 and 25, there was still a high percentage of individuals who stated that the pandemic had no impact on their personal life (44.6%). However, a higher percentage of individuals in this age range (18-25), did feel that their personal life was impacted negatively (36.5%) [Figure 10]. Overall, pandemic impact on social relationships was



experienced mostly negatively by all ages within this study. Despite this, 43.6% of participants aged between 16 and 25 stated that the pandemic had no impact on their social relations [Figure 11]. Overall females experienced a more negative impact on social relations (27.03% n= 113) compared to males (20.33% n= 85), while more males reported to have had a positive impact on social relations (8.13%) compared to females (3.83%) [Figure 12].

Figure 10

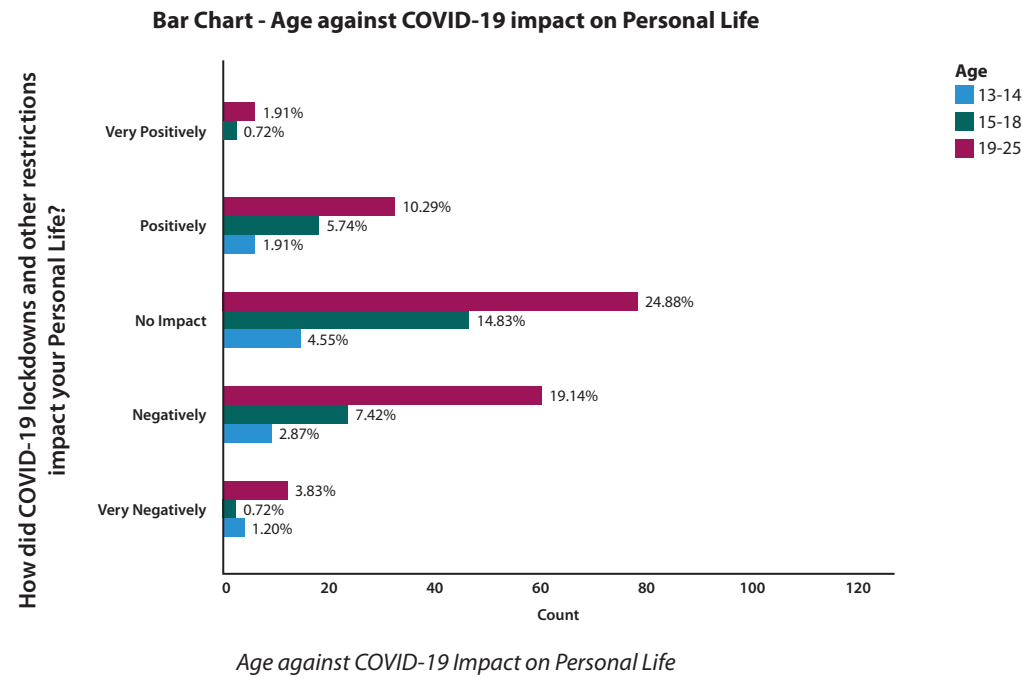


