

# The Impact Of COVID-19 On Children And Adolescents: An Indian perspectives And Reminiscent Model

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**ABSTRACT:** *This article summarizes and analyses the available data regarding the impact of Covid 19 on the care and well-being of children (5-9 years old) and adolescents (10-19 years old) in India. The Study used ' Snowball retrieval strategy 'The authors identified peer-reviewed studies, reports, and government articles relevant to the research question published between January 2020 and April 2021. The study finds that children and adolescents are highly vulnerable to the pandemic and also the effects are diverse and require immediate attention. The evaluation highlights the disproportionately more vulnerability of younger children and teenage girls within in the regions of education, home violence, child marriage, home workload, and mental health. The study proposes a Psychosocial Response Model for Pandemic Management (PRP Model) in unique connection with youngsters and adolescent's population in the country.*

**Keywords:** *Covid 19 pandemic, Children and adolescents' health, Wellbeing, Domestic violence and other crimes, Domestic workload, Menstrual hygiene, Mental health, Child labour, Child marriages, Malnutrition, physical activity, Vulnerability, Psychosocial Response Model, Pandemic Management.*

## 1. INTRODUCTION

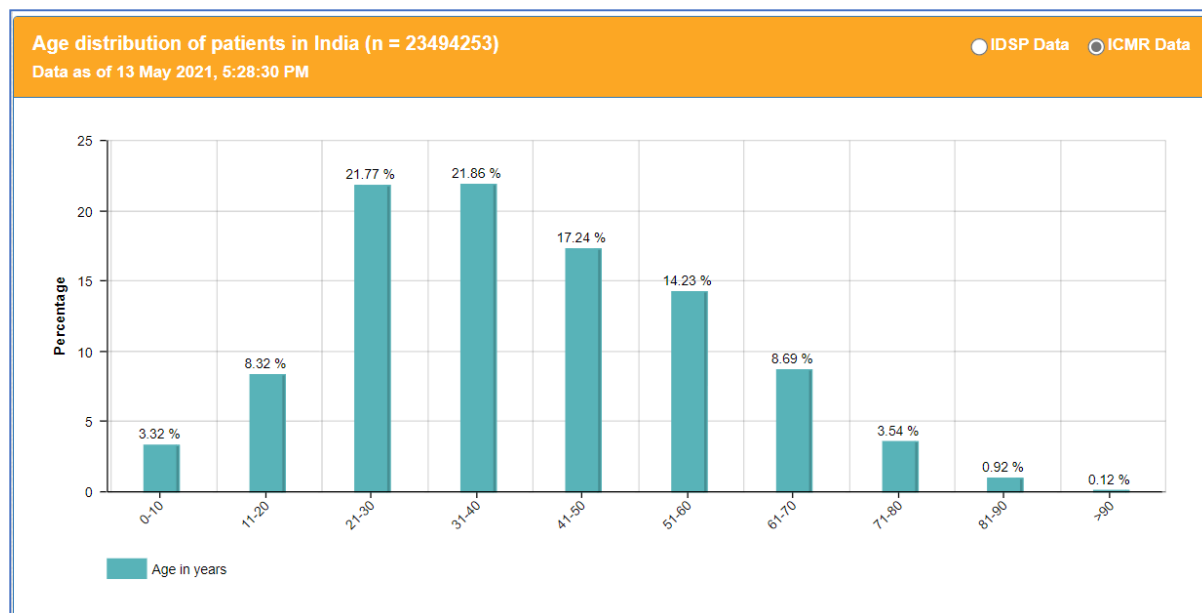
It is crucial to restore the lost social and psychological equilibrium through effective care and management of the pandemic. This study tries to establish the need such an approach and suggest ways for accomplish. In the first part, an attempt is made to review the impact of the pandemic on children and adolescent. The second part undertakes an examination of the much-admired Governmental measures to tackle the issues. The individual, community and institutional level initiatives that helped in effective pandemic management are analysed. Such case specific explorations can help to develop Psychosocial Response models (Pendse et al., 2020). This can assist to increase widespread guiding principle for managing future emergencies and assist mainstream safety and wellbeing.

