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IMPACT OF POST COVID-19 PANDEMIC ON SOCIAL INTERACTION OF HIGHER SECONDARY STUDENTS OF DISTRICT KORANGI CREEK KARACHI

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ABSTRACT

Objectives: Higher secondary students' social connections have suffered long-term consequences as a result of the COVID-19 epidemic. Increasing screen use and decreasing in-person contacts have led to emotions of worry and loneliness. Future studies ought to keep looking into these topics, concentrating on long-term consequences and practical solutions to aid in the recuperation and fortitude of children in Karachi's Korangi Creek post-pandemic zone.

Method: Quantitative Research Methodology is used to conduct this research in various HSS in district Korangi Karachi and survey process to organize information about the study. Convenient sampling technique is used in research to select samples from 05 schools.

Results: Cronbach Alpha of social interaction is 0.828 of sample size 241 higher secondary students of district Korangi creek, Karachi.

Conclusion: The COVID-19 pandemic's profound and long-lasting effects on higher secondary students' social interactions in Karachi's Korangi Creek district have been made clear by this study. Due to the upheaval brought about by school closures and the move to online learning, students experienced increased social isolation, less opportunities for peer interaction, and difficulties sustaining social bonds. The absence of extracurricular activities and face-to-face encounters has had a negative impact on pupils' emotional and social development. According to the study's conclusions, education must take a comprehensive strategy that emphasizes kids' social and emotional development in addition to their intellectual demands.

INTRODUCTION

1.1 Background of the study

Global health issues and social interaction crises have been impacted and disrupted by COVID-19 (The World Bank, 2020). As per the COVID-19 psychological and epidemiological update of December 22, 2023, there have been approximately seven million recorded fatalities and over 772 million confirmed cases worldwide. Widespread In the seven days leading up to July 7, 2024, 22,844 COVID-19 instances were reported worldwide. There have been 1,581,936 reported coronavirus infections in Pakistan. There have been 30,664 confirmed fatalities (WM, 13 April 2024). The COVID-19 pandemic has had a dramatic impact on schooling and other facets of society in addition to posing serious problems for public health and the global economy.

1.2 Academic Institutions and Distracting Situations

It is critical to comprehend the psychological effects of the pandemic on upper secondary students in Karachi, Pakistan, as educational institutions adjust to remote learning and pupils deal with the greatest sources of distraction. In order to provide insight into the psychological effects of the shift to online learning, exam cancellations, and uncertainty about academic advancement, this review attempts to compile the most recent research findings. It does this by examining how these factors have increased anxiety levels among Karachi's upper secondary students. Studies reveal that students' stress levels and sense of powerlessness have escalated due to academic ambiguity and unclear instructions about future educational routes. Students' anxiety levels are further exacerbated by their worry of academic failure and the effect it would have on their college applications. The difficulties Karachi's upper secondary pupils experience during the COVID-19 pandemic Higher secondary students in Karachi have been robbed of important peer support networks and social contacts as a result of the closure of schools and the implementation of social distancing measures. Research has shown that social isolation negatively impacts young people's mental health, leading to social disengagement, loneliness, and despair. Additionally, research indicates that students' psychological suffering has grown as a result of extended periods of social isolation throughout the epidemic. Karachi households are experiencing financial difficulty and insecurity as a result of the pandemic's economic effects. The psychological effects of financial difficulty, such as stress, worry, and feelings of inadequacy, are especially likely to affect higher secondary students from low-income families. Research has indicated a link between pandemic-related financial burdens and poor mental health outcomes among students, underscoring the necessity of focused measures to alleviate economic disparities.

According to research, students' mental health may suffer as a result of humiliation and prejudice, which may result in elevated anxiety, sadness, and problems with self-esteem. To help kids deal with any difficulties they may have encountered during the epidemic, schools might need to offer extra academic support, counseling, and support services. Overall, the COVID-19 epidemic has prompted innovation and adaptability in the education industry while posing serious obstacles for Karachi's upper secondary schools. In order to address the pandemic's effects on students' learning results and well-being going ahead, a concerted effort will be required to develop further research projects that will emphasize the many facets of attitudes on physical, emotional, and social interaction in upper secondary schools. By promoting, protecting, and caring for social interaction and physical welfare, the entire society can protect individuals from domestic abuse or deprivation. Additionally, by disseminating knowledge on COVID-19, it may combat misinformation and support mental health.

1.3 Significance of the Research

Understanding the significant changes the pandemic has brought about in students' social lives and developmental trajectories is the reason for studying how the post-COVID-19 epidemic has affected the social interactions of higher secondary students in District Korangi Creek, Karachi. Students had to switch from traditional classroom instruction to online learning because to the pandemic, which drastically reduced in-person interactions and changed social norms. Due to these interruptions, a lot of kids are now dealing with issues including a dependence on digital communication, heightened social anxiety, and a decline in interpersonal skills. District Korangi Creek is a location with distinct socioeconomic and cultural dynamics, thus by examining these effects there, the research can offer specific insights into how these changes have affected students’ academic, emotional, and psychological well-being.

Furthermore, in the post-pandemic age, this study is essential for developing focused treatments and tactics to restore and improve student social contact. It can assist parents, educators, and legislators understand the unique difficulties this group faces and provide solutions that promote mental health, communication skills, and resilience. Knowing these effects may also help educators incorporate social skills development and mental health assistance into curricula, preparing pupils to succeed in a post-pandemic world. In the end, this study can assist develop a more flexible and encouraging learning environment for upcoming difficulties and advance a more comprehensive knowledge of how kids are impacted by global problems.

1.4 Statement of the Research Problem

Globally, the COVID-19 pandemic severely interrupted daily life, with education systems suffering the most severe effects. Long-term school closures, social isolation, and the move to remote learning presented major problems for Karachi's District Korangi Creek's higher secondary students. The regular social connections that are essential to teenagers' psychological and emotional growth are disrupted by these changes. Social disengagement, anxiety, and loneliness may have grown as a result of the loss of in-person interactions with teachers and classmates.

1.5 Objective of the Research Study

1. To survey the impact of post Covid-19 on social interaction of higher secondary students in district Korangi creek Karachi;

LITERATURE REVIEW

2.1 COVID-19 Effects on Social Interaction

This literature study draws from a variety of research papers and academic publications to present a thorough summary of the social interactions that higher secondary students in Karachi have to deal with as a result of COVID-19. When the COVID-19 pandemic first appeared in Wuhan, China's Hubei region, several patients there had pneumonia of unclear cause (Li Q, Guan X et al., 20 Viner et al. (2020) claim that the sudden switch to virtual learning settings decreased possibilities for in-person engagement, which caused teenagers to feel socially isolated and lonely. According to the International Health Regulations (IHR), the World Health Organization (WHO) declared the novel corona virus disease outbreak a public health emergency of international concern on January 30, 2020. On March 11, 2020, the disease was declared a pandemic, impacting 169 countries across nearly every continent (World Health Organization, 2020).

