

COVID - 19

SOCIAL EFFECTS OF COVID-19 PANDEMIC ON CHILDREN IN INDIA***Jeesson C Unni**

Abstract: *India as a country is completing more than two months of a nation wide lockdown, of course with different intensity. Impact of COVID-19 on child population is manifold. In addition to the disease related health issues, it has caused damage in various sectors of life - economic, social, cultural and behavioural aspects. Children have equally faced the impact caused by the corona virus and subsequent lock down. COVID-19 has put both lives and livelihood at stake. Though children are affected considerably less than the adults both in number and severity, they are very vulnerable to the non-health related impacts of this pandemic. From delay or missing of routine immunizations to more graver issues like child abuse and food insecurity, children from vulnerable sections of the society face a hoard of problems. This article deals with the social impact of the pandemic in children.*

Keywords: *COVID-19, Social impacts, Children.*

Effects of defaulting on routine immunizations

The Ebola epidemic has some lessons for us regarding the effect on routine immunization services and its impact. Immunization coverage decreased more than 25 % during the epidemic of Ebola in West Africa during 2016 as health system was disrupted during the measures to contain the epidemic.¹ According to the UNICEF report, while about 2000 people died of Ebola outbreak in the Democratic Republic of Congo, double of that number died of measles in 2019 as immunization services were affected.² The Ministry of home affairs, Government of India guidelines dated April 15, 2020 stated that essential medical services had to be maintained during the lockdown and it included immunization as an essential medical service.³ There is a definite reduction in the delivery of the universal

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immunization program in India, even though the clear data is not yet available

COVID-19 and children with special needs in India

The department of empowerment of persons with disability (under the Ministry of Social Justice and Welfare) has recently released comprehensive disability inclusive guidelines for protection and safety of persons with disabilities during COVID-19.⁴ There is a lack of support mentioned for educational services - distance, open or home based. The Ministry of Human Resources Development (MHRD), through its department of school literacy and education is proactive in ensuring access to education through various online platforms and initiatives like e-Pathshala, National Repository of Open Educational Resources (NROER), Digital Infrastructure for Knowledge Sharing (DIKSHA), SWAYAM platforms (including DTH channels), etc. to enable online learning for children. It does not mention the number of special children those would benefit or how effective these programmes would be in catering to their precise needs.⁵ A pandemic which mandates social distancing and quarantine has increased complexities for parents of children with disabilities. These children, used to structured schedule and learning environments have to cope up with the change.

Effect of COVID-19 on routine non-COVID emergencies

In the anxiety and fear of pandemics, many parents are reluctant to bring their children to hospital. Common emergencies like typhoid fever, dengue, status epilepticus, surgical emergencies like torsion testis get delayed treatment. Considering the risk of transmission of infection, many hospitalized children underwent RT PCR for COVID. Surgeons are also conscious about the fact that intussusception and acute abdomen are one of the presentation of COVID in children.

Effects of the pandemic on child and adolescent psyche

Children are being exposed to an information overload and often horrifying news of the effects of the pandemic.⁶ They are witnessing high levels of stress and anxiety among

the adults around them. Experiences of the new routine of staying cooped up at home; unable to frequent places they have enjoyed, meet friends, play and engage in activities that they enjoyed, have created a sense of insecurity in children even as young as 2 years of age.⁷ Therefore, listening to what children believe about COVID-19 is essential; providing children with an accurate explanation that is meaningful to them will ensure that they do not feel unnecessarily frightened, overanxious or guilty.

Families of children with child sexual abuse

A recent study by the Aarambh India Initiative of NGO, Prerana and ADM Capital Foundation, has found that the lockdown due to the novel coronavirus outbreak has greatly added to the woes of families of child sexual abuse survivors in Mumbai.⁸ The NGO interviewed 127 families with whom it is presently associated, most of them being from the underprivileged sections of society. The researchers feel that for many families, the challenges of dealing with the aftermath of child sexual abuse have been compounded by a sudden loss of income and a lack of social support.