### Background

There have been 159 million confirmed cases of COVID-19 across the globe; the Global total death was at 3.32 million. In India, India - 23,703,665 million confirmed cases of COVID-19 and 258,317 deaths are recorded (WHO, 2021).

### Age distribution of COVID-19 patients in India

Asper the data from the Indian council of medical research( ICMR) on the Dash board of National centre for Disease control, thefigure no 1 which shows,11.89% of covid 19 cases in India are under the age group of children &adolescents.



**Figure 1: Age distribution of Covid -19 patients in India**

(Source: National Centre for Disease Control,2021)

At the age group of 0 to 10 year the cases are 3.32% and 11 to 20 years it is 8.32%.Among these data 8.5% are under 18years of old. Research across the globe has shown that children and adolescents who are infected with COVID-19 exhibit fewer symptoms, are less likely to become severely ill when they do get infected, and have lower chances of transmitting the virus than adults (Daniel F et al.,2020). To be sure, there's contrary proof from South Korea, as an example, that suggests that adolescent (10-19) could spread the novel coronavirus as virulently as adults (Park et al.,2020). A study conducted in United states reveals that children below the age of five years with slight to mild COVID-19 have an excessive quantity of SARS-CoV-2 viral RNA of their nasopharynx as compared with elder children and adults (Taylor et al.,2020).

In India, despite relatively low rates and mixed evidence, it is increasingly worrying that children and adolescents are protected from COVID-19 as they constitute a large part of the population.Globally, lockdown measures that have been imposed withinside the preliminary onslaught of the pandemic have affected children and adolescents' health and well-being, their learning, and the economicsafetyin their families.This study analyses the consequences of the COVID-19 pandemic and the prolonged lockdown, including of schoolson the children and adolescents of India.

## 2. METHODOLOGY

The study examined articles published in peer-reviewed journals that assessed the effects of COVID-19 on children and adolescents' health and well-being. Using the 'snowball search' strategy, the authors extracted peer-reviewed articles, reports and government websites from January 2020 to April 2021 to obtain evidence.The search engines that were used PubMed,

Google, and Google Scholar. The inclusion criteria were articles and reports published in the English language with children and adolescents as subjects and articles and reports published in other languages were excluded.

### **3. FINDINGS AND DISCUSSIONS**

The Nation is struggling with the pandemic and running to save lives and livelihoods, children's and adolescents' needs may not immediately appear to warrant significant attention. Yet, the measures followed to curtail the spread of the new virus which include closure of schools, restrictions on movement, physical distancing, mask-wearing, and limited social gatherings can have big detrimental influences on children and adolescents. Children and teenager are regarded as ideal candidates for causing community spread as 'asymptomatic' carriers. Hence educational institutions are closed down and their movement severely restricted. The current education system relays entirely on online class rooms and webinars. This in turn, has risen the consumption of electronic content such as games, movies and social media apps. This approach opens up, a whole new array of psychological vulnerability among the young population. Studies indicate that this will have long term mental health consequences on the young population (Sellgren, 2020). Rising suicide rates among students are indicators of this trend (Naha, 2020). Apart from the usual emotional issues, family discord and drug abuse, lock down scenario has now added, lack of access to smart devices for attending online classes, rising stress levels and lack of access to friends as probable causes of student suicide (Bose, 2020).

### **4. THE ANALYSIS OF SCHOOL CLOSURE AND LEARNING OUTCOME**

More than 888 million youngsters globally retain to stand disruptions to their schooling because of complete and partial school closures. The evaluation of school closure reports (UNICEF, 2021) notes that 14 nations worldwide have remained in large part closed since March 2020 to February 2021. Due to the COVID-19 pandemic, most countries have introduced lockdown and social distancing measures, resulting in the closure of schools, training institutes, and higher education facilities. Despite the challenges that educators and learners face, online learning, distance learning, and continuing education have emerged as a panacea for this unprecedented global pandemic. Transitioning from traditional face-to-face learning to online learning can be a completely different experience for both learners and educators, which they must adjust to with few or no other options available. The country, India have the same situation. The education system and educators have adopted Education in Emergency through the use of various online platforms and are being forced to adopt a system for which they are unprepared.