Figure 11

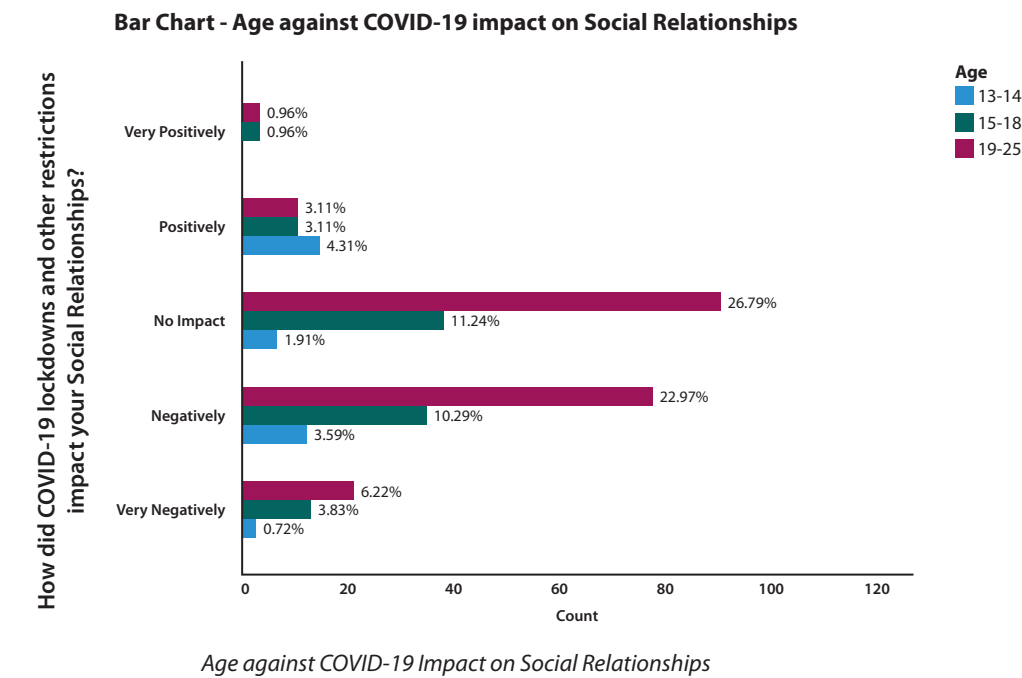
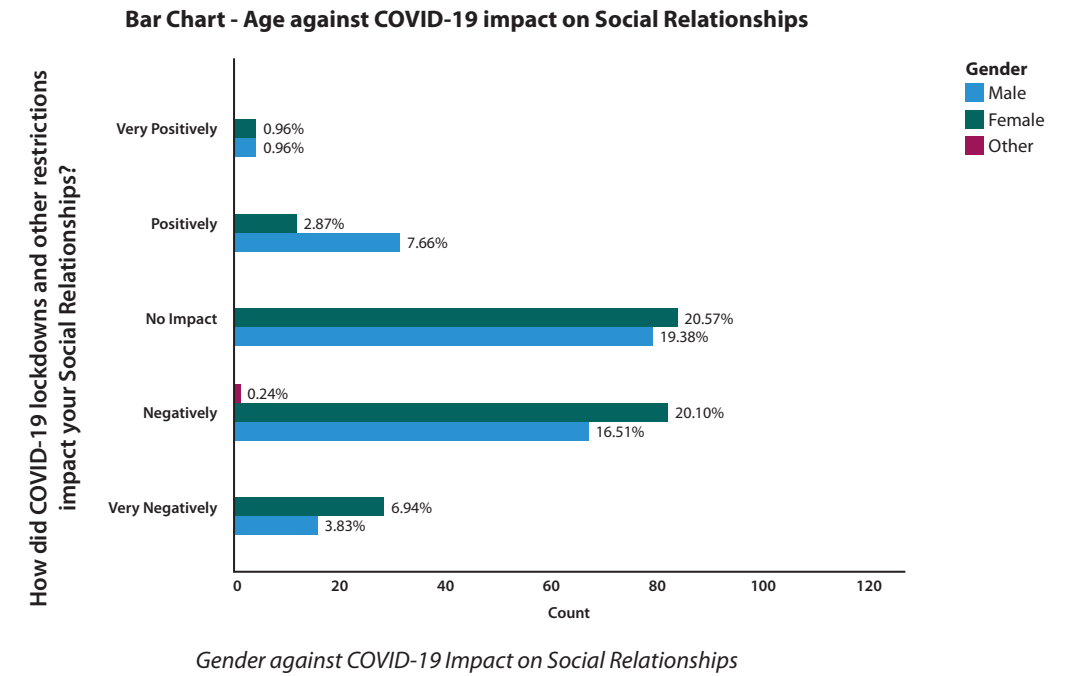


Figure 12



In relation to the COVID-19 vaccination, almost all participants stated to have been vaccinated, amounting to a percentage of 98.3%, while 1.7% spread across the ages of 21, 23 and 25, opted to not get vaccinated [Figure 13]. A high percentage of participants reported that they were overall happy (84.45%) with how the government handled and treated the pandemic [Figure 14], as well as how the government handled the distribution of the vaccine (90.9%) [Figure 15].

Figure 13

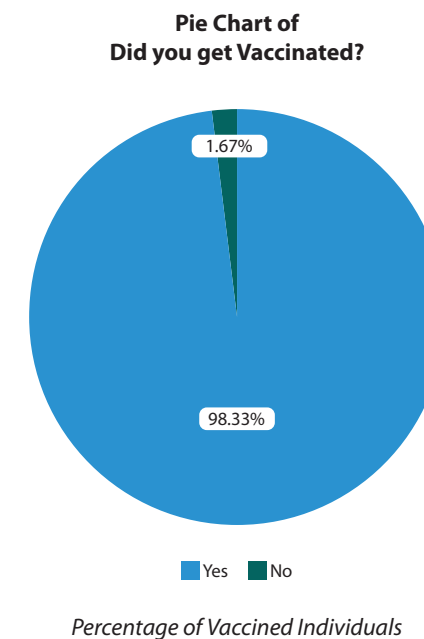


Figure 14

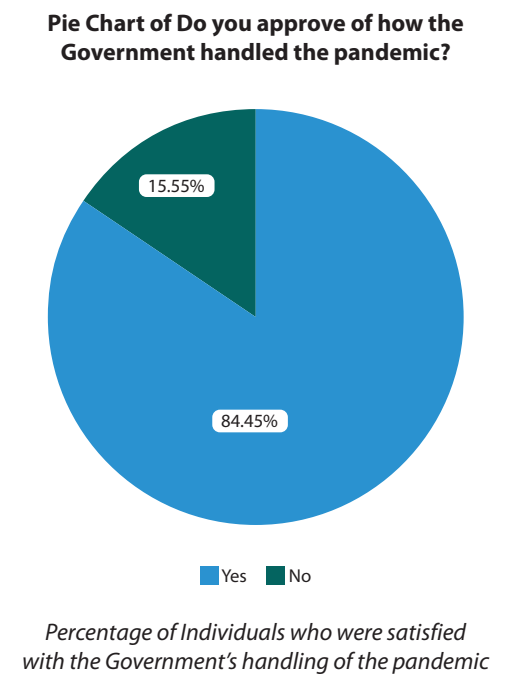
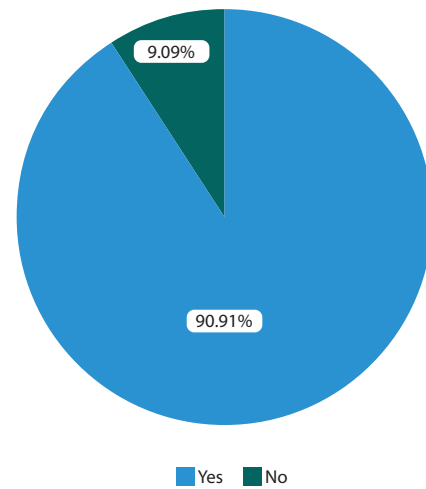


Figure 15
Pie Chart of Do you approve of how the Government handling of vaccinations?



