

Rapid Online Study on Perceptions of Parents about the Effects of COVID-19 on Children



Child Rights and You
May 2020

Premise

- Worldwide, COVID1-9 Pandemic has spread in **200 plus countries**, infecting more than **4 million** people (WHO, JHU, 2020)
- The World Health Organisation (WHO) has declared it as Public Health Emergency of International concern on **30th January 2020**
- In India, more than **65,000** are the confirmed cases (MoHFW, 2020)
- Unprecedented measures have been taken to contain the spread of infection and thus, to break chain of transmission
 - Government of India, announced nationwide Lockdown on **24th March 2020 till 14th April 2020** restricting the mobility of **1.3 billion** citizens
 - Further after assessing the ground situation it was extended **till 4th May 2020**
 - On 3rd May 2020 – Ministry of Home Affairs (MHA) further extended the Lockdown period for two weeks – **till 17th May 2020.**
- Lockdown has left the people with limited resources and thus, though children are not the face of pandemic, but are impacted considerably (UN, 2020)

Objectives

- To understand the knowledge, awareness about COVID-19 among parents of children aged 0-18 years;
- To document the perceptions of parents regarding effects of COVID-19 on children and
- To document the family's preparedness regarding COVID-19 and future uncertainties

Research design

- Pan India – Online Survey
- Self Administered Questionnaire
- Anonymous survey with no personal identifiers were collected
- Voluntary participation
- Google Forms were used
- Link circulated through various modes of communication e.g. CRY’s official Social Media handles – Facebook, Twitter, LinkedIn
 - Link was also circulated through WhatsApp messages and Emails
- Data were collected from 10th April to 20th April 2020

Limitation: Access to the Internet or Internet-enabled mobile devices, and internet literacy were prerequisites for the study, hence , possibly the participation from most marginalised and vulnerable sector of the society was limited

Findings

Background characteristics of the respondents

- Response rate was 95% (Out of 1157, 1102 consented to fill the self administered questionnaire)
- Respondents were from 23 states/UTs across India



Regional distribution of the respondents

56% - NORTH REGION

N=617

1. NCT of Delh
2. Haryana
3. Uttrakhand
4. Uttar Pradesh
5. Madhya Pradesh
6. Rajasthan
7. Himachal Pradesh
8. UT- Jammu and Kasimir
9. Punjab

13% - SOUTH REGION

N=139

1. Andhra Pradesh
2. Karnataka
3. TamilNadu
4. Telengana
5. Kerala

22% - WEST REGION

N=237

1. Maharashtra
2. Gujarat
3. Goa
4. Chattishgarh

8% - EAST REGION

N=89

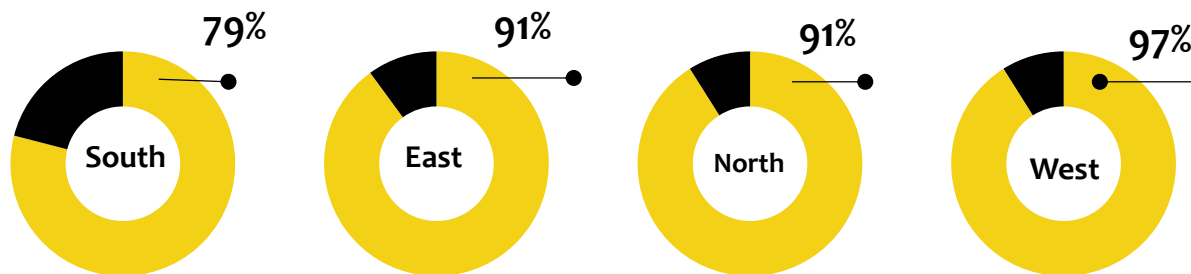
1. Assam
2. West Bengal
3. Bihar
4. Odisha
5. Jharkhand

*2% - Not Responded N=20

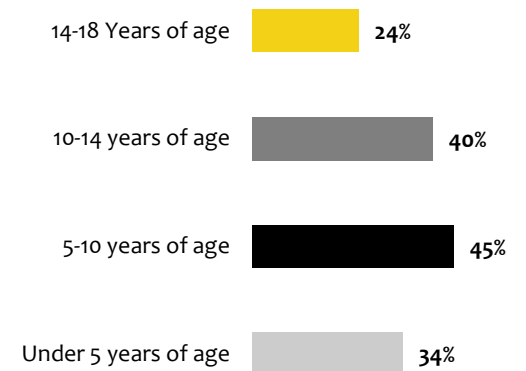
Children in the family

- Nine in ten respondents (91%, n=1002) reported to have child/children at home and 33% reported to have one child in the family.