India closed down its schools on 16 March 2020, one of the first countries in the world to do so and moved to online learning as an emergency measure. Following the closure of schools, virtual platforms have been used in all grades to continue with children's schooling. Early analyses of India's experience have found that the country's socio-economic inequalities are influencing the effectiveness of virtual learning or lack of it (Pravat, 2020). There are widespread challenges facing significant proportions of the school-age population, including unavailability of smartphones and computers, unreliable internet connection if at all, lack of technology skills, and lack of electricity (Abha Goradia, 2020).

A survey of 23 states among school children (grades 1 to 12) conducted in April 2020 found that only 43.9 percent of them have access to smartphones, another 43.9 percent of them have

access to basic phones, while a significant 12.0 percent do not have access to either smartphones or basic phones(WCD,2021).

Golberstein et al., (2020) identified risks to children and adolescents' mental health in the era of the coronavirus disease 2019 (COVID-19) pandemic, owing to school closure and quarantine. During quarantine, the mental wellbeing of children and adolescents is put to the test by a total, unexpected, and unprepared loss of direct social relationships with peers, which represents a significant human need and stimulus for well-being, socio emotional growth, and self-identity in this age group. Direct social relationships are limited to family members, with increased risks of loneliness.

## **5. IMPACT OF PANDEMIC -RISK OF CHILD MARRIAGES IN INDIA**

Over the years, the government has taken measures to eliminate child marriages through policies, laws and flagship programmes among them, the National Population Policy (2000), National Youth Policy (2014), National Policy for the Empowerment of Women, Prohibition of Child Marriage Act (PCMA), 2006, Scheme for Adolescent Girls (SAG), Rashtriya Kishor Swasthya Karyakram (RKSK), and various national and state-level conditional cash transfer (CCT) programmes for girls. Civil society organisations have also initiated their own programmes.

The risk of child marriages has heightened as a result of the pandemic's economic fallout, as vulnerable households could be forced to adopt coping mechanisms. They would need to find alternative sources of income or else reduce their expenditure by reducing the size of the family and marrying off their child ( Parul Agrawal,2020). In 2015-16, among adolescents in India (15-19 years), 2.6 percent of girls got married at the age of 15 and among 20-24 years, 26.8 percent of girls got married before 18.39 Though these numbers have declined compared to the findings of NFHS-3(2020), evidence shows a continuing substantial burden.. In a study conducted in four states (Jharkhand, Chhattisgarh, Odisha, Bihar) among adolescents (10-19 years), 8 percent of the respondents have heard of an incidence of child marriage in their neighbourhood since the beginning of the pandemic. Two-thirds of children suggested that their family members had been making plans for his or her marriage and their probabilities of having married early have increased, the percentage become higher amongst girls (Centre for Catalysing Change,2020). During the lockdown, the anti-child marriages programmes had been disrupted. Research has proven that a trifling one- year delay in those measures, not only in India, compounded by the financial downturn should bring about 13 million extra child marriages over the following decade (2020-2030) across the globe.

## **6. DOMESTIC VIOLENCE**

In 2020, India's children's helpline, ChildLine, acquired 92,000 calls reporting child abuse and violence; in the course of the lockdown, within one-week days, the helpline logged one-1/3 of this number. Another venture amongst adolescents that was heightened by COVID-19 is the growth in home workload. A study conducted (Population Foundation of India,2020) in three states (Bihar, Rajasthan and Uttar Pradesh), confirmed that 42 percentage of 15-24 year olds experienced an increase in their domestic workload. The sample has been more clear amongst the adolescent girls (52 percentage) than boys (22 percentage).

