

Prospective Effects of Covid-19 on Children: Probable Complications and Interventions

Sir,

The coronavirus disease 2019 (COVID-19) is an adversarial traumatic situation which has several consequences worldwide. Children are most vulnerable population to be affected by COVID-19 both physically and psychologically. Abundant literature is available on the physical impacts of COVID-19 on children.¹ However, there is a scarcity of research on the mental effects of COVID-19 on children. One reason for the lack of research is that children's data is not readily available. Moreover, emotional symptoms appear very slowly and gradually. It may take time to manifest the complications. However, substantial literature is available that describes the overall effects of disasters or traumas on children.² Based on the past trauma literature on children, it can be assumed that almost the same sort of problems may emerge because of COVID-19 pandemic. In our view, some aspects of traumas and this pandemic are similar, such that in both conditions fear of life is involved. Financial and health-related threats are common. In some aspects, this pandemic is even much greater than the other traumas or disasters in terms of its depth and breadth. In a recent study conducted on children in Bangladesh, almost 19.3% of them demonstrated moderate symptoms, and 7.2% severe major depressive disorder.³ Mostly the traumas are time-specific or area-specific; however, this does not apply to COVID-19 pandemic. It can be presumed that mental health effects would be far greater than any other trauma. Based on the available literature, we are expecting the potential risks for children.

Children are the prospective candidates for emotional problems during this pandemic for various reasons. Firstly, in comparison to grown-up individuals, their cognitive skills are less developed; and their coping skills and defense mechanisms against stress are yet to be developed. Likewise, they have limited capacity to understand and comprehend the situations and had less experience to handle the stressful situations. Their expression of events is limited because of the limited verbal skills to express their true feelings; and they are less resourceful or dependent on adults physically and psychologically. To remain preoccupied with the traumatic situation would be harmful for their development. In a detailed review based on 20 years of research on the effects of traumas on children, it was demonstrated that the adult population showed 42% of symptoms; while children exhibited 52% of symptoms. Moreover, as compared to preschool children, school-going children depicted more symptoms. To be more precise, children younger than 8 years were less affected in comparison to children aged 8-15 years.⁴ In addition, parents have a strong

influence on the children's psychological response to adversity. A study that was conducted after the Buffalo Creek dam collapse showed that parents' psychopathology predicted child pathology. The strongest predictor of child distress was parental distress, and those parents who were supportive and less irritable had healthier children.⁵

Trauma research has shown that certain behavioural changes can occur in children that include: fear, anxiety, confusion, regression, sleep problems, and physical complaints. Behavioural change might be an indication that a child is emotionally affected. For instance, an extrovert child may become an introvert, quiet, and withdrawn. A typically well-behaved and polite child may become violent and defiant. A child may develop fears and anxieties about dark, animals, death, and separation from parents. They may show behaviours such as increased crying, refusing to sleep alone, and to stay alone. A child may become apprehensive and worried; and they may regress in such a way that a child may resume bed-wetting, thumb-sucking, or start fighting with siblings. Their clinginess behaviour may increase. One of the most commonly reported reactions of children that are associated with trauma is sleep problems. They may face problems like nightmares, early waking, broken sleep, or resistance to go for sleep. Besides, a child may report a wide range of physical complaints such as appetite loss, nausea, speech problems, and loss of bowel or bladder control. The most commonly reported are stomach-aches and headaches. In comparison to small children, relatively older children may depict the problems somewhat differently, such as their school performance may decline; and they may act like younger children. The behaviour such as disobedience, fighting with siblings and friends, clinging with parents may increase. They may have trouble in concentration, get distracted easily, and lose interest in previously pleasurable activities.⁶

Based on the past empirical literature on trauma research, following interventions have been suggested for younger or school-going children: provide verbal assurance, physical comfort, additional attention and consideration, avoid unnecessary separations, ensure consistent caretaking and comforting bedtime routines, allow time-limited regression and permit a child to sleep in the parents' room if he/she insists; and encourage expression regarding losses (i.e., deaths). For school-going children, relax expectations of performance at home and school transitorily, set tender but firm boundaries for aggressive or defiant behaviour, involve them in daily activities and home chores, encourage verbal and play expression of thoughts and feelings, give an empathetic listening to the child's repeated retelling of events and provide realistic, age-appropriate education about the pandemic. If necessary, encourage expression through play activities. Clinical tools such as dialogue, storytelling, drawing, and symbolic play mostly give the best possible results.⁷

CONFLICT OF INTEREST:

Author declared no conflict of interest.

AUTHOR'S CONTRIBUTION:

NAS: Concept, design, drafting and final approval.

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