Have children in the family

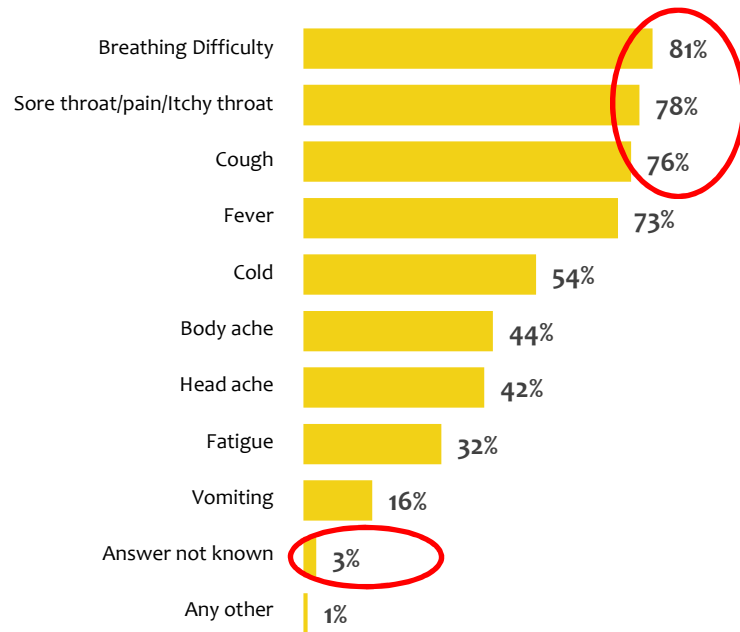


Age of children

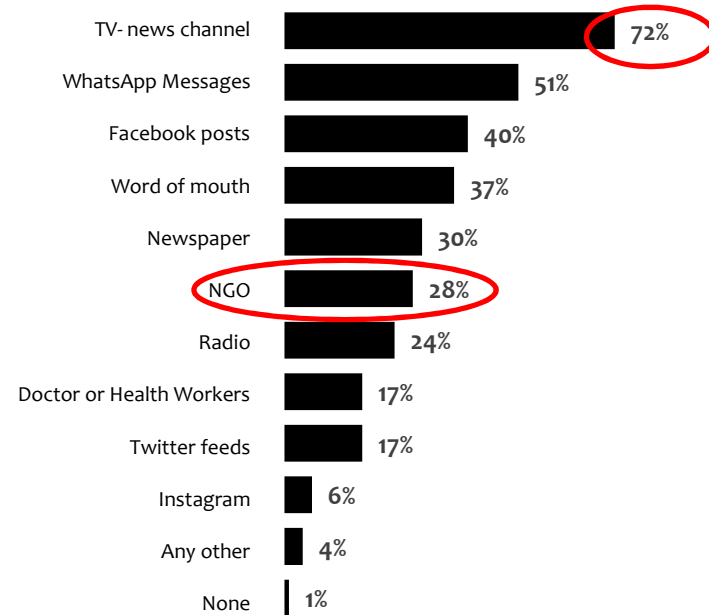


COVID-19 – knowledge and awareness

Signs and symptoms N=1102

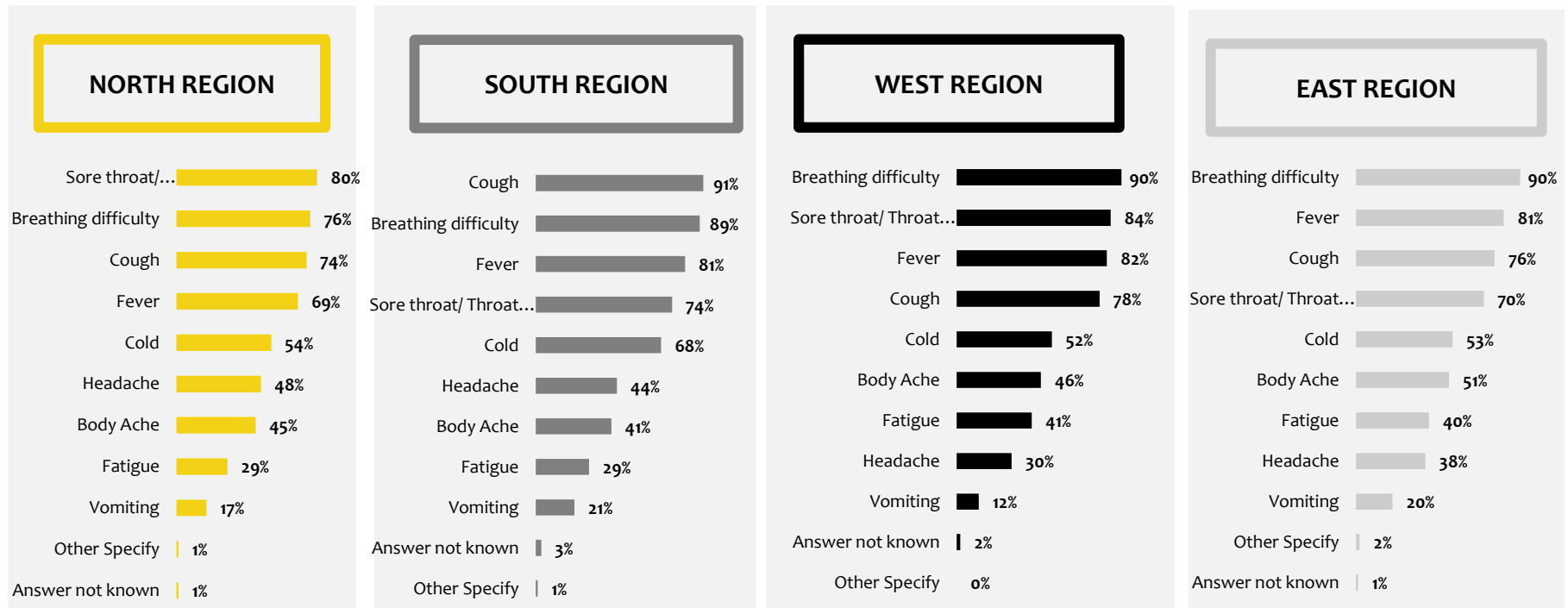


Source of information N=1102



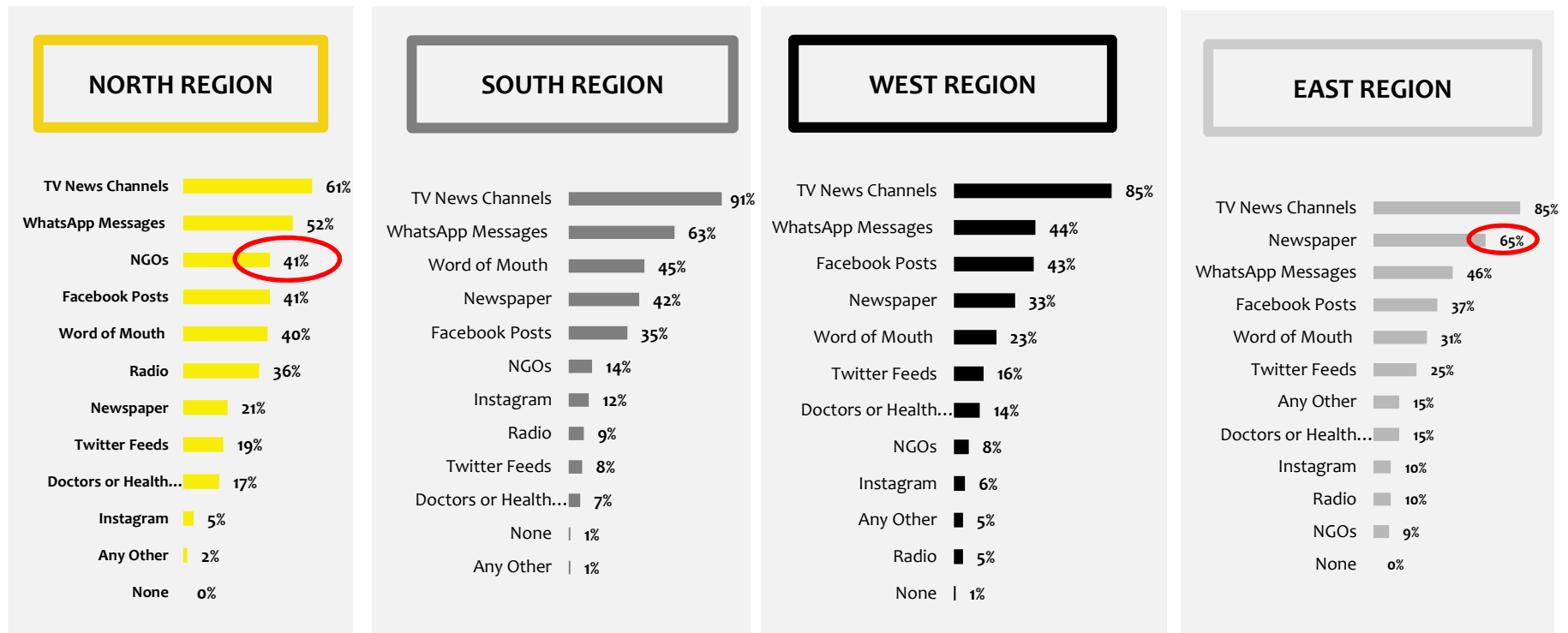
Region wise – knowledge and awareness about COVID-19