## **7. MENSTRUAL HYGIENE**

According to a survey(Plan International,2020) conducted in 2020 in three states of India, 58 percent of girls under 18 years reported an unmet need for sanitary pads. Similar surveys have been conducted in other states,and showed comparable results. The girls who were unable to use sanitary napkins during the pandemic, resorted to unhygienic practices, which could lead to alarming consequences such as toxic shock syndrome, reproductive tract infections (RTI), and vaginal diseases (Surbhi Garg et al,2020) .What compounded the lack of supply was that during the lockdown, the provision of services through Adolescent Friendly Health Clinics (AFHCs) under the National Adolescent Health Programme varied across containment, buffer, beyond buffer, and green zones.

## **8. MENTAL HEALTH**

Children and adolescents are more vulnerable to mental health issues because they are unable to comprehend the entirety of a situation nor fully communicate their feelings to adults. This vulnerability was heightened as the pandemic disrupted their normal lives, deprived them of schooling and concurrently opportunities for socialisation and physical activities (Anant Kumar et al,2020). In response to the heightened vulnerabilities of young people's mental health, the government of India started the programme, 'Manodarpan', under which a toll-free helpline number and a website were launched, and a handbook was issued on the life skills necessary to survive a health crisis.Psycho social support centres, called Snehi, were also set up in different parts of India, where counsellors help children and adolescents navigate the mental challenges wrought by the pandemic (Govt of india,2020).

## **9. CHILD LABOUR**

Evidence suggests that in times of emergencies and crises, there is higher likelihood of children migrating to cities and entering the labour force (Sheila Ramaswamy et al.,2020). The COVID-19 pandemic threatens India's commitment to end all forms of child labour under SDG 8, even as the figure has in fact declined by 2.6 million between 2006 and 2011.Compared to adults, children are more likely to take up work for less pay, and to be exposed to vulnerable conditions. Indeed, as India began lifting lockdown restrictions, cases of child labour showed a steady rise in June 2020 as compared to the previous months (Tyagi,2020).

## **10. MALNUTRITION**

COVID-19 is positive to affect the food, nutrition, and safety of younger children.Data shows that (Rafael,2020) in India, every third child suffers from one form of malnutrition (stunting, underweight, or wasting). According to the Comprehensive National Nutrition Survey (2016-18), 23 percent of children (5-9 years) and 24 percent of adolescents (10-19 years) were thin for their age (BMI-for-age <-2 SD). The current COVID-19 context could aggravate malnutrition among children and adolescents. A Lancet article (Timothy et al,2020) on the indirect effects of COVID-19 pandemic in low- and middle income countries estimated that an increase in wasting prevalence would account for 18–23 percent of additional child deaths per month.

Though there's lack of similar facts for children and adolescents in India, a similar situation may be visible in this age group due to the disruption of programmes like the Integrated Child Development Scheme (ICDS) and the mid-day meal programme (Sunil et al,2020). The

vulnerability might be higher in rural areas as more than half of children rely on such government schemes and programmes. The Global Nutrition Report 2020 has taken cognisance of the grave economic crisis due to COVID-19 in developing countries like India. While highlighting the stark inequalities in accessing food and healthcare in India, the report (Global Nutrition Report,2020) emphasises the underlying importance of maintaining food supply and healthcare systems for the poor while formulating policy responses to COVID-19.

## **11. MEASURES ADOPTED BY GOVERNMENT**

The authorities of India have taken steps to reply to the pandemic's fallout on schooling it launched a hard and fast of recommendations for on line schooling, called "Pragyata" and instructed to use the DIKSHA platform for all union states and territories to enable home learning through innovative government programs (MHRD, 2020).

The state ministries of education have also taken certain steps. In the Andaman and Nicobar Islands, the Ministry of Education has initiated alternative home learning methods for students in grades II to XII using channels such as the local Doordarshan. In Andhra Pradesh, meanwhile, online platforms such as YouTube and other options such as a toll-free number for high-quality transactions in classrooms have been introduced.