A pandemic within a pandemic - the silent pandemic of child sexual abuse is a reality. Vikas Puthran of Childline India Foundation (CIF) reported that in 10 days of the lockdown - between 20 and 31 March, there was a 50% increase in the number calls to 3 lakh as compared to 2 lakh.⁹ It was noted that since a significant number of abusers, especially in cases of incest, the sexual involvement with children is situational and occurs as a result of life stresses - lockdown was perfect environment for an increase in sexual abuse. Additionally, self-quarantining at home means being in continuous and close proximity with one's abuser; which can be extremely emotionally taxing.¹⁰

Street children in India

Tens of thousands are calling help lines daily while thousands are going to bed hungry as the country shuts down to battle the pandemic. India has a large number of children who work as rag-pickers in cities or sell balloons, pens and other knick-knacks at traffic lights - these millions live in cities - on streets, under flyovers, or in narrow lanes and bylanes. During the lockdown everyone has been told to stay home. But what about the street children? Where do they go? According to one estimate, Delhi has more than 70,000 street children - may be much higher. Taking note of the plight of street children during the coronavirus lockdown, the National Commission for Protection of Child Rights (NCPCR) has suggested

measures to formulate a database of these children, so as to link them to various government social schemes and prevent them from coming out on the streets again.¹¹

Children of migrant labourers

The exodus of migrants from our cities has raised serious concerns. Children of migrant families are an invisible vulnerable population and may include the following groups. The first group consists of children left behind in the villages by parents who undertake employment elsewhere. They are dependent on remittances sent back home. The reduction or elimination of parent's wages due to the lockdown will have immediate effects on food intake and health outcomes of these children. The second group are those children who migrate with their parents who are often engaged in the construction sector, brick kilns and agricultural sectors. A study on informal worksites in seven Indian cities, revealed that 80% of the accompanying migrant children did not have access to education, 30% never enrolled in schools and 90% did not access ICDS services.¹² Almost all children were found to be living in hazardous and unhygienic conditions. The job losses encountered by the migrant workers in the current pandemic will only worsen the plight of these children. Thousands of these families left to their native places with infants and toddlers in tow, either by foot or transport arranged by state governments, exposing these children to unforeseen problems of hunger and illnesses. The third group is children who migrate for employment. Child rights activists have noted a range of issues ranging from loss of wages and physical abuse. Relief and transit camps in state borders as well as quarantine facilities should arrange safe and child friendly shelters that provide nutritious food, water and sanitation for families.

Telemedicine during the COVID-19 pandemic

There is an immense role for tele-consultation in out-patient, in-patient and ICU care.¹³ The Ministry of Health and Family Welfare (MoHFW), in collaboration with NITI Aayog and Board of Governors (BoG), Medical Council of India (MCI) have approved guidelines involving all channels of communication with the patient that leverage information technology platforms, including voice, audio, text and digital data exchange and most importantly allowed doctors to prescribe medicines.¹⁴ The government has also listed out certain drugs that cannot be prescribed through telemedicine. This includes drugs listed under Schedule X of Drugs and Cosmetics Act and Rules and any Narcotics and psychotropic substance listed in the Narcotics Drugs and Psychotropic Substances Act of 1985.

Conclusion

Some of the issues that India is facing are highlighted. Many more will surface as we live through this pandemic. We need to be better prepared for a grim future ahead - health budgets, health infrastructure, improving telemedicine facility, disaster management drills and drastic change in lifestyle and travel behavior need to be inculcated.

Points to Remember

- *The social impact of the corona pandemic on children and young people in particular may be significant.*
- *Defaulting on routine immunization due to lockdown can lead to outbreaks of vaccine preventable diseases.*
- *Government has introduced several e - platforms for making education accessible to children, but these may not be uniformly available to children with special needs.*
- *Access to management of chronic and acute medical/ surgical non COVID conditions is also hampered.*
- *Psychological impact of the pandemic on child and adolescent psyche cannot be undermined.*
- *Significant increase in child abuse has been reported.*
- *Street children and children of migrant labourers are exposed to significant challenges in food security and health.*
- *Telemedicine should be more efficiently utilized during pandemics.*

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