Signs and symptoms of COVID-19 infection



Region wise – knowledge and awareness about COVID-19

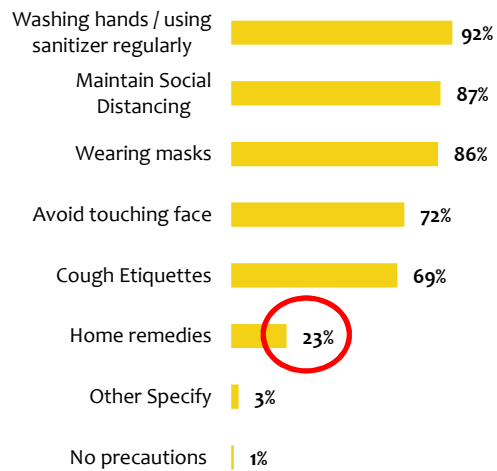
Source of information of COVID-19



Precautionary measures and treatment

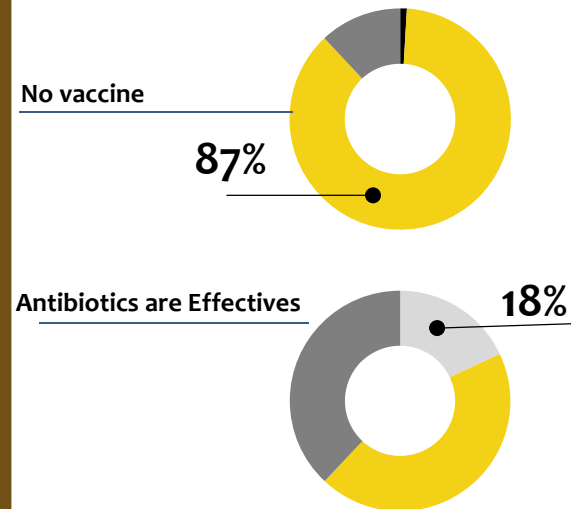
01

PRECAUTIONARY MEASURES

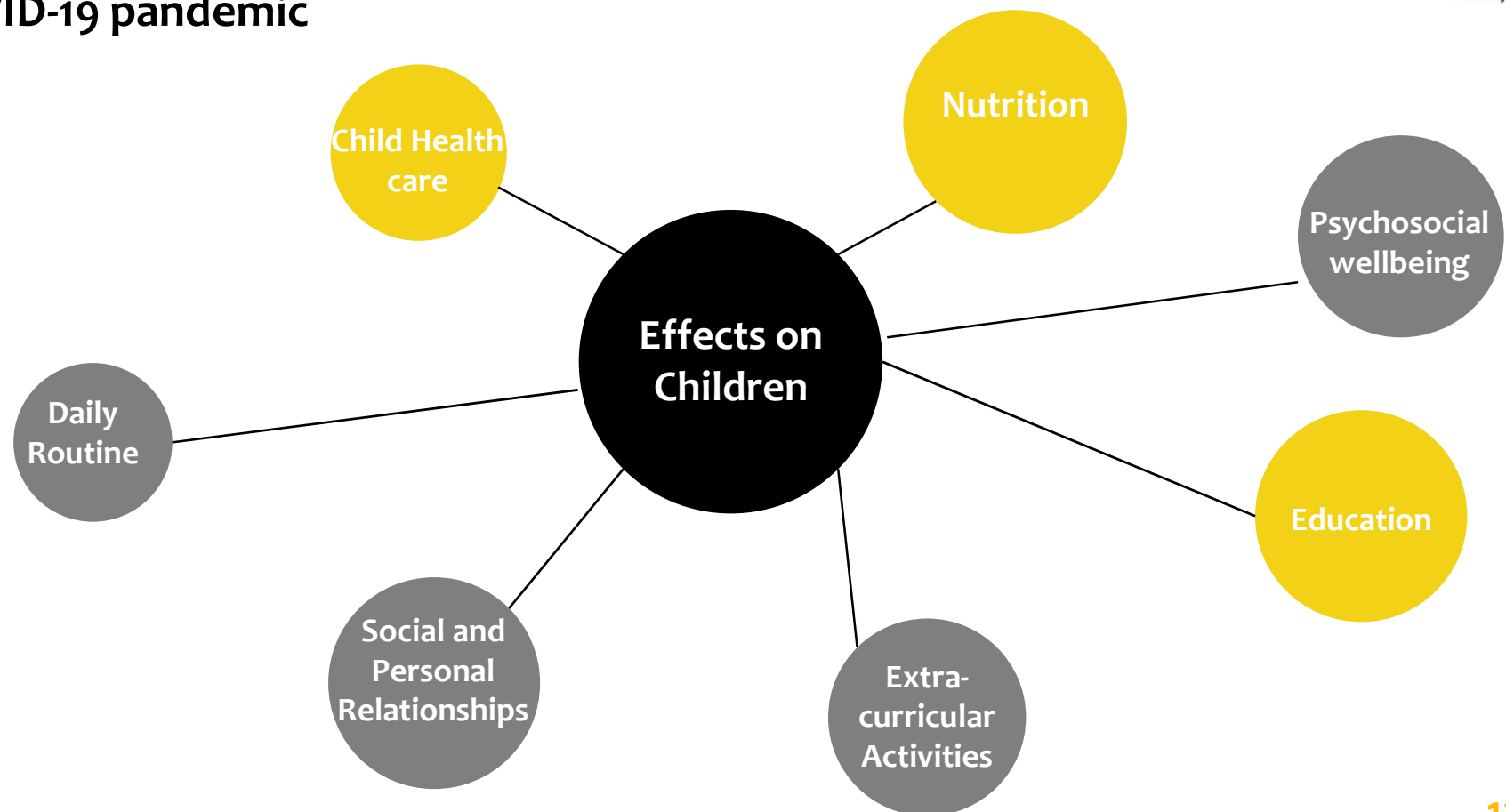


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VACCINE AND TREATMENT



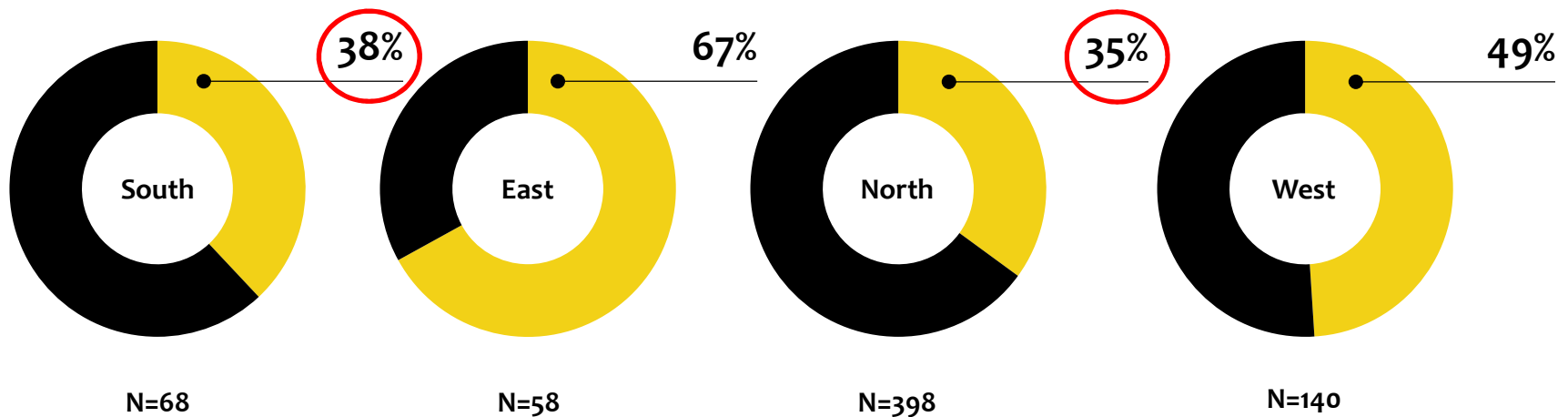
Multifaceted effects on children due to the lockdown measure amidst COVID-19 pandemic