Lack of access to dependable internet and digital devices made these difficulties worse for kids in resource-constrained environments, like Korangi Creek, isolating many from social and academic support systems. Anxiety and pessimism have also increased among students as a result of the uncertainties surrounding their academic and future employment prospects. Many students might believe that their scholastic objectives are unachievable and feel overpowered by the difficulties presented by the epidemic. Having a pessimistic outlook on the future might make you feel even more hopeless and less motivated to study (Ahmed et al., 2021). In the United States, measures have been taken to limit the number of individuals and gather together, as well as to close and reopen trades and administrations, including academic institutions, under strict supervision (Gostin, L. O., & Wiley, L. F., 2020). But as the epidemic spread and the gravity of the situation became clear, people's attitudes changed to one of increased worry and dread of becoming infected (Khan et lai 2020). For Pakistani higher secondary students, the COVID-19 epidemic has had a major impact on their physical health. People are more vigilant and follow precautions like wearing masks and washing their hands because they are afraid of being infected. Nonetheless, extended durations of distance education and social isolation have also led to students leading sedentary lives and engaging in less physical exercise (Siddiqui et al., 2020). Additionally, the physical health of students has been further jeopardized by disturbances to daily routines, such as inconsistent sleep patterns and bad food habits. Stress and exhaustion may rise as a result of many students' inability to strike a good balance between their academic obligations and self-care routines. Students may experience higher levels of stress and anxiety due to the health and well-being of their family members (Kamal et al., 2021). Patterns of social contact among Pakistani higher secondary students have been severely disturbed by the COVID-19 outbreak. Due to school closures and social gathering restrictions, children have lost out on important opportunities to engage in person with classmates and mentors. This may cause many students to feel alone and alienated, which can have detrimental psychological effects including

anxiety and sadness (Zaidi et al., 2020). During the first several months of the COVID-19 pandemic, schoolchildren displayed considerable worry, sadness, and sedentary behavior.

2.2 Unpredictability and Uncertainty

Because of the situation's ambiguity and unpredictability, many kids may feel more stressed, anxious, and afraid. Emotional discomfort can be exacerbated by anxiety about loved ones' health and well-being, academic achievement, and the possibility of catching the virus (Khan et al., 2020). Social isolation during the pandemic was linked to higher levels of anxiety, sadness, and emotional distress in teenagers, according to studies like those conducted by Loades et al. (2020). In virtual environments, students could find it difficult to communicate meaningfully with professors and peers, which could cause them to feel disconnected and alone. Lack of social support systems might make students feel more stressed and less like they belong (Jawaid et al., 2021). In addition to causing major risks to physical health, COVID-19 has detrimental effects on people's social, psychological, and emotional well-being worldwide (Banerjee D, 2020). Research conducted by Magson et al. (2021) highlighted the importance of digital technologies, community involvement, and family support in fostering students' resilience. Adolescents' levels of physical activity significantly decreased during the pandemic, according to research by Dunton et al. (2020), with many reporting more sedentary activities including prolonged screen time.

2.3 Students Discouraged from Seeking Support and Assistance from Society

Students may be discouraged from seeking support and assistance due to the stigma associated with mental illness in Pakistani society (Soomro et al., 2021). Pakistani higher secondary pupils' personality qualities have been impacted by the COVID-19 epidemic. In reaction to the pandemic's uncertainties and pressures, some pupils may display elevated levels of neuroticism, which are typified by increased anxiety, concern, and emotional instability (Yousaf et al., 2020). The connection between mental health and physical exercise emphasizes the pandemic's multifaceted effects on teenagers. It has been demonstrated that regular exercise reduces the symptoms of sadness, anxiety, and stress (Reimers et al., 2020). As they deal with the difficulties of the epidemic and see the results of their activities, many kids may grow in empathy, compassion, and on others. Furthermore, students' resilience in handling hardship during the pandemic might be a great advantage in the face of future difficulties and life transitions (Ahmed et al., 2021). Physical activity and sports can help with sadness and anxiety. Restrictions like lockdowns, social isolation, and remaining at home might cause psychological and mental health issues (Mukhtar S, 2020). An further study carried out in China examined the psychological effects of COVID-19 on the elderly population and found that anxiety and sadness affect people of all ages (Meng H, et al., 2020). Saeed et al. (2021) state that problems including shared digital gadgets, poor internet access, and little parental support for at-home learning were common among kids in disadvantaged communities.

Research has shown how crucial coping mechanisms, social support, and mental health resources are for fostering students' resilience and general well-being (Ahmed et al., 2021). These living circumstances increased the pressures of social isolation and distant learning, leaving students with few options for preserving their physical and mental health (Ahmed et al., 2021). Research has demonstrated that interventions that focus on fostering resilience and developing coping

mechanisms can effectively lessen the negative impact of the pandemic on students' mental health (Farooq et al., 2020).

METHOD AND MATERIAL

3.1 Research Design

Quantitative Research Methodology is used to conduct this research in various HSS in district Korangi Karachi and survey process to organize information about the study. Convenient sampling technique is used in research to select samples from 05 schools. The data is collected physically through questionnaire survey method comprising opened-ended (strongly disagree, disagree, neutral, agree and strongly agree) five likert scale questions to quantify the social interaction of higher secondary schools in district Korangi creek Karachi. Data is analyzing as descriptive statistics average 05 mode.

3.2 Population

Karachi is consisting 9 districts having 71 (38 boys and 33 girls) higher secondary schools in Karachi. Total enrolled 3693 of 05 selective schools of district Korangi creek, of higher secondary students.

3.3 Sample Size

According to rule of thumb, Sample size is 241 students from 05 Higher secondary schools in district Korangi creek.

3.4 Data Collection Tool

Questionnaire is self-administrated and approved by departmental committee. In the present study five Likert scale was used to be responded on five (5)-point scale ranging from strongly disagree to strongly agree. In estimating the internal consistency of the scales, the Cronbach's co-efficient alpha formula was used and results were calculated.

3.5 Data Analysis

The Statistical Package for Social Sciences (SPSS) version 26 is used to analyses the data. Data is coded according to selected variables with statistical elaborated in the study.

DATA ANALYSIS

A Demographic aspects of higher secondary students

Table No: 4.1 Name of Higher Secondary Class

Scale	Frequency	Percent	Mode	Std. Deviation
11th Class	126	52.3	1.00	.50052
12th class	115	47.7		

Total	241	100.0

Table 4.1 126 higher secondary students are eleventh class (52.3 %) and 115 are from twelfth class (47.7%), mode is 1.00, Std. Deviation is .50052 out of a total of 241 higher secondary students.

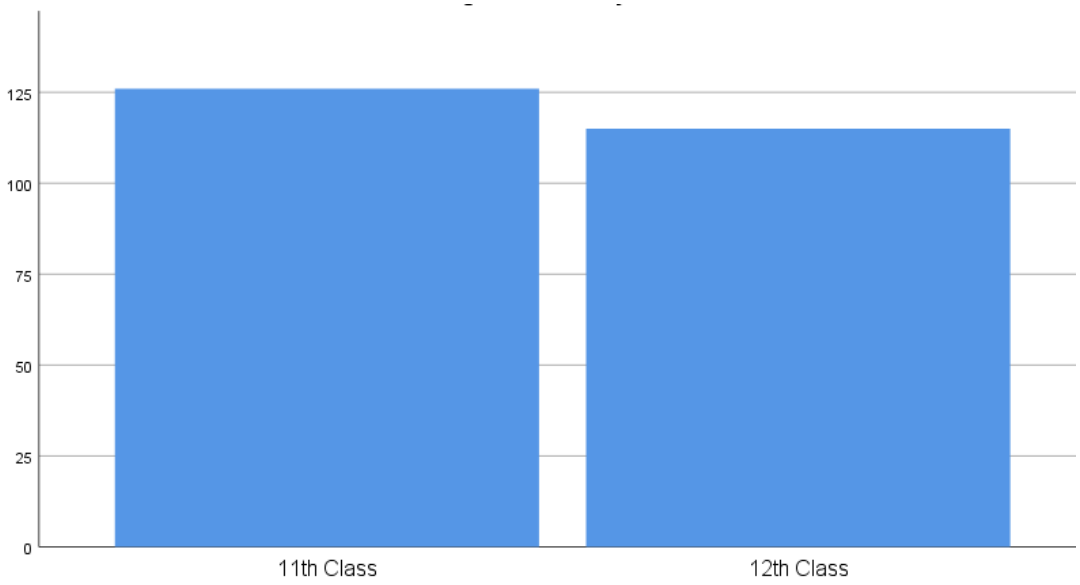

Fig 4.1 name of higher secondary school class

Table No: 4.2 Do you and your family members affected with any chronic health conditions?

