

Editorial

Psychosocial Impact of COVID-19 on Children

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At the close of 2021, two years after the first case of COVID-19 was reported, there have been more than 276 million cases and 5.3 million deaths worldwide due to this deadly pandemic. Despite administering more than 8.6 billion doses of vaccine globally, Europe is witnessing the highest peak of the disease with a record 2.7 million cases every week.¹ There have been extremely few deaths and medical complications among children and young people directly attributable to the COVID-19 pandemic – about 12000 or 0.4 % of 3.4 million deaths² but it is estimated that more than 1.5 million children have lost at least one of their parents, grandparents, or caregivers.³

The children have been termed as its “biggest victims” because of the indirect social, economic, and psychological impact of COVID-19 as well as the measures taken by the governments and parents to either prevent its spread or mitigate its effects.⁴ The effects of this pandemic are more evident in Low- and Middle-Income Countries (LMIC) especially in terms of increasing maternal and child mortality with estimates of indirect under 5 deaths up to 1.1 million in a 6-month period.⁵ In fact, UN Secretary-General António Guterres has stated that “due to COVID-19, an unprecedented health, economic and social crisis is threatening lives and livelihoods, making the achievement of (Sustainable Development) Goals even more challenging.”⁶ The pandemic has also contributed to many development issues including increased poverty, learning failure due to prolonged school closures, falling apart of health systems, mental health issues, online child safety and increased violence against children.⁴

1. Increase in poverty

The already prevalent economic disparity especially in the LMIC is exaggerated due to COVID-19. The main reasons are cited to be lockdowns, loss of jobs, social distancing, higher logistic costs, and reduced investments and savings. At least 150 million people are expected to fall into extreme poverty and food insecurity, especially in the urban populations of South Asia and Sub-Saharan Africa.⁷ Unequal distribution of vaccines and global policies of richer countries are also playing a part in the increased poverty. Several researches have highlighted the relationship of financial difficulties and mental health issues in the parents during COVID-19, consequently causing an increase in negative parenting practices.⁴

2. Prolonged School Closures

The effect of global school disruption due to COVID-19 is unparalleled in the recent history with more than 1.6 billion learners waiting for the schools to open and losing in-person learning. Millions of children may never return to school especially the adolescents and the marginalized.⁸ This can lead to almost 17 trillion USD loss of lifetime earnings among these students. The 'learning poverty' – not being proficient in reading or not acquiring fundamental skills, was already around 53 % in LMIC, but is likely to rise to 70% resulting in a severe learning crisis.⁹ The process of closing and opening of schools has also cast a psychological barrier to children and is causing mental health issues in school-going children.¹⁰

3. Health System Failures

The health systems have been extremely stressed during COVID-19 in almost all the countries of the world. Although the pediatric departments were not tested to limits, the vaccine centers were closed, access of parents to health centers was hampered, health care workers were diverted to COVID-19 work, outpatient departments were closed, other mother and child health service centers were closed, and government child health programs were disrupted. This led invariably to millions of children being at substantial risk for child morbidity and mortality and caused a resurgence of vaccine-preventable disease epidemics reversing the gains made in reducing the infant and child mortality in LMIC¹¹. This systems failure is an important factor in causing enhanced anxiety and stress to the parents.

4. Mental health Issues

This pandemic has also brought about enormous emotional, psychological, social, and behavioral problems. The communities which were already suffering from mental health problems before COVID-19 reported a higher degree of psychological distress.¹² The most common problems in children and adolescents included aggression, fear, clinginess, distractions, inattention, anxiety, adjustment problems, obsessive-compulsive disorder, paranoia, depression, and stress.¹³ It has also led to an increase in substance abuse, risky behaviors, self-harm, and suicidal ideation or attempts.¹⁴ Parents are also experiencing anxiety due to the loss of loved ones and their own fate during the pandemic, uncertainty around jobs and lockdowns, stress because of working remotely, children at home (school closures), and fear of unknown especially financial insecurity and prolongation of the pandemic.¹⁵ Parents of children with respiratory or other chronic diseases or disabilities are especially concerned about the life of their children.¹⁶ There is a lot of anxiety among the health care workers, as they are continuously exposed to patients, many times without the provision of personal protective equipment (PPEs) or training on safe patient handling.¹⁷ Unfortunately, the constant bombardment of extremely distressing news, pictures, videos, and infodemics on death and distress during the pandemic has also played a large role in increasing the mental stress of parents and children alike.¹⁸

5. Child Abuse and Neglect

The incidence of child abuse and neglect has increased during the pandemic because of a multitude of reasons. These include severe neglect because of economic constraints and mental stress of parents, and physical abuse as the children are forced to play and stay in a closed space in front of their parents and other adult members of the family, who are themselves stressed and engage in quarrels and domestic violence.¹⁶ Children are affected in two ways; one, they are forced to witness violence to the extent of being terrified and secondly, to receive beating because of either parent's ventilation of anger. In closed spaces child sexual abuse incidence increases as perpetrators have more chance of grooming their subjects, and more importantly because of disruption of reporting mechanisms, where these are practiced.¹⁹

6. Online Child Safety

During the pandemic and especially during the lockdown period the internet usage increased phenomenally as it was one of the most important sources of information as well as leisure. Children's screen time increased manyfold due to online work as well as unsupervised pastimes.²⁰ It can however expose the children to online dangers including exposure to violence and pornography, online grooming, cyberbullying, and content inappropriate for age.²¹

International development agencies like UNICEF, WHO, End Violence Against Children, ECPAT International, and many more are working independently and in collaboration to tackle the problems faced by children and their families. Professional Paediatric Societies like International Paediatric Association (IPA), Asia Pacific Paediatric Association (APPA), International Society for Social Pediatrics and Child Health (ISSOP), and International Society for Prevention of Child Abuse and Neglect (ISPCAN), are also contributing to this cause through professional dialogue and research. A collaboration of 16 organizations including governments, global agencies, NGOs, and universities have developed evidence-based parenting resources including practical and easy-to-use parenting tips for use during COVID-19 at www.covid19parenting.com which have reached more than 210 million people in more than 100 languages.

Organizations are working locally in every country to support children and families in despair. In this issue, you can find two of these attempts in South Asia by the Indian Child Abuse Neglect and Child Labour (ICANCL) group of the Indian Academy of Pediatrics (IAP) and Protection and Help of Children Against Abuse and Neglect (PAHCHAAN) a collaborative partner of Child Rights Group of Pakistan Pediatric Association (CRG-PPA) in preparing guidelines for screening and assessment of children and in training the frontline workers on Mental Health and Psychosocial Support (MHPSS) respectively.

As the COVID-19 pandemic is moving now into its third year and its end does not seem to be in sight, it is imperative that the world responds to these challenges holistically and systematically through a concerted international policy and dialogue among the development partners. There are many roadblocks in responding effectively to the innumerable challenges in managing the psycho-social impacts of COVID-19 including a dearth of trained human resources, lack of finances, nonavailability of uniform policies and guidelines, and

extreme inequity among the rich and LMIC countries. It is up to the governments and global partnerships to allocate enough resources to minimize these impacts and to promote equitable solutions to the impending psycho-social doom precipitated by this deadly pandemic.

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