Child education

- Out of the total of 1102, 1002 (91%) reported to have children in their family, and 670 reported (67%) to have children in the age category of 5-18 years i.e., in the school-going age.
- Out of this, 277 (41%) reported to have attending online/virtual classrooms

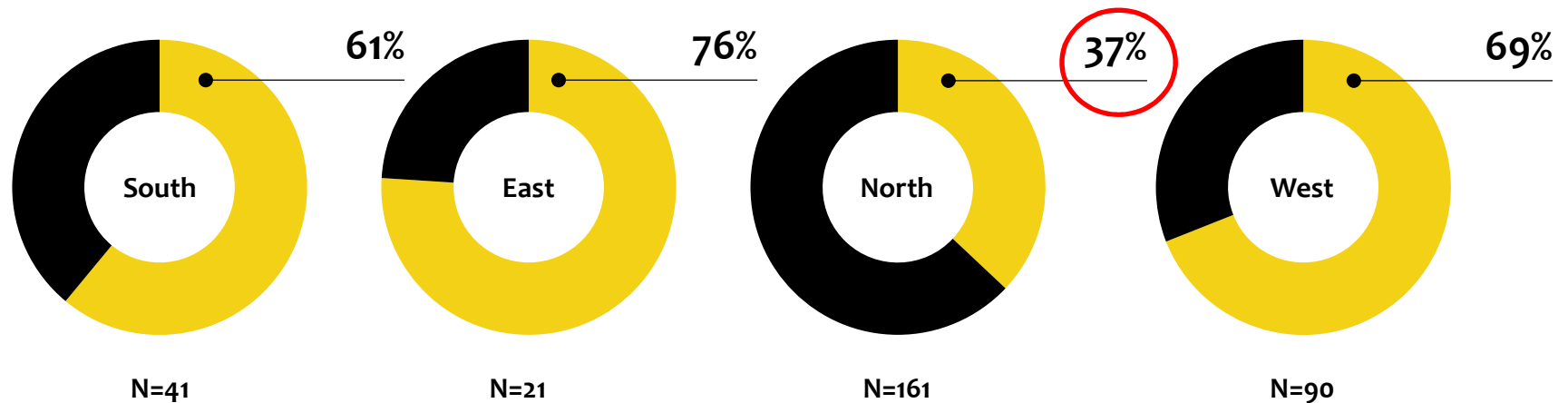
Online/Virtual classrooms attended by the child



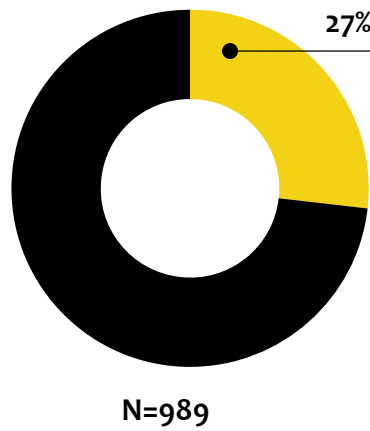
Child health

- Out of the total 1002 respondents having children, 332 (34%) stated that they have children aged less than five years.
- Only half of them (51%) stated could access the basic healthcare Immunisation for their child during the lockdown measure amidst COVID-19 pandemic.