Scale	Frequency	Percent	Mode	Std. Deviation
Yes	78	32.4		
No	163	67.6	2.00	.46884
Total	241	100.0		

Table 4.2 78 higher secondary students and their families' members affected with any chronic health conditions are affected (32.4 %) and 163 are not affected (67.6 %) out of a total of 241 higher secondary students, mode is 2.00 and Std. Deviation is .46884.

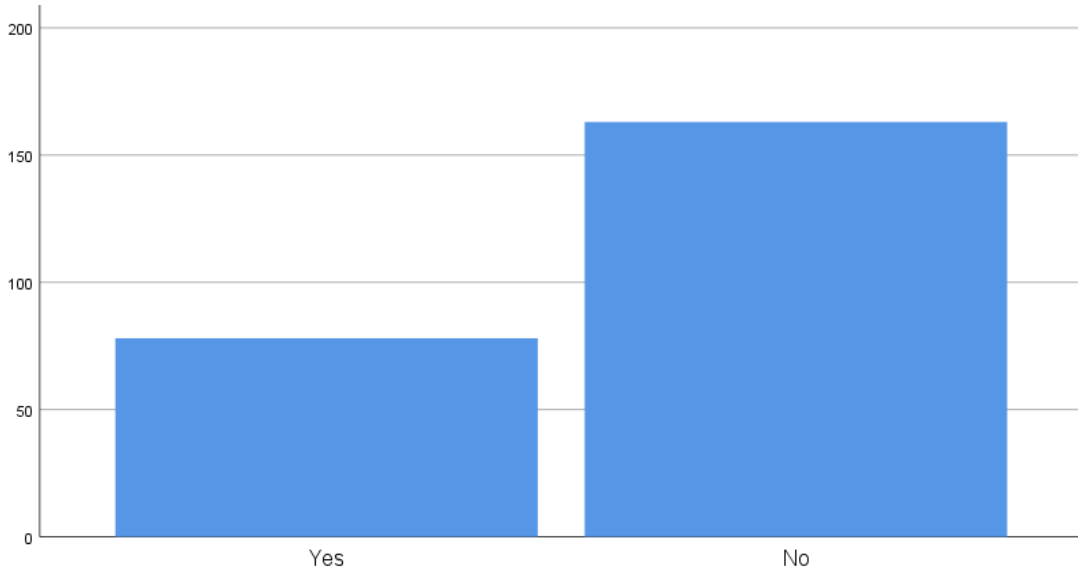

Fig 4.2 you and your family members affected with any chronic health conditions.

Table No: 4.3 Socioeconomic class

Scale	Frequency	Percent	Mode	Std. Deviation
Lower	70	29.0	1.00	1.23146
Lower Middle	66	27.4		
Middle	64	26.6		
Upper Middle	20	8.3		
Upper	21	8.7		
Total	241	100.0		

Table 4.3 70 higher secondary students are Socioeconomic lower class (29 %) out of total of 241 higher secondary students, mode is 1.00 Mode is 1.00 and Std. Deviation is 1.23146.

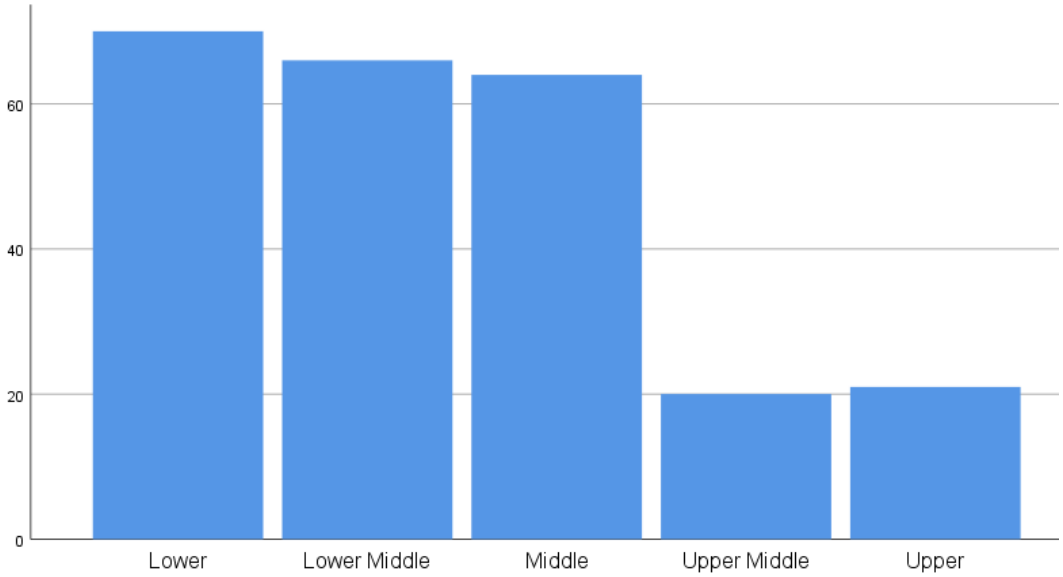

Fig 4.3 Socioeconomic class

Table No: 4.4 Native Area.

Scale	Frequency	Percent	Mode	Std. Deviation
Sindh	72	29.9	1.00	1.29710
Punjab	58	24.1		
Khaybar Pakhtunkhwa	69	28.6		
Baluchistan	13	5.4		
Kashmir	29	12.0		
Total	241	100.0		

Table 4.4 72 higher secondary students are belonging Sindh (29.9 %) 58 belongs from Punjab (24.1 %), 69 belongs from KPK (28.6 %), 13 belongs from Baluchistan (5.4 %), 29 belongs from Kashmir (12.0 %) out of total of 241 higher secondary students, mode is 1.00 Mode is 1.00 and Std. Deviation is 1.29710.

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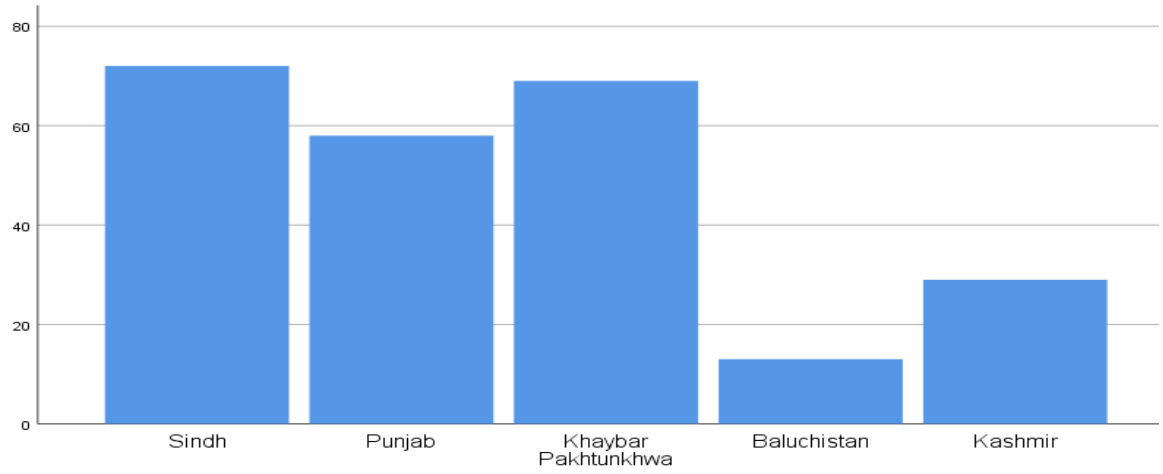

Fig 4.4 Native Area

Table No: 4.5 Age.