Percentage of Individuals who were satisfied with the Government's handling of the vaccine



Discussion

This study presented the impact of the COVID-19 pandemic amongst Maltese young people aged between 13 and 25 years, thereby encompassing the stages of adolescence and emerging adulthood. This section will discuss the impact of the Covid-19 pandemic on the education and training, employment, physical and mental health, personal life and social relationships of young people aged 13 to 25.

An examination of age across 'impact on education' showed negative impacts for young people aged 13 to 18, which remained prevalent till age 20. This is the average age range in which individuals receive education, since in Malta secondary education, which encompasses ages 13 to 15, is compulsory. Furthermore, NSO (National Statics Office) figures place a total of 16,382 students attending post-secondary schooling and university in 2016, with 5313 students in post-secondary schools and 11,069 in university (NSO, 2019). The high percentage of negative impact amongst this age range may be due to the shift to online education. A study by Wijaya et al. (2020), which examined the experience of Indonesian students to online learning found that while being more convenient, students still perceived online learning as having a negative impact on their education. With relevance to this, results from another study conducted by Atlam et al. (2021) showed that participants believed that online learning could not replace traditional methods of teaching due to issues arising with this new method of teaching that may increase levels of stress and pressure on students, that may in turn impact their education performance. A chi-square test conducted between 'impact on education and training' and 'impact on mental health' proved to be statistically significant ($P < .001$) showing that in this study's cohort too, a statistically significant correlation existed between education and mental health. These results show that for this age group, there is a significant correlation between mental health and how their education is delivered, which leads to the conclusion that the pandemic has had a negative impact on education and contributed to poor mental health in Maltese young people.

Responses towards job impact for employed individuals was varied; 26.35% were affected negatively, 31% felt unaffected, and 22% stated that they were affected positively. One possible reason for this could be that this age group welcomed the flexibility of online working, while another reason could be the fact that this age group does not generally partake in heavy household or family responsibilities. Hetherington et al. (n.d.) discussed the impact the pandemic on parents, including the impact of the responsibilities of home-schooling children, combines with the shift to teleworking and the ever-present possibility of unemployment, all of which lead to increased rates of anxiety and depression. A chi-square conducted to analyse the links between mental health and job impact in this study showed no statistical significance ($P = .517$). A global survey conducted by Mlitz (2021) showed a largely positive view of 80% towards 'teleworking' among employed individuals. However, with working from home, social interaction is limited, thus those who opted for more sociable jobs were more likely to feel negatively impacted by the pandemic

(European Parliament, 2020). With relevance to this, a chi-square test conducted to examine the correlation between 'job impact' and 'impact on social relationships' prove to be statistically significant ($P < .001$). The uncertainty related to jobs brought on by the pandemic would have further contributed to the negative effects of the COVID-19 pandemic. ILO (2021) data showed the loss of 114 million jobs in 2020, which added to the negative impact of the pandemic on the working environment. This could be a contributing factor to the percentage of 'negative job impact' responses presented in this study.

The impact on physical health during the pandemic was perceived to be negative amongst young people aged between 15 and 18. A study conducted by Burdzovic Andreas & Brunborg (2021) amongst a cohort of high-school students falling between the age range previously mentioned, showed that poor mental health contributed to poor physical health. A chi-square test conducted on the data collected also showed statistical significance between 'impact on physical health' and 'impact on mental health' ($P < .001$). A large percentage of responses across all ages stated that they felt no impact on physical health (52.4% $n=219$). Since Malta only imposed a mandatory lockdown on individuals aged 65+, pregnant women, individuals who were considered as vulnerable and the household members of these groups of individuals (Borg, 2020), the situation still allowed the majority of Maltese young people to pursue activities outside of their home. This could have contributed to the large percentage of 'no impact' responses. Compared to this, countries who experienced a nation-wide lockdown saw a decline in physical activity (Füzéki et al., 2020). Additionally, the restrictions and measures put in place to reduce the spread of COVID-19, also reduced the number of spreadable illnesses that could have an impact on physical health. An example of this includes the decline in influenza cases both in the US and globally, as seen by the CDC (2020). This could be a contributing factor to the high percentage of 'no impact' responses presented in this study.