Able to access basic healthcare for child - Immunisation



Cope with child health issue without medical assistance



SOUTH

N=109

Yes



EAST

N=78

Yes



NORTH

N=555

Yes

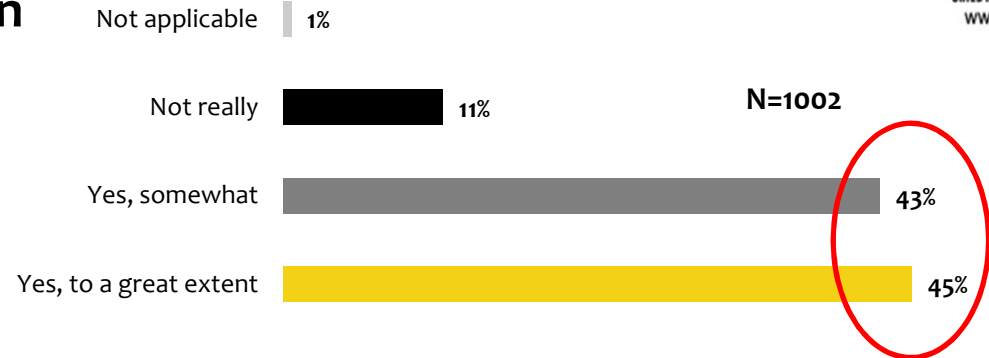


WEST

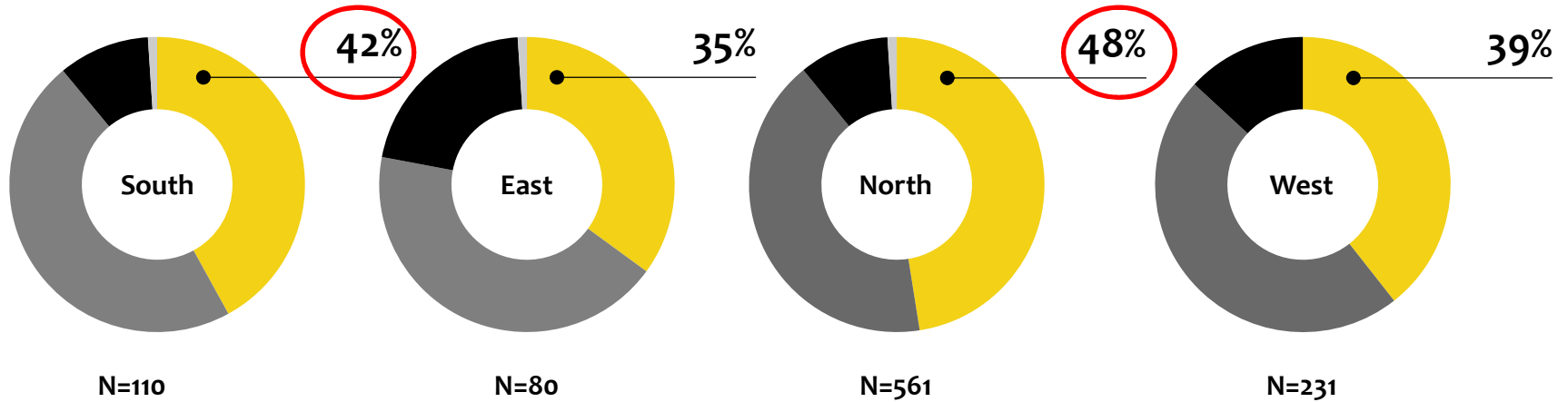
N=227

Yes

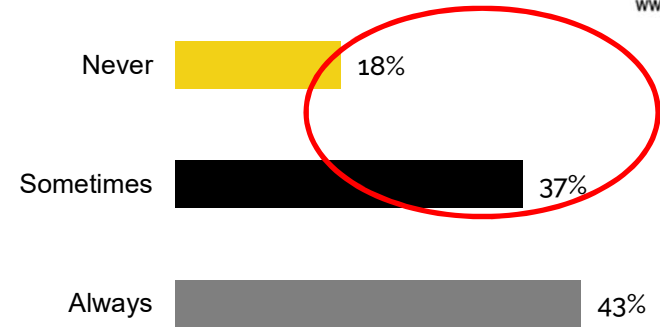
Effects on screen time for children



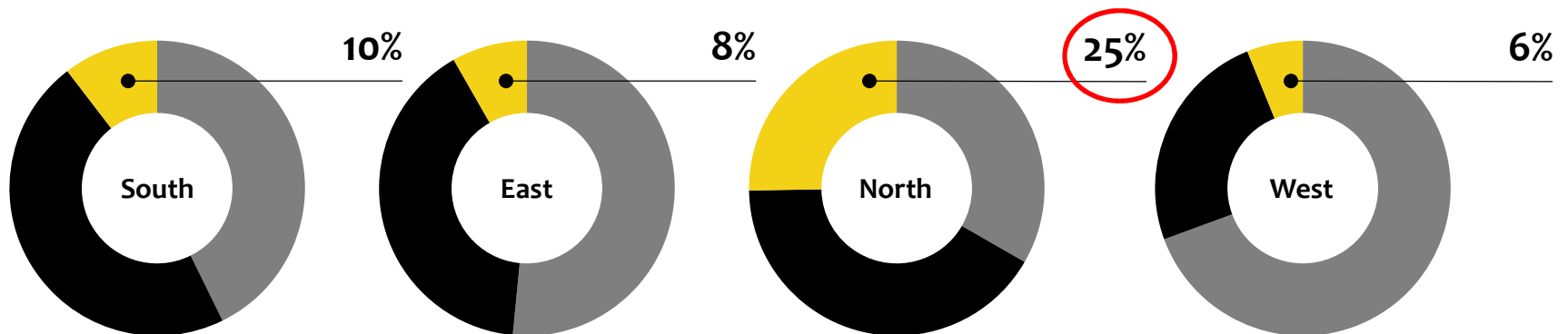
Screen time increased to a great extent



Parental supervision while child being online

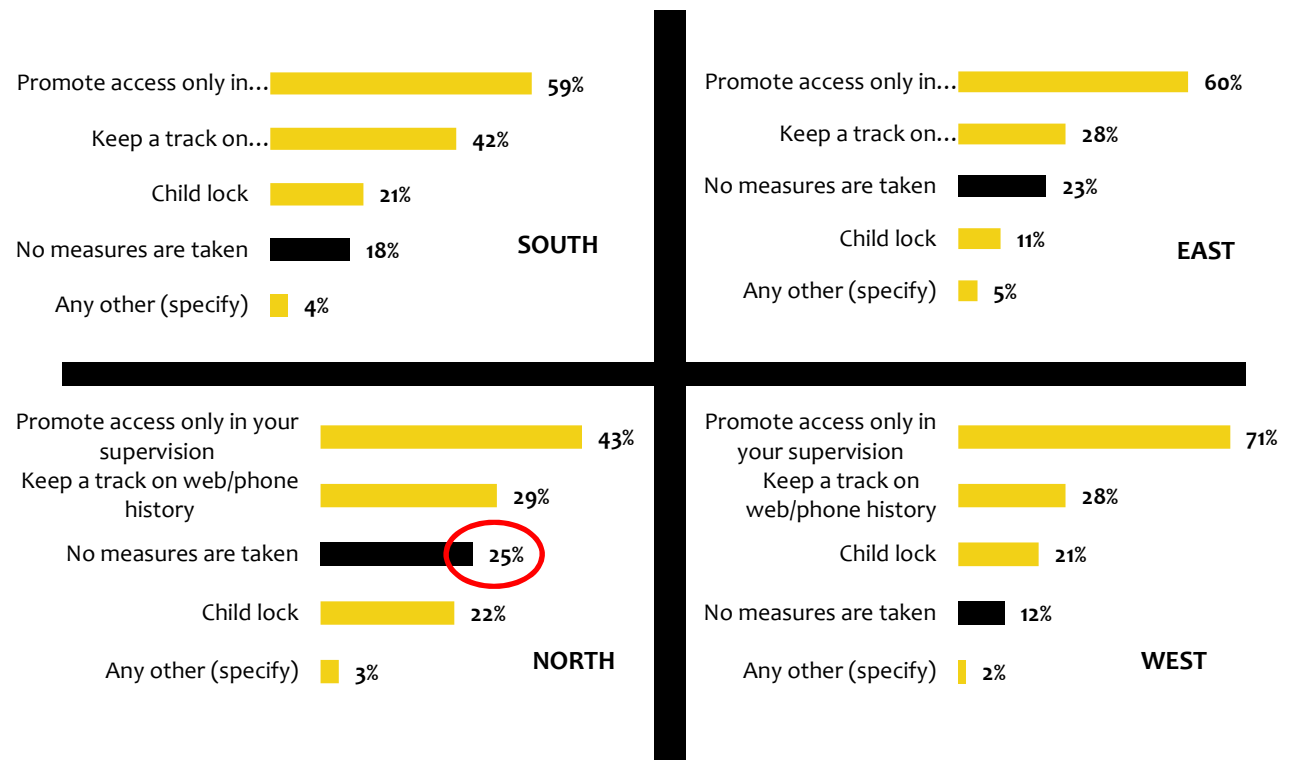


No parental supervision while being online

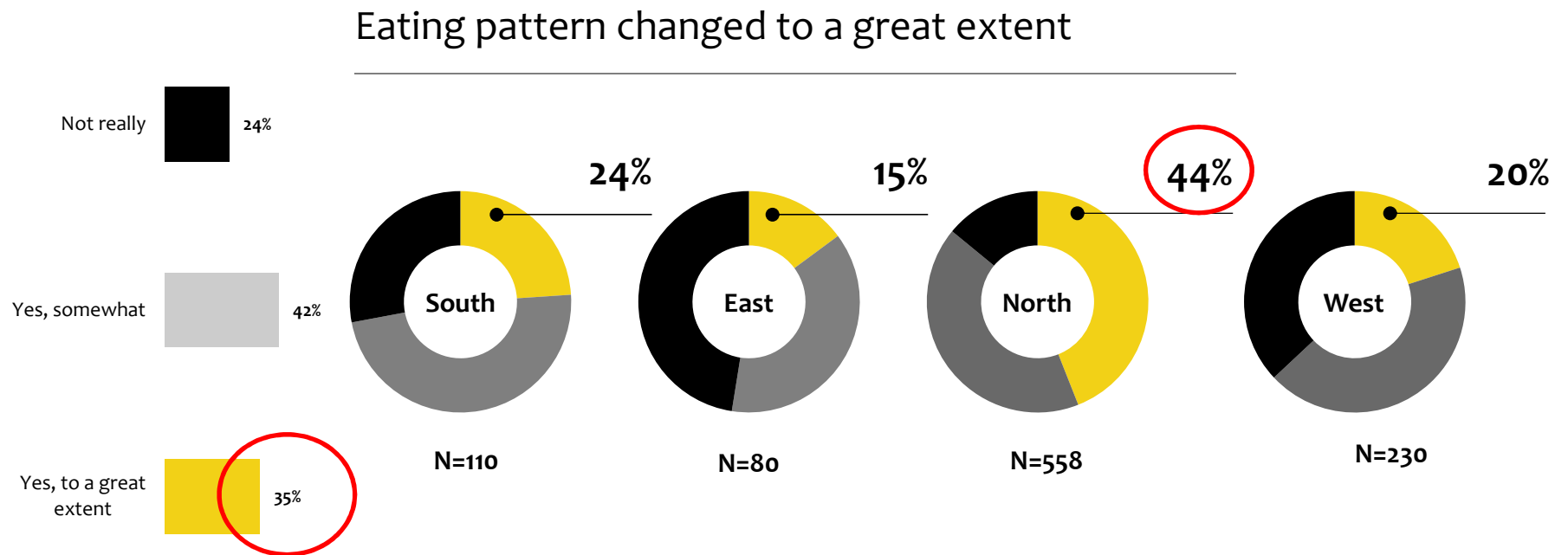


Measures to safeguard children in the virtual world

- More than half reported to promote access under supervision;