Scale	Frequency	Percent	Mode	Std. Deviation
16-17 years	57	23.7		
17-18	59	24.5		
18-19	57	23.7	2.00	1. 1.34797
19-20	34	14.1		
20 +	34	14.1		
Total	241	100.0		

Table 4.5 57 higher secondary students are 16-17 years (23.7 %) 59 students17-18 years (24.5 %), 57 students 18-19 years (23.7 %), 34 students 19-20 years (14.1%), 34 students 20 + years (14.1 %) out of total of 241 higher secondary students, mode is 2.00 Mode is 1.00 and Std. Deviation is 1. 1.34797.

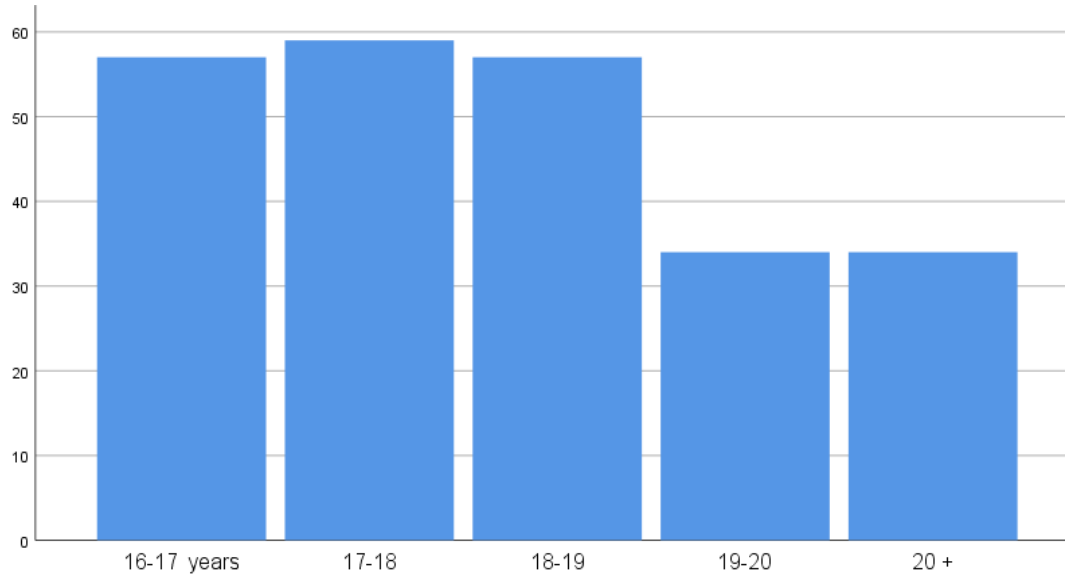

Fig 4.5 Native Area

Table 4.6 After pandemic, I regularly meet with my friends and classmates

Scale	Frequency	Percent	Mode	Std. Deviation	df	Chi-Square Value	P-Value
Strongly Disagree	40	16.6	4.00	1.38393	4	119.519	0.000
Disagree	6	2.5					
Neutral	21	8.7					
Agree	96	39.8					
Strongly Agree	78	32.4					
Total	241	100.0					

Table 4.6 frequency, percentage, mode, standard deviation, degree of freedom, Chi-Square and probability values. Maximum 96 HSS are agreed meet with my friends and classmates After pandemic, percentage is 39.8, mode is Std. Deviation is 1.38393 and chi square 119.519. Significant relationships are shown by computed values that are more than the table value and

probability values of 0.000. The test statistic chi square table value at degree of freedom 4 is 9.56.

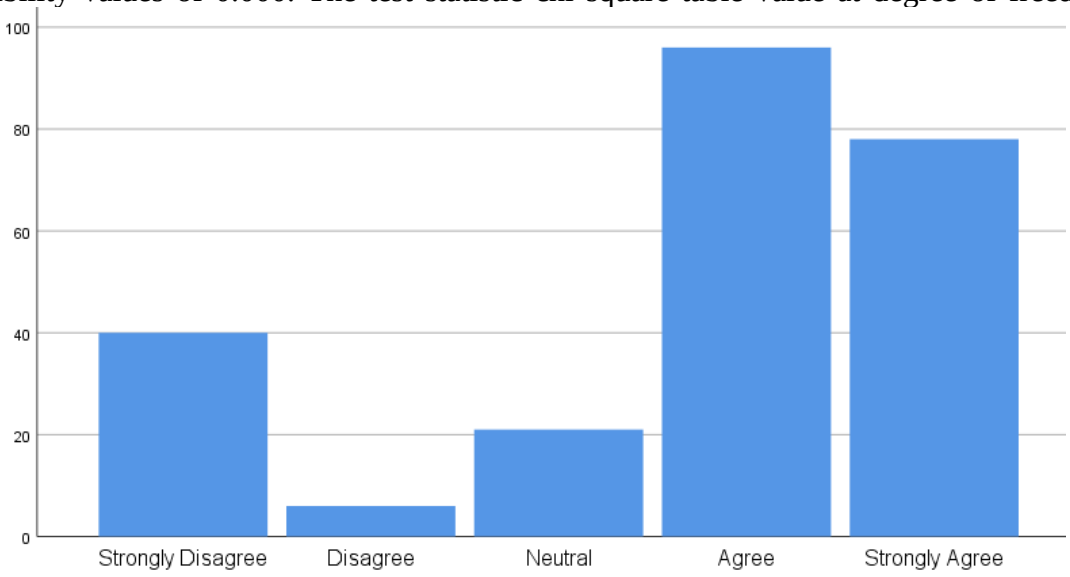

Fig 4.6 After pandemic, I regularly meet with my friends and classmates

Table 4.7 I participated in extracurricular activities on regular bases after the pandemic

Scale	Frequency	Percent	Mode	Std. Deviation	df	Chi-Square	P-Value
Strongly Disagree	33	13.7	5.00	1.37504	4	67.942	0.000
Disagree	14	5.8					
Neutral	41	17.0					
Agree	66	27.4					
Strongly Agree	87	36.1					
Total	241	100.0					

Table 4.7 frequency, percentage, mode, standard deviation, degree of freedom, Chi-Square and probability values. Maximum 87 HSS are Strongly agreed participated in extracurricular activities on regular bases after the pandemic: percentage is 36.1, mode is 5.00, Std. Deviation is 1.37504 and chi square is 67.942. Significant relationships are shown by computed values that

are more than the table value and probability values of 0.000. The test statistic chi square table value at degree of freedom 4 is 9.56.