## **12. RESPONDING TO COVID-19: LEARNINGS FROM KERALA**

Active surveillance, putting in of district management rooms for monitoring, capacity-building of frontline health workers, risk communication and robust community engagement, and addressing the psychosocial needs of the vulnerable population are a number of the key strategic interventions enforced by the Kerala authorities that kept the disease in control. The expanded psychosocial care for children and adolescents during this pandemic has helped to improve their mental health. Early publication of technical guidelines on contact tracing, quarantine, isolation, hospitalization, infection prevention and control, and comprehensive capacity building for all health cadres, Social Justice, the Ministry of Women and Children and other related departments played a key role in dealing with the situation. The country's first positive case of Novel Coronavirus Disease (COVID-19) was reported in Kerala, the state with over a population of 35 million. Now with an outstanding recovery rate of 51.7%(WHO,2020).

## **13. PROVIDING PSYCHOSOCIAL SUPPORT**

In an effort to bring down suicidal tendencies and depression among children during pandemic period, the state government has launched a psychosocial intervention programme for children and adolescents in Kerala.

The programme is being launched as part of the initiative 'Ottakkalla Oppamundu', Tele medicine portal e-Sanjeevani (Govt.of Kerala ,2021) for providing psychosocial support .There are mental health professionals, including psychiatrists, psychiatric social workers, clinical psychologists and counsellors have been deployed to provide support to people in quarantine.

Counselling support and health care has been provided to frontline workers working as Covid warriors.The authorities has followed an inclusive method and addressed the issues of mentally unfit children and adults, with unique needs, migrant labourers and aged humans living alone.The psychosocial services have reached out to children and adolscents in the state through school counsellors by providing them an enabling environment to deal with

stress related to the novel coronavirus outbreak. This can be adopted to every children who lives in vulnerable family situation in all over the nation.

#### **14. COMMUNITY KITCHEN INITIATIVE THROUGH THE LOCAL SELF GOVERNMENT DEPARTMENT (LSGD)**

The high literacy rate and the empowered women self-assist groups Kudumbashree helped the purpose in a large way. With the help of Kudumbashree has supplied free food to the laborers, people who are in quarantine, isolation, destitute and other needy persons. Distribution of millions of cooked food and provision of free ration beneath the Public Distribution Scheme to those in need is reflective of a well-thought and a being concerned response and relief strategy (Bansal.,2021).

##### *Mid-day meal delivery*

The Government assured that the home-delivery of the mid-day meals provided at anganwady centres monitored by Integrated Child Development Scheme (ICDS) across the state. The move was widely praised.

##### *Bringing classrooms to home*

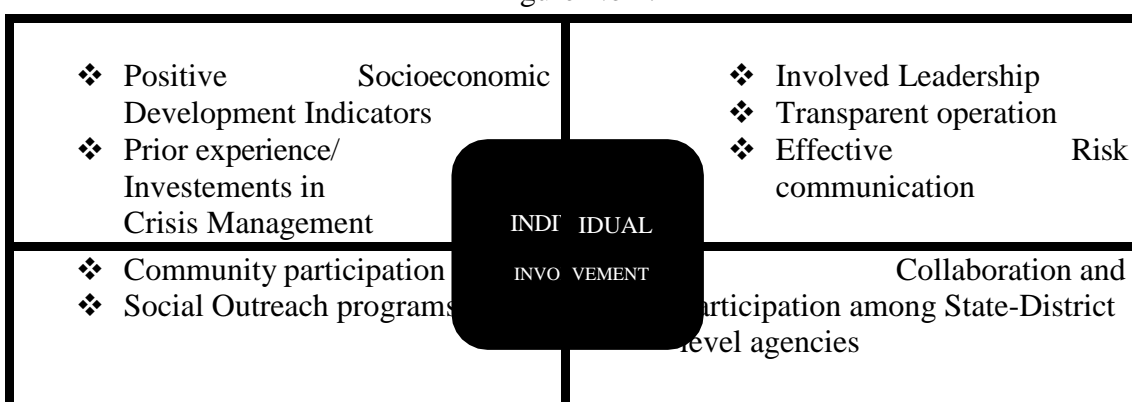
The pandemic has practically paralyzed social life and consequently impaired mobility. In a situation like these children's, they are forced to develop new habits in an unnatural environment. The current situation affects the emotional and social development of children in one way or another. COVID 19 constrained avenues of youngsters to learn, socialize, advantage new studies and interact in innovative activities. The pressure, strain and tension experienced by the youngsters in this account wanted extra attention. The unfold of the pandemic has compelled the education department to proactively plan new tasks to manage up with the extraordinary situation. Accordingly, Government of Kerala devised a software program of Online or Digital Classes named "FIRST BELL" to be broadcasted through VICTERS Educational Channel. In order to keep away from any sort of discrimination specially to the ones of the marginalised sections, authorities formulated programmes with the assist of the network to make certain access to all children to wait the digital training and it turned into determined that every and each child ought to come under the ambit of the Apart from Television, the periods have been made to be had on Website ,Facebook and YouTube. In case the classes could not be viewed due to power failure or otherwise, the classes could be downloaded and used later or repeatedly viewed thereby ensuring that no student is denied of the availability of the classes thus envisaging a continuing process of education.

