

WHAT DOES THIS CORONAVIRUS PANDEMIC MEAN FOR YOUNG CHILDREN? WHAT DOES IT MEAN FOR US?

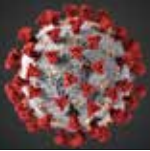
There is increased awareness, around the world of the preciously formative early years of a child's life. From conception, the child's brain and body mature with the support of the nutrition, health care, love, protection and encouragement to learn that they receive within their family circle and from those who look after them outside of their homes.



The development of a child during this time establishes biological and psychological patterns that endure for their lifetime in response to how much or how little nurturing care they receive. The threats to the financial, physical, mental and social health of parents and caregivers caused by COVID-19 could possibly affect their children for the rest of their lives. For example, we are completing analyses from our 30-year Birth to Twenty prospective birth cohort study which show that maternal post-natal depression is associated with increased depression amongst children 28 years later. Our results confirm what has been found in high-income countries. But we also found, as have others, that the effects are worse among poorer mothers and children. We don't need a new pandemic to remind us that people who are already struggling to find permanent accommodation, secure a regular income, have steady supplies of food, and sufficiently decent work to enjoy some leisure with their children will be hardest hit.

Some of us are privileged to participate in electronic networks and groups that are showing a massive response by activists and service providers to assist families with young children. There are efforts to raise awareness about threats of increased domestic violence during lockdowns, get out information about helplines, coordinate food distribution efforts, prompt parents and caregivers to be responsive to the anxiety and distress that young children may experience, and provide ideas and activities to keep young children happy, productively busy and physically active. Though heartening confirmation of the goodwill and responsibility we feel towards those who we know are going to suffer greatly, I'm sure we are all anxious that these efforts struggle to reach the people who are hurting most.





So much is unknown about how many people and of what demographic will fall ill and recover, become severely sick, and die. But we do seem to be shying away from the issues that will cause lasting suffering for young children – impoverishment, stigmatization of individuals and families, illness at home or in hospital and, possibly death in the family. Yet, of all the people in the world, people in southern Africa have been through this before with HIV. What lessons can we learn?

First, we learned that people in affected communities stepped up, and local and international funding helped to build a massive force of motivated and trained volunteers, counsellors, home visitors, and comforters networked, organised and supported by civil society and government. They are available, willing and eager to help. Government and non-government players must bring them in. Second, we learned that faith communities are usually the first to assist those most hurt. Through the HIV epidemic, awareness was raised among faith groups of the dangers of stigmatization and they helped each other to find ways to counter it. Faith communities are frequently the front line and they must be recognised in this role. Third, we learnt not to bypass parents and families by directing our efforts to children and handing them food, clothes, books and toys. The greatest long term good comes from enabling a parent or caregiver to provide for their own children. When we see families falter, it is often for reasons we can barely comprehend from the comfort of our homes and vehicles. Fourth, we learned that illness and death in a family depletes what little money is earned or saved and rapidly throws households into destitution. Cash is the most useful, flexible help we can give parents and families and they almost always prioritise the needs of children. We must advocate for basic income grants paid by governments and for local and international aid to be used to get cash to the most needy households. Lastly, we learned that a pandemic is best fought from the foundation of human rights. People without identity and other documents will have the least recourse to help and services. The poorest and weakest will be shouldered to the back of the queue by those with means. The early stages of the coronavirus pandemic, like it did with HIV, is bringing out the best and the worst in us.

But we shouldn't forget that we are going through the HIV epidemic stronger than when we started. Our strengths include technologies that can speed up testing, a large community-based volunteer and paid workforce, organizations and networks for the distribution of information and the provision of assistance and support, media that reports injustices, and a renewed commitment to human rights. Throughout our history, we have shown that people will stand up and fight for their communities. Now we need to show that we can fight for our countries and our continent, for all of us, and most especially those who are more vulnerable than ourselves.

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