The impact the pandemic had on mental health was perceived to be negative amongst all ages present in the study. Ages 13 to 18 reported being more impacted than others (29.5%). A contributing factor to this could be due to the increased time spent at home. Stress brought about by fears of the pandemic could have led to increased stress and caused tensions amongst family members, while parental stress may also indirectly have affected younger members of the family (Imran et al., 2020). A chi-square test conducted between 'impact on personal life' and 'impact on mental health' proved to be statistically significant ($p < .001$), showing a correlation between personal life, such as relations with family, and mental health in the study conducted. Moreover, a study conducted by Nagata et al. (2021) amongst US adolescents, showed an almost doubled increase in screen time during the pandemic (7.7 h/d) compared to pre-pandemic estimates. This could have contributed to negative impacts on mental health felt during the pandemic. Imran et al. (2020) acknowledged the fear of mental health disorders developing due to excess usage of electronics and social media. Social isolation impacting young people may also be associated with poorer mental health. A chi-square test assessing 'impact on mental health' and 'impact on social relationships' resulted as statistically significant ($P < .001$). This shows social isolation and its effects on socialisation as a contributing factor to poor mental health. Gender plays a significant role in poorer mental health, with females being more prone to poor mental health and to a number of mental disorders including depression and anxiety (WHO, n.d.). With relevance to this, results from the study conducted showed a larger percentage of females who experienced a negative impact on mental health (34.05%) compared to males (29.3%).

The impact on social relationships was experienced more negatively by females. A study conducted by Clark et al. (2021) showed females to have slightly higher rates of loneliness compared to males; furthermore, females were more likely to report their loneliness. This may act as a contributing factor towards the higher number

of 'negative impact' responses amongst females. Analysis of the data showed relevance to this, with 52.5% of females stating that they felt more negatively impacted by the pandemic compared to males (42%). With screen time and use of social media as previously mentioned being almost doubled during the pandemic (Nagata et al. 2021), it served as a platform for connection and socialisation between individuals. This could be a contributing factor towards the high responses of 'no impact' reported in the study (43% $n= 167$). Barr & Copeland-Stewart (2021) saw an increase of 29.5% in video-game play time during covid-19, with many participants stating games to be 'more social'. Moreover, males find it more enjoyable to play video-games (Gough, 2018), and with the increased availability of time to play due to the pandemic, this may have acted as a contributing factor towards the higher percentage of males who responded 'positively impacted' in the study. With school closures, however young people who are still in school lost a source of socialisation, and this may have contributed to a negative impact on their social relationships. In fact, a chi-square test conducted between 'impact on social relationships' and 'impact on education' showed a significant correlation ($P < .001$), showing that for this age group, socialisation was impacted by the pandemic.

Several participants noted that their personal life was impacted negatively by the pandemic (29.42% $n=123$). Mental health may be a contributing factor to this, as a chi-square test conducted between 'impact on personal life' and 'impact on mental health' showed a statistically significant correlation ($P < .001$). Fear brought about the pandemic may also have contributed to poor mental health, and in turn impact personal life. A study by Ornell et al. (2020) states that in a pandemic, fear increases stress and anxiety amongst healthy individuals. High levels of stress in adolescents, resulting from the pandemic, may place a strain on the parent-adolescent relationship, and may act as a contributing factor to a 'negative impact' on personal life (Donker et al., 2021). The pandemic's impact on jobs is another factor that may be a source of stress contributing to a negative impact on personal life. However, a chi-square test conducted between 'impact on job' and 'impact on personal life' resulted as not significant. In spite of this, these factors are subjective for each individual, as shown in the data collected, with 44.3% of participants stating that they felt no impact on personal life.

Participants were also asked about whether they generally approved of the state's handling of the COVID-19 pandemic and vaccine roll out. Respondents were overall content with the governments' handling of both the pandemic and the distribution of the vaccine.

As discussed above, our findings revealed that Maltese young people, like young people the world over, felt that they have been impacted by the pandemic, although not equally in all areas. The greatest impact was felt on mental health, where all ages reported being negatively impacted by the pandemic, with 13 to 18-year olds reporting being the most affected, particularly in the areas relating to personal life and social relationships, which showed a significant negative correlation for mental health. Education and jobs were other areas where negative effects were reported. However, the area of physical health was largely unaffected as over half of respondents (52.4%) reported that they experienced no impact on their physical health, probably largely due to the fact that no prolonged lockdown was imposed in Malta. Furthermore, our findings show that across all areas assessed within the study, females were more negatively impacted by the pandemic, with an average of 24.21% of female participants reporting that they were 'negatively' or 'very negatively' impacted, compared to 20.36% of male participants. On a positive note, the handling of the pandemic and vaccine programme by the authorities was largely viewed positively. These findings show that young people have indeed been affected by the COVID-19 pandemic, above all in the area of mental health, and ongoing investment in mental health and digitalisation would be highly beneficial to this age group.

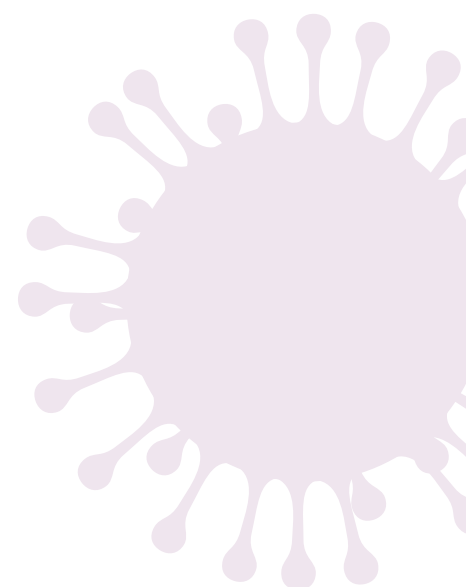
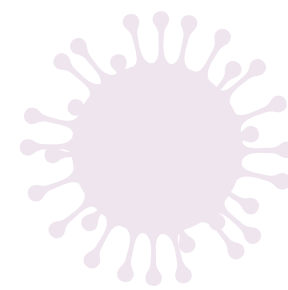


Limitations

Individuals within the specified age group for this study were not easily accessible. Furthermore, individuals within the 13-15 age bracket were harder to access due to an added layer of communication, thus the data of the cohort within the study was skewed to responses of 25 years olds.

