

## Negative Impacts during a COVID-19 Pandemic on Children, Adolescents & Families

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### Abstract

**Statement of the Problem:** Children, adolescents and families may be particularly vulnerable to disease severity and unintended arms of public health measures during pandemics and have been previously defined as a high-risk population for negative impacts during an outbreak. Although there is evidence that the disease seems to be less severe in children, evidence on pediatric disease severity and the role of children transmission is still emerging. Children are not indifferent to the significant psychological impact of the COVID-19 pandemic. They experience fears, uncertainties, substantial change to the routines, physical and social isolation alongside high level of parental stress. During the COVID-19 pandemic, parents are often working from home or maybe recently unemployed due to business closures. Alternatively some parents are essential workers with inherent occupational risk and stressors, and may face additional challenges such as limited access to childcare. Early childhood is a critical period for developing physical, social, emotional, and cognitive abilities that will set stage for healthy behaviours and outcomes throughout the life course. Quality relationships, optimal nutrition, a safe home environment, and physical health support positive outcomes in learning, behaviour and health. The disruption in the family context due to the closure of childcare centres, schools, recreational facilities and playgrounds may have consequences particularly for young children, as a protective factor for both physical and mental health having routines and structured days. Even though children all over the world are going to be affected, those with disabilities, living in slums, isolation centres, and conflict zones are going to be a greater risk. They may not be able to communicate their feelings like the adults. Closure of schools and separation from friends can cause stress and anxiety in children. Exposure to mass media coverage of crisis event and unverified information circulating on social media may aggravate the mental distress. Some children may start showing typical regressive behaviours like asking for bottle, thumb sucking, toileting accidents, not wanting to dress or feed themselves, becoming clingier and demanding, wanted to be carried as well as problem in sleeping. Older children and adolescent may feel disappointed for missing birthday parties, school plays, dance competitions, hanging out with friends, sports activities in playgrounds with other team members, as well as not being able to visit their grandparents, aunts, friends, and cousins. Teenagers and college students have amplified energy, novelty, motivation, curiosity and enthusiasm that make them hard to isolate at home. The hormonal changes that come will puberty collude with adolescent social dynamics to make them tightly attuned to social status, peer group, and relationships. Teens may feel frustrated, nervous, disconnected, nostalgic, and bored because of social distancing during this pandemic. Children with special needs like autism spectrum disorder and neurocognitive disability can become frustrated due to disruptions in their daily routines, therapy sessions, and they are more likely to show problematic behaviours such as irritability, aggression and social withdrawal. Children suffering from depression and anxiety disorders may feel overwhelmed with news of death and disease all around them. The obsessions and compulsions of a child with OCD may get worse during the time of stress. Children quarantined develop mental health disorders such as anxiety, acute stress, and adjustment disorders. Separation from parents, stigmatization, fear of an unknown disease, and social isolation. The health behaviours including diet,

physical activity, sleep, and screen time. There were no significant change in fruit and vegetables intake, however, the number of meals eaten per day increase significantly and there was increase intake of potato chips, red meat and sugary drinks. Children had decreased time spent in sport activities, sleep time increase, and screen time related to non-school activities, and tended to sleep more. In Italy and Spain the most common symptoms reported were difficulty concentrating, boredom, irritability, restless, nervousness and worried. Unicef mentions that increase online activity (due the insolation and school closures) can put children at heightened risk of online sexual exploitation, cyberbullying, online risk-taking behaviour, and exposure to potential harmful content. In two Centers for Disease Control and Prevention rates of vaccination in the U.S. and England, there was a notable decline on vaccinations particularly for children 2 to 18 years.

**Conclusion:** Ignoring the immediate and long term psychological effects of COVID-19 Pandemic would be distress, especially for the children and young people. Parents need to look after their own mental health, coping strategies, and model positive psychological in order to support children and adolescents to get through this difficult time. There are multiple negative impacts than have been examined in children and families as a result of public health measures implemented during recent pandemics, including the current COVID-19 pandemic. Stay at home orders and school closure measures enacted response to COVID-19 are unprecedented in their breadth and duration at this presents risk to children and families for various physical and mental health problems, and access to service. Intersectoral collaboration involving public health, primary and acute care health services, community partners, and education will be needed to develop evidence-informed programs to support families and their communities in the next phase of the pandemic.

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## Biography

My career as a doctor began at the Autonomous University of Nayarit where I studied general medicine. I began the specialty of Medical Pediatrics. I took training in pediatric oncology at the Sinaloa Children's Hospital and from 2013 to 2014 a 6-month face-to-face and virtual Diploma in "Neurological Intensive Care" at the Hospital Juárez de México.

I obtained my first certification by the Consejo Mexicano de Pediatría A.C.

Member of the Mexican Association of Pediatrics and of the American Academy of Pediatrics.

Within my work experience over more than 21 years in the field of pediatrics, I have worked in both public and private hospitals.

In private practice I have provided consultation in Amerimed hospitals, Bluemedical Net, Hospital de Especialidades, treating patients from Neonates to Adolescents of 17 years.

Currently dedicated to private practice in Hospiten Los Cabos as Head of the Pediatric Service.