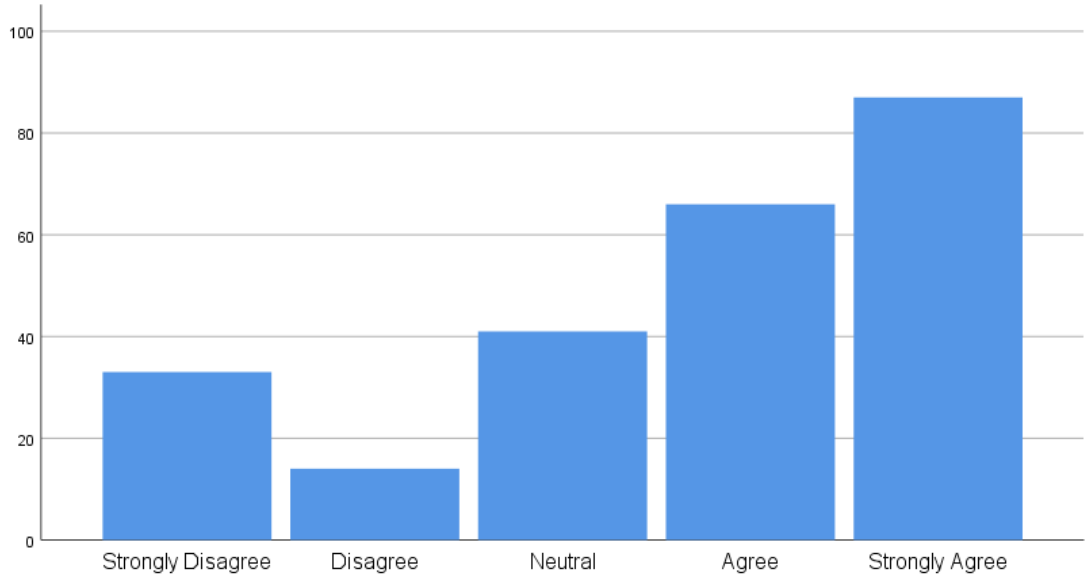

Fig 4.7 I participated in extracurricular activities on regular bases after the pandemic

Table 4.8 After pandemic I am not regular face-to-face interactions with my teachers.

Scale	Frequency	Percent	Mode	Std. Deviation	df	Chi-Square	P-Value
Strongly Disagree	96	39.8					
Disagree	40	16.6					
Neutral	52	21.6					
Agree	23	9.5	1.00	1.40665	4		
Strongly Agree	30	12.4				69.145	0.000
Total	241	100.0					

Table 4.8 frequency, percentage, mode, standard deviation, degree of freedom, Chi-Square and probability values. Maximum 96 HSS are Strongly Disagree After pandemic I am not regular face-to-face interactions with my teachers, percentage is 39.8, mode is 1.00, Std. Deviation is 1.40665 and chi square is 69.145. Significant relationships are shown by computed values that

are more than the table value and probability values of 0.000. The test statistic chi square table value at degree of freedom 4 is 9.56.

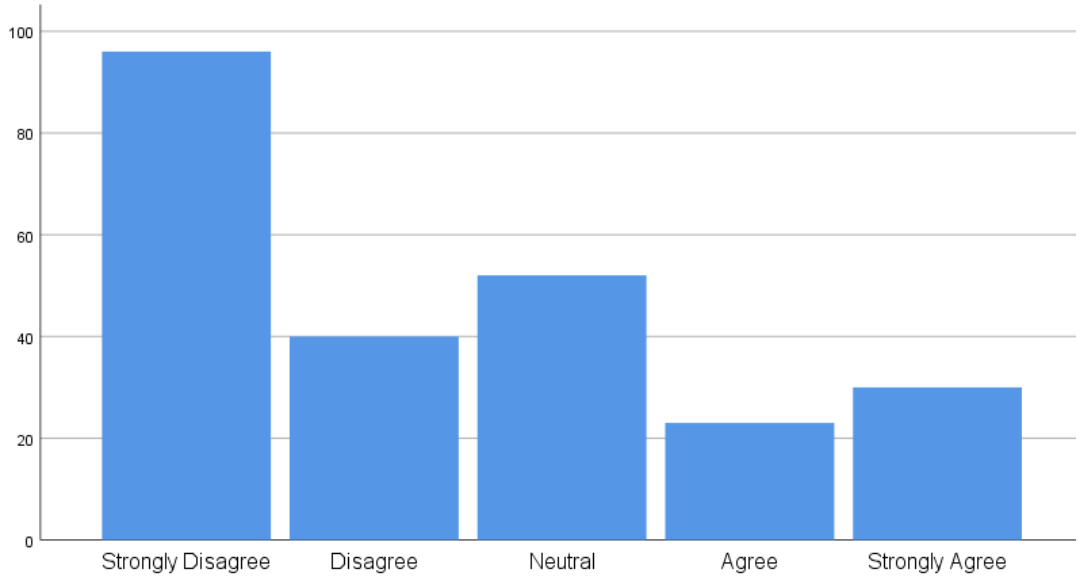

Fig 4.8 After pandemic I am not regular face-to-face interactions with my teachers.

Table 4. 9 I have left online classes after pandemic

Scale	Frequency	Percent	Mode	Std. Deviation	df	Chi-Square	P-Value
Strongly Disagree	31	12.9					
Disagree	19	7.9					
Neutral	46	19.1					
Agree	64	26.6	5.00	1.35978	4	51.427	0.000
Strongly Agree	81	33.6					
Total	241	100.0					

Table 4.9 frequency, percentage, mode, standard deviation, degree of freedom, Chi-Square and probability values. Maximum 81 HSS are Strongly agreed, I have left online classes after pandemic, percentage is 33.6, mode is 5.00, Std. Deviation is 1.35978 and chi square is 51.427. Significant relationships are shown by computed values that are more than the table value and

probability values of 0.000. The test statistic chi square table value at degree of freedom 4 is 9.56.

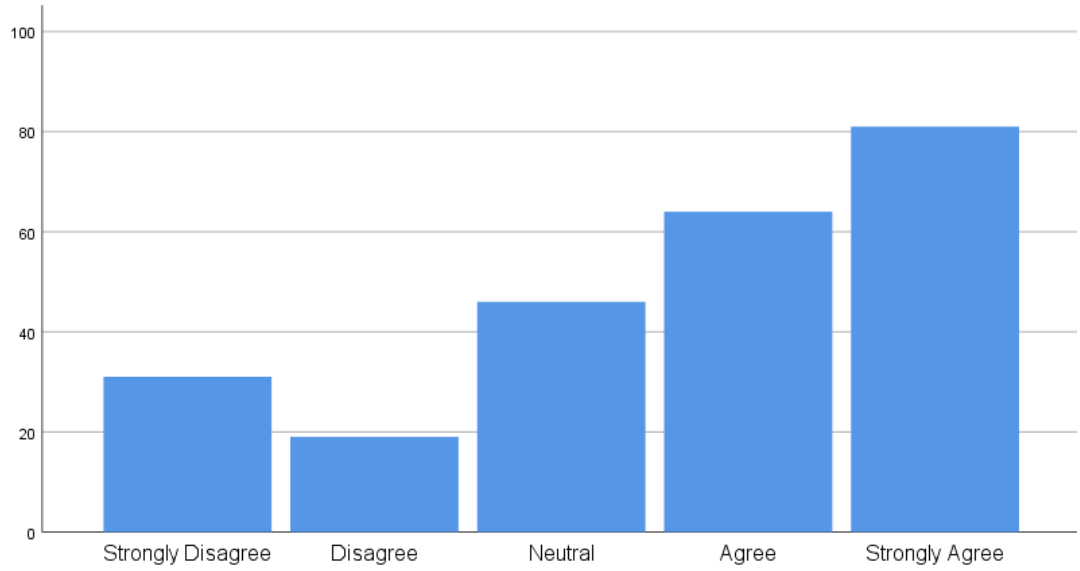

Fig 4. 9 I have left online classes after pandemic

Table 4. 10 The quality of my life not increased after pandemic

Scale	Frequency	Percent	Mode	Std. Deviation	df	Chi-Square	P-Value
Strongly Disagree	94	39.0	1.00	1.46379	4	55.743	0.000
Disagree	35	14.5					
Neutral	43	17.8					
Agree	37	15.4					
Strongly Agree	32	13.3					
Total	241	100.0					