Due to the study being a questionnaire it depended on participants subjective recall of their experiences with the COVID-19 pandemic. However, being anonymous and through telephone, it may be the case that participants felt less intimidated and freer to answer questions more truthfully.

As the questionnaires were conducted through telephone, it limited the amount of detailed questions that could have been asked, as it could have further diminished the number of participants due to the length of the questionnaire.





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Appendix A

Questionnaire / Kwestjonarju

Examining the Effect of the Covid-19 Pandemic on Young people Aged 13 to 25
Eżami tal-Effett tal-pandemija Covid-19 fuq Żgħażaġh bejn it-13 u l-25 sena.

Sociodemographic Details / Dettalji Soċio-demografici

1. Can you please tell me your age? / *Tista' tgħidli kemm għandek żmien?* _____
2. What is your gender? Male/Female? Other /
Ma' liema ġeneru sesswali tidentifika ruġek? Maskil / Femminil / leħor
3. What is the highest level of education that you have successfully completed? /
X'inhu l-għola livell t'edukazzjoni li inti komplejt b'suċċess?
 - No formal education/ primary level / *M'attendejtx skola formali / Livell Primarju*
 - Secondary level / *Livell Sekondarju*
 - Post-secondary level / *Livell Post-Sekondarju*
 - Tertiary level / *Livell Terzjarju*
4. What is your main labour status? / *X'inhu l-stat tax-xogħol tiegħek?*
 - Employed/Self-employed / *Impjegat/a / Impjegat/a għall-rasek (Self-employed)*
 - Unemployed / *M'għandekx impjieg*
 - Student / *Student*
 - Cannot work due to illness and/or condition / *Ma tistax taħdem minħabba mard u / jew kundizzjoni*
 - Taking care of the house/family / *Responsabbli mid-dar / familja*
 - Other (please specify) _____ /
leħor (jekk jogħħbok speċifika) _____
5. Which town do you live in? _____ /
F'liema belt toqgħod? _____

Questionnaire / Kwestjonarju

The next questions will ask about how your everyday life has been affected by the Covid-19 pandemic.
Il-mistoqsijiet li jmiss jirrigwardaw kif il-pandemija tal-Covid-19 affettwatlek il-ħajja ta' kuljum tiegħek.

6. How has Covid-19, the lockdowns and other restrictions impacted on your education and/or training? /
Kif ġew milquta l-edukazzjoni jew it- taħriġ tiegħek minħabba l-Covid-19, il-'lockdowns' u r-restrizzjonijiet oħra?

- a. Very badly / *Hażin ħafna*
- b. Badly / *Hażin*
- c. No change / *M'hemmx bidla*
- d. Positively / *B'mod pożittiv*
- e. Very positively / *B'mod pożittiv ħafna*

7. How has Covid-19, the lockdowns and other restrictions impacted on your employment? /
Kif ġie milqut l-impjeg tiegħek minħabba l-Covid-19, il-'lockdowns' u r-restrizzjonijiet oħra?

- a. Very badly / *Hażin ħafna*
- b. Badly / *Hażin*
- c. No change / *M'hemmx bidla*
- d. Positively / *B'mod pożittiv*
- e. Very positively / *B'mod pożittiv ħafna*

8. How has Covid-19, the lockdowns and other restrictions impacted on your physical health? /
Kif ġiet milquta s-saħħa fiżika tiegħek minħabba l-Covid-19, il-'lockdowns' u restrizzjonijiet oħra?

- a. Very badly / *Hażin ħafna*
- b. Badly / *Hażin*
- c. No change / *M'hemmx bidla*
- d. Positively / *B'mod pożittiv*
- e. Very positively / *B'mod pożittiv ħafna*

9. How has Covid-19, the lockdowns and other restrictions impacted on your mental/emotional health? /
Kif ġiet milquta s-saħħa mentali / emozzjonali tiegħek minħabba l-Covid-19, il-'lockdowns' u restrizzjonijiet oħra?

- a. Very badly / *Hażin ħafna*
- b. Badly / *Hażin*
- c. No change / *M'hemmx bidla*
- d. Positively / *B'mod pożittiv*
- e. Very positively / *B'mod pożittiv ħafna*

10. How has Covid-19, the lockdowns and other restrictions impacted on your personal and home/family life? /
Kif ġiet milquta l-ħajja personali tiegħek (fid-dar / mal-familja) minħabba l-Covid-19, il-'lockdowns' u restrizzjonijiet oħra?