- One third reported to keep a track on history
- **One fifth reported to have taken no measures**

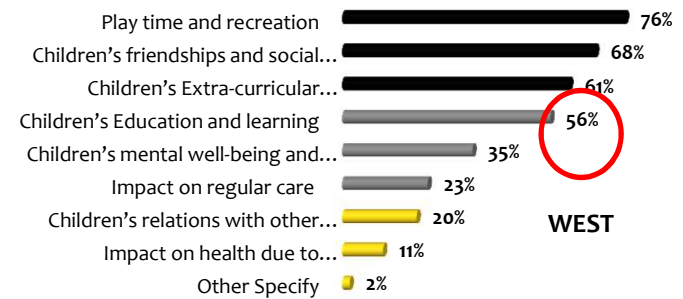
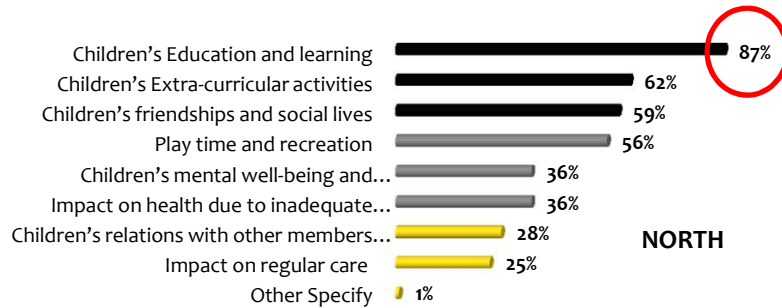
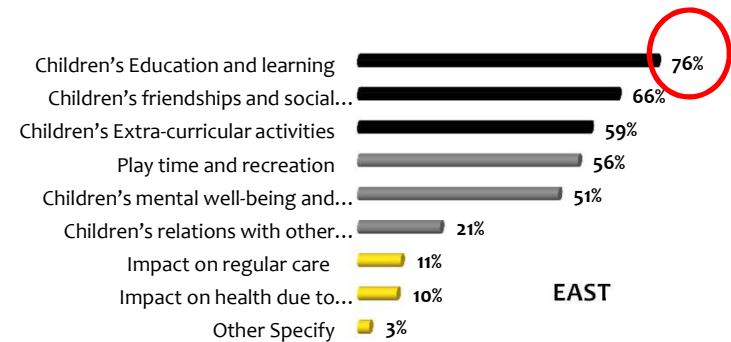
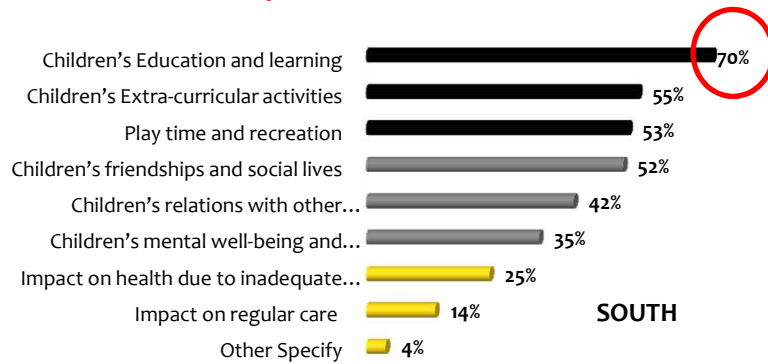


Effect on the eating pattern of child



Effects of lockdown measure on children

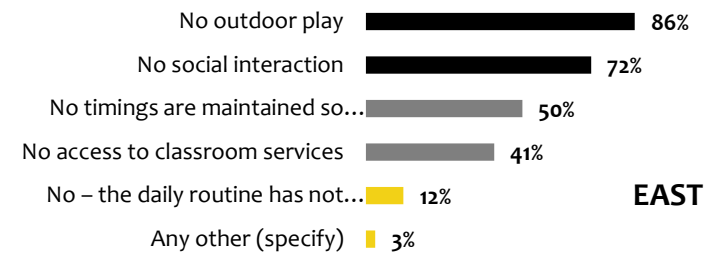
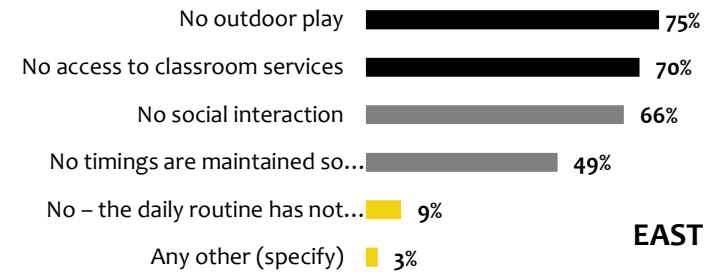
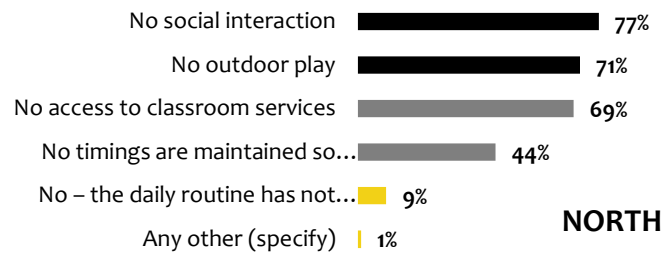
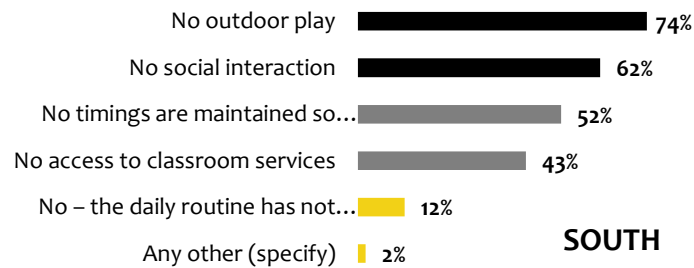
Extra-curricular activities; Children’s friendships and social lives and Children’s Education and learning were the top three responses cited, effected by the lockdown measure