Since the 'First Bell' initiative calls for a television set to get entry to the classes, it was bound to bring in a few modifications in the television viewing pattern of Kerala households. Parents and grandparents have determined to take or retake the training with the present technology of students as a result of revisiting their school days. 'First Bell' has certainly reminded many of their school days.

##### *Psychosocial Response Protocol (PRP)-A suggestive model for child care*

The pandemic may disappear after a while, but its traumatic influence is both wide spread and deep set. Its impact cannot be compartmentalized or limited to any one aspect of human life. Rising instances of violence and aggression on children and adolescents are reported globally. Society displays ‘stigma’ towards those suspected of or suffering from the pandemic and even the frontline health care workers (Jung et al, 2020). During this lock down changes in sleep patterns in children, increased frustration, pressure, guilt, fear and anxiety are reported more among adolescents than the general population (Kataki, R 2020). Lockdown also seems to increase cases of child abuse, domestic violence, and gender-based violence (WHO, 2020). In order to address its impact and promote wellbeing, it is essential to learn from ‘best practices’ of pandemic management. It is also important to adapt such practices into a Psychosocial Response Protocol (PRP), to serve as essential guideline for future crisis management for ensuring care and protection for children and adolescents.

Figure No 2:



Psychosocial Response Model for Pandemic Management (PRP)

As indicated by Figure No. 2, PRP must ideally integrate individual, community and institutional level initiative to be impactful. PRP must empower each individual to commit and respond to the steps taken by the system to manage emergencies. When exploring Kerala model, individual factors that contributed to PRP’s success are high literacy level, health consciousness, commitment to adhere to the steps taken by authority (Joshi, 2020). Community level participation is the next crucial element. Kerala saw community involvement in aspects such as contact tracing, social vigil, volunteering activities, and observance of lockdown rules. State’s high socioeconomic indicators and prior investments/experiences in crisis management are background elements that helped, while others were stumbling over ‘what to do’. This ensured clarity of action and better collaboration among State and district level agencies. Proactive involvement of State and district level agencies plays as important role for effective implementation and management. Responsive leadership, transparent action and realistic risk communication helped to enhanced model’s effectiveness. Valuable social outreach initiatives such as Disha helpline, Snehitha helpline, community kitchens, free food kits and campaigns such as ‘SMS’ and ‘Break the chain’, helped in impression management of the State as an entity that cared about social welfare (Vijayanand, 2020).

*Summery*



Steps must be taken to build and standardize PRP models. Such models can serve as a guideline for Psychosocial Professionals to respond to crisis situations. Psychosocial management before, during and after emergencies and disasters has been identified as one of the key research areas for enhancing well-being (Genereux et al., 2020). PRP can serve as a Psychosocial First Aid measure, charting out primary responses to emergencies. It can help enhance society's readiness and competency in responding to emergencies in the future. As an initial step for developing PRP, best practices during the pandemic must be identified and developed into case studies. Such studies can then be used for wider dissemination and modelling. Kerala model of pandemic management is indicative of how key learning from prior experiences prepared the State to respond effectively. The Public -Private -Partnership (PPP) should be initiated for the dissemination of ensuring care and protection of the vulnerable young population of the Nation.

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