- a. Very badly / *Hażin ħafna*
- b. Badly / *Hażin*
- c. No change / *M'hemmx bidla*
- d. Positively / *B'mod pożittiv*
- e. Very positively / *B'mod pożittiv ħafna*

11. How has Covid-19, the lockdowns and other restrictions impacted on your relationships with friends and people you know outside the home/family? / *Kif ġew milquta relazzjonijiet mal-ħbieb jew nies oħra li taf li mhumix tad-dar jew tal-familja tiegħek minħabba l-Covid-19, il-'lockdowns' u restrizzjonijiet oħra?*

- a. Very badly / *Hażin ħafna*
- b. Badly / *Hażin*

- c. No change / *M'hemmx bidla*
- d. Positively / *B'mod pożittiv*
- e. Very positively / *B'mod pożittiv ħafna*

12. a. Have you been vaccinated for Covid-19? Yes/No / *Ġejt imlaqqam/a għal Covid-19? Iva / Le*

12. b. If you have not been vaccinated, can you give the reason? (Lack of time, opportunity, opposition to vaccination, etc) / *Jekk ma ġejtx imlaqqam/a kontra l-Covid-19, tista' tagħti r-raġuni għala? (Nuqqas ta' ħin, opportunità, oppożizzjoni kontra l-vaċċin, eċċ)*

12. c. Do you generally approve of the state's role in dealing with the Covid-19 pandemic and its impact? Yes / No / *Ġeneralment tapprova r-rwol tal-Istat fit-trattament tal-pandemija u l-impatt tagħha? Iva / Le*

12. d. Do you generally approve of the state's role in rolling out the vaccine? Yes / No / *Ġeneralment tapprova r-rwol tal-istat fit-tnedija tal-vaċċin? Iva / Le*

Appendix B

Assent and Consent Form – Children, English

Information and Assent form for young people aged 13 – 25 years,
for Examining the Effect of the Covid-19 pandemic on Young people
Questionnaire administered via telephone

[Research aims and description:] Dear participant, I am [researcher to say their name] and I am calling from the University of Malta. Would you like to continue in English or switch to Maltese? [adapt accordingly].

We are carrying out a study on behalf of the University about how the Covid-19 pandemic has affected the lives of young people. We would like to ask you to participate by answering a few questions. The questionnaire should take between 10 minutes to answer. We would like you to know that only you can decide if you want to take part or not.

[Research procedures:] The information you give us will be collected in this phone call through the use of a questionnaire. Your details (for example your name and surname) are protected and anonymous - this means that no participant's name or personal details will be used throughout the study. Even we will not know and do not need to know. If you say yes to taking part in this study, we will ask you the questions in this phone call. Your answers cannot be understood by those around you because you will be answering by choosing from a list of possible answers. The information you give us will only be used for the purposes of this study and will be kept electronically, in a safe place, that is on a computer, that will only be accessed by the team of researchers.

[To be used in the case of minor participants] In case we realise that you are at risk of harm or if we believe that your health is in danger, we will stop the questionnaire and ask to speak to your parents so that we can refer you to someone who can help you.

During this phone call you can choose to not answer any questions you do not feel comfortable answering and you may choose to stop completely at any time without need for justification. If you decide to stop answering, any information you would have given us up to that point will be destroyed. However, you will not be able to change your mind about taking part in the study after the phone call has finished, as we will not know which answers belong to who once we have finished the call.

If, at any point during or after the research process, you feel concerned or anxious and would like to talk to someone, you may seek assistance via chat, email or message on kellimni.com. You may also access free mental health support from Richmond Foundation on the helpline 1770, available 24 hours a day.

This study has been approved by the Research Ethics Committee of the Faculty for Social Wellbeing and we will be following General Data Protection Regulations (GDPR) as well as national legislation.

Did you understand the information provided here? Do you have any questions? [Researcher will pause to ensure that all has been understood].

Do you consent to take part in our study?

Thank you. Your contribution is very important to the success of this study.

Appendix C

Assent and Consent Form – Children, Maltese

Formola ta' informazzjoni u assent għal żgħażaġh bejn it-13 u l-25 sena
Kwestjonarju li Jeżamina l-effett tal-pandemija tal-Covid-19 fuq żgħażaġh bejn it-13 u l-25 sena.

[Stqarrija u deskrizzjoni tar-riċerka:] Għażiż/a parteċipant/a, jien jismni [riċerkatur għandu jinserixxi ismu/isimha] u qed inċempel mil-Università ta' Malta. Tippijeri titkellem bil-Malti jew bl-Ingliż? [adatta skont il-bżonn].

Qed nagħmlu studju f'isem l-Università dwar kif il-pandemija tal-Covid-19 affettwat il-ħajja taż-żgħażaġh. Nixtiequ nistaqsuk jekk tridx tipparteċipa billi twieġeb ftit mistoqsijiet. Il-kwestjonarju għandu jieħu madwar 10 minuti. Nixtiequ li tkun taf li inti biss tista' tiddeċiedi jekk tridx tieħu sehem jew le.

[Proċeduri ta' riċerka:] L-informazzjoni li ttina ser tiġi miġbura f'din it-telefonata permezz ta' kwestjonarju. Id-dettalji tiegħek (pereżempju ismek u kunjomok) huma protetti u anonimi - dan ifisser li la ismek u lanqas id-dettalji personali tiegħek m'huma ser jintużaw fl-istudju. Aħna stess mhux se nkunu nafu u m'għandniex għalfejn inkunu nafu. Jekk taċċetta li tipparteċipa f'dan l-istudju, aħna nistaqsuk il-mistoqsijiet waqt din it-telefonata. It-twegibiet tiegħek mhux ser ikunu jistgħu jinftieħmu minn dawk ta' madwarek għax inti ser tkun qed twieġeb billi tagħzel minn lista ta' twegibiet possibbli. L-informazzjoni li ttina ser tintuża biss għal dan l-istudju u ser tinħażen f'post elettroniku sigur, jiġifieri fuq kompjuter, li jista' jiġi aċċessat biss mit-tim tar-riċerka.