Table 4.10 frequency, percentage, mode, standard deviation, degree of freedom, Chi-Square and probability values. Maximum 94 HSS are Strongly Disagree The quality of my life not increased after pandemic, percentage is 39.0, mode is 1.00, Std. Deviation is 1.46379 and chi square is 55.743. Significant relationships are shown by computed values that are more than the table

value and probability values of 0.000. The test statistic chi square table value at degree of freedom 4 is 9.56.

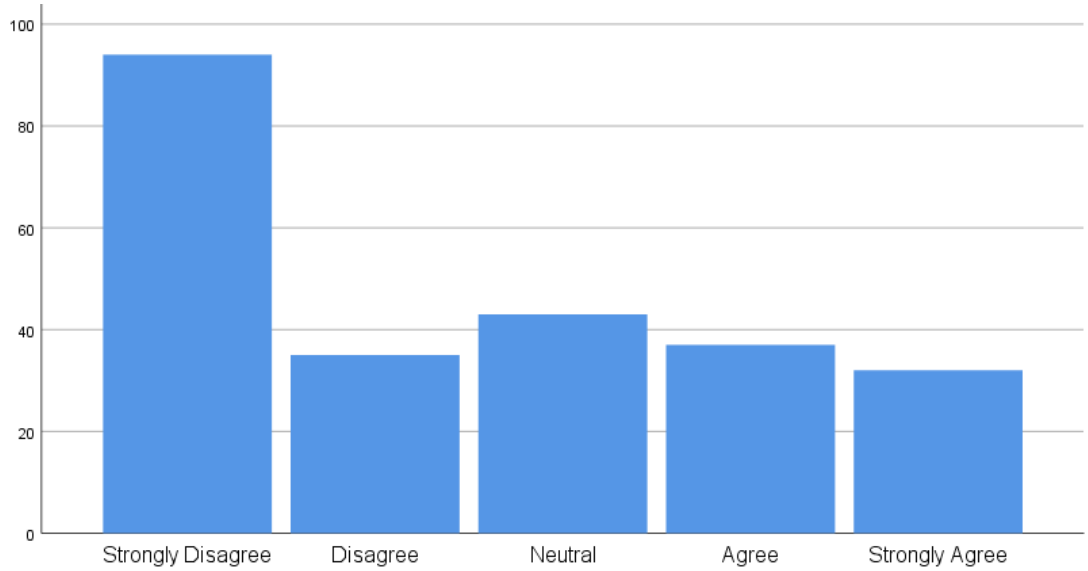

Fig 4. 10 The quality of my life not increased after pandemic

Table 4.11 I feel better after pandemic to meet with PSN persons

Scale	Frequency	Percent	Mode	Std. Deviation	df	Chi-Square	P-Value
Strongly Disagree	31	12.9					
Disagree	24	10.0					
Neutral	42	17.4					
Agree	59	24.5	5.00	1.38767	4	49.602	0.000
Strongly Agree	85	35.3					
Total	241	100.0					

Table 4.11 frequency, percentage, mode, standard deviation, degree of freedom, Chi-Square and probability values. Maximum 85 HSS are Strongly Agree feel better after pandemic to meet with PSN persons, percentage is 35.3, mode is 5.00, Std. Deviation is 1.38767 and chi square is 49.602. Significant relationships are shown by computed values that are more than the table

value and probability values of 0.000. The test statistic chi square table value at degree of freedom 4 is 9.56.

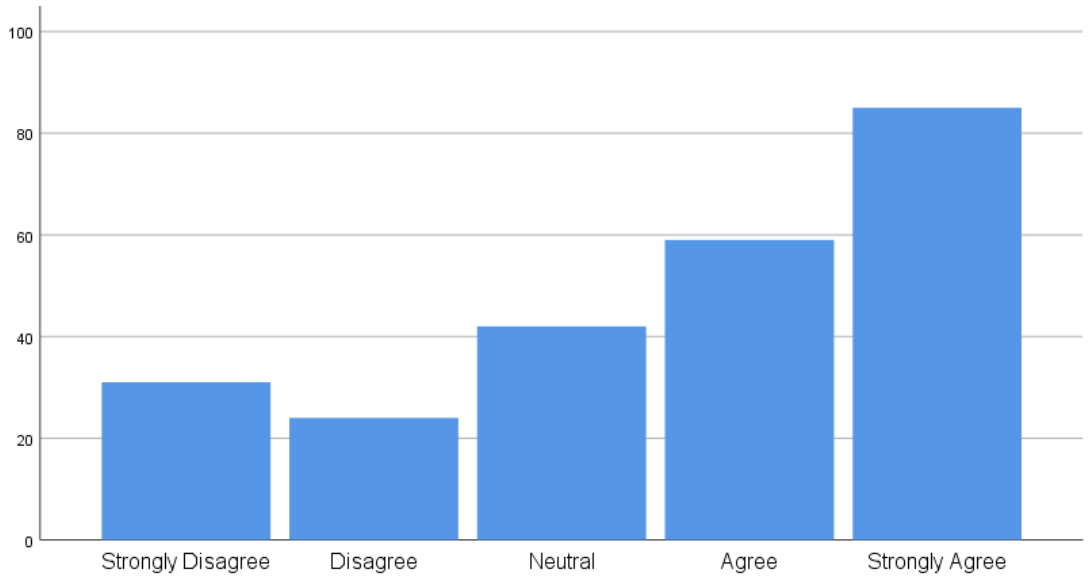

Fig 4.11 I feel better after pandemic to meet with PSN persons

Table 4.12 After pandemic I not spend time with relatives together

Scale	Frequency	Percent	Mode	Std. Deviation	df	Chi-Square	P- Value
Strongly Disagree	115	47.7	1.00	1.34972	4	123.544	0.000
Disagree	35	14.5					
Neutral	36	14.9					
Agree	40	16.6					
Strongly Agree	15	6.2					
Total	241	100.0					

Table 4.12 frequency, percentage, mode, standard deviation, degree of freedom, Chi-Square and probability values. Maximum 115 HSS are After pandemic I not spend time with relatives together, percentage is 47.7, mode is 1.00 Std. Deviation is1.34972 and chi square is123.544.

Significant relationships are shown by computed values that are more than the table value and probability values of 0.000. The test statistic chi square table value at degree of freedom 4 is 9.56.