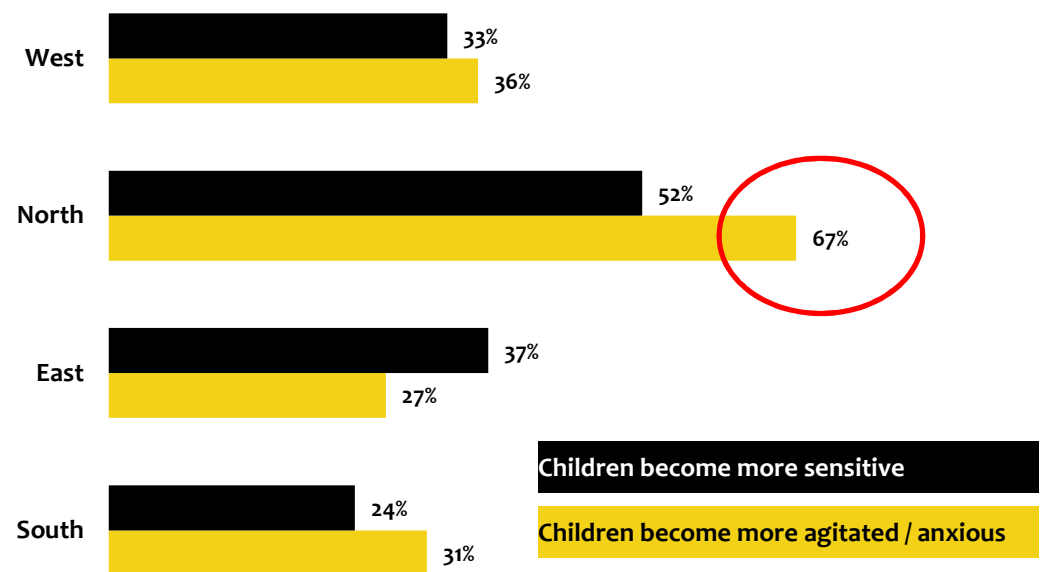
Effect on the daily routine of child

Top three reasons cited for the effect of lockdown due to COVID -19 were

- No access to classroom services 59%
- No social interaction 73%
- No outdoor play 74%

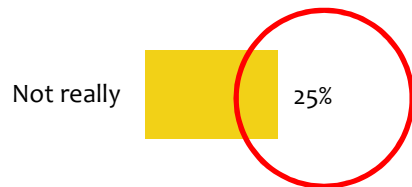


Effects on child's behaviour

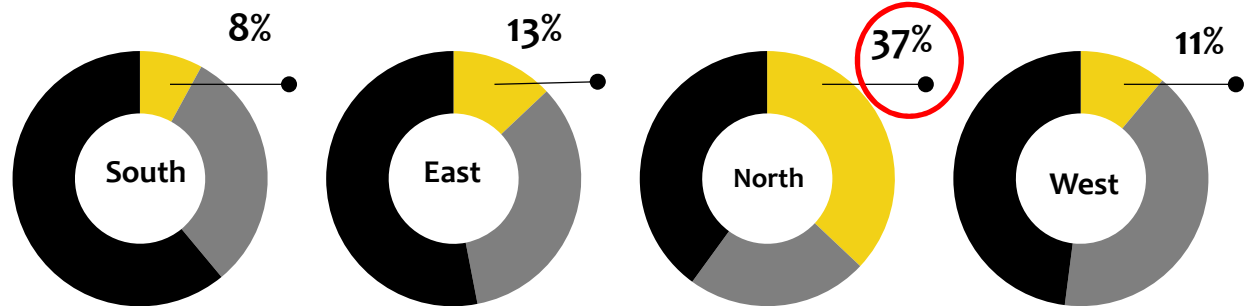


Household's preparedness

Resources to cope with adversities

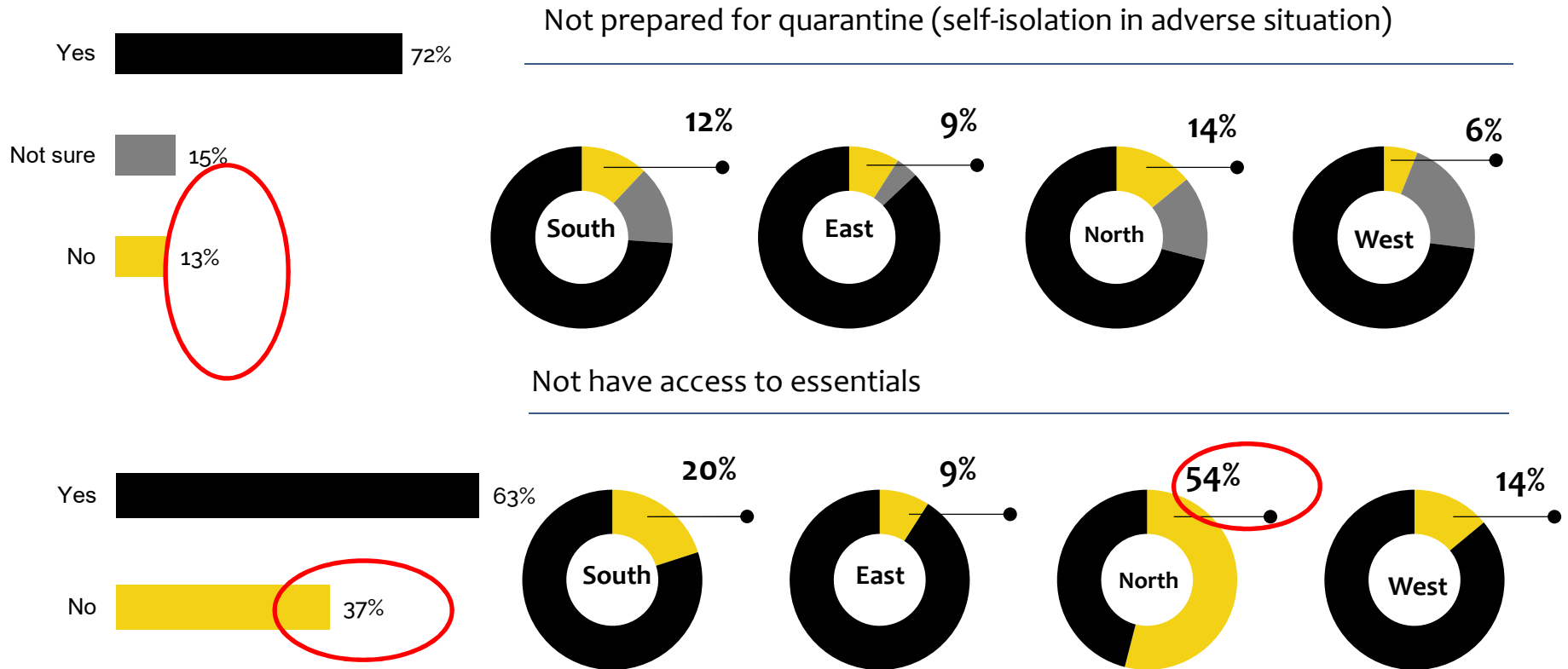


Not having sufficient resources (financial and otherwise)