[F'każ li l-parteċipant huwa minuri għandu jinqara dan il-paragrafu] F'każ li nindunaw li int f'xi riskju ta' ħsara jew jekk nemmnu li saħħtek tinsab fil-periklu, aħna nwaqqfu l-kwestjonarju u nitolbuk biex inkellmu lill-ġenituri tiegħek jew min jieħu ħsiebek sabiex inkunu nistgħu nirreferuk għand xi hadd li jista' jgħinek.

Waqt din it-telefonata tista' tagħzel li taqbeż dawk il-mistoqsijiet li ma tħossokx komdu/a twieġeb u tista' tieqaf milli tkompli twieġeb il-kwestjonarju fi kwalunkwe ħin mingħajr ma tagħti spjegazzjoni. Jekk tiddeċiedi li tieqaf milli twieġeb il-kwestjonarju, l-informazzjoni li tkun tajtna tinqered. Madankollu, ma tkunx tista' tbiddel fehmtek dwar li tieħu sehem fl-istudju wara li tkun intemmet it-telefonata, għax ladarba tkun spicċat it-telefonata ma nkunux nafu liema twegibiet jappartjenu lil liema tifel jew tifla.

Jekk fi kwalunkwe ħin matul il-process tar-riċerka, jew anke wara, tħossok ikkonċernat/a jew anzjuż/a, u tixtieq tkellem lil xi hadd, tista' tirrikorri għand kellimni.com jew fuq email info@kellimni.com għall-għajnuna permezz ta' chat, email jew messaggġ. Huwa possibbli ukoll li taċċessa għajnuna fuq saħħa mentali mingħand ir-Richmond Foundation permezz tal-helpline 1770. Dan is-servizz huwa bla ħlas u aċċessibbli 24 siegħa kuljum.

Dan l-istudju ġie approvat mill-Kumitat għal-Etika tar-Riċerka tal-Fakultà għat-Tiżieħ tas-Socjetà u ser insegwu r-Regolamenti Ġenerali tal-Protezzjoni tad-Data (GDPR) kif ukoll il-legislazzjoni nazzjonali.

Inti fhimtha din l-informazzjoni? Għandek xi mistoqsijiet? [Ir-riċerkatur jieqaf biex jiżgura li kollox ġie mifhmum].

Taqbel li tieħu sehem fl-istudju tagħna?

Grazzi. Il-kontribut tiegħek huwa importanti ħafna għal dan l-istudju.

Appendix D

Consent Form – Parents, English

Information and Consent Form for Telephone Survey – Parents / Legal Guardians of Children for Examining the Effect of the Covid-19 pandemic on youths aged 13 to 15.

(To be read out at the start of the telephone interview to confirm that the parent/legal guardian understands the information provided and gives their consent to the participation of their child in the telephone survey.)

[Statement of purpose of the study:] Hello, my name is [researcher to say their name] and I'm calling from the University of Malta. Would you like to speak in Maltese or English? *[adapt accordingly]*

[Questions determining eligibility for this study:] Are you a parent of a child who lives in the same household? How old is your child? What gender is your child?

We are conducting a short telephone questionnaire to examine the impact of the Covid-19 Pandemic on the lives of young people. We would like to ask you a few general questions and then ask your child some questions about how the pandemic impacted their life.

[Method of data collection:] The data will be collected through a one-time, anonymous questionnaire, which will be administered via this telephone call and will take around 10 minutes. Participants' personal names and surnames will not be asked for or used in the study and are in fact not known to us at all. We did not get your telephone number from any database. We are calling randomised telephone numbers, which will also not be collected or recorded in any way.

[Use made of the information and Guarantees:] Data collected will solely be used for research purposes and handled in line with GDPR and national legislation. Only the research team will have access to the raw data collected from the questionnaires. Deception in the data collection process will not be used. Participants are free to quit the study at any point during the telephone call, without giving a reason. In the case that a participant withdraws, all the information collected pertaining to them will be destroyed. However, as this is an anonymised telephone call, participants will not be able to withdraw their participation after the call is finished, as we will have no way of knowing which replies pertain to which caller.

Participants can request access to the results of the research once the study is finalised by contacting the Faculty for Social Wellbeing on email: socialwellbeing@um.edu.mt. You may also contact Research Officer, with any queries via email [email to be added] or telephone number 2340 2693.

If you or your children become upset about any aspect of your participation, you may seek assistance or support from kellimni.com, via their website www.kellimni.com, or from their email: info@kellimni.com. Additionally, in order to safeguard the confidentiality of all concerned, we wish to remind you that no part of this telephone call may be recorded, either by us or by yourself.

This study has been given clearance by the Faculty for Social Wellbeing's Research Ethics Committee. Do you have any questions or uncertainties regarding the information provided?

[If parental guardian affirms that they have understood, then the interviewer will proceed to the next question. If not, the interviewer will address any queries.]

Do you consent to participate in the study?