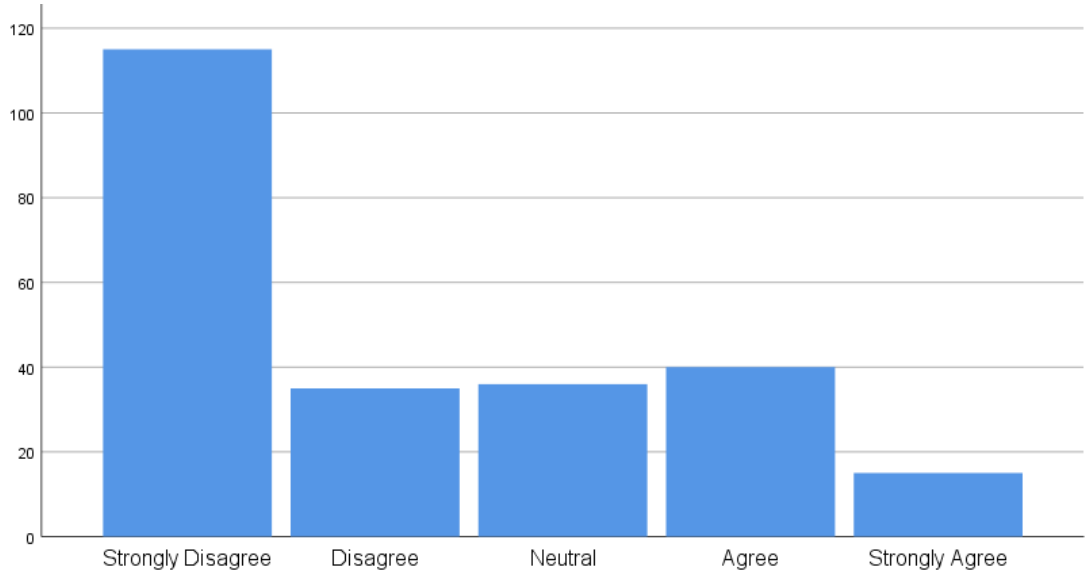

Fig 4.12 After pandemic I not spend time with relatives together

Table 4. 13 I not feeling normal social interaction with friends

Scale	Frequency	Percent	Mode	Std. Deviation	df	Chi-Square	P-Value
Strongly Disagree	88	36.5	1.00	1.25738	4	67.361	0.000
Disagree	45	18.7					
Neutral	63	26.1					
Agree	30	12.4					
Strongly Agree	15	6.2					
Total	241	100.0					

Table 4.13 frequency, percentage, mode, standard deviation, degree of freedom, Chi-Square and probability values. Maximum 88 HSS are Strongly Disagree not feeling normal social interaction with friends after pandemic, percentage is 36.5, mode is 1.00, Std. Deviation is 1.25738 and chi square is 67.361**.** Significant relationships are shown by computed values that are more than the

table value and probability values of 0.000. The test statistic chi square table value at degree of freedom 4 is 9.56.

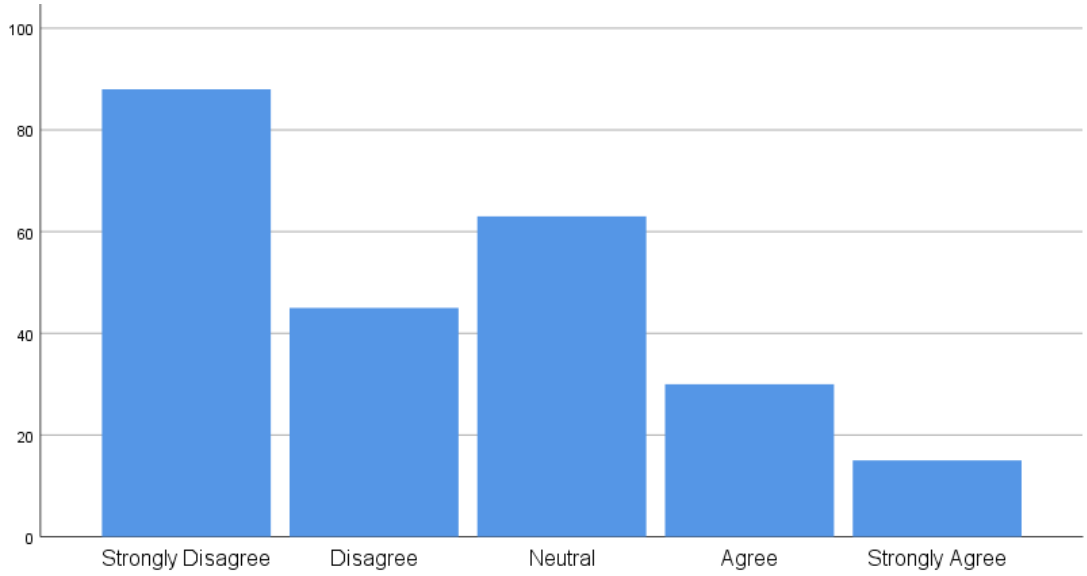

Fig 4.13 I not feeling normal social interaction with friends

Table 4. 14 I feel more comfortable meet frequently with any persons

Scale	Frequency	Percent	Mode	Std. Deviation	df	Chi-Square	P-Value
Strongly Disagree	36	14.9					
Disagree	20	8.3					
Neutral	38	15.8					
Agree	70	29.0	5.00	1.39896	4		
Strongly Agree	77	32.0				48.813	0.000
Total	241	100.0					

Table 4.13 frequency, percentage, mode, standard deviation, degree of freedom, Chi-Square and probability values. Maximum 77 HSS are Strongly agreed feel more comfortable meet frequently with any persons after pandemic, percentage is 32.0, mode is 5.00, Std. Deviation is 1.39896 and chi square is 48.813. Significant relationships are shown by computed values that are more than the table value and probability values of 0.000. The test statistic chi square table value at degree of freedom 4 is 9.56.

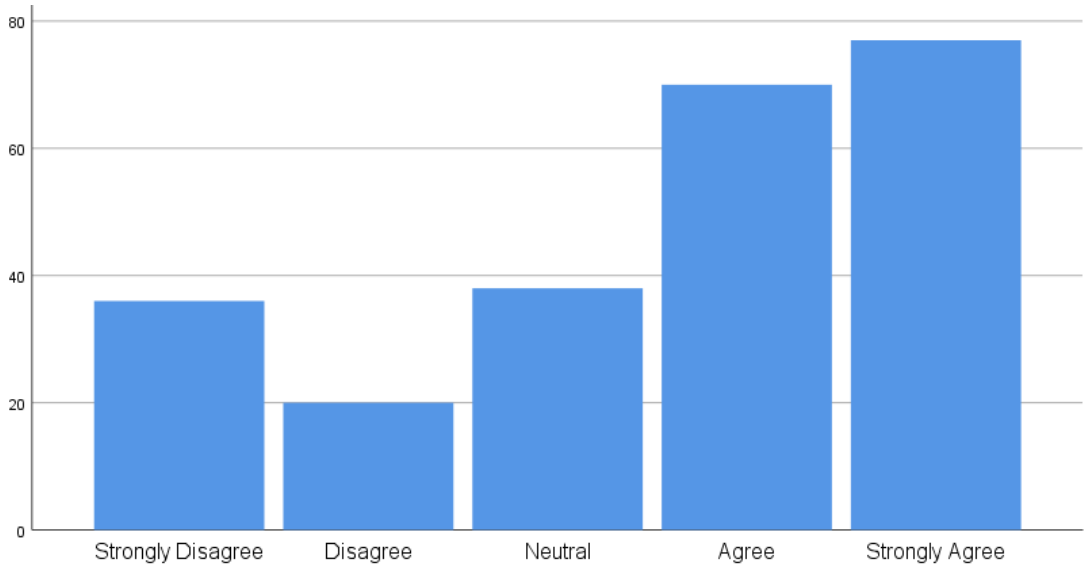

Fig 4. 13 I feel more comfortable meet frequently with any persons

Table 4.14 I participate in social activities (e.g., gatherings, clubs) more often now compared to during the pandemic