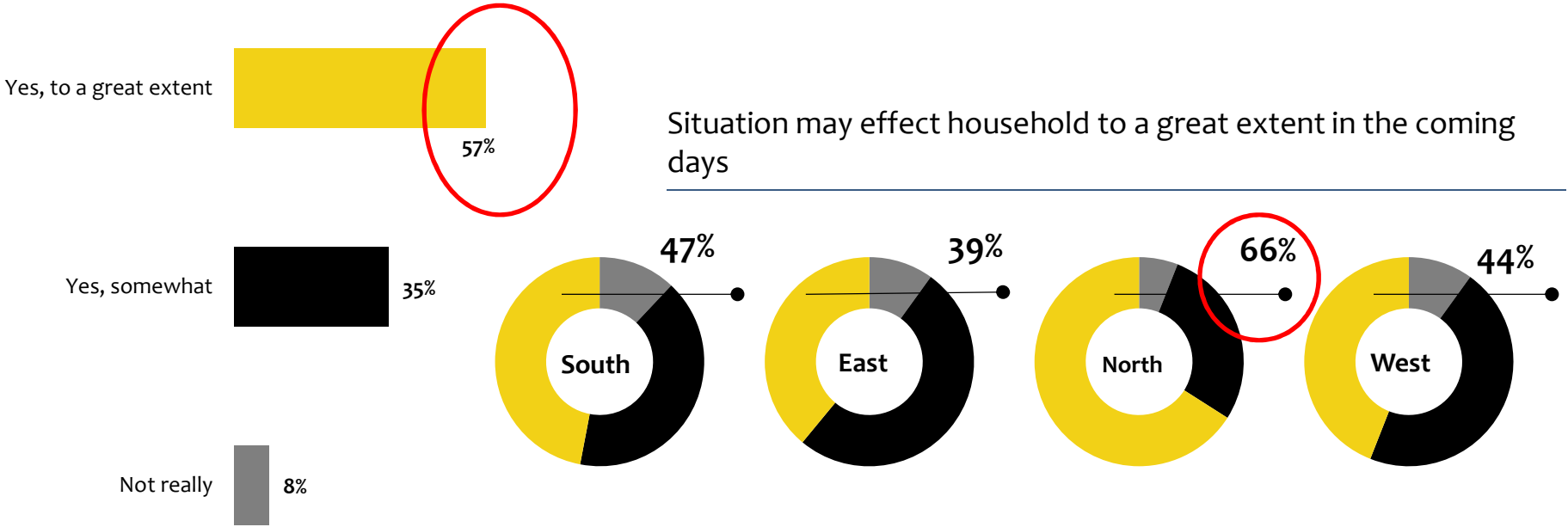


N=1102

Household's preparedness



Perceived impact of deteriorated situation of COVID-19 pandemic in the coming days



Suggestive recommendations

Creating Awareness about COVID-19

- Risk communication messages should be **standardised** and disseminated across all media sources so as to counter myths and misconceptions, misreporting and fake news related to COVID to avoid panic among general masses.
- Besides, traditional media channels (TV and Newspaper) **contemporary modes of communication** should also be strengthened to reach the masses

Education and Online Safety

- Online or virtual classrooms need more **systemic arrangement and strengthening**. Government must ensure that the other alternative options can be roped in to provide uninterrupted learning opportunities to the children amidst the crisis.
- In addition to finding alternate methods of teaching, it would be more essential that **accelerated learning programmes** are developed so that the academic syllabus can be completed once school reopens.
- Classroom teaching-learning practices would have to be **reimagined** as children and staffs to resume schools once the lockdown is lifted.
- The educational curriculum should include sections on **personal hygiene, and cough etiquettes, and healthy lifestyle** as well. Information dissemination on these aspects will not only educate children but their families as well.

Education and Online Safety (Contd...)

- **Life-skills education** must be prioritised and built into the curriculum in an age-appropriate manner for children across all age-groups. This will not only enable children to deal with adversities in a positive way.
- There is a need to create more awareness on the aspects of **online safety** of the children. While digital media can facilitate connectivity with the whole world, it may create distance within the household. Unsupervised screen time or access to the internet can harm a child physically and psychologically due to uncalled negative experiences. Further, with much of the teaching taking place through online platforms, the risk of children's online safety has increased manifold. An **online safety protocol** must be created so as to ensure the safety of those children who are accessing online classes.
- Efforts by government as well as civil society must be **strengthened to create awareness** about various helplines available to enable reporting of cases related to online abuse as well as other instances of child abuse.

Health and Nutrition

- Essential child healthcare services must be ensured by taking a combination of measures. **Local governance** can play a significant role here in ensuring uninterrupted access to these essential services. A dedicated day and time may be allocated in the health facilities for Immunisation and information can be provided to the mothers using mobile phones and through word of mouth when AWWs are distributing food supplies at their doorsteps.
- To keep children healthy (mentally and physically), parents should be advised to **keep track of the behaviour and eating pattern** of the child. Government and NGOs should create awareness material for parents and caregivers to address these issues. Schools should be equipped to provide parents with **tools and techniques** to monitor these changes and also provide support if they notice any alarming change.
- Parents can be provided **online training** on ways of engaging with child constructively. A happy hour should be dedicated to children. This will not only provide a window to parents to shed their share of anxiety but also provide a scope to bond with the child in a more positive way.

Health and Nutrition (Contd...)

- For maintaining the **daily routine** for the children, parents may be suggested to make a flexible time table. A rigid timetable may or may not function in the context of the household. A timetable will also help children not to deviate from their daily schedule and also inculcate discipline in them.
- Parents and teachers should be **encouraged to discuss the COVID-19 issue with children** in a way that they would understand. The conversation may help children to understand the gravity of the issue and also empower them to take informed self-decisions.
- It would be essential to widely **publicise as well as translate Guidelines and manuals** on psychosocial care to children into all official languages so that maximum families are able to benefit from.

Social Security and Community Support

- There is a need that the government should ensure **financial security to semi-poor households**. Cash coupons can be used to provide financial assistance and for ensuring that the coupon money is used for accessing essentials by the family.
- The pandemic has forced people to turn inwards; society as a whole requires more **cooperation and support**. Community systems need strengthening in terms of managing resources and providing a channel of information. Community radio can be a useful tool in bringing the community together and restoring the faith in social fabric and structure and thus, creating a social safety net for the marginalised.

Way forward

The approach to tackle the issue of COVID-19 calls for unprecedented strategies and initiatives taking into account the best interest of the child to provide them a healthy, happy, safe and secure environment.

Thanks for your kind attention