Do you consent for your child to participate in this study, if they wish to do so?

Thank you for accepting to participate. Your child's and your contribution is of great value to this study.

Appendix E

Consent Form – Parents, Maltese

Formola ta' informazzjoni u assent għal intervista bit-telefon – Ġenituri / Gwardjani Legali tat-tfal – Eżami tal-effett tal-pandemija tal-Covid-19 fuq żgħażaġh bejn it-13 u l-25 sena.

Din l-informazzjoni għandha tinqara fil-bidu tal-intervista bit-telefon biex tingħata konferma li l-ġenitur/gwardjan legali jifhem/tifhem l-informazzjoni provduta, li qed jagħti/tagħti l-kunsens biex tingabar l-informazzjoni/data u li qed jagħti/tagħti l-kunsens biex il-generu t/jipparteċipa.

[Stqarrija u deskrizzjoni tar-riċerka:] Għażiż/a partecipant/a, jien jisimni [riċerkatur għandu jinserixxi ismu/isimha] u qed inċempel mil-Università ta' Malta. Tippreferi titkellem bil-Malti jew bl-Ingliż? *[adatta skont il-bżonn]*.

Mistoqsijiet li jiddeterminaw l-eligibilità ta' partecipazzjoni f' dan l-istudju: Inti ġenitur ta' tifel / tifla li tgħix fl-istess dar miegħu / magħha? Kemm għandu / għandha żmien it-tifel / tifla? X'inhu l-generu sesswali tat-tifel / tifla?

Aħna qegħdin nagħmlu din l-intervista bit-telefon biex naraw kif il-pandemija tal-Covid-19 affettwat il-ħajja taż-żgħażaġh. Nixtiequ nistaqsuk ftit mistoqsijiet ġenerali u mbagħad nistaqsu lit-tifel / tifla xi mistoqsijiet dwar kif il-pandemija impattat fuq il-ħajja tiegħu / tiegħha.

[Proċedurita 'riċerka:] Id-data li se tiġi miġbura f'din it-telefonata permezz ta' kwestjonarju ta' darba, liema kwestjonarju se jiġi amministrat waqt it-telefonata, huwa anonimu u li għandu jiehu madwar 10 minuti. F'dan l-istudju m'aħniex se nistaqsu għal ismijiet u l-kunjomijiet tal-partecipanti, infatti din l-informazzjoni personali aħna m'għandniex. In-numru tat-telefon tiegħek ġie mażgħul b'mod random u mhux minn xi database. Dan in-numru mhux se jkun miġbur jew maħzun b'xi mod.

[L-użu tal-informazzjoni miġbura u garanziji:] L-informazzjoni li se tiġi miġbura se tintuża biss għal dan l-istudju u maħzuna skond ir-Regolamenti Ġenerali tal-Protezzjoni tad-Data (GDPR) kif ukoll il-legislazzjoni nazzjonali. L-informazzjoni tista' tiġi aċċessata biss mit-tim tar-riċerka. Il-mistoqsijiet m'għandhomx skop ta' qerq u waqt din it-telefonata, il-partecipant jista' / tista' jagħżel / tagħżel li jieqaf / tieqaf milli jkompli / tkompli jwieġeb / twieġeb il-mistoqsijiet fi kwalunkwe ħin mingħajr ma jagħti / tagħti spjegazzjoni. Jekk il-partecipant jiddeċiedi / tiddeċiedi li jieqaf / tieqaf milli jwieġeb / twieġeb il-mistoqsijiet, l-informazzjoni li tkun ingħatitli ta' tiġi meqruda. Madankollu, ma jkunx possibbli li jieħu / tieħu sehem fl-istudju, jekk wieħed jibdel fhemtu, wara li tkun intemmet it-telefonata, għax ladarba tkun spicċat it-telefonata ma nkunux nafu liema tweġibiet jappartjenu lil liema tifel jew tifla.

Il-partecipanti jistgħu jitolbu aċċess għar-riżultati ta' dan l-istudju għal darbha jiġi ffinalizzat billi tikkuntatja lil Fakultà għat-Tisbieh tas-Socjetà fuq l-*email*: socialwellbeing@um.edu.mt. F'każ li għandek xi mistoqsijiet, tista' ukoll tikkuntatja lill-Uffiċċjal tar-Riċerka, permezz tal-*email* [EMAIL TO BE ADDED] jew fuq in-numru tat-telefon 2340 2693.

Jekk fi kwalunkwe ħin matul il-process tar-riċerka, jew anke wara, kemm inti kif ukoll it-tifel / tifla tħossukom ikkonċernati jew anzjużi, u tixtiequ tkellmu lil xi hadd, tistgħu tirrikorru għand kellimni.com permezz tal-*website* www.kellimni.com, jew fuq *email* info@kellimni.com għall-għajjnuna permezz ta' *chat*, *email* jew messaġġ. Addizzjonalment, sabiex jiġi ssalvagwardjata l-kunfidenzjalità tal-partijiet ikkonċernati f'din it-telefonata, nixtiequ nfakkruk li l-ebda parti minn din it-telefonata ma tista' tiġi rrekordjata, la minn naħa tagħna u lanqas minn naħa tiegħek. Dan l-istudju ġie approvat mill-Kumitat għal-Etika tar-Riċerka tal-Fakultà għat-Tisbieh tas-Socjetà.



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