Scale	Frequency	Percent	Mode	Std. Deviation	df	Chi-Square	P-Value
Strongly Disagree	35	14.5	5.00	1.40892	4	69.643	0.000
Disagree	15	6.2					
Neutral	39	16.2					
Agree	61	25.3					
Strongly Agree	91	37.8					
Total	241	100.0					

Table 4.14 frequency, percentage, standard deviation, degree of freedom, Chi-Square and probability values. Maximum 91 HSS are Strongly agreed to participate in social activities (e.g., gatherings, clubs) more often now compared to during the pandemic: percentage is 37.8, mode is 5.00, Std. Deviation 1.40892 is and chi square is 69.643. Significant relationships are shown by computed values that are more than the table value and probability values of 0.000. The test statistic chi square table value at degree of freedom 4 is 9.56.

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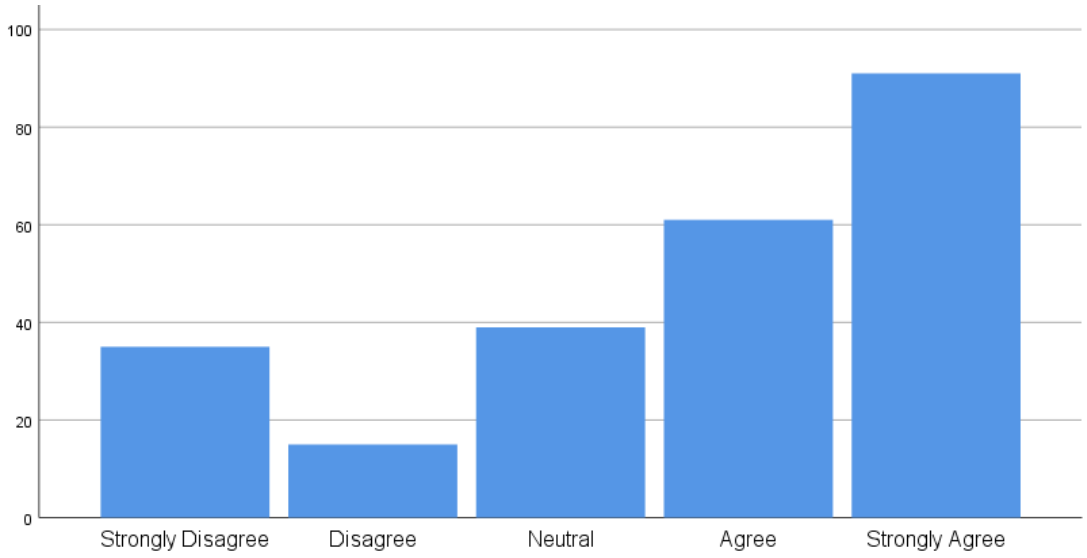

Fig 4.14 I participate in social activities (e.g., gatherings, clubs) more often now compared to during the pandemic

DISCUSSIONS, CONCLUSION AND RECOMMENDATION

5.1 Discussion

The COVID-19 epidemic has had a profound impact on many facets of society, including education, and has been an unprecedented worldwide problem. Karachi's higher secondary pupils, like others throughout the world, have seen significant disruptions in both their personal and academic life. By examining the psychological dangers that these kids experienced in the aftermath of the epidemic, this conversation seeks to provide insightful information that will guide treatments and support systems. The sudden shutdown of schools and the quick switch to online instruction during the epidemic have caused serious issues for Karachi's upper secondary students' academic continuity. The abrupt change in learning styles, technical difficulties, and resource shortages might have increased stress levels and impacted mental and emotional health. The emotional growth of upper secondary children is significantly impacted by the social divide in educational institutions.

Their general well-being, mental stability, and social skills may have been impacted by the extended periods of physical seclusion and decreased in-person encounters. Creating focused solutions to address these issues requires an understanding of the emotional effect. Higher secondary students are experiencing worry because to the uncertainty surrounding academic assessments, college admissions, and employment possibilities following the epidemic. The inability to predict the future might cause them to make difficult decisions, which will increase their stress levels and limit their psychological adaptability. While necessary for continuity, the move to online instruction has resulted in upper secondary pupils spending more time in front of screens. Physical pain, visual strain, and mental exhaustion have all been linked to this digital overload. Researching the incidence and effects of screen tiredness is essential for developing plans that strike a balance between students' wellbeing and online learning. Higher secondary pupils from underprivileged neighborhoods in Karachi may be particularly impacted by the

epidemic, which has exacerbated already-existing socioeconomic inequities. Limited social networks, lack of resources, and financial difficulties can all exacerbate mental health issues. By investigating these differences, focused treatments may be developed to guarantee that every student receives fair mental health care.

.5.2 Conclusion

In conclusion, this study has shed light on the profound and long-lasting effects of the COVID-19 pandemic on higher secondary students' social interactions in Karachi's Korangi Creek region. Students experienced increased loneliness, less opportunities for peer interaction, and difficulties sustaining social interactions as a result of the upheaval brought about by school closures and the move to online learning.

Students' social development and emotional health have suffered as a result of the loss of in-person contacts and extracurricular activities. Even if digital platforms provided some means of contact, they were not enough to replace the richness and caliber of in-person encounters, which resulted in social isolation and a sense of detachment. According to these results, the pandemic may have caused a lapse in children' social development, necessitating focused interventions to restore interpersonal interaction and social learning to the classroom.

In order to help students recover from the social isolation caused by the pandemic and support their overall development in the post-COVID-19 era, schools must address the social consequences of the pandemic by creating environments that promote social interaction and emotional well-being by implementing strategies to rebuild peer relationships and enhance social skills through collaborative learning, group activities, and extracurricular programs. Psychological support is also necessary to help students cope with the emotional effects of the pandemic, such as raising awareness of mental health issues and providing counseling services.

The results of this study demonstrate the necessity of an all-encompassing approach to education that gives students' social and emotional development equal weight with their academic demands.

5.3 Recommendations

1. To determine how the COVID-19 epidemic has affected students' social, physical health, over the long run and conduct longitudinal research.
2. To address students' emotional difficulties, stress, and anxiety, implement school-based mental health initiatives**.**
3. Teach staff members and educators how to recognize and assist students who are struggling with mental health difficulties following a pandemic.
4. Create community-building and extracurricular activities to promote peer contact and regain social confidence.
5. Plan seminars and workshops that emphasize teamwork and good communication.
6. To increase student fitness and decrease sedentary behavior, physical education programs should be revived and expanded.

7. Make outdoor activities and sports facilities accessible to promote consistent physical activity.
8. Start programs to teach youngsters how to balance their digital and physical activities and manage their screen time.
9. Raise awareness of the negative impacts extended screen time has on one's physical and emotional well-being.
10. Encourage parents to actively participate in their children's social and physical rehabilitation.
11. Promote laws that give post-pandemic student well-being first priority, such as those that support mental health services and encourage physical exercise.
12. Create policies to help schools better prepare for upcoming disturbances in the classroom.
13. Provide systems for routinely checking on the physical, mental and social health of students.

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